

Three perspectives on *ukuthwasa*: The view from Traditional beliefs, Western Psychiatry and Transpersonal Psychology.

A thesis submitted in partial fulfilment of the requirements for

the

Degree of Master of Arts in Clinical Psychology of the Rhodes University

By

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2004

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ACKNOWLEDGEMENTS

I am pleased to have the opportunity to acknowledge the support of various people in making my mini-thesis a success. My first thanks goes to my supervisor Professor David Edwards, for the support he gave me and the constructive suggestions he offered me. I have benefited from his untiring assistance in supervision. I owe a great deal of thanks to the staff members of the Department of Psychology for the support they gave me through difficult times. I would also like to thank my husband Zola and my daughter Nokuthula for the emotional support they gave me during my research. My greatest thanks goes to the participant in my research for her co-operation and for giving me the consent to write about her experiences. My friend Pumeza Luwaca, also contributed in transcribing the interview tapes, I also thank her very much.

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Abstract

Among the Xhosas, the healing sickness called *intwaso* is interpreted as a call by the ancestors to become a healer. The transpersonal perspective also see these initiatory illnesses as spiritual crises, while according to the widely accepted Western psychiatric view, illness is purely perceived in physical and psychological terms.

A case study was conducted where a single participant who has undergone the process of *ukuthwasa* and is functioning as a traditional healer was interviewed. A series of interviews were conducted where information was gathered about significant experiences related to *ukuthwasa* process. A case narrative was interpreted using the traditional Xhosa beliefs, the western psychiatric and the transpersonal psychology perspectives.

The research results were : Transpersonalists are sympathetic with the Xhosa beliefs but they need proof for everything, while the psychiatric view and the traditional Xhosa view have no common ground.

INTRODUCTION

The African view of illness is intertwined with the ancestral notion. Culture bound syndromes are defined as “recurrent, locality specific patterns of aberrant behavior and troubling experience that may or may not be linked to particular DSM-IV diagnostic category” (DSM-IV-TR, American Psychiatric Association, 2000, p.898). *Ukuthwasa* is not an illness per se, but a state of calling to become a traditional healer. In the medical model the psychological and physical manifestations of *ukuthwasa* are seen as indicative of a serious disease process. They are referred to as “psychoses”, which in the mainstream psychiatry implies “diseases of the unknown aetiology” (Grof & Grof, 1990).

This study explores how an individual who has undergone a process of *ukuthwasa* experienced the illness, the significant experiences she went through during training, and her current experiences as a healer. The literature review serves to contextualize this study in terms of providing an overview of *ukuthwasa*. In the methodology section, the implementation of phenomenological research method will be discussed within the context of a qualitative case study approach. The findings of the research will be interpreted from three different perspectives; (1) The Traditional Xhosa perspective.(2) The Western psychiatric perspective. (3) The Transpersonal psychology perspective. This is aimed at setting out an integrative theoretical framework suited to South African conditions which can facilitate understanding between health professionals who hold different perspectives.

CHAPTER 1

Literature Review

1.1 Overview

Becoming ill as a preliminary phase in becoming a healer is widespread across the world. To suffer a severe sickness is part of the basic experience of the shaman's path. Although the symptoms of shamanic sickness are in most cases confused, indefinable and follow no known pattern, it is seen by Kalweit (1988) as a cleansing process that washes away all that is bad, pitiful and weak, and that it becomes a gateway to life. Moreover, physical, psychic and social reactions are closely interwoven. Walsh (1990) states that shamans have been labeled by westerners as hysteric, neurotic, epileptic and schizophrenic. Their visionary experiences have been commonly described as hallucinations or neurotic dreams. Nevertheless shamans end up serving the community. Indeed, this is one of the defining characteristics of the term. By contrast, Schizophrenics rarely make major contributions to their communities. Kalweit (1988) mentions that for traditional cultures, sickness and suffering are manifestations of the body's inherent wisdom, to which we only have to surrender to reach areas of perception capable of revealing the true basis of our earthly existence. Therefore, sickness is regarded as a call for self-realization and self-development.

Unfortunately, much of modern psychiatry has failed to recognize the significance of these episodes of mental illness. As a result, transformational crises are often suppressed by routine psychiatric care, medication, and even institutionalization. However, according to Grof & Grof (1989) when understood and treated in a supportive manner, spiritual emergencies can become gateways to higher levels of functioning and new ways of being.

1.2 The traditional belief on *ukuthwasa*

Among the Xhosa, the healing sickness is called *ukuthwasa*. This means to ‘come out’ or to be reborn. It is thus interpreted as a calling by the ancestors to become a healer. Ensink and Robertson (1996) state that the attitude towards *ukuthwasa* is ambivalent as it is regarded as both a gift from the ancestors and a burden which people do not wish on themselves or their children. The diagnosis of *ukuthwasa* is often resisted, and the sick person and the relatives can consult several *amagqira* to have it confirmed or negated. It is resisted because the training and treatment is long, demanding and expensive. Not only the patient, but the relatives as well have to accept the findings because their role during treatment and training will be of particular significance. The healers or *amagqira* are in the service of the ancestors because they are knowledgeable about their wishes and needs. They can understand and interpret their messages, which appear in the dreams of ordinary people, they are specialists in rituals and customs, which are required to communicate with the ancestors. They therefore are the mediators between the ancestors and their living kin (Buhrmann, 1986)

1.2.1 Signs and symptoms of ukuthwasa

The symptoms manifest themselves in different ways, such as anxiety, fear, mental confusion, auditory and visual hallucinations, delusions, mood swings, social isolation etc. Buhrmann (1986) describes the symptoms as restlessness, violence, abuse and aggression. There is also a marked tendency to aimless wondering; the afflicted often disappear for days at a time. They neglect their personal appearance and personal hygiene, eat poorly, often look and become really ill physically. They become promiscuous, or have loss of libido, they may become infertile and not bear children, they may violate other people's rights and commit crime, they may have multiple physical complaints, joints are the most affected parts of the body. The most constant feature is excessive dreaming; they become 'the house of dreams' as described by Mutwa (1996) and Buhrmann (1986). Persons afflicted with *intwaso* dream of water and rivers, of being submerged in a river pool or actually immersing themselves in a river, it is believed that such people are called by the ancestors to undergo training in the river. Others dream of forests and wild animals, it is believed that this indicates that they are being called to train in the forest. Animals in dreams are said to represent the ancestors, and animals that are mostly dreamt of are lions, tigers, crocodiles and hippopotamus.

The shades communicate most clearly in visions, dreams and synchronistic events. Dreams containing messages are called *amathongo*. According to Hammond Tooke (1989) the series of symptoms become persistent until the call is accepted. Failure to proceed with training might lead to madness or death. Schweitzer (cited by Ensink and

Robertson, 1996) has observed that only a small percentage of those who are originally identified as having *ukuthwasa* eventually become qualified healers, suggesting that the joining of the healer cult as initiates may be seen as a therapeutic undertaking. If the initiate does not recover, the original 'diagnosis' of *ukuthwasa* may be revised to *ukuphambana* and a person may also be referred to a psychiatric hospital for treatment. *Ukuphambana* is a Xhosa word for insanity.

1.2.2 Training to become *igqira*

Once the call is accepted, the initiates undergo training, where they are trained to divine and heal people. The duration of treatment is determined by the proficiency of the initiate to divine and heal people. The period of training involves the novice living with a traditional healer for an extensive period of apprenticeship with formal tuition in techniques and practices. The final period is that period of probation during which the novices must demonstrate their powers of divination, often through the discovery of hidden objects. Only then does the traditional healer license the novice to practice (Mkhize, 1998). Divining is having paranormal understanding or intuition about what is wrong with people by praying to ancestors, observing divine dices, bones of animals, looking into mirrors and working with dreams.

Mutwa (1996) describes the divining bones as oracle bones, he states that they may be used for many kinds of divination in much the same way as the Chinese use the oracle book called "*I Ching*". The oracle bones may also be used for the diagnosis of illness. When the *igqira* casts the bones, all aspects of the arrangement are considered

carefully. These include the way the image is facing, the distance between bones, the unusual configurations in the pattern. The bones are believed to detect the presence of spirits around a sick person, resentful ancestral spirits, offended native spirits or malevolent spirits, which have been sent by a sorcerer against the person. The bones will detect how the affliction came about. The serious divinations, those affecting life and death, may be done in several different places; indoors, outdoors, at a sacred site or cave, or on a mountain top. If the indications are the same in three of these locations, then one can be extremely confident of the answer. For healing, they use herbs, roots, and seeds and do animal sacrifices to the ancestors or other rituals. The task of healing is viewed as a form of mediation between the spiritual and physical world.

1.2.3 Igqira as a professional counterpart to the psychiatrist

According to Schweitzer (1997) the *igqira* is a “professional counterpart to the psychiatrist”. The *igqira* and the medical psychiatrist however, subscribe to very different theories. While the psychiatrist, if involved in chemotherapy, may view the individual as an object in whom reside disturbances which are a function of some neuro-physiological disorder. The *igqira* stresses the concept of community responsibility, the *igqira's* function being to help integrate the individual into the community. While the psychiatrist may even isolate the individual in an institution, the *igqira* will refuse to treat the patient independently of the patient's family. Whereas the many western psychotherapists may centre on psychotherapy or analysis, the traditional *igqira* will center on action. The consultee with a problem often is being required to

perform a ceremonial rite; this serves an integrative function on more than one level. It serves to integrate the individual into society, while on another level, it brings the individual into contact with the deeper layers of one's unconscious.

1.3 The Western Psychiatric view

According to the western psychiatric view, illness is purely perceived in physical and psychological terms. People with *ukuthwasa* are given diagnoses of somatoform, affective, anxiety or psychotic disorders. Psychosis is generally believed to be a biological illness and is understood to be caused by a disturbance in the chemicals within the brain. According to the DSM-IV-TR (American Psychiatric Association, 2000) the narrowest definition of psychosis is restricted to delusions or prominent hallucinations, with the hallucinations occurring in the absence of insight into their pathological nature. A classical course of Schizophrenia is one of exacerbations and remissions.

1.3.1 Etiology of schizophrenia

Kaplan & Sadock (1998), Barlow & Durand (1995), Nevid et al (1997) and Sue, Sue & Sue (1994) explain the etiology of schizophrenia as (1) Stress Diathesis Model. This model postulates that a person may have may have a specific vulnerability that when acted on by some stressful environmental influence, allows the symptoms of schizophrenia to develop. In the most general stress-diathesis model, the diathesis or the stress can be biological or environmental or both. (2) Dopamine hypothesis: the simplest formulation of the dopamine hypothesis of schizophrenia posits that

schizophrenia results from too much dopaminergic activity. There are other neurotransmitters implicated in the pathophysiology of schizophrenia, such as serotonin, norepinephrine and amino butyric acid (GABA). (3) Genetics: the early classic studies of genetics of schizophrenia, done in the 1930's found that a person is likely to have schizophrenia if other members of the family also have schizophrenia, and the likelihood of the person's having schizophrenia is correlated with the closeness of the relationship. After the first psychotic episode, the patient has a gradual period of recovery, which can be followed by a further deterioration in the patient's baseline functioning. However, a relapse usually occurs, each relapse is followed by a further deterioration in a patient's baseline functioning. Although about one third of Schizophrenic patients have some marginal or integrated social existence, most have lives characterized by aimlessness, inactivity and frequent hospitalizations.

1.3.2 Treatment of schizophrenia

According to Kaplan & Sadock (1998) most patients with this disorder benefit from the combined use of biological and psychosocial therapies. Hospitalization is primary indicated for diagnostic purposes, stabilization on medications and patient safety. Somatic treatment includes antipsychotics or neuroleptics and other drugs such as anticonvulsants and benzodiazepines. Electroconvulsive therapy (ECT) is also used, although it is less effective than antipsychotics. Psychosocial treatments include cognitive-behaviour therapy, family oriented therapies, group therapy and individual psychotherapy. Cognitive-behavior therapy is "a short-term problem-oriented therapy that focuses on both behavioural and cognitive change methods as the primary

strategies for alleviating personal distress and enhancing the coping ability of the patient” (Bongar & Beutler, 1995, p.161). Family oriented therapy is aimed at identifying troublesome situations and rapid resolution of the problem. Group therapy focuses on real life plans, problems and relationships. It improves cohesiveness and reduces social isolation of the patients. Individual psychotherapy includes insight – oriented and supportive psychotherapies. Whereas people with *ukuthwasa* may become psychotic but after receiving training, function normally.

1.4 Transpersonal Psychology

Grof & Grof (1989) comment that psychiatrists do not pay proper attention to the inner experiences of psychotics, because they see them as pathological and incomprehensible. However, careful observation and study show that these experiences have profound meaning and that the psychotic process can be healing. They believe that psychotics have in many respects more to teach psychiatrists than psychiatrists do their patients. The “psychiatric ceremony” of examination, diagnosis and treatment invalidates the clients as human beings and interferes with the healing potential of their process. Swartz (1998) states that psychiatric diagnosis involves extracting from a person’s story only pieces of information, those that form pieces to complete a diagnostic puzzle. It leaves out other aspects of the person. Similarly, within Western medicine diagnoses are based on an individualistic view of a person, and attempt to exclude spiritual and religious beliefs from diagnosis.

According to Bragdon (1990) and Grof & Grof (1989) the term spiritual emergency is used in the same way as the Xhosa *ukuthwasa*. Transpersonal psychology is an alternative western view that is less widely recognized, but which sees human life in spiritual terms, similar to the perspectives of traditional healers. From this perspective there are many similarities between the Xhosa perspective and that of other shamanic traditions all over the world. Traditional and transpersonal psychologies do not claim that all psychoses are initiatory illnesses. Bragdon (1990) defines spiritual emergence as a natural process of human development in which an individual goes beyond normal personal feelings and desires into the transpersonal, increasing relatedness to higher power or God.

The shamanic crisis is a form of spiritual emergency. “Shaman” comes from the language of the Tungus tribe of Siberia. The career of many shamans in different cultures begins with a dramatic involuntary visionary episode that anthropologists call “shamanic illness”. This illness leads to personal transformation or spiritual awakening and ultimately to the wisdom to serve the community as a healer. The potential healer goes through an initiatory period that sharpens sensitivity and insight. Sometimes this is unplanned, such as a grave illness that brings the initiate very close to death. At other times the healers to be may go in visionary quests, undergoing supreme deprivation until their minds are redirected away from conventional reality, allowing them to then touch the supernatural. Either way, the mission to heal and the tools for doing so are revealed (Doore, 1988). Bragdon (1990) states that, intense spiritual experiences may often look similar to psychosis, because people experiencing this may have visual,

auditory hallucinations and delusions. She also states that, when spiritual emergence is punctuated by profound emotions, visions, psychosomatic illness and compelling desires to behave in unusual ways, the spiritual emergence becomes a crisis, a spiritual emergency. A person experiencing dramatic psychic opening, which is an opening of perception to paranormal abilities, might also be so much in touch with the inner processes of others that he or she appears to have telepathic abilities. Indiscriminate verbalization of accurate insights about the contents of other people's minds can alienate others so severely that they may react by unnecessarily hospitalizing the person who is exhibiting this ability. If given in doses that are too large, or over too long a time, some psychiatric medication can rob people of their capacity to complete the "journey" that has become alive in them. This may happen when a person in spiritual emergency is misdiagnosed as chronically schizophrenic and given a life prescription for anti psychotic medications. Overuse of some psychiatric drugs especially antidepressants, anti-anxiety and anti-psychotics may close the door on spiritual awakening and seal it tight.

When these states of mind are properly understood and treated supportively rather than suppressed by standard psychiatric routines, they can be healing and have a very beneficial effect on the people who experience them. In the western culture a person going through such a disturbance would probably be diagnosed as psychologically ill, yet in tribal cultures similar symptoms might be viewed very differently. The patient would be regarded as shaman-to-be, and symptoms would be regarded not as evidence of pathology but as evidence of a calling, not as an emergency to be suppressed but as

an emergency to be guided. As is the case with the initiatory illness of traditional healers, spiritual emergence often begins with a dramatic state of consciousness, that traditional western psychiatry sees as a manifestation of serious mental illness, and symptoms suggest a grave psychiatric disorder when judged by western medical standards. Yet if this crisis is successfully overcome and completed, it results in personal healing, superior social functioning and development of shamanic abilities (Grof & Grof, 1989). The recipient of the call is faced with a terrible dilemma. He or she must choose whether to answer the call and move into the new and unknown realms of life that it demands, or to deny the call and retreat into the familiar. Those who deny the call have little choice but to attempt to repress the message and its far-reaching implications. The shaman who refuses the call is said to be at risk for sickness, insanity and even death (Walsh, 1990).

1.4.1 The initial call

Sometimes shamans-to-be are recognized by unusual experiences or behaviours interpreted as a calling. A call may also come during vision quest or dreams. Dreams about spirits may constitute a shamanic call in the Inuit Eskimo tribes in California tribes. It may be dreams about deceased relatives. The significance of these dreams may require confirmation by mature shamans. Occasionally, a shaman's child is chosen at birth to carry on the family tradition (Walsh, 1990).

1.4.2 How to help in spiritual emergency

It is terrifying to be faced with strange behaviour, incredible stories, new ideas and overwhelming emotions from a person in crisis. People in spiritual emergency may feel out of touch with their bodies, emotions, friends, community or the world. Getting in touch with these elements can provide the grounding needed. Often these people need to vent emotions, providing a safe environment to have this catharsis is of great value to them. Providing them with a safe place where they can be absorbed with their inner life without being a burden to anyone else is important. Differentiating between psychosis, which is a breakdown and spiritual emergency which is a break through can be very subtle, especially in the beginning stages. How a person is treated in these beginning stages may also increase or decrease the possibility of his gaining useful spiritual insights from the experience itself (Bragdon, 1990).

1.4.3 Training to become a shaman

Shamans have an internal teacher, an inner guide or spirit, but the outer teacher is essential for training to begin. Training involves physical, psychological, contemplative and social disciplines. Physical discipline may involve, dietary modification or fasting, sleep deprivation, physical exertion and exposure to extreme cold or heat. Contemplative practices may involve meditation, yoga, ritual or prayer often combined periods of quiet and solitude. Social discipline may include performance of menial tasks to instill humility.

1.4.4 Shamanic abilities

Doore (1990) states that the shaman's journey in non-ordinary reality to what are technically called the upper worlds and the lower worlds or in some cases to parts of the middle world for the purpose of helping others. In these journeys the shaman collects valuable information, makes contact and talks with teachers, works with power animals or guardians, helps the spirits of the dead, and generally has adventures that he or she consciously experiences and can later recall and interpret to members of the community. Besides making journeys, seeing and changing states of consciousness, the shaman is a person who, in a sense, is a public servant. The shamans' experiences are connected with the appearance of ghosts, spirits and gods. They visit the realms of the heavenly powers and the land of the dead, and they are in turn visited by spirits, to whom they may conduct sacrifices. Shamans can fall into a trance and enter the unseen world. The helping spirits transfer the shamans from one reality to the next. They accompany them, fly with their souls, turn into their souls or possess them.

1.4.5 Shamanism and healing

Shamans were the first healers, diagnosticians and psychotherapists. There are shamanic healing methods that closely parallel contemporary behaviour therapy, chemotherapy, dream interpretation, family therapy, hypnotherapy, milieu therapy and psychodrama. Thus indicating that shamans, psychotherapists and physicians have more in common than is generally suspected (Doore, 1990). Shamans look at identifying causes of the diseases; they have long been aware of the power of the imagination and of symbols in the origin and healing of diseases. With the exception of

its herbal knowledge, shamans often retrieve lost souls, communicate with spirits, emphasize the interconnectedness of their patients with the community and the earth, explain dreams and visions and stress the importance of spiritual growth, one's life purpose, and being of service to humanity and to nature. Shamans regard their healing as primarily spiritual, they also use massaging, administer herbal medications, use suggestions and expectations and a variety of rituals like all other healers.

1.5 Synthesis

Transpersonal psychology includes areas beyond the scope of mainstream western schools such as behavioural, psychoanalytic and humanistic psychology. Its vision is not to replace them, but to integrate them within a larger vision of human possibility (Walsh & Vaughan, 1980, 1993). Thus the transpersonal perspective and the view of traditional healers are similar in that they see these initiatory illnesses as spiritual crises, in contrast to the western psychiatric view which sees them as a biological brain disorder, vulnerability perhaps exacerbated by a stressful life situation. Mainstream psychiatry and psychology in general make no distinction between mysticism and psychopathology (Grof & Grof, 1990). The psychiatric view and the traditional view thus have no common ground. This means that western professionals will have difficulty in communicating with Africans who hold a traditional perspective. This project will explore the possibility that the perspectives of transpersonal psychology may provide a bridge between them.

CHAPTER 2

2.1. Aim of this study

This study is aimed at: 2.1.1. Documenting the kinds of experiences and psychological processes that a person with *ukuthwasa* goes through. 2.1.2. Interpreting these experiences from: (a) The Traditional Xhosa Perspective. (b) The Western Psychiatric Perspective. (c) The Transpersonal Psychology Perspective. 2.1.3. Setting out an integrative theoretical framework which can facilitate understanding between health professionals who hold different perspectives.

2.2 Method

A qualitative research approach was followed in this study. Qualitative research yields descriptive data and enables participants to express their own meaning in their own terms (Frankfort-Nachmias & Nachmias, 1996). By “descriptive” is meant an approach that aims at answering questions what and how something is, rather than why (Karlsson, 1993). Van Maanen (1983, p.118) states that “qualitative data are attractive for many reasons. They are rich, full, earthly, holistic, ‘real’, their face validity seems unimpeachable, they preserve chronological flow where that is important, and suffer minimally from retrospective distortions. Furthermore, their collection requires minimal front-end instrumentation. Qualitative data also have attractive qualities for their producers and consumers, they lend themselves to the production of serendipitous findings and the adumbration of unforeseen theoretical leaps. They tend to reduce a researcher’s trained incapacity, bias, narrowness, and arrogance, and their results,

reported in forms ranging from case studies to vignettes, have a quality of ‘undeniability’ that lend punch to research reports”.

2.3 Research design

A case-study design was conducted, where a single subject was interviewed to collect detailed information over a sustained period of time (Leedy, 1997). A case-study is a case based research project that examines a single case, usually in considerable depth (Edwards, 1998). Leedy (1997, p. 42) defines a case study as a type of qualitative research in which the researcher “explores a single entity or phenomenon (‘the case’) bounded by time and activity, and collects a detailed information by using a variety of data collection procedures during a sustained period of time”. Yin (1984) states that a case-study design is well established in qualitative psychological research, it is appropriate for the exploratory phase of an investigation. A case-study is conducted to shed light on a phenomenon, be it a process, event, person, or object of interest to the researcher.

Researchers generally do case-studies for one of three purposes (a) to produce detailed descriptions of a phenomenon (b) to develop possible explanations of it, or (3) to evaluate a phenomenon. According to Bromley (1986), a case study is not exhaustive in its description and analysis of the person and situation, it is selective in the sense that it addresses itself to some issues and ignores others. Thus some facts about the person and the situation are relevant to those issues and so constitute evidence, whereas others are not. A psychological case study is essentially a reconstruction and interpretation of a

major episode in a person's life. "A 'case' is not only about a 'person'. A case is an exemplar of, perhaps even a prototype for, a category of individuals. Individual case study or situation analysis is the bedrock of scientific investigation" (Bromley, 1986, p. 295). A particular set of events and relationships is identified; the case is then described, analysed, interpreted, and evaluated within a framework of ideas and procedures appropriate to cases of that sort. The case-study method of reporting data not only provides a rich narrative of individuals' personal experience, but it also requires of the researcher additional analyses which provides the illumination of emerging themes during and after the data collection procedure (Yin, 1984).

2.4. Research participant

Kvale (1983), in commenting on the selection of subjects for a qualitative study, states that the most suitable research participants are cooperative, motivated and consistent in their responses. Kruger (1988) states that participants who are pre-eminently suitable for this form of research are those who (a) have experiences relating to the phenomenon to be researched, (b) are verbally fluent and able to communicate their feelings, thoughts and perceptions in relation to the researched phenomenon, (c) have the same home language as the researcher, (d) express the willingness to be open to the researcher. The participant should also preferably be naïve with respect to psychological theory. The single participant used in this study met all these criteria.

The research participant was a 67 year old Xhosa speaking woman, she was never married, was a teacher by profession and lives in Queenstown. She was selected because she met the following inclusion criteria: (a) She has undergone the process of *ukuthwasa*;

(b) She is now functioning as a traditional healer; (c) She has a relative who knows her history, who can provide a collateral account of significant events in her life. She was approached by the researcher in her house, to participate in this study. The participant was informed of the researcher's qualifications, as well as the following issues regarding signed voluntary consent to participate: confidentiality, privacy, relative anonymity and the dissemination of research findings (Kazdin, 1998). Refer to Appendix A for a copy of the informed consent form that was signed by the subject. During initial contact, the participant was prepared for the data gathering, in that she was provided with a detailed and transparent explanation of the nature and process of the study.

A relative of the research participant is a 68 year old male, staying in Queenstown. He is a cousin to the participant. He was chosen by the participant because he is the only relative left in the participant's family, who could give collateral about experiences which were significant as part of the *ukuthwasa* process. He was approached by a researcher in his house, to participate in this study. The nature and process of the study was explained to him, and an informed consent was given to the relative to sign. Robson (1993) argues that obtaining information relevant to a topic or issue from several informants is an indispensable tool in the real world enquiry. It is particularly valuable in the analysis of qualitative data where the trustworthiness of the data is always a worry. It provides a means of testing one source of information against other sources. It is useful in validating information. In Yin (1984), it is stated that the use of more than one source of evidence in case studies allows an investigator to address a broader range of historical issues. Thus,

any findings or conclusion in a case study is likely to be much more convincing and accurate if it is based on several different sources of information.

2.5. Data collection

The researcher used in-depth interviews as a data collection technique. In-depth interviewing is a data collection technique relied on quite extensively by qualitative researchers. It is often described as “a conversation with a purpose”. Typically, qualitative in-depth interviews are much more like conversations than formal, structured interviews. The researcher explores a few general topics to help uncover the participants’ meaning perspective, but otherwise respects how the participants frame and structure the responses (Marshall & Rossman, 1983). The questions most used in an in-depth interview follow from what the participant has said (Seidman, 1991).

A series of interviews was conducted with the participant until sufficient information was gathered about significant experiences related to *ukuthwasa* process. Each of these interviews were of self-determining duration (Seidman, 1991). Rapport was established between the researcher and the participant, the researcher created a situation in which the subject felt relaxed and where anonymity and confidentiality were guaranteed. The interviews were open-ended and conducted in an informal, nondirective manner, the interviewer attempting to influence the participant as little as possible. When the researcher failed to understand a particular point made by the participant, clarification was sought, with the provision that leading questions were avoided (Kruger, 1988).

Nachmias & Nachmias (1981) describe three factors that help in motivating the respondent to co-operate during interview. These same factors were applied by the interviewer: (a) The respondents need to feel that their interaction with the interviewer will be pleasant and satisfying. It is up to the interviewer to present him or herself as being understanding and easy to talk to. (b) The respondents need to see the study as being worthwhile. The respondents should feel that the study may be beneficial, not only to themselves, but also that it deals with a significant issue and that the respondents co-operation is very important. (c) Barriers to the interview in the respondents' minds need to be overcome by interviewers. Some respondents may be suspicious of the interviewers. The interviewers should explain in a friendly manner, the purpose of the study, the method of selecting respondents and the confidential nature of the interview. This was done by giving the respondent a summary of the nature of the research to read. Refer to Appendix B for a copy of the research information.

An interview guide was used to cover all interviews. Maykut & Morehouse (1994) define an interview guide as a series of topics or broad interview questions which the researcher is free to explore and probe with the interviewee, while Taylor and Bogdan (1984) explain it as a list of general areas to cover with each informant. The interview guide serves solely to remind the interviewer to ask about certain things. The interview guide can also be expanded or revised as the researcher conducts additional interviews. It is usually a good idea to structure the interview guide around some sort of framework, which would be, for example, conceptual or chronological (Barker et al, 1996). Thus the main themes in the interview guide were the participant's life history, her experiences

during the initiatory illness, significant experiences she went through during training, and her current experiences as a healer. Jones (1996) argues that an interview guide may be as simple as a reminder of topics that the respondent should cover during interviews, either spontaneously or with some probing and prodding. It may also be as specific as a list of questions. It is there to remind the interviewer that all the listed topics are to be covered at some point in the interview.

During interviews, data was analyzed in order to plan for the next interview (Leedy, 1997, Frankfort-Nachmias & Nachmias, 1996). It is important that a case study researcher analyze data while also collecting it, because what is learned from data collected at one point in time often is used to determine subsequent data collection activities. The relative was interviewed after the participant. He was specifically asked about those experiences that were significant as part of the *ukuthwasa* process. The interview guide was based on how the participant presented before, during and after the illness, how she underwent training and how she is functioning presently as a healer.

Audiotapes were used during interviews, since extensive note taking runs a risk of distracting the informant and interrupting the flow of the interview (Barker et al, 1996). Yin (1984) argues that using tape recorders provide a more accurate rendition of any interview than any other method. Other benefits to tape recording are that: by preserving the words of the participant, researchers have their original data, and if something is not clear in a transcript, the researcher can return to the source and check for accuracy. Tape recording also benefits the participants in that, they feel assured that there is a record of

what they said to which they have access. Thereby they can have more confidence that their words will be treated responsibly (Seidman,1991).

2.6 Data processing

All interviews were recorded with the subject's informed, written consent. Recorded information was subsequently transcribed in a verbatim fashion. This included making notes on hesitations, pauses and irregularities of speech. Transcribing involves translating from oral language with its own set of rules, to a written language with another set of rules. Transcripts are not copies or representations of some original reality, they are interpretative constructions that are useful tools for given purposes. "Transcripts are decontextualized conversations, they are abstractions, as topographical maps are abstractions from the original landscape from which they are derived" (Kvale, 1996, p.165).

Pseudonyms were used for the participant, other places and peoples' names mentioned in the interview were changed in the transcript in order to protect their identity (Maykut & Morehouse, 1994) as this was of concern to the participant. A second person, who has an Honours Degree in Psychology from Rhodes University, was given the tapes to check if they were correctly transcribed. The texts were reduced by summarizing the tapes.

In reducing the material the interviewer begun to interpret and make meaning of it. The transcriptions were selective and were limited to the material directly relevant to the research question. "Data reduction is the process whereby a large and cumbersome body

of data is organised into a manageable form both for the researcher to work with and for presentation” (Edwards, 1998, p. 61). A case narrative was constructed chronologically (Leedy, 1997) and was built around the themes of the interview guide (Crossley, 2000). Narrative psychological approaches tend to be very much grounded in the attempt to understand the specific experiences undergone by individuals (Crossley, 2000). The case narrative was non-interpretive. It was written as a first person as far as was appropriate (Seidman, 1991). Neuman (1997) explains the narrative as having the following characteristics: (a) It tells a story with a plot and sub-plots, watersheds and climaxes. (b) It follows a chronological order or sequence of events (c) It focuses on specific structures or abstract ideas. (d) It is particular and descriptive, not analytic and general. (e) It presents events as unique, unpredictable and contingent. (f) It is colourful, interesting and entertaining to read. (g) It gives an overall feel of life in different era, so that readers get the sense that they were there. (e) It communicates the way people experienced reality and helps readers identify with those people.(f) It surrounds individuals and specific events with a mix of many aspects of social reality.

As a validity check, the completed narrative was shown to the participant who was asked to comment on whether it was an accurate reflection of her experience (Richardson, 1996).

2.7. Data interpretation

Edwards (1998, p. 52) argues that “in hermeneutic work, researchers appropriate a body of theory, not as if it were absolute truth but with the recognition that it is historically and

culturally constructed”. He adds that “the success of a hermeneutic case study depends on whether the writer can successfully make a case for the relevance of the hermeneutic frames that have been appropriated”.

The completed case narrative was subjected to a series of hermeneutic readings using the reading guide method. The first set of readings examined the narrative from the perspective of the traditional Xhosa understanding of *ukuthwasa*. The second set of readings was based on contemporary psychiatric approaches to diagnosis, and the third set of readings was based on concepts from the understanding of spiritual emergency in transpersonal psychology. An integrative framework was proposed that was aimed at facilitating understanding between health professionals who hold each of different perspectives.

CHAPTER 3

3.1 Introduction

The case narrative is written as a first person narrative. It is written chronologically, but not all events have dates mentioned, as they were not remembered by the participant. Pseudonyms are used and other places described in the narrative have been changed in order to protect the identity of the participant. The participant's relative was also interviewed, but the information on the case narrative largely comes from the participant's account of herself. The relative's information that was not mentioned by the participant was the incident of a garden spade, but this was confirmed by the participant thereafter.

3.2 Case Narrative

I am Nomzi Hlathi, a traditional healer. I was born in 1937 at District Six in Cape Town. We were a family of six children, with four boys and two girls, I was the third born in the family. We did not stay with our parents for long, as they were both working in Cape Town. In 1949 we were taken to Queenstown, where we grew up in our maternal grandmother's home. In July 1951, we were taken to King William's Town court to be present at our parent's divorce case, where my mother was given custody of the children. I was fourteen years old then and I was doing standard six. During the same year, our father abducted me and my two brothers from our grandmother to Cape Town, where he was staying with his new wife. I became very ill, my whole body would become painful as if something had beaten me. I was taken

to different doctors but they could not detect what was wrong with me. My father and aunt took me to a Muslim healer who was called Barbie, who gave me a brown paper to hold and he lit a white candle. Words appeared on the brown paper, which I could not read. Barbie spoke to my father in English, but I could not understand what he was saying. We went back home, and my mother came to fetch me and I was taken to my father's brother in Cape Town, because she had no place of her own, but she was staying in her employer's house as she was working in Cape Town. On my first night there, I had incontinence of urine. I was a fourteen year old girl when that happened. My father's brother suggested that we be taken back to our maternal home in Queenstown.

In Queenstown, I was taken to Dr Sher, who was a homeopath. Dr Sher asked me to sit on the skin of a white goat that was on the floor. I became incontinent of urine for the second time. I was then taken to the waiting room and the doctor spoke to my grandmother, who never gave me feedback about what the doctor had said. At home I did not want to sleep on the bed, but preferred to sleep on a sack. I did not want to sleep with other children as they were laughing at me. The same night when I was from Dr Sher, I dreamt of a striped cat, gnawing and scratching me gently. I was woken up by my grandmother and was asked why I was laughing during my sleep, and I explained my dream to her.

I lost a lot of weight because I had a very poor appetite, I used to take only two spoons of food and would feel full. One day I felt that there was someone who was a

witch (*umthakathi*) with harmful medicine and who was coming to our home, I told my grandmother that someone was coming, and I described the person as I saw her in a vision. The next day the person came into the house and I went straight to the bedroom to hide, when my grandmother called me to make tea for the visitor, I suddenly lost energy and I began to cry for no reason. When she left the house, I regained my energy and I was able to stand up. My grandmother beat me, thinking that I was defiant. When she woke up the following morning, her arms and hands were swollen and painful. She reported that she dreamt of my grandfather warning her not to beat me again, as I did not do that purposely.

One morning I woke up with a dream where two old men were wearing khaki clothes. One of them told me to go to Whittlesea, where my father's family were, and ask them to make *intambo* for me and he described the type that was to be made. *Intambo* is a neck band that is made from hair taken from a cow's tail. I began to lose more and more weight. My grandmother took me to Whittlesea, where my father arrived from Cape Town, reporting that my grandfather spoke to him through a dream, telling him that I was sick and that he should go home and perform a ritual for me. Relatives were invited to this *intambo* ceremony, and my father's brother interceded with the ancestors and spoke to them. My father removed some fur from the cow's tail, and my aunt made a necklace for me. We went to the cattle byre, where the necklace was put around my neck. I sat down there and fell asleep on the cow dung. My aunt was told not to disturb me but to leave me as I was asleep, but I was later on woken up by rain drops. During my sleep I dreamt of two old men wearing grey blankets and they

were seated inside the cattle kraal. They introduced themselves as my great grandfathers, and said that they were Green and Ndaleni. They told me that there is a lot of work for me to do out there. When I woke up from my sleep people were eating, I did not see them slaughtering a goat which was part of the ceremony, as I was asleep. After the ceremony, I regained my energy and felt much better physically.

We went back to Queenstown the following morning, and slept at home that evening. In the morning, when I woke up I had a vision of a baboon covered with a blanket, seated behind the curtain of a tenant's room. The tenants who were living in there had already left for work. I reported this to the adults. Neighbours were called to check, and a small baboon was discovered. Those people were sent away from that room because baboons are used for witchcraft (*ubuthakathi*) by the black community. [They are sent or are ridden at night when practising *ubuthakathi*. Ed.]

One night I dreamt of something heavy on my feet. It was a very big brown and gold cat. I did not get frightened, but I was told by a voice that it was one of the animals that represented our ancestors. When I played with other children in the street, I would either make them angry or become angry when provoked and end up assaulting them. One child provoked me to an extent that I cut her face with my nails, and she bled as if she was cut by a blade, I did not know how that happened as I was very angry. Another child asked me to play with her one day, I asked her why she was walking with a short man, who had a long beard and was wearing a three quarter trouser and a striped shirt. That was a *Utikoloshe* that I saw. [*Utikiloshe* is said to be a very short

man, with a long beard who is sent by witches to harm other people. He cannot be seen by ordinary people, but by people with psychic powers. Ed.] My grandmother overheard me saying that, she asked the girl to go home and told her that I was “sick”. She beat me again that day, and when she woke up the following morning, her hand was swollen, and she could not use it.

I was not allowed to play with others anymore, when I was sent to the shops I had to go straight to where I was sent and come back. In one of the shops I bought from, I saw a big frog on top of the counter, and I ran back home. Other children gave me a nickname of *Nomtobhoyi*. [meaning a strange or odd person. Ed.] Wherever I wanted to go, I had to get permission from the ancestors. They would talk into my ears and ask me not to go if they disapproved of the journey. I used to go out to the fields and dig out wild plants called *Iinongwe*, *Iintlokotshana* and *Oononca* to eat. Then I would drink from where cows were drinking water and become full and satisfied. I saw people eating these wild plants in the field and I also did the same. I was also told by the ancestors through a dream to dig out certain roots, that I was asked to grind and soak in cold water and drink. The mixture tasted very good, and I drank it daily as prescribed. I also used it for washing my body. My grandmother took some of the roots from that medicine, to someone, to ask what it was. She was told that it was *Isilawu*, which is a medicinal root. I sometimes used to dream of the river, and myself inside that water.

One day I was seated in the house, facing towards the door, when I smelt a goat and I had a vision of a white goat standing at the door, with big breasts hanging down, it was bleating and was looking at me. I told my grandmother and pointed at the goat, but she could not see it. This was believed to be an indication that a goat had to be slaughtered for me. I also dreamt that another neck band called *Isiyaca*, was supposed to be made for me from a white goat's hair, and that it should have white beads on it. The *Intambo* that I wore was lost. A goat was slaughtered, and *Isiyaca* was made for me, which was bigger than the *Intambo*. It was made from *Usinga*, which is a tough muscle that is string-like and is removed from a slaughtered goat, hair from a cow's tail and beads are then sewn onto it to make a frill-like necklace. After the *Isiyaca* ritual, I was able to play with other children, because when I had a vision, I would not comment about it, until I arrived home and reported it to my grandmother. I dreamt of my ancestors telling me to go to Whittlesea and sit inside the cattle byre. I went there, arrived in the afternoon, and I entered the kraal without my relatives seeing me. I spent the whole night among the sheep, it was warm and comfortable there. I was only seen by boys who came to take the sheep out in the morning.

I used to move between my paternal and maternal homesteads, but in the paternal home, I did not sleep in the house but outside. When I felt like going, I did not report to anyone but just left. My paternal family met and discussed about my vagabonding, one of my uncles came to me and told me to stay put in my maternal home, because my father did not have a house of his own, but had his parent's home in Whittlesea, as he was staying in Cape Town. He explained that this was the reason why I could

not sleep inside the house when I was there. After I was told that, I stopped vagabonding and I stayed in my maternal home and continued taking my medicinal roots.

The ancestors used to talk to me through dreams, and they sent me to people who needed help, and I helped them as I was instructed. For example: there was an old woman who needed someone to help her with household chores, I used to go and help her. One night I was told in my dream to go and dig out a plant that was called “wild tea” and plant it in my garden, which I did. One day, when I was at home, I saw a dog urinating on the tree I planted, and I threw a stone at it, and my hand began to shake. That night, I dreamt of many dogs that came and surrounded me. I was so frightened that night, but I was told not to hit them anymore, as they are my ancestors. [All these events happened within three years, no exact dates were mentioned. Ed.]

In September, 1954, when I was doing form III and was preparing for examinations, I saw a question paper in my dream, and I told my friends about it. In November, the question paper came out as it was in my dream. I wrote my examinations and passed my Junior Certificate. Pupils at school gave me a nickname of “Joseph the dreamer”, as I was always dreaming.

In 1955, I did the first year of a teacher’s course, at Clarkebury Teacher’s Training College in Transkei. I repeatedly dreamt of the same old man whom I did not know.

He called me by my name, and asked me to respond to his call. He called me “Grandchild” and pointed at four of my dormitory mates, whom he said I should avoid and not give my school books to. The following night, two of the four people I was warned about appeared in my dream. They were standing next to my bed and attacking me. I tried to defend myself by fighting back, but I was woken up by other students telling me that I was fighting, hitting and boxing in the air. I told them that I was fighting the other two students who were attacking me. I was told that the people that I alleged to be fighting me were sleeping in their beds at the time. That incident resulted in the matron removing me from the dormitory to sleep in her house for three weeks.

The matron reported this to my mother and requested her to come to school as she said I was behaving strangely. When I described the old man who always appeared in my dreams to my mother, she told me that it was my paternal grandfather. The matron released me to go home with my mother, and we left on a Friday by bus. But we did not go home, instead my mother took me to a traditional healer at Qumbu in Transkei. There, we stayed in the house of a man who used to be a tenant at home in Cape Town. There were many dogs in that house, but when we arrived, they never even barked at me. I was given pork to eat, but I refused to eat it, as it was one of the foods I did not like. That night I slept outside with the dogs, I plugged my ears with cotton wool and slept with them, but when I woke up, the plugs were removed from my ears. I was not afraid of those dogs, one of the dogs which was regarded as very aggressive, used to lick me. During the day, I played with them and when I was given

food to eat, I took it and ate it with the dogs. People commented about my behaviour and they were wondering what type of a teacher I was going to be.

On Wednesday, my mother went somewhere and came back with a woman called Mambele. She was wearing a white traditional dress with black bindings on the seams. When Mambele saw me seated among the dogs, she commented that I belonged to *Abahlekazi* (ancestors). That night, I shared the same room, a rondavel, with her. She did not talk much and she was smoking a pipe and spitting on the floor. In my sleep, I dreamt of my grandfather again, saying that I should listen to all that was going to be said to me and follow the instructions. In the morning, I woke up and did not speak to her, but went to my mother and related my dream to her. I was asked to tell it to Mambele, which I did. I was surprised when she told me that she also saw the same old man at night, wearing khaki clothes. She gave me herbs to add to the water and wash with. She mixed vaseline with other herbs and told me to apply it to my body, and she told me that the mixture would last until September holidays.

In 1956 I went back to the college, I was promoted to course II because I missed most of the lectures and I did not do most of the assignments due to my "sickness". I was allocated to a Form I dormitory and I was separated from the teacher trainees. In December the previous year, I did not go to Queenstown for holidays but to Qumbu, as my mother had arranged for my next visit to Mambele. Mambele came to the house I was in, and she washed me with herbs and did gastric lavage on me. She told me that she was not going to *ukuqaphula* me, as I was not meant for that.

[*Ukuqaphula* is a practice done by traditional healers whereby a patient is cut with a blade on certain areas of the body and *muti* is applied on the cuts. This is believed to strengthen the body and protect the patient from evil spirits. Ed.] She then requested me to keep the ointment she made for me in a safe place at school.

At the College, the matron used to ask me every morning about my dreams, she wrote them down and gave me sweets to eat. I did not know why she was doing that, but I realized later on that she was using them for playing horses or some sort of gambling that used to be conducted by Chinese people who let people bet certain numbers with their monies, this was called *umtshayina*.

At the end of year I went back to Queenstown. My grandmother asked me to stay at home and not to visit other people's houses because when I had a vision of something bad in the neighbourhood, I did not keep quiet but told them what I was seeing, and this caused tension and embarrassment to them. Sometimes when I was just seated at home, I felt drowsy and would have a vision of someone standing in front of me telling me to do something. For example, one day when I was preparing to go out with friends, a human figure appeared next to me in a vision, but I could not see the face. A voice from that figure ordered me not to go there, as something evil was planned against me. Next thing, I felt dizzy and light headed as if I was being swept away by the river. Sometimes I would have intuitions about evil things when I was about to go somewhere, then I would have severe palpitations, sweating and loss of energy. Then I knew that something bad was going to happen. That is how the

ancestors communicated with me. I once went to a place by car despite my ancestors' warning me not to go there. An accident happened and the car was damaged but I came out uninjured.

Here is another example of things I was able to see: in 1959, I met a certain lady and I saw a bright light between her breasts. There was a small bottle that looked like an ampoule with *muti* inside. [These bottles are found from traditional healers and they work as a charm. Ed.] I asked her why she had that between her breasts, but she denied that there was something and she was embarrassed and did not allow me to come closer to her. When someone evil came to visit me I had a weird feeling before she or he arrived, When that person knocked at the door, I could not answer it. I felt cold and shivered, would become angry and aggressive, and my voice would not come out. The ancestors would close the door as if it was locked and the person would end up going away. I would hear the voice telling me that the visitor is evil, and that I should avoid her or him. One day a woman visited at home. When I looked at her, I experienced palpitations and my body felt weak, I tried to run to the bedroom to hide but it was locked, I had to face her with all the bad feelings I had. She stood still like a zombi, and a white rat fell down from between her legs. [Rats are used for witchcraft. Ed.] She became embarrassed and bent down, the rat ran back and hid under her dress. My grandmother was so surprised to find out that my intuitions about other people were correct. Another example is of an old woman I used to tell my grandmother about. I also had bad feelings when I saw her. I felt that she was using harmful medicines and that she was a witch. One day in church, as we were singing,

she tried to run away to the door, but it was too late, because a lizard fell down from her skirt and she was embarrassed in front of the people. [Lizards are also used for witchcraft. Ed.] I had intuitions when people had charms, protective medicines and medicines to harm others. [Witchcraft is any kind of traditional practice involving charms, harming other people and use of protective medicines. It is either helpful or harmful to others. Ed.]

One day I returned from a funeral with my friends. When we arrived home, I removed my pantihose in order to feel comfortable. After my friends had left a voice told me that one of them took my dirty pantihose to bewitch them. I sent a child to go and get them, but she denied that she took them. The ancestors brought them back and they were there lying on the floor. A voice told me to pour them with methylated spirits and burn them. The ancestors warned me through a dream not to lend my clothes to people but I lent my jersey to a friend. When she brought it back, a voice told me to burn it up. One of my relatives asked me to give it to her and not to burn it up, and I did that. She took it and washed it, she immediately got blisters on her hands, and we ended burning up the jersey. The voice of the ancestors told me to apply pork fat on her blisters, we bought it and she applied it and the blisters were healed. Sometimes when I touched someone's handbag that had harmful medicines inside, my hands would shake until I put it down. My ancestors then stopped me from having friends and I was told to stay at home.

In 1961, at the age of 24, I decided to go to Cape Town to see my father. On my way there, the ancestor's voice asked me why I ran away from home, and told me that I was going to experience problems on my way. I lost my suitcase at the Cape Town railway station, and I was helped by a man who asked me where I was going to, as I had no money to proceed with my journey. He paid for my bus fare and took me to my father. My father went to look for my suitcase the following day and he found it in the cloak room. A goat was slaughtered for me, traditional beer (*umqombothi*) was brewed and people ate and drank beer. Small white beads (*Intsimbi emhlophe*) were made for me to wear around the neck, but they broke up. I was told in a dream that a cow should be slaughtered next time. After the ceremony, I became homesick, and stole money from my father to buy a train ticket to Queenstown. A year later, a cow was slaughtered for me as I had dreamt, the ritual was performed at Whittlesea, by my paternal family. The ritual was called *Inkomo yezihlwele* [meaning a cow for the ancestors. Ed.]

In 1965, when I worked as a teacher in Alice, I was very irritable and rude to other teachers, I despised them and isolated myself as I did not want anything to do with them. One Friday night I was told in a dream to go to a traditional healer who was staying at Melani Administrative Area in Alice who was going to be my trainer. I saw her house in a dream with three rondavels. Although I had *intwaso*, I was still not officially trained to divine and heal people. I still needed to undergo *ukuthwasa* training in order to become a healer. On Saturday morning, I walked to the place I was instructed to go to. The house had three rondavels as I saw them in my dream,

and I found a woman called Mamjwara cooking outside on an open fire. She gave me herbal preparations to wash with and to drink. She told me that I was not supposed to have started working yet, as there was still a lot to be done on me and that I was the chosen person by the ancestors. She gave me *isilawu* to drink, that was the same as the one I used to prepare for myself at home. I left on Sunday as I was going to go to work the following day. I then visited her on alternate weekends.

I became an initiate and I was called *umkhwetha*. Mamjwara taught me how to divine and find out what was wrong with the people and treat them. She also taught me to strengthen homes, as a preventive measure against evil spirits. I had to cross the river called Thyume river by a stone crossing to Mamjwara's place. One morning I was going to Mamjwara's house when I was nearly swept away by the river. The water formed a cone like shape where I was going to go in. I cried and asked my ancestors to bear with me, as my mother had no money to pay for all the necessary procedures. I requested them not to take me into the river, but to allow me to train outside. I was nearly *ukuthwetyulwa*. [This is when one is taken unexpectedly into the river by the ancestors and is trained under the water. That person will be found missing by the relatives, they will consult the traditional healer who will explain to them what has happened to the missing person, and what rituals they are expected to perform before that person comes out. Or one of the relatives will be told that by the ancestors through a dream. If that is not done, the person will never return to the community or will be thrown out of the river dead. Ed.]

When I arrived at Mamjwara's place, she laughed at me and told me that she did not expect to see me as she was told by the ancestors that they were going to take me into the river. She said that it was going to make things easier for her. After that incident I developed hydrophobia, I was afraid of the sound of water, and even the sight of water in the washing basin. That afternoon, I accompanied Mamjwara's daughters to fetch water from the river. When I was still standing on a steep slope, water came to me trying to sweep me away again, but I held tight on the tree branch, and escaped. I went back to the house to sleep. I then dreamt as if the house was being swept away by the water, and I cried in my sleep, waking other people up. Since then, I became more hydrophobic. When crossing the bridge, I felt as if the water was covering me, and I experienced tightness of the chest. I then decided to resign from my teaching post in Alice.

In 1969, I worked at Ilinge, in Queenstown. I did not go to Mamjwara as I used to do since it was far from Queenstown. I only contacted her when a ritual was to be performed. I used to take my pupils to the mountains to learn about wild plants, then I would get a chance to dig out medicinal roots for myself. One day at school where I was teaching, a garden spade was missing. We called all the boys who were working in the garden the previous day. They all denied that they took the spade, a voice told me the name of the boy who stole it, and I had a vision of the spade behind the door at his place. I just called the boy by name, and asked him to bring the spade back. Two other boys accompanied him home to fetch it and found it behind the door.

The ancestors told me in a dream that I was going to experience difficulty with walking, as I was ignoring their call. In 1998 I had difficulty in walking, then another ritual was performed called *infukamo*. A hut called *ibhuma* was built next to the river as I was supposed to have trained in the river. It was made from reeds and leaves. I stayed there from Saturday to Sunday morning. The ancestor's voice talked to me and instructed me not to go out of the hut that night. Two crabs came inside the hut as I was seated in the evening. They moved along the walls of the hut, and then left. The crabs I was told, are also my ancestors. On Sunday morning, my relatives, Mamjwara, and other traditional healers came to fetch me from the river. They brought traditional beer in a new billy can, white beads (*intsimbi emhlophe*), brandy, gin, horse-shoe tobacco, matches and xxx mints. Mamjwara was giving instructions on what was to be done and when. All the things mentioned above, were put in the river. They floated on the water. The billy can with traditional beer floated as well. A human figure appeared from the water and took them and disappeared into the river with them. That was a river person (*umntu womlambo*). We acceded the ancestors and greeted them "Camagu". There were many swallows flying over our heads, they were like a swarm of bees. Swallows are also regarded as our ancestors. The hut was destroyed thereafter, and we left for the house. I was transported by car, as I was unable to walk.

When we arrived home, a white goat was slaughtered, because I dreamt that a white goat without a spot was to be slaughtered by Zongezile, my cousin. He was not supposed to wear a black trouser when he did that, as it was going to bring darkness and bad luck to me. Food was cooked and people ate. Traditional beer was drunk

first, and when it was finished, people drank brandy and gin. There was beating of drums, singing and dancing (*ukuxhentsa*) to celebrate, as it was a graduation ceremony called *Intlombe*. [This was the ritual in which she was initiated to become a healer. Ed.]

After the ceremony, I was able to walk normally again. One night I dreamt of *Intsimbi emhlophe* that I was supposed to buy and wear. It was bigger than the normal one, and I was told to get it from Diagonal Street in Gauteng as it was not available in the Eastern Cape. I went there but I found that it was out of stock. The ordinary *Intsimbi* broke up when I wore it, and it felt very heavy on me. I then dreamt of an animal skin to wear as the beads were not available. I described it to the herbalist, and identified it. I do not know the name of that animal, but I am still wearing that skin on my wrists. When I get headaches, I burn a piece from the skin and inhale the smoke.

I became a traditional healer in 1998, and I noticed some changes in my life. People avoided being with me. They avoided eye contact. Others stopped greeting me. Others laughed at me for becoming a healer. I decided to stay at home. I lost my friends because I told them when they were having harmful medicines. I still had intuitions like before, when an evil person is coming to my house I could still feel it, and would ask my children to close my bedroom door and tell the person that I was asleep. My ancestors were, and are still talking to me through dreams and visions.

People started to be jealous of me. They would ask for things like sugar, tea, bread and money from me. My ancestors told me through a dream that they were bewitching them, so I stopped giving them. When I come into contact with a bad witch, I still get palpitations and anxiety. Ancestors are still talking to me through dreams to perform certain rituals. When divining, I just look at the patients' eyes, then my left hand itches, when I look at the hand something will be written that can only be read by myself and not anyone else. Then I tell the patient what his or her problem is, and where it emanates from. When a ritual has to be performed by a patient, I am able to tell him or her. I healed people who were sick but I specialized in helping women who had difficult or delayed labour due to witchcraft.

In 2001, we were going to attend a sports meeting at school, my ancestors warned me in a dream not to go there, but I did not listen, because I was a sports coordinator and was supposed to attend the meeting. When I arrived there, I fell down and sustained a fracture on the leg, and a sprained ankle. I was admitted to hospital, but I am still unable to walk even now, this is because I could not listen to my ancestors when they warned me. I cannot cure myself, all traditional healers cannot cure themselves. They are cured by other healers. Since I came back from hospital, my ancestors asked me to stop working with people, until I recuperate. I am waiting for them to tell me when to resume my work again. Witchcraft is here to stay, it was here before we were born and it will continue to exist on earth.

CHAPTER 4

Interpreting the case narrative from three perspectives

4.1 Introduction

The participant reported experiencing a series of symptoms. Her story is typical of the stories of people with *ukuthwasa*, and it fits with patterns described on *ukuthwasa*. In this chapter, we will look at phenomena such as (1) real events; which are everyday and ritual events. (2) Altered state experiences; such as dreams, visions, voices and intuitions. These are experiences that the participant has related in her story. These experiences will be discussed under the Traditional Xhosa perspective, the Western Psychiatric perspective and the Transpersonal Psychology perspective.

4.2 The Traditional Xhosa perspective

4.2.1 Physical and emotional experiences

The participant reported becoming very ill at the age of fourteen, she experienced pains all over her body, she had loss of appetite and loss of weight, she cried for no apparent reason, and she had incontinence of urine. It is believed by the Xhosas that the ancestors were unhappy about her father abducting her, as she was under the custody of her mother. Also, these symptoms are believed to be indicative of *intwaso*. Thorpe (1991) explains that this call comes in a form of an illness, characterized by body pains, and that during the illness, the individual begins to waste away and has little appetite for food. Burhmann (1986) also mentions that the afflicted people become withdrawn, irritable, violent,

abusive and aggressive, and that they have a tendency of wondering aimlessly, eating poorly and becoming ill physically. Certain rituals (*amasiko*) have to be performed and the afflicted person has to undergo *ukuthwasa* training as a treatment to these symptoms.

The participant reported having episodes of anger, aggression and assaultiveness when she was a child, and being very irritable, rude when she was a teacher. According to the traditional Xhosa perspective, people with *intwaso* become aggressive, irritable, violent and abusive as reported by Burhmann (1986). She reported experiencing palpitations, sweating, loss of energy, dizziness and light headedness, when she confronted a person that she felt was having harmful medicines. These are believed by the Xhosas to be symptoms of *intwaso*. Ensik & Robertson (1996), Thorpe (1982) & Schweitzer (1997) state that palpitations (*umbilini*) are regarded as a common feature of the syndrome.

4.2.2 Behaviours

The participant reported that she did not like to sleep on the bed, instead she preferred sleeping on a sack. She did not like to eat normal food, but ate wild plants and drank from the water that was drunk by cows in the field. She slept in the kraal among the sheep or outside when she was in her paternal home. She used to play, eat and sleep with dogs. She moved between the maternal and paternal homesteads, and she was unable to live in one place. According to the traditional Xhosa beliefs, a person afflicted with *intwaso* behaves oddly. Burhmann (1986) states that they have a tendency of wondering aimlessly. This is believed to be due to the ancestors alerting the community that something spiritual is emerging from that person. Schweitzer (1997) states that the

calling is associated with “sickness” or “disintergration” which is initiated by the ancestors, and that the calling indicates not only to the afflicted person but also to the community that the person is required to pursue the course prescribed by the ancestors to become the authentic *igqira*.

4.2.3 Activities of ancestors

The participant mentioned events that indicated the activities and reactions of ancestors to certain behaviours. She reported that her grandmother sustained swelling on her hands two times after beating the participant for her behaviour, as she was thinking that the participant was defiant. Her relative sustained blisters on the hands after washing the jersey that the ancestors requested the participant to burn up. The participant lost her suitcase at the railway station after a warning by the ancestors that she was going to experience difficulties on the way, because she was running away from home to her father. She was involved in a car accident after she was warned by the ancestors not to go to a certain place. She sustained a sprained ankle and a fracture on the leg after a warning not to go to a sport’s meeting. The traditional Xhosas believe that the ancestors punish people who do not listen to their advice or warnings.

The participant underwent *ukuthwasa* training under the supervision of Mamjwara. After resigning from her teaching post at Alice and getting another post at Ilinge in Queenstown, she did not continue with her training. She resigned from Alice because she developed phobia for waters and because she had to cross the river daily to school and to Mamjwara’s place, and she could not bear her anxiety anymore. She was told in a dream

that she was going to experience problems with walking because she was ignoring her call. She really experienced problem with walking until a river ceremony called *Imfukamo* was performed, and she was able to walk again. This is believed to be a punishment from the ancestors for ignoring the call.

The participant also reported that she was nearly swept away twice by the river. She asked for forgiveness from the ancestors requesting them to bear with her, as her mother did not have money to pay for all the procedures necessary for training in the river. Traditional Xhosas believe that when a person is called to undergo *ukuthwasa* training in the river, the river ancestors (*abantu bomlambo*) attract that person into the river unexpectedly, then the training will be conducted by them under the water. It is believed that there are people living under the water called the river people (*abantu bomlambo*). Traditionally, the spontaneous immersion of a person in a river (*ukuthwetyulwa*) was considered to be a diacritical sign and a distinguishing mark of a future diviner (Hirst, 1993). If someone has been taken by the river people, the relatives will go to an *igqira* to find out what is expected of them in terms of rituals to be performed. Sometimes the ancestors will communicate with one of the relatives through a dream, directing them what to do. If the procedures are followed correctly, the person will come out as a qualified *igqira*, wearing the *igqira* regalia. But if the directions are not correctly followed, he may never come back again, or may come out dead.

4.2.4 Power animals

The participant reported that certain animals such as cats, dogs, crabs and swallows are regarded as her ancestors. She was warned by her ancestors not to beat dogs, as they are her ancestors. When she saw two crabs inside her hut during the *imfukamo*, she heard the ancestor's voice telling her that the crabs were her ancestors. She was also told in a dream that the cats she dreamt of were her ancestors. The swallows that flew over her head when she was taken out of *imfukamo* were also representing her ancestors. It is believed by the Xhosas that the swallows were happy and celebrating her final initiation as *igqira*. All Xhosa clans are believed to have their own animals regarded as their ancestors, these are called *izilo zekhaya*. When a person sees that animal in the home, it is believed that the ancestors are visiting the family, and one does not have to harm or kill such an animal as it is believed that this will result in bad luck. Sometimes when such animals have visited the homesteads, it is believed that a ritual has to be performed, such as brewing traditional beer for the ancestors or slaughtering a sacrificial animal as well.

4.2.5 Ritual events

Rituals and traditional ceremonies are performed by the Xhosa people for a number of reasons such as: asking for guidance from the ancestors, learning their wishes, having communion with them and appeasing them for their wrath. Rituals also serve as a form of therapy for people with *intwaso*. The first ritual that was performed for the participant because of her physical symptoms that were not resolving was the *intambo* ceremony. This was performed at her paternal homestead. A neckband was made out of the hair that was removed from the cow's tail and was twined. Her paternal aunt put it around her

neck. This was done inside the cattle kraal, where the ancestors were spoken to by the elders of the family. A goat was slaughtered as part of the ceremony. The participant reported regaining energy and feeling physically strong after the ceremony.

The second ritual that was performed for her was the *Isiyaca* ceremony. This necklace was bigger than the *intambo*. This was performed as per direction by the ancestors in a dream. The *intambo* had disappeared from her neck by that time. It is believed that when the time for wearing *intambo* has expired, the ancestors break and take it without the person seeing it. A goat was also slaughtered as part of the ritual, where a tough, string-like muscle was removed from the carcass, hair from a cow's tail and whitebeads were fixed together to form a frill-like necklace. The necklace is also believed to have had a positive effect on her behaviour, as she reported that after the ritual, she stopped being impulsive and embarrassing people by telling them about her visions. She was able to keep quiet and reported that to her grandmother upon arrival at home.

A third ritual was performed in Cape Town, where his father was staying. This she did not dream of, as a result the beads that were made for her broke up when they were put around her neck. A goat was slaughtered in this ceremony as well. This was the *intsimbi emhlophe* ceremony. Cotton was put into the small white beads to make a necklace. The breaking of the necklace is believed to be due to the ancestors disapproving of them, as they later on prescribed another type of white beads for her in a dream.

A fourth ritual called *inkomo yezihlwele* (cow for the ancestors) was performed at her paternal home. This was the cow she was told by the ancestors in a dream to slaughter. This was slaughtered for them for communion.

A fifth ritual called *imfukamo* was done. *Imfukamo* literally means to brood (like a hen on the eggs) An *ibhuma* was built near the river, the participant stayed there overnight, doing nothing, and she was taken back home the following morning. This ceremony was performed after she had defaulted her training for a long time due to her relocation to Queenstown. She was told by the ancestors in a dream that she was going to experience a problem with walking, as a punishment for ignoring her call. This really happened and during this ceremony, she was unable to walk without assistance. The following morning, after spending a night near the river, her trainer, relatives and other traditional healers (*amagqira*) came to fetch her. Things such as traditional beer poured in a billy can, *intsimbi emhlophe*, brandy, gin, tobacco, matches and xxx mints were thrown into the river. These are believed to be the offerings to the river people (*abantu bomlambo*). The participant reported seeing a human figure appearing from the water, taking the can with beer and disappearing under the water. This is believed by the Xhosas to be a reality. The *imfukamo* ceremony was also believed to be therapeutic to the participant, as she reported being able to walk again after it was performed.

The six ceremony was called *intlombe*. This is “a ritual healing dance, which creates a numinous atmosphere” (Burhmann, 1986, p. 66). This ceremony took place in the participant’s homestead when she came back from the river. *Intlombe* involves singing,

clapping of hands, beating of drums and dancing (*ukuxhentsa*) by *amagqira* wearing their full regalia. During the dance, the altered state of consciousness is induced and they are able to see things and divine. The *intlombe* serves as a group therapy, as it results in the dancers coming out feeling physically, emotionally and psychologically healed. This was a graduation ceremony, where speeches were made at intervals. A goat was slaughtered, food was prepared for people, and Xhosa beer was drunk as a celebration and welcoming of a new *igqira* to the profession.

In all traditional Xhosa rituals, *isilawu* or *ubulawu* is used. This is a medicinal preparation made from roots of a medicinal plant. This is mixed with cold water in a can, and using a prong-like stick, the mixture is twirled vigorously to form a white froth. This is then drunk by the members of the family performing that ritual. The *isilawu* plays an important role in all Xhosa rituals and ceremonies “ it is used to induce or clarify dreams of and open minds to receive the messages of the ancestors” (Burhmann, 1989, p. 41). All rituals are believed by the Xhosas to be therapeutic.

4.2.6 Dreams

The participant reported having a series of dreams, these will be discussed chronologically as they appear in the case narrative. She dreamt of a striped cat gnawing and scratching her gently. This is believed to be her ancestors who were visiting her. She dreamt of certain rituals that were to be performed for her such as *intambo*, *isiyaca*, *inkomo yezihlwele* and *imfukamo*. People with *intwaso* are believed to communicate with their ancestors through dreams. During *intambo* ceremony, she fell asleep inside the

cattle kraal and dreamt of two old men wearing grey blankets who introduced themselves as her great-grandfathers and told her that she still has a lot of work ahead of her. She dreamt of a big brown and gold cat, seated on her feet and she was told by the ancestors that the cat was her ancestor. She saw a plant in a dream, and she was told to get it from the fields, prepare and drink it. That was *isilawu* or *ubulawu*. She used to dream of the river and herself inside the water. This dream, according to the Xhosa belief was an indication that she was called to undergo *ukuthwasa* training in the river. She dreamt of her ancestors telling her to go to her paternal home and sit in the kraal, that is where her ancestors were believed to be. She used to dream of her ancestors asking her to go and help people who were in need of help, and she found those people in need and helped them.

She dreamt of an examination paper when she was doing Form III, and it came out exactly as she dreamt of it. She dreamt of her paternal grandfather warning her about her friends, and that she should not give them her books. She dreamt about the same friends she was warned about, attacking her. She dreamt of the traditional healer who was supposed to train her and she was directed to her house. She dreamt of a house she was sleeping in being swept away by the river. This is also believed to be another indication of her call to train in the river. She dreamt of the *intsimbi emhlophe* that she was supposed to wear, and where to find it. She dreamt of an animal skin she had to wear in a place of the *intsimbi emhlophe* which was not available. She dreamt of her ancestors warning her not to go to a sports meeting but she ignored it and she sustained a fracture

and a sprained ankle. She dreamt of her ancestors asking her to stop working with the people until she recuperates.

Dreams are seen by the Xhosa people as serving different functions namely: giving direction, informing, advising, empowering, requesting, raising awareness and giving warnings. Dreams that have a message are called *amathongo*. The ancestors are the people who send *amathongo*, because they communicate clearly in dreams. This provides wholeness and meaning to the lives of the Xhosas (Schweitzer, 1997). Burhmann (1986) states that her research among the Xhosas indicated that dreams have the following functions: (1) They indicate how an afflicted person should seek assistance. (2) They can have diagnostic significance during divination. (3) During treatment, they give directions on what to take and when. (4) They have a therapeutic value. (5) They have a prognostic value. The active involvement with dreams is said to be the most striking aspect of the healing methods of the *amagqira*, “it runs like a silver thread through everything they do during treatment and training, the ancestors guide them in all their procedures” (Burhmann, 1986, p. 49).

4.2.7 Visions

The participant reported having visions of people who were witches or sorcerers coming to visit, before they arrived at her home. She was able to see a baboon covered with a blanket behind a curtain. When the adults went there to look, the baboon was really discovered. She had a vision of *utikoloshe* walking with one of the children she was playing with. She saw a frog on top of the shop counter. She saw and smelt a white

goat standing on the door way, looking at her and she heard it bleating. Her mother who was there could not see it. This is believed to be a sign that a ritual had to be performed for her. She used to feel drowsy, and see a figure standing in front of her, without seeing its face, but she could hear the voice warning her about danger. When a garden spade was missing at a school where she was a teacher, she had a vision of it and of the boy who stole it and where it was hidden, she then told the school boys to go and fetch it, it was found behind the door as she told them. She saw a small bottle with muti, between the breasts of a certain lady, it appeared as a bright light at first. The Xhosas believe that the ability to have visions is a sign of *intwaso*. This is seen as a gift from the ancestors (*isiphiwo sokubona*). Visions are believed to serve as a warning against danger or harm, a guide to and not to do certain things.

4.2.8 Voices

The participant reported that her ancestors communicated with her by talking to her. She could hear their voices at night when she was dreaming and during the day when she was awake. The ancestors told her not to go with friends when something evil was planned against her. They made her aware of people who were bad witches and were coming to visit her home. They informed her that her missing pantihoses were taken by her friend to bewitch them. They instructed her to burn the pantihoses after recovering them. They also instructed her to burn a jersey that she had lent to her friend, and advised her to apply pork fat to the blisters that her relative had sustained after washing that jersey. When she went to Cape Town without informing her grandmother, she heard a voice warning her that she was going to experience problems on her way there

as she had run away from home. She heard a voice warning her not to go out of the *ibhuma* at night, during *imfukamo*. Voices are believed by the Xhosas as a direct communication of the ancestors to the people. They are believed to be guiding, warning and directing people what to do. People who have this ability to hear voices are seen as having *intwaso*.

4.2.9 Intuitions

The participant reported having intuitions when she came into contact with people that used bad medicines to harm others. She reported feeling very weak, crying and avoiding seeing such a person when she or he visited her home. She reported losing energy, having severe palpitations, and sweating when something bad was going to happen to her, when she was to go somewhere. When she insisted, she would get an accident on her way there. When a witch or a sorcerer came to visit her, she reported feeling angry, aggressive and shivering. She could not answer the door when that person knocked. She experienced palpitations and loss of energy when a woman visited her home, she tried to avoid her but she could not. A white rat fell from the woman's legs, this indicated that she was using bad medicines. She experienced the same feelings about another woman, who turned out to have a lizard falling from her skirt in church. These are examples of occasions where her intuitions seemed to have had accurate predictions. When she held a handbag with bad medicines inside, her hand would shake until she put it down. Xhosas believe that people who can sense people with harmful medicines have received that gift from the ancestors. This is seen as a primary sign of *intwaso*.

4.3 The Western Psychiatric and Psychodynamic perspectives

The participant got separated from her parents in Cape Town and was taken to her grandmother in Queenstown at the age of 12 years. This did not seem to produce any symptoms. She started to develop somatic symptoms at the age of 14 years after her parents got divorced and after she was abducted by her father from her grandmother to Cape Town. She suffered from pain all over her body and had incontinence of urine. She could have met the criteria for Undifferentiated Somatoform Disorder or Adjustment Disorder. According to DSM-IV-TR the symptoms for Adjustment Disorder should occur within 3 months of the onset of the stressors. We are therefore not certain when she started presenting with the symptoms as in the narrative it is only mentioned that it all happened within the same year. Although there is an information on Enuresis, there is no evidence that it was frequent enough to justify the diagnosis. Enuresis is often associated with Separation Anxiety and Adjustment Disorder.

After she was taken back to her grandmother in Queenstown, she started to present with symptoms such as poor appetite, loss of weight, loss of energy, crying for no reason, anger, aggression and assaulting other children. She also became suspicious that other people were having harmful medicines. She could have met the criteria for Major Depressive Disorder, but due to the information she gave in the narrative it was not enough to confirm the diagnosis. Children with this disorder tend to present with

behavioural and somatic complaints like she did. According to the psychodynamic theory, separation of a child from the mother at an early age results in emotional problems which can manifest themselves in the form of somatization. Given that her childhood was so unstable, it is not surprising that she presented with these symptoms. Depressed children do not feel good about themselves, they feel worthless and unrecognized. This may be associated with paranoid ideas about other children. They try to feel better, by becoming aggressive and fighting other children. She was a very lonely child, her parents were not available for her and her grandmother separated her from her peer group. Her depression resulted in her being delusional that she perceived other people as harmful and confabulated animals that are associated with witchcraft in order to fit with her delusional system. She developed mistrust in other children that she perceived them as witches, and she created *utikoloshe* in her mind and saw him walking with her friend. She was also suspicious of the tenant's that she confabulated or hallucinated a baboon behind a curtain in the tenants room. Her hearing voices of ancestors could be explained as auditory hallucinations (false sensory perceptions not associated with real external stimuli) or confabulations (unconscious filling of gaps in memory by imagined or untrue experiences that are believed by a person, but have no basis in fact). Cultural beliefs also give meaning to this. Because of her social isolation, she then had dreams which served a compensatory function to her loneliness.

She ate wild roots and medicinal roots but did not like food. This is not typical of the kind of Pica in the DSM-IV-TR as the essential feature of this disorder is eating non-nutritive substances and it should not be part of a culturally approved behaviour.

From a psychiatric point of view between the ages of 14 and 17 she showed many symptoms associated with paranoid schizophrenia such as hearing voices of ancestors talking to her, seeing visions of a baboon, *utikoloshe*, a frog and a goat, vagabonding, having bizzare behaviour and believing that people were witches and that they were using harmful medicines. She started dreaming a lot. She dreamt of animals and old men she regarded as her ancestors. She dreamt of rituals like *intambo* and *isiyaca* that had to be performed for her. She slept on a sack and not on a bed. When she was in her paternal home she slept in a kraal among the sheep.

Her behaviours such as sleeping in the kraal, sleeping on a sack, drinking water that was drunk by cows could be seen as bizzare or disorganised by the conventional therapists. Looking at all her experiences between ages 14 and 17 years, she could be diagnosed with Schizophrenia (early onset) (Paranoid Type) as she met all the criteria for this disorder. Early onset is defined as onset before the age of 18 years. A differential diagnosis would be Major Depressive Disorder (with psychotic features) and another one would be Schizoaffective Disorder. With the latter, there should be at least 2 weeks of delusions or hallucinations occurring in the absence of prominent mood symptoms. This is not specified in the narrative.

From a psychodynamic point of view, her dreaming of rituals could be explained as her repressed wishes to bring attention of her parents as they were not available to her. When people have a strong belief on something, and that it is going help them solve

their problems, their hopes and trust of what they believe in has a healing effect. When they receive much attention, and rituals are performed for them, they become a centre of attention to everybody attending the ceremony, they feel that they are special, unique, loved and cared for. This is emotionally fulfilling, thus resulting in psychosomatic healing. Freud believed that during sleep, the ego defenses are lowered, and unacceptable impulses find some form of expression in dreams. Because the defenses are not completely eliminated, the impulses take a disguised or symbolized form in dreams (Nevid, Rathus & Greene, 1997). Dreams are also explained as not a reflection of the unconscious in general, but only of certain contents which are linked together associatively and are selected by the unconscious situation of the moment. (Jung, 1974).

When she was 18 years old and was at the college, she continued dreaming of her grandfather who warned her about her friends being harmful to her. From the psychodynamic point of view dreams serve a compensatory function. From this perspective it could be argued that the participant developed fantasy or images that were culturally framed in terms of her lost father. The grandfather served as a compensatory father who protected her. Her dreams reinforced her delusional system as she regarded her dormitory mates as harmful and the following night she even dreamt of them attacking her. Being taken to a traditional healer in Qumbu reinforced her delusional system as she was told that she was special because she was having *intwaso*. Playing and eating with dogs there indicated that she regarded them as her friends and not harmful like human beings.

At the age of 19 years her social isolation intensified as her grandmother discouraged her from visiting other people's houses when she came home during holidays. She started to have visions of people standing in front of her and warning her about evil things that were planned by friends against her. This could be seen by conventional therapists as confabulations that were feeding her delusions. When she was about to go somewhere, she felt dizzy, light headed, had severe palpitations, experienced sweating and loss of energy. According to the psychodynamic therapists, these symptoms would be seen as the results of her delusions that people were harmful. These delusions resulted in anxiety symptoms and her defenses against these became unsuccessful so that she developed Panic Attacks. Traumatic separations during childhood may affect the child's developing nervous system in such a manner that the child becomes susceptible to anxieties even during adulthood. Such separations are strongly associated with panic disorder, and patients with these disorders have a high incidence of stressful life events, particularly loss (Kaplan & Sadock, 1998).

When she was 22 years old, she continued having visions such as seeing a bottle between a lady's breasts. She saw a white rat falling from a woman and a lizard from another woman, both these women were perceived by her as using harmful medicines. She had intuitions when someone evil was coming to visit her home. She had voices of ancestors warning her about her pair of pantihose that were stolen by a friend. The voice also told her not to lend her clothes to other people, and when she did that with her jersey, it asked her to burn the jersey up. This would be explained by conventional therapists as

auditory and visual hallucinations that developed to fit with her delusional system. The voices she heard and visions she had confirmed her suspicion about people. During the pantihose incidence, she really believed that her pantihose were missing and after the imagined voice had spoken to her she saw them lying on the floor and believed that they were returned by the ancestors. The blisters sustained by her relative after washing a jersey would have been due to a strong detergent she used for washing. All these could just be confabulated memories of the events to justify her delusions.

At the age of 24 years, she ran away from home to visit her father in Cape Town. She felt guilty on her way there and this expressed itself in the form of the imagined voice warning her about running away from home and that she was going to experience problems on her way. The imagined voice was interpreted as a voice from the ancestors. The conventional therapists could say that her parents' unavailability resulted in her regarding her ancestors as authority figures who performed her parents' duties. Her guilt feelings resulted in anxiety that caused her to misplace her suitcase, but she attributed the loss of the suitcase to a punishment by the ancestors for running away from home. Her going to her father would be regarded as an attempt to maintain the relationship with him as she needed his attention. The ritual that was performed for her there could have temporarily met her needs for recognition and attention. Her stealing the money from her father and going back to Queenstown could be explained as that she was homesick and was afraid to ask for money from her father.

When she was 28 years old and was working as a teacher in Alice, she experienced another separation with her grandmother that stimulated her anxiety. This expressed itself in her being irritable and rude to other teachers, and isolating herself. Her being far away from home made her to feel socially isolated, worthless and lonely. She then became withdrawn, aggressive and paranoid.

It is hypothesized that all the rituals that were performed for her during the other years helped her to feel special and honoured although they also fueled her delusional system. Her feeling socially isolated at Alice developed her need for someone she could trust and confide in. She dreamt of Mamjwara's house a traditional healer who was going to train her to become a healer. Meeting Mamjwara and having her as a confidante made her to feel accepted and recognized as someone with special powers. According to the psychodynamic view she dreamt of a house that was not Mamjwara's but because of her delusions, she confabulated it to be of the traditional healer who was supposed to train her.

When she was nearly swept away by the river, she developed phobia for water and because she was delusional, her belief system that the ancestors might want to take her to the river actually fueled her phobia. Her dreams of being swept away by the water and the water sweeping the house away might be explained by psychodynamic therapists as the ego function that was overwhelmed by the repressed emotional states and came up in a form of floods in the dream.

Her leaving Alice and returning to Queenstown could be explained by psychodynamic therapists as a result of her fear of continuing with her training because she was unable to deal with all the unconscious material that was emerging during the training.

At the age of 32 years when she was a teacher at Ilinge in Queenstown there was an incident of a lost spade at a school where she was teaching. She reported that she had a vision of a place where the spade was hidden and that she heard a voice telling her the name of a boy who stole it. It is possible that she saw the boy taking the spade or she guessed that he stole it as he appeared guilty.

She did not continue with *ukuthwasa* after leaving Alice. After many years of not training she felt so guilty that she dreamt of her ancestors telling her that she was going to experience problems with walking as she had ignored their call. Here again we see that ancestors served as authority figures when she felt guilty about something. She had no outlets like she used to have in Alice such as Mamjwara the traditional healer, her meaningful connections were gone and she became so isolated that her guilt manifested in a conversion symptom and she could not walk.

There is a thirty years' gap in the narrative in which she continued to live like this. She had three children during that period but was never married. After retiring from her teaching post that kept her busy, she developed conversion symptoms. At the age of 61, another ritual was performed where she was initiated as *igqira*. This ritual served a therapeutic function because her conversion symptoms disappeared. Her needs for

recognition and acceptance were once more met. Traditional healers, rituals and training would be seen as having given her identity and meaning. Mamjwara acted as a stabilizing force and a figure that gave meaning to her illness because she called her again when she experienced conversion symptoms. According to this perspective, *intwaso* is understood as stress-related and as more common among women because they are exposed to more stressful situations and have fewer ways of relieving stress unlike men (O'Connell, 1982).

The incident where the participant and the people who went to fetch her from *ibhuma* saw a river person appearing from the water and taking what was thrown there would be explained by the conventional therapists as something that was staged by the traditional healers or a common belief among the black people about the river people that resulted to them confabulating the scene to fit their delusion about the river people.

She dreamt about having to go and buy *intsimbi* from Diagonal Street in Gauteng. Her dream could be described by psychodynamic therapists as expressing an idealized inflated fantasy. First she believed that her *intsimbi* was bigger than the normal one. Second it was not found anywhere else but in Gauteng indicated that her dream was inflated. She idealized being in Gauteng, as it was an incredible place to go where everything was sold. When she got there she did not find the *intsimbi*, meaning that it was not a clairvoyant dream. She also did not follow up the person selling them as if it was not important to her.

After becoming a traditional healer, she perceived people as being avoidant and jealous of her, and that they were bewitching things that they asked from her such as sugar, tea, bread and money. Her training could be explained by conventional therapists as having relieved her conversional symptoms but not her suspicion and paranoia, and they would conclude that she was not well adjusted even after *imfukamo*. Although she is a traditional healer, conventional therapists would see her as still having symptoms of a Schizophrenia (paranoid type) as she still presents with delusions and hallucinations.

4. 4 The Transpersonal Psychology perspective

What the participant experienced at the age of 14, by becoming very ill, experiencing pains all over her body, losing appetite and weight, and becoming incontinent of urine would make the transpersonalists agree with the psychodynamic therapists that divorce of her parents and separation from them at an early age affected her and produced these symptoms. They would also not dismiss the Xhosa belief that she was ill because of *intwaso*. Shamans become ill before their initiation, they are tormented by spirits and this is seen as a profound emotional and psychosomatic crisis. Transpersonalists might see these spirits as representing part of the self. They would also agree to the Xhosa belief that these crises can lead to healing and can have positive outcomes such as psychosomatic healing and deep positive changes in personality.

Her aggression, assaultiveness and vagabonding would also be seen as signs of her calling because shaman-to-be are usually recognized by unusual experiences and behaviours that are interpreted as signs from the spirits of the person's calling.

Transpersonalists do not actually believe that there are ancestors but see this as a symbolic or deep transformational process. This process is believed to have three stages known as the separation, initiation and return (Lukoff & Everest, 1985).

The participant reported having intuitions about people who were using harmful medicines. She reported that her intuitions seemed to have had accurate predictions in cases of a white rat and a lizard. Transpersonalists believe that when a person is called to become a healer, there should be evidence of psychic opening and genuine clairvoyance. They would need some proof of whether there was a rat or a lizard that fell from those women. They would try to find an independent witness who saw it. Otherwise they might well agree with psychodynamic therapists that she could have confabulated or hallucinated the lizard and the white rat as she believed that these women were witches. The same applies to the frog that she saw on top of the shop-counter.

She reported a story of a spade where she claimed that she had a vision of where the lost spade was hidden. Transpersonalists would be open to an explanation in terms of clairvoyance. However, they would also want evidence or a witness. They would also consider alternative explanations such as that she had seen the boy taking the spade, or been told by someone who saw the boy taking it or that she had guessed correctly.

She reported hearing voices from ancestors talking to her. Transpersonalists would presume that she was communicating with spirit guides that are believed to be seen by

the shamans during nonordinary states of consciousness. Transpersonalists do not believe in ancestors but believe that during altered states of consciousness shamans come into contact with certain “beings” that appear to be entirely separate from one’s inner processes and play roles of a guide, protector, teacher or superior source of information and sometimes they introduce themselves and may speak in human voices. (Grof & Grof, 1990). Carl Jung had the same experience but he did not call them ancestors but archetypes (Edwards & Jacobs, 2003).

The participant believes that certain animals such as cats, dogs, swallows and crabs are her ancestors. Others visited her in a dream, others in real life. The transpersonal psychologists also believe in power animals as helpers of the shamans. Nicholson (1987) calls these animals “spirit helpers” that protect shamans from danger and are sources of knowledge. Shamans are said to be naturally communicating with animals, spirits and even rocks which are experienced in visions, dreams or when using psychedelic drugs. According to Walsh (1990), a large number of different kinds of animals can be power animals. Sometimes shamans request assistance from these animals when they journey to the lower world, and when they return, they feel healed, empowered and strengthened. Kwakuit Indians experienced their calling feature an encounter with helping spirits in animal form (Grof & Grof 1989). Transpersonalists do not believe that all animals are messengers from archetypes, they would need to know the participant’s clan name and the power animals that are associated with that clan.

During spiritual emergency, intuitive abilities increase, psychic or paranormal phenomena are common. A person experiencing psychic opening might be in touch with the inner processes of others to an extent that he or she appears to have telepathic abilities (Grof & Grof, 1989). She also reported having visions of a baboon, *utikoloshe*, a white goat, a bottle between a woman's breasts, Having clairvoyance is seen as a sign of psychic opening. Bragdon (1990) states that the opening of psychic abilities may happen suddenly or gradually and that they happen most easily in a social environment that accepts having these abilities as positive. She defines it as "experiencing an ability to see clairvoyantly, to feel clairsentiently or to hear clairaudiently. These abilities allow you to perceive in pictures, or in bodily sensations, or in inner sounds, information about the environment and other people that is not objectively available" (Bragdon, 1990, p. 39).

Although there is evidence that the participant was clairvoyant in several situations, transpersonalists would not necessarily accept that she was accurate every time she believed that somebody was involved in witchcraft. They would accept the psychodynamic view that she was not having a good sense of self, was overly suspicious and socially isolated and could confabulate other stories. In the case of the stories of a baboon and *utikoloshe*, the transpersonalists would be sympathetic to the possibilities that they were the result of clairvoyance, but they would say that there might be other explanations.

When a person has most incredible and prophetic dreams, that is seen as a sign of an initiation crisis that determines a shaman's career in a very short time (Walsh, 1990). The participant reported dreaming a lot about ancestors and rituals that were to be performed for her. Dreams of the deceased relatives are seen as a "call" among the Wintu and Shasta tribes of California (Nicholson, 1987). When individuals experienced coincidences connecting the elements of their inner reality such as dreams and visions with everyday events, this was described by Carl Jung as synchronicity (Edwards & Jacobs, 2003). Extraordinary synchronicities such as telepathy and clairvoyance are believed to be common in crises of psychic opening. Transpersonalists believe that dreams are frequently continuations or completions of the experiences that occur during waking hours. The participant's beliefs about rituals, ancestors and about herself having *intwaso* would be seen as having had influences to her dreams. From this perspective there are several dreams that could be understood as evidence of psychic opening such as dreaming of a plant that she later on discovered to be *isilawu*, dreaming of an examination paper, dreaming of Mamjwara's house, dreaming of ancestors warning her not to go to a sports meeting and sustaining an injury when she went there. These dreams could be seen by transpersonalists as a form of psychic opening as there is evidence they contained accurate predictions.

The participant mentioned a lot of rituals that were performed for her, some of which seemed to have served a therapeutic function. *Intambo* ritual relieved her from general body pains and *Imfukamo* helped her to walk again. Transpersonalists also believe that ritual events have a healing effect. Elkins (1998) states that through arts, symbol, ritual

and ceremony, a shaman is able to stimulate the natural healing process of the soul while Grof & Grof (1990) describe the main purpose of rituals to be redefining, transforming and consecrating individuals, groups and even entire cultures. Shamans use a variety of rituals for healing, and they learn to induce altered states of consciousness and their effectiveness is said to be due to psychological factors.

The story of a river person who emerged from the water and took away what was thrown in the river would not be believed by transpersonalists. They believe that people find it difficult to differentiate between things that happen in real life and what they experience during nonordinary states of consciousness because during the initiation stage, shamans-to-be enter into the realm of the supernatural, into worlds filled with spirits, magical powers and miraculous happenings (Lukoff & Everest, 1985). This incident could have possibly been experienced during such a state. Transpersonalists would also agree with conventional therapists about the possibilities the event was staged.

After undergoing and surviving the initiatory process, the shaman has to return to the ordinary world with enhanced qualities because spiritual emergency is said to be a transformative and healing process. It is a risky situation that takes a long time, but also a potential for rising to higher states of being (Grof & Grof, 1990). The shaman is expected to have a dramatic emotional and psychosomatic healing and profound personality transformation. An individual can come out from a crisis in a better condition than when she entered, she may also have high social adaptation and function

better in the community. The case narrative does not give us enough information about the extent to which the participant experienced psychological or spiritual transformation.

The participant reported having a power to divine by looking at her hand and telling the patients what is wrong with them, where the problem emanates from and how to deal with it. She reported having a power to heal different types of illnesses and specializing in helping pregnant women who have difficulty in labour due to witchcraft. There is no evidence of that in the narrative and the relative who gave collateral did not mention that. Transpersonalists are not concerned about the method but rely on the accuracy of diagnosis. In the narrative there is no also evidence in respect of whether she can make a correct diagnosis or not. Transpersonalists would not be certain whether she really had healing powers or whether her beliefs about this are delusional.

The participant still believes that people are bewitching her and that others are jealous of her. Transpersonalists would agree with the conventional therapists that the initiation seemed to have only relieved her somatic and not her emotional problems, as she is still socially isolated and paranoid. There is also no evidence that her conflict of hydrophobia was resolved. Transpersonalists would believe that there has not been a complete transformation and that many problems were not resolved by her *intwaso* process and her initiation at the *imfukamo*.

CHAPTER 5

Conclusion

Looking at the case narrative from three perspectives, I am now going to examine what seems to be the strengths and weaknesses of each perspective.

Let us start by looking at the traditional Xhosa perspective. This perspective taught me that illnesses are coloured by culture and people understand their illnesses in terms of their culture (Wessels, 1985). In this perspective certain illnesses and behaviours are associated with *intwaso*. The Xhosas believe that this is the way the ancestors are communicating with the afflicted person and the community to make them aware that the person is required to pursue the course prescribed by them. The advantage of this perspective is that the disturbed person is able to find meaning to his or her illness because everything is explained in terms of ancestors. It normalizes some extreme experiences in that even someone with psychotic symptoms is understood to have *intwaso*. Problems of the disturbed persons are seen to be due to external forces and this relieves the patient from feelings of guilt, shame, and self-blame.

Cultural beliefs give direction to the people because they always have hope that performing certain rituals or undergoing training will relieve their symptoms. Cultural beliefs maintain the connection between people, ancestors, animals and plants because by believing in the ancestors they feel connected to their dead relatives and by regarding animals as power animals they take care of those animals and do not ill-treat or kill them. Certain plants such as *isilawu* are recognized as having an important function in making dreams clear and in “opening” the mind. Cultural beliefs provide answers to certain mysteries such as when the *intambo* had disappeared they believed

that it was taken by the ancestors. They provide security in that there is always hope that there are ancestors who are watching and protecting them. The participant also believed that her ancestors were watching her because they appeared in visions and were talking to her through voices and were even appearing in her dreams alerting her of danger. This made her feel secure. Having a trainer provided her with more security because she felt that there is someone whom she could trust and who attached meaning to her illness. She only got symptoms after thirty years. Teaching kept her mind busy, after retirement her mind was no longer kept busy and the repressed material was more difficult to deal with that is why guilt feelings became salient at this point. Rituals that are performed are believed to have a therapeutic function because symptoms are relieved after they are done. This is seen when the participant stopped embarrassing people after *isiyaca* was made for her, and being able to walk again after *imfukamo*.

This perspective has the disadvantage that all experiences are explained in terms of ancestors. Physical and emotional symptoms, visions, voices, dreams, behaviours etc are seen as due to communication by ancestors. The participants problems were only looked at in terms of *intwaso* and not in terms of trauma she had sustained due to separation from her parents. Further, cultural beliefs about witchcraft sanctions paranoia. The participant's beliefs that people are bewitching her is not looked at as abnormal by the Xhosa community. At its worst, this can produce a paranoid community which can have mistrust to an extent that violence is produced; in some communities people who are believed to be witches are murdered and their houses and properties are destroyed. The beliefs about animals being power animals seem to be exaggerated, the participant seems to consider all animals to be her ancestors. All

the participant's dreams were seen as messages from the ancestors. Performing rituals and undergoing training is very expensive because it involves a lot of slaughtering, this means that people who are from poor families might not be able to undergo training and be recognized as *amagqira* even though they have a potential to undergo spiritual transformation. The beliefs that when someone ignores the call he or she may become mentally ill or will die produces guilt feelings that cause more distress. Traditional training did not help her to undergo complete transformation as she still appears to be socially isolated and paranoid. There are limitations to the process in terms of psychotherapeutic interventions.

Looking at the western psychiatric perspective we see that a diagnostic tool namely the DSM-IV-TR is used. The patients' symptoms are judged against certain criteria in order to give a diagnosis. Nomzi was never seen by a psychiatrist and she never took any psychiatric treatment, but if she might have seen one as a child, medication might have helped her to adjust better with her peers. When she started to present with psychotic symptoms she would have benefited from antipsychotics to relieve her symptoms, this treatment would be given for a short period and be stopped as soon as the symptoms were relieved. If resources were available the following types of psychotherapy would be effective in conjunction with the medication: Psychodynamic psychotherapy would help her to improve interpersonal trust, coping mechanisms and the ability to get in touch with her emotions. Cognitive behavioural therapy would help her identify negative cognitions and maladaptive behaviour, it would also help her develop alternative positive ways of thinking and behaving. Family therapy would also help in allowing members of the family to discuss their stressors and develop coping strategies (Kaplan & Sadock, 1998). This would help to

bridge a gap between these perspectives and make them aware that although she had *intwaso*, other symptoms were psychological and emotional and they needed psychiatric drugs and psychotherapy. The western psychiatric perspective has disadvantages in that it would not address all the underlying problems but would only relieve the symptoms by drug therapy. Patients are subjected to social isolation by institutionalization and life-long drug therapy that exposes them to severe side effects. Transformational crises are often suppressed by routine psychiatric care, medication and even institutionalization.

The psychodynamic perspective gave a clear understanding of what caused her symptoms, and explained it in terms of repressed emotions due to the trauma she had sustained as a child when she was separated with her parents. This perspective also gave us an understanding of her dreams about her grandfather that they served a compensatory function for the lost parents. This perspective also has disadvantages of looking at symptoms as produced by repressed emotions sustained during childhood and it lacks a concept of spiritual transformation and therefore it cannot deal with paranormal phenomena when they occur. Dreams are seen as repressed wishes from the unconscious, and they do not consider that the ancestors can communicate through them.

The transpersonal perspective is a bridging perspective in that it is sympathetic with the traditional Xhosa beliefs but incorporates psychodynamic views as well. Although the transpersonalists are sympathetic with the Xhosa beliefs, they need evidence before accepting anything. They believe that spiritual crises can lead to healing and can have a positive outcome just as like the Xhosas do. They see participant's

symptoms as due to shamanic illness but recognize the role of childhood traumas in producing them. They hold different views from the traditional Xhosas who believe that only the ancestors can call a person to become a healer. Rather, transpersonalists believe that there is no control on who is going to call you. Ancestors to them are a manifestation of a broader phenomenon called archetypes. Spirit guides are believed to communicate with a shaman during altered states of consciousness and they are believed to be inner spiritual forces that can manifest themselves in a form of a person, angel, or animal. By contrast the traditional Xhosas regard the ancestors as outside forces. Transpersonalists also believe that rituals are healing and transforming like the traditional Xhosas and that individuals who have undergone initiatory crisis can come out in a better condition than when they began and function better in the community. From this perspective, the participant is seen as not having completed the transformation because she still appears to be paranoid and socially isolated. There seems not to be any major disadvantages to transpersonal perspective, it has advantages in that it can dialogue with the traditional Xhosa, western psychiatric, and psychodynamic perspectives, and can incorporate insights from all of them.

Glossary of Xhosa terms

Abantu bomlambo: river people or ancestors.

Abahlekazi: ancestors

Amagqira: (plural for igqira): traditional healers.

Amasiko: customs.

Amathongo: dreams containing messages from ancestors.

Camagu: a praise to the ancestors.

Ibhuma: a hut built for the initiate during the river ceremony.

Igqira: (singular for amagqira).

Imfukamo: a ceremony, whereby an initiate has to stay inside the hut for a specified period. (*fukama* means to brood over something).

Iintlokotshana: a wild plant.

Inongwe: a wild carrot.

Inkomo yezihlwele: a cow slaughtered for the ancestors.

Intambo: neckband made out of hair from a cow's tail.

Intlombe: ritual performed with dancing, singing and beating of drums.

Intsimbi emhlophe: white beads.

Intwaso: a call to become a healer

Isilawu: medicinal roots prepared by twirling the mixture vigorously with a two-pronged stick to form a white froth.

Isiyaca: a bigger frill-like neckband, with hair from a cow's tail and a goat.

Isiphiwo sokubona: a gift to have visions.

Izilo zekhaya: animal ancestors for a particular homestead.

Muti: medicinal substances.

Oononca: a wild plant.

Ubuthakathi: witchcraft.

Ukuphambana: insanity.

Ukuthwasa: a process undergone to become a healer.

Ukuthwetyulwa: to be unexpectedly taken by the ancestors into the river.

Ukuxhentsa: traditional dance performed during *intlombe*.

Ukuqaphula: cuts made by the healer on several areas of the patient's body where a medicinal substance is applied, this is believed to be a preventative measure against witchcraft.

Umbilini: palpitations.

Umkhwetha: a trainee healer.

Umtshayina: gambling conducted by chinese people.

Umthakathi: (singular for *abathakathi*) a witch.

Umntu womlambo: (singular for *abantu bomlambo*).

Umqombothi: traditional beer.

Usinga: a touch, string-like muscle extracted from a carcass of a goat.

Utikoloshe: a short man with loong beard that is used for witchcraft.

RHODES UNIVERSITY DEPARTMENT OF
PSYCHOLOGY

AGREEMENT

Between student researcher and research participant

I (participant's name) _____ agree to participate in the research project of Beauty Booï, supervised by Prof. D. Edwards, on experiences and psychological processes that a person with *ukuthwasa* goes through.

I have read and understood the contents of the research information sheet.

I understand that:

1. The researcher, B.Booi is a student conducting the research as part of the requirements for a Master's degree in Clinical Psychology at Rhodes University.
2. The researcher is interested in experiences and psychological processes of *ukuthwasa*.
3. My participation will involve responding to a series of interviews, which will be audiotaped.
4. I will be asked to answer questions of a personal nature but I can choose not to answer any questions about aspects of my life which I am not willing to disclose.
5. I am invited to voice to the researcher any concerns I have about my participation in the study and to have these addressed to my satisfaction.
6. I am free to withdraw from the project at any time, however I commit myself to full participation unless some unusual circumstances occur or I have concerns about my participation which I did not originally anticipate.
7. The report on the research project may contain information of a personal nature, but that information will be designed in such a way that I will not be able to be identified by the general reader.

Signed on (date) _____ by (participant) _____

Researcher _____ Witness _____

APPENDIX - B

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RESEARCH INFORMATION

INTRODUCTION

My name is Beauty Booii and I am a student researcher at the Psychology Department of Rhodes University.

AIM

My research topic is about *ukuthwasa*. I would like to learn about the experiences and psychological processes that a person with *ukuthwasa* goes through. So that I can interpret these experiences from the Traditional Xhosa perspective, the Western Psychiatric perspective and Transpersonal Psychology perspective, and develop an integrative theoretical framework which can facilitate understanding between people who hold different perspectives.

PROCEDURES

Interviews with the participant:

There will be a series of interviews with the participant until sufficient information has been gathered about significant experiences related to *ukuthwasa* process.

Interview with the relative:

The relative will be specifically asked about experiences which were significant as part of *ukuthwasa* process. Notes will be written and audiotapes will be used.

RISKS

During interviews both participant and relative may be asked to talk about things that are sensitive and upsetting. They have the right to choose not to talk about any aspects they do not want to.

CONFIDENTIALITY

The names of the participant and the relative and the content of the material collected will remain known only to the researcher and her supervisor. Biographical details of all the participants will be changed when the research is written up into a thesis, thus further ensuring anonymity and confidentiality.

Participants have the right to withdraw their participation at any stage of the research.