THE USE OF MASEKITLANA AS A THERAPEUTIC
TECHNIQUE FOR CHILDREN AFFECTED BY HIV/AIDS

by

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PRETORIA
March 2012
THIS THESIS IS DEDICATED TO

My mother and father, Mary and Brian Clarke, who unstintingly gave encouragement throughout my life in my academic and career choices and who sacrificed their own pleasures and comfort to ensure education of a high quality for me. In emotional ways they have supported me and in material ways they have enabled me to serve the population of South Africa who has the least resources.

And to my husband and children, who have often come second in my career.

If this thesis has an impact on the children of South Africa most in need of nurture and professional assistance, I give credit to my parents and the glory of God working through them and me.
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---oOo---
I, S.A. John (student number 29593477), declare that:

“The use of Masekitlana as a therapeutic technique for children affected by HIV/AIDS”

is my original work and that all the sources that were consulted and quoted have been acknowledged in the reference list.

S.A. JOHN
March 2012

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SUMMARY

This study is an investigation into the use of an African indigenous narrative game, Masekitlana, which I used as a therapeutic medium for four children, aged eight to 12 years. The participants are of Zulu origin and culture and were affected and orphaned as a result of HIV/AIDS. The game involved the participants in activities, such as hitting stones together or arranging them at will, that they felt familiar with and that enabled freer verbal expression from them. I employed a single-system research design that consisted of mixed methods approaches in the form of a qualitative thematic analysis and a quantitative graphic presentation of the results. The research design was a time series design that involved using, at four different times along the process of therapy, the measure of the Roberts-2 test (ethnic version). Therapy consisted of three sessions of standard of care therapy (therapy that was routinely being used in the psychology clinic) and three intervention therapy sessions of Masekitlana. I found the mixed-methods approach to be a practice-friendly form of research as it helped to describe the concerns of the participants in depth and enabled a concrete, quantitative conclusion about the efficacy of Masekitlana as an intervention. Syncretism of both approaches meant that qualitative data helped to clarify and confirm the findings of quantitative data and vice versa.

Qualitative analysis showed how Masekitlana helped participants to express their traditional African beliefs, such as belief in the guidance of their ancestors, in the influence of bewitchment in their lives, and in the animation of the natural world. Thematic analysis also revealed the anger that participants felt resulting from the sense of disempowerment they experienced in Children’s Homes and from their separation from their biological families, and their need to sublimate this anger into future careers in the police force or alternatively to resort to crime. Thematic analysis also revealed the strategies employed by participants for coping with peer conflict in the Children’s Homes, and the challenges they face with schooling difficulties. Quantitative analysis revealed how participants progressed to complex forms of adaptive functioning and explanation of situations in their lives as a result of Masekitlana therapy.

Recommendations arising out of this study are that psychologists strive to use forms of therapy that are familiar to the cultural backgrounds of indigenous children, and that training...
psychologists learn about the cultural beliefs of their patients and be exposed to the rituals used in traditional environments in order to understand indigenous clients. Psychologists should also be aware of the fact that, with the effects of television on children, and with present globalization and ease of international travel, children of African origin and culture are a mixture of traditional African and modern Western values. Therefore an integration of Western and indigenous forms of psychology might be considered.

---oOo---

**KEYWORDS**

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<th>Masekitlana</th>
<th>African belief systems</th>
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<td>Ancestors</td>
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<td>Therapeutic interventions</td>
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<td>Projective identification</td>
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<td>Traditional African healers</td>
<td>Indigenization</td>
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GLOSSARY OF ZULU WORDS

Balungisiwe ........................................ balanced or in good order
-buyisa (uku-) ....................................... cause to return, restore, call back spirit of deceased as at departure ceremonies

Diketo (Sotho) ....................................... traditional Sotho stone game
-dlozi (i- ama-) ..................................... spirit of departed person, guardian spirit, snake supposed to be spirit of departed, living dead
-gebengu (isi- izi-) .................................. criminals, gangsters
-gogo (u- o-) ......................................... grandmother
-hlonipha ............................................ act respectfully, honour, empathy, avoid certain sounds by women (hlonipha custom)

Igqira .................................................. Xhosa healer
-kusempondo zankomo ...................... ‘it is the horns of the cattle’, metaphor for ‘the dawn is rising’
-ma / mama (u- o-) .............................. my/our mother
-makoti (u- o-) ..................................... bride, newly married woman

mhondoro (Sotho) ................................ ancestor spirit

Ngamatshe / umagenda ...................... traditional Zulu stone game
-ndaba (i- izi-)/ imbizo ......................... community gathering
-nyama (um-) ..................................... literally ‘darkness’ but refers here to ‘pollution’, ill omen
-nyanga (i- izi-) ................................... herbalist/herbal healing.
-sandulela (i-) ngculaza .................... HIV
-thakathi (ubu-) .................................. witchcraft
-thandazeli (um- aba-) ....................... prayer/faith healer (sometimes spelt abathandazi)
-thi (umu- imi-) .................................. medicine

Ubulawu .............................................. refers to ‘red’ followed by ‘white’ form of Zulu medicine, pleas for protection from ancestors, bodily weakness as a result of witchcraft

Ubuntu .............................................. African humanness/humanity
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<th>Translation/Definition</th>
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<tr>
<td><strong>ukugcina isiZulu</strong></td>
<td>take care the Zulu way, Zulu way of doing things, honouring Zulu customs</td>
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<tr>
<td><strong>ukunxulumana</strong></td>
<td>loosely translated as ‘to stand beside one another’ or ‘side-by-sideness’</td>
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<tr>
<td><strong>Umagenda</strong></td>
<td>traditional Zulu stone game</td>
</tr>
<tr>
<td><strong>Umlabataba</strong></td>
<td>traditional Zulu stone game, similar to ‘noughts and crosses’</td>
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<tr>
<td><strong>isangoma/izangoma</strong></td>
<td>traditional diviner/s, healers, sometimes called ‘witch-doctor/s’ (sometimes written umngoma/abangoma)</td>
</tr>
<tr>
<td><strong>ukuhlambuluka/ukuhlambulula</strong></td>
<td>self-cleanse, cause to become clear, rinse in water, improve in appearance</td>
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<tr>
<td><strong>-vivane (isi- izi-)</strong></td>
<td>cairn, pile of stones</td>
</tr>
<tr>
<td><strong>-vumisa/-vuma</strong></td>
<td>method of ritual and dialoguing, falling down, singing</td>
</tr>
<tr>
<td><strong>-zila (uku-)</strong></td>
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- **Plausibility**
- **Credibility**
- **Transferability**
- **Dependability**
- **Confirmability**

#### 7.5.2 QUALITY CRITERIA OF QUANTITATIVE RESEARCH

- **Validity**
- **Reliability**

### 7.6 RECOMMENDATIONS

#### 7.6.1 RECOMMENDATIONS FOR PROFESSIONAL PRACTICE

- Looking at indigenous psychology in the HIV therapeutic environment
- Children’s knowledge of and expression of factors influencing their lives
- Living in Children’s Homes and *Ubuntu*
- Time and rapport in therapy
- Client self-reflection

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7.9.3 Revelation of African beliefs and an emic approach to psychological theory

7.9.4 Masekitlana is a simple form of intervention

7.10 POSSIBLE CONTRIBUTIONS OF THE STUDY

7.10.1 Addition to indigenous knowledge

7.10.2 Encouragement to other psychologists and allied professionals

7.10.3 Resilience of children

7.10.4 Highlighting concerns in South Africa

7.10.5 Guidelines for children’s homes

7.11 CLOSING REFLECTIONS

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