PSYCHO-DIAGNOSTICS IN A XHOSA ZIONIST CHURCH

by

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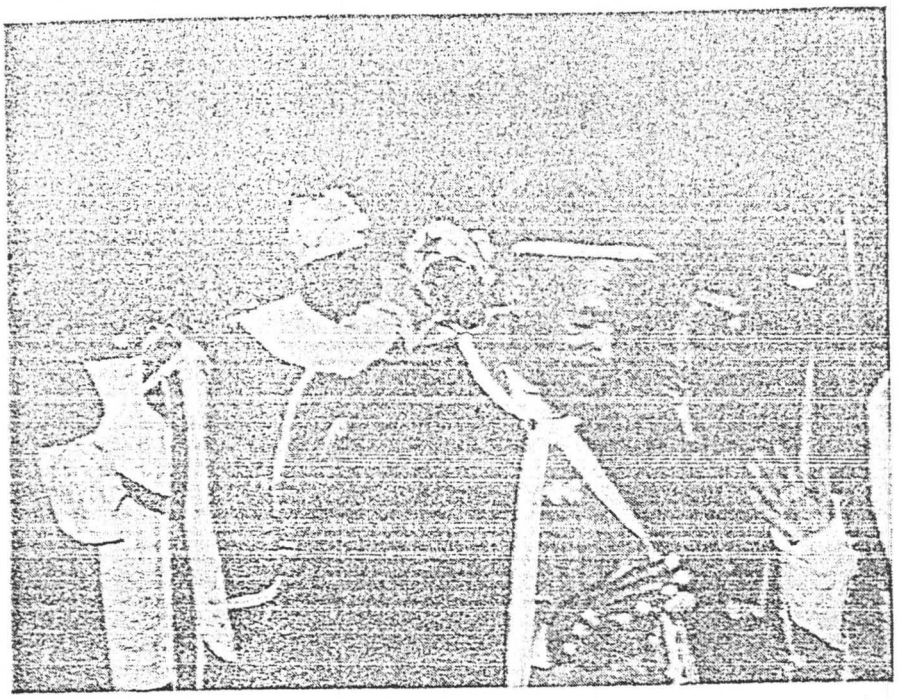

Mr. Robert Ntshobodi, Archbishop of the A. H. C. Z.

Mr. Ntshobodi and his wife with members of the congregation.

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Abstract

A large number of Black patients seen by the mental health team in South Africa consult indigenous healers. An awareness of the diagnosis and treatment given to patients by traditional healers, would therefore enhance both the rapport with and treatment of those patients who seek help from the mental health professionals and para-professionals.

Five prophets belonging to a Xhosa Zionist Church in Grahamstown, the Apostoli Holy Church in Zion (A.H.C.Z.) were interviewed concerning their diagnostic procedures and abilities. Information gathered was employed to construct a diagnostic procedural system.

The leader of the church was interviewed concerning 16 of the most frequently treated psychiatric-type illnesses. A Zionist nosological system was then constructed. The illnesses were all described in terms of diagnosis, etiology symptomatology and treatment.

An experiment was performed to test the inter-prophet diagnostic reliability. Seven outpatients were seen and their illnesses separately diagnosed by two prophets of the A.H.C.Z. These diagnoses were shuffled, and six independent psychologists were asked to re-match the diagnoses. Although the results obtained from the psychologists differed greatly it was concluded that the inter-prophet diagnostic validity was good.

1. INTRODUCTION.

One of the problems faced by mental health professionals and para-professionals throughout the world, is that many of their patients consult and receive treatment from a variety of other sources. Kolman (1976) (p.123) states that there are "many societies in which patients seek aid from several sources at the same time without any concept that appealing to one source excludes them from appealing to another". He goes on to say that westernization, contrary to what might be expected, does not have a clear relationship to the use of traditional healing agencies. What appears to happen, as reported by Waxler (1976) concerning Sri Lanka, is that families which can afford multiple sources of aid usually seek them out, regardless of their theoretical base, while poorer families may make use only of the free medical clinic. Kolman (1976) reports that in a study made at the University of Malaya Medical Centre almost half of the psychiatric patients admitted to having consulted some type of indigenous healer. In this respect, Black patients in South African hospitals follow the same pattern. While running a therapeutic Black pre-discharge group at the Komani Hospital in Queenstown, the present author became aware that over fifty percent of the patients had consulted an indigenous healer. In addition, many of the patients were planning to consult an indigenous healer after their discharge from the hospital. These figures are in striking contrast to the information available in the patients' psychiatric files. The history sheets, which make provision for "cultural beliefs" seldom mentioned any association with traditional healers, let alone what diagnosis and treatment had been given. It was found that patients had to develop a trusting relationship with the author before open discussion with him relating to their visits to indigenous healers could take place.

The claims mentioned above may be reinforced by comparing the number of traditional healers and western professionals available to a Black patient.

In Grahamstown, where the present research was conducted, there are 45 practicing diviners, six herbalists (Hirst, 1980) and 25 prophets directly involved with healing. Available psychiatric personnel consists of one psychiatrist, one full time psychologist and five part time psychologists at the university. It is therefore clear that the majority of Black patients in Grahamstown consult indigenous healers when faced with problems of a psychological or psychiatric nature.

Holdstock (1979a) reports that on the basis of 200 interviews conducted under the auspices of the Soweto Society of Marriage and Family Life during 1977, it was evident that the majority of people in Soweto still believed in the power of indigenous healers and indigenous remedies. Similarly, Cheetham (1975) found that two-thirds of the patients in one ward of the King Edward VIII Hospital in Durban believed that their ailments were caused by sorcerers, or by the spells cast by sorcerers at the instigation of those who disliked them.

Various reasons have been put forward in the literature as to why Blacks continue to consult indigenous healers. Hellman (1976) and Sundkler (1961) point out that ancestral beliefs have increased rather than decreased in urban areas during the last three decades. This has resulted in a proliferation of traditional healers in the urban areas (West 1975). Kiev (1964 p.455) explains that in the "western world medicine has become increasingly secularized; and as Ackernecht has observed, it "has lost its sacred character, its social control function, its subjective influence on society and its meaning in moral terms." Kiev (1964 p.177) goes on to say that "to western man, illness is an impersonal event brought about by neutral, non-emotional, natural events such as germs." African beliefs and values have not followed the same path as western medicine and psychiatry. As Rigby (1975) shows, urbanization and other forms of social change in Africa do not necessarily involve any general process of secularization. By contrast,

healing for the African is an integral part of the religious structure, possibly the most important part (Hammond-Tooke 1974). Mair (1969) points out that unlike the African, modern man is more willing to accept that illnesses are the result of chance. The Black patient not only wants to know what causes his illness, but why he, himself, and not his neighbour became sick. He wants an explanation that concurs with his beliefs, and his social and spiritual relationships. As Lambo (1964 p. 445) points out, he is "fundamentally concerned with establishing good relations with man, not only man here and now (empirical man), but with man who has vanished from mortal sight (transcendental man)." This desire is rarely satisfied by anyone but an indigenous healer with whom the patient shares the same world view. The indigenous healer who can understand the patient's complaint in its social context, is thereby able to explain the misfortune in meaningful terms. This shared world view engenders a certain cognitive congruence which is not easily obtained between a western professional and the patient.

There has been much concern with the increase of psychological and psychiatri illnesses among Blacks who live under the dominance of White culture (Harwood 1977, Labansky, Egri and Stokes 1970, Luce 1971, Macklin 1974, Roger and Hollingshead 1961, and Torry 1972a) Similarly, Cheetham (1975) found that urbanization has increased psychiatric illnesses among Black people. These factors, in addition to the knowledge that psychiatric personnel are overworked, have resulted in a debate concerning the intergration of traditional healers into the mental health system in South Africa. In 1974, the South African Medical and Dental Council made official their rejection of indigenous healers in a Health Act which forbade non-registered healers to practice or perform any act pertaining to the medical profession (Farrand 1980). Registered healers were also forbidden to work in collaboration with non-registered healers. The unofficial view however, appears to differ from

that of the official one. Lachman and Price (1978) claim that of 306 medical doctors eighty percent were of the opinion that indigenous healers have an important role to play in the South African Medical team, particularly in the field of psychology. Similarly, the South African Medical Journal (1976) opposed the rejection of healers in its suggestion that medical professionals attempt to understand the healers' system of operation, accept healers in certain fields, and help them to recognize those illnesses that they are unable to cure (Farrand 1980). Adding to the debate, Buhrmann(1979 p.20) states; "It would be an impoverishment for us if we continued to regard the work of the indigenous healer as witchcraft based on superstition, even charlatanism, and without sound psychological foundation." Holdstock (1977 p. 118) similarly states that; "At this stage of the development of our country the neglect and avoidance of indigenous healing borders on professional irresponsibility."

As previously stated, indigenous healers are not permitted to practice in conjunction with persons registered with the Medical and Dental Council. The result is two groups, the mental health team and indigenous healers, working separately and understandably, in competition with one another. The split in available resources is aggravated by the lack of Black professionals within the mental health team. Gardner(1979) for example, indicates that during the period 1977 through 1979, 326 White students were admitted to post-graduate training programmes in clinical and councelling psychology. In the same period, only nine Blacks, three Coloureds and twelve Indians were admitted. A similar situation exists with the training of other Black members of the mental health team (with the exception of psychiatric nurses). The result is, as stated by Mokhobo (1971 p.7), that "for some time to come, non-Bantu colleagues will provide the major or only, medical personnel in private as well as official practice." Those members of the mental health team who work most intimately with Black patients viz; the Black nursing

staff, appear to be poorly informed about traditional healing and diagnostic categories. Having gained their psychiatric knowledge from western oriented psychiatrists, doctors and nursing staff, they tend to reject traditional values and knowledge, and become highly sceptical about information which is not found in psychiatric textbooks. Faced with the dilemma of choosing between the traditional and psychiatric view of illness, they have opted for the latter.

With the help of additional Black colleagues, professionals could begin to bridge the cultural gap between themselves and their Black patients. At present, they have to rely on their own experience with patients and the available literature. The present study was conducted in an effort to increase the mental health team's understanding of procedures employed by certain indigenous healers viz: Zionist prophets. An awareness of the diagnoses and treatment given to patients by these indigenous healers would enhance rapport with and treatment of, those patients treated by mental health professionals.

An indigenous healing church, the Apostolic Holy Church in Zion (A.H.C.Z.) was chosen for the research. Prophets from the Zionist Church rather than a group of amagqiras were asked to take part in the project, because no consultation fees are charged and poorer patients are thus inclined to approach the Church for treatment. It is these patients, who cannot afford an igqira's fees, who come into contact with the mental health team at psychiatric clinics.

The project consists of three sections;

A) In order to provide the mental health team with an understanding of the milieu in which the illnesses of many of their own patients are diagnosed by Zionist prophets, a diagnostic procedural system employed by the A.H.C.Z. was constructed.

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Information was gathered by interviewing two of the senior prophets in the A.H.C.Z. The four basic forms of diagnosis employed by them were then explicated, viz;

1) sensation transference - whereby the prophet feels in his own body the illness of the patient.
2) diagnostic visions.
3) analysis of the prophet's and the patient's dreams.
4) precognitive diagnosis.

The atmosphere of the diagnostic session was then described, including the ideal conditions required for diagnosis. Finally, a section on the training of prophets was included.

B) The leader of the Church was interviewed concerning sixteen of the most frequently treated psychiatric-type illnesses. A Zionist nosological system was then constructed. Illnesses were described in terms of a) diagnosis b) etiology c) symptomatology and d) treatment. The nosological system was constructed in the hope that knowledge of the indigenous system would increase the professional's rapport with the patient and facilitate his own diagnostic interviews. As stated by Mokhobo (1971 p. 112) "the utility of this knowledge lies in the fact that the causes, and, possibly the appropriate remedy, may be deduced from the tribal vocabulary. A doctor, who displays relevant erudition in this manner derives maximum patient confidence, besides."

C) In the last section of the project, it was decided to perform a small experiment with the prophets of the A.H.C.Z. diagnosing the illnesses of six psychiatric patients, under controlled conditions. The aim of the experiment was to attempt to determine the internal consistency in diagnosis between prophets i.e. to determine the inter-prophet diagnostic reliability.

The experiment was used to observe (by video, through an observation mirror) the prophets working 'in vivo', away from the normal milieu of their church. The experiment provided the opportunity of comparing the prophets' diagnoses with the western psychiatric diagnoses.

1.2 BACKGROUND TO THE INDEPENDENT CHURCH MOVEMENT IN SOUTH AFRICA.

During past decades, leaders have appeared in various parts of Africa advocating the formation of new religious organizations. New organizations were subsequently formed, partly by secession from White mission churches and partly as a result of spontaneous growth. According to Balandier the distribution of independent churches in Africa corresponds to those regions where Christianization was most intense; where racial discrimination is most pronounced, and where the modern economy is most strongly felt due to the presence of mining enterprizes. South Africa has experienced a proliferation of independent churches, and these continue to increase in number and membership. At present, there are 4,000 such organizations registered in South Africa (Department Co-operation and Development). According to Wilson (in West 1975), they are primarily small, close-knit groups which provide emotional support for those living in towns. These groups often provide links between town and country areas where members have relatives.

Pauw (1974) comments that Christianity has a history of approximately a century and a half among the Bantu-speaking peoples of South Africa, and that the Xhosa and Tswana were the first groups among whom the missionaries settled. The initial phase of missionary work among the Bantu coincided with widespread violence and unsettled conditions in South Africa. Pauw (1974) explains that successive frontier clashes between White farmers and the Xhosa, and the effect of Shaka's warriors in Natal, gave rise to large population movements in the country. These factors, coupled with the influence of the

White Voortrekkers migrating to the Transvaal, Orange Free State and Natal, were unfavourable to the work of the missionaries.

In this early phase, according to Pauw, a number of prophets, more or less influenced by Christian ideas, played a significant role among the Xhosa. At the same time, other prophets appeared who represented a reaction against Whites and western influence, including Christianity. The activities of these prophets resulted in the tragic cattle-killing of 1857, which caused the death of thousands of Xhosas. Pauw states that it was after the occurrence of these events which broke the power and opposition of a number of hostile chiefs, that the missions made a definite breakthrough among the Xhosa.

Sundkler (1961) shows that the missions were faced with a new form of unrest, which arose from the ranks of the Church itself. This was the separatist movement which developed among Bantu church members who sought independence from Whites in church matters. Pauw (1974) describes the movement as being characterized by three successive but continuing waves, each of which was associated with a distinct type of church. The first Independent Churches were secessions from the orthodox type of western church. They sought to adhere closely to orthodox forms of worship, but emphasized freedom from any form of White Christian control. The first recorded secession was accomplished by the Herman congregation of the Paris Mission in Basutoland, in 1872. (Sundkler 1964). In 1882, according to Sundkler, a Wesleyan minister, Nehemiah Tile, formed the "Tembu Church" with Ngangelizwe, the Chief of the Tembu, as its head. The reason for this secession was opposition to European control, and a desire to adapt the church message to the Tembu tribe's heritage. In 1885, church members in the Maidi chiefdom of Tlhaping of Taung seceded from the London Missionary Society, and in 1889, there was a secession from the Berlin Mission which resulted in the formation of the Lutheran Bapedi Church.

(Pauw 1960). In 1892, an Ethiopian Church was founded in Pretoria by the Rev. Mangena Mokone. This latter Church was the forerunner of those independent churches referred to as "Ethiopian Churches". Pauw (1974) shows that although most of the subsequent Ethiopian developments took place in towns, their influence extended to tribal areas as well.

Pauw (1974) indicates that a second wave of the independent movement gave rise to the "Sabbatarian-Baptist type" of independent church, which was stimulated by American Negro influence. These Sabbatarian-Baptist churches do not have a large following outside the Cape Province. Pauw shows that they use the Bible in a literal and fragmentary manner and place legalistic emphasis on observing Saturday as the Sabbath and on adult baptism by immersion.

The third phase of the independent movement, according to Pauw, was characterized by the appearance of a group of small, and some few larger groups, which are now collectively called Zionists. Sundkler (1964) states that the initial force behind the movement was an apocalyptic church in the United States, the Christian Catholic Apostolic Church in Zion. From 1914, leaders of the movement started forming independent groups of the Zionist type which were characterized by a syncretistic combination of Pentecostal elements with Bantu tradition. Sundkler claims that Zionism made its strongest impact initially in the northern areas, and that it later spread to the Transkei and Ciskei. He shows that historically, Zionists have their roots in Zion City, Illinois, U.S.A. Ideologically however, they claim to emanate from Mount Zion, in Jerusalem. Theologically, Sundkler sees the Zionists as a syncretistic movement with healing, speaking with tongues, purification rites and taboos as the main expression of their faith. He maintains that although there are numerous denominational, local and individual variations in Zionist groups, careful analysis reveals uniformity (p.54) "caused no doubt, by certain fundamental needs and aspirations in the broad masses of these churches

which needs and aspirations find their satisfaction in the behaviour patterns of the movement."

Sundkler distinguishes two types of independent churches, namely the Ethiopian and Zionist, and he defines their relative characteristics. He depicts the Ethiopian churches as remaining markedly influenced by the organization and teaching of the missionary groups from which they seceded. Contamination by traditional elements is greatly limited. It is the aim of these churches to prove, firstly, that an African Church may remain alive outside European control, and secondly, to create a centre of political life.

Zionist churches are not as stable as those of Ethiopian origin, and are threatened by splinter groups. Their attraction, according to Sundkler, resides in the very fact that they are syncretic and tolerate greater freedom. Priests are seen to have a more prophetic character and to model their role after the divine healer, rather than the chief. Allowance is made for traditional beliefs and practices; baptism is linked with complex purification rituals; revelation through dreams, taboos, dancing and possession by the Holy Spirit play an important role. Sundkler sees in these churches, a return to authentically African forms of prayer and expressions of fervour.

1.2 The Apostolic Holy Church in Zion.

A Typical Xhosa Zionist church, the Apostolic Holy Church in Zion (A.H.C.Z.) was chosen for the present research. The Church is situated in Grahamstown, a small university town in the Eastern Cape. There is a population of approximately 60,000 Blacks, 12,000 Whites, and 6,000 Coloureds. Black unemployment is high, the majority of families living below the Poverty Datum Line. Edwards (1983 p.2) describes the Black location as follows:

"Houses are mean and overcrowded, the streets untarred and littered. Drunkenness

and crime are rife and the people are exposed constantly to the threat of disease, violence and all the other dispiriting concomitants of powerlessness and poverty. Anomie, debility and psychosomatic symptoms flourish in an atmosphere of prolonged insecurity, anxiety and psychological conflict."

The Church was established in 1950, by a Xhosa-speaking Zionist from Johannesburg, Mr. M.M.Kosi. The present leader of the Church, Mr. Ntshobodi, experienced certain prophetic dreams, in 1948. These dreams told him that he would become sick and that he would subsequently be healed by a prophet from Johannesburg. Two years later, he became ill. His parents took him to numerous amagqiras, but they were unable to cure him of his illness. Then, as predicted, Mr. Kosi arrived in Grahamstown and effected his cure. Thereafter, Mr. Ntshobodi underwent a period of training and became a minister with full healing powers in the A.H.C.Z. In 1980, Mr.Ntshobodi was appointed Archbishop of the Church in a ceremony which was attended by most of the Zionist prophets in the Eastern Cape.

Although the Church is 32 years old, the congregation, due to local legislation, have no church building. The A.H.C.Z. claim a membership of 1,000. The majority of these members are to be found in Grahamstown, although the Church has branches in Port Elizabeth, East London, Peddie, Fort Beaufort, Port Alfred and Alexandria. The primary focus of the Church is healing, which is performed by the seven prophets of the Church. As is the case with most indigenous healers in South Africa, all the prophets suffered from some form of illness before becoming members of the Church. They were then healed and trained by either Mr Kosi or Mr Ntshobodi. Four of these prophets are males and three are females. The predominance of males is an unusual feature where ethnic healers are concerned in South Africa.

Diagnosis and healing in Grahamstown, takes place at night in Mr. Ntshobodi's kitchen, a room which measures about ten by twelve feet. Services of about

The prophets interviewed were, a) Archbishop Robert Ntshobodi, the leader of the Church, b) Assistant Bishop Lesley Mangenqwana, c) President of the Church, Michael Ketani, d) President Richard Onceya, e) the Reverend Wilson Dyantjie, and f) Prophet Violet Ncaphayi.

2.1 Diagnosis as a part of healing.

Rigby (1975), in a review of the literature available, suggests that the rigid distinctions frequently made in the African context between prophets, diviners, priests and mediums (such as made by Evans-Prithcard, 1940, 1951, 1956) are not applicable, and hence serve no useful analytic purpose. This artificial distinction, Rigby posits, arises primarily from the Weberian distinction between "prophet" and "priest", and is not supported by empirical evidence (e.g. Ranger and Kimambo, 1972). Rigby's criticism may be applied to those authors who postulate a rigid distinction between the ethnic diagnostician and therapist. Mokhobo (1971 p. 111) for example, divides traditional medical practice into two primary groups, namely the diagnosticians and therapists. He states that; "A combined diagnostician - therapist is rarely found."

The present research on the A.H.C.Z., concurs with Rigby's formulations. It was found that in all cases the diagnostician and therapist were one and the same person, namely the prophet. In the A.H.C.Z., diagnosis forms an integral part of the healing process, and the prophets do not clearly distinguish between diagnosis and treatment. Healing is seen by the church members as an ongoing process, of which diagnosis is a part. Diagnosis not only involves observation of overt behaviour, but the actual transmission of symptoms, fully or partially, from the patient to the prophet. (Sec. 2.2.1.) As such, diagnosis can be seen to constitute an aspect of healing in its own right.

Various authors have pointed out that diagnosis per se, may be regarded as therapeutic, and cannot thus be separated from the treatment, theoretically or practically. Torrey (1972b p. 70) has coined the term "The Principle of Rumpelstiltskin", which demonstrates "the magic of the right word." He says; "The very act of naming is therapeutic. The identification of the offending agent may activate a series of associated ideas in the patient's mind, producing confession, abreaction and general catharsis. It conveys to the patient that someone understands. 'Since the doctor-healer is usually a man of considerable status, the patient's anxiety is allayed even further. There is nothing more frightening to the human animal than the unknown, the worst of the monsters and goblins pale beside this terrifying spectre."

Diagnosis enables people to put a name to their anxieties and to feel that they can take action to relieve them (Mair, 1969). MacLean (1971 p. 16) shows how diagnosis allays the patient's uncertainty and gives him and his family the feeling of satisfaction at having the "Good sense to go to his doctor." Storr (1968) maintains that any explanatory scheme, however absurd, may bring the patient some relief, in that it satisfies his human hunger for finding an explanation for his suffering.

Cheetham and Cheetham (1976) show how the animistic and anthropomorphic attitudes of traditional diagnostician-therapists provide a material explanation for abnormal behaviour and action, which would otherwise not be "logically" understood. Levi-Strauss (1963), a structural anthropologist, sees diagnosis as a form of myth. The function of the myth/diagnosis is to dissolve or transcend logical contradictions, which arise out of the pathological condition. Employing the same approach, Hammond-Tooke (1975a p.30) suggests that; "The essence of the message (diagnosis) is nothing less than an attempt to mediate between two polarities that lie at the basis of all social life; the opposition and tension between the importance of group involvement and the human tendency towards individualism."

Hammond-Tooke goes on to suggest that psychologically, a scientific explanation is not always very satisfactory, particularly when used to explain personal misfortune. He says (p. 25); "It is all very well knowing that your illness is caused by a virus; what is more important is to know why you, and not someone else, got ill. The explanation of science 'it was by chance', is just not emotionally satisfying and a fuller explanation is sought in wider often religious terms."

2.2 Diagnosis in the A.H.C.Z.

West (1975) suggests that it is useful to distinguish between what he terms "direct" and "indirect" healing in the independent churches. With indirect healing, it is not necessary for the healer to be aware of the specific complaints of individual patients. Where direct healing is concerned, the healer is specifically aware of the patient's complaints and he prescribes specific cures for them. In contrast to West's findings that indirect healing was practiced more frequently, it was found that direct healing was the norm in the A.H.C.Z. Accordingly, diagnosis was understood to play an important role in the treatment process administered by the prophets of the A.H.C.Z.

A variety of diagnostic modes are employed by prophets of the A.H.C.Z. Brief these include a) sensation transference, whereby the feelings/symptoms are transferred from the patient to the prophet (termed 'diagnostic pain-taking' by Edwards, 1983) b) various forms of visions seen by the prophets c) the interpretation of the patient's and prophet's dreams d) precognition, whereby the prophet "knows" what is wrong with the patient before seeing him.

2.2.1 Sensation transference.

The primary mode of diagnosis employed by the prophets of the A.H.C.Z. may be termed 'sensation transference'. The prophet prays to God for enlightenment concerning the patient's illness and then lays hands on him. All, or part of the feelings and symptoms experienced by the patient are then believed to be 'transferred' to the prophet. By monitoring the original feelings in his own body and then comparing them to the new, transferred feelings from the patient, the prophet learns what the patient is experiencing. Mr Ntshobodi explains the procedure as follows;

> "When a person is sick, then I pray for him, and God will reveal to me from what that person is suffering from. It will seem as if you are suffering from the same thing. And then you will know that this person is suffering from what have you. It is just like how Jesus healed people, its from God. It is God that is telling me, that this person is suffering from this thing. And how He tells me is to make me feel the same thing that the person feels. If for instance his arms are weak, your arms automatically become weak, exactly as his. And then you know exactly what is wrong with the patient."

In western diagnosis, an important aspect is the observation of the overt behaviour and symptoms of the patient. Prophets in the A.H.C.Z., however, diagnose illness indirectly, by monitoring the feelings which they have absorbed from the patient in their own bodies during the laying on of hands. It would appear therefore, that the focus of attention is thus changed from the patient to the therapist/prophet. Holdstock (1979b) referring to other traditional healers who employ a similar diagnostic procedure, has suggested that the procedure is the purest form of empathy. He shows that, for Rogers, an important aspect of psychotherapy consists of the therapist getting "inside the skin" or "into the shoes" of the patient, and he compares this to the proce-

dures used by various traditional healers. The difference between Rogers' and the prophets' description of therapy is that while Rogers sees the therapist "getting into the skin" of the client, the prophet sees the feelings of the patient being transferred to him. Thus for Rogers, the therapist gets into the world of the patient, while the prophet allows the feelings of the patient into his own world. While the Rogerian therapist experiences the patient's feelings "as if" they were his own, the prophet claims that the patient's symptoms are actually transferred to him, and that he feels them as his own without the "as if" quality. As Edwards (1983) points out, this procedure is costly to the healer, because once the patient's symptoms are transferred to the prophet, the prophet is stuck with them until they can be prayed away. During the present research, Mr, Ntshobodi once slept for an entire day, intermittently waking up to pray, after treating a severe case of isathuthwane (epilepsy) the previous night. A similar phenomenon was observed by Schmidt (1970 p 152) in Sarawak, where healers or 'manangs' undertake healing ceremonies from time to time. Schmidt says; "It is believed that his body is saturated with fragments from the ills he has treated, which must be removed."

During and after sensation transference, the prophets of the A.H.C.Z. are believed to feel everything the client feels. For example, when laying hands on a person suffering from amafufunyana, Mr. Ntshobodi says;

> "I am becoming mixed up, because I am feeling what he feels. I am mixed up, and I feel my body sore, and feel my body becoming stiff. When I am putting hands, I find myself want to fall down. And I feel dizziness. And I feel my stomach becoming indigestive, bad stomach. And I feel my legs becoming weak as a person who is coming from sickness. My heart becomes weak, and I feel as a person who is drunk."

Although the prophet frequently 'knows" what the patient feels like at other times, it would appear that only those symptoms that the patient feels during

the diagnostic session will be transferred to the prophet. For example, if the prophet suspects a pain in the patient's chest,but cannot feel it in his own body, he will bend the patient. Bending is believed to activate the pain in the patient's chest, and the pain is then transferred to the prophet. Mr Ntshobodi says;

> "To feel how is the muscles of the chest. By bending him I know that. When he feels a little bit sore, I will feel that on my chest."

Another technique employed to assist sensation transference is that of localizing the sensation in the patient's body by means of Holy Ropes. This procedure is made use of in cases of spirit possession. According to the prophets the spirits do not remain in one part of the body, but "run right through the body, in the stomach up to the head, in the chest, going right around the body.' This makes it difficult for the prophet to feel the sensations created by the spirit, and to ascertain what form of spirit is in the patient's body. In order to facilitate the diagnosis, a rope is tied round the patient's waist. This rope localizes the spirit, and keeps it either in the top or bottom half of the body. The localized sensations created by the spirit are then easily transferred to the prophet. Mr. Ntshobodi explains the procedure;

> "Now I take a rope and tie it here on the chest, so that the disease (spirit) of that person is in the head must stay there. So that while I am praying for that person, that disease must not go down. It must be in one place. They (the ropes) are helping in such things as spirits, because when you are praying for such a person, the illness wants to run. Wants to go out, and it wants to sometimes run right through the body."

The prophets tend to experience the transferred sensations more clearly and precisely than do the patients themselves. Thus, the patient may complain of

a "bad body", while the prophet will feel precisely where the pain is. At times, a vague psychological sensation felt by the patient will be felt as a physical sensation by the prophet. For example, when the patient is nervous, the prophet claims to hear a buzzing in his own ears. Mr Ntshobodi says;

> "When a person is nervous, I can hear it in my ears. There will be quite a lot of noise in my ears. I will hear a lot of noises, as if there is a machine driving around. Then I will know that this person is nervous."

2.2.2 Diagnostic visions

Visions (umbono) are used as another diagnostic procedure by the A.H.C.Z. They may be classified into three categories, viz:

a) visions in which the prophet "sees" something inside the patient's body, such as poison (dliso) or evil spirits (umoya).

b) visions of a dream-like nature, concerning the illness, which frequently occur in symbolic form.

c) visions of a structure similar to sensation transference, in which the prophet experiences sensory distortions or hallucinations similar to those experienced by the patient.

2.2.2.1 Visions of the illness within the patient's body

These forms of visions are similar to an X-ray. With eyes closed, the prophet "sees" the illness in the patient's body; either in the form of a poison or evil spirits. Mr. Ntshobodi comments;

> "When I am praying without opening my eyes, the Holy Spirit will tell me what kind of disease that is. The Holy Spirit will tell me through a vision. I will see things."

The prophet knows what a healty body looks like in a vision. Diagnosis of dliso (poison) therefore consists of comparing what the prophet sees in the ill person to his memory of a healthy person's body. For example, in the case of dliso in the stomach, Mr. Ntshobodi says;

> "Even when I close my eyes it won't be dark before me, it will be light as it is now. When I close my eyes and pray for this person, then God will show me his stomach. Then I will see the liver and I will see the thing behind it. This thing, dliso, is something round. It's a black round thing. It's in the form of a star, and it is black in colour. How I manage to know this thing the person is suffering from, for instance looking at the dliso, that is behind the liver. I will ask God to show me what the thing is. And then differentiate, it will differentiate from anything in the stomach. It will shine, then I will know what it is."

Descriptions of dliso seem to differ slightly from prophet to prophet. This appears to be due to their different modes of description, as their drawings of dliso are remarkably similar. Alternatively, the descriptive discrepancy may be a result of the belief that there are different forms of dliso. For example, Mr. Dyantyi says;

> "What I sometimes see is something like a ball that is wrapped up in a cloth, that would need some kind of dissection in order to see what it actually is. There are various kinds of these things, some are just like butterflies (1), which is some kind of poison people manufacture."

Both Mr Ntshobodi and Mr Dyantyi were asked to draw dliso as it appeared in their visions. These drawings appear in figures 1 and 2 respectively.

Evil spirits are recognized by their appearance and movement in the body,

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1) Anxious people often refer to butterflies in their stomach.

rather than by the comparison procedure described above with dliso. Mr Dyantyi states that;

> "When there is evil spirits, I will see the smoke going up to the patien head. From the stomach up to his head. The smoke looks like a vapour going up to the head." Prophets variously describe visions of evil spirits as mist, clouds, smoke or vapours.

2.2.2.2 Symbolic visions

Symbolic visions may be seen as a form of lucid dream which occurs during the diagnostic sessions. Mr Ntshobodi says that, "it is as if I am dreaming. Mr Dyantyi reports that;

> "When I pray for somebody with my eyes closed, sometimes I behave as though I was asleep, and then I see things. Sometimes I see people, but they don't come as clear as we are at this moment. They sometimes change into things like toys."

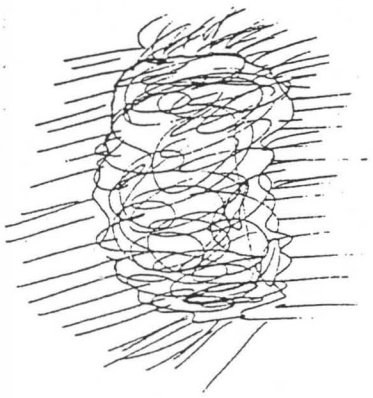
As with dreams, these visions may or may not need interpreting, depending on their complexity and the ability of the particular prophet. Aloes and flowers are frequently seen in symbolic visions. Mr Ntshobodi reports;

> "Sometimes I see aloe trees around a person. The aloe around a person stating now that this person will be healed. Sometimes I see flowers around the person, the flowers stating the disease. But I have to look at the flower, how is the flower going on. Sometimes the flower is dying sometimes the flower becomes brighter (with the obvious interpretation of the patient's deterioration or improvement, respectively). Sometimes the flower is on the sides and sometimes above the head."

Figure I.

Dliso, as seen in a vision.

Drawing by Mr. Ketani.



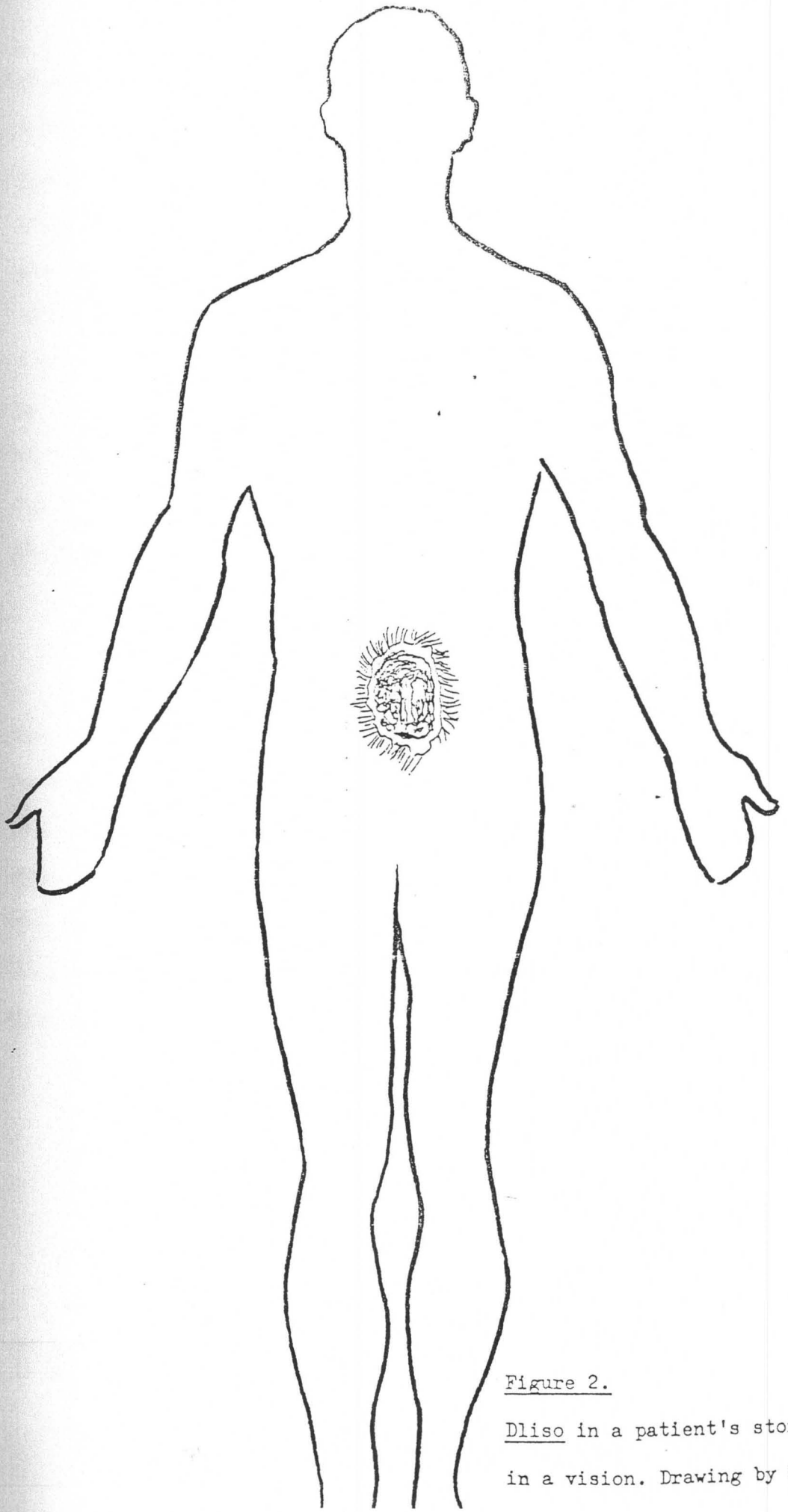


Figure 2.

Dliso in a patient's stomach as seen in a vision. Drawing by Mr. Ntshobodi.

Frequently, enemies of the patient are seen in visions. They may be chasing either the patient or the prophet in the vision. With illnesses such as ukuthwasa and umlambo, where the cause of the illness is believed to be the ancestral shades, various objects of sacrifice may be seen. Visions may also contain a raging fire or a blazing sun. In the case of a fire, the direction in which it moves indicates where the sick person is, in the church. A sun in a vision similarly indicates that someone in the church at that moment, is ill. Mr Onceya reports the first vision that he had in the church. He claims to have had a vision in which; "something like a sun coming, but I did not know what it was. It was not exactly like a sun, it was like sun smoke".

2.2.2.3 Visions of sensory distortion

These type of visions may be seen as a visual form of sensory transference. Patients, specifically those suffering from ukushiywa ziingqondo "the illness of mad", experience visual distortions or hallucinations. During diagnosis, these experiences are transferred from the patient to the prophet. The prophet does not always see what the patient sees, rather he sees 'in the same way' that the patient does. For example, when laying hands on a person with ukushiywa ziingqoṅdo, Mr Ntshobodi reports that;

> "I feel my head is so funny and my eyes, I can see funny pictures.[1] Sometimes when a person is before me, that time I am praying for this person I will see sometimes this person is funny. When I am praying sometimes he is upside down. I can see that person upside down. And sometimes the person becomes small.[2] I can see the person is still here but it is as if he is far way from me."

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1. "Funny pictures" mean hallucinations in Mr Ntshobodi's terminology.
2. This appears to be micropsia.

2.2.3 Dreams

Dreams play an important role in the lives of the prophets of the church in addition to being employed for diagnosis. For example, Mr Ntshobodi reports that;

> "A dream will sometimes come showing you right things, that your life is still in good shape".

Dreams are variously divided into 'bad dreams' and 'good dreams', 'common dreams' and 'important' dreams, depending on the context in which they are employed. Mr Mangenguan, the Archbishop's aid, provides some examples of good dreams:

> "When you dream you are preaching, and sometimes you dream of sheeps. Sometimes you dream you are on the mountain. Sometimes you dream you are in the sea. Sometimes you dream you are in the river, but you must have clean water, not the brown water, that means that is the church. Sometimes you dream that you are fishing, that means that you are going to find someone who believed to want Christ".

Mr Mangenguan says about 'bad' dreams;

> "You know sometimes, you dream that you are sleeping with a girl or sleeping with a woman, that is an evil dream, it is not coming from God. You can dream you are drinking or you can dream you are smoking, that is an evil dream. Sometimes you dream somebody stab you with a knife, that is a kind of evil spirit. Something like a snake, and dirty water. You know a dam, it is full of dirty water, that is an evil dream."

Although nightmares are generally seen as being 'evil dreams' they are construed differently. Mr Ntshobodi compares ukubuda (a form of evil dream) to a nightmare;

"A nightmare is that when a person cries. Cries and sometimes his body is as if his body is being choked by a gas. The difference between ukubuda, while you ukubuda you can shake your hand, you can knock a person as if you are fighting, and sometimes you can stand up with your feet and talk as a person who is fighting with another. But the one with the nightmare cannot do that. He cannot even shake his toe. His body is stiff. And your head, noises in your head as if you are being choked by a gas, by electricity I can say. A nightmare is a thing that holds you, and then you cry".

The difference between what prophets call a 'common' and an 'important'[1] dream is illustrated by Mr Ntshobodi;

"There are many lectures in the Bible telling more special about dreams. And I have to show him (patient) there are dreams which are common and there are dreams which are important. Dreams can sometimes come with the things that you have seen during the day (day-residue). I can say that is a common dream, because you see now in the dream that you have seen during the day. Now that is a common dream because you can see that many times. There is a dream that is telling something, that a person must do or a person is going to get. The dreams are sometimes talking about a small thing and sometimes about a big thing. Telling about a big thing that is going to happen."

For diagnostic purposes, only 'important' or big dreams are interpreted. Although the dreams of both the patient and prophet may be used for diagnosis, those of the prophet appear to be used more frequently. The preference for using the prophets' dreams is similar to the preference for diagnosing feelings by monitoring of the prophets' body as opposed to the patient's. The procedures for interpreting dreams are similar for dreams reported by patients and prophets. Depending on the complexity of the dream and the abilities of the prophet, the dream may either be interpreted directly or taken to the church for interpretation. Difficult dreams are characteristically interpreted in the

church by one of the members of the congregation through the medium of the Holy Spirit. There are three members of the church who are said to have the gift of interpreting dreams, although dreams may at times be interpreted by anyone in the congregation. Mr Ntshobodi says;

> "These now that I am talking about, I am sure of them, but the others they would tell the dream of those three are not sometimes in the church. The spirit will take another one to tell the dream".

At the beginning of each church service the congregation kneels and prays, "and everyone must say what he has done this day, or what he has done, or if he had a dream. And then after, all of us pray for the dream. Then after praying, the visions will come, and another will know the meaning of the dream". The meaning of the dream will thus be revealed to one of the interpreters, either through a vision or intuition.

Dreams are not only used to diagnose the illness, they may also show the dreamer what course of action to take. This is illustrated by Mr Ntshobodi with a dream reported to him by a patient suffering from isibetho, which is believed to be an illness sent by God to induce a person to join the church.

> "He (the patient) told me that he dreamed he was in a green field. In this green field he saw a river. And he find himself in the river. The water was about his shoulders. The dream was showing what he must do. Because the green field is the church. The water is the word of God, and he find himself in the river which is the prayers and the word of God. So God, by the Holy Spirit was showing him that he is among prayers".

The message of the dream was that the patient should join the church and have people pray for him in order to be cured.

Mr Ntshobodi says;

> "The Holy Spirit will show me this person going to the river to be baptized, or the Spirit will show me this person sitting in a chair the way

you confess. Or the Holy Spirit will show me this person praying, then I will know that I must pray for this person to change".

As in the case of sensory transference, many of the patient's dreams are transferred from him to the prophet. The prophet then dreams similar dreams to that of the patient. For example if a patient with ukuthwasa is experiencing dreams 'sent by the ancestors', the prophet will have the same dreams. Mr Ntshobodi says;

"Sometimes I see a sacrifice, sometimes I see a bucket of beer. Sometimes I see somebody who has got the tail of a cow. These dreams are the dreams of the people who have got that disease (ukuthwasa)".

Similarly if the patient is being chased by evil spirits in his dreams, the prophet will also be chased by the evil spirits. Mr Ntshobodi reports a dream in which he was running away from small boys, who represented the evil spirits chasing the patient;

"And I pray for that dream and the Holy Spirit shows me that I must pray more and more for that person. So that I must not run away from the disease. That time I feel those small boys fighting with me are those enemies of that person. By running was that I was running from the enemies, which were chasing that person."

It may also happen that the prophet is chased in his dreams, by spirits that are inside the patient. It appears that the spirit leaves the patient and attempts to enter the body of the prophet while he is dreaming. "If a person has sometimes got epilepsy ... that evil spirit can get into me or any of the people around here. It wants a house to live in. They try and get in by dreams." Once while treating a person with isathuthwane, Mr Ntshobodi dreamt that a bull was chasing him. The bull represented the evil spirit in the patient which was trying to enter Mr Ntshobodi's body. He says;

"But luckily I have been trying to climb the fence so that the bull may not get me. And they (dream interpreters) say, by trying to climb

up the fence these are the prayers. Now that means the spirit which was in that person has nearly got into me, and do something to me. Because the spirit can come from that person and get into me".

2.2.4 Precognition

In the A.H.C.Z. the phenomena of precognition is not limited to the confines of the diagnostic session, and may occur at any time. Although precognition occurs through dreams, visions and intuition, the most frequently used mode is that of dreams. The simplest form of precognition takes the form of a dream about a patient who is going to come to the church for healing. Mr Ntshobodi says; "I dream that sometimes when a person is coming to my church, sometimes the spirit shows me that there are people who are coming".

A more complex form of precognition consists of dreaming about the arrival of a patient, as well as knowing what the patient's symptoms are. Mr Ntshobodi states that;

"Sometimes God will reveal to me that so and so will come to me and that so and so is suffering from this thing. I will know beforehand that this person is coming. When a person suffering from a headache has come to me, I will suffer from that headache. The other way that I know a person is suffering from a headache is through God. God will reveal that a certain person coming to me is suffering from a headache".

The following dream of Mr Ntshobodi provides an example of a diagnostic dream, telling of the persons illness.

"I had a dream tonight, I have seen my father-in-law. He was in a sacrifice. In a custom. He was in a sacrifice with other big men. Now the house was near the road and I was passing by. And now my father-in-law came out of the house, he was coughing. He coughed blood. And he called me. And he was showing me the blood. He said to me, 'My son

come here, look I am coughing blood'. Now the blood was being poured on my trousers. And there come a piece of lung. A piece of lung was looking black-like. As an old lung that is nearly dry. And I take this lung and say 'No, this lung is dry. Why father, your lungs are dry?' And I take this lung and wash it to check what causes the lung to be dry. And when I was looking at this lung, this lung changes and it looks like a piece of liver, a liver that is cooked. And then I wake up".

That evening Mr Ntshobodi went to his father-in-law's house and learned that he had suffered an attack of iphika on the same night that Mr Ntshobodi had his dream.

Precognition may take place when the prophet is sitting alone, through visions or simply by intuition. Mr Ntshobodi says that sometimes he "just knows" that a sick person is coming to see him. The same phenomena is illustrated by Holdstock (1979b, p. 28) who quotes a Soweto sangoma,

"Often it is through shaking of the body which could start with the trembling of my fingers, my hands, my arms and eventually spreading to my whole body, that the spirits come into me. It is then that I see the people who are on their way to consult me".

2.2.5 Ideal conditions for diagnosis

Diagnosis and healing always takes place while the prophet is in a trance or altered state of consciousness, a phenomenon observed in various diverse cultures throughout the world. Although the ability to enter into a trance and be possessed by the Holy Spirit is seen as a gift from God, there are certain techniques for enhancing this ability. These techniques are collectively called ukuzila and consist of various ascetic abstinences. Briefly, they consist of praying, fasting, hearing the drumming and singing in the church, dancing, abstention from smoking, drinking, eating red meat, traditional Xhosa customs

For patients who are not members of the church, the prophet uses five candles; "For just praying, for each and everyone who is not a member of the church; sometimes they are nurses, policemen, sometimes they are working on the railways, they come to my church, I have to take five candles. And those five candles stand for the five wounds of Jesus, and they stand for the five stones which David kills Goliath. And the five candles stands for the five wounds which kills the diseases which were in our bodies".

Drumming, dancing and singing

Drumming, dancing and singing are used in diagnostic and therapeutic situations in various cultures throughout the world. Holdstock (1979) describes how in Africa, music and dance are inextricably interwoven into every facet of life; in work, in play, in ceremony and ritual. The Zionist churches have adapted Western hymns to African forms of expression (Sundkler 1964). The hymns being regarded as sacred rhythms which are accentuated by the swinging to and fro of their bodies.

In the A.H.C.Z. the rhythmic music is produced by the church choir, consisting of twenty four girls and eighteen boys. In addition to singing, clapping of hands and stamping of feet, a large drum is beaten by one of the members. The drum is constructed of a large metal drum, cut in half and covered with an ox hide. Wood from an aloe tree ikala, which is regarded as holy, is used for the drum sticks. Sundkler (1964 p.196) states that; "Its wide popularity among the Zionists has made the drum a symbol of their form of worship, and it is therefore looked down upon by the Christians in Mission or Ethopian Churches".

The choir members also vigorously shake dancing-rattles, which according to Shaw (1974) are used by all the Bantu peoples of South Africa. The rattles consist of either pebbles placed inside tins, or metal nuts and washers strung along a piece of wire.

Dancing in the A.H.C.Z. consists of running around a central spot in the room. It is said that the central spot is made holy by virtue of the prophets forming a circle around it. The circle is seen to be symbolic of the haloes around holy people, such as St Paul and Jesus Christ. The dancing around in a circle enhances the prophet's ability to enter into the trance state, and concomitantly increases his/her diagnostic ability. Mr Ntshobodi says that; "when you take that circle you feel stronger and full of spirit, and keeping your body hot, now it is easy to find out the sickness of a person". This view is supported by Farrand (1980 p.5) who reports that;

> "Findings of the present study support reports that izangoma used dance, rhythm, song and music to enter ASC and to enhance divinatory ability (Laubscher 1937). Significantly recent research has shown that a) rhythmic low frequency sounds can provoke seizures and movement into ASC in certain people (Tempest 1971, Watson 1973) and, b) that psychic ability increases during the ASC (Ryzl 1966. Tart 1976)."

Similarly, Holdstock reports that during the training of indigenous healers, evenings are devoted to drumming and dancing in order to "bring out" the ancestral spirits.

Dancing around in a circle, combined with the drumming and singing, are employed for other functions besides increasing divinatory powers. Depressed and weak patients are frequently told to dance around in a circle, as part of their treatment. Mr Ntshobodi says; "Sometimes a person is feeling dull. Now when he takes the dancing, now he feels alright again". Similarly, prophets who have absorbed too much of the patient's illness, or who are simply ill, dance in the circle. Mr. Ntshobodi explains;

> "And when I am ill, sometimes I feel something in my body, a sore body, then I will go to that circle. I have got a leg ache, or a stomach ache,

and while I am running, now the disease is taken by the others (Prophets). Then I feel my leg, there is nothing wrong. Each person is taking a little bit out of my disease (sensation transference)".

Drumming, dancing and singing are employed to exorcise demons and evil spirits in the church. The members believe that the demons hate the sound of the drum and the singing, to the extent that they vacate the patient's body.

2.3 Training

As is the case with most healers throughout the world, aspirant prophets of the A.H.C.Z. have to undergo set selection and training procedures. In the A.H.C.Z. all the training is performed under the supervision of Mr Ntshobodi. The following section deals specifically with those aspects of training relating to diagnostic abilities and procedures.

2.3.1 Seclusion

During their training prophets are advised to have as little contact with non church members as possible. The rationale being to eliminate external distractions and to heighten the healing and diagnostic powers of the prophet. Mr Ntshobodi says that;

"Sometimes he (trainee prophet) is playing too much with others, and when his dreams come to him, they are mixed with all sorts of things. Now we try that person to tell him that he must be alone, so that his dreams may come straight".

Ehrenwald (1977) has shown that a breakdown in normal communication with the world often results in a heightened psychic ability, which in the case of the prophets would be construed as a heightening of diagnostic powers. Similarly, Farrand (1980) states that the condition of ukuthwasa, which is characterized

by physical and emotional withdrawal from the world, coincides with an increase of the thwasa's psychic abilities.

Seclusion from the community not only heightens diagnostic and healing powers of the prophet, it enhances the status of the prophet in the eyes of the general community. Mauss (1972 p. 29) writing about magicians and sorcerers, shows how their separateness increases their power. He says;

> "It is their profession which places these people apart from the common run of mortals, and it is this separateness which endows them with magical power".

2.3.2 Protection

As a trainee-prophet's healing powers increase so does his ability to absorb illness from the patient. The trainee however, does not have the fine control over the absorbtion of illnesses as do fully trained prophets, and may unwittingly absorb various illnesses from anyone with whom they come into contact. Mr Ntshobodi comments that;

> "Sometimes the disease of that person can hurt you or it can, you can both be sick. I can say sometimes the person is a healer. Now he must have something to protect him. Because his body is always catching the diseases. Or when she is in the bus, she can catch sometimes a disease. If he cannot have that (protection) he can fall down sometimes. That time there are no people that can lay hands on him (and help him combat the absorbed illness)."

For protection, trainee-prophets are given a green holy rope after their baptism. The rope protects the prophet from the various diseases he may fall victim to and it is said to give him "more energy". According to Mr Ntshobodi;

> "The green one (rope) is for baptizing, the member who has been baptized. The green can help that person while he is awake. He can keep that green. Or when he is in a party or elsewhere he can put it around the waist,

underneath his clothes. When he is among people, so that he must not catch a disease".

Similarly:

"You can put it around your waist to keep you strong while you are praying. The diseases of those people can hurt your kidneys. And the spirits of these people can sometimes twist your bowels, because they are strong spirits".

2.2.3 Dreams

In the A.H.C.Z. the first diagnostic ability to emerge among trainee prophets, is that of diagnostic dreaming, followed by visions and finally sensory transference. The first diagnostic dreams had by a prophet are precognition of some future event. Mr Ntshobodi provides an example, by discussing Mr Onyewa, a trainee prophet;

"These things (gifts of diagnosis) are coming sometimes, most by dreams. A person will start by dreaming, then is coming visions. Now by calculating those dreams, you find that his dreams are telling something. Sometimes he (Mr Onyewa) dreams that he saw a person from Port Elizabeth. This person has got a suitcase, and this person got a blue robe. Then we wait for the person. Then we see this person comes, we see now that this man (Mr Onyewa) is alright in his dreams, because his dreams are telling the right thing. But sometimes you see that there is something that is knocking his dreams. So you will tell this person that he must be aside from the tshomis, from the others. He must be alone so that his dreams may come straight to him".

The initiate is then taught to distinguish between common and important dreams, thereby learning which of his dreams are of diagnostic value and which are not. He is then taught, directly and indirectly, how to interpret dreams.

2.3.4 Visions

The first diagnostic vision experienced by prophets occurs spontaneously and without warning. The vision always occurs in the church while the trainee is dancing in a circle or while he is praying. As the vision is largely unexpected and constitutes a novel experience, the prophet feels anxious and may at times even fall down from the shock. The vision is then interpreted by the senior prophet while the trainee regains his equilibrium. Mr Onceya's first vision provides an example of the procedure followed: While dancing in a circle in the church he suddenly saw: "something like a sun coming, it was not exactly like a sun, it was like sun smoke". Mr Onceya then fell to the ground and had to be helped to his feet. Subsequently, the senior prophet, Mr Ntshobodi told Mr Onceya, that what he had seen was, "something like a disease from a poison, dliso". Mr Ntshobodi told Mr Onceya to pray and fast so that the spirit would reveal to him whom it was that he had seen in the vision to be afflicted by dliso. The following night, after following the instructions, Mr Onceya dreamed of the sick person. He then approached the person to confirm whether she was ill or not. The woman confirmed having the symptoms produced by dliso, which in turn confirmed Mr Onceya's diagnostic ability.

Mr Ntshobodi recounts the first vision produced by another trainee-prophet, Mr Ketani;

> "The first time that he prophets something, we have been in the church. The church was hot, singing, and each and everyone was in spirit. And this man (Ketani) was running with his rope, he was on the circle. And now when we were on the circle, he falls down. He saw someone who was sick among the others in the church. He falls down and we pray for him. And when he wakes up (regains consciousness) we ask him what he has seen. He say he is seeing a person who is sick in the church. And we ask him, can he point that person.

> And he point to that person. And we ask him; 'What a wrong thing do you see in that person?' He say that person is suffering from a funny stomach. A stomach that has got wind, umoya. And he say this umoya is in the stomach and is going up sometimes and causing that person to be dizzy. And a headache. Then we ask to that person, 'Is this a true thing, do you feel these symptoms in your body?' Now this person say, 'Yes, I feel these symptoms in my body'. Then we know now that he is telling us a true thing. Now we tried to pray for his robe, that will give him power. Because he is now a prophet".

Confirmation of diagnosis by the patient plays an important role in training. According to Mr Ntshobodi the concept of diagnostic validation comes from the Bible. He says;

> "In the Bible there is a word which says; 'I'll give you a prophet, but if this prophet has not tell a right thing you must know that the prophet is still not right. But if a prophet has propheted a thing, and that thing which he has prophet, comes straight (true) you must know that that prophet is a true prophet". Here he refers to Deuteronomy Chap 18 v 20-22 which reads;
>
> "But the prophet who presumes to speak a word in my name which I have not commanded him to speak, or who speaks in the name of other Gods, that same prophet shall die. And if you say in your heart, "How may we know the word which the Lord has not spoken", - when a prophet speaks in the name of the Lord, if the word does not come to pass or come true, that is a word which the Lord has not spoken, the prophet has spoken it presumptiously, you need not be afraid of him".

2.3.5 Sensation transference

Once the trainee-prophet is reasonably proficient at dream and vision diagnosis, he gradually begins to develop the power of absorbing the illness from

the patient. He is then instructed how to differentiate his own feelings from the transferred feelings of the patients. He is taught how to employ the method of illness localization with ropes as described above (Sec 2.2.5).

3. ILLNESSES DIAGNOSED IN THE A.H.C.Z.

In the previous section (2) the diagnostic procedures employed by the prophets of the A.H.C.Z. were discussed. Using the procedures described, the prophets arrive at specific diagnoses which are then explained to the patients in detail. It was the researcher's aim in the present section, to discuss the diagnoses employed by the A.H.C.Z. and to formulate these into a coherent nosological system. The nosological system was constructed to provide the mental health team with a means of studying the Zionist conception of illness and the diagnoses made by Zionist prophets when consulted by patients.

The information necessary for the construction of the nosological system employed by the A.H.C.Z. was gathered during the course of in-depth interviews. It was found that the prophets of the church shared the same world-view, and that they conceptualized illnesses in the same way. This was due to the fact that the prophets were healed and trained by the same man, Mr Ntshobodi, the leader of their church. All the prophets agreed that Mr Ntshobodi was the best diagnostician and healer, and that he knew more about illnesses than they did. The interviews were therefore, conducted primarily with Mr Ntshobodi. All interviews took place under a tree, during Mr Ntshobodi's lunch hour, or for an hour after his work day had ended. The interviews were taped[1] and later transcribed.

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1. Mr Ntshobodi once referred to "the three of us under the tree." When asked who the third person was whom he had mentioned, he replied, "The tape."

The aim of constructing a Zionist nosological system of illnesses was explained to Mr Ntshobodi. He was then asked to compile a list of all the psychiatric type illnesses which he had treated as a prophet of the A.H.C.Z. His list consisted of sixteen illnesses, which then formed the basis of the nosological system. As the interviewer was already aware of the procedures involved in diagnosis, and good rapport had been established between Mr Ntshobodi and himself, specific questions were formulated. The questions, designed to form a framework, were applied to each of the sixteen illnesses in turn. Using amafufunyana as an example, the questions asked were as follows;

1. Tell me about amafufunyana?
2. When you lay hands on a person suffering from amafufunyana, what do you feel in your own body? (i.e. what sensation transference occurs with amafufunyana?)
3. What symptoms does a person with amafufunyana display?
4. What kind of visions do you experience when a person has amafufunyana?
5. What kind of dreams do you have? What dreams does the patient experience?
6. How do you treat a patient with amafufunyana?
7. Can you tell met anything else about amafufunyana?

Once the information had been gathered and studied, it was decided to group the illnesses. Four major categories were decided upon:

1. psychotic-like illnesses
2. neurotic-like illnesses
3. the epilepsies
4. somatic type illnesses

The categories, which were used for purposes of clarity in the project, are not employed by the prophets of the A.H.C.Z. As far as the author could ascertain, the prophets do not categorize the sixteen illnesses dealt with in

any specific way. Thus, even the four illnesses classified under somatic types were not seen as differing by the prophets. Mr Ntshobodi does, however, conceptualize physical injuries, such as a broken leg, as being different to the illnesses which he treats. In the case of physical injuries, Mr Ntshobodi states that he refers such patients to a General Practitioner.

The classification system adopted for the project is as follows:

a) Psychotic-like illnesses.
   1. Amafufunyana
   2. Amakhosi
   3. Ukushiywa ziingqondo
   4. Ukuphaphazela
   5. Ukuthwasa

b) Neurotic-like illnesses
   1. Ukuphuthelwa
   2. Umbilini
   3. Ukubuda
   4. Ukulawula amaphupha
   5. Intloko engxolayo

c) The epilepsies
   1. Isathuthuwane
   2. Uxhozula

d) Somatic type illnesses
   1. Tuberculosis
   2. Umlambo
   3. Iphika
   4. Ukuqaqamba kwamathambo

3.2 Psychotic-like illnesses

3.2.2 Amafufunyana

The nosological category of amafufunyana is used to refer to a specific type

of spirit possession among the Nguni-speaking peoples of South Africa. It is characterized by evil spirits which enter the patient's body and take control of it. Characteristically, these spirits speak in different languages, and have the ultimate aim of killing the person. Amafufunyana has been variously described as a form of hysteria (Mokhobo 1971); a disturbance of inter-personal relationships (Schweitzer 1977); symptomatic of a nervous breakdown (Edwards 1983), and characterized by depression, hysteria and suicidal tendencies (Sibisi 1975). Sibisi points out, that although the subject of spirit possession among the Nguni has received a great deal of attention in anthropological literature, amafufunyana is rarely mentioned. She suggests that amafufunyana is a relatively new nosological category in South Africa, having originated in the late 1920's and 1930's in Zululand. Schweitzer (1977, p.177) points out that amafufunyana was repeatedly reported as being something new to the Xhosa, by the amigqiras interviewed. One igqira told Schweitzer; "I don't know those amafufunyana but I hate it. I will tell you one thing, I know about all the other things, but these amafufunyana are very, very new things. They are very recent and I am as unfamiliar with them as you are".

Symptomatology

A person possessed by amafufunyana spirits displays a wide variety of symptoms. The patient's stomach becomes swollen and he may complain of a wind (umoya) in his stomach. Mr Ntshobodi says;

> "His stomach is becoming big. When you put your hands here (on the stomach you will feel that his stomach is full of wind, umoya. By saying umoya I mean that is not the spirit that have been given by God, it is the spirit caused by evil things, that a person has been given by someone".

The patient is a compulsive talker and his eyes may become red; "the eyes has got blood vessels, and those vessels, you will see that they are red, full of blood." In the lower part of the person's eyes there is, "a little bit of yellow muck", which is, apparently, characteristic of many mad people. "His

the patient's nose; "When a person has had this amafufunyana you can hear it in his nose. He has got a noise, as a person who is going to die. And when he talks, he talks with his nose. This disease likes to be here (in the nose)".

Much of the behaviour of the patient may be classified as antisocial, such as running about aimlessly in the street; throwing stones at people; chasing people with knives or not attending school. "Bad luck" is frequently seen as a symptom of amafufunyana; "sometimes they (the amafufunyana) will kill him, I can say by bad luck". Everything the patient does, including the dreams he experiences are "mixed up";

> "A person who has got amafufunyana is always mixed up. Mixed up because his spirit is mixed up with his evil spirit. And all the things, even the things he does are mixed up, showing that with this person there is something troubling him".

In addition to the symptoms manifested in everyday life, the person with amafufunyana displays various symptoms in the church during healing services. The amafufunyana, which are normally located in the patient's stomach, begin to move about when the person is in the church. Mr Ntshobodi maintains that the spirits become afraid in the church and then attempt to leave the person's stomach; "Now in the church it is strong, so they (amafufunyana) want to run away". The amafufunyana then move up from the person's stomach towards his head, causing him to become dizzy and to "run around the church like a mad person". When the amafufunyana reach the person's head, he/she faints and falls to the ground. The amafufunyana then begin to talk in foreign languages. Although various authors (Sibisi 1975, Schweitzer 1977) report that people with amafufunyana speak in a variety of languages, patients in Grahamstown characteristically speak in Zulu while possessed. According to Mr Ntshobodi, the the amafufunyana come from Zululand and thus it is that Zulu is spoken. He says;

> "So when a person has got amafufunyana, he talks like a mad person. But

he is not actually mad, it is those amafufunyana inside that are talking". Mr Ntshobodi describes talking to the amafufunyana;

> "And then we pray in the church, and that person (patient) will fall down. Then you take your foot and put it here, on the 'V' of the ribs. And then he is going to talk. Those amafufunyana inside are going to talk, because they will say, 'Don't put your foot on us'. Now they will talk inside. And then you say to them; 'What do you want with this person?' They will say; "No, we want to kill this person'. Then you will ask them why. They will say; "because we are ordered'. Now you ask them, "Who sent you?', and they will tell you; "Mr Bani, of mother Bani, sent us to kill this person". And you will say to them; "No, don't kill this person, go away'. They will argue. And you keep on driving them away until they will say, 'now we are going away'."

Kiev (1972) shows that exorcism of evil spirits is generally performed in dramatic settings, where excessive stimulation appears to arouse a variety of positive emotions in patient and onlookers. Sundkler (1976) describes how the Rev J G Shembe claims to remove demons by striking patients with a long black veil which is believed to be charged with hidden powers of life. At times, Shembe may shout as he hits out with his veil, and commands the demons to leave. Krippner and Villoldo (1976 p.133) quote an American traditional healer on exorcism;

> "Sometimes they are very persistent, they lie and play tricks. But when they meet someone they can't fool they get angry. They may be tough and persistent but must be made to realize that they must go".

Similarly, Hernani Andrade, a Brazilian healer states that "the incorporator would expunge the spirit from his or her own body, firmly telling the entity not to return".

Sibisi (1975) reports that the Zulus believe that once the amafufunyana are

exorcised, they roam the countryside in small bands and may attach themselves to people who are not sufficiently fortified against them. Xhosa prophets believe that the Amafufunyana return to the person who sent them, but are unsure whether the person may make use of them again or not.

During the time that the amafufunyana are speaking from within, the patient experiences total amnesia;

> "But the one who has got amafufunyana cannot know what was happening to him, the time he was getting dizzy or falling down. It is the one who sees him that tells; that time that he was falling down or dizzy, the disease was going like this and this and this".

Diagnosis

Sensation transference

As mentioned above, sensation transference is the diagnostic procedure whereby the patient's symptoms are transferred to the prophet during the laying on of hands. Mr Ntshobodi reports what he feels when laying hands on a person with amafufunyana;

> "When I am putting hands on someone who has got this disease, I am becoming mixed up, because I am feeling what he feels. I am mixed up and feel my body sore, and feel my body becoming stiff. When I am putting hands, I find that I want to fall down, I feel a dizziness. And I find my stomach becoming indigestive, bad stomach. And I find my legs becoming weak as a person who is coming from sickness. And I feel my heart becoming weak. And I feel myself as a person who is drunk. Who wants to talk so mixed up".

Visions

While diagnosing a person with amafufunyana the person does not have visions in the sense of waking dreams, (i.e. symbolic visions), but 'sees' stars and darkness. Mr Ntshobodi says; "I see some stars in my eyes, as a person who has got bile troubles, too much bile. And I can see darkness, even sometimes when I open my eyes I see that it is dark, as a person who is going to faint".

Mr Ntshobodi reports that he does at times have visions of an X-ray type with amafufunyana. Figure 3 is a drawing done by Mr Ntshobodi depicting what he sees in those visions.

Dreams

The prophets claim that while treating a person with amafufunyana, they have dreams similar to those experienced by the patient. The dreams appear to lack any form of structure and are completely mixed up. Dream diagnosis where amafufunyana is concerned, is seldom used as the condition is easily diagnosed by employing the methods mentioned above.

Etiology

Sibisi (1975) suggests that the notion of evil spirit possession, such as amafufunyana, is used as an idiom to handle the incidence of psycho-neurosis often associated with failure to cope with the changing way of life in colonial and post-colonial industrial society. She sees it as a method of handling mentally disturbed people so that they do not feel reponsible for their condition. Consequently, patients do not feel that there is anything wrong with their minds. They think that they are merely victims of the amafufunyana spirits.

Prophets of the A.H.C.Z. concur with the traditional Xhosa explanation of amafufunyana. Mr Ntshobodi says;

> "There is only one thing that causes amafufunyana. It is that muthi, the Zulu muthi (umtiwamazulu). Sometimes, someone will take a Zulu muthi and put it in water to give you as dliso. And these amafufunyana, when they come in the stomach, they make another amafufunyana. Sometimes the amafufunyana in the stomach spread up to thousands in the stomach."

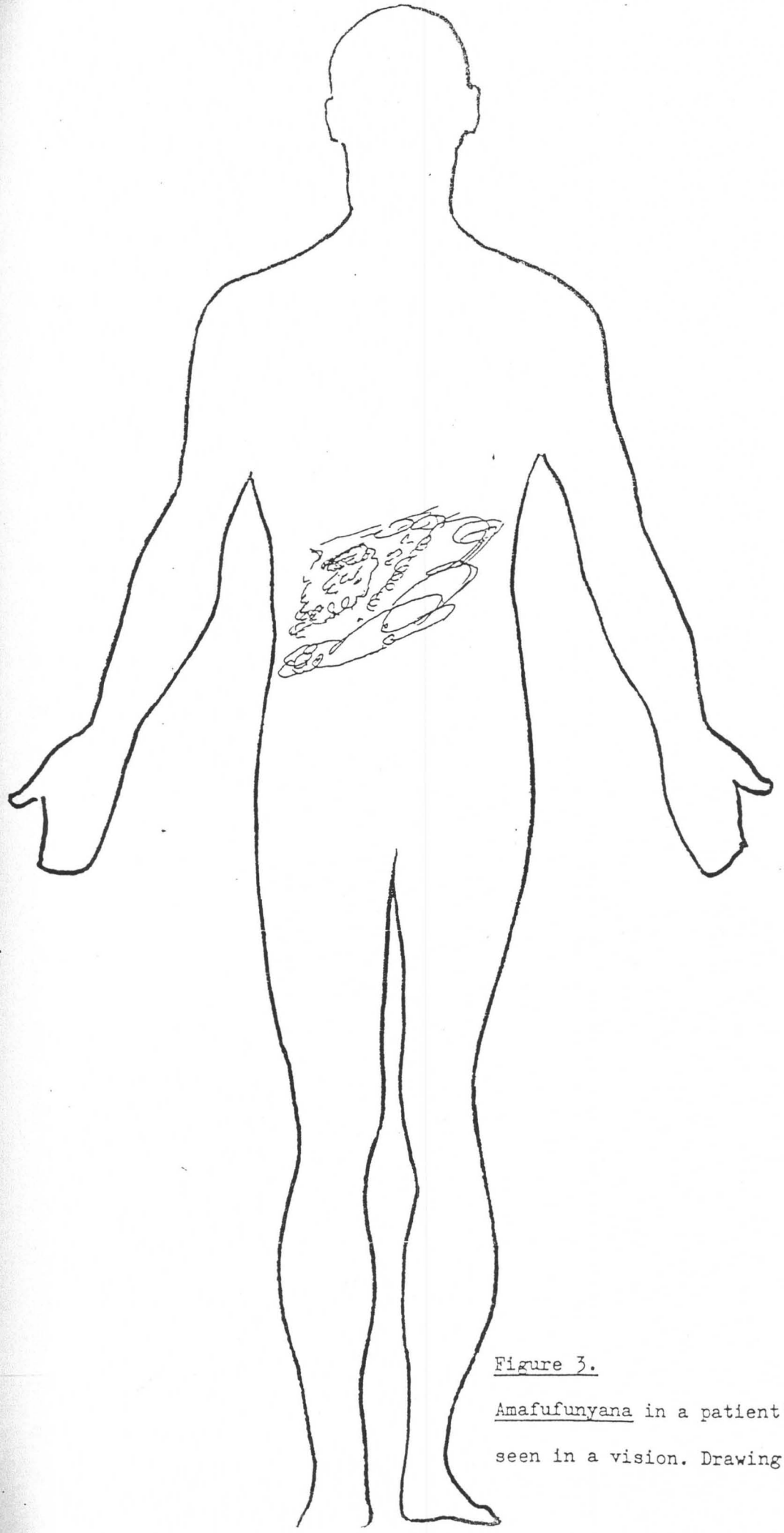

Figure 3.

Amafufunyana in a patient's stomach, as seen in a vision. Drawing by Mr Ntshobodi.

The prophets are not clear as to how the poison is manufactured. Sibisi (1975, p.52) gives a succint account of how the poison is thought to be made;

> "A sorcerer is said to include the soil from various graves, and ants from the graveyard, in his harmful concoction. In this way the spirits of the dead are said to be captured and controlled by the sorcerer. The harmful concoction may be placed in the path of the victim, who becomes sick through contact with it."

Amafufunyana is seen by the prophets of the A.H.C.Z., as coming from Zululand, although there are milder forms which come from the Cape. The reasons put forward, are that the herbs necessary for production of amafufunyana are not available in the Eastern Cape, but only in Natal. The difference in vegetation and, specifically, the difference in the available herbs, is seen as the reason why Zulus appear to suffer from some illnesses that do not trouble the Xhosas. Mr Ntshobodi says;

> "I have been to Zululand in 1950, in the mine. I have seen a lot of diseases there of the Zulus that I had not seen before. In Zululand, the trees are not like those here. The leaves of these drugs are different. The Zulus have got stronger herbs. There are not so many forests here".

Treatment

Schweitzer (1977) reports that the amagqira whom he interviewed were unusually reticent when the subject of amafufunyana came under discussion, and they made no claim of being able to cure the condition. In fact, one of the methods used by the amagqira for the diagnosing of amafufunyana, was recognition of the fact that their medicine when used, had no effect on the patient. Schweitzer says that patients with amafufunyana whom he interviewed, claimed to have obtained meaningful explanations regarding the nature of their ailment, from the amagqira, but the patients did not believe that a cure could be effected. In the present study, this view was found to be present in most Xhosa speakers in Grahamstown, with the exception of members of the A.H.C.Z. and of a few other Zionist churches

For example, Mrs Peter, a well educated, westernized Khosa, stated that; "If you have got amafufunyana, you rather die than carry on living. If the amafufunyana are removed from you, you will die".

The popular belief where amafufunyana is concerned, is that once they have taken possession of a person, they cannot be removed without resulting in the death of the person. Removing the amafufunyana is tantamount to removing the control centre of the patient. The prophets of the A.H.C.Z. claim to solve this problem by infusing the Holy Spirit into the patient. This then takes the place of the amafufunyana which are removed during the healing session.

The prophets claim that the amagqira and ixhwele in the Eastern Cape cannot cure amafufunyana, because they are unable to obtain the curative herbs which are necessary. The suggestion is that those traditional healers in Zululand who can cure the disease, are able to do so because of the availability of superior herbs. A similar view is held by an igqira whom Schweitzer (1977 p.128) interviewed. This man sees the Ixhwele as being able to cure amafufuyana; "He is the maker of them (amafufunyana), so they have two different powers, those for bewitching and those for healing".

In the A.H.C.Z. the amafufunyana spirits are exorcised during healing ceremonies, and never in individual "therapy" sessions. The patient is placed in the centre of the congregation on the Holy spot, and the prophets dance in a circle around her. Within a short time, the amafufunyana "get scared" and "they want to run away". The rationale put foreward is that the amafufunyana are afraid of the church and thus attempt to leave the patient's body. They are said to be afraid of the church drum, singing, water, the Holy Spirit, and the laying on of hands. When they become afraid, the amafufunyana move from the patient's stomach to her head, causing her to loose consciousness. Mr Ntshobodi says;

"And now when we put hands on her, now the amafufunyana are quarrelling inside. They do not like hands on. They do not like the church drum and they do not like singing. So now they wants to go away. That's what causes her to fall down".

Once the patient has fallen to the ground the amafufunyana begin to talk. The prophet conducting the healing, speaks to the amafufunyana and asks them various standard questions, thereby ascertaining by whom they were sent and for what reason. The amafufunyana may count themselves and tell the prophet how many there within the patient. They may also say their names, which are usually of Zulu origin, such as Shoti, Bonrives, Magawulegoduka, Achumalo and Shelele.

The prophet then commands the amafufunyana to leave the person's body. This is always met with resistance from the amafufunyana, who refuse to leave the person. Mr Onceya comments;

"It is not easy to make the amafufunyana to come out of the person. Sometimes, they become angry. The more angry they become, the more you have to pray for them to come out. When you talk to the amafufunyana, you must not talk nicely, "Amafufunyana, come out of this person'; you must talk harsh for them to come out of the person. And shout,"Come out of this person, come out!"

3.1.2 Amakhosi

Amakhosi is regarded as a milder and less dangerous form of spirit possession than amafufunyana. The symptoms and etiology of the two conditions differ slightly.

Symptomatology

The main symptom observed in people with amakhosi is the tendency to 'prophet' while in the church. The person erroneously believes that he has the powers

of a prophet and attempts to use them during the services. Mr Ntshobodi describes some of the symptoms;

> "A person with amakhosi, he feels he wants to prophet. He is always talking wrong things, (Propheting incorrectly). And when she has got amakhosi we can say it is like a person that has got amafufunyana, but is not actually amafufunyana. There is a little difference between the two. The person who has got amakhosi, when he comes to the church, he will talk, as a person who is talking right things, but he is talking wrong things. He thinks that he is propheting, but he is not. And he is a little bit mad in the head. And then we pray in the church, that person will fall down. The amakhosi is not dangerous to people. They are just making people to be mad-like. Now you drive them away, the same way (as with amafufunyana) and they go away".

Diagnosis

Sensation transference

When sensory transference occurs, the prophet begins to feel "mixed up"; he feels "electricity" moving up his arms and may make mistakes while praying. Mr Ntshobodi elucidates the difference in sensation transference, between amakhosi and amafufunyana;

> "Yes, I feel a difference. I feel the one with amafufunyana, I feel very mixed up in my head, and I feel that my knees are not strong; weak knees. And I feel my body as a person who is mad. I can feel my head dizzy and my stomach very bad. With amakhosi I feel mixed up, I feel that I want to talk wrong things, I try to pray, but I am praying wrongly, mixed up. And I feel my body as if it is shocked. There is that difference between amakhosi and amafufuyana."

Visions

While diagnosing amakhosi in a patient, the prophet has visions of the patient in darkness with his enemies around him. Mr Ntshobodi explains;

"When I am praying for a person who has got amakhosi, I see first that the person is in darkness. And even if I open my eyes when he is in front of me, I see that he is in darkness. And now I have to ask the spirit who the person is in darkness. And now they (Holy Spirit) will show me that this person is in darkness, because this person is among enemies. I see that he is among enemies. I know that they are enemies because they are putting on black. They are coming to him in darkness, in a way that he cannot see. That's why the spirit shows me this man is in darkness. Now I have to pray (and ask) why are these enemies chasing this person. What has this person done? Now I will see those enemies which are around him are those enemies which are inside (viz. the amakhosi) They look like people. And now I have to pray about those enemies; try to chase them away. Now these enemies hear that this person is praying, now they try and get out and it makes his stomach bulge, and then he falls down".

Etiology

In contrast to amafufunyana which most frequently comes from Zululand, amakhosi is said to be sent by a Xhosa igqira or ixhwele. As with amafufunyana, amakhosi is formed as a poison (dliso) which results in the evil spirits possessing the victim's body. Mr Ntshobodi provides an example of amakhosi possession;

"Some can get amakhosi by dliso. If a child is clever in school, someone will give the child dliso. 'Come here, my child' - then when the child comes, 'Here is the food'. Then when the child eats the food he will get amakhosi. And now at school you will find the child mixed up. And someone will say the child is mad. Some people will say the child has learned over, too much. They say the education makes him mad".

Treatment

Prophets in the A.H.C.Z. believe that amakhosi can be treated by an igqira, unlike amafufunyana. The amagqira are not seen to cure the condition, but to

modify it to the advantage of the patient. The amakhosi are not forced out of the patient's body, but their powers are harnessed, which in turn helps the patient to become an igqira himself. The procedure is elucidated by Mr Ntshobodi;

> "The igqira will take the person with amakhosi and put on their drugs in a bucket, on the person. These drugs are biting the body. They put drugs on his head. The medicine is biting like acid. And after that, the person is a igqira. They put on that white clay, now he becomes a igqira and prophets for money".

The prophets treat amakhosi in a way which is similar to the treatment of amafufunyana. They talk to the spirits and command them to leave the person's body. The treatment is easier than that employed to cure amafufunyana, and characteristically requires only one session.

3.1.3 Ukushiywa Ziingqondo

Cheetham and Cheetham (1976) state that 'insanity' per se, is not recognized as such by the rural Xhosa, and posit that it is a concept which has been gradually conveyed to them by the Whites. Ukushiywa ziingqondo (or phambana) is a term used to describe insanity by the urbanized Xhosa in Grahamstown. There are two forms of this condition, one resulting from dliso, the other from evil spirits.

Symptomatology

Ukushiywa ziingqondo is characterized by symptoms of a psychotic nature coupled with various forms of anti-social and aggressive behaviour. Dliso type symptoms have an insidious onset, while the evil spirit type onset is acute. Mr Ntshobodi says;

> "That dliso in that person has sometimes taken five years before it has made him ill. But the one with the evil spirits, I will know that it

Another difference between the dliso and evil spirit types, is that symptoms of the former type manifest themselves primarily at night, while the latter may occur at any time. According to Mr Ntshobodi;

> "The difference between the person with the dliso and the one with evil spirits, is that the one with dliso is becoming worse at night, and the other one, his madness can be at any time".

Diagnosis

Sensation transference

Patients with ukushiywa ziingqondo display a great variety of symptoms which are transferred to the prophet during diagnosis. Some examples are put forewarc by Mr Ntshobodi;

> "When a person has got this disease, I feel my thoughts are mixed up. And I feel my head is as if I am choked by something, as if I am choking by electricity, choking in my head. And I feel I can talk everything. I feel a headache on my forehead. I feel my head, there is ice-like cold. My head is so funny. In my own body I feel that, as if I am not a person. I don't feel how my body is. I feel so funny, funny body. I feel as if my muscles are not working. My nerves are not working. And dizziness, my head is so funny. When I am praying sometimes he is upside down. As if sometimes I just laugh at him, he is so funny. Sometimes, I can see the person upside down. And sometimes the person becomes small. I can see this person is still here, but it is as if he is far away from me. When I put hands I feel that my hands are not over this man's head. Sometimes I feel as if I have no hands, but I must pray.
>
> Sometimes I find that my body is so funny, as if it is not my body, as if sometimes I can pinch my body and as if my blood is not working. Pinch myself and feel nothing. I feel myself so angry, cross while I am praying, so that sometimes I have to bite my tongue (to control the anger).
>
> Those tricks happen when I am praying. These tricks are those tricks

which are on this man (patient)."

The prophet smells blood, "because of his blood (patient's) going up to his head" with the evil spirit type. He smells "coal smoke" with the dliso type, because of the "strong herbs".

Visions

When diagnosing a person with ukushiywa ziingqondo, the prophet has X-ray type visions, with both the evil spirit and dliso types. Mr Ntshobodi elucidates the difference;

> "So when a person is mad, I must check whether is this caused by a poison or whether is this caused by an evil spirit. When it is caused by a poison, I will see the dliso inside. When I see the dliso, it is something in the stomach; it is black in the middle, and has stars, I can say rays on the sides. Then I know it is dliso. The rays showing where the poison is. The rays are caused by the blood. Now the dliso is inside and the blood is around it. When there is evil spirits I will see the smoke going up to his head. From the stomach up to the head. The smoke looks like a vapour, going up to the head".

An example of visions seen with the dliso-type was drawn by Mr Ntshobodi (figure 4).

With both forms of this condition the prophet may 'see', "something like stars" or have symbolic type visions, in which he sees aloe trees or flowers around the patient.

Dreams

Diagnostic dreams of ukushiywa ziingqondo are construed as "bad dreams" and are characterized by quarrelling and fighting. Mr Ntshobodi gives an example of a dream he had while treating Mr Onceya, a trainee prophet;

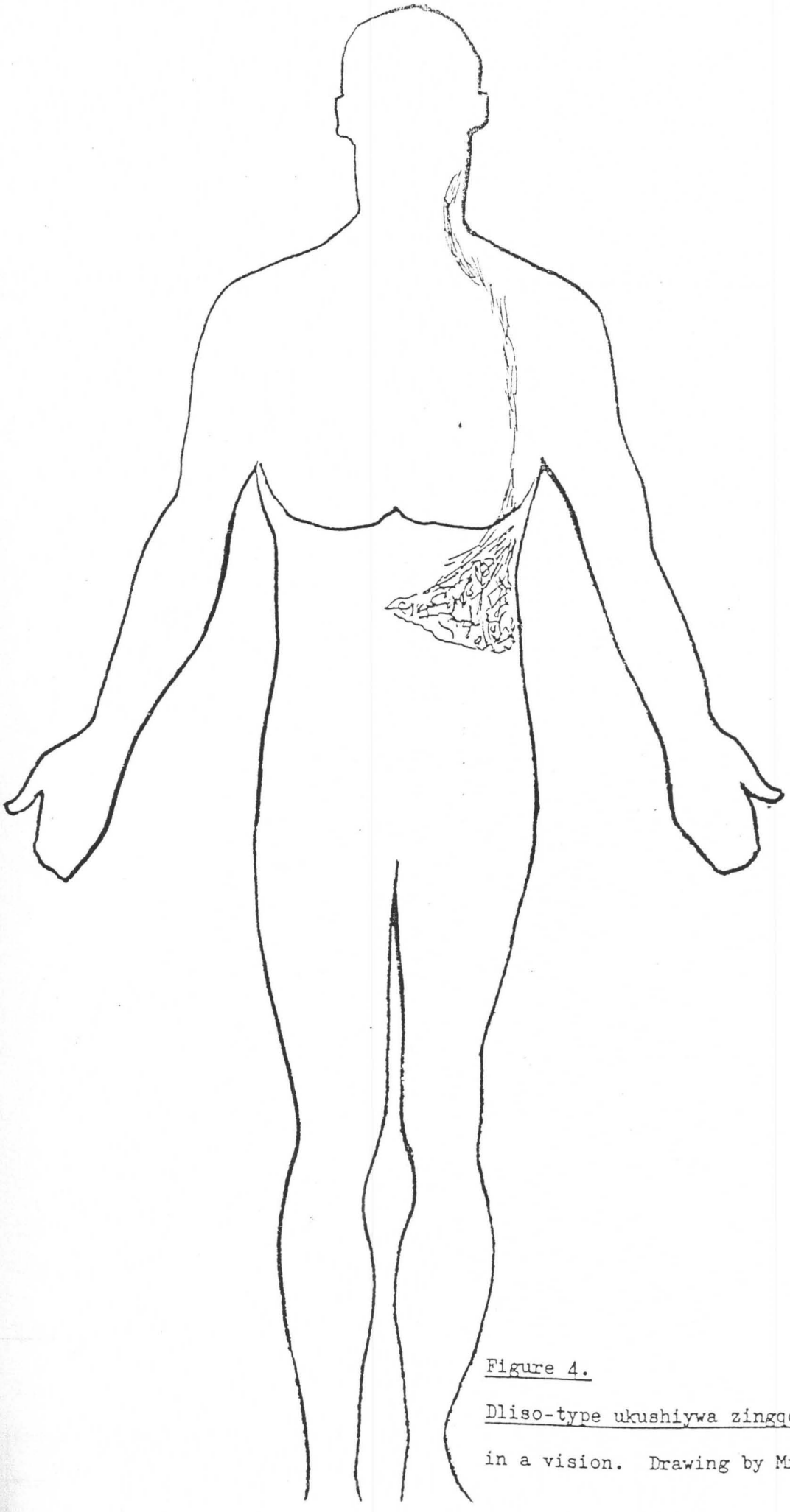

Figure 4.

Dliso-type ukushiywa zingqondo, as seen in a vision. Drawing by Mr. Ntshobodi.

"One day when I was treating a person with this disease, I saw a dream with small boys without their clothes. I was quarrelling with these small boys, and I feel myself running. And my wife shake me, and asked me what happened, because I was crying that time. She wake me up. That time I was still fighting with this person, who has got this disease. And I pray for that dream (in the church) and the Holy Spirit shows me that I must pray more for that person, so that I must not run away from that disease. That time I feel that those small boys fighting with me, are those enemies of that person. By running was that I was running from the enemies, which were chasing that person".

Etiology

As mentioned above, ukushiywa ziingqondo may result from either evil spirits or dliso. The dliso is administered in the form of a poison which penetrates the person's body and lodges itself in the stomach. It then "poisons the blood" which in turn makes the person mad. In a similar way, evil spirits may be sent to possess the patient's body. The condition may also result if a person accidently sees a witch's familiar, such as impundulu, tikoloshe, or oheli. Mr Ntshobodi says:

"Sometimes another one (patient) can be frightened by a ghost. And now the picture of the ghost lives in his mind. That can cause him to be mad".

3.1.4 Ukuphaphazela

Ukuphaphazela is said to be an illness caused by evil spirits which fight with the patient at night.

Symptomatology

The ukuphaphazela condition only manifests itself at night, leaving the patient functioning normally during the day. Charateristically, patients fight

frequently tries to run away. It is reported that families often tie people suffering from this condition to their beds to prevent them from running away into the night. Upon awakening, patients may experience various hallucinations. The symptoms are described by Mr Ntshobodi;

> "That one (illness) happens when a person is sleeping. He wakes up and wants to run away. Sometimes the person is ill in the hospital lying on the bed, and he wakes up and wants to run, sometimes to the bushes. He says that he is seeing something. He is frightened. When you ask 'What do you see?', he will say, 'I see a gogo'.[1] And when you ask what is a gogo, he does not know what a gogo is. So we call him ukuphaphazela".

The evil spirits may prompt the person to kill himself, for example Mr. Ntshobodi says;

> "And when he sees a motor car, he wants to go to that, to be killed. This disease want him to, so that a person must be killed".

Diagnosis

Sensation transference

Mr Ntshobodi reports the following feelings in his body while diagnosing ukuphaphazela in a patient;

> "You feel that you want to run. And you feel that you are afraid. And you feel that you are half-minded. And you feel sometimes that your body has got a electricity. Your body is funny, and you feel there is something coming (chasing) you".

Visions

Visions are of the sensation transference type. Mr Ntshobodi elaborates;

> "When you are praying you see the visions of the darkness. You are always

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1. A "gogo"is a nonsensical term used by the patient to describe his hallucination.

looking at him (but) you don't find him. As if there is no person in front of you. When you are praying you don't find him in front of you, he is in darkness".

Dreams

Diagnostic dreams of ukuphaphazela are characterized by quarrelling and fighting between the prophet and the evil spirits which plague the patient. The following dream was one experienced and subsequently analysed by Mr Ntshobodi, who explains that;

"I was in a party. But this place is a place where I have not been before. With long buildings, high buildings. And in this place we were, it was a place like a hotel. And in this place were people. Some of these people were like which I know, but when I looked at them I didn't know them. But all the time I had a hope that I am going to know this people. And there was a man who has a white shirt and a black trouser. He came here, and he says that I must come there. Then I go with the man. This man say to me, 'Stay here, I am going to fetch a ball over this roof.' And this man goes up in this roof. And my spirit told me that this man is not going to take a ball, he is going to take (fetch) something to kill me. Luckily, there was a post lying like this (horizontally), and between the iron and the poles was a gap. And I saw this man's hand taking something in the other side in the gap. And I saw those slatches which they use in the forest. A long axe. And I see this man taking this axe there. And I run away. I go past the mountains and go down. And I hid in some trees in the kloof. And I saw that man wearing that white shirt and the black trousers, looking for me in the trees. And then I wake up. I take the dream to the church, and they say, a white shirt, this shows them this man believes a little. But the black (trousers) was still on earth, the half was still on earth. So I found the enemies of this man (patient) were among the people who believe, who

are in the church. That time this man who has got ukuphaphazela there was a quarrel between this man and another man. Now they were quarrelling about the driving (both were drivers)".

Mr Ntshobodi explained that the man chasing him in the dream, was the same man that was fighting with the patient and who had sent the evil spirits to the patient.

Etiology

Ukuphaphazela is caused by evil spirits sent by one person to another. Mr Ntshobodi explains the procedure, showing that distance does not effect the sending of evil spirits;

"He mixes strong drugs here (Grahamstown) and talks here to the drugs, calling the name of the person. And that person (patient) would phaphazela in East London. By sending evil words here, that would happen in East London".

3.2.5 Ukuthwasa

Gussler (1973) reports that ukuthwasa has a great time depth in South Africa, having been recorded by some of the earliest European travellers and missionaries such as Callaway (1870), Shooter (1857), and Kidd (1904). By comparing these earlier accounts with recent ones such as those given by Barker (1959), Cole (1967) and Lee (1970), Gussler suggests that the symptoms of ukuthwasa have remained stable for at least one hundred years or more.

Schweitzer (1977, p.49) provides a succint description of ukuthwasa;

"Thwasa refers to a category of experience whereby the individual experiences a 'calling' to join the profession of the amagqira. This 'calling' is associated with 'sickness' or 'disintegration', and is initiated by the ancestors. The 'calling' indicates not only to the per-

son, but to the community, that the afflicted person is required to pursue the course prescribed by the thwasa experience."

Prophets in the A.H.C.Z. display ambiguous, and often contradictory attitudes towards the phenomenon of ukuthwasa and related ancestral spirits. The following statements by Mr Ntshobodi will serve to highlight some of these ambiguities and elucidate the A.H.C.Z.'s views on ukuthwasa;

"Ukuthwasa comes from the ancestors. In the Bible in the days of old, in the Book of Moses, there was a spirit of God and there was a spirit of ukuthwasa. There were two spirits. And now God has tried to drive away this spirit (of ukuthwasa). And He says, the one who has got this spirit of ukuthwasa among the Israelites, must be thrown with stones, to death, in Exodus."

* Tell me what it says?

"It says, 'you must not kneel to other Gods, you must only kneel to me. I will drive away your disease.' For instance, now I believe only in God, I cannot now think I must go to the witch-doctors. Then I am making God to be angry."

The above is a reflection of 1 Corinthians 10:18-22, to which Mr Ntshobodi frequently refers;

"Consider the people of Israel, are not those who eat the sacrifices partners in the alter? What do I imply then? That food offered to idols (ancestors) is anything, or that an idol is anything? No, I imply that what pagans sacrifice, they offer to demons and not to God. I do not want you to be partners with demons. You cannot drink from the cup of the Lord and the cup of demons. You cannot partake of the table of the Lord and the table of demons. Shall we provoke the Lord to jealousy?"

Mr Ntshobodi continues;

"This ukuthwasa is coming far away (a long time ago). The first man who has done this ukuthwasa was the man in the Bible whom we call Nimrod. This man in the Bible was the first man to deal with the forest. He was

the first man to use the medicines, no, herbs, not the medicines because the medicines are clean. The Bible said that he was the first man to go out of the way. He had done those ukuthwasa".

Although the Bible strictures against healers who do not heal through the Holy Spirit, Mr Ntshobodi's attitude is once again ambiguous. He says;

"And this people, the witch-doctors, I cannot say they are wrong or what, but their healing power is going funny. Because these people, their things are always going wrong. I make an example: when you take your daughter there and say she has got a disease, they (amagqira) say she has got ukuthwasa, and I must take her to my house (igqira's house). And then when my daughter comes back she has got a baby.[1] But all the time, that person (igqira) says he is helping. That is why we find that ukuthwasa has gone a wrong way. Although the spirit can heal, if you look at it you can see that it is always going wrong."

* Do you know why it is going wrong?

"If I am a igqira, and someone is suffering from a stomach ache, then I will say that I must cure this person with the blood of a goat. You have to buy a goat. And then I take a small blood, mix it and give it to this man. And then all the goat, I am going to eat it. So there are people who can do the real thing, but there are people who are robbers".

Symptomatology

Mr Ntshobodi delineates the symptoms of ukuthwasa;

"He (the patient) feels half mad. And he always does wrong things. Sometimes you will find that person crying for nothing. And his heart always wants to cry. And he got sometimes what you cull umbilini; he feels his heart beating fast. And sometimes he won't sleep in the house and he is going around doing wrong things".

Mr Ntshobodi does not consider ukuthwasa as an illness per se, which once again reflects his ambiguous attitude on the subject;

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1. Hirst (1980) states that there is widespread belief among the Xhosa-speaking

"This disease ukuthwasa, is a funny thing, it is not that a person is sick, no, he is not sick. But this person does many wrong things. Doing wrong things, someone who likes to be in prison all the time, someone going in the street robbing or house breaking".

Ancestrally sent dreams are also seen to constitute part of the symptomatic picture of ukuthwasa. Mr Ntshobodi says;

"Sometimes the person will have a dream, everyday have the same dream. The dream leads the person to the ancestors. And that dream makes the person think about the ancestors. He becomes nervous of thinking of this. And now he becomes sick. In that way the ancestors are coming".

Diagnosis

Sensation transference

Some of the sensations transferred to the prophet during diagnosis are described by Mr Ntshobodi;

"When a person has got ukuthwasa I feel in my body, is full of pains. And I feel I must fight in prayers with this person. And I can feel his spirit it is not the spirit of a person, it is the spirit of ukuthwasa. and I feel in darkness".

Visions

Visions characteristically consist of "seeing" various items belonging to the igqira's regalia, such as necklaces, ropes, rings, etc. In addition, Mr Ntshobodi reports that he frequently "sees", "a big hat of a baboon".

Dreams

Diagnostic dreams of ukuthwasa appear to be more detailed versions of the visions. Mr Ntshobodi says;

"Sometimes I see a sacrifice, and sometimes I see a bucket of beer. Sometimes I see a person with the tail of a cow. These dreams are the

Etiology

As mentioned above, ukuthwasa is seen by traditional Xhosa as a "calling" sent by the ancestors to induce a person to become an igqira. A variety of explanations have been put foreward by different authors. Some authors have posited(Buhrmann)1976, Schweitzer 1977, Kruger 1974, Lamla 1976) that ukuthwasa is initiated by a crisis in living. While others (Gussler 1973) suggest that ukuthwasa symptoms may be a result of acute malfunctioning, caused by specific nutritional deficiencies.

Treatment

People are said to thwasa either in the forest or in the river. The following example, provided by Mr Ntshobodi, concerns the treatment of ukuthwasa by an igqira in the forest;

> "He (the patient) is taken to the witch-doctor, and the witch-doctor takes strong herbs and puts them in a bucket with water. Then he will pour them over the patient's head. They call that ukuphelela. Then they take a goat and kill the goat. Then they take the right of the goat and put it on the fire, and give it to the man who is thwassaing. And after that, they take white clay and put it on his face. And now they call that man umkweta. Now he is going to go with the witch-doctors from farm to farm (as his helper and apprentice). In that way he is healed. They take a long time, sometimes a year or more".

Mr Ntshobodi points out that the treatment of ukuthwasa is not always successful, a factor which seemingly depends on the competency of the particular igqira.

> "But it is difficult for the witch-doctor to cure sometimes, if the witch-doctor has not got the power of doing the sacrifice of this person. And now that person will get mad, umphambana".

In the following passage, Mr Ntshobodi describes the type of ukuthwasa in which the person is called by the Abantu Bomblambo. The Abantu Boblambo (River People)

are similar to mermaids. They are said to be half fish and half human. The Xhosa believe these people have their homes under the water, especially in deep pools (Soul 1974).

> "This thwasa comes in two ways. There is another type of thwasa which they call ukuthwetyulwa. With ukuthwasa you take a person to the witch-doctors, but that one, ukuthwetyulwa, is the one that has been taken by the other witch-doctors which live in the river, Abantu Bomlambo. Ukuthwetyulwa are those which are just taken. Sometimes, the children are playing in the river and now they come back and they say; 'No, so and so has not come back'. Now he has been taken by the river. They are going to make him igogo, not a witch-doctor. Igogo are those that have been taken by the river. Sometimes a person will go to the river with the others, and at the river this man will take out his clothes and get into the water. But when he is in the middle of the river, he will make a sign to the others, or lift up his hands, and then sink in the water. And then after that, the parents of that child must not cry. And they must take a spare room and they must not light the room. After three days, that child that has been taken by the river would come back at night. Early in the morning they will find him in that spare room. And he is already an igogo. He can see everything".

Ukuthwasa is claimed to be cured in the Church. Naturally, this does not result in the person becoming an igqira or igogo, and the procedures of treatment are radically different. A person seeking help from the church has to forsake his ancestors, accept Christianity and become a church member. Mr Ntshobodi explains what type of people go to the church for help, as opposed to those going to an igqira;

> "Other people has not got any cattle. Sometimes the ukuthwasa wants a sacrifice and he (patient) has got no money, and he has got no parents to do the sacrifice. Because the sacrifice uses too much money. Then they come to the church. I can say all the poor people, they come to the

church. Those that have got a head of cattle, they don't worry, they will just take a cattle and make a sacrifice and then his son becomes a witch-doctor."

* Do only the poor people come to your church?

"Yes. And some of those that want to throw away that ukuthwasa. Sometimes a person is in the church, now there are many troubles because that ukuthwasa does not like a church. He must always be among the witch-doctors. This man wants to leave that ukuthwasa and become a church member. Now when he comes to our church he gets healed again. When a witch-doctor sees a person with ukuthwasa, he will make him into a witch-doctor; but in our church we drive that ukuthwasa away with prayers. Ukuthwasa is easy to cure with prayers if the person believes. In our church it is easy, because you just take him and lay hands on him and take him to the river and the person will be healed."

3.2 Neurotic-like illnesses

3.2.1 Ukuphuthelwa

Ukuphuthelwa is not related to the supernatural in any way, and is seen to result simply from day to day anxieties. The condition is synonomous with insomnia.

Symptoms

People with ukuphuthelwa remain awake all night thinking about things that worry them. Frequently, they make loud sighing noises, "heeeeh, heeeeh", or they cry for long periods. Their thoughts become mixed up, and they become weaker as the condition progresses.

Diagnosis

Sensation transference

Mr Ntshobodi claims to experience the following sensations when diagnosing ukuphuthelwa as a disease;

> "When I lay hands on him I feel that I am mixed up. Thinking too much. My body becomes weak and I am thinking too much. Sometimes when I am praying for the person, my eyes become full of tears. I find my heart becomes sore, as if there is a thing that I must swallow in my heart. There is a ball which I must swallow here (throat region), and sometimes I want to cry. When I am praying for this person, I find out this person is full of worries".

Visions

Diagnostic visions are of the waking-dream type, and are usually unambiguous, contain no symbolism, and therefore require no interpretation. An example is provided by Mr Ntshobodi;

> "I have no visions of a person who is crying. I see pictures of a crying face, and a hand on the side".

Dreams

Dreams of ukuphuthelwa are disjointed and of short duration. They display features which have more in common with hypnagogic images than with any actual REM dreams. Mr Ntshobodi elaborates;

> "My dreams sometimes are very funny dreams. They are short. Sometimes you see people going by. Sometimes you see falling down. Very short dreams. Sometimes you are in a bus, but you don't see the bus stop and you won't know why you are on the bus, but you will just be on the bus. In this bus you will see people, and then the dream goes away again. Short, short dreams".

Etiology

Mr Ntshobodi says that ukuphuthelwa is caused by "worries";

"Sometimes he worries about his house, sometimes he worry about poorness, anything can worry him. So that he can think about that thing all the time. This can cause him sleeplessness.

There are more worries. Sometimes a person is worried about work, he has got no work. Sometimes a person is worried about his wife, about his children. That causes him to think about that, the whole day. He is worried all the time, and now his heart becomes full of this thinking. And now he has not got another chance of hope thinkings; he is only thinking of his worries".

Treatment

Treatment consists of getting the patient to confess his worries, and then lending him support with words of comfort, usually taken from the Bible. The process is explained in detail by Mr Ntshobodi;

"So now he needs a person to give him words, so that he may be (able to) get a little hope. I take him aside in a room, sit down with this man and give him few words. Telling him that straight 'I saw that you are in worries, What worries have you got?' Then he has to empty his heart telling you all his worries. And then, when his heart is empty by telling all his worries, then you have to give him those words. And then I rub all those words which he has given to me and tell him what to do."

* Can you tell me what you would say to him?

"I would say to this man: 'My friend, all your trust must be in God. Jesus Christ has said to us we must not think what we are going to eat tomorrow, and what are we going to wear. Look at the birds. The birds has not got fields to plant, they have not got anyone who can give them clothes. But they get their food in a right time. All the seasons God is looking after them. And now Jesus Christ is asking us how much more to you people, 'when I do these good things to the birds, how much more to you who are my picture'. And I say to this man: 'Do you hear these words'

He says: 'Yes'. and I say to him, 'Let us pray'. Then we get on our prayers. And I take water and give this man water to drink (Holy Water)."

3.2.2 Umbilini

Umbilini (when your heart beats), may be considered as a form of anxiety neurosis which warns the patient about something in his life. Holdstock (1979b, p.7) says;

"Umbilini is a bodily sensation which originates in the region of the solar plexus and it is absolutely imperative to listen to the umbilini."

He points to the conceptual similarity between umbilini and the oriental notion of kundalini, and mentions the similar sound of the words.

In the A.H.C.Z.'s nosological scheme, there are four forms of this illness, which are differentiated by etiological factors. These are; a) neglected customs b) a guilty conscience resulting from a bad deed, such as theft c) being chased by evil spirits at home, and d) unwittingly seeing a witch's familiar such as the impandulu or oheli.

Symptomatology

Regardless of etiology, most patients with umbilini tend to report the same symptoms, which take the form of generalized anxiety. They report feeling frightened at night, and their fear is aggravated by any sudden movement or noise. Their bodies shake slightly, and they feel weak. The patient's main complaint, however, is that he "feels that his heart is beating fast."

Cheetham and Cheetham (1976) describe umbilini as sensations of palpitation, throbbing, discomfort, or subjective feelings of pain in the epigastric region, which they see as similar to autonomic nervous system overreaction. They maintain umbilini is associated with increased sensitivity and emotional instability

Diagnosis

Sensation transference

According to Mr Ntshobodi, a person who suffers from umbilini has a different heart beat. The beat which gives warning of some aspect in the person's life, is said to vary with each type of umbilini. Thus it is that persons afflicted with different forms of the illness are warned of different things. Mr Ntshobodi claims that he is able to feel and distinguish these types of heart beat, which form the basis of diagnosis relating to umbilini. He elucidates the different types as follows;

> "I will feel the umbilini, the heart beating. So when the heart beats I have to ask in my prayers what kind of beating is this, what kind of umbilini this is. Because there are four kinds of umbilini.
>
> The person who did not do his customs, his heart is beating like those.... 1....23,1....23, then you listen. It is as a voice who is making like this, so that I must listen what he is talking.
>
> Those ones with the oheli and impandulu are beating low down. This one, the umbilini is coming from the stomach. Beating low down, as if a person is going to get some telegram, from a friend that has passed (away). That is the umbilini which is causing this person to be lack of energy. He is always falling down, becoming weaker. And I feel a pain on my left side going up my back.
>
> A person who has got something wrong at his home, his heart is not beating as those ones (above). His heart beats so fast, but so little. In your lips while you are praying, you want to talk so rude, rough words. Sometimes you find that you want to quarrel. And you find you are not in spirit. My heart beats so little.
>
> The one who has done something wrong, your heart beats fast, as if you are frightened of something".

Visions

Diagnostic visions differ according to the type of umbilini. The umbilini caused by seeing a witch's familiars, take the following form;

> "I see visions such as pictures, like ghost like. A half fire-like picture. I see sometimes a burning piece of branch, sometimes as if a burning wood, as if you take a burning wood and shake it there comes sparks".

Umbilini caused by troubles at home result in visions of a home setting with people arguing and fighting. If the patient has neglected his customs, the prophet will see people performing a sacrifice in the vision. Finally, if the umbilini was a result of a bad deed, the prophet will "see" some form of theft, or a policeman in the vision.

Dreams

Dreams of umbilini are characterized by evil spirits of various forms, chasing people. It is believed that during diagnosis, the spirits that are chasing the patient, begin to chase the prophet. This is portrayed in the prophet's dreams. Mr Ntshobodi tells of a dream he had while treating a patient with umbilini. The cause of the illness was the patient's neglect of sacrifices to the ancestors;

> "I was in the forest, I was going to my uncle's house. Now on the way I saw a lot of bones of elephants. And when I was crossing this lot of bones of elephants, there came a big lion and was chasing me through the bones. And while I was crossing, I saw a Coloured man. And now this Coloured man was trying to run. Now the lion which was chasing me, saw the Coloured man and ran after him.
>
> Now I take this dream to the church and they say the bones of the elephants are those people who, I can say the ancestors. But now they are no longer working for me. Because it comes to me as a dead bones (indicating that

Mr Ntshobodi's ancestors no longer influence him). And the lion which was chasing me was not a right spirit, it was an evil spirit (representing the evil spirit which was initially chasing the patient, but is now chasing Mr Ntshobodi in his dream). And now the Coloured man who came, and the lion saw the Coloured man, he chases the Coloured man. That was the prayers which are now taking the evil spirit to another man (chasing the Coloured man instead of Mr Ntshobodi).

Etiology

Patients usually know that they are suffering from umbilini, but they seldom know the cause of the disease. Diagnosis therefore, primarily consists of determining the etiological factors. Mr Ntshobodi says;

"A person will come to me sometimes and say, "Please help me because I have got this umbilini". He feels that his heart is beating fast. And now when he comes to me, he will tell me, but he will not know what causes his heart to beat so fast. So I have to check how is this umbilini coming to this person".

The condition of the patient may have resulted from the perpetration of a "bad deed" such as theft. Mr Ntshobodi provides an example;

"If I have stolen a car and go to East London with that car, and now on the street, there is a police car coming, my heart will beat, and I will become weak".

Umbilini may also result when ancestral sacrifices are neglected. The condition is then seen as a warning issued by the enraged ancestors.

Mr Ntshobodi explains how evil spirits in one's home may also result in the conditions;

"Sometimes a person in his home has an evil spirit. He worries about his wife all the time. When five o'clock comes he is going to his house now he feels that his heart is sore because he is going home. And all that is coming is hard and that causes his heart to beat fast. There

are small troubles in his house. That can cause him umbilini".

Umbilini may be the result of a fright sustained by a person upon seeing a witch's familiar. Although Mr Ntshobodi has never himself seen any of these spirits and at times seems sceptical about their existence, he still listens carefully to the patients' descriptions of them. He says;

"This one which they say is the impandulu, they say is bird-like. And the oheli they say is like a small boy. And mamlambo they say is like a snake".

Treatment

Umbilini caused by doing a bad deed is cured as follows:

"The one of stealing something, when the policeman is coming and takes that man and puts him in jail for about five years, his umbilini is gone. He is healed in that way. It is the only medicine for that person".

* What if the policeman does not catch him, will he still have umbilini?

"Yes. Keep on umbilini, so that he is sick all the time. When he is punished, then all the umbilini is gone. Because that is the only way to cure it".

* If a person comes to you without being caught, what would you do?

"I will tell the person that I "see" in your heart this and this and this. He must pray and go to the policeman and tell them what he has done, so that his umbilini may be cured."

* Will he be cured if he takes the car back to the owner?

"If he takes the car back to the person, and talks to that person, the umbilini is gone".

Mr Ntshobodi explains how ancestrally caused umbilini is treated;

"And the one that has not done his customs, if he has got money to buy that cow, you can tell him to buy it. But if he says, 'no, I have not got money', and that the Church must help, then we will pray for that person and the umbilini is gone".

Treatment of a patient who saw a witch's familiar, also consists of prayers which rid him of the illness.

3.2.3 Ukubuda

A person who talks in his sleep is said to have ukubuda. There are two types of ukubuda, one is regarded as an illness, the other as a gift from God. The former is evident when a non-believer argues with evil spirits in his dreams, while the latter is characterized by a Christian talking about Holy matters. Mr Ntshobodi says;

> "Ukubuda is to talk while a person is sleeping. But this disease is in different ways. Sometimes I dream that I am in the church and then I talk when I am sleeping. A person who is there will think that I am budaing, but I am really talking. I am talking to the angels and sometimes I am praying and sometimes talking in tongues, while I am sleeping. Sometimes I dream I am in a church, and I am talking in the church or preaching. But those people who do not believe, they are talking with the spirits of witchcraft. Spirits such as isiporo, oheli and impandulu. They are fighting. When he talks, he can talk about anything you know. Sometimes he talks about the tikoloshe. A person can jump out of his bed sometimes (in fright). Or while he is sleeping, he is talking rude words, as a person who is fighting with someone.
>
> So I have to find out why is this person doing this. Is he fighting or talking? I have to sort out, is he talking with the angels or is he fighting with the evil spirits. There is a good one and a bad one".

Diagnosis

While laying hands on a person who has been "talking to the angels", Mr Ntshobodi explains that;

> "I feel myself becoming more and more in strength and I see the light".

When the other type of ukubuda is present, he says; "I am fighting and I will see no light. It will just be dark".

Etiology

A person is said to buda when he argues with the evil spirits which are trying to enter his body. According to Mr Ntshobodi;

> "A person can get ukubuda when he is chased by enemies, or when he's chased by evil spirits. Sometimes the evil spirits want to get into this person. Always they are trying to get in this person when he is sleeping. They try and get in by his dreams. And now he quarrels with the evil spirits while he is asleep. This causes him to buda."

Treatment

Treatment consists of prayer and advice; "so that he must be stronger and pray for himself".

3.2.4 Ukulawula amaphupha

A person is said to have ukulawula amaphupha if he becomes anxious about a dream that he does not understand. As such, it is not seen as an illnes per se, but rather as an etiological factor that may result in a variety of illnesses due to the weakening of the person's resistance.

Symptoms

Mr Ntshobodi cites some biblical examples of ukulawulu amaphupha;

> "Ukulawula amaphupha can cause illness to a person who does not know his dreams. If I have a dream here and I don't know what the dream is saying, I feel myself dull and a bit worried, as Pharoah in the Bible. This man (Pharoah) had a dream, seeing seven fat cows and seven thin cows, who ate each other. And this dream causes this man to be sick. So he needs

someone to tell him what does the dream say. So he have to take Joseph in the prison and say that he must tell about the dream.
And then as King Nebuchadnezzar, in the Book of Daniel. This man who have seen a dream, a picture which has got a different body. He have to collect all the peoples of Babel to tell him his dream. He calls the witch-doctors and the witch-doctors cannot tell him. And this man was sick. He called Daniel, and Daniel told him about the dream.
So a dream can cause a person a little bit sick, more especially the dream that is telling something. You can say the dream is a disease to that person".

Diagnosis

While he is diagnosing the person's illness, the prophet begins to feel dull; his body feels weak and he feels as if he has forgotten something. He may have diagnostic dreams and visions, characterized by fighting in "evil places".

Etiology

Mr Ntshobodi says that an uninterpreted dream may cause the development of an illness in the following way;

"If he can't find the meaning of the dream, there is a piece of something maybe wrong in his body (weak part). Tomorrow he is going to dream again another dream. And that piece plus this piece is becoming bigger and is forming disease in his blood. But the disease, although it has not the same name (i.e. any illness may result) it makes his body weak. He is becoming weaker and weaker. After that it can make any disease, because a person is made strongly so that he can fight thousands of diseases. There are thousands of diseases waiting for any person. Now by not knowing the meaning of the dream, he is no longer strong, and he can't fight the

Treatment

Treatment of ukulawula umaphupha consists of interpreting the dream that has caused the illness. In addition, the prophet may teach the patient what the Bible says about dreams. Mr Ntshobodi says;

> "And take him and give him lectures, more specifically those lectures about dreams. So that I can lift him up, so that he can pray. There are many lectures in the Bible telling more special about dreams. And I have to show him there are dreams which are common and there are dreams which are important."

This procedure is followed so that the patient is able to interpret his own dreams in the future, by praying to God for enlightenment concerning them.

3.2.5 Intloko Engxolayo

Symptomatology

A person with intloko engxolayo has poor concentration, their head "buzzes", body trembles,and they appear to be extremely anxious. Mr Ntshobodi elaborates;

> "This person has got worries. He has thoughts, small thoughts."
>
> * What do you mean by small thoughts?
>
> "Small thoughts; sometimes I am thinking of Josa (an area of Grahamstown), but I have not finished and I am thinking of Port Elizabeth. This person worries a lot and thinks more and more. Now that spoils him in the head. Sometimes a person can get this by too much worries in his house, and as this comes to his head he feels a singing, a noise like singing in his head. I can say it is like a key of a song, that plays "ooooooh" in his head. So he catches everything. If a stone falls near him, he will be afraid. And sometimes when his children are sometimes playing in the house that worries him too. Sometimes the noise of the dishes worries him. And now that causes him to be more and more ill. He does not want

to hear another thing; he just wants to listen to that noise in his head. When you call him quickly, he will be angry, because all the time he wants to listen to that buzzing in his head."

Diagnosis

Sensation transference

Mr Ntshobodi describes the sensations that are transferred to him;

"When I am laying on hands, I feel my head buzzing. As you beat a tuning fork and then listen to the noise, I hear that noise in my head. And in my head I feel a little shake, shaking a little bit. And my eyes have a little bit shake. When I am looking at this person, I find that he is like a person shaking. And when I am looking at everything in the house when I am laying on hands, everything has a little shake. And I feel my body has a little bit shake."

Visions

Mr Ntshobodi states that during the process of diagnosing intloko engxolayo in a person, he sees darkness and light alternatively, as though he was blinking in eyes. He claims to 'see'; "Sparks, small sparks in my eyes, falling as rain."

Dreams

The form of diagnostic dreams are described by Mr Ntshobodi;

"When I am sleeping the dreams are very bad. Such dreams as fighting. Dreams such as you are in a town that you don't know, and you have a worry a little of this place. A place that has got no friends, I can say a new place. You will be a little bit worried, as if you have not got a friend here."

3.3 The epilepsies

3.3.1 Isathuthwane

Isathuthwane (or isiyezi) is the Xhosa name for epilepsy. It is classified into two types, one resulting from dliso, the other from demons.

Symptomatology

Mr Ntshobodi describes the symptoms of a convulsive attack experienced by a person with isathuthwane;

> "Isathuthwane is a disease that causes a person to fall down. And then he becomes stiff. And his tongue goes back in his throat. His left arm has a little bit shake and the fingers are tight. When he faints his eyes will turn".

According to Mr Ntshobodi the strongest form of isathuthwane is the demon type which "takes a person and he immediately falls". The dliso type is not as severe and it "takes a long time for him to fall".

Diagnosis

Sensation transference

Mr Ntshobodi reports the following transferred sensations with the demon type;

> The person who has got isathuthwane from demons, I feel my head a little bit mixed up. And I feel my stomach full of wind, full of air. And I can feel that in my nose there is a smelling of blood, as a person who has been beaten on the neck. And when you pray for that person, you can feel how the evil spirit goes inside him. You will feel dizzy and you want to fall as well. And your body will be swollen, swollen joints. And when I pray there is something which I am fighting".

The dliso type elicits the following in Mr Ntshobodi;

> "With a person with dliso, I feel my body here right down on the stomach there comes a ball. This ball goes up, and when it comes up here on my

chest I feel that my breathing is difficult. And I feel the spirit going up my neck to my head. I become dizzy. And when that ball goes up, I will feel that my tongue becomes stiff and my tongue is pulled back. And sometimes difficult to pray because my tongue is going right back on my back. I also smell the smoke of coal".

Visions

Visions are of the X-ray type. Mr Ntshobodi reports what he "sees" with the dliso forms of isathuthwane; "I can see something in his stomach which is black in the middle, and it has rays on the side". With the demon type of the illness, he explains that;

"I will see when I am praying for this person who has got evil spirits, smoke like a spirit that goes up his chest. (See figure 5). And I will see the enemies on the side of his head. And I will see lightning which sometimes goes past the person".

Dreams

As with other possession conditions, the evil spirit type of isathuthwane may leave the patient and attempt to enter the body of the prophet during sleep. The following dream of Mr Ntshobodi illustrates the point;

"One day I had a dream that I had been in a camp of cattle. There was a bull - a red one, and it was chasing me. When it was chasing me I went near the fence. And now I tried to climb up the fence. But when I was holding the fence I dropped back again. And I was crying and my wife woke me up. I take that dream to the church, because it troubles me for about a week. And they say; to be in the camp is right, but I must not be in the camp with the bull. The bull must be outside the camp. But luckily I tried to climb the fence, those were the prayers. Now that means the spirit which was in that person has nearly got into me and done something to me. Because the spirit of isathuthwane comes from that person and tries to

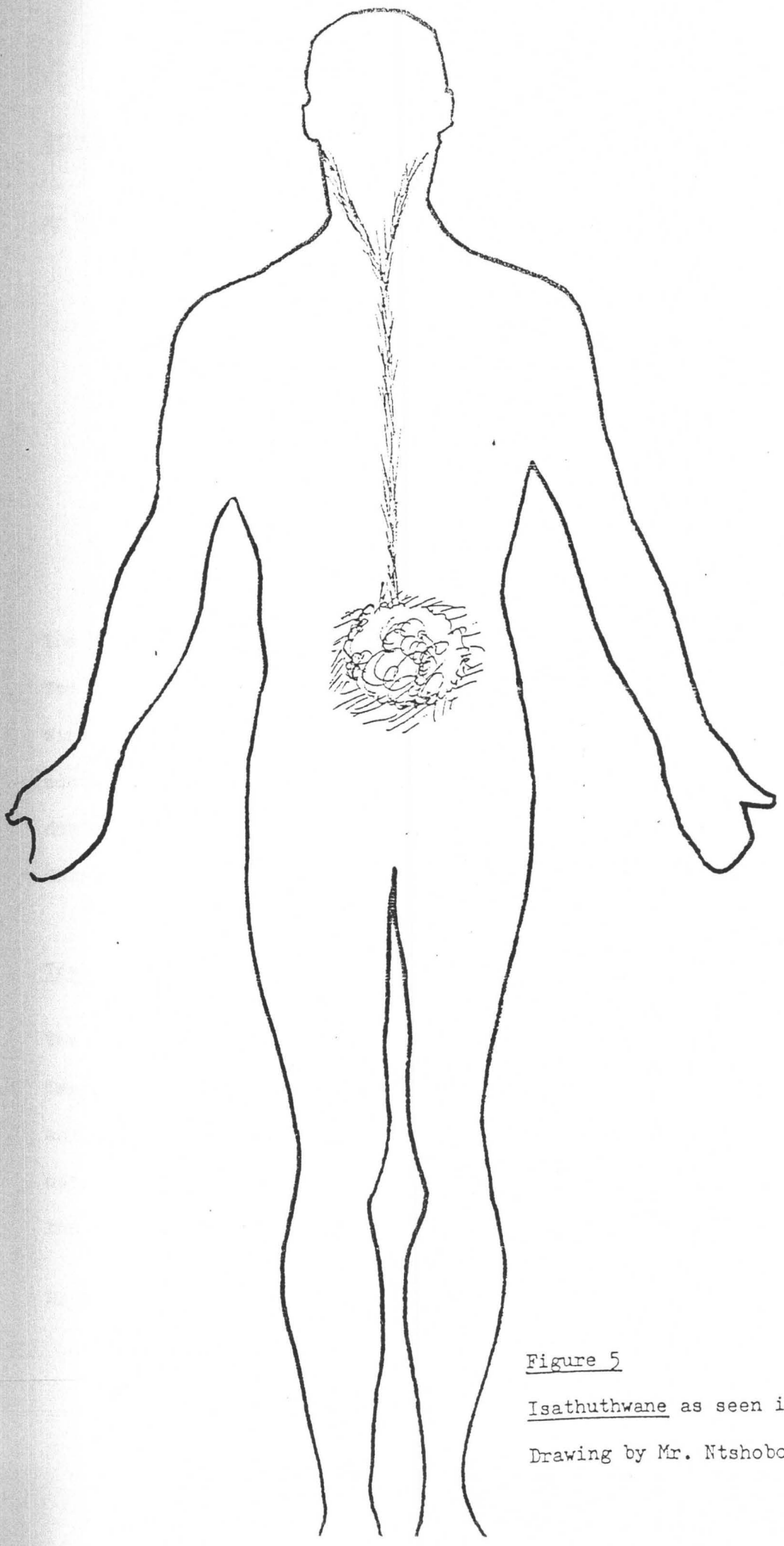

Figure 5

Isathuthwane as seen in a vision.

Drawing by Mr. Ntshobodi.

Etiology

Mr Ntshobodi mentions the etiological factors of the evil spirit type;

> "These evil spirits such as demons and spirits are no good. They say there were evil spirits, sometimes the Apostles were fighting in the Bible. I can say they are caused by the devil. Now when a person breathes in the spirits that is not right, the spirit goes to his stomach. Now this spirit wants to get out.' But when this spirit wants to get out, the right spirit is fighting with the wrong spirit. And now by trying to go out, the spirit will come up his stomach and go up to his neck and head. When it gets to the head the person will fall down".

The dliso form of this illness is caused by the bewitching of the patient. The victim is given dliso which creates a strong wind in the stomach. The wind is said to move up through the veins to the head, and this results in a convulsive attack. Isathuthwane may also be transmitted from mother to child during pregnancy if the mother had dliso in her stomach. The prophets of the Church see this form as being of an hereditary nature.

Treatment

The evil spirit type of isathuthwane is the easiest to cure. The patient is immersed in a river or placed under a shower. This frightens the evil spirits and forces them to leave the patient's body. When the spirits have left the patient's body, a prayer is said to protect the rest of the congregation from the hárm the spirits may do them.

Mr Ntshobodi says;

> "If a person has got epilepsy, when I am curing him, I pray, because the evil spirit can get into me or any of the people around there. We must pray for all of those people around here, the epilepsy can go to any of us."

The dliso type takes longer to cure, because the poison may have been in the body of the patient since the patient's birth. Treatment consists of prayer and fasting by the prophet. The patient is given sea water to drink which causes him to vomit. His body is thereby rid of the dliso and the air which produced the illness.

3.3.2 Uxhozula

Uxhozula is regarded as "small epilepsy", although due to its distinct characteristics it is never confused with isathuthwane. The condition may be regarded as Petit Mal epilepsy.

Symptomatology

The symptoms are described by Mr Ntshobodi;

> "This kind of illness does not take as long time as epilepsy (fits are of shorter duration). This one, the person can take a minute, and then he comes right again. Sometimes we are talking at the table, and this person is shaking and stops talking, for a short while. Then again he comes right."
>
> * Does the person fall down at all?
>
> "He does not fall down. If the person is sitting on the chair, then you find the person shaking like this (demonstrating). The black marks on his eyes (iris) go up and then you see only the white part."

Etiology

The spirit which causes uxhozula, as with the evil spirit type of isathuthwane is said to be inhaled by the victim. Referring to a seventeen year old female, Mr Ntshobodi explains;

"This spirit, she has got from the others. In the school there are children - their mothers are going to the witch-doctors. Sometimes a person can put on these dirty herbs because he is frightening the impandulus away, the witch-doctors say that. And now those children who are not using those herbs, now they swallow that spirit, I mean the smell of the dirty herbs. And now when that smell gets in their stomach, the dirty herbs do not want to get out. It spoils the body inside and now that causes the disease."

Mr Ntshobodi does not know whether the herbs recommended by the amagqira do actually keep the impandulus at bay. He says that he has nothing against the use of the herbs, as long as the children who make use of them are kept in separate classes, to prevent others from smelling the herbs and thus becoming ill. He points out, however, that children using the herbs will never admit to the fact. Segregation is thus an impossibility.

Treatment

Uxhozula is particularly difficult to cure. Treatment has to take place in the sea which, it is believed, has far greater ability than rivers to drive out spirits. Mr Ntshobodi explains;

"The sea water is better than the river water, because the sea is the water you can talk with. You can talk with the sea. The time I was going to be baptized by M M Kosi (the previous leader of the Church), the sea was fighting and now this man talked and prayed, and now the sea listened to this man and the waves went down. Whenever the sea is fighting, you must pray and the sea water will listen to you."

3.4 Somatic-type illnesses

3.4.1 Tuberculosis

Tuberculosis is characterized by two types. One is a result of ancestral wrath, the other is caused by "flying germs" which are carried by witch familiars such as the impandulu. The latter category appear to be rather vague and ambiguous. This is due, possibly, to the fact that patients at the tuberculosis clinic in Grahamstown are told that their illness is caused by germs, a term that does not fit the Zionist nosological scheme. "Flying germs, such as impandulu," may thus be seen as a construct which combines the traditional belief in the impandulu with the medical concept of germs. Thus, from the patient's point of view, the diagnosis made by a prophet would not contradict a medical diagnosis, but merely add to it the traditional belief in the impandulu.

Symptomatology

According to Mr Ntshobodi, a person suffering from tuberculosis feels pain in the chest, back, head and occasionally in the stomach. The patient's arms become weak; the stomach becomes full of wind, and he "feels something here on the liver, as if he has got liver troubles." Due to a burning sensation experienced by the patient, micturation is insufficient.

Diagnosis

Sensation transference

The transferred sensations are described by Mr Ntshobodi;

> "When a person is suffering from T.B., I will know because I will feel pains under the false ribs. I feel my arm becoming weak as if I had been shocked by something. And I hear a little bit of noise. The beating of his heart has got a louder noise, not faster, louder. And I feel on my back as if there is someone who has taken a hot iron and put it on my back. And now this hot iron burns on my chest as if I am going to have a fever. These pains are funny, they come across my chest. When

I want to move my arm. I feel as if there is something that is, my muscle is breaking. That's why I sometimes bend him left and right a little bit. By bending him, I know that when he feels a little bit sore I will feel that on my chest. Sometimes I feel as if I am fainting."

Mr Ntshobodi reports that pain is predominantly felt only on one side of the patient's body. Pain on the left side results from "flying germs", while pain on the right side of the body is ancestrally sent. He says;

"There is a left one and a right one. If the pain, in Xhosa is on the right arm, that means that is not a pain caused by the disease, this pain is caused by the old fathers (the ancestors). On the left is caused by disease."

* Does this still apply if the person was born to use the other hand?

"No, the one who is using the left hand, the wrong (pain) will be in the right."

* When you do this (diagnose), do you check to see which hand he uses first?

"No, when I pray, the spirit shows me. I will know this man is left and this man is right. If a person is left, I will feel that this arm is not the right arm for working."

Visions

Diagnostic visions are of the X-ray and sensory transference types, examples of which are provided by Mr Ntshobodi;

"There is something visible, it is round, between the shoulder blades. Something like a sun inbetween the shoulder blades. It is burning. I see black when I am praying for this person. I cannot see him, but when he is coming alright (improving), then I will see him."

Dreams

Ancestrally sent tuberculosis gives rise to dreams of flesh, the slaughtering and eating of meat, and to dreams of sacrifices. Tuberculosis caused by flying

germs results in dreams in which the prophet is chased by various dangerous animals. The animals representing the impundulus are believed to cause the illness.

Etiology

Those forms of tuberculosis that are not ancestrally sent, are said to result from "flying germs such as impundulu." Although the word "germs" is invoked in the diagnosis, it plays no further role in explaining the etiology of the illness. The impundulus are believed to cause the illness, but no explanation is put foreward as to how this occurs. Mr Ntshobodi explains how this form of tuberculosis may also be sent by God. He says;

> "These illnesses, God has told us about them. You can get T.B. in the Book of Deuteronomy. That He is going to send these illnesses among the people. There are the illnesses which God is trying the people to believe. There are illnesses God makes to other people so they can be afraid and go and believe in Him."

Treatment

Ancestrally sent tuberculosis may be cured by performing either the neglected sacrifices or rituals, or by foresaking the ancestors and joining the Church. If the latter path is chosen, treatment takes the following course which is similar to treatment given for "flying germ" tuberculosis. Mr Ntshobodi describes the process;

> "In the Church, I lay hands on this person and give him water. And give him more training, running in the circle. And give him sea water to drink, to break that pain."

3.4.2 Umlambo

Umlambo is a nosological term used to refer to a group of illnesses, which,

the call of the Abantu Bomblambo. The condition may however, also result from "diseases", in which case, it is not related to the ancestors in any way.

Symptomatology

Soul (1974) reports that symptoms may consist of unending colds and sores in the patient's body. Hammond-Tooke (1975) says that umlambo is characterized by the swelling of the body and 'heaviness'. Members of the A.H.C.Z. see the syndrome as consisting of any form of internal or external cut or bruise that does not heal, and they regard it as a form of cancer.

Mr Ntshobodi describes some of the symptoms found in patients with umlambo;

> "Sometimes the cancer is like a wound, which is inside a person, a red wound inside a person. And this wound is always leaking, as if it is crying. When you look at that wound it is like an eye. And in the middle there is a small mark which always (produces) a little water. That is what we call in our language, umlambo. Other cancers are in the liver, others in the stomach, and others in the throat. Some can take his nose away, such as a witch-doctor who is called Makaida. He was called to umlambo and when he went to umlambo and becomes a witch-doctor, he was healed. This person feels that his body is always aching, pains. Sometimes a person can get so big legs (swelling). This person takes everything, but his body is becoming bigger, bigger, bigger. Sometimes there are wounds in his legs, which are leaking water".

Mr Ntshobodi explains that the patient's condition deteriorates during the night;

> "Especially that disease causes a person to be sick at sunset. And in the morning you find a person a bit better. But when the sun goes away, you find this person is again sick. And the rivers and seas at sunset, they come up, and in the morning they go away a bit. And now so does this

Diagnosis

Sensation transference

Mr Ntshobodi says;

> "When a person has got this disease of umlambo and I put my hands on this person, I feel the same sores that he can get. I feel that my body is aching and sore".

Visions

Ancestrally sent umlambo gives rise to visions of sacrifices, beer and people being taken to the river. Visions of the non-ancestrally sent type take the form of fighting, particularly with small boys. With the latter form, Mr Ntshobodi reports that he feels as if he is having a nightmare during the vision.

Dreams

Diagnostic dreams of ancestrally sent umlambo are of the same structure as the visions. Prophets also report dreaming of a dog with one eye that stares at them or wants to bite them. Non-ancestrally sent umlambo result in dreams of fighting.

Etiology

Soul (1974) reports that umlambo is believed to be caused when a person who underwent ukuthwasa in the river, was not given all the treatment which is necessary for people who thwasa in the river. Mr Ntshobodi however, sees this form of umlambo purely as a call from the abantu bomblambo, and not as an illness resulting from an incomplete training. He explains the dynamics;

> "The people from umlambo are those people, their great grandfathers were belonging to umlambo. In a person there is blood, water and spirit. Now

the water which is in this person is speaking to him, calling him. When they don't follow the call they get sick, and they get this sickness from the river. This illness is in the whole blood of the person and it eats the blood until it is weak, because the water fights with the blood. Then the water will try to find a place to burst out anywhere it can, where it finds a weak spot. Then the spot becomes a sore, in the throat or lungs, or stomach or legs or bowels."

Non-ancestrally sent umlambo are sometimes the result of water in the body, although the dynamics differ. Mr Ntshobodi explains;

"This illness is caused by the water in the body. There is umlambo which is caused by the cold. The cold gets in by the feet. And now the cold goes up the body. Now the outer part of the body is getting cold, and inside is a heat. And now between the outer part and the inside there goes the water. And now this causes the illness."

Treatment

The treatment of umlambo is similar to ukuthwasa, in that the patient is given the option of undergoing thwasa in the river, or of forsaking his ancestors and joining the congregation of the Church. A person with non-ancestrally sent umlambo is naturally not faced with the decision. Treatment by the Church prophets consists of prayer, with a specified number of candles and the administration of Holy Water.

3.4.3 Iphika

The words iphika and asthma, are used interchangeably and refer to a condition believed to be sent by the ancestral shades to remind a person of his "call" to become an igqira. There is, however, another form of iphika which is not related to the ancestors, but which occurs by chance.

Symptomatology

Symptoms displayed are typical of asthma, with attacks occuring predominantly during the night. Mr Ntshobodi elucidates the symptoms displayed by his father-in-law who suffered an iphika attack one night;

> "He was fainting, the whole night. And saying they (family) must open the windows in the house. The house is hot, want to go out to take out all his clothes, and he not want blankets. He was sweating. And he say that the people must take blankets and wave them at him, to get enough air. This iphika is the disease which causes a person to breath quickly, and there is not enough air. And when a person has got that iphika you can hear his chest is making a noise, like a bit of roaring in his chest."

Diagnosis

Sensation transference

Mr Ntshobodi describes the transferred sensations of iphika:

> "If I lay my hands on him I feel in my body, as a person who is there is a thing which is taking my breath away from me. That I must get enough air. And I feel a bit dizzy and want to faint. And I feel in my body, there are sparks, going round. And I feel sweat, dizziness and want of vomiting."

Visions

Visions are of the sensation transference type. The prophet sees blackness and sparks, "as a person who is going to faint."

Dreams

The following dream provides an example of dreams of iphika. The dream appeared to Mr Ntshobodi, telling him that his father-in-law was suffering from iphika. "I had a dream tonight. I have seen my father-in-law. He was in a sacrifice, in a custom. He was in a sacrifice with other big men. Now the house was near the road and I was passing by. And now my father-in-law came out of the house, he was coughing. He coughed blood. And he called me. And he was showing me the blood. He said to me, 'My son, come here, look, I am coughing blood.' Now the blood was being poured on my trousers. And there come a piece of lung. A piece of lung was looking black-like. As an old lung that is nearly dry. And I take this lung and say, 'No, this lung is dry. Why Father, your lungs are dry?! And I take this lung and wash it to check what causes the lung to be dry. And when I was looking at this lung, this lung changes and it looks like a piece of liver, a liver that is cooked. And then I wake up. That dream means that there is trouble with the lungs, iphika".

Etiology

Iphika is believed to be an illness which takes hold of older people who have ignored the call of the ancestral shades in their youth. The shades are seen to withdraw their protective function, which then results in iphika. Mr Ntshobodi says;

> "That spirit (ancestral shade) is no longer working and it causes small bubbles in his lungs. You see those bubbles when a person vomits, with water. You see on the basin over the water there will be a lot of bubbles, which are like the bubbles of the soap. This bubbles in the lungs go through the lungs, they shut up those small pipes in the lungs. And when a person has got that iphika you can hear his chest is making a noise, like a little bit of roaring in his chest. Now the pipes of the lungs are full of those small bubbles. And they cause a wind, in the lungs, and now he wants to breath the air. Now the air cannot enter the tubes

of the lungs, so that he does not get enough air."

Treatment

Treatment of iphika consists of administering an emetic to the patient, either in the form of sea water, of luke-warm water. This causes the patient to vomit and bring up the "small bubbles" which are said to block the lungs. Mr. Ntshobodi says:

"I take the water and give it to him. And have him to vomit. And then I can see those bubbles on top of the basin. And then he can get enough air."

3.4.4 Ukuqaqamba kwamathambo

According to the prophets of the A. H. C. Z., ukuqaqamba kwamathambo is the Xhosa name for rheumatism. The illness is seen as being sent by the patient's ancestors (abantu bomblambo) as punishment for their neglect of sacrifices. It may also arise without ancestral intervention, in which case it is believed to result from "cold" entering the feet.

Symptomatology

A patient with ukuqaqamba kwamathambo displays symptoms that are typically rheumatic, viz. aching bones and joints which are aggravated by cold conditions. There is no difference in symptoms between the ancestrally caused types caused by cold.

Diagnosis

Sensation transferende

Mr. Ntshobodi elucidates:

"My feet are aching. And I feel my marrow inside is going ice cold.

And as if there is a ice inside my marrow. And when I listen to this I feel my bones aching. And my body, aching up to my hips. And from the hips it is going straight up to my head from my spine. It goes up inside my spine. And when it is going inside my spine, I feel a cold that sometimes shake me a little bit. As a cold that is getting in, in my back. I feel my body catching cold inside."

Visions

No visions are reported during the diagnosis.

Dreams

Diagnostic dreams occur only when the prophet is treating a patient with the type of ukuqaqamba kwamathambo caused by the ancestral shades, and not with the "cold" caused type. The dreams experienced are called the "dreams of umlambo" and are characterized by people performing sacrifices, or by people standing in the river.

Etiology

The ancestral type of ukuqaqamba kwamathambo, according to Mr. Ntshobodi, occurs in the following manner:

"That disease is caused by water. Sometimes a person was a person of umlambo. In Xhosa there are people of umlambo, such as amangqosini and ocihoshe. Those people are called the people of umlambo (river ancestors). And some of these people need to make a sacrifice of beer and send it to the river. Now this person is not doing that and he will get this disease."

Ukuqaqamba kwamathambo which is not related to the ancestors, occurs as follows:

"Some of this rheumatism is caused by a cold. The cold that you get right down on the feet. And then when it goes right up in the feet, and it will go right up inside the bones, and spoil the marrow inside. And now once the marrow inside becomes weaker, the water eats all the fat in the marrow, which is keeping the bone warm. The marrow now becomes weaker. And

when the cold gets inside the bones, the person feels the bones aching. The cold is in the cold of the water, of the wetness of the grass, or of going in the water. And now that cold gets into the feet."

Treatment

A patient with ancestrally sent ukuqaqamba kwamathambo is taken to the river where he has to forsake his ancestors and accept God. This procedure is necessary only if the patient has insufficient funds to perform the necessary sacrifices to his ancestors. Mr. Ntshobodi says:

"I can take this person to the river and lay hands on him in the river. And say to this person he must pray in the river. And say that he has got nothing (ancestors) now, and now he is in the sight of God. If anything was going to happen to him, now he is no more on their side. he is in the side of the Church. Then I lay hands on him and he comes out of the water. And then pray for and give him robes to wear (signifying that he is a member of the Church). And in the Church he will dance and pray till all that disease is going away."

Ukuqaqamba kwamathambo caused by the cold is treated in a seemingly more practical and less spiritual way. Mr. Ntshobodi says:

"But when a person has this disease, I take him to the Church and give him a little shake, shake him while I am praying for him. So that the second witness (blood) must go through all his body. And bend him on the side and pray for him. And when I have finished, I take warm water and say he must wash his feet and pray for that water. And take vaseline and mix it with the camphor (on the stove). Then I wash his feet and take that camphor mixed with vaseline and rub it round and on the feet."

Mr. Ntshobodi claims that the Holy Spirit told him in a vision to use the vaseline and camphor. The vision occurred while he was praying on behalf of a woman with ukuqaqamba kwamathambo and he was thus hown how to effect her cure. The same mixture is now used by all the prophets in the Church for the purpose of healing ukuqaqamba kwamathambo.

4. A laboratory study of Zionist diagnosis

In the previous sections (2,3) the procedures employed in diagnosis and the diagnostic categories used in the A. H. C. Z. were discussed. The information gathered was purely theoretical, having been obtained by interviewing the prophets, rather than by observing them 'in vivo'. In order to supplement this theoretical knowledge, it was decided to perform a laboratory experiment in which the prophets could be closely observed while diagnosing the patient's illness. The experiment was conducted with two of the A. H. C. Z. prophets, who individually diagnosed the illnesses of six patients whose psychiatric diagnoses were known. The experiment was performed in a controlled environment as too many variables and distractions were present in the church where the diagnoses were normally performed. Another reason for conducting the experiment in a laboratory was that it would provide a more accurate reflection of how the prophets would function in a mental hospital or clinic.

4.1 Aims

1) The primary aim of the experiment was to observe the prophets of the A. H. C. Z. diagnosing the illnesses of psychiatric patients in a controlled environment. The information thus gathered, could then be compared to the theoretical information previously discussed (sections 2,3) which concerned diagnostic procedures and categories employed by the prophets. The methodology of the experiment, did not allow any attempt to verify the claims made by the prophets where their diagnostic procedures, such as sensation transference, visions and precognition were concerned.

2) The second aim of the experiment was to compare the diagnoses

made by the Zionist prophets, to western psyciatric diagnoses on the same group of patients. The information, although limited by the small number of patients employed in the experiment, may be of use to the mental health professional who is interested in knowing what type of diagnosis his Black patients would be most likely to receive if they consulted a Zionist prophet.

3) The third aim of the experiment was to determine the degree of consistency in diagnosis between the prophets of the A. H. C. Z. i.e. the inter-prophet diagnostic reliability. This method, it was hoped, would indicate whether or not some form of internal consistency existed in the system employed by the prophets of the A. H. C. Z.

4.2 Method

4.2.1 Subjects

Seven Black Xhosa-speaking out-patients were selected from the Reglan Road Clinic, which is a branch of the Fort England Mental Hospital, in Grahamstown. Subjects were told that they would be taken to the university where two prophets would pray and lay hands on them. As an incentive, they were offered five rands for their compliance. Two prophets from the A. H. C. Z. took part in the experiment, namely Mr. Ntshobodi and Mr. Ketani.

4.2.2 Prophets and procedure

Subjects were taken by car, on different days, to the psychology department where the research was conducted. With the aid of an interpreter, they were interviewed by the researcher in an attempt to supplement the psychiatric diagnosis obtained from the out-patient

psychiatric files. The interview served to familiarize the patients with the new milieu of the room.

The first prophet to arrive at the psychology department, Mr. Ketani, was asked to wait in a separate room where he was permitted to put on his robes and prepare himself for the session with the patient. Preparation characteristically took ten minutes, and consisted of silent prayer. The prophet was then led into the experimental room where he was left alone with the patient. He was allowed as much time as he wished in which to diagnose the illness of the patient. After completion of the session, the patient was invited to another room and the prophet was interviewed by the researcher. The interviews were unstructured, thus allowing the prophet to talk about his diagnosis as he chose. As shown by Cawte (1972) and Kiloh (1974), structured data cannot be employed in this type of research, as questions have constantly to be modified in order to accomodate unexpected answers and circumstances.

Immediately after Mr. Ketani's interview, the second prophet, Mr. Ntshobodi was brought from his place of work by car to the university. This was done to ensure that no contact was made between the two prophets until both had completed their diagnosis of the same patient's illness. The procedure of preparation and diagnosis followed by Mr. Ketani was then repeated by Mr. Ntshobodi.

Certain restrictions were placed on the prophets while they diagnosed the patient's illness:

a) the prophets were not permitted to ask the patient any questions.

b) they were not permitted to tell the patient what diagnoses had been made by them.

c) only one session was allowed in which to diagnose the patient's illness.

All diagnostic sessions took place in a special interview room fitted with one-way mirrors. Video recordings were made of the diagnostic sessions through the one-way mirrors. Transcripts of each diagnostic session were made. An example of the latter appears below.

4.2.3 Description of diagnostic session

Characteristically, the prophet entered the room and told the patient that they were going to pray. Both patient and prophet would then kneel on the carpet, while the prophet prayed to God for enlightenment about the patient's illness. After the initial prayer had been said, the prophet would tell the patient to stand up. Praying again, the prophet would then commence the laying of hands on the patient. To begin with, he placed his left hand on the patient's right shoulder and his right hand on the patient's head. This was followed by placing both hands over the patient's ears, or round his neck. Frequently, the prophet would stretch or shake the arms of the patient vigorously, while he held the wrists. The prophet would also place his right hand on the patient's chest or abdomen, and would then grip him at the shoulders and bend his body backwards or sideways. During the entire procedure, the prophet prayed continuously and kept his eyes closed.

The following is a translation of the prayer said by Mr. Ketani while

he was diagnosing the illness of patient number four;

"We are going to pray now. In the name of God the Father, Son and Holy Spirit, amen. Bless God the merciful Father. We are asking from you, God, with all the strength to please help us. Bless us God, bless everything in our bodies with all the powers. God with peace. We are asking from you, God, knowing that You will give us. The other day, You said that the one who asks for You shall get what he is asking for, peaceful God. Bless us even now, God. And give us all the gifts of the Holy Spirit. All the weapons are Yours. Give us God. God of Heaven, bring nearer your Holy Spirit. God who owns everything, we are here as You said. That everything we ask we will get. Give us God, peaceful Father who owns everything. Give us your Holy Spirit, King of Kings, Emmanuel. Come nearer God of Heaven, King of Kings. Let all the nations and all the peoples who do not accept your word, do so. Amen."

Mr. Ketani continued as follows;

"Stand up. (Patient stands up and Mr. Ketani lays hands on him). In the name of God the Father, the Son and the Holy Spirit. God of Heaven, King of kings. Bless us God, caste the death away. King of kings. God almighty. Saviour Emmanuel, Son of Heaven. We are asking from You, God, the King who owns everything, the peaceful God. Make her feel better, God who owns everything. King of kings. Take this sickness away from her. King of kings, the Saviour. We are asking from You, knowing that You will give us. What we are asking in Your name, please give us God.

King of Heaven who owns everything, be with us God, with all the powers. Let the nation accept Your word. We are asking You to please be with us. God with all the powers, the Saviour, caste the death away. God who owns everything, we are asking from You, knowing that You can give us. You have got the powers in those who are dead and those who are alive, King of kings. And You said that You will give us what we are asking in Your name. Please help us, God. Peaceful God, who owns everything, God with all the powers. Give us Your mercy, O God, and help us to do the right thing all the time. Caste the death away, powerful God. The one who has got demons has not got the powers just like Yours. King of kings, caste the death away, powerful God. You do not give away a person's soul. Bless us God, in the name of Jesus our king. Amen."

4.3 Results

The psychiatric and Zionist diagnoses pertaining to the illnesses of the seven patients employed in the experiment, are presented below. In each case, the psychiatric diagnosis is presented first. As mentioned previously, the psychiatric diagnoses were obtained from the out-patient files of the Reglan Road Psychiatric Clinic. The patient's age, occupation, educational standard, habits, family history, personal history and present medication are listed. If any additional information was gathered during the course of the interview conducted by the researcher, this information is presented after the psychiatric diagnosis. Finally, the diagnoses made by the two prophets, namely Mr. Ntshobodi and Mr. Ketani, are given.

4.3.1 Patient no. 1. Mr. D.F.

Psychiatric diagnosis

Age: 6 years.

Occupation: Minor.

Educational standard: Sub A.

Habits: Sober habits.

Family history: Mother alive and well. Father died from train accident. No history of mental illness or fits in the family.

Personal history: Started having fits at the age of one and a half. Treated at Nompumelelo hospital. Fits disappeared for some time, until last month when he started having uncontrolable fits, almost everyday and more frequently at night. He complains of abdominal discomfort prior to the fit. He falls to the ground, the right side starts jerking, eyes roll from side to side, thick salivation from mouth. He sometimes soils himself. No confusion has been noted after the attacks.

Diagnosis: Epilepsy.

Medication: Phenobarb 30mgs twice daily.

No additional information gained from interview.

Mr. Ntshobodi's diagnosis

The sickness is in the blood. This makes him weak. He can't stand for a long time because he is weak. His kidneys are not working properly. There is too much bile in his body. At certain times the bile wants to 'go out' of his body. This makes his stomach feel bad all the time. He always feels as if he is going to vomit, and his stomach feels hot. His mouth is bad and he can't taste anything. He does not appreciate food. If you force him to eat he will want to vomit. He feels that he is full when he is not. This causes a wind in his bowels. The wind goes up from his bowels to his chest and makes him feel hot.

The wind can then go up to his head. This causes a headache and the nerves from the head to the eyes cause the eyes to be painful. It also causes dizziness. The headache and the dizziness can cause him to fall down. It is isathuthwane.

His body is divided into two. The one side is lame and not working properly. The sickness has spoilt the veins in the one side, and the blood is not circulating. The one side is not warm enough. The one hand is not working properly. The one eye is not working properly and is always wet, as if he is crying.

If he was an adult, he would complain of itchiness when passing water.

The illness was caused by dliso which was given to his mother when she was pregnant. The boy ate the poison from the mother and the sickness got into his blood. He has not got dliso himself.

Ketani's diagnosis

The blood is not working right, it moves slowly. Sometimes he is very sick, but appears healthy. The kidneys are not working properly. This makes him loose his appetite and his stomach becomes upset. If he forces himself with food, he wants to vomit. The cause of the stomach ache is dirty blood. He feels really hot which makes it difficult to perspire.

The stomach ache causes the headache. He feels the somach ache before the headache. The headache starts at the back and goes up. The nerves cause the headache to crack. Then he is isiyeyazi (another word for isathuthwane). He cries about the headache and wants to fall down.

When he passes water, it itches. If he was old, he would say that there is something wrong with his waist (isinge). But because he is young, we can't say that he is suffering from waist.

He inherited the disease from his mother. The illness was meant for his mother and not for him. The mother got the illness when she was pregnant and it effected him. This caused him to grow up a weak person.

4.3.2 Patient no. 2. Mrs. M.V.

Psychiatric diagnosis

Age: 69 years.

Occupation: Old age pensioner.

Educational standard: Uneducated.

Habits: Does not smoke, but drinks excessively.

Family history: No history of mental illness or fits in the family. Widowed. Had one child who died at three years from fever.

Personal history: Daughter reports that she started behaving queerly about one month ago. Looks blunted. Hears voices day and night. She sees people who swear at her all the time. She does not sleep at night, wanting to attack the unseen people. Has lost appetite since her illness.

Diagnosis: Late schizophrenia.

Medication: Modecate 0.5mls monthly. Disipol 50mgs daily.

No further information was gained during the interview.

Mr. Ntshobodi's diagnosis

She is not a healthy person. The disease is like umlambo. There is a mark behind the liver, but it is the mark of umlambo and not dliso.

At times there is something wrong with the liver, this is the beginning of high blood pressure. There is too much umlambo in her body. The blood goes up, as a person with high blood pressure and at night she feels all the pains in her body as well as aching bones. She has a headache on her temples. She feels as if there is ice on her temples, as if a piece of wire has been tied around her head. She also suffers from short sightedness. There is something burning on her back.

Sometimes both arms, hands, shoulders and her whole body feels weak. Her feet become swollen at night. When she becomes older her feet are going to give her a lot of trouble.

Sometimes she has an upset stomach, as if she ate something that she did not like. There are some foods that she does not like, i.e. samp mielies and too much fat. Her stomach is bad inside.

Her head is mixed up and funny, as a person with too many worries. In her heart are worries which drop her. Sometimes she wants to be alone. She can do wrong things and then be ashamed. The illness can make her mad, but she is not actually mad, just mixed up. There are funny tricks on her (hallucinations), she sees funny things.

The sickness will get worse as she gets old. It was sent by the ancestors.

Mr. Ketani's diagnosis

She looks healthy, but is actually very sick. The disease is called high blood pressure. Her blood goes up and causes high blood pressure. When the blood goes up it seems as if she can die at any moment. She

feels sick and weak when it goes up.

There is little hope that she is going to live long.

The sickness is in the stomach. The dliso wants to go up and block the chest. During the day she is normal, but at night she is very sick. She feels hot at night and wants to take her clothes off. She wants a place where there is fresh air. She can't perspire.

Her body is itchy, she wants to scratch all over. Her head and armpits are itchy. Sometimes when she goes to the toilet, only air comes out.

She feels umbilini and has a stomach ache. When the stomach ache begins, she wants to leave the room. When she is outside she does not know what she wants, and then she comes back in again.

When she is sleeping, it is as if she wants to talk to someone. She does not notice it because she is sleeping. When she is going to sleep, she suddenly becomes afraid as if she is going to see someone. She always wants to be alone so that no one can disturb her.

When someone talks to her, she becomes very cross and does not answer. When she becomes cross, she either keeps quiet or leaves the others. Sometimes she feels like talking to herself as if she is becoming mad, but she is not becoming mad. Sometimes she knocks her head against the wall.

She does not feel happy at home, as if she was not at home. This becomes worse at night.

Some people would say that she is becoming mad, others would say she has isifo sokuwa and others would say she too is proud of herself.

She is always accompanied by an evil spirit.

4.3.3 Patient no. 3. Mr. J.G.

Psychiatric diagnosis

Age: 69 years.

Occupation: Old age pensioner.

Educational standard: Uneducated.

Habits: Does not smoke, but drinks during rituals.

Family history: Separated. One son who is quite well. No history of mental illness or fits in the family.

Personal history: Has had fits for about one month. Has had three fits during the month. Fits occur at night while he sleeps. Does not bite tongue or wet himself. Receives treatment for asthma.

Diagnosis: Cerebral artereosclerosis with seizures. Asthma.

No additional information gained from interview.

Mr. Ntshobodi's diagnosis

The illness was sent by the ancestors. It was caused by a cold that he caught a long time ago. The cold blocked at the waist, so we can say he is suffering from waist. (isinge). When it gets to the kidneys, it makes his waist seem as if he has been working hard.

At first, he felt as if he had a belt around his waist, this damaged his kidneys. It is the kidneys that cause the blocking of the chest, which increases at night. Sometimes it seems as if there is something flying around his chest, causing it to be blocked. His chest seems

Educational standard: Standard three.

Habits: Sober habits.

Family history: No history of mental illness or epilepsy in family. Home conditions favourable.

Personal history: Appears emotionally dull and flat. Asocial and withdrawn. Disoriented for time and place. Displays poor judgement. Runs about without clothes. Visual hallucinations.

Diagnosis: Schizophrenia.

Treatment: Modecate monthly. Melleril ratard 100mgs. I/2 supper.

Interview

The patient reports that she is suffering from amufufunyana. She has suffered from amafufunyana for about two months, but no longer feels the symptoms. She is uncertain as to whether the amafufunyana have left her or not. Her sister reports that the patient showed signs that the amafufunyana were returning, the previous day. The patient was afraid and wanted to run away. In 1972, the patient's right hand was lame and unable to work. At present, her neck is stiff when she walks. The patient claims that tablets given to her by the clinic do not help. She visited an igqira, last month, and was given herbs which, she says, did not help her condition. Her sister reports that when the amafufunyana come, the patient wants to leave the house and that the family has to lock the door in order to prevent her from doing so. The patient then falls down, and the amafufunyana talk while she is unconscious. The amafufunyana talk about three times a day, and especially at night. They talk in Xhosa, and say anything they wish to say. The amafufunyana may accuse one of the members of the family of trying to kill the patient. The amafufunyana began to plague the patient in Port Elizabeth, a few days after she was married.

Mr. Ntshobodi's diagnosis

She has got umoya that goes right through her body, and we call that amafufunyana. This causes cramps right through her body, and the neck becomes stiff. The veins on the temples become very sore, and that makes the eyes feel sore, and it is as if she is going to fall down. She does not fall down at present, but if the illness continues, she will become very dizzy. A person who is jealous of her sent the amafufunyana. It is a woman who is related to her that sent the amafufunyana.

At night her stomach makes sounds, but the amafufunyana are not talking yet. As the condition worsens, they will begin talking. If someone prays hard, she would fall down and the amafufunyana would talk. She has had the amafufunyana for about a month or so. She gets dizzy. Her bowels turn inside her stomach. The stomach is full of wind. Her body becomes stiff and there is a pain between her neck and head. There is a burning on the back. Amafufunyana are trying to get up her spine. Her arms are as if she is being choked by electricity. She sees stars in front of her eyes.

Mr. Ketani's diagnosis

This patient is very sick. People would say that she is suffering from amafufunyana, inside her stomach. When she feels the stomach ache, she falls down at times. Then she gives trouble to the other people in the house. She becomes very restless and falls down. She has very bad dreams, but does not remember them.

Mr. Ketani said that he would be able to establish the cause of the amafufunyana, only if he was permitted to conduct his diagnosis in

the church, under more favourable conditions.

4.3.5 Patient no. 5. Mr. W.F.

Psychiatric diagnosis

Age: 24 years.

Occupation: Unemployed.

Educational standard: None. Failed sub A three times.

Habits: Smokes and drinks.

Family history: Mother in good health. Single.

Personal history: Committed to Bopholong Hospital in Mafeking, then transferred to Thabmoopo hospital in Pietersburg in 1972. Can now stay at home, but needs care and supervision. Suffers from defective mental development. Also has fits. Reported to be aggressive and dangerous. Does not sleep well. He reports hearing voices and singing, but does not know what the voices are saying.

Diagnosis: Defective mental development, with fits.

Medication: Modecate 1ml every 4 weeks. Disipol 3 times a day.

Interview

Mr. W.F. reports that he began having fits about three years ago. These have now stopped. According to him, he visited a Zionist prophet prior to seeking help at the clinic. The prophet helped him slightly. He has not consulted an igqira, and does not believe in them.

Mr. Ntshobodi's diagnosis

He is suffering from ukuthwasa which comes from the ancestors. The ukuthwasa is however no longer working for him, it is now trying to kill him. The spirit in him (ukuthwasa) originated at birth and comes from

his kidneys. When the spirit goes up to his head, it can cause him to fall down. (epilepsy).

His body is full of poison. He smokes a lot. The spirit from the smoking and the ukuthwasa spirit combine and are killing him. Sometimes the spirit goes up to his lungs and they become funny. There are small marks on the lungs because the disease is spoiling him inside.

There is a white layer over his liver, as if something is burning it. This makes vomit. Part of the liver is sore, it is like a ball. This can sometimes cause him not to eat.

When the spirit goes up, it wants to choke him. Then he wants to cough, but it is not a proper cough, it is from the strongness of the spirit. When he coughs, the disease can spread to other people near by.

Sometimes the spirit gets stuck at the shoulders, and this prevents him from giving up air.

There is something burning behind the shoulders. When the spirit gets to his head, he feels mixed up. There is a pain on his temples, as if someone is holding him. He feels dizzy and his eyes see darkness, as if he is going to fall. He feels dizzy and his tongue swells (epilepsy). His brains are not working well.

When the spirit goes to his arms, he feels as if he is choked by electricity. The spirit can cause him to be in jail, to do wrong things, or to kill a person. He feels that he can say anything to a person.

He is like a mad person.

The spirit is on the right side of his body. If it gets to his leg, he feels as if he has walked in a 'wrong place'.

His body shakes and jerks and he feels hot and weak.

If he had gone to an igqira a long time ago, he could have been healed and also become an igqira himself. However, the illness has progressed too far now for him to become an igqira. If he is taken to the church he will be healed, but will have no propheting powers himself.

Mr. Ketani's diagnosis

The patient has ukuthwasa. If he were cured in the church he would become a prophet himself. He had been sick for a long time, but his parents only tried to cure him a short time ago.

He feels pains all over his back. These pains often go to the neck and stop there. Sometimes they go up to the head which makes his head dizzy. His body becomes stiff. Then he can think about anything. The sickness makes him think about anything all the time. Sometimes he is not conscious and can just bump into a car. When he has got this, he does not like noise or talking.

Sometimes his legs become weak and he does not find it easy to walk, as if he is an old man.

If he was a normal person he would complain about not being able to sleep well. He dreams about being among the amagqira but does not recall the dreams. If the condition is not cured it can result in

isifo sokuwa.

4.3.6 Patient no. 6. Mrs. N.M.

Psychiatric diagnosis

Age: 35 years.

Occupation: Unemployed.

Educational standard: Standard one.

Habits: Does not smoke or drink.

Family history: Brother suffers from mental illness and has fits. She reports the husband as mentally ill. Five sons and three daughters.

Personal history: Sounds as if she has absences. Finds herself in different places and does not know how she got there. Forgets easily. Sees things day and night (hallucinations). She is hypertensive and is receiving treatment from the day hospital. Very depressed about the whole business. She is frightened of snakes, people and cars which are not seen by other people. General malaise.

Diagnosis: Temporal lobe epilepsy.

Medication: Epamitin 100mg. 4 times a day for first month. Then Epamitin 3 times a day. Melliril Retard 200mgs. at supper.

Interview

Reports seeking help from the clinic, because she sees snakes and cars coming at her. She is frightened and has umbilini. Reports feeling very cold (on an extremely hot November day, she wore a thick pullover and a fur coat). Says that her body shakes. On the day prior to the interview, she had a pain that went from the back of her ear to the thumb. Reports that she was told at the hospital that she was suffering from high blood pressure. Visited an igqira who told her that she is suffering from ukuthwasa. She was instructed to attend to an igqira,

and to become an igqira herself. She refused. After this, she became ill and her whole body became swollen. She reports that tablets from the clinic make her feel nervous. She worries about nothing, and sometimes falls unconscious. When she regains consciousness, she is told that she was crying. She remembers some kind of frightening visions which she experienced during her unconsciousness.

Mr. Ntshobodi's diagnosis

She has umlambo from the ancestors. The English name is high blood pressure. She was chosen by the ancestors to dance and work and thus to sweat. She would use the water in her body by dancing. But now she is always resting and no longer using her body as the younger people do. If she was working all the time, she would be alright. But now the illness is getting worse.

The blood and the water are fighting. This causes her chest to be blocked, and she can't get enough air. The arteries on the side of her neck are full of blood. The blood comes from her heart and fills up her neck and top of her back, as if her blood pressure is strong. When the blood goes to her head, she feels dizzy. There is a pressure on her shoulders which comes from above her ears.

The kidneys are sore. Her eyes feel as if they are going to give her trouble. She sees stars in front of her. She also feels pains in her bones, like rheumatism. Her stomach is full of water and is heavy. The meat on the outside of her stomach swells. At night her body becomes a bit bigger, and her legs and feet swell. There is too much water in her body, that is why it swells. The blood is trying to get rid of the water. Her feet and knees become ice cold. She feels as if there

are needles being pushed into her ankles.

The umlambo causes her to be very hot, and sometimes she wants to be out in the fresh air. Her chest feels as if she has iphika (asthma), it is tight.

She also takes pills (which Mr. Ntshobodi saw in a vision).

Mr. Ketani's diagnosis

A doctor would say that she has high blood pressure. This can cause a headache. Her head feels as if it is divided into two. This makes her eyes sore and it is difficult for her to see. Her heart can stop pumping.

Her body is very hot and this causes her chest to be blocked. Then she wants fresh air. When she is in bed, she only wants to cover herself half-way with the blankets. When she walks, her feet become itchy and she gets tired if she walks for a long time.

4.3.7 Patient no. 7. Mrs. G.B.

Psychiatric diagnosis

Age: 46 years.

Occupation: Unemployed.

Educational standard: Uneducated.

Habits: Smokes and drinks excessively.

Family history: No known hisotry of mental illness or fits in the family. Single.

Personal history: Sees invisible things. Drinks excessively. Looks dazed and is in a state of modified D. T's. Reports heart beats very much. Worried. Pellagra.

Diagnosis: Alcoholism with pellagra and anxiety.

Medication: Triptanol 75mgs. at supper for 5 months. Vit. B complex 3 times a day. Nicotinamide 100mgs. three times a day.

Interview

Patient reports going to the clinic because she felt as if she was going mad. Her boy friend passed away and she became very worried, because he was looking after her and she did not have a job. He passed away six months ago. She has received treatment for Tuberculosis. Reports that her body feels weak, and that she cannot walk for a long time. Her entire body feels sore, especially her right arm and leg. She has not consulted an igqira or prophet.

Mr. Ntshobodi's diagnosis

She has isathuthwane. She feels that sometimes she can fall and have uxhozula, as a person with epilepsy. There is a dark mark, dliso, behind the liver. This causes a wind in her stomach. The dliso is old and is spoiling the whole body. Someone gave it to her in beer. Her blood is dirty, the dliso has spoiled it. The spirit pushes her lungs as if her stomach is going up to her chest. When the spirit comes up, she becomes weak, dizzy, and her body wants to shake as a person with epilepsy. Her stomach and mouth are bad and she can't taste food. The spirit goes under the throat and pulls her tongue back. Her eyes feel as if she is standing on a shaking floor. She feels her eyes shaking as if everything in front of her is shaking. It is as if she can't feel her body.

Mr. Ketani's diagnosis

She has dliso behind the liver. This causes a stomach ache and then she

wants to fall down. The dliso can cause uxhozula. Her lungs are as if they are going up, as someone who has been working hard. It is as if something is moving her lungs. Her lungs and the other parts of her chest want to go up. Her body is weak and her arms are weak at the joints. She has been sick for a long time. If she is not cured, she will become mad.

4.3.8 Comparison of psychiatric and Zionist prophet diagnoses

Table I.

Patient no.	Mr. Ntshobodi's diagnosis	Mr. Ketani's diagnosis	Psychiatric diagnosis
1.	Dliso type isathuthuwane.	Isathuthuwane.	Epilepsy.
2.	Umlambo caused by ancestors. High blood pressure. Madness.	Dliso in stomach, caused by evil spirits. High blood pressure. Madness.	Late schizophrenia.
3.	Umlambo, caused by ancestors. Asthma.	Asthma.	Cerebral arteriosclerosis and seizures. Asthma.
4.	Amafufunyana.	Amafufunyana.	Schizophrenia.
5.	Ukuthwasa. Epilepsy.	Ukuthwasa. Fits, in the future.	Defective mental development and fits.
6.	Umlambo, caused by ancestors. High blood pressure.	High blood pressure.	Temporal lobe epilepsy. General malaise.

Patient no.	Mr. Ntshobodi's diagnosis	Mr. Ketani's diagnosis	Psychiatric diagnosis
7.	Isathuthwane.	Uxhozula.	Alcoholism, pellagra and anxiety.

Table I. was constructed to show the similarities and differences between the psychiatric and Zionist diagnoses, in tabular form. The table consists of four columns. The first column lists numbers given to the patients for the purpose of identification; the second column lists Mr. Ntshobodi's diagnosis; the third column, Mr. Ketani's diagnosis, and the fourth column, the psychiatric diagnosis of each patient respectively.

Review of Table I

Patient number 1

Both Mr. Ntshobodi and Mr. Ketani diagnosed the patient's illness as isathuthwane which, as discussed in section 3.3.1 is the Zionist term for Grand Mal epilepsy. The prophets diagnoses thus concurred with the psychiatric diagnosis which was epilepsy.

Patient number 2

Mr. Ntshobodi and Mr. Ketani both stated that the patient was suffering from high blood pressure. Mr. Ntshobodi, however, saw the cause of high blood pressure as being umlambo sent by the ancestors, while Mr. Ketani saw the cause as being dliso in the stomach. The psychiatric diagnosis revealed nothing resembling high blood pressure. In addition to the

high blood pressure, both Mr. Ntshobodi and Mr. Ketani said that the patient was "mad", and described symptoms of a psychotic nature. Corresponding to their diagnoses, was the psychiatric diagnosis of late schizophrenia.

Patient number 3

Mr. Ntshobodi and Mr. Ketani's diagnoses concurred with the psychiatric diagnosis that the patient suffered from asthma. The psychiatric diagnosis, however, revealed that the patient suffered from seizures, a factor which neither of the prophets mentioned. The psychiatric diagnosis disclosed that the patient had arteriosclerosis, while Mr. Ntshobodi saw the patient as suffering from umlambo sent by the ancestors.

Patient number 4

Both Mr. Ntshobodi and Mr. Ketani were of the opinion that the patient was suffering from amafufunyana. The symptoms described by them however, resemble a form of hysterical psychosis, rather than schizophrenia as diagnosed by the clinic. The interview with the patient an her sister which was conducted by the researcher, indicates that the patient's symptoms appeared shortly after her marriage and only two months prior to the interview. These factors, and the visual hallucinations reported, tend to favour the diagnosis of hysterical psychosis, rather than schizophrenia.

Patient number 5

Mr. Ntshobodi and Mr. Ketani both diagnosed this patient's illness as ukuthwasa which caused, or would in the future, cause epilepsy. The psychiatric diagnosis revealed that the patient suffered from fits. The latter diagnosis indicated defective mental development, which had no equivalent in the diagnoses made by the prophets.

Patient number 6

Mr. Ntshobodi and Mr. Ketani both diagnosed this patient's illness as high blood pressure. While Mr. Ketani did not establish the cause of the illness, Mr. Ntshobodi said it was caused by umlambo which was sent by the ancestors. The psychiatric diagnosis was temporal lobe epilepsy and general malaise.

Patient number 7

Mr. Ntshobodi and Mr. Ketani diagnosed the illness of the patient as epilepsy. Mr. Ntshobodi, however, stated that it was isathuthwane (Grand Mal epilepsy), while Mr. Ketani said it was uxhozula (Petit Mal epilepsy). The psychiatric diagnosis indicated alcoholism, pellagra and anxiety, but no mention was made of epilepsy.

4.4 Inter-prophet reliability

One of the aims of the laboratory study was to determine the inter-prophet diagnostic reliability. A simple comparison of the illnesses diagnosed by the prophets was categorized in table I. Judging from this table, it may be stated that the inter-prophet diagnostic reliability where major categories are concerned, is good. Much of the prophets' diagnoses consist, however, of phenomenological descriptions of the patients' feelings which the prophets claim to arrive at through the procedure of sensation transference. In order to determine the inter-prophet reliability on a broader scale which included the phenomenological descriptions given in the diagnoses, it was necessary to use an ex-post matching design.

4.4.1 Method

Six independent judges were invited to take part in the project. These judges were psychology post-graduates or practicing psychologists.

Psychologists were chosen, as it was assumed that they would be au fait with subjective descriptions of the patients' feelings.

The diagnostic protocols of the prophets were edited, and the following information was withdrawn;

a) descriptive information relating to the patient's physical make-up e.g. weight, height, etc.

b) the age of the patient.

c) the sex of the patient.

Each edited protocol was then labelled with the name of the diagnosing prophet and a code number (appendix I). The protocols were shuffled and then given to the judges who were asked to match Mr. Ntshobodi's diagnosis of each patient's illness with the corresponding diagnoses made by Mr. Ketani. The probability of the psychologist judges obtaining the correct results by chance, was calculated by means of the following formula;

$$\frac{I}{M/}\ I - I + \frac{I}{2/} - \frac{I}{3/} + \ldots\ldots\ldots + \frac{I}{(M - m)/} = \text{probability}$$

Where: M = total number of units

m = number of correct matchings

/ = factorial (Parzen, 1960, p. 76)

Table 2. Results of the ex-post matchings made by the psychologists

Psychologist number	1	2	3	4	5	6
Matched Pairs	II	II	II	II	II	II
	22	22	22	23*	22	23*
	33	33	36*	32*	37*	36*
	44	44	44	44	45*	44
	55	55	55	56*	53*	55
	66	66	63*	65*	64*	62*
	77	77	77	77	76*	77
Number of correctly matched pairs.	7	7	5	3	2	4

Table 2 shows the results of the ex-post matchings made by the six psychologists. The "Psychologist number" is a number given to each psychologist for identification purposes. "Matched pairs" are those diagnoses which the psychologists attempted to rematch in the experiment. For inspection purposes, the left column of each psychologist's matchings, is correct and listed from one to seven. In the table an asterix has been placed next to each pair of diagnoses which were incorrectly matched.

The table indicates that of a possible maximum of seven correct matchings, psychologists number 1 and 2 matched all seven diagnoses correctly. Psy-

chologist number 3 matched 5 diagnoses correctly; psychologist number 4 matched 3 correctly; psychologist number 5 matched 2 correctly, and psychologist number 6 matched 4 correctly. Results obtained by the psychologists thus ranged from two to seven correct matchings.

This discrepancy in results highlights a major fault in the methodology employed in the procedure, namely, the differing abilities of the psychologists. The results indicate that the ex-post matching procedure measured not only the inter-prophet reliability, but the matching ability of the individual psychologists in this field as well. Clearly, the psychologists differed in their ability to match the diagnostic protocols. It is hypothesized that the discrepancy in results was due to the psychologists' different exposures to Black psychiatric patients. Similarly, those psychologists conversant with certain areas of parapsychology would, hypothetically, do better in the study than those less acquainted with the subject.

Table 3. The probabilities of matchings having occurred by chance.

No of correct combinations	Psychologist number	Probability of matching having occurred by chance
7	1	p = ,000198
7	2	p = ,000198
5	3	p = ,004167
3	4	p = ,0652
2	5	p = ,18333
4	6	p = ,013889

Table 3 shows the probabilities of each of the psychologists' matchings having occurred by chance. The results range from p = ,18333 (psychologist number 5) to p = ,000198 (psychologists number 1 and 2). From the above results, it may be concluded that as a group, the psychologists were reasonably proficient at matching the prophets' diagnoses. This in turn suggests that the inter-prophet diagnostic reliability during the laboratory study was good.

4.4.3 Discussion

In section 2 the various methods that the prophets of the A. H. C. Z. claim to use were discussed. In summary, these methods are as follows:

a) sensation transference

b) visions (1) visions of an X-ray type
(2) symbolic visions
(3) sensation transference type visions

c) analysis of patient's and prophet's dreams

d) precognitive diagnosis

During the course of the experiment, the prophets stated that they were only able to make use of two of the above methods. They claimed to rely primarily on sensation transference, and to a lesser extent, on visions of the sensation transference and X-ray type (Sec. 2.2.2.1). Neither prophet had any precognitive feelings relating to the patients' illnesses and, as they were prohibited from questioning the patients, they were unable to analyse the patients' dreams.

Neither of the prophets were enitrely happy with their diagnoses of the patients' illnesses. They often remarked that more relevant information would have been obtained had the diagnoses been made in the church. According to Mr. Ntshobodi, there were many things missing in the experimental room which gave him "strength" while diagnosing a patient's illness in the church. He explained that drumming, dancing and singing (Sec. 2.2.5.2) in the church helped him to achieve the "right spirit, to see the illness of the patient." Referring specifically to patient number four, Mr. Ntshobodi expressed the opinion that additional information relating to the patient's illness would have been obtained, had his diagnosis been performed in the church. As mentioned in section 3.1.1 an important part of the diagnostic procedure where amafufunyana is concerned, consists of praying for the patient until he falls to the ground. Mr. Ntshobodi said that without the additional "strength" that the church would have given him, it was impossible to achieve the desired result. He also claimed to experience difficulties in "shaking off" his work day, in the ten minutes preparation time before the diagnostic sessions commenced. To make the transition from a black, overall wearing gardener to a velvet gowned chief prophet in ten to fifteen minutes, is understandably difficult.

There were many other diagnostic limitations in the experimental room which were not mentioned by the prophets. During the experiment, the prophets were expected to begin their diagnoses immediately they entered the room. In the church, there is time for the prophet to study the patient from a distance before the actual diagnostic session begins. Another limitation imposed by the experimental situation, was the absence of the patient's family members. Patients are normally accompanied to the church by members of their family, who, by their very presence, can provide useful diagnostic information. Part of a diagnostic session

in the A. H. C. Z. consists of telling the patient and his family what the prophet has diagnosed. Using a method similar to that used by the traditional amagqira, the prophet corrects his diagnosis as he goes along by observing the family's reaction, but as mentioned above, feedback to the patients was prohibited in the experiment.

On completion of the experiment, the prophets were invited to observe the video recordings made of their diagnostic sessions. After the initial excitement of seeing themselves on film had died down, Mr. Ntshobodi used the opportunity as a kind of instruction session for Mr. Ketani. It was clear that Mr. Ntshobodi believed that his own diagnoses were correct. He gave instruction about those diagnoses made by Mr. Ketani which he considered to be incorrect. For example, he pointed out that the "mark" they had both "seen" in patient number two was the mark of umlambo behind the liver, and not dliso in the stomach as Mr. Ketani had thought. This mistake had apparently led Mr. Ketani astray in his diagnosis of that specific patient's illness. Mr. Ntshobodi also pointed out to Mr. Ketani certain things that he had failed to notice in some of the patients. The conversation had little to do with what the patient was doing, but dealt rather with what the prophet experienced at certain times during the diagnostic session. For example, if Mr. Ketani's arm trembled, Mr. Ntshobodi would enquire what he had felt at that moment.

4.5 Recommendations for further research

For a more comprehensive study of the diagnoses made by traditional healers in relation to their western counterparts, the following improvements are recommended.

1) The use of in-patients

One of the problems encountered by the present researcher, was the availability of reliable patients. In the research conducted, part of the interpreter's task was to fetch the patients from their homes at a prearranged time. If the arrangement had been made more than a day prior to the diagnostic session, the interpreter would visit the patient in the interim to remind him of the appointment. On four different occasions, however, the patients were not at home when the interpreter arrived to take them to the psychology department. One of the patients had reportedly been jailed, another had found employment in the town, and two were simply missing. This kind of problem may be avoided by using in-patients from a psychiatric hospital. There is, however, much red-tape involved in obtaining in-patients for research purposes. In a project similar to that of the present research, permission would have to be granted for traditional healers to enter and perform their diagnoses in a hospital, or for the patients to be transported from the hospital to another location for the duration of the diagnostic session and interviews. Permission in both cases is difficult to obtain, because of the South African Medical and Dental Council's ruling which prohibits interaction between the medical profession and indigenous healers.

2) Thorough diagnostic assessment by the mental health team.

In the present research, the diagnoses of the patients' illnesses were obtained from their out-patient files. Unfortunately, psychiatric personnel who are employed by out-patient clinics in South Africa, are overworked. For example, a psychiatrist may see up to two hundred patients in one day at such a clinic. The result is that diagnoses are not as thorough as they could be, given favourable circumstances. It is suggested that patients involved in this type of research, be given

a thorough medical, psychological and psychiatric examination in order to arrive at the most accurate diagnoses. This type of examination is possible within a psychiatric hospital, which once again, argues for the use of in-patients as subjects for the research.

3) Nosologically clear cases.

In order to ascertain what traditional diagnoses correspond to the psychiatric diagnoses, it is necessary to select patients whose diagnoses are not in doubt. Ideally, there should be no additional medical complications, such as asthma, tuberculosis or manutrition, all of which are common amongst the Black psychiatric population.

4) Medication.

In a rigorously controlled study, the question of patients who are receiving medication will have to be resolved. This problem arises primarily with traditional healers, who have no experience of diagnosing the illnesses of patients receiving psychiatric medication. It would, however, be interesting to see how the healers construed such things as extra pyramidal side effects.

The present study was an attempt to ascertain the inter-prophet diagnostic reliability of two prophets belonging to the same church, the A. H. C. Z. All prophets of the church adhere theoretically to the same nosological framework, possibly because they were all taught by the same prophet and work together on a regular basis. It would be a fruitful exercise to compare the A. H. C. Z.'s nosological system to:

a) systems employed by other Zionist churches

b) systems employed by the <u>amagqiras</u>

c) Black patients' conceptions of illness.

5. Discussion and conclusion

The present research was concerned with the diagnostic procedures and categories employed by the prophets of a specific Xhosa Zionist Church, the A. H. C. Z. As the primary focus was diagnosis, it wat not within the scope of the project to investigate the methods of treatment used by the prophets, or the effectiveness thereof. It is the researcher's belief that additional comprehensive research is necessary in this field, to bring to the South African mental health team an awareness of what treatment their patients receive when they consult indigenous healers. Research of this nature would, in addition, enable the team to gain more insight into the world view held by their Black patients and, specifically, their patients' conceptions of illness. This in turn, would increase the team's efficiency as healers.

As Holdstock (1979) has stated, people in the healing professions know next to nothing about the subject of indigenous healers, and acknowledge their existence even less. This state of affairs exists despite the fact that indigenous healing is adhered to by countless individuals in South Africa. The trend which excludes and ignores indigenous healing is, however, slowly being reversed by a few of the leading academics in South Africa, such as Professor R.W.S. Cheetham, Professor J.M. Gardner, Professor T.M.D. Kruger, Professor A.G. le Roux, Professor T.L. Holdstock, Professor J.H. Robbertze and Dr H.V. Buhrmann.

The academics mentioned above, have put forward a variety of reasons which indicate the necessity of studying the work of indigenous healers, and perhaps intergrating these healers into the present mental health framework. Holdstock (1979) and Buhrmann (1979) provide a valuable

synopsis of the reasons given.

a) Many authors feel that the emotional and spiritual needs of Black patients can best be met by indigenous healers. Due to increased urbanization, these particular needs are growing in intensity with the concomitant demand for additional healers. Continued disregard of them may thus result in a further splitting of those people available in South Africa who concern themselves with healing.

b) Le Roux (1973) points out that due to the acute shortage of trained mental health personnel, the task of rendering an effective service without the support of indigenous healers is an impossible one.

c) Many authors throughout the world have pointed out the inadequacy of western approaches as applied to other cultures. Kiev (1972), for example, believes that the traditional model of psychology has not been applicable to developing societies. In addition, authors such as Collomb (1975), Giorgis and Helms (1978) have found that western trained Black personnel tend to be perceived as strangers within their own society.

d) Holdstock states that the application of high-cost westernized approaches, such as residential hospitalization, one-to-one psychotherapy and the use of highly qualified personnel is not the most efficient means of treating the indigenous population. He claims that indigenous healing may provide valuable career opportunities amongst the Black sector of the population and help to reduce its high incidence of unemployment.

After interaction with the prophets of the A. H. C. Z. during the present study, the author is of the opinion that the prophets could be productively integrated with the mental health team. It is believed that the prophets would adapt to a mental hospital or clinic setting with relative ease. Evidence of their adaptability was seen in the laboratory study (Sec. 4) when the prophets adapted to the milieu of the video room in the psychology department with little trouble. Although the prophets are accustomed to working in groups in their church, they were able to diagnose the patients' illnesses when they worked alone in the video room under critical observation. When the issue of the prophets working in a mental hospital was raised, Mr. Ntshobodi expressed keen interest in the idea.

If the integration of the prophets within the mental health framework were to take place, an important issue would be that of determining their status and salary. As healers in a church, the prophets enjoy high status. They are shown great respect by members of the church, and they ask only God for advice in matters concerning their patients. Loss of status may thus become an issue which would have to be resolved. The question of salary, too, may well create problems. Unlike the amagqira, who are accustomed to charging their patients for consultations, prophets of the A. H. C. Z. are not paid for the services they render. If the prophets were employed as salaried workers in a mental institution, their orientation to healing may possibly change. It is the researcher's suggestion therefore, that prophets of the Zionist churches be encouraged to visit hospitals on an unpaid basis, much as ministers of other denominations are encouraged to do.

The procedures which the prophets of the A. H. C. Z. claim to employ in

diagnosis, appear to differ vastly from those of western trained medical and psychiatric professionals. There does, however, appear to be some overlap of methods used by the prophets and by certain clinical psychologists and psychotherapists. Some authors, (Buhrmann, Holdstock, Torrey and Kruger) suggest that much can be learned from indigenous healers about psychotherapy, and they believe that interaction between healers and psychotherapists may enhance the effectiveness of both groups. In the present study, it was found that prophets of the A. H. C. Z. welcomed interaction with western trained psychotherapists and were eager to learn as much as they could of the western model of psychology.

The greatest overlap of methods used by indigenous healers and psychotherapists occurs in the interpretation of dreams. As mentioned in section 2.2.3, the interpretation of both the prophets' dreams and their patients' dreams form an important part of the diagnostic and healing process in the A. H. C. Z. Similarly, many psychotherapists employ the dreams of their patients as an aid to diagnosis and therapy. It is believed that those psychotherapists working within a Jungian framework, would benefit most from a study of the dream interpretations made by the prophets of the A. H. C. Z.

Another area where methods employed by the prophets and psychotherapists overlap, is that of sensation transference. Reports concerning sensation transference appear sporadically in western psychotherapeutic writings. Most of these reports are brief and are generally added to texts concerned with other issues. One exception is A.H. Mahrer, who has developed certain techniques and theoretical constructs which bear close resemblance to those employed by the

A. H. C. Z.

The theoretical cornerstone of Mahrer's method (1978,'79,'80) is his conception of the therapist-patient relationship. He contends that western therapeutic paradigms of the therapist-patient relationship share the assumptions of:

a) two separate, intact, differentiated personality organizations,

b) relating to one another in mutual interaction,

c) within an encompassing world of objective reality.

He argues that these assumptions are coupled with inescapable problems. Sets of powerful determinants force the therapist and patient into conjointly imposed role relationships which dominate the therapeutic enterprize, and over which the therapist and patient have virtually no control and of which they are essentially unaware. Additionally, the relationship tends to progressively bind and imprison both participants. It blocks the therapeutic process and systematically excludes and distorts entire realms of potentially useful therapeutic data. In order to resolve these problems encoutered by traditional psychotherapy, Mahrer has proposed a radical paradigm shift. The roots of the shift may be found in two areas, viz: existentialist thought and psychotherapeutic practice.

Mahrer sees as precursors of his method, authors such as Kierkegaard, Husserl, Heidegger, and their conceptual cousins, Suzuki, Watts, Naranjo, Jung and others who introduced Buddhistic and Taoistic thought to western psychologists. The implication of these existential-pheno-

menological writings, according to Mahrer, challenge the common assumptions held which concern the therapist-patient interaction, viz; a) Therapist and patient are not constrained to a state of being two separate entities; b) therapist and patient can exist in ways which are quantitively different from a relationship or interaction between separate entities, and c) therapist and patient are not constrained to exist within an encompassing world of objective reality." (Mahrer, 1978, p. 206).

These views are essentially the same as those employed in the A. H. C. Z. For example, Mr. Ntshobodi claims that while he is diagnosing a patient's illness, he is "not himself" but in a trance state. He is no longer a separate identity, but is infused by the Holy Spirit and absorbs the illness of the patient.

Mahrer employs Husserl's concept of "letting-be-ness" in his theory, in which the therapist adopts a wholly unbiased, unprejudiced contemplation of the patient. He places himself into fully receptive attentiveness so completely that nothing is left to think about the patient. When the therapist achieves the state of utterly passive, full receptiveness, he has, according to Mahrer, attained a plateau of "letting-be" which goes beyond present conceptions of acceptance or positive regard.

While in this state of fully receptive attentiveness, the therapist becomes disengaged from his normal ongoing sense of self. He is no longer selfconscious, no longer an intending personhood, and no longer aware of himself as an identity. Following on from this state, the therapist merges with the patient. He, "... joins into the patient's identi-

ty, is now co-eterminal with the patient from inside. It is as if the therapist were virtually inside the patient, merged with the patient. As the therapist looses his own self, he merges into the self of the patient." (Mahrer, 1978, p. 207). Finally, the therapist begins to share the patient's experiencing, whether it be bodily feelings, thought associations, images, fantasies or behavioural tendencies.

Mahrer states that the roots of his new paradigm are to be found in certain forms of psychotherapeutic practice. He points out that an increasing number of clinical reports show the advantages to be gained by focalizing the patient's attention outside the therapeutic encounter. A well known example is that of Gestalt therapists, who ask the patient to focus attention wholly upon projected parts of the self. Similarly, in eastern methods of meditation, the person's attention is focused entirely on a defined external point. The common denominator of these methods is that the attention of the patient or meditator is not centered on a relationship with a second person. In the case of a patient receiving psychotherapy, the patient's attention is centered outside the relationship with the therapist. Emphasis is placed on the relationship between the patient and his own bodily feelings, felt meanings and own internal experiences. Mahrer points out how various authors (Bugental 1964, Carkhuff and Benson 1967, Whitaker and Malone 1953) have reported sharing the patient's experiencings.

Mahrer (1979, 1980) has put forward a method to be followed by the therapist and patient which facilitates what the author has termed sensation transference. The method, although differing in technique, produces results which are remarkably similar to those reported by the prophets of the A. H. C. Z.

According to Mahrer's method, the therapist instructs the patient to recline on a chair or couch, and to focus his attention on his body. The patient becomes attentive and receptive to the physical sensations he experiences, and he is asked to direct his attention to the most prominent of these and to the images he "sees" when his eyes are closed. These sensations and images are then described to the therapist. The therapist reclines six feet away from the patient, in the same physical position. He too, closes his eyes. His attention is directed to his own body, and to the physical sensations experienced and images seen and described by the patient. Listening to the patient, the therapist allows himself to experience the same kind of bodily-physical sensations as the patient. To accomplish this, the therapist must allow these sensations to occur in the same way and in the same place. He may question the patient to obtain additional information concerning the phenomenon which takes place. Step by step, he approximates the location and nature of the patient's physical sensations until he, himself, is able to duplicate in his own body, the sensations experienced by the patient.

Mahrer (1979, p. 37) claims that the method evolved by him will work for therapists who:

"a) Are cordial to (able to, skilled in) disengaging from their own enduring identities, and who

b) are able to assimilate into, fuse with, that particular patient."

The difference in approach between Mahrer and the A. H. C. Z. may be regarded as due largely to cultural differences. A therapist employing Mahrer's method has no need to go through the arduous training and preparation done by the prophets of the A. H. C. Z. Unlike the prophets,

he does not have to abstain from meat, smoking, drinking and fighting; nor does he fast, sing, pray or dance in a circle in order to duplicate the physical sensations of the patient. The patient, in fact, plays a far more active role in the diagnostic and therapeutic process than he would if he were being treated by a propthet.

Results obtained, however, by Mahrer's method and those employed by the A. H. C. Z. are in many respects, similar. Both schools claim that a complete duplication (sensation transference) of sensations from patient to therapist/prophet takes place. While in this state of duplication/ transference, the therapist/prophet engages in little or no therapeutic reflection, categorizing or labelling. He simply experiences the patient's feelings, bodily sensations and behavioural impulses, images and fantasies, cognitions, words, phrases and voices. The descriptions of these phenomena are almost identical in both schools.

Mahrer claims that certain phenomena occur in the therapist and not in the patient. These phenomena appear to arise spontaneously from nowhere. They occur suddenly, unpredictably and unexpectedly, and they seem inappropriate to what the patient is experiencing at the time. Mahrer rejects the idea that these phenomena are the therapist's own archaic impulses. Instead, he conceptualizes them as expressions or reflections of deeper personality processes occuring in the patient. Mr. Ntshobodi of the A. H. C. Z. describes similar experiences in which he feels, hears, sees or thinks of something which he believes originates in the patient, who is unaware of the phenomenon. By verbalizing these phenomena of which the patient is not yet aware, the therapist/prophet in both schools, becomes the voice of the patient's unconscious.

In terms of sensation transference, the description given by Mahrer and

prophets of the A. H. C. Z. are similar. There are however, certain aspects of diagnosis employed by the prophets which are not mentioned by Mahrer. As stated previously (Sec. 2) the prophets claim to experience three forms of diagnostic visions, viz; 1) X-ray type visions, 2) visions of the sensation transference type, and 3) symbolic visions. Mahrer describes the sensation transference type, but makes no mention of the other two types. Similarly, Mahrer makes no mention of precognitive diagnosis.

Joint seminars or workshops may provide the most productive means of studying the procedures employed by traditional healers such as the prophets of the A. H. C. Z. In a workshop, participants could demonstrate certain aspects practically, rather than simply speaking about them theoretically. A workshop held by Mahrer and the prophets of the A. H. C. Z. would, for example, provide valuable information for all concerned. Mr. Ntshobodi was most interested in a certain Gestalt workshop which the author told him of, and he expressed keen disappointment at not having been able to attend. He agreed that the idea of holding workshops was a good one, and said that he would be more than willing to participate in any which were held.

ERRATA

Holdstock	1979	p. 2	1979a
		" 16	1979b
		" 30	1979b
		" 31	1979b
		" 68	1979b
		" 129	1979b
Kiev.	1968	P. 2	1968 to 1964
Torry	1970.	P. 3	1970 to 1972a
		" 14	1970 to 1972b
Mokhobo	1977	P. 6	1971
Hammond-Tooke	1975	P. 14 +	1975a
		" 30	1975a ?
		" 87	1975b
Mahrer	1976	P. 134	1978
		" 135	1978
Edwards	1979	P. 10	1983
		" 15	"
		" 17	"
		" 41	"
Giorgis and Helms	1979	P. 130	1978
Torry	1970	P. 14	1972b

Glossary of Xhosa Terms

ABANTUBOMLAMBO; mythical people who live in the river and are believed to have powers which enable them to fight illness for the traditional healer who has received his healing powers in the river.

AMAFUFUNYANA; An illness caused by demons found in the stomach.

AMAKHOSI; term employed by members of the A.H.C.Z. for a specific type of mental illness. The term can be used when referring to demons which have been employed by traditional healers in their treatment of patients.

IDLISO; poison received through ingestion.

IGQIRA; traditional Xhosa doctor.

IKALA; Aloe tree.

IMPUNDULU; the mythical lightning bird; a witch's familiar.

INTLOKO ENGXOLAYO; literal translation - head that makes noise.

IPHIKA; shortness of breath.

ISANGOMA; traditional Zulu doctor.

ISATHUTHWANE; epilepsy, specifically Grand Mal.

ISIBETHO; illness sent by God as punishment for wrong doing; or Church's equivalent of UKUTHWASA i.e. an illness sent by God to persuade a person to become a minister of the Church.

ISIFO; illness

ISINQE; waist or pelvic region.

ISIPORO; colloquial term meaning a ghost.

ISIYEZI; dizziness, or epilepsy.

OHELI; witches' familiar.

PAMBANA; madness.

TIKOLOSHE; witches' familiar.

TSHOMIS; colloquial term meaning friends.

IXHWELE; traditional Xhosa healer who makes specific use of herbs.

UKUBUDA; to dream frightening dreams; or to be confused.

UKULAWULA AMAPHUPHA; to interpret dreams; used by the A.H.C.Z. to denote an illness of neurotic type.

UKUPHAPHAZELA; to fly; or term used by the A.H.C.Z. to denote an illness of a neurotic type.

UKUPHUTHELWA; insomnia.

UKUQAQAMBA KWAMATHAMBO; pains in the bones.

UKUSHIYWA ZINGQONDO; to be mentally ill; or to be unconscious.

UKUTHWASA; an illness sent by the ancestors to persuade a person to become a traditional healer. The illness is viewed as a calling.

UKUTHWETYULAWA; a calling to go to the river to become an igqira (traditional healer.

UKUXHUZULA; to jerk bodily as in epilepsy; term used by the A.H.C.Z. for Petit Mal epilepsy.

UKUZILA; to mourn; abstain from taking certain things e.g. drink and food.

UMBILINI; anxiety and related sensation.

UMKWETA; an initiate

UMLAMBO; river; or term used by the A.H.C.Z. to denote a specific illness.

UMOYA; wind or spirit.

UMUTHI; Zulu term for medicine.

UTHAKATHIWE; to be bewitched.

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