



UNIVERSITY  
OF  
JOHANNESBURG

## COPYRIGHT AND CITATION CONSIDERATIONS FOR THIS THESIS/ DISSERTATION



- Attribution — You must give appropriate credit, provide a link to the license, and indicate if changes were made. You may do so in any reasonable manner, but not in any way that suggests the licensor endorses you or your use.
- NonCommercial — You may not use the material for commercial purposes.
- ShareAlike — If you remix, transform, or build upon the material, you must distribute your contributions under the same license as the original.

### How to cite this thesis

Surname, Initial(s). (2012) Title of the thesis or dissertation. PhD. (Chemistry)/ M.Sc. (Physics)/ M.A. (Philosophy)/M.Com. (Finance) etc. [Unpublished]: [University of Johannesburg](https://ujdigispace.uj.ac.za). Retrieved from: <https://ujdigispace.uj.ac.za> (Accessed: Date).

GPI0  
BROO

HOLISTIC APPROACHES TO PSYCHOTHERAPY AND THE  
TRADITIONAL HEALER

by

CATHERINE ALPHA BROOKBANKS

Submitted in partial fulfilment of the requirements for  
the degree

MASTERS OF ARTS

in



UNIVERSITY  
PSYCHOLOGY OF ———  
JOHANNESBURG

in the

FACULTY OF ARTS

at the

RAND AFRIKAANS UNIVERSITY

SUPERVISOR : DR. M. F. JOUBERT

November 1990

In Praise of the Shades

Akudlozi lingay'ekhaya  
No shade fails to go home - Zulu proverb

Hitching across a dusty plain last June,  
down one of those deadstraight platteland roads,  
I met a man with rolled-up khakhi sleeves,  
who told me his faults, and then his beliefs.  
It's amazing, some people discuss more  
with hitchhikers than even their friends.

His bakkie rattled a lot on the ruts,  
so I'm not exactly sure what he said.  
Anyway, when he'd talked about his church,  
and when the world had changed from mealie-stalks  
to sunflowers, which still looked green and firm,  
he lowered his voice, and spoke about his shades.

This meant respect I think, not secrecy.  
He said he'd always asked them to guide him,  
and that, even in the city, they did.  
He seemed to me a gentle balanced man,  
and I was sorry to stick my kitbag  
onto the road again and say goodbye.

When you are alone and brooding deeply,  
do all your teachers and loved ones desert you?  
Stand on a road when the fence is whistling.  
You say, 'It's the wind', and if the dust swirls,  
'Wind again', although you never see it.  
The shades work like the wind, invisibly.

And they have always been our companions,  
dressed in the flesh of the the children they reared,  
gossiping away from the books they left,  
a throng who even in the strongest light  
are whispering, 'You are not what you are,  
remember us, then try to understand.'

They come like pilgrims from the hazy seas  
which shimmer at the borders of a dream,  
not such spirits that they can't be scolded,  
not such mortals that they can be profaned,  
for scolding them, we honour each other,  
and honouring them, we perceive ourselves.


When all I ever hear about these days  
is violence, injustice and despair,  
or worse than that, humourless theories  
to rescue us all from our human plight,  
those moments in a bakkie on a plain  
make sunflowers in a waterless world.

CHRIS MANN

## ACKNOWLEDGEMENTS

On completion of this dissertation I wish to acknowledge the following people and institutions :

Marietjie Joubert, my supervisor, for her understanding and shared enthusiasm in the dissertation's subject matter, and for the lengths to which she was prepared to go to accommodate my changing circumstances.



UNIVERSITY  
OF  
JOHANNESBURG

My husband, Gordon, who did everything in his power to make the dissertation writing experience less painful and taught me so much about patience and tolerance.

Michelle De Abreu, for excellent typing done uncomplainingly under difficult and unpredictable circumstances.

The Human Sciences Research Council, for its financial support.

The opinions expressed in this dissertation, are those of this student, and not those of the H.S.R.C.

## ABSTRACT

This study was carried out because this student became aware in her training that many of the more Western approaches to psychotherapy are not entirely suited to the needs of black clients in South Africa. Also, various authors have argued for the role of the traditional healer to be taken more seriously, an individual regarded by many as the western psychotherapist's counterpart.

The aim of the study was to gain some insight into the epistemological premises adhered to by a traditional healer, particularly regarding illness, health and healing, so as to ascertain whether there are links between holistic approaches in psychology and the traditional healer's epistemology.

The literature study initially focussed on two holistic approaches to psychotherapy, viz. ecosystemic and existential-phenomenological theory. Ecosystemic theory, and in particular Keeney's (1983) cybernetic epistemology, represent an holistic approach whose significance lies in its emphasis on the patterns of an organization involving parts and the whole, intrinsically a theory of relationships and interrelationships representing an epistemological shift from earlier Newtonian positivistic concepts of science with its linear relationships to a cybernetic paradigm postulating a theory of circular interrelationships.

Existential-phenomenological theory, with its conception of the individual based on the total indissoluble unity or interrelationship of the individual and his/her world, was a useful holistic approach in the study largely because its methodology allowed one to grasp the essence or essential themes of the traditional healer's epistemology when the research was carried out.

The literature study then focussed on the traditional healer's pervasive role within the context of Zulu and Xhosa cosmologies. This study served to elucidate certain epistemological issues which were later pursued in the interview carried out with an urban traditional healer.

An urban Zulu traditional healer was interviewed on three occasions in an open-ended exploratory manner. The audiotaped interview was transcribed and explicated using a phenomenological research methodology. The essential themes which emerged were then used to suggest links between the two holistic approaches in psychology and the traditional healer's epistemology.

✶ Links found between the traditional healer's epistemology and ecosystemic concepts are :

- 1) The systemic concepts of interaction, organisation and integration are implicit in the traditional healer's epistemology.

- 2) The traditional healer's epistemology is punctuated with suggestions of a process orientation.
- 3) Her system is an open system, dependent on interchanges with the environment for its survival.
- 4) The traditional healing system is a social system.
- 5) The system boundaries of traditional healing are significant for their establishment of structure.
- 6) Both the traditional healer and the ancestors can be understood to activate the feedback process for the client(s) or community, where there has been some illness or disturbance, thereby providing stability for the entire traditional healing system.
- 7) The traditional healing system is self-corrective.
- 8) There is a sharp focus on the recursive relationship between the traditional healer and her client system.
- 9) The traditional healer's epistemology can be regarded as self-referential.
- 10) The traditional healing system can be regarded as autonomous at its highest order of recursion.

- 11) In traditional healing the concepts of health and pathology are very closely related. "Therapeutic effectiveness" depends to some degree on letting "illness", or symptoms be.
- 12) The traditional healer tends not to classify emotional disturbance.
- 13) The client system is evaluated using a very broad context.
- 14) The traditional healer can be shown to employ the systemic concept of "binocular vision".
- 15) The traditional healer's intervention aims to return the system to a state of equilibrium.

Links found between the traditional healer's epistemology and existential-phenomenological concepts are :

- 1) The traditional healer's distinction of 'man' allows for no separation between man and his/her world - physical, social and spiritual.
- 2) The traditional healer believes in the strong relatedness of man to the environment.
- 3) The traditional healer and her client live a shared existence.



- 4) The traditional healer lives in an undivided, meaningful world.
- 5) The traditional healer establishes a continuity between herself and her client.
- 6) The traditional healer regards the world as a cosmic totality of meaning and not merely a system of bare facts.
- 7) The traditional healer participates actively in the healing process. She is a participant observer.
- 8) There is a definite link between the traditional healer's epistemology and the phenomenological existentials of spatiality, temporality, bodyhood, human co-existence in a shared world.
- 9) The traditional healer regards man as intentional, always in relation to a certain context.

The researcher's experience of the interview and its context are discussed as an integral part of the research.

Main areas identified for future research are :

- 1) Exploration of a potentially closer working relationship between traditional healers and their western counterparts.
  
- 2) Research into contexts which would facilitate co-operation between traditional healers and other professionals involved in the field of mental health.

---o0o---



UNIVERSITY  
OF  
JOHANNESBURG

CONTENTS

	<u>Page</u>
<u>CHAPTER 1 : INTRODUCTION</u>	1
1.1 Introduction	1
✗ 1.2 Traditional (indigenous) vs western patterns of healing	2
1.3 Holism	5
1.3.1 Holism in Africa	5
1.3.2 The traditional healer's role	6
1.3.3 Ecosystemic theory	6
1.3.4 Phenomenological theory	8
1.4 Research proposal	8
<u>CHAPTER 2 : HOLISTIC APPROACHES TO PSYCHOTHERAPY</u>	10
2.1 <u>Introduction</u>	10
2.2 <u>Aspects of epistemology</u>	11
2.2.1 Boundaries and punctuation	12
2.2.2 Knowing about knowing	15
2.2.3 Punctuation	16
2.2.3.1 Dormitive principles	19
2.2.4 Double description	19
2.2.4.1 Dialectic of form and process	20
2.3 <u>General Systems Theory</u>	21
2.3.1 Definition of a system	24
2.3.2 Types of systems	25
2.3.2.1 An open system	25
2.3.2.2 A closed system	27

	<u>Page</u>
2.3.3 System components	27
2.3.4 Structure	29
2.3.5 System boundaries	30
2.3.6 Ecosystemic epistemology	30
2.3.6.1 A cybernetic epistemology	31
2.3.6.1.1 Simple cybernetics	32
2.3.6.1.2 Cybernetics of cybernetics	34
2.3.6.1.3 Self-reference	34
2.3.6.1.4 Autonomy	35
2.3.6.1.5 Dialectic of calibration and feedback	36
2.3.6.1.6 Cybernetic complementarities	37
2.3.6.1.7 A cybernetic understanding of pathology and health	38
2.4 <u>The existential-phenomenological approach to psychotherapy</u>	40
2.4.1 Phenomenology as a philosophy	41
2.4.1.1 Structure of existence	42
2.4.1.1.1 Man as being-in-the-world (Dasein)	42
2.4.1.1.2 The existentials (modes of being-in-the-world)	46
2.4.1.1.2.1 The spatiality of existence	46
2.4.1.1.2.2 The temporality of existence	48
2.4.1.1.2.3 Human bodyhood	49
2.4.1.1.2.4 Human co-existence in a shared world	50
2.4.1.1.2.5 Existential mood	50

x  
include  
in  
summary

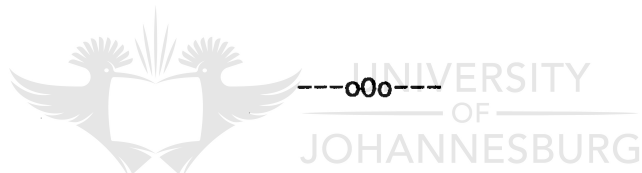


JOHANNESBURG

	<u>Page</u>
2.4.1.1.2.6 The historicity of human existence and memory	51
2.4.1.1.2.7 Death and mortality	52
2.4.2 Phenomenological method	53
2.4.3 Existential-phenomenological psychotherapy	57
2.4.3.1 Word and presence	58
2.4.3.2 Ontological issues in psychotherapy	60
2.4.3.2.1 Life meanings	61
2.4.3.2.2 Meanings, selfhood and authenticity	61
2.4.3.2.3 Freedom, guilt and anxiety	62
2.5 Summary	63
<b><u>CHAPTER 3 : HOLISM IN SOUTH AFRICA AND THE TRADITIONAL HEALER'S ROLE</u></b>	65
3.1 Introduction	65
3.2 Clarification of terms to be used	68
3.2.1 Indigenous healers	68
3.2.2 Amadlozi (the shades)	70
3.2.2.1 Life-death dimension	71
3.2.2.2 Magic-medicine dimension	72
3.2.3 Isiguli	72
3.3 Aspects of Zulu and Xhosa cosmology	74
3.3.1 Important "entities" within Zulu and Xhosa cosmology	75
3.3.1.1 Umvelinqangi	76
3.3.1.2 Amadlozi	76
3.3.1.2.1 Abantu basemlanjeni (river people)	78

	<u>Page</u>
3.3.1.3 Abathakati (witches)	79
3.3.2 The significance of myth	81
3.4 The isangoma's role	82
3.4.1 The calling of an isangoma	83
3.4.1.1 Spirit possession amongst the Zulu	83
3.4.1.2 The descriptive features of ithwasa	84
3.4.1.3 Acceptance of a call	86
3.4.2 The Isangoma group pattern	91
<u>CHAPTER 4 : PRESENTATION OF RESEARCH : INTERVIEW WITH URBAN ISANGOMA</u>	<u>94</u>
4.1 Introduction	94
4.2 Phenomenological research method	95
4.2.1 Nature of the interview	96
4.2.2 Explication phase	97
4.3 Reflection on experience of participant observer (researcher)	99
4.4 Central themes (NMU) and constituent profile description	103
4.5 Essential descriptions	117
4.6 Research conclusions	121
4.6.1 Links between aspects of isangoma's epistemology and ecosystemic theory	121
4.6.2 Links between aspects of isangoma's epistemology and existential-phenomenology	129
4.7 Summary	136

	<u>Page</u>
<b><u>CHAPTER 5 : CONCLUSION</u></b>	<b>137</b>
5.1 Summary of dissertation	137
5.2 Evaluation and implications of research	142
<b>REFERENCES</b>	<b>146</b>
<b>APPENDIX I</b>	<b>158</b>



## CHAPTER 1

### INTRODUCTION

#### 1.1 INTRODUCTION

④ This student has become aware in her training that many of the more Western approaches to psychotherapy are not entirely suited to the needs of black clients in South Africa. These approaches to psychology have a distinctly "first-world" character, and so could conceivably be viewed as not entirely appropriate to the partly "third-world" milieu in which many of the clients live.

Various authors have pointed out that Western psychology has not been able to address the mental health issues of Africa.

② Holdstock (1981) contends that "psychology must certainly rate as one of the most irrelevant endeavours in South African society today" (p. 124), as psychologists have not attempted to understand the psychological principles underlying the life of the people in South Africa.

Dawes (1985) and Stone, Pinderhughes, Spurlock and Weinberg (1978, in Fernando, 1988) accuse the psychological profession of having been unresponsive to South Africa's socio-political context.



While this student is aware of the importance of socio-political issues and in her thesis does not want to deny them, the focus of her study is on traditional healing.

Authors such as Holdstock (1981, 1982), Robbertse (1979, 1984), Buhrmann (1977) and Mkhize (1981) call for an awareness of South Africa's "African" context and argue for the role of the traditional healer to be taken seriously. Buhrmann (1977) regards the traditional healer as the Western psychotherapist's counterpart. Mkhize (1981) believes that the traditional healer is in a good position to offer a more meaningful form of healing amongst his/her people because he/she is always a cultural carrier.

Some authors argue that South Africa has great psychological potential, especially with respect to the holistic principle - the importance many South Africans attach to the physical, spiritual and interpersonal dimensions of being.

## 1.2 TRADITIONAL (INDIGENOUS) VS WESTERN PATTERNS OF HEALING

Torrey (1972) views "witchdoctors" and "psychiatrists" as serving basically the same functions. By "witchdoctors" he refers to all non-Western therapists like shamans and isangomas. By "psychiatrists" he refers to all Western therapists like psychologists, psychiatrists, social workers and counsellors, in general.

Broadly speaking they both might be viewed as helping the malfunctioning individual to adapt positively in his/her society. However, some aspects suggest significant differences between these two healing systems :

Verebille

1.2.1 As a rule, indigenous healers treat their 'patients' as integral components of a family and a community at large, rather than an isolated individual. Their main emphasis according to Mkhize (1981) is on the principles of mutual interaction and the palpable acknowledgement of mutual belonging. They do, therefore, operate from a broader social perspective than the individualistic framework commonly adopted by Western therapists. Gardner (1978) noted that among the indigenous people healing is inextricably woven into the fabric of community life. There is, however, a general awareness in Western psychotherapy for the need to broaden the conceptual treatment model from the individual to a more "community-based" model.

Mkhize (1981) suggests that psychiatric villages, like those to be found in Senegal, Nigeria, Tanzania, Zaire (Schweitzer, 1977), are the result of the influence of the indigenous healing systems. Many posit the notion that it is Western patterns of healing, which frequently disregard the broader social networks, that have created the need for mental asylums where the individual is severely isolated.

To understand the rationale behind the functioning of indigenous healers, it is useful to think of some of the ways in which people make sense of illness in cultural terms. Kleinmann (1977) suggests that each member of a culture carries an "explanatory model" of illness which is typical for the culture and which defines the nature of the illness, its appropriate treatment, and the kind of relationships within which treatment can take place.

1.2.2 Indigenous healers and Western-trained therapists subscribe to different ways of being-in-the-world. Their different theories of causation influence their functioning (Torrey, 1986).

1.2.3 Indigenous healers do not indulge in classifying "patients" as part of a scientific practice. Many Western therapists, particularly psychiatrists, believe that the various psychiatric labels they use have implications for treatment, such that they would reluctantly treat anyone before he or she is parcelled into one or other category of psychiatric syndrome.

1.2.4 According to Mkhize (1981) indigenous healing systems are always characterized by the fact that their healing services have a cathartic effect for both the troubled person and the healer him/herself. The healing is, therefore, viewed as mutually beneficial. Most Western patterns of healing focus on the effect of therapy for the "patient".

### 1.3 HOLISM

Part of the appeal of traditional medicine to Western observers is undoubtedly its holistic approach of viewing the person as more than simply a "sum of organ systems and neuro-physiological hydraulics" (Torrey, 1986, p. 185). The traditional healer is renown for treating the whole person and paying more attention to family and social relationships as they may influence or be influenced by a person's "illness".

Kruger (1974), in describing the world view of the isangoma, expresses Africa's holistic approach well. He says that the isangoma live in an undivided world in which ancestor, dream, plant, animal, and body all belong together.

#### 1.3.1 Holism in Africa

The holistic approach to health regards health as a mind-body-spirit continuum. Senghor (in Reed & Wake, 1979) has said that Europe has given the world a civilization of analytical reasoning, making use of the object, while Africa has given the world a civilization of intuitive reasoning which participates in the object. There is a closeness of life epitomized by the importance attached to dreams, to the intuitive, the imaginative and the symbolic.

Fordham (1964) regards indigenous people as living in "participation mystique", where there is no sharp differentiation between themselves and their environment.

### 1.3.2 The Traditional Healer's Role

Amongst his or her people, the traditional healer is not only psychologist, physician and priest, but is also the tribal historian, and plays a very important role in the maintenance of social stability. He/she, therefore, fulfills a pervasive role.



UNIVERSITY  
OF  
JOHANNESBURG

### 1.3.3 Ecosystemic Theory

Ecosystemic theory is intrinsically a theory of relationships or interactions and inter-relationships. It is a set of related definitions, assumptions and propositions which deal with reality as an integrated hierarchy of organisations and relationships, and concerns itself specifically with living systems (Miller, 1971). Ecosystemic theory represents an epistemological shift from the earlier Newtonian positivistic concept of science with its linear relationships to a cybernetic paradigm postulating a theory of circular inter-relationships (Wassenaar, 1987).

The significance of the theory lies in the shift from an emphasis on parts to an emphasis on the patterns of an organisation involving parts and the whole (Keeney, 1983). Systems theory with its roots in the new physics holds significant implications for the study of human interactions, i.e. interactions between individuals, groups and the environment itself.

The work of Bateson (1972, 1979), who criticizes "mere purposive rationality", Keeney (1979, 1983) who emphasizes the intuitive "right brain" functions of the therapist, Erikson and Rossi (1976) who draw on the creative potential of the therapist's unconscious and Selvini-Palazzoli, Boscolo, Cechin and Prata (1980) who often describe seemingly irrational rituals to families, seem to provide links with the approach of the traditional healer's means of relating to his/her clients and the community he/she serves.

The use of metaphors (Selvini-Palazzoli et al, 1980; Keeney, 1983; Whitaker, 1976) seem to reflect a bigger awareness of unconscious holistic forces that can be used as healing agents.

Ecosystemic thought, with its distinctly anti-positivistic, anti-scientistic approach to human and interpersonal behaviour, might be seen to be compatible with the epistemology of the traditional healer. It might also be used to bridge "Western" and "traditional" healing approaches.

#### 1.3.4 Phenomenological Theory

Perhaps the most critical and important issue related to phenomenological theory and method is that its conception of the human individual is based on the total indissoluble unity or interrelationship of the individual and his/her work. Phenomenological theory views man as intentional - perceiving himself in relation to a certain context. Its methodological approach is said to be a thrusting between the purely objective and purely subjective approaches. It could be regarded as a good way of grasping the essence of an epistemology, as its philosophy seeks to make explicit foundational presuppositions and assumptions by involving the processes of intuition, reflection and description, and is essentially holistic.

#### 1.4 RESEARCH PROPOSAL

The aim of the study for this thesis is to interview an urban traditional healer in an open-ended and exploratory manner, in order to gain some insight into the epistemological premises he/she adheres to regarding illness, health and healing, so as to ascertain whether there are, in fact, links between holistic approaches in psychology, such as ecosystemic theory and phenomenological psychology, and the traditional healer's epistemology.

The interview will be audiotaped and evaluated qualitatively by more than one psychologist to provide a "binocular" view to the traditional healer's paradigm (Keeney, 1983). Phenomenological research methodology is used in explicating the interview, so as to understand as completely as possible the structure of the traditional healer's epistemology. This method could be regarded as extremely appropriate in being able to elucidate essential themes.

Chapter Two explores aspects of epistemology and discusses two holistic approaches to psychotherapy - a cybernetic and an existential phenomenological approach.

Chapter Three explores holism in South Africa the holistic nature of indigenous healing within Zulu and Xhosa cosmologies as they are presently understood, and the role of the traditional healer.

Chapter Four is a presentation of the research material and its phenomenological explication.

Chapter Five examines the important findings of this research, briefly evaluates the research and the conclusions which can be drawn from it.



## CHAPTER 2

### HOLISTIC APPROACHES TO PSYCHOTHERAPY

#### 2.1 INTRODUCTION

An attempt is made in this chapter to examine closely aspects of epistemology, particularly as they pertain to two holistic approaches to psychotherapy, viz. ecosystemic theory and existential-phenomenology.

Epistemology refers to the framework which underpins how one organises and expresses one's knowledge.

General systems theory, in general, and Keeney's (1983) cybernetic epistemology, in particular, provide a set of related definitions, assumptions and propositions which deal with reality in an integrated hierarchy of organisations and relationships. They represent an epistemological shift from the earlier Newtonian positivistic concept of science with its linear relationships to a cybernetic paradigm postulating a theory of circular inter-relationships, and they hold significant implications for the study of human interactions, i.e. interaction between individuals, groups and the environment itself.

This chapter examines the basic tenets of Keeney's (1983) cybernetic epistemology, which might be found to be compatible with the epistemology of the traditional healer.

Existential-phenomenology, essentially an holistic "philosophical" method in psychology, whose task is largely to make explicit the ideas, assumptions and implicit presuppositions upon which one behaves and experiences life, seems to provide a useful and appropriate methodology for exploring the epistemology of the traditional healer and grasping the essence of his/her epistemology.

## 2.2 ASPECTS OF EPISTEMOLOGY

UNIVERSITY  
OF  
JOHANNESBURG

A dictionary definition suggests that "epistemology" is the "theory of the method or grounds of knowledge" (Concise Oxford Dictionary of Current English, 1988). Keeney (1983) uses the term to indicate the basic premises underlying action and cognition. In other words, it is concerned with how people know, think and decide, and the rules of operation that govern cognition. One's epistemology, therefore, reflects the way in which one organises and expresses one's knowledge.

Held and Pols (1985) forward two meanings of the term "epistemology" :

- ( i) a discipline that concerns itself with what knowledge is, how it can be distinguished from belief, and how it is acquired; (this is deemed the more conventional understanding of the term);
  
- (ii) a discipline which concerns itself with what one knows.

Essentially, what one sees will always be shaped by the world in which one is operating. One can choose to operate, for example, within the framework of a lineal or a non-lineal epistemology. It is this choice which leads to the construction, maintaining and experiencing of a specific world view or paradigm (Keeney, 1983).

Keeney (1983) believes that the most basic act of epistemology is the creation of a difference, for it is only by distinguishing one pattern from another that one is able to know one's world.

#### 2.2.1 Boundaries and punctuation

One's epistemology is based on the distinctions one observes. How one makes these distinctions and thereby attributes meaning to events is what Keeney (1983) calls one's "punctuation".

Wilber (1979) contends that one's life is largely spent in drawing boundaries or making distinctions. Every decision one makes, one's every action, one's every word is based on the construction, conscious or unconscious, of boundaries. To make a decision means to draw a boundary line between what to choose and what not to choose. To desire something means to draw a boundary line between pleasurable and painful things and then move toward the former. To maintain an idea means to draw a boundary line between concepts felt to be true and concepts felt not to be true. To study ethics is to learn how to draw a boundary line, disclosing good and evil. To pursue "Western" medicine is to draw with greater clarity a boundary between sickness and health.

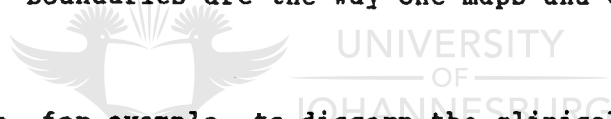
The peculiar thing about a boundary or a distinction is that however complex and rarefied it might be, it actually marks off nothing but an inside versus an outside. For example, one can draw the very simplest form of a boundary line as a circle, and see that it discloses an inside versus an outside :

inside

outside

The opposites of inside versus outside did not exist in themselves until the boundary of the circle was drawn. It is the boundary line itself, in other words, which creates a pair of opposites. So, to draw boundaries is to manufacture opposites.

Every boundary line is also a potential battle line - life against death, pleasure against pain, good against evil, etc. A problem arises when one treats the boundary as real and then manipulates the opposites created by the boundary. One seldom questions the existence of the boundary itself and often forgets entirely that the positive is defined only in terms of the negative. One could put it this way : to destroy the negative is, at the same time, to destroy all possibilities of enjoying the positive, because the two are completely inseparable (Wilber, 1979). Opposites share an implicit identity. They form an "interwoven continuum, a single unified pattern" (p. 22). Boundaries are, therefore, pure illusions - they pretend to separate what is not in fact separable. Boundaries are the way one maps and edits reality.



One is only able, for example, to discern the clinical world by distinguishing between therapist and client, intervention and symptom, solution and problem (Keeney, 1983). A world is discernable in an infinite number of ways; this depends on the distinctions or boundaries one establishes. Punctuation is basic to an understanding of epistemology and refers, primarily, to how sensory-based experiences are organised so that a pattern can be detected. For example, family therapy has drawn the boundary of a symptom around a family rather than an individual.

Keeney (1983) suggests that an observer initially distinguishes and then describes. For example, a therapist's questions and hypotheses could be seen to help create the "reality" of the problem being treated.

Therefore, therapists can be viewed as joining their clients in constructing a shared reality through the epistemological distinctions they establish.

Another important aspect of epistemology is that to understand any sphere of phenomena, one should proceed by noting how it was constructed, i.e. one needs to note what distinctions underlie its construction (Keeney, 1985).

#### 2.2.2 Knowing about Knowing

An epistemologist identifies the way a particular system specifies and maintains forms of punctuation, and this includes an acknowledgement of how the epistemologist comes to know about another system's knowing. This implies a self-referential component, and it is this which generates recursive epistemologies. Here, each item of knowing becomes subject to a higher order of enquiry.

Bugental (1967) expressed it in the following way :

[We] must recognise that the very process of describing the human experience changes that experience and that the more such a description approaches completeness, the more it is apt to be a basis for change in the very experience it describes .... Man's awareness about himself acts as a constantly 'recycling' agency to produce changes in himself (p. 7).

Put another way, one's knowing about therapy changes one's therapy, which subsequently changes one's knowing about therapy. One could see the implications of such thinking in the field of mental health. For example, any effort to "discover" pathology will contribute to the creation of that pathology (Keeney, 1983).

According to Keeney (1983), how one helps construct one's world of experience relies on the following epistemological tools of construction : drawing a distinction, indicating a punctuation; marking orders of recursion; and using double description.

### 2.2.3 Punctuation



UNIVERSITY  
OF  
JOHANNESBURG

The study of the ways one punctuates one's experience becomes a method for identifying one's epistemology. Language is a tool for imposing distinctions on one's world - language is perspectival. A something is implicitly a something by virtue of language. Language is the means by which one's world comes into meaning. One's experience is always projected into the unknown and one's language attempts to follow one's experience (Romanyshyn, in Valle & King, 1978). The way each person punctuates his/her experience is different. Keeney (1983) believes that when one draws a distinction or boundary, one is concomitantly making an "indication" and "[the] use of distinction to create indication is a way of defining 'punctuation'" (p.25).

When relating the above concepts to the therapeutic situation, the following quote from Montalvo (1976) is particularly elucidatory. He defines therapy as an "interpersonal agreement to abrogate the usual rules that structure reality, in order to reshape reality" (p. 333). So, "client" and "therapist" both participate in punctuating the interaction, and in so doing, shape one another's experience.

The therapist is only able to understand another's experience by observing how that person's social context is punctuated. In order to understand he/she must have some way of punctuating that person's punctuation, i.e. an epistemology about that person's epistemology.

Bateson (1958) suggests that a "clinical epistemology" emerges as a result of three orders of distinction, viz., he/she draws primary distinctions to discern what can be called his/her "raw data"; he/she then jumps a level of abstraction and draws distinctions to organise his/her "raw data", and finally, he/she steps back to examine what he/she has done. These three ways of drawing distinctions point to recursion : he/she is drawing distinctions, distinctions upon distinctions, and distinctions upon distinctions upon distinctions (Keeney, 1983), in order to construct an epistemology. This, therefore, allows the therapist to include his/her own observing in his/her observations as an observer!

Recursion refers to a process of "folding in on itself" (Keeney, 1983, p. 31).



He makes mention of Russel and Whitehead's "Principia Mathematica" to clarify the recursion concept, whereby distinctions can be divided into orders of abstraction. Each distinction is a member of a class, and each class is a member of an hierarchically higher class. Keeney (1983) refers to these as "orders of recursion". These orders of recursion implicate a cyclical processing of knowledge, and Keeney (1983) offers a schematic representation of how epistemology can be analysed, differentiating between behaviour, context and metacontext as different orders of recursion. He also distinguishes between "description of process" and "classification of form", where the latter is an abstraction which organises the former. (This diagram below will be discussed further later on in this section, under 2.2.4.1)

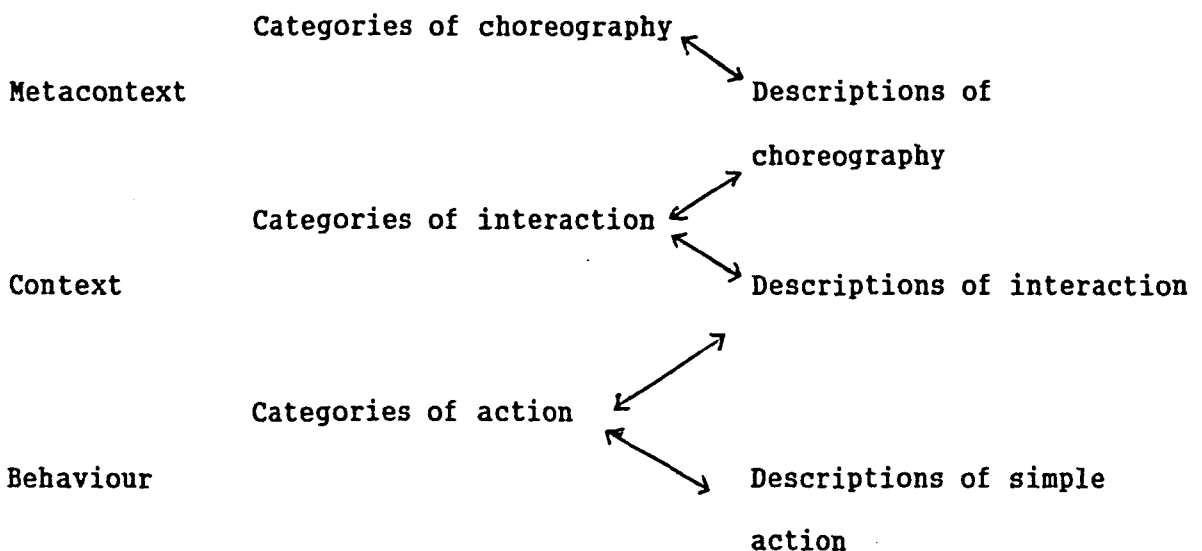


Order of

Recursion

Classification of Form

Descriptions of Process



(Keeney, 1983, p. 41)

#### 2.2.3.1 Dormitive principles

Keeney (1983) says that a "dormitive principle" comes into being when the "cause of a simple action is said to be an abstract word derived from the name for the action" (p. 33). He gives an example of when aggression is explained as being caused by an "aggressive instinct". What is, in fact, happening is that an item of simple action is caused by a class of action. This "recycling" often induces, escalates, and maintains a problematic context. A clinical epistemology would examine how human dilemmas are created and perpetuated by these "epistemological knots".



#### 2.2.4 Double description

When the punctuations of two individuals interacting are simultaneously combined, a view of the whole relationship is attained. This is what Bateson (1979) calls "double description". It is required if one seeks to distinguish patterns of relationship. For example, to consider "leadership" without simultaneously considering "follower behaviour", would be to generate a dormitive principle (Keeney, 1983). By considering the "leader-follower relationship" one is enabled to generate and discern different orders of pattern.

Bateson (1979) suggested two categories of interactive process, viz., complementary and symmetrical relationship, which represent two types of double description. He noted that if there were a mix of the two categories, a "kind of balance" in the pattern of interaction might be reached. However, each category, if left unchecked, would escalate; thereby creating much stress and possible dissolution of the relationship system.

#### 2.2.4.1 Dialectic of form and process

In the schematic representation above, "description of process" makes reference to whatever "unit" is being observed on the basis of sensory-based experience. To move from one order of description to another within this system of analyzing experience, an act of double description is needed - a view from each side of a relationship must be juxtaposed to generate a sense of the relationship as a whole. For example, one can discern interaction by simultaneously considering descriptions of each participant's simple action. At a higher order of analysis, an awareness of "patterns of choreography" is attained by relating interactive episodes.

"Classification of Form" refers to the names given to the patterns which organise simple action, interaction and choreography.

These "names" organise each order of description by connecting its elements together in a meaningful way. From the diagram, one can see how form and process are intertwined. According to Keeney (1983) the broader organisational view demonstrates that action and sequences of action are always part of a more encompassing ecological system.

In the following part of this chapter, Keeney's cybernetic epistemology will be discussed. It is an ecosystemic epistemology which provides "a way of discovering and constructing alternative patterns in the ecology of [one's] experience" (Keeney, 1983, p. 48).



UNIVERSITY  
OF  
JOHANNESBURG

### 2.3 GENERAL SYSTEMS THEORY

Jay Haley, in giving a theory-oriented history of the development of family therapy, has been quoted as saying that until the mid-1950s, therapists thought that in order to bring about change they needed to centre on the "ideas" that people had (Nichols & Everett, 1986). That is, the therapist used an intrapsychic approach. Haley termed this a "vertical model", meaning that the therapist had to penetrate "deeper" or farther down into the psyche of the person in order to change ideas and, consequently, to alter behaviour.

The focus changed during the 1960s, first to how people communicate, and, subsequently, to how they organize (Nichols & Everett, 1986). The move was from an intrapsychic to a systems approach.

---

A brief sketch of the background out of which general systems theory emerged is helpful in understanding the significance of this approach to scientific work, which soon became accepted as a major new orientation to clinical work as well.

For some 1900 years, Western thought tended to be dominated by Aristotelian teleology, which was founded on both reason and faith, an organic world view which carried as its major goal understanding the meaning and significance of things, rather than prediction and control as in later scientific approaches. Beginning approximately with the 17th century, a new scientific approach developed. Various referred to as Galilean, Cartesian, and Newtonian, this mechanistic outlook ruled Western scientific thought and explanation for the next 300 years. According to mechanical theory, everything in the physical world is governed by the inexorable laws of mechanical or linear causality. As the mechanistic viewpoint became solidly established, physics became the basis of all the sciences (Capra, 1983).

The scientist's goal became that of reducing reality into ever-smaller units in order to determine the causes of individual events or units.  
He/she attempted to discern the rules or laws governing the parts and then to understand the complex phenomena as a result of understanding the elementary parts.

According to Nichols and Everett (1986) the breakdown of this outlook began in the 19th century with the discovery of evolution in biology and with other developments that pointed to the inadequacies and shortcomings of the Cartesian-Newtonian views of the universe. The major blow came, however, early in the 20th century, with the introduction of two theories that focused on the nature, function, and relationship of objects. Einstein's revolutionary theory of relativity and further developments in physics that resulted in quantum theory became a major part of scientific explanation. This new physics embodied a world view using holistic, organic, and ecological concepts; a systemic approach which set the stage for the development of general systems theory (Capra, 1983).

At the same time as the emergence of this new physics, organismic theories emerged which call for the study of the organising principles or relationships that result when the entire entity is taken into consideration. Where reductionism deals with parts in isolation, organismic approaches focus on the entire entity and on the relationships that result from the dynamic interaction of the parts of the whole. Any organism is considered as a living system.

General systems theory represents one of the major conceptual and practical changes in the scientific and clinical worlds in the 20th century. As it developed, organization rather than reductionism came to be regarded as the unifying principle in science. Briefly, "the whole is different from the sum of its parts" is a systems approach.

That is, the whole must be examined as a whole, as a system, rather than as the sum of a number of parts.

### 2.3.1 Definition of a system

Some basic tenets of systemic theory will now be discussed.

Various definitions of a system emphasize the aspect of interaction or relationship between parts. Rademeyer (1978) states that systems are bounded regions involving energy interchange among their parts which are functionally related. He postulates that a system consists of a number of elements or subsystems which are interdependent. Such interdependence implies interaction, organisation and integration. Alteration within one element would therefore have profound effects on the system as a whole.

Berrien (1968) describes a system as being a set of components, in interaction with each other, and with the capacity to select, regulate and control the information input and output to and from the system.

Miller (1971) sees a system as a set of interacting units with relationships amongst themselves. The word "set" implies that the units have some common properties, which is essential if they are to interact or have relationships.

The state of each unit is, therefore, constrained by, conditioned by, or dependent on the state of other units.

Keeney (1983) gives two basic rules for discerning a system. Recursive organisation must be perceived, and the system must have feedback structure, i.e. the recursive process must involve self-correction.

### 2.3.2 Types of systems

Concrete systems consist of interacting parts or units which are in themselves also concrete systems. Relationships in concrete systems can be spatial, temporal, spatio-temporal or causal.

#### 2.3.2.1 An Open System

Most concrete systems have boundaries which are at least semi-permeable, permitting sizeable information transmissions to cross them. All living systems are open systems. Their subsystems are integrated together to form actively self-regulating, developing unitary systems with purposes and goals. Open systems are dependent on such interchanges with the environment for survival. All functional systems, in fact, have some exchange with their environment albeit to a lesser or greater degree.



According to Buckley (in Alexander, 1985) this interchange of information with the environment is an essential factor underlying the system's viability, its reproductive ability or continuity and its ability to change.

The characteristics of an open system are information exchange, negentropy and dynamic homeostasis. Entropy is the tendency of a system to go into disorder because of an absence of input, which leads to disorganisation. An open system has negative entropy or negentropy, where environmental intrusion causes the differentiation and specializations of its functions into an increasing complexity of structure. When applied to human systems, differentiation necessitates effective communication and conflict resolution to ensure integration of roles and individuals within a system (Alexander, 1985).

Caetano (1985) makes mention of a model of interaction proposed by Strong and Claiborn, which defines people as open systems and social beings in interaction. Implicit in the term "open system" is the idea that living open systems draw energy continually from their environments and increase and maintain their structural differentiation. Living organisms act on their environments to obtain needed inputs and avoid environmental conditions that threaten their integrity. An organism will alter its behaviour as required by a wide variety of circumstances to achieve a particular end or state.

People can, therefore, be conceptualized as complex open systems, consisting of complex biological, psychological and spiritual entities, while simultaneously being unified beings who act on their environments to create the conditions necessary for their development and maintenance. According to this model, each person's acts are at once a cause of the other's acts and an effect of the other's acts.

#### 2.3.2.2 A Closed System

A closed system has relatively impermeable boundaries through which information transmission is limited. Too impermeable a boundary, preventing exchanges vital to life, brings about the eventual death of a system (Miller, 1971). Such a system seemingly exists in complete isolation from the environment and its influences or interactions. Because complete closure of a system implies death, functional systems are never really completely closed systems, but the transmissions across system boundaries are extremely restricted. Closed systems can only exist in extreme isolation from the environment for limited periods.

#### 2.3.3 System components

All systems are made up of subsystems or sub-elements within the boundaries of that system which exist in interaction with each other.

A significant characteristic is the view that the sum is greater than its parts. Complex systems manifest characteristics not observable at lower levels.

The "suprasystem" of any living system is the next higher system in which it is a component or subsystem. This is differentiated from the environment. In order to survive the system must interact with and adjust to its environment, the other parts of the suprasystem.

In every system it is possible to identify one sort of unit which comes out a distinct and separate process and which is a discrete, separate structure. This unit is a "subsystem" and can be identified by the process it carries out (Miller, 1971).

Sometimes a part of the environment is surrounded by a system and totally included within its boundary. Any such thing not a part of the system's own living structure is called an "inclusion". An inclusion is a subsystem of the system if it carries out or helps in carrying out a critical process of the system; otherwise it is part of the environment. Either way, the system to survive, must adjust to its characteristics.

The maintenance of the unity of a dynamic system and persistence of its capacity to perform its characteristic functions require, not only some restriction across its boundary, but also some provision for ensuring that within the boundary the changes in the parts of the system are co-ordinated one with another.

Change in one component of the system will cause change in all the components of the system as roles need to be adjusted in order to maintain the system's functions. The implication of wholeness is that the system is more complex than the sum of its parts, and it is therefore "necessary to neglect the parts for the gestalt and attend to the core of its complexity, its organisation" (Watzlawick, Beavin & Jackson, 1967, p. 125).

The principle function of the different components of the system is to select, receive and transform the inputs from the environment or suprasystem, and through a process of interaction to transform this information to produce some output or result.

#### 2.3.4 Structure



UNIVERSITY  
OF  
JOHANNESBURG

The structure of a system is the arrangements of its subsystems at any given moment of time. This always changes over time. It may remain fixed for long periods or always be in a state of relative flux depending on the characteristics of the process in the system. Living systems are processes that maintain a persistent structure over relatively long periods despite rapid exchange with the surrounding world (Miller, 1971).

Swartzman (in Skynner, 1976) has said that the most adaptive structure for the organisational complexity characteristic of social systems is by necessity a hierarchy.

The behaviour of adaptive systems can be understood as being dependent upon the order they create from the system.

#### 2.3.5 System boundaries

The universe is a process, a changing structure where the changes also show relationships to one another. Boundaries of systems, which separate them from the environment, are significant for the establishment of structure. They are semi-permeable, allowing for an exchange of information between sub-systems, and a system and its environment, and their function is to protect the differentiation of the system. Problems of boundary maintenance and control arise in all living systems at any level. All exchange provokes temporary disturbance to the pattern, but homeostatic mechanisms, put in motion by feedback, act to maintain an acceptable balance. The clarity of boundaries within a family, for example, is a useful parameter for the evaluation of family functioning (Minuchin, 1974).

#### 2.3.6 Ecosystemic Epistemology

The term "ecosystemic epistemology" tries to integrate ideas about ecology, cybernetics and systems theory into an epistemology that can serve as a basis for therapy. Keeney's (1983) cybernetic epistemology is one of the newer developments in the field of ecosystemic epistemology, and will be discussed below.

#### 2.3.6.1 A Cybernetic Epistemology

"Cybernetics belongs to the science of pattern and organisation which is distinct from any search for material, things, force, and energy" (Keeney, 1983, p. 61). It is a process-oriented punctuation which emphasizes a shift from viewing the parts to an awareness of including both parts and whole into a pattern of organisation.

Whereas the Newtonian world view was anti-contextual, a cybernetic epistemology considers that a therapist will only be able to effectively understand her client if she observes how her client's social context is punctuated. The therapist must attempt to gain an understanding of the client's personal epistemology, i.e. how he/she acquires his/her particular way of knowing the world.

Cybernetics is more than moving from a focus on wholes rather than parts. It is principally concerned with moving from viewing material to concentrating on viewing pattern. It is pattern which organizes the physical and mental processes. The cybernetic therapist proposes that for therapeutic change to take place she must learn to identify form and pattern in therapy (Keeney, 1983).

#### 2.3.6.1.1 Simple Cybernetics

"Pattern organises physical and mental process" (Keeney, 1983, p. 64).

The basic idea of cybernetics is that of feedback. Wiener (in Keeney, 1983, p. 66) defines feedback as :

A method of controlling a system by reinserting into it the results of its past performance .... If .... the information which proceeds backward from the performance is able to change the general method and pattern of performance, we have a process which may be called learning.

Contexts of learning and change are principally concerned with altering or establishing feedback. According to Keeney (1983) successful therapy requires the creation of alternative forms of feedback which will provide an avenue for appropriate change.

The classic example of feedback is the thermostatically controlled heating system. When a fluctuating temperature exceeds the boundaries of a calibrated thermostat, the furnace will be triggered to turn on or off, bringing the temperature back within the desired range. The system therefore monitors its own performance and is self-corrective.

What feedback does is to oppose the direction of the initial change that produced feedback, and this process is known as "negative feedback" (Keeney, 1983).

According to Keeney (1983), feedback processes provide stability for the entire family organisation in all families. An enduring family system is said to be "self-corrective".

Bateson (1972) believes that all change can be understood as the effort to maintain some constancy and all constancy as maintained through change. In cybernetics, one cannot separate stability from change - both are complementary sides of a systemic coin. In essence, cybernetics makes the proposition that change cannot, in fact, be found without a roof of stability over its head (Keeney, 1983). Likewise, stability will always be rooted to underlying processes of change.

If feedback is not subject to higher order control, then unchecked escalation and, what Keeney (1983) calls "schismogenesis" will result. The extreme of this results in the destruction of a system. Keeney views the therapist's goal as the activation of the order of the feedback process which will enable a disturbed ecology to correct itself.

(Keeney does, in fact, prefer thinking in terms of "negative feedback", because he believes that what appears at times to be "positive feedback" is, in fact, a part of higher order negative feedback.



The example he uses is of the escalating build-up of armaments).

#### 2.3.6.1.2 Cybernetics of Cybernetics

Considering the example above of the thermostatically controlled heating system, it is useful to remember that the house's temperature's simple feedback is calibrated by someone who adjusts the thermostat's setting. Therefore, the system is circumscribed by higher orders of feedback control.

The therapist can also, therefore, be viewed at a higher order of recursion as part of a whole system and subject to its feedback constraints. Cybernetics of cybernetics points to the therapists's inclusion and participation in the system.

#### 2.3.6.1.3 Self-reference

The implication of cybernetics of cybernetics epistemologically suggests that one cannot separate the observer from the observed. Rather, it focuses heavily on the recursive relation between the two. This is clearly a perspective which avoids the premises of "objectivity". It does not, however, negate this concept. What is of more value is to examine how an observer participates in the observed.

Howe and von Foerster (1975, in Keeney, 1983, p. 81) describe this view as a "shift from causal unidirectional to mutualistic systemic thinking, from a preoccupation with the properties of the observed to the study of the properties of the observer". This perspective is self-referential, the epistemology participatory. The higher order of process involved contextualizes the pragmatics of simple cybernetics.

#### 2.3.6.1.4 Autonomy

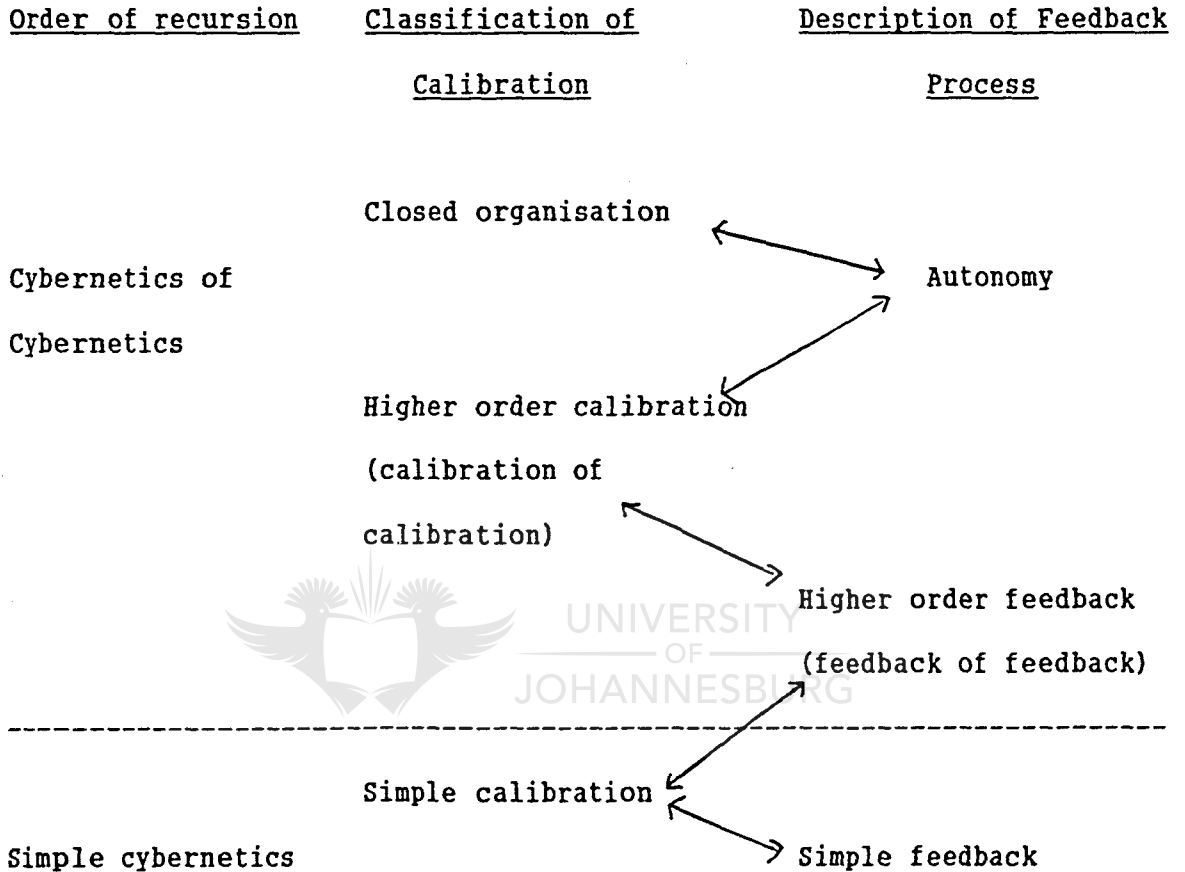
The autonomy of living systems is characterized by closed, recursive organisation. "A system's highest order of recursion or feedback process defines, generates, and maintains the autonomy of a system" (Keeney, 1983, p.84). In so doing, a system's "wholeness" is maintained. One can interact with its "wholeness" in various ways, even though the organization of an autonomous system is closed (Varela, 1976, in Keeney, 1983). The system as a whole acts as a homeostat, in order to hold its own organisation within limits.

Keeney (1983) suggests that a family is an autonomous system at its highest order of recursion. Although the autonomy of the family cannot change, a family's structure or way of maintaining its organisation can change.

#### 2.3.6.1.5 Dialectic of calibration and feedback

The following diagram illustrates how the orders of epistemological analysis (to be seen in 2.2.3) can be translated to the world of cybernetics. "Description of process" in the former translates to "description of feedback process" in the latter, and "classification of form" translates to "classification of calibration". Using this version of the dialectic between form and process, Keeney (1983) suggests one can construct and discern diverse orders of cybernetic calibration and feedback. As with the dialectic between form and process, a dialectical swing through a classification of calibration is required, to move from one order of feedback process to another.

DIALECTIC OF CALIBRATION AND FEEDBACK



2.3.6.1.6 Cybernetic complementarities

A cybernetic complementarity provides an alternative framework for examining distinctions. Varela (1976, in Keeney, 1983, p. 92) gives the following basic form for viewing the sides of a distinction :

"'the it'/'the process leading to it'"

A cybernetic framing of distinctions is reached if one considers both sides as different, yet related. This cybernetic complementarity involves different orders of recursion, where the one side is any situation which is holistic and the other is the corresponding process. For example, form/process, observer/observed, recursive/lineal, mind/body, stability/change (Keeney, 1983, p. 93).

Cybernetics is, in fact, the study of this complementary relation.

#### 2.3.6.1.7 A Cybernetic understanding of pathology and health

Keeney (1983) regards symptoms as providing an indication of where change is required. He regards symptoms as an "escalating sameness". Symptoms are indicative of an escalation in the intensity of raw emotion or in the extremeness of a behaviour. This escalation is kept in check by higher order feedback. In this sense, symptomatic behaviour is a way in which a system can start to adjust itself.

Illness and health are very closely related. Keeney (1983) argues that they are sides of a cybernetic complementarity. This means that a "healthy" individual is not necessarily symptom-free.

He feels that, in therapy, clients should be encouraged to stop fighting their symptoms. The therapist's aim is to provide a context of learning where both she and the client can successfully respond to the self-corrective communication of symptomatic behaviour. A cybernetic system can, through the medium of symptomatic behaviour communicate that a specific epistemological premise is erroneous or ineffective. The therapist's aim is to be sensitive to this communication and also to sensitize the client to it. Therefore, therapeutic effectiveness depends to some degree at least, on letting "illness" or symptoms be, understanding them and learning from them rather than fighting them.

The self-corrective feedback referred to by Keeney (1983) includes both conscious and unconscious orders of mind, and a recursive connection between the two. Furthermore, an adequate connection should be made between technique and higher orders of mental process, i.e. unconscious orders of mind. That which has been lived consciously must be connected to that which has remained unconscious.

The healthy person is a "whole" person, who at the same time is also greatly diversified, i.e. good and bad, both acceptable and unacceptable. In other words, this person lives both sides of a great many dualities.

As far as the issue of responsibility is concerned, neither the family nor identified patient is blamed for problems that they may be experiencing.

Instead, symptoms are perceived as metaphors for an entire ecology. It is, therefore, no longer possible to place the blame on any thing or any one be it a gene, an individual, the neighbourhood or the political system.

Keeney's (1983) thinking is relationship-oriented. He argues that "[in] general, all descriptions of personality characteristics consist of extracted halves of larger relationship patterns" (p. 38). No human action occurs in isolation. Consequently, the pre-condition for understanding actions is an examination of how people's reactions to one another are organized in time. Action is, therefore, always seen in terms of interaction.

#### 2.4 THE EXISTENTIAL PHENOMENOLOGICAL APPROACH TO PSYCHOTHERAPY

It is difficult to separate existential philosophy and phenomenological methodology in their application to psychology. Ellenberger (1958) has pointed out that existential analysis does not supercede phenomenology, but it integrates it as a part of a total system.

Within philosophy, existential phenomenology has become an influential and extremely complicated system of thought. The applications of existentialism to psychotherapy are derived primarily from the thinking of Heidegger and Kierkegaard (Boss, 1979).

#### 2.4.1 Phenomenology as a philosophy

Husserl, a founder of contemporary phenomenology, regarded phenomenology as a science of phenomena, that is, of objects as they are experienced or present themselves in our consciousness. In developing what is essentially a "philosophical" method in psychology, Husserl considered the old philosophical problem of the relation between objective reality and the way in which this reality is perceived or apprehended by the mind. Phenomenology seems to operate from two implicit beliefs :

- ( i ) philosophical enquiry can begin with nothing but the phenomena of consciousness;
- (ii) only phenomena can reveal to one what things essentially are.

Merleau-Ponty (1974) views phenomenology as a "... philosophy which puts essence back into existence, and does not expect to arrive at an understanding of man and the world from any starting point other than that of their 'facticity'" (p. 13).

In short, phenomenology is the study of phenomena as experienced by man. Within this philosophy primary emphasis is on the phenomena itself exactly as it reveals itself to the experiencing subject in all its concreteness and particularity.



Giorgi (1971) pointed out that the approach of phenomenology is characterized by the attitude of openness to whatever is significant for the proper understanding of a phenomenon. Within this framework one is required to concentrate on the experience of the phenomenon exactly as it is given to one, and not to prejudge it nor see it through any specific perspective simply because of previous knowledge about the phenomenon.

Keen (1975) pointed out that :

Phenomenology does not yield new information in the way that science pushes back the frontiers of knowledge. Its task is less to give us new ideas than to make explicit those ideas, assumptions and implicit presuppositions upon which we already behave and experience life (p. 18).

Characteristic of phenomenological philosophy is that in its attempt to study human behaviour all the elements of the person's world form a whole, a pattern of coherence, within which events are intelligible to that particular person.

#### 2.4.1.1 Structure of existence

##### 2.4.1.1.1 Man as being-in-the-world (Dasein)

This is the fundamental concept of existential phenomenology.

Heidegger, in developing his philosophy of man, focussed on the "am" or being question in Descartes' phrase, "I think therefore I am". In terms of thinking, Heidegger would rather say "I am, therefore I think". One's consciousness of being, i.e. of being in the world, precedes all one's thinking about the world (Kruger, 1979). "Man is both the question and the questioner and therefore he must be the starting point of all questions concerning being. Man is the being who is in the world consciously and thus illuminates being" (Kruger, 1979, p. 24). Therefore, man is a being which is always open to other things.

Boss (1957) adapted the major dimensions of Heidegger's ontology for psychology as a philosophical anthropology. For Boss, man is the openness of being who "catches" that which shows itself. So, perception is regarded as a receptive process. Man is only truly man as long as he remains in cohesion with things as they are. To understand being or awareness, one must understand the being of the things-as-they-are, because consciousness intends an object. The nature of things-that-are is presence, both in a spatial and temporal sense. To be present, there must be a clearing, space or openness in which things are able to be present. This clearing is man. So, man is the openness of being or the open domain of being. Heidegger calls man the "light of being". Physical light in a vacuum does not exist in a conscious sense. Only when light is reflected does one know there is light at all. Objects will not be without light. Therefore, through man things are present and revealed. According to Heidegger, if one approaches man in such a way that he shows himself only through himself, his true core comes forward as the open domain of being.

"This understanding of being characterizes and carries his whole existence" (Kruger, 1979, p. 26). Since man is the locale where that which shows can show itself and be comprehended, man can also be called the "there" of being. Hence the term "Dasein" (Boss, 1957). Dasein means being-in-the-world (Da = there; sein = to be). Being-in expresses a richer relationship between man and world. For example, being-in-love is not merely spatial. This understanding has the effect of healing the split between subject and object. Man and the world - the two have to be seen together. "Dasein is not a property or attribute of a person, nor a part of their being, like Freud's ego or Jung's anima; it is the whole of human existence" (Hall & Lindzey, 1978, p. 320).



UNIVERSITY  
OF  
JOHANNESBURG

The implications for psychology of being-in-the-world are :

- (i) Being-in-the-world does not deny the substantiality of the body, but it also sees that man is in dialogue with the world in a way in which a thing is not (e.g. a chair). One is not contained within one's skin. For example, when one is engrossed in conversation with someone, one is "with" the person. The world we live in is "Mitwelt", a world which we share with others. Phenomenology holds that the world is immediately present to man. We communicate with one another and therefore share our world in this way. (That we can know and understand the experience of others is a premise basic to the operation of our whole social world). All psychology depends on communication.

( ii) The world is a system, a cosmic totality, of meanings, and not merely a system of bare facts. Phenomenology believes that the basic supposition of behaviourism, viz. that we perceive stimuli, must fall away. Rather, we perceive meanings, such as trees or people chatting, as opposed to the light or sound waves impinging on the senses. In our society, facts acknowledged as such are based upon consensual validation (the metre is a spatial concept agreed upon by scientists). Man is dependent on others in order to confirm him in his specific humanity and individuality. "The structure of being can develop only in a dialogue with others, and only in dialogue with others can it be articulated" (Kruger, 1979, p. 29).

(iii) First person statements are, in a sense, indisputable. No one but myself can reveal the state of my existence ("I feel", "I think").

Dasein's basic characteristic is its openness to perceiving and responding to what is there in its presence. Boss (1957) speaks of man's "dwelling" in the world to emphasize the inseparable unity of being-in-the-world (Hall & Lindzey, 1978). Man exists in a world comprising three regions : the biological or physical surroundings or landscape, known as the Umwelt or the world around one; the human environment, known as the Mitwelt or with-world or one's social experience; and, one's personal experience, known as the Eigenwelt or own world.

In all these regions or modes "the operation of mind, awareness, is assumed" (Maddi, 1980, p. 141). One could interpret these three modes as general frames of reference. When they merge, a unitary whole is produced.

#### 2.4.1.1.2 The existentials (modes of being-in-the-world)

The existentials are those characteristics which are inherent in every human existence :

#### 2.4.1.1.2.1 The spatiality of existence

The conception of space as pure measurable extension is an assumption generated by Cartesian philosophy. For the phenomenologist, however, one's primary experience of space is essentially important. There is an intimate link between man's bodiliness (the body as something that is lived and as it is experienced) and his spatiality. One speaks of a personal or bodily space. If another person encroaches on one's space, one feels it as an encroachment on oneself. To be oneself, which means the same as being at home in one's body, one needs a space around one in which to move, gesture and express oneself (Kruger, 1979).

Human spatiality is, however, not homogeneous. It is pregnant with meaning. Kruger (1979) believes one should see human spatiality for the individual as being synonymous with his personal horizon at a particular time.

One is always at the centre of one's world. Things are not oriented independently of one, but in relation to one and where one is. It is in this relation that the world appears to be near or far. Pirsig (1977, in Kruger, 1979) says that when one is doing something one enjoys, one does not feel separate from the activity, but one becomes a part of it, as it were. For example, when one is playing tennis, one merges with the racket and the game and does not sense separateness. It is as though the racket is an extension of oneself.

One does not observe things in terms of their objective, measurable qualities. One sees them in the context of oneself and the context in which they appear.

"Our moods are embodied in the nearness and farness of things trusted and not trusted. People who are depressed or tortured by doubt see an empty and desolate landscape" (Kruger, 1979, p. 50). Space as mood is the foundational characteristic of the way in which one opens the world up to oneself. So, spatiality is not an inner structure but is reflected in one's experience of the world.

2.4.1.1.2.2 The temporality of existence

Man always stands in relation to time. The popular conception of time is measured time. Measured time is seen as an infinite series of "now" points. Each "now" is earlier or later than another. While space is usually thought of as having three simultaneous dimensions, time is given only one. Past, present and future are supposed to exist only in succession.

However, the above construction is a secondary construction of time. "Lived" time precedes measured time. Without man there would be no time. Time characterizes man's existence. A watch can only tell one "how much" time it is, "how much" time has passed, etc. Every determination of "how much" time assumes that one "has" time. When one speaks of having time one remains directed to what one has time for (Boss, 1979).

In "lived" time, one simultaneously confronts the three ecstasies of time, i.e past, present and future. The past speaks to one in the present. One cannot get in touch with the past as past. Therefore, the past that is significant is the present past. According to van den Berg (1972, in Kruger, 1979, p. 57) the present is :

An invitation from out of the future to gain mastery over  
bygone times ....

[It] becomes clear why the neurotic .... worries about his past, the past that seems chaos to him. The future becomes inaccessible, for an accessible future means a well-ordered past".

#### 2.4.1.1.2.3 Human bodyhood

Boss (1979) contends that man is a body. He is a body related to the world and exists in relation to the world. His bodyhood is not limited to what lies within the skin, but extends as far as his relationship to the world. Man is not 'aware' of his body unless it becomes an object for him. When he is sick or injured his body becomes an obstruction to his living fully. It is only when man becomes self-conscious and reflects on his body, that he becomes acutely aware of having a body.

One's body shapes itself according to its task in the world, i.e. one embodies one's existence. "The nature of one's bodiliness shows itself in the glance, the handshake, the gait, the gesture, the upright or slouching bearing, etc." (Kruger, 1979, p. 32). One is partially detached if one sees one's body as an object. The boundaries of one's bodyhood "coincide with those of [one's] openness to the world" (Hall & Lindzey, 1978, p. 327).



#### 2.4.1.1.2.4 Human co-existence in a shared world

"The fundamental trait of the existential co-existence of human beings appears in their jointly sustaining and maintaining the openness of the world they clear in common" (Boss, 1979, p. 106). The capacity to be lonely suggests the inherent co-existence of human beings in their shared world. Being human means being in relation to others.

Heidegger (1972, in Kruger, 1979) deemed empathy only possible because there is already an originary being-with-each-other or Mitsein. Boss (1979) carried over this idea, suggesting that one needs to be with another in order to feel with that person.

Humans share in one another's reality, therefore are accessible to one another. When one has a good relationship with someone, both people are in a world together. When one is with someone one does not get along with, one is uncomfortable.

#### 2.4.1.1.2.5 Existential mood

One's Dasein is always characterized by some basic mood. The concept of existential mood explains why one's openness to the world expands and contracts.

One is always attuned to the world, i.e. open to the world in a certain way. Attunement implies focussing on certain experiences rather than on others. If one is feeling vulnerable, for example, one feels open to hurt by the world.

A fundamental mood is one's characteristic attunedness to the world. This can be differentiated into two basic groups :

- ( i ) affects or emotions, such as rage. Here it is as though the feeling takes me over;
- (ii) passions, which seem to be fed by one, such as love or hate. Such a passion gathers one's whole Dasein together.

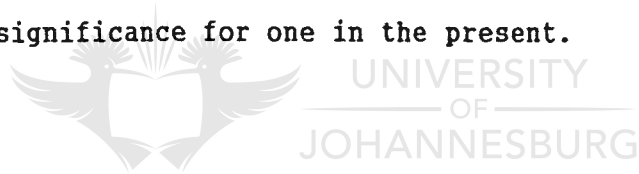
Boss (1979) says that a mood of "composed, joyous serenity [a letting-be-ness] .... is a clearness and openness in which a human being is emotionally connected to everything he meets" (p. 112). One is not constricted in this mood. Laughter is an expansive phenomenon, as opposed to crying, in which one "closes up".

#### 2.4.1.1.2.6 The historicity of human existence and memory

Dasein is historical, in the sense that one is one's whole life-history and one is one's lived time.

One's life-history, therefore, includes the future and the ultimate horizon of one's future in death. Who one is, is determined by one's past and by what one intends to do.

Memory is the memory of the past as lived in the past. For example, the things of one's childhood which had an influence on one were the things as they were then. Everything then seemed so much bigger, like distances from one's house to the fence. As an adult now the reality is much smaller. The past is also never remembered objectively. One does not retain all one has experienced, but only those things to which one relates or which have significance for one in the present.



#### 2.4.1.1.2.7 Death and mortality

"Death is the unsurpassable limit of human existence" (Boss, 1979, p. 119). The knowledge of death leaves man no choice. He is compelled to exist in some sort of permanent relationship to death. Man's death is distinctly his own. This is where the existential concept of authenticity comes into play. One who lives authentically is not one that follows blindly the norms of the group. It is important to live authentically. If one has lived one's life to the full, according to Boss (1979), death seems to lose his sting.

#### 2.4.2 Phenomenological method

The phenomenological method is concerned with examining whatever is formed in consciousness. In other words, it is a specific procedure designed to explore man's immediate consciousness and experience.

Phenomenological method essentially involves the processes of intuition, reflection, and description. This suggests that one, first, concentrate to the best degree possible on what is given or being experienced and, only secondly, ask more specific questions about the phenomenon.

In developing the phenomenological method, Husserl refers to a number of steps, the most important of which is the process of phenomenological description. This process involves :

.... intuiting, analyzing and describing. Intuiting means an intense concentration on, or attentive internal gaze at, the phenomena; analyzing is finding the various constituents of the phenomena, and their relationship; describing is an account of the intuited and analyzed phenomena so that they can be understood by others (Spiegelberg, 1972, p. 7).

The function of this technique seems to be to apprehend the essences of things through the phenomena. The phenomenal data to be explored include perceptions, feelings, images, memories, ideas, and everything else that appears in consciousness.

The available data is accepted, and described without putting any value judgements or presuppositions on it. Misiak (1973) recommends that past knowledge, modes of thinking, and theoretical biases must be kept in abeyance or "bracketed out" in order to view the phenomenal world in all its richness and purity.

To be more specific, phenomenological methodology :

.... is more an approach, an attitude, an investigative posture with a certain set of goals .... the method used in one research project is not necessarily appropriate in another one .... to use the same method on two different problems violates the phenomenological attitude, the attitude that seeks to meet phenomena on their own terms and to press them into the mould of preconceptions (Keen, 1975, p. 41)

The observation is accomplished by means of an operation of the mind which Husserl called the epoch or psychological phenomenological reduction. To obtain the epoch an observer has to put his world between brackets by excluding from his mind not only any judgement of value about the phenomena but also any affirmation whatever concerning their cause and background; he even strives to exclude the distinction of subject and object (Ellenberger, 1970).

With this method, observation is greatly enhanced : the less apparent elements of phenomena manifest themselves with increasing richness and variety, and eventually previously unnoticed structures of phenomena may become apparent.

The most critical and important issue of the existential phenomenological method is that its conception of the human individual is based on the total indissoluble unity or interrelationship of the individual and his/her world. Within this framework the person is viewed as having no existence apart from the world and the world as having no existence apart from persons. In this respect each individual and his/her world are said to co-constitute one another.

Since this method is based on an ontological framework that sees man's existence as necessarily embedded in and inseparable from a unique world, psychotherapists who operate from this framework do not examine a person or his/her life history, but the world in which that person is.

Rollo May (1958) puts it so :



UNIVERSITY  
OF  
JOHANNESBURG

.... a knowledge of the drives and mechanisms which are in operation in the other person's behaviour is useful; a familiarity with his patterns of interpersonal relationships is highly relevant; information about his social conditioning, the meaning of particular gestures and symbolic actions is of course to the point (p. 38).

However, all this knowledge falls onto a quite different level when the overarching, most real fact of all, viz. the immediate living person himself is confronted.

Phenomenologists view man as intentional, that is, man always perceives himself in relation to a certain context, not in isolation.

The assumption of man's intentionality results in a perception of man as an active responsible agent whose behaviour is always meaningful and significant.

This methodological approach encourages researchers to incorporate and integrate their methods and the phenomena they study rather than to operate within a system of "scientific neutrality" (Kruger, 1974).

A phenomenological psychotherapist starts off by trying to come to a consistent idea of what it means to be a human being. He works on the assumption that if one thinks of oneself as a person and identity one assumes that man is not an isolated subjectivity. For him, being human means being conscious of something except when one is asleep, and when one is in that state one's consciousness comes in the form of dreams. Whether a person's consciousness is in the form of a dream or an image, being human means being in the world and being-in-the-world means being in dialogue with the world. Man without world is unthinkable.

Valle and King (1978) maintain that existential phenomenological psychology is not purely objective in nature, and from the discussion of the intentional nature of consciousness, it is equally evident that it is not purely subjective. "By treating perception as intentional in nature, the objective and subjective are seen as inseparable, one unable to exist without the other" (Valle & King, 1978, p. 14). The basic belief here is that any approach which is totally objective or totally subjective confuses and distorts the very phenomena it seeks to explain.

Another important feature of this method is that it rejects the notion of causality. Cause-effect relationships have no place in the elucidating of the life-world since the person and his/her world co-constitute one another, rather than events in one realm causing events in the other.

#### 2.4.3 Existential-phenomenological psychotherapy

Existential phenomenological psychotherapy was not specially "invented", but grew out of existing therapies, especially Freudian psycho-analysis. It does not call for any particular technique, nor does it describe a specialized approach. Rather, it tries to clarify what it is that actually comes to pass in the therapeutic interaction, to look at what sort of a being man is in order for psychotherapy to be possible at all and to find a language which adequately and rigorously describes the nature of the therapeutic encounter (Kruger, 1984).

Medard Boss (1957, 1975) arrived at Daseinsanalysis by confronting and "dialoguing" Freud's basic conceptions with the ontology of Heidegger's Sein und Zeit. He moves from the reductionistic conceptions of Freud towards conceptions which characterize human existence more adequately.



So, he moves from Freud's "psychic apparatus" to the conception of a human being-in-the-world, from an intrapsychic unconsciousness to the "hiddenness" of being; from psychic repression to a conception of man's freedom to choose to live his possibilities or to deny them; from a conception of transference to a conception of encounter and so on. For Boss, just about everything Freud had said about the actual happening of therapy is true, everything he said about metapsychology is incorrect.

#### 2.4.3.1 Word and presence

For Boss (1975) the "word" is central in psychotherapy. For existential phenomenology, the word is more than a tool used by the analyst in an interpretive dialogue, more than an expression of empathic, congruent confirmation of the client's self by the therapist (a la Rogers). The word is the constitution of our being together in a shared world (Kruger, 1984). The world which is shared is called into presence by language - the spoken and the unspoken words. "The gesture and the glance together with the words and the silence is the true language of psychotherapy" (Kruger, 1984, p. 233). According to van den Berg (1980), psychotherapy is a phenomenology of presence, a study of how therapist and client are present to one another. This presence to one another always involves the extent to which their worlds become shareable.

Unless the therapist is a real participant in the relationship and consciously recognizes this fact, he/she will not be able to clearly discern what is in fact going on. He/she can only do this by a fuller awareness of the existential situation - the real, living relationship. Therapy will tend to "analyze out" the ways of behaving which destroy presence (that includes whatever in the therapist blocks full presence).

The unspoken assumption in many therapeutic approaches and in research on psychotherapy is that therapy is something that the therapist does and that the client receives. This is, however, not confirmed by the actual experience of clients. Eppel (1978, in Kruger, 1984) indicates that the client experiences his relationship with the therapist as crucial. The therapist's listening to the client is not experienced as merely hearing the client, but rather an act of listening which also reflects the kind of person that he is. Fessler (1983, in Kruger, 1984) introduces data showing that what the therapist thought the client was experiencing is not necessarily what the client in fact experiences. Eppel found that the client's experience of psychotherapy could be described in terms of the following :

- 2.4.3.1.1 the actual sessions and movement from the initial stages to the more meaningful later stages;
- 2.4.3.1.2 the client's experience of insight;
- 2.4.3.1.3 experience of the therapist and the relationship to him;
- 2.4.3.1.4 the value of the therapy in terms of how the client presently experiences his existence;

2.4.3.1.5 the client's general experience of therapy and his evaluation of it (in Kruger, 1984).

The experience of the therapist cannot be divorced from the process of the therapy itself. The therapist is continually processing what is happening in the therapeutic space and he/she is actively, positively within it, rather than simply existing in it. He/she experiences him/herself as operating in two modes, viz. emotionally responding in process, and cognitively processing the experience. The therapist seems to be moving into the client's life-world, returning to her own experiential being, reflecting upon, integrating and assimilating the movement.

Therefore, there is no therapist in him/herself, no client in him/herself and no psychotherapy in itself, but always a psychotherapy as constituted by a specific therapist and a specific client. The therapist has to "intuit" the client's vulnerability all the time, and adapt her behaviour so that the client can cope with the intensity of feeling evoked by this vulnerability. In this way she creates the therapeutic space in which the client can feel comfortable.

#### 2.4.3.2 Ontological issues in psychotherapy

Kruger (1984) believes that the basic ontological issues are to be found in life meanings, selfhood, authenticity, freedom, guilt, and anxiety.

#### 2.4.3.2.1 Life meanings

The tragic fact that some people find life to be meaningless, does not mean that the world is intrinsically meaningless. The idea of the world and the things as being meaningless entities can only have arisen as a result of a long history of Western thought by which all reality was conceived to exist as measurable and calculable in principle. Any meaning that things have, is not intrinsic to it but must have been assigned to it from the side of the subject, which means that one's captivity is intimately intertwined with the Cartesian dualistic split. Man lives in and has relationship to the world and fellow man, and within this relationship the world, as it is present to one, is always a meaningful structure (Kruger, 1984).

#### 2.4.3.2.2 Meanings, selfhood and authenticity

The aim of psychotherapy is to "make whole" or heal by helping people to grow towards selfhood and authenticity. Inauthenticity does not necessarily make one need psychotherapy, but one does face a crisis as soon as one discovers that there are limits to adaptation.

#### 2.4.3.2.3 Freedom, guilt and anxiety

Freedom implies responsibility and guilt, according to Kruger (1984). He continues by saying that guilt arises from the very core of being - one always owes something to one's own existence. The call is from oneself to oneself. However, the self is not something within one, it is a structure of relations with a cosmic totality which one calls the world. One is an authentic self to the extent that this particular set of relationships has been taken into one's own existence and owned. If one answers the call there is a growth in authenticity in that one has taken up a set of possibilities as part of one's unique existence. But one does not then become guilt free. One is "guilty" in that in choosing one alternative, others have been excluded.

Man is always in front of himself in that he lives towards the future, and he owes it to himself to take up both future and neglected possibilities.

Both guilt and authenticity are central concerns of existential phenomenological psychotherapy. So is anxiety. All anxiety ultimately is Dasein confronting non-being. The ultimate source of one's anxiety is one's "finitude" which means that one only has a limited time to actualize one's projects.

Therefore, it is death that constitutes the background to anxiety (Kruger, 1984).

Therapy means a series of encounters enabling the client to live more authentically, i.e. to find those meaning coherences which specially appeal to him and, in so doing, to be able to come to terms with existential guilt and the meaning of life.

## 2.5 SUMMARY

This chapter attempted to explore aspects of epistemology, the initial discussion based largely on the work of Keeney (1983) and Wilber (1979) and elucidating concepts such as boundaries, punctuation, double description, and orders of epistemological analysis.

With this understanding of epistemology, two holistic approaches to psychotherapy were discussed. Ecosystemic theory, in particular Keeney's (1983) cybernetic epistemology, were considered. This is an holistic approach, whose significance lies in its emphasis on the patterns of an organisation involving parts and the whole, and also its implications for the study of human interactions. The basic tenets of Keeney's (1983) cybernetic epistemology might be found to be compatible with the epistemology of the traditional healer, who lives in an undivided world which views the person as more than simply a "sum of organ systems and neurophysiological hydraulics" (Torrey, 1986, p. 185).

A cybernetic epistemology takes into account bigger contexts and could, therefore, be reconciled to studying "cultural" phenomena.

Another holistic approach discussed, which seems to share certain fundamental aspects of epistemology with ecosystemic theory, was that of existential-phenomenology. Its role as a philosophy, its method and its form of psychotherapy were detailed. It basically represents the study of phenomena as experienced by man, and its methodology aims to make explicit what is implicit in one's ideas, assumptions and pre-suppositions. Because this methodology seems useful if one wants to explicate the essence of an epistemology, this student will be employing it to do just this with regard to the traditional healer's epistemology in chapter four.



UNIVERSITY  
OF  
JOHANNESBURG

## CHAPTER 3

### HOLISM IN SOUTH AFRICA AND THE TRADITIONAL HEALER'S ROLE

#### 3.1 INTRODUCTION

As early as 1926, Jan Christian Smuts - in his work Holism and Evolution - articulated the idea that all aspects of the universe form indivisible wholes. Material, organic and spiritual wholes are not isolated entities but profoundly reticulated systems of interactions and interconnections. Smuts believed that together these systems tend towards ever-increasing order, directed by an overriding holistic principle. Parrinder (1969) echoed these sentiments, stressing that man is not just an individual, or even merely a social being. He is a "vital force" which is in close and continuing contact with other forces. He influences them but they constantly influence him.

Part of the appeal of traditional medicine to Western observers is undoubtedly its holistic approach of viewing the .... client .... as more than simply a sum of organ systems and neuro-physiological hydraulics. The traditional healer is renowned for treating the whole person and paying more attention to family and social relationships as they may influence or be influenced by the person's malady (Torrey, 1986, p. 185).



Berglund (1976) quotes a Zulu medical practitioner as saying that Western people have failed to see that in Africa a human being is an entity which is not divided up into various sections such as the physical body, the soul and the spirit. When a Zulu is sick it is the whole man that is sick, his physical as well as his spiritual being which is affected. The traditional Xhosa has no systematic concepts by which he can differentiate between himself and the body that he has or possesses. When he administers medicine he does so in order to strengthen the person and the home, "not strengthen the body of anatomy or the building that we call house" (Kruger, 1974, p. 40).

(H) Holdstock (1979) points to the inextricable relationship which exists between indigenous healing and the emotional and spiritual dimensions of being. The holistic nature of indigenous healing is well-illustrated by the fact that the interpersonal network of one's life not only includes members of the extended family but also the deceased ancestors (the ancestral spirit or shade is the person and not just part of him/her).

Systems of traditional healing usually have an holistic approach to "illness", in which the individual is seen in relation to the environment, ecological and social (Arsenberg, 1981). Over the past twenty years, medical anthropologists, cross-cultural psychologists and psychiatrists have greatly advanced our knowledge of indigenous healing systems : what they are, how they fit into a particular social context, how they compare with psychotherapy and biomedical health care, and what they reveal about the healing process generally (Salmon, 1984).

This chapter seeks to draw together some of this knowledge gained from the literature about traditional healing. In particular, it is deemed both important and useful to discuss traditional healing within the context of Zulu and Xhosa cosmologies.

The black population of the Republic of South Africa is divided into four main language groups. Two of these are very large - the Nguni and Sotho - and two (Venda and Tsonga) rather small. The Nguni group includes the Zulu, Swazi and Cape Nguni, which itself comprises such groups as the Mpondo, Xhosa, Thembu, Mpondomise (Hammond-Tooke, 1975).

The Zulu cosmology is discussed because the traditional healer interviewed for the purposes of this thesis happens to be Zulu and so, this information may well place the interview in a more appropriate context. Both cosmologies can also be said to be typically South African in nature and so, perhaps, give a soupcon of what is inevitably a larger picture of traditional healing in South Africa as a whole. (There also appears to be considerably more literature about these cosmologies specifically).

The discussion of these cosmologies, and, in particular, the traditional healer's role, aim to elucidate certain epistemological issues pursued in the interview with the traditional healer in the following chapter.

### 3.2 CLARIFICATION OF TERMS TO BE USED

The concepts to be used will be clarified by giving their dictionary meanings and an understanding of their operational functioning.

#### 3.2.1 Indigenous Healers

Indigenous healing in this study refers to the healing system which is traditional within the Zulu and Xhosa cosmologies. Indigenous healers will be referred to as the Zulu isangoma or the Xhosa iqqira. A person referred to as an isangoma or iqqira is a person who has undertaken the process of ukuthwasa (novice training).

Doke and Vilakazi (1948) explain the term "ukuthwasa" as : "... that which comes out revived after a certain period of disappearance" (p. 812). These researchers see "ithwasa" (singular of amathwasa) to be a person who emerges like the season or new moon. Berglund (1976) refers to the process of ukuthwasa as the brooding of the "shades" over man.

In short, the "shades" often choose a person, "brood" over that person for a certain period and when he/she emerges he/she will be a new person with healing powers.

This person will then undertake certain rituals and sacrifices, and will then be said to be possessed by the spirit of the "shades", and will be endowed with the ability to divine and will then be referred to as isangoma.

Kruger (1976) states that :

[the] Xhosa diviner ... is concerned with the sick or troubled person, home or family ... he or she is a ritual specialist whose function it is to restore the balance between good and evil that is to be manifest in the person, the society, and the physical world (in Schweitzer, 1977, p. 17).

This statement suggests that the isangoma always works with the troubled person in terms of that person's social environment.

Therefore, a marked characteristic of the isangoma is his/her cultural insight. When working with the troubled person he/she gives attention to the total person, manifested as an holistic unit, with the extended family, community and the ancestral shadows taken into account (Boyer & Boyer, 1977; Wessels, 1985).

An operational definition of isangoma can be seen in relation to the functioning of "Western" therapists. Unlike the highly private nature of the Western therapist, the isangoma always functions in the full view of a person's extended kin system. Rappaport and Dent (1979) suggest that this strategy has a unique effect in that once the treatment is concluded, the patient and witnesses share the belief that a "cure" has occurred.

This shared faith in the patient undoubtedly plays a vital part in helping the patient to become re-integrated into his/her community and also reinforces the group belief in the practitioner's powers. This operational definition of the isangoma seems to put her in a unique position as compared with the Western therapist who would rarely evoke dramatic proclamations of cure.

(In this study the isangoma will in most instances be referred to as "she" since most researchers maintain that most isangomas are women).



UNIVERSITY  
OF  
JOHANNESBURG

### 3.2.2 Amadlozi (the Shades)

In this study the term "ancestor" is avoided since the concept suggests ascendants who are dead. Zulu concepts, however, are said to assume a very close and intimate relationship and association within the lineage between the departed and their survivors (Berglund, 1976).

Although the dead are no longer visible in human form, they are believed to be closer to "umvelinqangi" (which literally means "the one who came first" and who is equivalent in status to God) and as a result are regarded as mediators between man and God (Mkhize, 1981).

In order to clarify the "shades" concept, it is useful to consider the stage at which a dead person becomes idlozi (singular of amadlozi) so that his people can communicate with him. Sibisi (1975) maintains that soon after death the spirit is believed to be in an "in-between state". The dead person's next of kin will mourn that person for a certain period of time. At the end of their mourning period, a sacrifice is performed to integrate him with the rest of the "ancestral" cult. When a sacrifice has been made a person is then said to be idlozi and will have power to influence the lives of the living. An example of this power is spirit possession, in the case of a diviner (Edwards, Grobbelaar, Makunga, Sibaya, Nene, Kunene & Magwaza, 1983).

An idlozi can be said to be a basic and dynamic life principle, which essentially means that an idlozi pervades a person's life from the cradle to the grave.

The following characteristics of amadlozi are useful in trying to understand how they operate :

#### 3.2.2.1 Life-Death dimension

The main pre-occupation of the amadlozi is the appropriation of life. They possess extraordinary power and offer protection against diminution of life.

### 3.2.2.2 Magic-medicine dimension

Hammond-Tooke (1974) saw this dimension to be essential in trying to conceptualize the illness befalling the indigenous people. His research suggested that, in relation to this magic-medicine dimension many indigenous people believe that "ancestrally-sent" misfortune is due to a breach of religious or kinship duties, whereas "witchcraft-sent" misfortune or illness may be incurable or may result in death.

### 3.2.3 Isiguli



UNIVERSITY  
OF  
JOHANNESBURG

The isangoma frequently refers to the "patient" as isiguli. The word isiguli as it will be used in this study will refer to people who are believed to be "sick" mainly because the relationship between themselves and their ancestors is disturbed. So, the word isiguli refers to a person who is questioning the meaning of her existence in terms of the whole ancestral world. This is seen to be the case in "ithwasa".

Sibisi (1975), when talking about ithwasa as isiguli, pointed out that the history of ukuthwasa could be traced back as far as the origin and existence of black people.

Many researchers concerned with how the isangoma functions, maintain that the emotional crisis of ukuthwasa is always accompanied by symptoms of a "disease entity". That is, the experiences of a novice manifest themselves in the form of a disease or illness, but it is only when these symptoms are viewed within the Zulu or Xhosa cosmologies that they are interpreted as symptoms of a person who is in a state of "becoming", rather than an "illness".

Characteristically, an isiguli who is possessed by the ancestral spirits may, for instance, experience loss of appetite or develop unusual food preferences. She prefers food which is believed to be good for the amadlozi. She may even complain of aches and pains in different parts of her body. She becomes morose and may go about constantly weeping. She becomes plagued by dreams or to use Callaway's words (1970, in Mkhize, 1981), she becomes "a house of dreams" (p.16). (Laubscher (1973) points out that the high frequency of dreams causes the isiguli to be agitated). At this stage the isiguli will withdraw and avoid social interaction of any sort.

In urban areas where there tends to be a loosening of cultural beliefs, this stage of ukuthwasa is often confused with "mental illness". The word isiguli, used in this context, has no implications for psychopathology or sickness based on the medical model. This becomes clear only when this cultural experience is interpreted within the context in which it manifests itself (Jilek, 1986). It is, therefore, impossible to separate the individual from the environment in which he/she functions (Neki, Joinet, Ndosu & Kilonzo, 1986).



### 3.3 ASPECTS OF ZULU AND XHOSA COSMOLOGY

No one can understand, respect fully or enter the inner world of another, be that other a person of his own culture or from another culture, without knowing the history of his people and their world-view, or how that person experiences and interprets personal and historical events (Buhrmann, 1984, p. 24).

Hammond-Tooke (1974) suggests that the elements of the cosmology of a group of people play a significant role in the formation of their "personality". The analysis of the cosmology of a society is important because it provides emotional support in times of distress as well as an authoritative explanatory theory for the important questions man poses to himself (Hammond-Tooke, 1974; Boyer & Boyer, 1977; Neki et al, 1986).

Hammond-Tooke (1974) has pointed to the fundamental differences in the ideas of causation between "Western" man and the African, and suggests that it is the interest in the "why" question, as opposed to the explanatory "how" questions, which distinguishes what he terms the pre-scientific world view from scientific ones.

The importance of the individual resides largely in his service to the group. On the whole, his personal achievements are secondary (Buhrmann, 1984). There is, therefore, considerable inter-dependence within each group, as it is defined.

Treatment is not individual, but requires the co-operation of the family and at times the active treatment of others in the family.

One's cosmology is relevant, particularly as it pertains to mental health and ill-health. "Western" medicine tends to divide illness into different categories of somatic, psychological and psychosomatic; the Xhosa and Zulu peoples do not. They tend to say that "when a part of me is ill, the whole of me is ill", irrespective of what the illness is.

Traditional Xhosa and Zulu cosmology suggests that these people are closely related to nature and, for them, events in their natural surroundings are usually pregnant with some esoteric meaning, some mythical or symbolic influence. They seem to have a cosmic relatedness which makes it possible for them to share in the created world and the world, still in the process of being created, in a meaningful way (Buhrmann, 1984).

Hammond-Tooke (in Schweitzer & Buhrmann, 1978) believes that according to Xhosa and Zulu cosmology, one operates within a personalized model, in which the world is governed by vital forces considered to be causal agencies in the explanation of illness, health, fortune and misfortune. These important "entities" will now be discussed.

### 3.3.1 Important "entities" within Zulu and Xhosa Cosmologies

One can roughly divide these into four :

3.3.1.1 Umvelinqangi - the Supreme Being

3.3.1.2 Amadlozi - the Shades

3.3.1.2.1 Abantu Basemlanjeni - River People

3.3.1.3 Abathakathi - Witches

(Sibisi, 1975; Hammond-Tooke, 1975; Mkhize, 1981;  
Schweitzer & Buhrmann, 1978)

3.3.1.1 Umvelinqangi

Many researchers have made reference to the fact that central to all religions is the belief in the existence of a supernatural, transcendental Being who is an ever-present, ever-active and ever-acting reality in the world. The Zulu and Xhosa are no exception to this. Zulu and Xhosa traditional religion holds a belief in the existence of Umvelinqangi (equivalent to "God" in other cultures) (Buhrmann, 1984). They always associate Umvelinqangi with creation. They do not involve "him" as they do the isangoma in their everyday interaction. Hammond-Tooke (1975) sees this supreme being as loosely integrated into the cosmological system.

3.3.1.2 Amadlozi

In the spiritual hierarchy, the ancestral spirits - Amadlozi - fall immediately below Umvelinqangi.

They are believed to be very influential in the Zulu and Xhosa world views. They are responsible for the explanation of the meaning of existence, and are responsible for guiding, protecting and disciplining their descendants, and to have communion with them. When things go well the Xhosa say, "the ancestors are with us" (abaphansi banathi) and when misfortune occurs they say, "the ancestors are facing away from us" (abaphansi basifulathele) (Buhrmann, 1984).

Characteristically, amadlozi " ... are identified with the breath (umphefumulo) which symbolises the life principle and ... provide an economical explanatory theory for the phenomena of dreams, trance and death" (Hammond-Tooke, 1975, p. 17).

According to Sibisi (1975) this umphefumulo has to first undergo the ukubuyisa ritual - a ritual whereby the "soul" of the dead person is incorporated into the category of the "shades". Operationally, the "shades" play an indispensable role as they are the "spirits" or the "living dead" that possess an isangoma so that she can have divination powers. The "shades" frequently communicate through dreams to their descendants. Broadly-speaking, the "shades" can "visit" a person not only when she has been chosen to be an isangoma, but even in instances when a person has neglected a custom. This type of "visitation" is referred to as "ukulungisa umuzi" - "to make a homestead right". People with this kind of "visitation" often present with feelings of guilt. The "shades" can usually be assuaged by particular sacrifices - for example, the immolation of an ox or goat is fairly common (Mkhize, 1981).

A symbiotic relationship seems to exist between the living and their ancestors, the role of each being to keep the other happy, healthy and viable (Buhrmann, 1984).

Another category of amadlozi includes the non-clan related ancestors who consist of the "People of the River" and the "People of the Forest" (Buhrmann, 1984) - "we do not know them by their faces" (p. 28).

#### 3.3.1.2.1 Abantu Basemlanjeni (River People)

The people of the river and forest are powerful ancestors. They have human attributes and live under the water. They occupy themselves with agricultural activities. Apart from the River People with human attributes, there is a special river snake, "ichanti" or "umamlambo", which can change its shape dramatically and is a dangerous form of the ancestors, often perceived as lying on, or as guarding, something special.

The forest ancestors are of slightly less importance and are represented by wild and non-domesticated animals. The common link between the Forest and River Ancestors is their power and symbolic significance. They both play decisive roles in the development of uyathwasa (becoming an isangoma) (Buhrmann, 1984).

Hammond-Tooke (1975) posits that the Zulu and Xhosa are in continual relationship with nature, and this is expressed symbolically. If, for example, an "umamlambo" (a river snake) visits a homestead, the elderly people in that homestead will observe its movement and interpret its movements within the Zulu or Xhosa cosmology to be the messages from the "shades".

### 3.3.1.3 Abathakati (Witches)

The role of the abathakati within the Zulu and Xhosa cosmologies is important since "illnesses" are often attributed to either physical or natural causes, the "shades", or abathakathi. The possible influence of the witches is often suspected if the "illness" does not respond to the intervention of the isangoma.

Amongst the Zulu there are certain birds and animals that are definitely associated with witchcraft and are thought to be the servants of human witches. An owl, for instance, is believed to be hooting forebodings of misfortune at night. (A fair knowledge of these animals is important in clinical practice because a person who, for example, perceives most of the Rorschach ink blots to be these animals might be struggling within himself about the possibility of being bewitched (Mkhize, 1981)).

If the ancestors are "facing away" man is most vulnerable to witchcraft. Abathakathi is a projection of negative emotions of fear, anger, jealousy, the desire to destroy, etc. which work on an individual to his ultimate destruction (Mkhize, 1981). A belief which is common amongst the African people, in particular, is that the blame for some of their suffering rests upon a peculiar evil power, embodied in certain individuals in their midst. There is much preoccupation with evil as such and its source is attributed to witchcraft - where the power of evil resides in the person, herself - and sorcery - where the power is in the "medicine" which can be procured from a herbalist and then used to harm the victim (Buhrmann, 1983).

The ideas and beliefs about abathakathi are extensive and complex. Brief mention will be made of some features typical in Zulu and Xhosa cosmology.

3.3.1.3.1 As a rule, most people who are associated with witchcraft in all societies are adults, women and often spring from witch families.

3.3.1.3.2 ~~2~~ The sorts of misfortune that can be caused by witches are natural calamities such as death, sickness, drought or plague. }

3.3.1.3.3 ~~3~~ They work from envy, malice or spite against individuals. 7

3.3.1.3.4 Abathakati turn against their neighbours and kinsmen.

They do not harm strangers or people from far away.

3.3.1.3.5 They always work in secret, and especially at night

(Buhrmann, 1984; Mkhize, 1981)

### 3.3.2 The significance of myth

Xhosa and Zulu indigenous healing must be seen within its mythological context (Thorp, 1987). Its cosmology is bedded in mythology. Owing to variability and occurrence of unexpected events in man's world, a need would seem to arise to construct explanations for the seemingly mysterious (at times) "causes" of events.

Myth has been defined as an attempt to explain the mystery of "natural" events. The function of myth is to provide man with a pattern for dealing with the mysterious universe within - his dreams, inexplicable moods, fantasies and imaginings (Larson, 1969). The meaning that motivates a mythic consciousness is the search for another aspect of truth, a punctuation that the universe is interconnected and meaningful. Buhrmann (1984) suggests that no cultural group can live meaningfully without its living myths, rituals and ceremonies.



For the traditional Xhosa and Zulu, "chance" does not exist. Everything can be explained by ancestral spirits or abathakati. Therefore, the myths provide meaning - they map reality. May (1975) states that a myth is a cluster of symbols, and symbols draw together and unite experience. He also suggests that during phases in man's history, when myths and symbols were relatively unified, people experienced little anxiety. The isangoma, in a community with a shared cosmology, uses myths and symbols to unify and heal and re-integrate the isiguli in her community (Dow, 1986).



UNIVERSITY  
OF  
JOHANNESBURG

#### 3.4 THE ISANGOMA'S ROLE

The isangoma is gifted with a vast insight into human nature combined with an intimate knowledge of herbal lore, traditional belief and superstition. She is part of Africa and is simultaneously diviner, priest, physician, psychologist, judge, weather prophet, pharmacist and protector of moral values (Herbst, 1987).

The survival of the isangoma, throughout their long history, has gone through various phases.

The social development literature of the past has almost always taken the view that as developing societies "modernise" and "Westernise", the isangoma's role, and that of indigenous healing per se, will wither on the vine and that biomedicine would blossom as a new growth that will eventually substitute fully for whatever indigenous practices previously flourished. This viewpoint has turned out to be wrong (Salmon, 1984).

3.4.1 The calling of an isangoma (Based partly on information gleaned from the interview described in Chapter 4)

[ Sibisi (1975) has pointed out that in a Zulu society the calling of an isangoma is open to any person of whatever sex, age or status.

However, the majority of isangomas are women.] In analyzing the calling of an isangoma, some attention will be given to spirit possession which is an important phase in the calling.

3.4.1.1 Spirit possession amongst the Zulu

Spirit possession appears to be a central issue in understanding the experiential process involved in becoming an isangoma. ( A person cannot claim to be in a process of becoming an isangoma before she has been possessed by amadlozi.) Although anyone can become an isangoma, ancestral spirit possession tends to run in families.

That is, it commonly occurs in families where members of the elder generation have themselves been isangomas)

As mentioned earlier in this chapter, Zulus believe that the "world below" is divided into three sectors : unborn spirits, recently deceased spirits and the "shades" (Sibisi, 1975, Mkhize, 1981). It is only those spirits that have reached the completed state of spiritual being that are believed to possess the isangoma. "Possession" is a condition in which a person is believed to be inhabited by the spirit of another or a supernatural being (Mkhize, 1981).

#### 3.4.1.2 The descriptive features of ithwasa

Lee (1969) has given three distinct stages that are common in all cases of ukuthwasa possession : there are initial symptoms of considerable change in both the physical and mental functioning; this is followed by treatment, either to "seal off" the spirit or spirits, or to "open the ways" of the called person; and finally, if a person accepts the call of the ancestors, the possessed person emerges as a fully qualified member of the isangoma cult.

The calling of an isangoma is said to be accompanied by a "disease entity". The call is frequently characterized by a severe illness which does not respond to ordinary indigenous herbs or medicine.

Ellenberger (1970) has described a person who is possessed by amadlozi in the following manner :

An individual suddenly seems to lose his identity to become another person. His physiognomy changes ... with an altered voice, he pronounces words corresponding to the personality of the new individual. Not infrequently he becomes able to perform movements of astonishing amplitude and force (p. 13).

The first distinctive feature of spirit possession is that the experience is either somnambulistic or lucid. Ellenberger (1970) maintains that the person in the so-called somnambulistic possession often has sudden attacks, loses consciousness of her "self" and speaks with the "I" of the supposed intruder. After regaining her "self" consciousness she remembers nothing that the "intruder" has said. It is also not expected of her in this state to talk about her somnambulistic experience.

Lucid possession is possession where the person is constantly aware of herself but feels "a spirit within her own spirit" (Ellenberger, 1970). She struggles against it but cannot prevent it from speaking at times.

A second distinctive feature is that the possession is either spontaneous or artificial. Spontaneous possession occurs without or against the will of the person, and is a very common form of possession for isangomas.

The "shades" speak to ithwasas even in public places, like buses and shopping centres.

Artificial possession, on the other hand, is a special mental technique which is used by certain isangomas to achieve certain goals. This form of possession is often equated with the practice of magic or witchcraft (Mkhize, 1981).

A third distinctive feature of spirit possession is that it occurs in an overt or latent form. It is said to be overt when the possessing spirit speaks spontaneously through the mouth of the possessed individual. This is often observed in isangomas during the divination functions where they verbalise a lot when they are in a trance-like state. In latent possession the individual is unaware of the power of the possessing spirits in her life. Sometimes, however, it is not 'unawareness' so much as mere resistance to the influence of the "shades". An isangoma confronting such a person starts by compelling the spirit to manifest itself (Buhrmann, 1984).

#### 3.4.1.3 Acceptance of a call

After a novice has decided to accept the call by the "shades", she has to go to the home of a professional isangoma.

The latter immediately tries to assess whether her "patient" is responding to the ancestral call or is somehow emotionally disturbed.

She gives her "patient" some "muti" to drink. Isangomas use a special type of medication when working with ithwasas. The general belief is that when an ithwasa drinks the muti an ancestral spirit will manifest itself clearly. If that ithwasa is not called, after drinking the muti she will "run mad". The muti acts as a differential assessment tool (Mkhize, 1981).

[ The acceptance of the call is often manifested by the change of clothing. This symbolises the new life with new experiences as an ithwasa (Mkhize, 1981). ] An isangoma uses her special clothes - made from the skins of goats and other animals - to evoke the "shades". Kriege (1974) has pointed out that once a person accepts the ancestral call, whatever she does is an appeal to the ancestors to be with her all the time. Amongst the Zulu, the goat is always associated with the maintenance of a good relationship with the "shades", and so, to facilitate a warm and intimate relationship the novice wears clothes made of goat skins. Various parts of the slaughtered goat - the inyongo (bile), for example - are important for her and are attached all over her body. The community treats her with respect largely owing to her symbolic attire (Mkhize, 1981).

The state of becoming in the life of a novice has been described by Laubscher (1975) as an experience of becoming aware of an invisible state of existence of those who have died.

The novice or ithwasa spends much time singing and dancing, becoming a mediator between the "shades" and the living.

Laubscher (1975) describes the experience as an awareness of "above all, a power, where one hears and sees, which does not require ears nor eyes, and must be a power that is asleep in one's being, because few people develop it, yet people have it all their lives" (p. 22).

The ithwasa needs to come to terms with the feelings and emotions - the results of this new awareness. It is then that she will be more adjusted and will experience life as more meaningful and fulfilling. It is only on discovering the possessing ancestral spirit that her "illness" improves and she begins to feel less pain. It is important to understand that the discovery is by both the chief isangoma and the novice, because this active participation seems to have a potent therapeutic value (Buhrmann, 1984). The ithwasa experiences a warm relationship within which she can explore and discover herself. She also, thereby, takes responsibility for the course of her life. The chief isangoma is not there as an "expert", but is someone who understands and has a name for the "illness".

Once an ithwasa has established that she is not "phambana" ("mad") but is being possessed, she will perform a sacrifice for the ancestors (slaughtering a goat). This sacrifice serves two purposes, firstly to establish a definite contact between the ithwasa and the "shades", and secondly, to facilitate possession of the ithwasa by the spirit.

To fulfill the latter purpose, the ithwasa has her special song - which has its own special meaning and rhythm, and at all times of the day or night, she may begin singing this song and plead with those around to clap the rhythm for her or beat it out on a drum (Kriege, 1974). At this point the professional or chief isangoma is still continuing her assessment of whether her "patient" is "mad" or possessed. The ithwasa will ultimately be in a position to divine under the supervision of her instructor. Once she has started divining, she then enters a "mysterious" period in her life as she will at times disappear for days looking for herbs revealed to her by the "shades" in dreams. She is expected to dream about a certain snake, then catch and tame it. This is very important as it symbolizes the ancestral spirit that is believed to be responsible for the welfare of the ithwasa. The relationship between this spirit and the ithwasa is strengthened partly by daily physical contact with the tamed snake.

Various researchers have tried writing about the psychology of ukuthwasa. Schweitzer and Buhrmann (1978) articulate the experience of ukuthwasa as follows :

.... if someone is thwasa, a precondition exists, i.e., his relationship to the shades is disturbed and his being is in a state of disequilibrium which gives rise to strange experiences and strange behaviour. The relationship during treatment changes into a 'meaning- giving' one accompanied by a sense of 'well-being'.



Psychologically thwasa experience is essential and is the first step in the resolution of a particular crisis in living, and in the process of becoming an isangoma (p. 17).

Ukuthwasa is often preceded by a "chaotic-like" state of being. The thwasa process can be seen, then, as a process of reintegration. According to Buhrmann (1984) the chaotic-like state preceding the process of ukuthwasa gets resolved at the following two levels : at an intra-psychic level whereby the "called" person becomes aware of the power of the "shades" in her life, accepts their influence and becomes prepared to integrate this in her whole way of being-in-the-world; and, at an interpersonal level conflicts get resolved in the sense that on the "graduation" day of ithwasas, their successful divination powers prove before the members of her family and the community that the behaviour which initially appeared to be disturbed was in fact a call from the "shades" to the isangoma cult.

Buhrmann and Schweitzer (1978) draw a parallel between the existential meaning of ithwasa, that is, of emerging or coming out as a new being, and " ... a Jungian concept of teleology where the psyche is much more than the result of past experience ... it is 'becoming' as well as 'has been'" (p. 18).

Another aspect of the process of ukuthwasa, often raised in the literature, is the role of the rituals in the isangoma's life.

A ritual can be regarded as the symbolic expression of the sentiments which are attached to a given situation. Mostly, it is conducted in group situations and the enjoyment of doing this together provides the participant with a sense of belonging. Rituals tend mostly to maintain stability in the face of potential disturbances (Taylor, 1972; Dow, 1986).

Ukubhula seems to be a significant phase in the process of ukuthwasa and is worth mentioning. At a psychological level this process seems to be very experiential since it is during this process that the ithwasa "comes into contact" and focuses on the core of her existence. She does this by being exposed to her thoughts and feelings at the time. This focusing of experience allows for the ithwasa to listen to the "voices" she has denied for a long time and then accept, experience and integrate these at all levels as part of her existence. (Jung's work with dreams, his process of individuation, and his concepts of the collective unconscious and archetypes appear to share a great deal of commonality with the principles underlying the process of ukuthwasa).

#### 3.4.2 The isangoma group pattern

△ According to Mkhize (1981) the success of indigenous healing is based on group organisation.

Although the features of group organisation amongst isangomas has not been studied in detail, the following points are worth noting :

3.4.2.1 [ Isangomas always band together in groups, particularly during their healing sessions. When a "patient" goes through an emotional crisis of some kind this group of healers creates a very therapeutic, warm and non-threatening atmosphere (Mkhize, 1981). The availability of the group is said to restore the "patient's" lost sense of self and identity.]

3.4.2.2 Not only do the ithwasas stay with the professional isangomas for a considerable time during the initiation period but also, during times of crisis they come together as a group.

~~X~~ The role of the group amongst isangomas has serious implications for all mental health systems, its focus being not on an individual or identified patient but rather on the community as a whole. An individual is seen in relation to her whole system of beliefs. This perspective allows for a change in focus of "pathology". The focus is shifted from an individual to the whole system of which she is a part (Arsenberg, 1981).

~~X~~ Viewed in an ecosystemic way, the holistic nature of indigenous healing is apparent. By "wholeness" is meant that a system is not just the sum of its parts taken separately but also includes their interaction.

Within the indigenous healing system of the isangoma, individuals are viewed as members of an open system which is characterized by wholeness. Wholeness is the interdependence of parts of a system - which here include members of the family, the community in which the individual lives, as well as the belief in the influence of ancestral spirits in her life.



---oOo---

UNIVERSITY  
OF  
JOHANNESBURG

## CHAPTER 4

### PRESENTATION OF RESEARCH : INTERVIEW WITH URBAN ISANGOMA

#### 4.1 INTRODUCTION

In Chapter Two, time was spent attempting to forward an understanding of some of the epistemological premises basic to two holistic approaches to psychotherapy, a cybernetic approach and a phenomenological approach. Chapter Three was concerned with a theoretical understanding of the role that the isangoma takes and the holistic nature of traditional healing, based largely on a literary study of this area. This chapter seeks to outline the phenomenological research methodology proposed for this dissertation and then to present the research carried out.

The aim of the study was to interview an urban traditional healer in an open-ended and exploratory manner, in order to gain some insight into the epistemological premises she adheres to regarding illness, health and healing, so as to ascertain whether there were, in fact, links between holistic approaches in psychology (such as those discussed in Chapter Two) and the traditional healer's epistemology.

This chapter will elucidate how this was carried out. Before the translated transcript of the interview is presented, some time will be devoted to a reflection, by the researcher, on the experience of the interview and its context. To fail to do so would be to seriously overlook and undermine the role that the context played in the interview itself. The explication of the interview will follow the transcript of that interview. The essential themes emerging from the explication will be used to suggest possible links between holistic approaches in psychology and the traditional healer's epistemology later in this chapter.



4.2 PHENOMENOLOGICAL RESEARCH METHOD

UNIVERSITY  
OF  
JOHANNESBURG

As there appear to be similarities between certain concepts used in traditional healing and phenomenology, it was deemed appropriate to employ a phenomenological research method. It is essentially more an approach. The approach has been discussed in much detail in Chapter Two, and so, what follows is merely the specific method used in this study.

The research methodology aims to understand as completely as possible, the structure of the phenomenon - in this case, the epistemology of the isangoma - placing great emphasis on perspectivity (i.e. remaining mindful that phenomena are perceived through a certain perspective).

The method involves the processes of intuition, reflection and description. The researcher firstly concentrates on what is actually given, and only thereafter puts specific questions to the phenomenon. Therefore, only after the researcher has concerned herself with the phenomenon as directly experienced should she systematically manipulate variables to ascertain whether her ideas about the phenomenon before her are valid.

The method outlined below is a guideline suggested by Stones (in Kruger, 1979). It is conceded from the outset that some limitation to the research was unavoidable as the researcher is not fluent in the home-language of the isangoma, viz. Zulu. Therefore, she was unable to obviate information loss that might well have taken place during the translation to and from Zulu.

#### 4.2.1 Nature of the interview

The interview took place on three separate occasions. The first and third occasions took place at the home of the subject, the isangoma. The second was at the home of the researcher. It was not planned that this session would take place there, but came from a decision made by the subject.

The interview was audiotaped. Owing to the fact that the researcher was not conversant in Zulu, a translator was present on all three occasions.

He was asked to translate sentence by sentence, and, by and large, it would seem that he did so. He was well-known to the isangoma and set up the interview.

The interview was audiotaped as it was felt that the spoken interview allows the subject to be as near as possible to her lived-experience (Stones, in Kruger, 1979). The interview could be described as semi-structured. This was intentionally so, to allow for flexibility, so that the researcher could grasp more fully the subject's experience than would be possible with a more rigid methodological technique. Even the structure that was provided, was impregnated with subjectivity in the form of working assumptions made by the researcher.

The duration of the interview was self-determining - this means that once the subject had explicated all that she felt was related to her personal experience of the situation being researched the interview ended.

The taped interview was transcribed and thus began the explication of the material.

#### 4.2.2 Explication phase

As part of the explication phase, three basic phases are entailed, viz. intuition, reflection and description.



The researcher brackets her own preconceptions and judgements in her initial reading of the material. The data is read through repeatedly, so that the researcher can get a feel of what is being said. This allows also for the researcher to retain a sense of the wholeness of the data despite its dissection in the subsequent phases.

The data are broken down into naturally occurring units - each conveying a particular meaning - which emerge spontaneously from the data. These units are called Natural Meaning Units (NMU). The intention conveyed by each NMU is then expressed in a reduced form as concisely and as accurately as possible. Each meaning unit exists in the context of the other interrelated meanings of the data.

The researcher then proceeds to eliminate those units which are repeated, that is, which convey an identical intention or meaning. Having done so, she then eliminates any irrelevant units. The remaining units are considered tentatively to be non-repetitive and relevant descriptive statements concerning the data being investigated or explored. What remains is called the specific description or the constituent profile description. The researcher then carefully develops an essential description which is a description which makes explicit that which is implicit in the data, and which contains all the essential elements in the structure of the phenomenon explored.

Readers who are interested in this methodology are referred to Wong (1975), Giorgi (1971), Colaizzi (1971), Brooke (1983), Van Kaam (1974).

This researcher, once she had broken down the data into natural meaning units, consulted two clinical psychologists, who both are involved in phenomenological research to seek consensual agreement concerning these NMU's. The isangoma was also consulted when clarity about the meaning in certain Natural Meaning Units was needed. This was repeated at the stage of developing the essential description from the constituent profile description. This qualitative evaluation involving more than one psychologist provides a "binocular" view to the material. The entire transcription, broken down into natural meaning units is to be found in Appendix I. The central themes and essential descriptions appear later in this chapter, under 4.4 and 4.5.

#### 4.3 REFLECTION ON EXPERIENCE OF PARTICIPANT OBSERVER (RESEARCHER)

Woolgar (1988), the editor of Knowledge and Reflexivity, alludes to the front cover of a collection of essays on ethnographic fieldwork, as "a metaphor for exploring fundamental problems associated with the rich and complex interplay of image (observation ...), caption (content ...) and reality (object/ subject, the observed)" (p. 16). The black and white photograph on the cover is of a figure sitting at a desk under the awning of a tent canopy, and is taken from within the tent so that the seated figure is silhouetted against the brightness of a scene from which a dozen tribal faces peer in on him as he writes.

According to Woolgar (1988), as this book is entitled Observers Observed, it begs the question of who is doing the observing and who is being observed. The reader observes the observer at work. But the observer at work is also observed by the others in the picture. Also, one of the people in the picture is observing the photographer. Therefore, even the observation of the observer-at-work is being observed. Also, the person looking at the book cover is observing the observation of the observation of the observer observing ... Woolgar (1988) points out that this alerts one to the multiple senses of observation involved.

It is this same multiple sense of observation which seemed to be at play on the occasions of the interview with the isangoma and one became aware of quite how involved and interrelated the whole process of the interview was.

The first occasion of the interview was set up and arranged by a mutual friend, a headmaster of a school in a township in the Transvaal. He is fluent in English, Zulu and North Sotho and agreed to introduce me to the isangoma and act as translator throughout the interview. He has known the isangoma all his life and showed a very deep respect for her. He was almost indicating to me on a non-verbal level how I must behave throughout. I was issued an invitation to meet with her at her home.

My friend drove me to her home in a typical township street.

My immediate impression of her home was of a very busy place, with young people kicking around a ball in the front yard and a crowd of adults in the back yard. We were shown into her "lounge", and she met us there, dressed very smartly in a red dress and headdress, high heel sandals, many beads and bangles and an extremely serene smile.

The interview situation was defined by her in a very strong manner. One of the first things she said was that she had known that I would be wanting to see her before my friend had spoken with her, and so she was prepared. She proceeded to ask me many questions about my background before I got to asking her a thing. The interview was frequently interrupted by the entrance of children into the room, but the isangoma picked up where she'd left off as soon as she had spoken with them.

After we had talked for about an hour, she signalled for us to follow her outside to her back yard, where the crowd of people had seemingly trebled. For the next hour and a half I was invited to watch and then encouraged to participate in a dancing ceremony with her and her "students". We arranged to meet again at her home a week later to continue the interview.

Half an hour before I had planned to leave my home to drive to her home, she arrived at my home together with my friend and one of her "students". She explained that she had received a message to the effect that she must come to my home. She appeared delighted to be introduced to my parents and one sister, and seemed at ease immediately.

At all the sessions of the interview, the isangoma defined the situation very clearly herself. She seemed to take complete control in the situation. It was often unclear quite who was being the observer and who the observed. When she came to my home she started the interview by mentioning that she had had dreams about me since our last meeting. One she mentioned concerned my paternal grandfather, whom she described with frightening accuracy. She talked of my relationship with him, of our deep mutual affection and bond (using her hands very expressively). She described this relationship as far closer than the one I had with my paternal grandmother, whom I was often afraid of, she said. She spoke of the devastating effect my grandfather's sudden death had had on our whole family, and emphasized how important it was for me and my family to remain very active in my grandmother's life. The isangoma then said that she was waiting for a few more dreams to complete the picture she had of me.

The last session was similar to the first. However, it was on this occasion that the isangoma had set out her photograph albums together with some of her tools. The albums contained photographs of herself as a novice, the isangoma who had trained her, various ceremonies she had either observed or participated in, her "graduation" ceremony, her home, family and students, some "patients", and meetings she had had with other traditional healers. They also contained copies of the newspaper put out by the South African Traditional Healers' Association, "Siyavuma".

The tools she had laid out included a small leather bag containing a variety of small bone-like objects of different shapes, a small square mirror, and a drum which she uses for leading dancing ceremonies.

At this session I was introduced to some of her "students". She concluded the interview by asking me whether she might consult me about two of her "patients", as she was keen to hear my opinion.

Reflecting on the experience of meeting and talking with her, I have become aware of the importance the context played, and that the experience was more of an encounter than an interview. The isangoma came across as an intensely powerful being, who seemed to be a uniting force within her environment.

#### 4.4 CENTRAL THEMES (NMU) AND CONSTITUENT PROFILE DESCRIPTION

Natural Meaning Units	Constituent Profile Description
<ol style="list-style-type: none"><li>1. It is a calling</li><li>2. Goes to isangoma after having seen visions or dreams.</li><li>3. Isangoma assesses person in different ways.</li></ol>	<p>Ancestors call a person into their service by means of dreams or visions. The calling is a gift.</p>

Natural Meaning Units	Constituent Profile Description
4. Tries to establish person's relationship with her ancestors before beginning healing process.	A trained isangoma has to establish whether the person was called or is mentally disturbed, and assesses this in different ways. She also
5. Assessment establishes whether person is genuinely called or is mentally disturbed.	tries to establish the person's relationship with her ancestors before beginning to heal that
6. Disturbed behaviour includes talking a lot and behaving nervously.	person. Healing can involve giving person tasks. The isangoma sends the person to a hospital to make
7. Assigns person tasks.	certain she is healed.
8. Sends person to hospital once improved to have healing verified.	
9. Able to ascertain whether person has gift of ithwasa or not.	
10. Ancestors call person into their service.	

Natural Meaning Units	Constituent Profile Description
<ol style="list-style-type: none"><li>1. Ithwasa comes to her in disturbed state.</li><li>2. Isangoma treats them by either sealing off spirits or opening channels for ancestors.</li><li>3. "Whole" person, who lives in close relation to ancestors will emerge from disturbed person.</li></ol>	<p>Isangoma treats ithwasa who comes to her in disturbed state, by either sealing off spirits or helping person improve communication with ancestors. Once treated, person is more "whole" and closer to ancestors.</p>
<ol style="list-style-type: none"><li>1. Use dancing to a drum to communicate with forefathers.</li><li>2. Student will utter words while dancing which are some message from her ancestors, usually an instruction.</li><li>3. Student has many dreams that she tells isangoma which are also ancestral messages.</li><li>4. Should student need medicine, ancestors will direct her as to where to get it.</li></ol>	<p>Isangoma helps ithwasa learn to communicate with their ancestors, by means of messages they receive, using dancing or through their dreams. Communication from ancestors direct or guide ithwasa.</p>



UNIVERSITY  
OF  
JOHANNESBURG



Natural Meaning Units	Constituent Profile Description
<ol style="list-style-type: none"><li>1. Believes in using tests to establish whether person is sick or not.</li><li>2. I throw bones, which communicate a direction to me.</li><li>3. Bones communicate seriousness of problems and provide reason for that person's sickness.</li><li>4. I call ancestors using a mirror.</li><li>5. Deceased people, especially person's parents appear in mirror to direct isangoma and to predict or solve problems for person.</li><li>6. Mirror communicates more messages than bones and is more direct.</li></ol>	<p>Isangoma, in establishing whether person is sick or not, uses tests - throwing bones, which give her direction and communicate seriousness of problems and give reason for that person's sickness, and calling ancestors using a mirror. Deceased parents especially appear to direct isangoma or solve problems for person. Mirror communicates more and is more direct.</p>
<ol style="list-style-type: none"><li>1. Visions in mirror appear life-like.</li><li>2. Isangoma communicates with vision, who will either ask her question or write message.</li></ol>	<p>Isangoma communicates with life-like visions in mirror, who ask questions or write messages. She can request more clarity if message is unclear.</p>



## Transvaal Teachers' Association

PO Box 27822  
YEOVILLE 2143  
38 Honey Street,  
Dereza, Durban  
Telephone: 642-5139

### Natural Meaning Units

### Constituent Profile Description

3. Isangoma can request more clarity if message is unclear.
4. Ancestors show sensitivity and concern for person's feelings, by communicating only as much as person is able to deal with.

When communicating, ancestors show sensitivity and concern for person's feelings and capacity to deal with information.

1. Person's state of mental health is usually made clear by bones or mirror.
2. Isangoma is able to establish possible cause, especially for mental illness.
3. Isangoma uses psychology - her head - when ancestors do not provide her with the information.
4. A person who is bewitched, is not really healed in a mental hospital.

Isangoma usually establishes person's mental health state and its possible cause using bones or mirror, but at times relies on psychology when ancestors do not provide her with the information. Isangoma is person who has expertise necessary to recognise whether person is bewitched or custom-called, and will heal person accordingly.



**Transvaal Teachers'  
Association**

PO Box 27822  
YEOVILLE 2143  
38 Honey Street,  
Berea 2198  
Telephone: 642-5139



UNIVERSITY  
OF  
JOHANNESBURG



## Transvaal Teachers' Association

PO Box 27822  
YEOVILLE 2143  
38 Honey Street,  
Deception  
Telephone: 642-5139

### Natural Meaning Units

### Constituent Profile Description

5. Isangoma has the necessary expertise to help bewitched person, being able to ascertain medicines that were used to bewitch person and what reactions to anticipate as a result.
6. These reactions will either confirm or disconfirm "diagnosis" of bewitchment.
7. If person is not bewitched, could be custom-called by ancestors.
8. Isangoma will direct person to perform custom in order to be healed.
1. Bewitched person is mentally ill, opposite of ithwasa.
2. Bewitchment is very serious as ancestors are turned away from person and witches are working against person.

Bewitched person is mentally ill, a very serious condition caused by witches intending him harm, using animal's and mythical figures as bewitching agents.

UNIVERSITY  
OF  
JOHANNESBURG



**Transvaal Teachers'  
Association**

PO Box 27822  
YEOVILLE 2143  
38 Honey Street,  
Berea 2198  
Telephone: 642-5139



UNIVERSITY  
OF  
JOHANNESBURG

Natural Meaning Units	Constituent Profile Description
<p>3. Person is frightened, will not speak and has fixed, vacant expression on face.</p> <p>4. Person has failed to do something or somehow angered or saddened ancestors.</p> <p>5. Person could die.</p> <p>6. Needs to know reason for his bewitchment.</p> <p>7. Is part of sickness.</p> <p>8. Must improve relationship with forefathers.</p> <p>9. Witches use animals and mythical figures as bewitching agents.</p>	<p>Person needs to know why he is bewitched and has to restore relationship with forefathers whom he has somehow offended. Person is part of the sickness.</p>
<p>1. Ancestors are deceased family members, who could punish.</p> <p>2. Witches intend harm.</p> <p>3. Forefathers do not intend harm.</p>	<p>Ancestors punish, whereas witches intend to harm person.</p>
<p>1. Sees people with mental illness.</p> <p>2. Sees people who are bewitched.</p> <p>3. Trains the ithwasa.</p>	<p>Isangoma treats mental illness, bewitchment, headache problems and trains ithwasa.</p>

Natural Meaning Units	Constituent Profile Description
4. Some come with headache problems.	
1. Treats person coming for help. 2. Consults with family of person. 3. Sees different groupings involved depending on the situation.	Isangoma first treats person coming for help, then consults with person's family. She sees different groupings involved depending on the situation.
1. Am able to heal all emotional and physical problems, almost all diseases except those relating to teeth. 2. Took patient she had treated to a mental hospital, where patient was told that without an operation she could die. 3. Isangoma refused this and rather treated and healed patient herself. 4. She could find cause. 5. White doctor was blind to the illness.	Isangoma able to heal all emotional and most physical problems. Some illnesses she alone knows the cause and treatment for, as white doctors are blind to some illnesses.

Natural Meaning Units	Constituent Profile Description
<ol style="list-style-type: none"><li>1. I use mirror or bones.</li><li>2. Asks which person wants her to use.</li><li>3. Will recommend mirror if she fears too much conflict for person, unless person specifically requests bones.</li><li>4. It is the mirror or bones talking, not me.</li><li>5. Person actively involved in tasks.</li><li>6. Person can learn to use tools herself.</li><li>7. Degree person is active depends on how much isangoma is trusted.</li></ol>	<p>Person is given choice of mirror or bones, but isangoma will recommend mirror rather for some.</p> <p>It is her tools which speak, not her, and person can also learn to use these. Degree of person's involvement will depend on how much she trusts isangoma.</p>
<ol style="list-style-type: none"><li>1. Important for person to be relaxed before becoming active.</li><li>2. Ancestors decide on appropriateness of isangoma for person.</li></ol>	<p>Important for person to be relaxed with isangoma. Ancestors decide whether one isangoma will be better for the person than another.</p>
<ol style="list-style-type: none"><li>1. There is an organisation for isangomas.</li></ol>	<p>Isangoma organisation serves as supportive channel for isangomas.</p>



Natural Meaning Units	Constituent Profile Description
<ol style="list-style-type: none"><li>2. Has leaders who regularly visit the district and serve as supportive channel.</li><li>3. Different isangomas use different tools.</li><li>4. Bones indicate illness and point to causes of illness.</li><li>5. Mirror explains things.</li><li>6. Bible used to give direction.</li><li>7. Patient usually can confirm what isangoma has read.</li><li>8. Forefathers decide which tools isangoma will use.</li><li>9. Forefathers decide when specific tools must be used.</li><li>10. Which tools isangoma uses are seen as a gift from forefathers, not a choice made by isangoma.</li><li>11. Forefathers give specific signs instructing isangoma to do things.</li><li>12. Isangoma uses dreams to communicate with ancestors.</li></ol>	<p>Isangomas use different tools, bones indicate illness and suggest its cause; mirror is explanatory tool; Bible gives direction which person must confirm.</p> <p>Tools are gift from forefathers, who decide which tools and when they will be used.</p> <p>Dreams are another tool used to communicate with ancestors. They instruct, advise and make conscious what is not conscious to the person.</p>

Natural Meaning Units	Constituent Profile Description
13. Dreams instruct and advise.	
14. Dreams make conscious what is not conscious to one.	
1. Ithwasa must tell isangoma her dreams.	Ithwasa regularly report dreams to isangoma. When dreams of ithwasa
2. Dreams of ithwasa and isangoma should be similar.	and isangoma correspond, ithwasa is healing. Dreams assist healing
3. When dreams are similar, person is healing.	process and suggest healing method to be used. When ithwasas are
4. Ithwasas individual dreams are combined in order to treat someone who is mentally ill.	treating someone mentally disturbed they combine individual dreams and isangoma makes final decision.
5. Isangoma believes use of dreams helps in healing.	Ithwasa who are relaxed and positive are the ones who dream.
6. Dreams suggest healing method to be used.	Dreams are inseparable part of person.
7. Ithwasa regularly bring her their dreams.	
8. Only ithwasa whose feelings are relaxed and positive, will dream.	
9. Isangoma takes final decision about dreams of ithwasa.	

Natural Meaning Units	Constituent Profile Description
10. Dreams regarded as part of person.	
<ol style="list-style-type: none"><li>1. Dancing is a uniting, coordinating part of the isangoma's environment.</li><li>2. Is very meaningful.</li><li>3. Strengthens body and spirit.</li><li>4. Isangoma leads.</li><li>5. Whole community is involved.</li></ol>	<p>Isangoma leads dancing, involving whole community, which unites her environment. It is very meaningful, strengthening body and spirit.</p>
<ol style="list-style-type: none"><li>1. Three kinds of ancestors - those directly linked to person, forefathers; cave and river ancestors.</li><li>2. River or cave ancestors "dream" person; she is from river ancestors.</li><li>3. Ancestors instructed her to go to river, accompanied by someone.</li><li>4. Stayed in river where river snake taught her things.</li></ol>	<p>Three kinds of ancestors - forefathers, cave and river ancestors. Of latter two, person must dream of one or the other, and then is instructed to go to a river or cave where person is instructed by river snake or people there. Person goes without anyone knowing, although family is later informed. Person must not go there unless directed to do so.</p>

Natural Meaning Units	Constituent Profile Description
<p>5. Nobody knows you are going there, but once there, family is informed.</p> <p>6. Some are called to mountains.</p> <p>7. People there will teach person.</p> <p>8. Unless person is directed there, it could be fatal to go on own.</p>	<p>By changing or forgetting customs in an urban environment, one is disrespecting ancestors and will be punished. Traditions last. Even those who experience conflict between Western medicine and traditional healing, continue to consult isangoma.</p>
<p>1. Traditions have lasted.</p> <p>2. Isangoma lives like everyone else.</p> <p>3. Changing or forgetting customs indicates disrespect towards ancestors and can result in misfortune or sickness.</p> <p>4. Some experience conflict of seeing both white Western doctor and isangoma, but continue to see isangoma.</p>	<p>Isangomas and Western doctors understand and treat conditions differently.</p>
<p>1. Isangoma not confronted with conflict with Western doctors directly, but is aware that they have different beliefs.</p>	

Natural Meaning Units	Constituent Profile Description
2. Isangoma and doctors have different understanding and healing methods for certain conditions.	Isangomas interested in joint work with doctors, psychologists, etcetera.
3. Isangomas very interested in working together with "Western" doctors, psychologists, etcetera.	
1. If working together, isangoma conceives of mutual professional consultation.	Isangoma would welcome mutual consultation over patients.
2. Would refer to doctor for second opinion.	
1. Working together might increase understanding.	Isangoma sees white doctors and herself as perceiving problems differently. Were they to work together, understanding of conditions which are confusing for one would be increased.
2. Isangoma available to help with "black magic" problems because of her expertise.	
3. White doctors blinded to "kaffir poison" problems.	
4. Doctor and isangoma perceive problem differently.	

Natural Meaning Units	Constituent Profile Description
5. Isangoma feels doctors are confused by black magic because they do not "see it".	

#### 4.5 ESSENTIAL DESCRIPTIONS

The essential themes emerging from data are as follows :

Becoming an isangoma is considered a calling and a gift from an individual's ancestors. This call comes to the person by means of dreams and visions. The ithwasa approaches a trained isangoma in a disturbed state. It is the isangoma who has to establish whether the ithwasa was called or whether the person is mentally disturbed. She does so by either "sealing off" the spirits or assisting the ithwasa in improving communication with his/her ancestors. Once this relationship with the ancestors is established, the ithwasa is regarded as more whole. The ithwasa begins learning to communicate with his/her ancestors more effectively through messages that he/she receives from these ancestors, which come through his/her dancing and dreams. It is this communication with the ancestors that serves to guide the ithwasa and isangoma in their work. Ancestor and individual are inextricably linked.

There are three kinds of ancestors - a person's forefathers (deceased members of his/her family), the cave and river ancestors. An isangoma has either cave or river ancestors. He/she learns which he is through communication in a dream or vision, when he is sent toward either a river or cave and there instructed by someone or something.

An isangoma is a "called" healer in his/her community. He heals people in much the same way as he does ithwasa. He/she is trained to establish whether a person is sick or not by using various "tools" such as bones or a mirror. He will throw bones, a ritual which will give him some direction and which will indicate the seriousness of problems. The bones will provide some reason for that person's sickness.

The isangoma might call the forefathers by using a mirror, which is more direct and communicative than the bones. He or she will communicate with the forefathers who ask questions, give messages and solve problems for the person. The isangoma can request more clarity if the messages are unclear. The isangoma also relies on "psychology" to assist her when her ancestors have not provided her with the information she needs. Some isangomas use the Bible as a tool to give a person direction. Dreams and dancing are also used to communicate with the ancestors in the healing process. All these tools are gifts from the forefathers who decide which tools an isangoma will use and when they will be used.

Dreams, like dancing, are inseparable from a person. Dreams are considered to make conscious what is not conscious to the person. Ithwasa regularly report their dreams to the isangoma. Healing is ensured if their dreams correspond. Dreams assist the healing process and also suggest the healing method to be used. When treating someone who is considered mentally disturbed, ithwasas will combine their individual dreams to ascertain a healing method, and the isangoma will make the final decision. The isangoma also leads dancing, which involves the whole community frequently. It is meaningful and considered to strengthen both body and spirit.

Isangomas feel able to heal all emotional and most physical problems. The most frequent problems the isangoma are consulted for are various mental illnesses, bewitchment, headache problems and "ukuthwasa".

The isangoma has particular expertise when recognising that a person is either bewitched or custom-called. She will heal the person accordingly. Bewitchment is a serious condition, created by witches intending a person harm. An isangoma can isolate bewitching agents, such as certain animals and mythical creatures. The bewitched person has to be assisted in restoring his/her relationship with the forefathers, whom he/she has somehow offended.

The isangoma first treats the person or people seeking help. Families are then consulted, even neighbourhoods or entire communities, depending on the situation or problem.



Whoever consults the isangoma must be relaxed with him/her. Ancestors can decide that another isangoma would be more beneficial for that person.

A person seeking help is given the choice of tools to be used in healing, and can even learn to use these him/herself. The person's activity throughout the healing depends on his/her degree of trust in the isangoma. Ancestors are believed to show sensitivity and concern for a person's feelings and capacity to deal with information.

Isangomas are organised within an association. They consult with and support one another.

Despite urbanization, isangomas feel that traditions last or adapt. If customs are changed or forgotten the ancestors are shown disrespect and will punish. Those who experience conflict between Western medicine and traditional healing as a result of increased urbanization, continue to consult isangomas.

Isangomas believe that Western white doctors perceive, understand and treat conditions differently from them. They would welcome mutual consultation over patients in an attempt to avoid confusion and misunderstanding.

#### 4.6 RESEARCH CONCLUSIONS

One's epistemology reflects the way in which one organises and expresses one's knowledge. The essential themes that emerge from the interview with the isangoma suggest aspects of her epistemology. These will now be considered in terms of the possible links they have with two holistic approaches to psychotherapy, viz. ecosystemic theory, from a cybernetic viewpoint, and existential-phenomenological psychology.



UNIVERSITY  
OF  
JOHANNESBURG

##### 4.6.1 Links between aspects of isangoma's epistemology and ecosystemic theory

Various definitions of a "system" focus on the aspect of the interaction or relationship between parts. If one considers the traditional healing system and its many subsystems, such as the isangoma, the ancestors, the client subsystem, family and community, it is clear - from what the isangoma says and from the interview experience itself - how interdependent these parts are. It is this interdependence which implies the systemic notions of interaction, organisation and integration.

For example, the interaction between the isangoma and her tools, the inextricable relationship between a person and his/her ancestors, the relationship between the community and isangoma, the interaction between one's relationship with one's ancestors and one's state of health or wholeness, suggest that each unit of the system is constrained by, conditioned or dependent on the state of the other units. The implication is also that change in one unit will result in change in all the other units, as roles need to be adjusted in order to maintain the system's functions.

The isangoma's epistemology is punctuated with suggestions of a process orientation. She includes both parts and whole into her pattern of organisation. There is an inherent interconnectedness between isangoma, ancestors, dreams, community, etc. - "dreams... ancestors ... [t]hey are an important part of us". She does not view man as a separate entity. Rather, she sees him as a vital part in relation to the world, both physical and spiritual.

A clear link between the two epistemologies emerges, when one considers that the traditional healing system is an open system, dependent on interchanges with the environment for its survival. The isangoma feels, for instance, that traditions of traditional healing either last or adapt to changes, such as increased urbanisation. She can see her system adapting to include consultation with "Western, white medicine". An open system has negentropy, where environmental intrusion causes the differentiation and specializations of its functions into an increasing complexity of structure (Alexander, 1985).

The isangoma sees the need for effective communication between systems and conflict resolution to ensure an integration of roles and individuals within a system.

The traditional healing system can be regarded as a social system. According to Swartzman (in Skynner, 1976) the most adaptive structure for the organizational complexity of such systems is by necessity a hierarchy. The isangoma refers to this in terms of, for example, the client-ancestor relationship, where the ancestors are clearly part of a suprasystem.

The system boundaries of traditional healing are significant for their establishment of structure. The isangoma draws boundaries between herself and her "patient", herself and her ancestors, those who are "called" and those who are not. These boundaries are semi-permeable. They allow for an exchange of information between sub-systems, and a system and its environment. They also serve to protect the differentiation of the system. Although all exchange provokes temporary disturbance to the system, the system's feedback mechanism acts to maintain an acceptable balance.

Stability and change are complementary sides of a system's functioning, and a system is self-corrective. Performing a ritual, for example, like sacrificing a goat, serves to stabilize the person-ancestor complementarity.

Here, "illness" has resulted in an ecological imbalance, and "treatment" is necessary to restore that balance and for one to, once again, become attuned to one's environment.

The context of traditional healing could be regarded as a context of learning or change. Both these contexts are concerned with altering or establishing feedback. Where Keeney (1983) views the therapist's goal as the activation of the order of the feedback process which will enable a disturbed ecology to correct itself, one could equate the isangoma's role with the therapist's. It is the isangoma with her relationship with the ancestors and her various tools - bones, mirror, dreams, dancing - who activates the feedback process for her client(s) or community where there has been some illness or disturbance, thereby providing stability for the entire traditional healing system. Here the feedback is subject to her, as a higher order control.

Similarly one could say the same about the ancestors. They activate the feedback process and provide the possibility of both stability and change for the system. They also represent a higher order of feedback control. The isangoma can, therefore be viewed at a higher order of recursion as part of a whole system and subject to its feedback constraints. This notion relates to Keeney's (1983) "cybernetics of cybernetics". The isangoma is as involved in the cosmology of the system as the rest of the system is. She participates in the use of dreams, of dancing, the bones and the mirror.

There is a very sharp focus on the recursive relationship between the isangoma and her client system. The "healing" is mutual, rather than unidirectional. The isangoma's epistemology could, therefore, be regarded as self-referential.

Her epistemology also seems to include the idea of autonomy, an ecosystemic concept. The traditional healing system could be said to be an autonomous system at its highest order of recursion. Although the isangoma might define her system broadly, she does suggest that the system's autonomy cannot change. Only its structure or way of maintaining its organisation can.

According to Keeney (1983), a cybernetic framing of distinctions can be reached if one considers both sides of the distinction as different and yet related. Bateson (1972) talks about "mere purposive rationality" as being damaging unless it forms part of a complementarity, such as "non-rationality". The isangoma's reliance on rituals such as dancing, dreaming, throwing bones, looking into the mirror, going into a trance - all right brain activity - could be seen as sides of a complementary pair.

In both the isangoma's and ecosystemic epistemologies, the concepts of health and pathology are very closely related. When a person with certain "symptoms" presents him/herself to the isangoma, he/she is not necessarily ill, but may be "called".

The isangoma's aim, as with the cybernetic therapist, is to provide a context of learning where both she and her client can successfully respond to the self-corrective communication of symptomatic behaviour. In both cases "therapeutic" effectiveness depends to some degree on letting "illness" or symptoms be, understanding them and learning from them rather than fighting them. Ecosystemic thinking often views the "problem" as a solution at the same time, and some solutions actually create problems (Watzlawick, Weakland & Fisch, 1974). This represents a dialectic, seen also with the isangoma whose "disturbed" students emerge from their training and certain rituals as "fuller", more "whole" people.

Both epistemologies perceive symptoms as metaphors for an entire ecology, often "relationship" disturbances such as client-ancestor relationships (Herbst, 1987). No symptom occurs in isolation. The "cause" of illness is ultimately linked with the client's social and cultural environment. The relationship between the client and the members of the larger system, both living and dead, form the focus of the meaning of his/her illness. "[L]iving close to the ancestors", "the ancestors have left", "the ancestors are turned from the person" are punctuations of this experience of harmony or disharmony within the client's environment. From this perspective, "illness" may serve a specific function within society. Problems may arise when different members of a system are not seen as acting within the same context. The need for intervention is thereby created, and the continuation of the system safeguarded by the provision of "new" meanings through the healing process.

These ideas correlate well with those expressed by Campbell and Draper (1985).

The isangoma relies heavily on her knowledge of the system. She is expected to know the reason for being consulted prior to any pronouncements by the client. Her use of symbols for diagnosis is characteristic of her work. By using her dreams and the client's dreams, she is able to discover the cause of illness. Keeney (1983) regards this as a form of feedback. The isangoma's intervention, such as prescribing a ritual, aims to return the system to a state of equilibrium. She gives the symptoms meaning and explains them in terms of the problematic functioning within the system.

The isangoma's intervention or prescription allows the client to structure his/her experience and simultaneously makes it meaningful to other members of the client's family or community. This can have the effect of influencing relationships in the greater context - a higher-order effect of the isangoma's intervention. This conclusion is supported by the work of Herbst (1987), who described the role of the traditional healer in solving a labour dispute at a saw mill.

Ecosystemic thinking rejects the idea of classification. The isangoma only uses very broad "classes" of illness, which tends to minimize the possibility of reification. She classifies real physical illnesses such as V.D. and diabetes, but not so emotional disturbances.



This tendency not to classify makes it possible to avoid linear one-problem-one-technique treatment. As the isangoma says, "there may be one illness, but different methods of healing, depending on the dreams".

Within the isangoma's epistemology the client system is evaluated using a very broad context - the relationship the client has with his/her ancestors. This could be regarded as systemic because it bears in mind the client's ecosystem. (It was interesting that the researcher was automatically included in this broad context when the isangoma told her of the dreams she had had about her "ancestors".)

The healing context of the isangoma can also be regarded as broad, because she "treats" the system which presents itself to her, whether it does so as an individual, a couple, friends, family or community. Her role is also broadly defined as therapist, doctor, advisor, consultant, trainer, community advisor and leader.

Keeney (1983) refers to the concept of "double description". When two people interact, each punctuates the flow of interaction, and if an observer combines both their views, a sense of the whole system will begin to emerge. "For the observer, this means that the simultaneous combination of their punctuations yields a glimpse of the whole relationship" (Keeney, 1983, p. 37). Bateson (1979) compares this idea to binocular vision.

The isangoma seems to make use of this notion as well, when, for example, she uses the dreams of various students, superimposed on one another, to gain a fuller picture of what is happening. "Everyone will get their own dream and then we will combine their dreams to heal that person". She also does this with her dreams and those of her client. At times she also consults with other traditional healers, and, as it were, superimposes their different perceptions of a situation to gain a sense of the whole system. One could compare this also to Palazzoli, Boscolo, Cecchin & Prata's (1978) use in therapy of a multi-member team, observing together behind a one-way mirror and gaining a binocular vision of what is occurring in therapy. The isangoma also talks of using a combination of her own ideas about a person's illness and the direction she receives from the ancestors.

#### 4.6.2 Links between aspects of isangoma's epistemology and existential-phenomenology

Phenomenology attempts to look at the phenomena of experience without any preconceptions; it tries to look at man pre-reflexively. Man being "Dasein" suggests that it is impossible to understand him except in relation to the world, his fellow man and his body. The distinction of "man" is, therefore, a very broad one, and is essentially as broad as that made by the isangoma.

She has no systematic concepts by which she can differentiate between herself and the body that she has or possesses. She is concerned with the disturbed person, home or family or community, not with psychophysical structures such as intelligence, consciousness, personality. She is a ritual specialist whose function appears to be to restore the balance between good and bad that is to be manifest in the person, the society and the world (Kruger, 1974). All the elements of the person's world form a whole, a pattern of coherence, within which events are intelligible to that particular person.

"Dasein", the fundamental concept of existential phenomenology, is readily comprehensible to the isangoma. Man as being-in-the-world can never be seen as separate from his world; "man" and "world" have to be seen together. Being-in-the-world suggests a strong relatedness to the environment, a rich relationship between man and world, two ideas very broadly punctuated by the isangoma. Man is seen in relationship to his world and the isangoma works to keep these relationships in harmony or balance. She never works with a client in isolation, always in relationship.

The isangoma is particularly concerned with a client's relationship to his/her ancestors. The idea that he/she is continually "in dialogue" with his/her ancestors suggests a strong link between the two epistemologies. Furthermore, not only is the client in dialogue with his/her ancestors, but the isangoma is too. Client and isangoma live a shared existence or mitwelt.

Both in becoming an isangoma and in being one, dreams play an important role. The isangoma does not differentiate between the dreams she has concerning herself and those concerning others ("others" being clients or non-clients, as seen in the context of the interview with her).

Dreams do not require interpretation at a symbolic level : rather, they contain a message. So, she lives in an undivided, meaningful world. A dream can refer to a relationship which has become uncertain. The tension created by this uncertainty needs to be overcome by a new integration - "he must do something to improve his relationship with his forefathers".

The isangoma does not differentiate between the significance of her own dreams and those of her client(s). — In phenomenological terms, she establishes a continuity between herself and her client (Kruger, 1974).

It is significant that one can only become an isangoma through the process of "ukuthwasa", which starts with a serious life crisis. If one has not been "ill" in this sense, one cannot become an isangoma. This also points to the fact that in the isangoma's cosmology, a rigid classification of "illness" is non-existent.

There would appear to be an important link between existential phenomenology and the isangoma's epistemology in the fact that both regard the world as a cosmic totality of meaning and not merely a system of bare facts. Man is dependent on others in order to confirm him in his specific humanity and individuality.

This is clearly evidenced in the isangoma's use of her students' and her own dreams about a specific client to gain a clearer meaning of that client's experience - theirs is a shared world.

A link exists between phenomenology's notion that man exists in a world comprising "umwelt", "mitwelt" and "eigenwelt" and the isangoma's holistic view of man as inseparable from his world - physical, social and spiritual.

Phenomenology holds that in a psychotherapeutic relationship it is impossible to be open to the immediate reality of the other and at the same time to regard him as an object. In the openness of the therapeutic relationship one can only speak of "observation" insofar as one means participant observation, i.e. therapist and client observe an interaction in which they themselves are participating (Boss, 1979).

In like manner, the isangoma does not observe her client(s) in a detached manner - her participation in the healing process is acknowledged throughout. She does not use "objective" tests : she participates actively in her use of bones, mirror, dreams. Her use of them depends on her "strength", "they ... recognize your feelings ... if you are not brave enough, they won't show you much of it". Her tools are "a gift from the forefathers", who decide when and how they will be used. They have no objective task.

It could be argued that the implicit aims of daseinanalysis and the traditional healing process are not incompatible.

Daseinanalysis, for example, regards the "schizophrenic" as a person who is trying to live an impossible life, who is trying to comply with conflicting demands and finding it impossible to relate to the rest of his family because of a fundamentally disturbed pattern of communication in the family and because his own constructions of events and inner experiences are being continually invalidated (Kruger, 1979). It starts from the premise that being-in-a-schizophrenic-state means trying to live a life of shattered boundaries and overwhelmed by a salient, restricted aspect of being. The aim of psychotherapy is to "make whole" or heal by helping the person to grow towards selfhood and authenticity (Boss, 1979). The state of ukuthwasa has been likened to being-in-a-schizophrenic-state symptomatically. The isangoma aims in her healing to help the student "emerge from the experience as a fuller ... more 'whole' person ... living close to the ancestors", i.e. the student has to take up a new relationship to the world. The isangoma would seem to be at a slight advantage in that her cosmology provides the meanings in terms of which the student can restructure his/her life.

The phenomenological existentials or modes of being-in-the-world can also be regarded as compatible with aspects of the isangoma's epistemology. As far as the spatiality of existence is concerned, one does not observe things in terms of their objective, measurable qualities - one sees them in the context of oneself and the context in which they appear - and one's moods are embodied in the nearness and farness of things trusted and not trusted (Kruger, 1979).

One's spatiality will inevitably, therefore, be affected by one's relationship to one's ancestors, for example. When talking about her students, the isangoma refers to their disturbed spatiality when they first consult her - "they are doing things, saying ... thinking ... seeing things they have never done ... before" - and how she has to help them "open the way for ancestors", i.e. re-establish an appropriate space between them.

As with spatiality, man's temporality is common to both epistemologies. "Lived time", where one simultaneously confronts the three ecstasies of time, past, present and future, can be compared with what Holdstock (1982) calls "Africa time". One's present is constantly affected by one's relationship to one's past, for example. The isangoma indicates the necessity for one to continually be assessing one's relationship to one's forefathers. This assessment is never complete or over - one's past remains present, part of a time process.

Man's bodyhood is not limited to what lies within the skin, but extends as far as his relationship to the world. When one is "ill", one's body becomes an obstruction to one's living fully (Boss, 1979). One embodies one's existence. The isangoma speaks of the bewitched person's bodyhood - "he will be very still ... will not speak ... his face will stay like this" - and how he is closed in his relationship to the ancestors. Dancing within the isangoma's cosmology is a very important activity - perceived as healthy and meaningful and a uniting force in the community.

Another existential, human co-existence in a shared world, is common to both epistemologies. Humans share in one another's reality and are therefore accessible to one another, according to Boss (1979). The isangoma speaks of inextricable relationships between people, ancestors and community and the need for these relationships to be open and close for them to be healthy. It would seem significant that sometimes the isangoma will advise a client to consult another isangoma. She refers to the importance of trust in her relationship with a client - "it will depend ... how much she will trust me, how much she will do" - and the need for a client to "be relaxed" with her. If these elements are not present in their relationship, she will refer the client elsewhere. Another example of this shared reality is how the isangoma and her students' dreams should increasingly "bring ... [them] together" and correlate. If they do, she knows that her student is "coming right".

Possibly one of the most noticeable links between the two epistemologies is how they both regard man as intentional, that is, always perceived in relation to a certain context and not in isolation. This assumption means that man is perceived as an active, responsible, agent and his behaviour is always meaningful and significant.



#### 4.7 SUMMARY

This chapter sought to present the research carried out, whose aim was to elucidate the epistemology of an urban isangoma and to establish whether there are, in fact, links between this epistemology and that of two holistic approaches, viz. ecosystemic and existential-phenomenological.

The phenomenological research methodology used was outlined, the nature of the interview which took place over three separate meetings discussed from the reflected experience of the researcher as participant observer. The contextual nature of the interview was suggested to enhance the understanding of the isangoma's epistemology significantly.

The research methodology was presented, the breakdown of the material presented in the transcribed interview (Appendix I) into natural meaning units, then a constituent profile description and finally the essential descriptions which emerged from the explication.

Finally, this chapter examined closely the possible links which can be made between aspects of the isangoma's epistemology and, firstly, ecosystemic theory, and, secondly, existential-phenomenology.

## CHAPTER 5

### CONCLUSION

#### 5.1 SUMMARY OF DISSERTATION

Part of the appeal of traditional healing to Western observers is its holistic approach. The traditional healer or isangoma is a good representative of this approach. She represents for many an holistic and undivided world and fulfills a pervasive role in her society.

This dissertation considered in detail some epistemological issues inherent in two "Western" holistic approaches in psychology. This was done so that following an exploratory interview with an urban traditional healer, the researcher could try and ascertain whether there appeared to be links between such approaches and the traditional healer's epistemology.

The two holistic approaches examined were ecosystemic and existential-phenomenological theory. The focus was on aspects of their epistemologies, relying on the following tools of construction : drawing a distinction; indicating a punctuation; marking orders of recursion; and using double description.

General systems theory represents one of the major conceptual and practical changes in the scientific and clinical worlds in the 20th century. "Ecosystemic epistemology" tries to integrate ideas about ecology, cybernetics and systems theory into an epistemology that can serve as a basis for therapy. Keeney's (1983) cybernetic epistemology is one of the newer developments in the field of ecosystemic epistemology and was discussed at length. It is principally concerned with moving from viewing material to concentrating on viewing pattern and represents a process-oriented punctuation emphasizing an awareness of including both parts and whole into a pattern of organisation. The aspects of its epistemology focussed on were its basic ideas of feedback; higher orders of feedback; its focus on the recursive relationship between observer and observed, for example, known as self-reference; autonomy; orders of epistemological analysis and the study of cybernetic complementarities.

The second holistic approach examined was that of existential phenomenology. This was done largely because its method provides a useful and appropriate way of exploring the epistemology of the traditional healer and of grasping the essence of her epistemology. In short, phenomenology is the study of phenomena as experienced by man. Its focus falls on the experience of the phenomenon and its task is to make explicit those ideas, assumptions and implicit presuppositions upon which one behaves and experiences life.

The discussion looked at the phenomenological structure of existence as evidenced by the Dasein concept; the existentials, such as spatiality, temporality, human bodyhood, co-existence in a shared world, existential mood; phenomenological method and existential-phenomenological psychotherapy.

*Intending*

Following the discussion of these two holistic approaches came an examination of the literature regarding holism in South Africa and the traditional healer's role. Over the past twenty years academics and researchers from many disciplines have advanced our knowledge of indigenous healing systems : what they are, how they fit into a particular social context, how they compare with psychotherapy and what they reveal about the healing process (Salmon, 1984). Traditional healing was discussed within the context of Zulu and Xhosa cosmologies, two typically South African cosmologies. Aspects of these cosmologies were detailed, including a discussion of some of their important "entities", such as the Shades or ancestors. The focus was then shifted to the process of the calling of traditional healers.

The research carried out by this student was then presented. A Zulu urban traditional healer was interviewed in an exploratory semi-structured manner. The researcher discussed her experience of the interview and its context as an integral part of the research. The interview was audiotaped, transcribed and then the material was explicated. This final process entailed three basic phases, viz. intuition, reflection and description.

These form part of a phenomenological research methodology and result in a description of the essential elements in the structure of the traditional healer's epistemology.

Using the material from the discussion about aspects of the epistemologies of ecosystemic and existential-phenomenological approaches in psychology and that gained from the interview with the traditional healer, apparent links were suggested between these approaches.

The traditional healer's epistemology was seen to be readily understood from an ecosystemic point of view. Ecosystemic concepts such systems and structure correlate neatly with the traditional healer's punctuations of, for example, the client-ancestor relationship. The process of feedback within a system was seen to be an important link between the two epistemologies : the ancestors, for instance, appear to activate the feedback process and provide the possibility for stability and change for a client system. Traditional healing can be viewed as self-corrective : performing a ritual can serve to stabilize the client-ancestor complementarity. One can perceive a recursive relationship between isangoma and client, "healing" mutual with the isangoma subscribing to the notion of being a participant observer. Her epistemology can be regarded as self-referential. She subscribes to a cybernetic framing of distinctions.

In both the isangoma's and ecosystemic epistemologies, the concepts of health and pathology are closely related : "therapeutic" effectiveness depends to some degree on letting "illness" or symptoms be, understanding them and learning from them rather than fighting them. Both epistemologies perceive symptoms as metaphors for an entire ecology. Both have a tendency not to classify illness or to do so only very broadly, thus avoiding linear one-problem-one-technique treatment. Both evaluate the client system using very broad contexts, bearing in mind the client's ecosystem. Both epistemologies seem to make use of what Bateson (1979) calls binocular vision.

The most clear link between the isangoma's epistemology and that of existential-phenomenology is their understanding of "man" as "dasein", who can only be viewed in relation to the world, fellow man and his body, never in isolation. Both regard man as intentional and see all the elements of a person's world (defined in its broadest sense) forming a whole, a pattern of coherence. Both suggest deeply the strong relatedness man has to the environment. Both epistemologies view the client-therapist/isangoma relationship as continuous. Both regard the world as a cosmic totality of meaning and not merely a system of bare facts. As with an ecosystemic epistemology, these two epistemologies subscribe to the idea of participant observer. The implicit aims of daseinanalysis and the traditional healing process are not incompatible : they both strive to "make whole" or provide meaning for the client. The phenomenological existentials of spatiality, temporality, bodyhood, co-existence in a shared world are readily translatable into the isangoma's epistemology.

## 5.2 EVALUATION AND IMPLICATIONS OF RESEARCH

This researcher feels that an important aspect of her research is how well the material gleaned from her interview relates to the material in the literature study in Chapter 3. The isangoma clearly verified information already documented in the literature about, for example, the process of "ukuthwasa"; the "amadlozi" and their vital role in the cosmology of many South Africans; how "illness" is understood to signify a disturbed client-ancestor relationship; witchcraft; her role within the community. Even though some of the literature mentioned is approximately fifteen years old, most fundamental aspects of traditional healing have not altered too significantly for this literature to be considered outdated or inaccurate.

Something which may have contributed significantly to the qualitative nature of the study, is for the researcher to have asked the isangoma to write about her experience of the interview. This could have been explicated and included in the research. Also, many of the questions asked in the interview could have been followed up for more clarification, which would have provided a richer protocol qualitatively. An exploration of the isangoma's experience of, for example, her role in the community, her "calling", her dreaming, could well elicit a fuller picture of her epistemology. This study explicates a fraction of what could be explicated.

From the research conducted it is clear that there are important and significant links between the two holistic approaches in psychology and the isangoma's epistemology. These could have implications for the mental health services in South Africa, where traditional healing has been what Holdstock (1979) calls "a neglected potential".

✕ Le Roux (in Kruger, 1974) anticipates that traditional healing will continue to receive the support of the community. Gqomfa (1987, in Odyssey, 1987) believes that even with the increasing urbanization of various indigenous communities in South Africa, traditional healing has adjusted to the changes wrought by it, and that the isangoma is often best-suited to act as an integrating agency in this transitional society. Holdstock (1979) suggests that there is an increasing number of isangomas in townships like Soweto. Bearing these things in mind it would seem foolish for mental health services in South Africa not to try to augment traditional healing rather than to attempt to supplant it.

The isangoma, whose role in her community is so pervasive, spoke in the interview of seeking to work in consultation, possibly even collaboration, with those in the mental health services in South Africa. As it is, she acknowledges the important role that professionals in these services have and continually "unofficially" refers some of her clients to them.



This researcher feels that it is essential that further exploration in this area be undertaken, so that an adequate understanding of the treatment appropriate or adequate to a very large proportion of the

South African population is arrived at. Much research has and is currently being carried out and this suggests an increased interest in this area. The traditional healer is a predominant social integrating force in the social system of many black people in South Africa, and it would seem that a closer working relationship with this person might enhance the psychologist's understanding of health and pathology and affect his/her working method appropriately.

Already, in industry, the traditional healer is being considered as personnel consultant (Herbst, 1987) because it is being recognized that the cultural environment of the worker cannot be separated from his/her work environment. The traditional healer's knowledge of the culture of and his/her contact with the community is considered to make him/her a potential consultant or arbitrator (Herbst, 1987).

Chavunduka (in Odyssey, 1988), Professor of Sociology at the University of Zimbabwe, gave a very significant talk on the pioneering work now being done regarding the integration of the African traditional system of healing and modern medicine in Zimbabwe. After the establishment of the Zimbabwe National Traditional Healers Association (ZINATHA) in 1980, the process of integration of the two healing systems has started.

Chavunduka says that co-operation between some traditional healers and some "modern" healers has existed for a long time at an unofficial level, particularly in rural areas, but what is new is that co-operation between the healers has now become the official policy of the government of Zimbabwe. Co-operation is being encouraged to develop between these two 'independent' systems at all appropriate levels - the co-operation being characterized by mutual respect, understanding and interest in learning and modifying one's conceptions and practices when necessary. It would seem prudent to consider if and how such a system could benefit the peoples of South Africa.



UNIVERSITY  
OF  
JOHANNESBURG

---oOo---

REFERENCES

ALEXANDER, P.C. (1985). A Systems Theory Conceptualization of Incest. Family Process, 24, 79 - 88.

ARSENBERG, C. (1981). Cultural Holism through Interactional Systems. American Anthropologist, 3, 562 - 581.

BATESON, G. (1958). Language and psychotherapy - Fried Fromm - Reichmann's last project. Psychiatry, 21, 96 - 100.

BATESON, G. (1972). Steps to an Ecology of Mind. London : Granada Publishing.



UNIVERSITY  
OF  
JOHANNESBURG

BATESON, G. (1979). Mind and Nature : A Necessary Unity. New York : E.P. Dutton.

BERGLUND, A.I. (1976). Zulu Thought - Patterns and Symbolism. Cape Town : David Philip Publisher.

BERRIEN, F.K. (1968). General and Social Systems. New Jersey : Rutgers.

BOSS, M. (1957). Psychoanalysis and Daseinanalysis. Bern : Hans Huber.

BOSS, M. (1975). Grundriss der Medizin und der Psychologie. Bern :  
Hans Huber.

BOSS, M. (1979). Existential Foundations of Medicine and Psychology.  
New York : Jason Aronson.

BOYER, L.B., BOYER, R.M. (1977). Understanding the individual through  
folklore. Contemporary Psychoanalysis, 13 (1), 30 - 51.

BOYER, L.B. (1983). Approaching cross-cultural psychotherapy.  
Journal of Psychoanalytic Anthropology, 6 (3), 237 - 245.

BROOKE, R. (1983). An empirical phenomenological investigation of  
being-guilty. Unpublished Masters thesis, University of the  
Witwatersrand, Johannesburg.

BUGENTAL, J. (1967). Challenges of Humanistic Psychology. New York :  
McGraw-Hill.

BUHRMANN, M.V. (1977). Xhosa diviners as psychotherapists.  
Psychotherapeia, 31, 17 - 20.

BUHRMANN, M.V. (1979). Why are certain procedures of the indigenous  
healers effective? Psychotherapeia, 5, 20 - 25.

BUHRMANN, M.V. (1983). The role of the indigenous healer. Africa  
Insight, 13 (3), 215 - 221.

BUHRMANN, M.V. (1984). Living in two worlds : Communication between a white healer and her black counterparts. Cape Town : Human & Rosseau.

BUHRMANN, M.V. (1987). Bridging western and traditional healing. Odyssey, 11 (3), 43 - 46.

CAETANO, C. (1985). Therapeutic Intervention and Schizophrenia. Unpublished Masters thesis, Rand Afrikaans University, Johannesburg.

CAMPBELL, D., DRAPER, R. (Eds.) (1985). Applications of Systemic Family Therapy. London : Grune & Stratton.

CAPRA, F. (1983). The Turning Point : Science, society and the rising culture. London : Flamingo.

CHAVUNDUKA, G. (1987). Integrating Different Healing Systems in Zimbabwe, Odyssey, 11 (3), 20 - 25.

COLAIZZI, P.F. (1968). The Descriptive Method and the Types of Subject Matter of a Phenomenologically based Psychology. Unpublished Ph.D. Thesis, Duquesne University, Duquesne.

DAWES, A. (1985). Politics and mental health : The position of clinical psychology in South Africa. South African Journal of Psychology, 15, 55 - 61.

DOKE, C.M., VILAKAZI, B.W. (Eds.) (1948). Zulu-English Dictionary.  
Johannesburg : Witwatersrand University Press.

DOW, J. (1986). Universal Aspects of symbolic healing : A theoretical  
synthesis. American Anthropologist, 88 (1), 56 - 69.

EDWARDS, S.D., GROBBELAAR, P.W., MAKUNGA, N.V., SIBAYA, P.T., NENE,  
L.M., KUNENE, S.T., MAGWAZA, A.S. (1983). Traditional Zulu theories of  
illness in psychiatric patients. The Journal of Social Psychology,  
121, 213 - 221.

ELLENBERGER, H.F. (1970). The Discovery of the Unconscious. London :  
The Penguin Press.

ERIKSON, M.H., ROSSI, E.L., ROSSI, S.I. (1976). Hypnotic realities.  
New York : Irvington Publishers Inc.

FERNANDO, S. (1988). Race and Culture in Psychiatry. London :  
Routledge.

FORDHAM, F. (1964). An Introduction to Jung's Psychology. Middlesex :  
Penguin Books.

GARDNER, J.M. (1978). "The Importance of Indigenous Healing to  
Community Mental Health". Opening address, First National Conference  
of Indigenous Healing, University of the Witwatersrand, Johannesburg,  
1978.

GIORGI, A. (1970). Psychology as a Human Science : A Phenomenologically based Approach. New York : Harper & Roul.

GIORGI, A., FISCHER, W.F., VON ECKARTSBERG, R. (Eds.) (1971). Duquesne studies in Phenomenological Psychology : Volume 1. Pittsburgh : Humanities Press.

GQOMFA, J. (1987). Tradition and transition. Odyssey, 11 (3), 29 - 33.

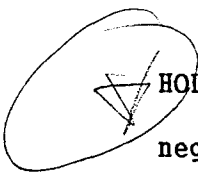
HALEY, J. (Ed.) (1967). Advanced techniques of hypnosis and therapy : Selected papers of Milton H. Erickson. New York : Grune & Stratton.


HALL, C.S., LINDZEY, G. (1978). Theories of personality. New York : John Wiley & Sons, Inc.

HAMMOND-TOOKE, W.D. (1974). The Bantu-Speaking Peoples of Southern Africa. London : Routledge.

HAMMOND-TOOKE, W.D. (1975). African World-View and its relevance for psychiatry. Psychologia Africana, 16, 25 - 32.


HERBST, D. (1987). The Indigenous healer as personnel consultant : A Case Study. South African Journal of Labour Relations, 11 (4), 16 - 24.

 HOLDSTOCK, T.L. (1979). Indigenous healing in South Africa : a neglected potential. South African Journal of Psychology, 9, 118 - 124.

 HOLDSTOCK, T.L. (1981). Psychology in South Africa belongs to the colonial era : Arrogance or ignorance? South African Journal of Psychology, 11, 123 - 129.

HOLDSTOCK, T.L. (1982). Psychology in South Africa is like an ostrich. Psygram, 22 (1), 7 - 10.

HOLDSTOCK, T.L. (1987). Healing of the community in transition. Odyssey, 11 (3), 23 - 25.

 JILEK, W.G. (1986). Witchcraft and psychotherapy. British Journal of Psychiatry, 149, 796 - 797.

KEEN, A. (1975). A Primer in Phenomenological Psychology. New York : Holt, Rinehart & Winston, Inc.

KEENEY, B.P. (1979). Ecosystemic epistemology : An alternative paradigm for diagnosis. Family Process, 18, 117 - 129.

KEENEY, B.P. (1983). Aesthetics of Change. London : The Guildford Press.



KEENEY, B.P., ROSS, J.M. (1985). Mind in Therapy : Constructing Systemic Family Therapies. New York : Basic Books, Inc.

KIEV, A. (1972). Transcultural Psychiatry. New York : MacMillan.

KOCH, S. (1981). The nature and limits of psychological knowledge. American Psychology, 36, 257 - 269.

KRIEGE, E.J. (1974). The Social System of the Zulus. London : Longmans, Green & Co.

KRUGER, D. (1974). Xhosa Divining and Contemporary Psychotherapy : A Reciprocal Perspective. Fort Hare Papers, 6 (1), 37 - 46.

KRUGER, D. (1976). To diagnose or not to diagnose. Psychotherapeia, 2 (3), 19 - 26.

KRUGER, D. (1979). An Introduction to Phenomenological Psychology. Cape Town : Juta & Co., Limited.

KRUGER, D. (Ed.) (1984). The changing reality of modern man : Essays in honour of J.H. van den Berg. Cape Town : Juta & Co., Limited.

LARSON, S. (1969). The Shaman's Doorway : Opening the Mythic Imagination to Contemporary Consciousness. New York : Harper & Row.

LAUBSCHER, B.J.F. (1973). Sex Custom and Psychopathology. London : George Routledge & Sons Ltd.

LAUBSCHER, B.J.F. (1975). The Pagan Soul. Cape Town : Howard Timmins.

MADDI, S.R. (1980). Personality Theories : A comparative analysis. Illinois : The Dorsey Press.

MAY, R., ANGEL, E., ELLENBERGER, H.F. (Eds.) (1958). Existence : A new dimension in psychiatry and psychology. New York : Basic Books.

MAY, R. (1975). Values, myths and symbols. American Journal of Psychiatry, 132, 703 - 706.

UNIVERSITY  
OF  
JOHANNESBURG

MERLEAU-PONTY, M. (1974). Phenomenology of Perception. London : Routledge & Kegan Paul.

MILLER, J.G. (1971). The nature of living systems. Behavioural Science, 16, 277 - 301.

MINUCHIN, S. (1974). Families and Family Therapy. London : Tavistock Publications.

MISIAK, H., SEXTON, V. (Eds.) (1973). Phenomenological Existentialism and Humanistic Psychologies : An Historical Survey. New York : Grune & Stratton.

MKHIZE, H.B. (1981). Indigenous healing systems and western psychotherapies. Unpublished Masters thesis, University of Natal, Pietermaritzburg.

8

NEKI, J.S., JOINET, B., NDOZI, N., KILONZO, G. (1986). Witchcraft and Psychotherapy. British Journal of Psychiatry, 149, 145 - 155.

NGUBANE, H. (1977). Body and Mind in Zulu Medicine. New York : Academic Press.

NICHOLS, W.C., EVERETT, C.A. (1986). Systemic Family Therapy : An integrative approach. London : The Guildford Press.

PARRINDER, G. (1969). Africa's Three Religions. London : Sheldon Press.

RADEMEYER, G. (1978). General Systems Theory and Human Behaviour. Unpublished Masters thesis, University of the Orange Free State, Bloemfontein.

10

RAPPAPORT, H., DENT, P.L. (1979). An Analysis of Contemporary East African Folk Psychotherapy. The British Journal of Medical Psychology, 52, 49 - 54.

REED, J., WAKE, C. (Eds.) (1979). L.S. Senghor : Prose and Poetry. London : Heinemann.

ROBBERTSE, P.M. (1979). Mental health priorities in South Africa. Paper presented at Conference on the Economics of Health Care in Southern Africa, Cape Town.

ROBBERTSE, P.M. (1984). Die toekoms van geestesgesondheidsdienste in Suider Afrika. Paper presented at the Second National Congress of the Psychological Association of South Africa.

✶ SALMON, J.W. (Ed.) (1984). Alternative Medicines : Popular and policy perspectives. London : Tavistock Publications.

SCHWEITZER, R.D. (1977). Some suggestions pertaining to mental health services in transitional societies. Psychotherapeia, 3 (3), 15 - 17.

SCHWEITZER, R.D., BUHRMANN, M.V. (1978). An existential-phenomenological interpretation of thwasa among the Xhosa. Psychotherapeia, 4 (2), 15 - 18.

SELVINI-PALAZZOLI, M., BOSCOLO, L., CECCHIN, G., PRATA, G. (1980). Paradox and Counterparadox. New York : Jason Aronson.

SKYNNER, A.R. (1976). One Flesh Separate Persons : Principles of Marital Psychotherapy. London : Constable.

✶ SMUTS, J.C. (1926). Holism and Evolution. London : Macmillian & Co. Ltd.

SPIEGELBERG, H. (1972). Phenomenology in Psychology and Psychiatry.  
Evanston : North-Western University Press.

THORP, L. (1987). Toward an understanding of indigenous healing, with  
specific reference to the social implications of diagnosis.  
Unpublished paper, Rand Afrikaans University, Johannesburg.

TORREY, E.F. (1972). The Mind Game. New York : Emerson-Hall.

TORREY, E.F. (1986). Witchdoctors and Psychiatrists : The common roots  
of psychotherapy and its future. New York : Harper & Row Publishers.

VALLE, R.S., KING, M. (Eds.) (1978). Existential-phenomenological  
alternatives for psychology. New York : Oxford University Press.

VAN DEN BERG, J.H. (1980). Phenomenology and Psychotherapy. Journal  
of Phenomenological Psychology, 10 (2), 21 - 49.

VAN KAAM, A.L. (1969). Existential Foundation of Psychology. New  
York : Image Books.

WASSENAAR, D.R. (1987). Researching Family Therapy. South African  
Journal of Psychology, 17 (1).

WATZLAWICK, P., BEAVIN, J.H., JACKSON, D.D. (1967). Pragmatics of  
Human Communication : A study of interactional patterns, pathologies  
and paradoxes. New York : W.W. Norton.

WATZLAWICK, P., WEAKLAND, J.H., FISCH, R. (1974). Change : Principles of problem formation and problem resolution. London : W.W. Norton.

WESSELS, W.H. (1985). The traditional healer and psychiatry.  
Australasian & New Zealand Journal of Psychiatry, 19 (3), 283 - 286.

WHISSON, M., WEST, M. (Eds.) (1975). Religion and Social Change in Southern Africa. Cape Town : David Philip Publisher.

WHITAKER, C. (1976). The hindrance of theory in clinical work in  
GUERIN, P.J. (Ed.) Family Therapy : Theory and Practice. New York :  
Gardner Press.

WILBUR, K. (1979). No Boundary. Colorado : Shambala.

WONG, E. (1975). Visual and Tactile Perception Reconsidered : From an  
Empirical Phenomenological Perspective. Journal of Phenomenological  
Psychology, 6 (1), 75 - 87.

WOOLGAR, S. (Ed.) (1988). Knowledge and Reflexivity : New Frontiers in the Sociology of Knowledge. London : Sage Publications.

APPENDIX I

TRANSCRIPTION OF INTERVIEW BROKEN DOWN INTO NATURAL MEANING UNITS

Q : Mr X mentioned to me that you have been an isangoma for over twenty years. I would be very interested to know something about the training of an isangoma.

A : It is really a calling. /[1] These things happen this way ... sometimes in a dream. Sometimes a person will be sitting this way and will see some visions. These visions will sometimes cause a mental disturbance. When such a person comes to me and tells me she sees visions or dreams or such like, /[2] I will first check whether this person has not used any drugs - cannabis, that sort of thing. /[3] Then, I will take something - money or any object and hide it somewhere and I will ask this person "where is this money"? She will kneel down and ask her forefathers to highlight where this thing is hidden. /[4] Then, when she moves out and names the correct place where it is hidden, then I will start healing this person, from the brains first, so that she becomes a bit normal. Then, I will discover that this person is not just looking for this call, but is called also. /[5] I am able to distinguish between the one who is really called and the one who has a sickness, a mental disturbance.

At present I have one man who has stayed in the yard for a year now. There are times when he talks a lot ... as though there are people around him, and I will use a sjambok. If I hit him, he will he will complain that I am hurting these others around him, and then he becomes nervous. He runs away and he sometimes goes naked. /[6] And, he is transferred into the Witrand Hospital once I have treated him. I gave him some tests /[7] and, thereafter, I discovered an improvement, and then I started sending him to town. I gave him some washing to do. He had to make tea. I just took him to Witrand for observation, to discover whether he was really healed and they said he was fine, healed. /[8] He will not be a isangoma. He does not have the gift. With him, it was a question of nerves. It just means that not anyone can become an isangoma. They need to be checked first. /[9] An isangoma has been sent by his ancestors. This is "ithwasa". It means that his ancestors are calling him into their service. /[10]

Q : What does this "calling" involve?

A : Ithwasa ... these are the students who come for training. I have four in the training stage. Those who have qualified ... I have taught 16.

With these students, first, they will come to me when they are very disturbed. They are doing things, saying and thinking and seeing things they have never done so before.



/[1] I must treat them. I must either cut off the spirits ... like with the man I was telling you about, or I must help this person to open the way for the ancestors. /[2] If I do this, then this student will come out as an isangoma eventually. From out of the student's disturbed behaviour, she will emerge from the experience as a fuller ... more, how do you say, "whole" person. She will be living close to the ancestors. /[3]

Q : You mentioned that something you do is help the student to "open the way" for the ancestors. How might you do this?

A : I use dancing ... with a drum. As they hit the drum, the forefathers will rise and talk to the students. /[1] When the student falls on the floor, I will listen. The student, she will talk a lot of things. From these talks she will hear things. Maybe this will be that she must wear more beads or some other clothes ... some message that the ancestors want her to hear. /[2]

Another thing is this ... that the student will be having many dreams. She must tell me these dreams. They are messages also. /[3]

As far as medicine is concerned also ... if she wants medicine for something, the ancestors must show her ... take her out to the veld, show her where it is and take it, or even at the chemist.

/[4]

Q : You said that you used some tests with the man who was staying in your yard. Could you tell me a bit about these tests?

A : In my case, I believe in using tests. From these tests I can find if someone is sick or not. /[1] The tests I use ... I throw bones and these bones give me a direction. /[2] When it shows me a dark road, then I know that this person has serious problems. The bones will tell me why this person is having this sickness. / [3]

I also use a mirror, where I call the ancestors, and the mirror will then give me the direction. The mirror shows many things. / [4] When I call into the mirror, then deceased people, especially the parents appear. The mirror can also predict the coming problem. If someone in your family is going to die, the mirror will show you this. Also, if, for example, you have lost money and they don't know where the money is, the mirror will indicate where you misplaced the money or who stole the money. / [5] So, the mirror tells you more than the bones and it is more direct. There are more visions. / [6]

Q : "Visions"?

A : In the mirror, they come life-like, like on the T.V. / [1] I can communicate with the person in the mirror. He will ask me a question and then I know we can communicate.

If he cannot talk, then he will write and I will be able to read what is written. The writing ... they do not write on paper.

/[2] But, if you cannot see, then you ask them : "I can't see.

Just show me clearly ." Then they will take it up. Then you can

read. /[3] But, if there is something frightening ... like death

... coming, it depends on your strength and how brave you are.

And, if they feel you are not brave enough, they won't show you

much of it. They will just do it in passing. They also recognize

your feelings in that they look after you ... are concerned for

you. /[4]

Q : When do you consider that someone is "mentally ill" or "mentally healthy"?

A : It will depend on the bones or the mirror whether the person is ill or she is healthy. /[1] I am able to see what could be the cause. /[2] But, sometimes I do not have measures that the ancestors direct me. Even I am also using also psychology in that way. Then the ancestors will give that information - this person, this and this has caused this sickness. Especially some mental sickness. I have two people now who have been mentally ... since now on Friday.

With a mental case, usually I don't use my bones, because sometimes they kick these bones. That is why I depend on the head to give me this information.

And then, the causes that I have discovered ... Usually it is a family problem; sometimes the excessive use of drugs; sometimes things they have seen on their way ... fighting ...; sometimes even the medicine of the other isangoma to them. /[3]

You find a person is mentally ill; then he gets to a hospital - let's say Sterkfontein, for argument's sake - and then, he'll come all right there. Then he gets out and then this problem starts again. Here, it is where the person is bewitched. /[4] Here is where I can work. I can work with such cases, and I know exactly the types of medicines that people can use to bewitch a person. I know exactly when this was used, /[5] that I can expect "this" reaction or "that" reaction. The reaction will tell me exactly that it was true - this person was bewitched and so on. /[6] Sometimes he is not bewitched. It's just a custom-calling and this custom-calling ... the person will also be affected. And I will know this type of thing. I will know exactly how, really, it is the ancestors calling. /[7] I will tell the person to do the custom, and they will become better. /[8]

Q : Would you say that someone who is bewitched is mentally ill?

A : Definitely. There can be no doubt. To be bewitched is the opposite of ithwasa. /[1] Here, the ancestors have left and the witches are working against the person. /[2] This person will be very frightened.

He will be very still so that he does not anger the witches. He will not speak ... his face will stay like this (shows a blank, vacant expression). I will know by this he is bewitched. This is very serious ... /[3] the ancestors are turned from the person, because he has not done something or has done something which has made them angry or sad. /[4] Sometimes, this person can even die he is so ill. /[5]

This person must know why he is bewitched. /[6] He is part of this sickness or this misfortune /[7] and he must do something to improve his relationship with his forefathers. /[8]

Also, the witches use things. I pick this up. Like, for instance, you know the "tokoloshe"? The witch will use the tokoloshe or maybe a big monkey, or an owl or even an hyena ... things like this they use, and I notice this. /[9]

Q : What is the difference between the ancestors and the witches? Or is there little difference?

A : No, the difference it is very big. The ancestors are people who were in your family, but are now dead. They will punish you if you did not do something. /[1] But a witch, she is very cruel. She wishes you harm. /[2] Your forefathers do not want to harm you so much. /[3]

Q : What kinds of problems do people come to you with?

A : I have three cases. Most, there are the mental cases. /[1]  
Second, these ones who have the "kaffir poison" problems. /[2]  
Third, those who come for training to become isangomas. /[3]  
Some, with just the headache problems. /[4]

Q : When someone comes to ask you for help, would you tend to see only that person or do you also see that person's family or other people in the community?

A : I take the person and I will treat her here. /[1] When she is healed, I first go then to the family, to check whether this is clear and so on. /[2] It will depend on who comes to see me ... if it's one or two persons, maybe a husband and wife. It could be a few neighbours. Each one is different. /[3]

Q : Would you say that the problems you deal with are physical and emotional, or is that not so important?

A : I am able to heal emotions. I am able to heal the whole body. With healing, I am able to heal almost all diseases, excepting for the tooth. I can't take out the tooth and so on. I can work on eyes. I can work on sugar diabetes. I can work on any disease - if you are unable to get the baby, I can make you to conceive and get the baby. If you have V.D., I can help you there.

Say you are the man and you don't have the feeling of ... you know man feelings, I can put that on you and then you can have man feelings. I have a type of medicine that I give. I'll give you the thing to eat. /[1]

I had a patient here. She was here for a long time. I was treating her and then after treating her, I took her to Witrand Hospital and they never gave her anything. They recommended she must go to Baragwanath Hospital for an operation. And they suspected that if she was without an operation for five days she might die. /[2] But I refused. I kept the patient here and treated her. She couldn't do anything. She had fallen and got hit on the head. Even the brains were down - in the sense that she couldn't remember her date of birth, her parents, mother, what have you. But, I treated this person at this point in time. The patient was left alone and then she could recall all these things. She was even able to wash her own blankets and so on. /[3] I was able to find the cause. /[4] But the white doctor, he was blind and he decided for an operation. The patient did not need such an operation. /[5]

Q : When you are seeing someone who has come to you for help, are you the only active person, or is the person you are trying to help also active?

A : When a person comes in here, I will use a mirror or bones. /[1]

I will ask the person if she wants the mirror or bones. /[2] If I think it will bring too much conflict, I usually recommend the mirror, because I won't say anything. The mirror will talk to the person. But, if the person says "bones", /[3] it's the bones that will explain this to the person. I don't have to say anything. /[4] She will be actively involved, because she is given work to do, etcetera. Like washing and so on. /[5]

Sometimes it goes to the same way of teaching the person the same way of using the bones and how to mix medicines, etcetera, so that she can help herself in my absence. /[6] It will depend also how much she will trust me, how much she will do. /[7]

Q : Could you explain that a bit more?

A : Sometime you must spend the time just being with this patient, until she is relaxed with me. /[1] Sometimes she must rather see another isangoma. That is what the ancestors will say. /[2]

Q : Do you work alone as an isangoma?

A : No. We have an organization /[1] where there is a president, who was supposed to have been here today. He's in Moletsane, Soweto, today. So we have a channel. We don't just work here. There is also a head of this district, who comes around regularly. /[2]



There are also different kinds of isangoma - those who are using the bones, those who are using a mirror, others a Bible. Others are mainly using the brain, like my husband. /[3] But, all of them fall under one group. There are differences - from the ones who are using the bones. From the bones, I am able to define some actions which are done to the bones, to show that this person is ill and the illness is caused by this or this or this. /[4] The one who is using a mirror; the mirror will explain to you some things. /[5] The one with the Bible, he closes the Bible and prays. After he has prayed he opens the Bible, and where he has opened the Bible, he will read a chapter that will give him the direction, /[6] and then, after he has read the patient will confirm usually that this is really what happened and so on. /[7]

I work with bones and the mirror. It is not my own will. It is the direction that I have been given by the forefathers. /[8] It tells me to use this now, or this. /[9] It is a gift. It is not that everyone will use the bones or the mirror. It is like a promotion. It is not necessary that everybody should use a mirror, everybody should use the bones. It is a gift from the forefathers. You don't choose. /[10]

The forefathers will give me signs that are instructions given to me that now I must go from this place to that place. I have moved from Tkladi, in Soweto, to Carletonville on foot. I was even told that now at this time, I must wear this and so on. All this is from the forefathers. /[11]

The one thing I must tell you I use to help me communicate with the ancestors. This is dreams. /[12] They give me advice and instructions. /[13] Dreams tell you things you will not know when you are awake. I use them a lot. /[14]

Q : How do you use dreams?

A : Say now, you want to be an isangoma and now you want to train. Then, I must hear from you your dreams. Like, for example, you should dream of a certain number of goats. /[1] Your dream and mine, they should bring us together, because I should dream a similar dream. /[2] If we do, I will know now that you are coming right. Then, I can help you. /[3]

Further, last time you saw the students around me at my home. If a person wants to come in who was mentally ill, the students will treat that person for a week. Everyone will get their own dream and then we will combine their dreams to heal that person. /[4] From my own experience, all the dreams we've had, people have been healed. /[5] There may be one illness, but different methods of healing depending on the dreams. /[6]

My students, they bring me dreams at different times. They come to me and tell me their dreams. I take them and put them aside. the other student comes in. I do not tell this other student that another has come in.

/[7] Not to say that every student will dream. Depending on the health of the student and the feelings, because you should be relaxed in your feelings. You should not be hurt and so, or angry. /[8] After they have brought the dreams, I take the final decision as the leader. The dreams come from the ancestors. /[9] They are an important part of us. /[10]

Q : Does dancing ever form a part of your healing environment?

A : It brings everything together. In a sense, it co-ordinates what is happening and it is very important for an isangoma. /[1] It has a lot of meaning. /[2] Also, it makes your spirit strong. Also your body. /[3] I am the leader usually. /[4] My students learn and we are dancing all of us every week - children, sick ones, neighbours, old ones - everybody. You will see later. /[5]

Q : I have read that there are different kinds of ancestors. Can you tell me a bit about them?

A : Yes, there is the cave and the river ancestors, which are not same like the forefathers. The forefathers are from the family, now dead. /[1] I am from the river ancestors. The river ancestors are those who have dreamed me. /[2] I got the instructions also that I must get to a certain river. Somebody must take me there. And the river that I went to, I went to for two days. It was written around that nobody should get in there.

But, seeing that the call directed me, I had to get in there. /[3]  
So, I stayed under water with the river snake. I learned things  
from the snake there. The snake teaches you some of the things  
and so on. In the caves there are snakes also. /[4] But, when  
you go there you don't even report that one. I will see you  
leaving here. Nobody will know. Then you will stay there until  
somebody from elsewhere who knows this will come and tell your  
parents : "Cathy will be coming. She is just spending a year  
there". But these are the terms of the ancestors also. So, so  
far there are three kinds of ancestors - the one linking directly  
with me, the one in the water, the one in the caves. /[5]

You will find there are some who the ancestors call to the  
mountains. /[6] They have this thing at Lasberg. You know it?  
My uncle was in this Lasberg Mountain. In that mountain you will  
hear sounds "mm ... mm ...". At the mountain, the person who is  
directed there, will see these people. They are the sons of the  
Hottentots. So, they will talk to this person and teach him, like  
my uncle. /[7] And, if you are not directed there, and you go on  
your own, it's the end. There are these people who do not come  
back. Those are the people who wanted to go on their own. You  
must get the dream. /[8]

Q : From material that I have read and from much of what you have told  
me, it would seem as though you - as isangoma - are a very  
powerful and vital member of the community, and that in many ways  
you represent a very complex culture rich in traditions, customs,  
rituals, ancestral spirits.

Do you feel that your role in the urban community in which you live has changed as Ikageng has become progressively more urbanized, or that it is likely to change?

A : I am glad that you ask this. The traditions you mention, they have lasted a long, long, long time. /[1] But, I am not living in a hut as you have seen. I am living like everybody else. /[2] I show you some pictures ... photos ... of me when I was a student. It is not so different from now. If you change the customs or forget them you are turning away from the ancestors, you are not respecting them ... this is leading to misfortune and sickness, even death. This does not just happen by chance. We know this. /[3]

Sometimes you will find the person who is coming to me, she will not tell the other doctor - the white doctor - like at Witrand Hospital also that she is coming to me. This can be a problem. But she is still coming to me. Even Paul here, it's the same. /[4]

Q : Do you experience conflict with or from other people, like doctors at Witrand or the local white doctors?

A : I have never been confronted with this conflict outside, but I know that the white doctors do not believe these things in what they say.

/[1] But I have three patients who were directed to the hospital suspecting that they are mentally disturbed. I have treated them because they have this call. They are all right now. I have kept the letters. The one was supposed to have a operation at Baragwanath Hospital. I don't have a direct conflict ... it is just a question of what the doctors what they say. /[2]

We've made a study on this. We've had a conference, but we are waiting the agreement. But we are more interested in the day when we can work together. I told you my husband he is more like you. He is doing some psychology also, at the university. But he is also a isangoma. He was interested to meet you. /[3]

Q : You mention being interested in working together. Who do you think should be involved in this working together and what would their roles be?

A : The roles will interlink in the sense that if I am having a problem with a patient I will consult you. Whereas with you, if your patient says he is bewitched I can do this. /[1] Also, when I am feeling my patient she is well, I usually send her to the doctor for a check up. Often the doctor will not know the patient has seen me. /[2]

Q : Do you think that you and the doctors and psychologists will ever come to a closer understanding of the problems people come to us with?

A : It's a 'yes' and a 'no'. It really depends. If we have to work hand-in-hand, it might close the gap. /[1] Although, these things of this black magic they are not done only by me. I am not directly concerned about this things. The others who are doing this, they are not trained actually. They can just send you a thing. They cannot heal you. In my case I can heal the person and I'm trained in the water. I am available at any time. The working together will not be a problem for me. /[2]

I would like to indicate a case to you that shows to me that some white doctors are even blinded when someone has been using the kaffir poison. /[3] There was a woman who was eleven months pregnant, who could not be helped. Then this woman used to go to treatment but was thought that she was not pregnant. And this woman decided to consult me. And she stayed three months on top of the eleven months that she was pregnant. I used Dr Kruger in consultation. He couldn't see anything wrong. He said, "You'll be fine. It's only that your menstruation has been stopped by this and this and this. That is why your stomach is bulging so." /[4] But this person, it happened that she must give birth and she gave birth to three things. It was a chicken, two apie-like things ... small monkeys ... and I kept them for sixteen days and these monkeys were developing and things. I called the isangoma president and they came to observe this and other isangoma's from Soweto. After this we decided to consult Dr Kruger now. "Dr, this is what's happening".

The doctor could only see that the person is normal now. This is really the problem, the doctors cannot see these things. They can give you problems. Because they are just about to do their job, these black magic just comes and confuses them. /[5]

---oOo---



UNIVERSITY  
OF  
JOHANNESBURG



## OPSOMMING

$\alpha$  Hierdie <sup>studie</sup> ~~student~~ het sy ontstaan te wyte aan die feit dat die uitvoerder daarvan tydens haar opleiding algaande meer bewus geword het van die feit dat die meestal Westers-georiënteerde benadering tot psigoterapie nie volkome voorsiening maak vir die spesifieke behoeftes van swart kliente in Suid-Afrika nie. Verskeie skrywers het dan ook al die pleidooi gelewer dat die rol van die tradisionele geneser - in baie kringe reeds beskou as die ekwivalent van die Westerse psigoterapeut - in veel ernstiger lig beskou behoort te word.

Die doel van hierdie studie is om 'n dieper insig te bekom in die epistemologiese beginsels in die verwysingsraamwerk van die tradisionele geneser, veral met betrekking tot siekte, gesondheid en genesing, ten einde te kan vasstel of daar 'n verband bestaan, al dan nie, tussen holistiese benaderinge in die Sielkunde en die epistemologie van die tradisionele geneser.

$\alpha$  Die literatuurstudie was aanvanklik gerig op twee holistiese benadering tot die psigoterapie, naamlik die ekosistemiese en eksistensiële-fenomenologiese teorieë. Die ekosistemiese teorie, en veral Keeney (1983) se <sup>k</sup>ibernetiese epistemologie, verteenwoordig 'n holistiese benadering, veral noemenswaardig vanweë die klem wat gelê word op patrone in die organisasie van sowel dele as die geheel.

Dit is, in beginsel, 'n teorie van verwantskappe en wisselwerkinge, verteenwoordigend van 'n epistemologiese klemverskuiwing weg van vroeëre positivistiese begrippe (soos uiteengesit deur Newton) van die Wetenskap in sy liniere verhouding, na 'n <sup>1</sup> kibernetiese paradigma wat 'n teorie van sirkulêre wisselwerkinge voorhou.

Die eksistensieel-fenomenologiese teorie - en veral die beskouing van die individu, gebaseer op die totale, onvernietigbare eenheid van die individu met (en wisselwerking tot) sy/haar omgewing - was 'n besonder nuttige holistiese benadering in die studie, grootliks vanwee die feit dat die daarmee - gepaardgaande metodologie die kern en grondliggende temas van die epistemologie van die tradisionele geneesheer soveel meer toeganklik gemaak het tydens die navorsingsproses.

Die literatuurstudie het vervolgens aandag geskenk aan die prinsipiële rol van die tradisionele geneser in die konteks van die Zoeloe- en Xhosa-kosmologie. Hierdie aspek van die studie het dan ook lig gewerp op sekere van die epistemologiese konsepte wat later in 'n onderhoud met 'n verstedelike tradisionele geneser aangeroei is.

'n Oop, ondersoekende gesprek is by drie verskillende geleenthede met 'n verstedelike Zoeloe tradisionele geneser gevoer. Die kasset-onderhoud is later <sup>1</sup> getranskribeer en uiteengesit met behulp van 'n fenomenologiese navorsingsmetodologie.

Die grondliggende temas wat na aanleiding van die onderhoude geïdentifiseer is, is verder aangewend ter illustrasie van die moontlike verwantskappe tussen die twee holistiese benadering van die Sielkunde en die epistemologie van die tradisionele geneser.

Die verwantskap tussen die epistemologie van die tradisionele geneser en ekosistemiese begrippe behels die volgende :

- 1) Die sistemiese begrippe "wisselwerking", "organisasie" en "integrasie" is implisiet aanwesig in die epistemologie van die tradisionele geneser.
- 2) Die epistemologie van die tradisionele geneser word gekenmerk deur suggesties van 'n proses-orientasie.
- 3) Haar sisteem is 'n oop sisteem, en die voorbestaan daarvan berus op wisselwerking met die omgewing.
- 4) Die sisteem van tradisionele genesing is 'n sosiale sisteem.
- 5) Die sisteem-grense van tradisionele genesing skep struktuur en is daarom belangrik.
- 6) Sowel die tradisionele geneser as die voorvaders kan beskou word as aktiveerders van die terugvoeringsproses vir die klient(e) of gemeenskap in gevalle van siekte of versteurdheid.

Sodoende verkry die tradisionele sisteem van genesing, in sy geheel, stabiliteit.

- 7) Die sisteem van tradisionele genesing is self-korrektief.
- 8) Die rekursiewe verhouding tussen die tradisionele geneser en haar klient sisteem word sterk beklemtoon.
- 9) Die epistemologie van die tradisionele geneser kan beskou word as self-referensieel.
- 10) Die sisteem van tradisionele genesing kan beskou word as autonoom in die hooste graad van rekursie.
- 11) Die begrippe "gesondheid" en "patologie" is nou - verwant in tradisionele genesing. "Terapeutiese effektiwiteit" berus in groot mate op die beginsel dat "siekte" of simptome toegelaat word om "hul gang te gaan".
- 12) Die tradisionele geneser klassifiseer gewoonlik nie emosionele versteurdheid nie.
- 13) Die klient-sisteem word in 'n baie bree raamwerk gevalueer.
- 14) Die tradisionele geneser maak oenskynlik gebruik van die sistemiese konsep van (sogenaamde) "binocular vision".

- 15) Die bemiddeling van die tradisionele geneser poog die sisteem terug te bring na 'n toestand van ewewig.

Die verwantskap tussen die epistemologie van die tradisionele geneser en die eksistensiële-fenomenologiese begrippe slurt die volgende in :

- 1) Die tradisionele geneser se beskouing van "die mens" maak geen onderskeid tussen die mens en sy/haar omgewing - hetsy op fisieke, sosiale of spirituele vlak - nie.
- 2) Die tradisionele geneser veronderstel 'n besondere sterk band tussen die mens en sy omgewing.
- 3) Die tradisionele geneser en haar klient voer 'n gemeenskaplike bestaan in 'n gemeenskaplike milieu.
- 4) Die tradisionele geneser ervaar haar wereld as 'n betekenisvolle geheel.
- 5) Die tradisionele geneser bewerkstellig kontinuiteit tussen haar klient en haarself.
- 6) Die tradisionele geneser beskou die wereld as 'n betekenisvolle kosmiese geheel en nie as 'n blote feitesisteem nie.

- 7) Die tradisionele geneser neem self aktief deel aan die genesingsproses. Sy is sowel deelnemer as toeskouer.
- 8) Daar is 'n definitiewe verban tussen die epistemologie van die tradisionele geneser en die fenomenologiese eksistensiele "ruimtelikheid", "tydgebondenheid", "liggaamlikheid" en menslike naasbestaan in 'n gemeenskaplike wereld.
- 9) Die tradisionele geneser beskou die mens as intensioneel, altyd in verhouding tot 'n bepaalde konteks.

Die navorser se indrukke van die onderhoud en die konteks daarvan word as 'n integrale deel van die navorsing in oenskou geneem.

Twee belangrike onderwerpe vir toekomstige navorsing is geïdentifiseer :

- 1) 'n Ondersoek na die moontlikhede vir nouer professionele samewerking tussen tradisionele genesers en hul Westerse ewekniee.
- 2) Die navorsing van kontekste wat samewerking tussen tradisionele genesers en ander professionele persone in die veld van geestesgesondheid sal bespoedig en vergemaklik.