

## CHAPTER TWO EXPLORING THE LITERATURE

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*“Using a concept from an alien culture does not fit congenially into the Whole and results in a patchwork psychology with little or no meaning and much confusion. It is somewhat like searching in the darkness and either confusing one thing for another or concluding that the ‘given thing’ is absent. In both cases we are bound to draw erroneous conclusions and miss the local reality. It is thus lamentable that, as Marriot (1990) has argued, in the present day only Western-type ethnosocial science is used. Its application is fraught with the risk of imposing an alien ontology and an alien epistemology”*

(Misra & Gergen, 1993:235).

### 2.1 INTRODUCTION

Discussions in literature over indigenous psychology, indigenous knowledge, and indigenous assessment and methodology appear to focus around three main questions. Firstly, to what extent can dominant Western forms of psychology be considered universal and able to be generalized and applied with validity in non-Western cultures? Secondly, should developing or non-Western countries create their own culturally and contextually specific psychologies, by what processes and methodologies should they do this and might these indigenous psychologies and concepts be generalized to other nations, therefore becoming universal psychologies in their own right? And thirdly, does psychological science need to have an intercultural dialogue between indigenous and Western, the local and international (Gergen, Gergen, Lock & Misra, 1996, in Mkhize, 2004), and by what processes can these different psychologies be integrated?

The current literature review encompasses theorists’ views within the field of indigenous psychology, which by definition includes theories on culture, indigenous knowledge, and indigenous psychological assessment and therapy. The focus in each of these sections begins from a global base and then narrows down to African, in particular South African, challenges in the field of indigenous psychology. Each section covers the topics of universality and context within the field of psychology.

This chapter is divided into four sections. The first section reviews literature on psychology from a cultural perspective in general, on the difference between the Western outlook on psychology and the development of psychology from within developing countries, and on how psychologists work in cultural settings. The second section concentrates on literature around indigenous knowledge systems and their relevance to psychological methods and processes, particularly in Africa. The third section concentrates on particular aspects of indigenous assessment and indigenous therapeutic applications of psychology, and on literary contributions to this subject. This includes a focus on narrative and projective play therapy, and its application in the context of children of African origin. I explain how general theoretical ideas in literature can be linked with the more specific application of Masekitlana as a form of indigenous play using narrative modes of expression. The analysis and interpretation of the data, and resultant findings from the Masekitlana model of indigenous narrative play therapy, are discussed in the context of what constitutes indigenous research and methodology in literature.

Therefore this chapter begins with a general conceptualization of indigenous theories as they apply to the psychological field, and culminates in findings from literature on the specific therapy of Masekitlana and its relevance to indigenous psychology, which is the focus of the current study.

In addition to concepts from the field of psychology, I incorporated concepts from other disciplines into this study, such as social anthropology and education. In particular, I found literary texts from the theological field to be particularly useful for the purposes of this study, as South African theologians of European and American origin realized from an early time in the history of Christian theology in Africa that they would have to incorporate indigenous knowledge systems and traditional African beliefs into their teaching and sermons in order for Christianity to be more acceptable to the local context.

## **2.2 CULTURAL PSYCHOLOGY**

Literature on indigenous psychology encompasses discussions and ideas on understanding psychology in cultural and cross-cultural contexts. In general, different theoretical viewpoints range from seeing psychological constructs in a universal way, that is, a particular theory applying to all cultures, to the viewpoint that psychological theories must develop out of a

specific culture's beliefs, to a form of integrationist psychology that encompasses specific cultural concepts as well as more universally proven methods.

As “issues of cultural variation have played but a peripheral role in the psychological sciences, logical enquiry into and proper understanding of culture could transform the perception of psychological science itself and might encourage a genuine dialogue among different cultures” (Misra & Gergen, 1993:226). A more difficult question though, one that the current study hopes to explore, is how the psychological manifestations of people in different cultures are to be explained and how their value systems and patterns of behaviour are to be assessed and measured. Integrating behavioural methodological principles into a culturally sensitive science (Diaz-Loving, 1999) might be considered the basis of indigenous psychologies.

### **2.2.1 ISSUES OF UNIVERSALISM VERSUS STUDYING UNIQUE ASPECTS OF CULTURES: ‘ETIC’ VERSUS ‘EMIC’ FOCI**

The Western form of laboratory science and linear cause-and-effect thinking that was applied in psychology when it was first established as a ‘science,’ is considered by some to be “wholly inappropriate and superficial” for studying cultures, as culture is made up of “complex webs of interdependence, lodged within mixtures of interwoven traditions, and sustained by a dynamic multiplicity of intelligibilities at the psychological level” (Misra & Gergen, 1993:230). Despite this caution on cultural complexity and traditionalism, a universal or international form of psychology was considered expedient for all nations and races (Adair, 1999). The difficulty arises in identifying what the term, ‘universal’, entails as what was generally considered universal psychology was the ‘predominant’, often ‘quantitative’, ‘hypothesis-testing’ research approach, mostly originating from the United States of America (USA), which does not suit all population groups of all countries and is, in particular, an ill-fitting method by researchers in developing countries (Adair, 1999).

An example of generalization of methods and assumptions on behaviour not suiting every context is the standardized assessment instrument measuring ‘solidarity’ and ‘partriarchy,’ which indicates one dimension of the American family but not the complex intricacies of relating and its array of interdependencies (Misra & Gergen, 1993). If such variation exists across one country, how great are the variations of behaviour between different cultures of different countries?

In describing the angle or focus of psychological science in different contexts, the concepts labelled ‘etic’ and ‘emic’ have been used. Observing, recording and analyzing psychological practices within cultures involves, of necessity, “a form of coding that is embedded within a culture’s system of meaning”, that is, a ‘bottom-up’ or an ‘emic’ form of psychological application (Misra & Gergen, 1993; Poortinga, 1999; Allwood, 2006, Cheung, 2006, in Allwood & Berry, 2006;). Consensus on this point appears to have been reached; however, the debate is centred on taking *specific* form of behaviours from one culture, extrapolating norms for this behaviour and then expecting to be able to examine and measure similar manifestations of these specific forms of behaviour within another culture in another country using the same norms. This is an ‘etic’ focus, which appears to address the issue of *universality*. Although it is a matter for debate whether it is valid to take the culturally embedded concepts and apply them empirically to other cultures, or to cross-cultural data, in a form of ‘top down’ understanding, some believe that behavioural repertoires in particular cultures *can* be understood against the background of a broader frame of commonness (Poortinga, 1999). Relativistic psychology points towards the existence of certain common emotions such as anger, anxiety and sadness at an abstract level, even though they manifest in different ways in different cultures or nations, and this is borne out by factor analysis which points to broad universality in human functioning (Poortinga, 1999). The idea of universalism and ‘etic’ thinking appears to favour a form of deduction or inference. The question then arises as to whether this neglects the ‘emic’, inductive approach of examining specific manifestations of behaviour that might be unique to a culture and found nowhere else in the world, but are deserving of psychological consideration and attention.

In the South African context, a study into African people’s, in particular Zulu people’s conception of intelligence as compared to other parts of the world confirmed how the findings from one culture are not always found to be applicable to other cultures (Furnham, Ndlovu & Mkhize, 2009). Five hypotheses from studies worldwide were generated and not one hypothesis was found to apply to the African participants. The final result of this study indicated the uniqueness of African concepts of intelligence and the authors hence advocated for a questionnaire based on ‘emic’ rather than ‘etic’ concepts when recording Zulu-speaking people’s perceptions on intelligence.

The debate around universalism appeared to have taken on a political profile in that the so-called ‘universalistic image’ of psychology was considered to be primarily a colonial,

imperialist, Euro-American product, which believed psychology to be value-free (culture-free) and therefore easily transferable and applicable to non-Western cultures (Misra & Gergen, 1993; Gilbert, 2006; Yang & Sinha, 2006, in Allwood & Berry, 2006). In South Africa, white supremacy encouraged divisions between different cultures and discouraged cross-cultural research (Swartz, 1996, in Maiello, 2008) and “after the end of the apartheid regime, an excessively universalistic view of social phenomena tended to develop as a reaction to the previous policy of social segregation” (Maiello, 2008:242). Addressing this problem, Ratele (2003) appears to talk for the majority of cultural theorists when he calls for a “cultural revitalisation to redress the effects of oppressive practices which, in past South African times”, he claims, “dislocated, disrupted and even destroyed the indigenous social structure, family systems and integrated social identities”.

On the other hand, Apartheid might have encouraged certain indigenous groups in South Africa to hold on to their traditional beliefs and values as a form of defence against the disempowering affects of the predominantly white people’s Apartheid policies. Apartheid, however, also clouded certain people’s perceptions of indigenous people, and researchers tended to study and portray indigenous people in South Africa as if they were primitive oddities with idiosyncrasies not found in the so-called ‘civilized’ Western world (Furnham, Ndlovu & Mkhize, 2009).

Mufamadi (2001:6) goes so far as to say that “every effort (was) made to bring the African person to admit the inferiority of his/her culture which had been transformed into instinctive patterns of behaviour, to recognise the unreality of his nation and the confused and imperfect characteristic of his own biological structure”. There are many African cultural practices that people are ignorant of because they have been led to believe that African culture is not valid and lacks civilization (Mufamadi, 2001). This might also have been a globally historical phenomenon as Nsamenang (2006, in Allwood & Berry, 2006:258) describes how psychology became an “outreach discipline of Europe’s civilising mission rather than a universal science of human behaviour” and that psychology was a field of study that “located Europe as the locus of enunciation and other civilisations of the planet as the locus of the enunciated”.

## 2.2.2 DIFFERENCES BETWEEN WESTERN AND AFRICAN/NON-WESTERN CULTURAL FUNCTIONING

The call of ‘cultural’ psychologists has risen from a ‘reactive’ stance to Western psychology (Allwood et al., 2006) and has been to try to move away from Western concepts of personal functioning and to look for a more contextualized form of understanding people. The focus of this study is African indigenous psychology, and so the differences between Western culture and African culture imply different roles for psychology in the African context.

The main differences appear to concentrate on how individuals relate with each other and in communities. A Western person is accredited with living an individualistic form of existence, where self-achievement, self-fulfilment, “liberal freedom of choice, a personalized nature of control and interest in consumerism and materialism” are important features of living (Misra & Gergen, 1993:231). The African person, on the other hand, is bound by strong responsibilities to his or her family and community, with an emphasis on self-discipline and respect for all things animate and inanimate, physical and metaphysical, and these are linked to a moral code (Allwood & Berry, 2006). Nakamura (1964, in Pederson, 2009:148) describes how “collectivism and social relationships are emphasized in indigenous cultures rather than individualism, and how indigenous knowledge revolves around these ideas”. In the South African context, ‘collectivism’ (Nakamura, 1964, in Pederson, 2009:148) plays out in the idea of *ubuntu*, which is a unique indigenous form of being in community with others (Schutte, 2001; Mkhize, 2004). Collectivism is reflected in the African person’s concept of intelligence, which takes more of an inter- and intra-relationship form than an individualistic, inherited, self-achievement type of intelligence typical of the Western world; African cultures tend to value mature reflection, social skills and world wisdom as being important components of intelligence, not just problem-solving and knowledge accumulation (Furnham, Ndlovu, & Mkhize, 2009). In this way, non-Western forms of thinking appear to challenge Western psychology’s traditional self-image of being neutral and objective (Allwood & Berry, 2006).

Differences in organizing principles are that the Western viewpoint regards “knowledge as amoral (value-free) and secular” (Misra & Gergen, 1993:231), whereas the African person trusts ‘inherited wisdom’ and views knowledge as moral and sacred. Because African wisdom, knowledge, beliefs and communal values are so often passed down in verbal form in families and community gatherings, a qualitative, oral focus of psychological investigation might therefore be more suitable for the African context, while a quantitative form of

recording behaviour has been popularly employed in Western contexts. The aforementioned difference and divisions cannot be decisively laid down and there are certain commonalities, such as spirituality. Christianity is synonymous with both cultures (Holland, 2001) although Africans tend to have a strong, working spiritual link with their ancestors, whom they believe link them to God (Mutwa, 1998), while generally Westerners tend to recognize the influence of their ancestors as simply passed down through generations. Despite commonalities, Western psychology might be considered an indigenous psychology which has legitimacy in its own right but might not always be applicable to other cultures. Differences in traditional knowledge and Western science are demonstrated in Figure 3.



**Figure 3: Qualities associated with traditional knowledge and Western Science (Barnhardt & Kawagley, 2005)**

### 2.2.3 BUILDING FORMS OF CULTURAL PSYCHOLOGY: RESEARCH IN CULTURAL SETTINGS

Knowing the difference between Western and African outlooks on behaviour does not always translate into knowing how to create psychological methods and paradigms in specific cultures such as those in parts of Africa. Various ideas have been offered in reaction to the Western positivistic, linear mode of enquiry, where cause as of necessity leads to effect and culture has been regarded as an error source in research. An interpretive mode of knowing a culture has been advocated, which I followed in this study, and which entails a subjective understanding of a person's context and reality as interpreted by the person himself or herself, rather than objectified by outside professionals (Misra & Gergen, 1993). The researcher must be a "co-participant in the joint construction of reality, rather than an authority to control and predict the future of a person" (Misra & Gergen, 1993:237).

Creatively pursuing culturally and contextually relevant research has been called 'autochthonous discipline development' (Adair, 1999), which appears to have a very different ontology from the 'importation' and 'transplantation' of Western ideas, which disregards local norms and beliefs (Azuma, 1984; Naidoo, 1996). The process of autochthonous discipline development is not simply comprised of disjointed anecdotal descriptions of culturally-specific forms of behaviour to be researched and examined, through 'cosmetic indigenization' or a 'building block' approach, but is an attempt to understand the interconnected Whole or *Gestalt* within each culture (Azuma, 1984; Misra & Gergen, 1993; Adair, 1999; Moghaddam & Taylor, 1986, in Allwood & Berry, 2006;). It seems to me that this holistic, phenomenological way of looking at cultures allows for mindsets, intuitive states and idiosyncratic ways of being in indigenous cultures to be freely expressed, and out of this a more originally authentic form of indigenous psychology can be created. In this way, cultural psychology and research might empower indigenous cultures to explore their own realities and propose their own forms of psychological tools rather than controlling and predicting the future of the person (Misra & Gergen, 1993). Moving away from the Western detachment in researching other cultures to a more robust interaction with the subjective realities of indigenous cultures is aptly described as follows:

The shift toward multiple psychologies, each embedded within its cultural traditions, may also have a strong liberalizing effect. Through such an approach the realities of 'others', 'primitives', and 'savages', who were formerly objects of study, would become as authentic as ours (Fabian, 1983; Pandian, 1985, Rosaldo, 1980; Wolf, 1982). 'Acquiring empathic sensitivity to other cultures' requires what Kukla

(1998:151) envisages as “ethnophenomenology”, in which knowing another culture means ‘immersing oneself in that culture’s worldview in order to observe in oneself the effect of such an immersion” (Misra & Gergen, 1993:238).

#### **2.2.4 CULTURAL IN-BETWEENITY: AN INTEGRATIVE APPROACH**

The aforementioned discussion on universality versus contextuality in psychology appears to centre on the idea that people are either of Western culture *or* non-Western culture. People in certain societies, however, often exist somewhere in between typically Western and non-Western/indigenous states of being, demonstrating a “cultural in-betweenity” in which ‘new’ and ‘old’, ‘modern’ and ‘indigenous’ coalesce, one modifying the other and each losing in consequence its original character” (Ratele & Duncan, 2003:125). In South Africa, more now than ever before, youth are emulating the ‘Coca-Cola Afro-American’ culture where individualistic aspirations and “looking out for number one” (yourself) are important but may lead to “identity confusion and conflict with old values” (Ratele & Duncan, 2003:143).

The state of in-betweenity, which is not actually acculturation as such, appears to call for psychologist discretion as to which forms of psychological method to employ: traditional, Euro-American, something more amorphously universalistic, or an integration of all? Integration of old and new appears to be possible under a form of ‘both/and’ thinking originating in quantum physics, whereby the “importance of opposites has been proven and where something can be right and wrong, good and bad, true and false at the same time” (Pederson, 2009:145). Thus through an integrative approach, ‘etic’ and ‘emic’ foci do not seem poles apart but have meeting points. A worthy analysis would be to investigate to what extent indigenous psychologies developed independently in their own cultural environments and to what extent they were influenced by general principles from the international academic arena.

Integrationist policies or the comparative approach to viewing psychology is demonstrated by two examples, one from an ‘etic’ perspective and the other from an ‘emic’ perspective. Firstly, the concept of ‘authoritarianism’ appears, according to Keteyi (1998), to manifest itself in different cultural contexts but in different forms. From an ‘etic’ perspective, taking the construct of ‘authoritarianism’ then into different countries to ascertain if it is to be found in developing countries is not a form of “bland universalism in search of a home but rather concrete universalism that actually finds a home or already has a home in all cultures, albeit in

different forms created by the actual traditional needs of those cultures” (Keteyi, 1998:51). However, even this form of ‘bland universalism’ has its critics in that the conceptualization of the scale to measure ‘authoritarianism’ was found to have ethnocentric bias and additional scales had to be introduced that were synonymous with ways of relating to authority in different cultures (Diaz-Loving, 1999).

The second example demonstrates how researchers identify the indigenous construct, *amae* or ‘indulgent dependence’ in its country of origin, Japan, and take it to other countries and cultures where they identified the same concept but under different names and in altered forms (Chung, 2001, in Allwood & Berry, 2006). Allwood and Berry (2006:246-7) synthesize the two processes by stating that, “*universal* constructs may be manifested differently in different cultural contexts and *indigenous* constructs may be different ways of cutting the same psychological reality in different cultural contexts”. Diaz-Loving (1999) appears to agree with Allwood and Berry’s (2006) explanation by adding that at an abstract level of analysis dimensions such as ‘authoritarianism’ and ‘self-concept’ are general categories that are universal across several cultures; however, it does not mean that the ecologically valid definitions and behaviours that represent each dimension will be similar.

Teasing out the difference appears to become more and more difficult but what appears to differ between the above two examples is the starting point of researching a construct or how researchers define a construct in the first place. What is also evident is that examining psychological constructs in different societies and cultures suggests that there are more similarities between cultures than differences, and that “hybrid concepts and theories can be used with a synthesis of universal and idiosyncratic perspectives” (Poortinga, 1999). Allwood and Berry (2006) state that by *comparing* indigenous psychologies from different societies (the ‘cross-indigenous method’), psychologists might observe an ‘overall pattern’ of human behavioural development and expression. Furthermore, what seems a healthy goal of indigenous psychologies is the discovery of universal facts, principles and laws that could explain human *diversity* (Kim, Park & Park, 1999). This train of thought though is initially annihilated by Diaz-Loving (1999), who states that any comparison of behaviours that emanates from different behaviour settings is essentially a false enterprise that entails comparing incomparables. This could be an indication of degrees of defensiveness of culturally unique properties and reactivity to imposed methods of assessment versus tolerance and awareness of shared commonalities, shared possibilities and multimethodologies. This

attitude of Diaz-Loving (1999) was later ameliorated when the same author described how Mexican ethnopsychology had built a new psychological understanding of human behaviour based on its own findings *and* those mainstreaming an attempt at synthesis of universal *and* idiosyncratic perspectives (Diaz-Loving & Diaz-Guerrero, 1992, in Diaz-Loving, 1999). It appears from this that psychological exclusiveness within cultures is more of an ideal than a reality.

The establishment of Christianity, originally of European origin, in an African context and its integration with traditional African ancestral beliefs confirm that it is no longer possible to speak as though different cultures are to be found neatly bestowed in different places. South African youth of all cultures are exposed to a global world and globalization, where overseas travel is considered part of growing into early adulthood and, therefore, the integration of Western and non-Western ideas and identities will inevitably occur and should be accepted within traditional cultures. Table 1 indicates the different foci mentioned above.

**Table 1: Indigenous psychology: differences between psychological approaches**

	EMIC FOCUS	INTEGRATION	ETIC FOCUS
CULTURAL PSYCHOLOGY	Specific, culturally embedded forms of behaviour	Applying facets of generally accepted psychological forms alongside culturally specific forms of understanding psychology	One, universal form of psychology applies to all cultures
INDIGENOUS KNOWLEDGE	One culture's beliefs norms, values, behavioural styles	Specific <i>and</i> general forms of knowledge are examined	Western knowledge can be transported anywhere in world and applied to specific cultures
INDIGENOUS PSYCHOLOGY	Forms of therapy, assessment and psychological perceptions that originate from a specific indigenous group	Using tests, assessments and therapy models from the Western world and reassessing them for their relevance in indigenous populations; integrating indigenous and Western forms of therapy or renorming Western tests on indigenous populations	Assessments and therapeutic styles conducted and normed mostly in the Western world and then transported and transplanted into psychological practices of indigenous populations

The main challenge in integrating cultural practices is that of dialogue across cultural boundaries, an optimistic stance towards the 'other' culture, an attitude of seeing the good in

it and being challenged by it (Keteyi, 1998). If a community sees its culture in absolute terms, it is rendered less capable of having a dialogue with other cultures and “runs the risk of becoming monological” as a “truly dialogical account of knowledge needs to take into account the Other’s worldviews and perspectives” (Mkhize, 2004:82-3). Dialogue is only possible between cultures if a culture knows its strengths and weaknesses and if it is prepared to augment where it is found lacking (Keteyi, 1998). It can be deduced from this that Western methods of psychology taken into developing countries might need to be augmented by indigenous ways; similarly, developing populations undergoing globalization might need to augment their methods of practice with Western ideas.

In the section above, I have established that psychological methods can be devised by examining the values, ways of thinking and acting within indigenous cultures, by importing and applying supposedly universal, pro-Western concepts and methodologies into cultures or an integration of both foci. When many different indigenous psychologies become available, a pan-human psychology might become possible whereby what is truly common or universal might be discerned (Allwood & Berry, 2006). Instead of being devised from the “imposed etic” of Western psychology, the ‘emic’ influence of indigenous psychologies would be the “building blocks” for a “derived etic” in psychology (Allwood & Berry, 2006:265), a more general psychology which will be comprised of general principles of human behaviour. I see this as a truly universal psychology as opposed to a pseudo-universal one originating in Europe and America and foisted on developing populations by supposed intellectual experts on human behaviour monitoring and assessment.

What is clear from the literature is that what was occurring in the cultures at the time researchers were creating indigenous forms of psychology was important, for instance, religious influences in India (as enunciated by Saraswati, 2006 & Sinha, 2006, in Allwood & Berry, 2006) and political influences in Iran in response to movements internationally (Moghaddam, 2006, in Allwood & Berry, 2006). In this study, the political effects of Apartheid on psychological processes of indigenous people will be addressed. Another observation is that different approaches to indigenous and cultural psychology can occur within one country. Similarly, homogenous forms of ‘Black psychology’ can develop in many so-called Black cultures worldwide, as can Chinese forms of psychology permeate the whole Eastern world despite the myriad different cultures to be found there.

Furthermore, the formation of a cultural psychology appears to arise from the discipline of ethnopsychology, which “demonstrates the effects of culture on the development and form of attitudes, norms, values, personality coping style, and social behaviour in general” (Diaz-Loving, 1999:445). The role of ethnopsychology as well as ecosystemic psychologies should not be ignored in the formation of indigenous psychologies within cultures, as they link psychological phenomena, theories and models to social, political and economic variables.

As this study is about indigenous psychological methods for a particular indigenous population of Zulu origin and culture, I favour a psychological approach that takes into consideration intrinsic values and beliefs unique to this culture. In order to devise methods of therapy and assessment appropriate and valid for particular indigenous contexts, psychologists need to have a comprehensive understanding of the indigenous knowledge and symbolic meaning systems of the culture under investigation.

### **2.3 INDIGENOUS KNOWLEDGE**

Indigenous knowledge is defined as the basis for community-level decision-making in areas pertaining to food security, human and animal health, education, natural resource management and other vital economic and social activities (Gorjestani, 2000). As “indigenous knowledge is an integral part of the culture and history of a local community, we need to learn from local communities to enrich the development process” (Wolfensohn, 2000, in Gorjestani, 2000:1). As this study is concerned with children suffering trauma and health issues, I will describe two examples of how local communities in Africa, using local indigenous knowledge, coped with these issues and contributed towards the development of social services in a way unique to their indigenous populations.

In Uganda, formerly high maternal mortality rates have been reduced through a system known and trusted by Ugandan women, that is, the use of the traditional birth attendants (TBA) (Musoke, 1999, in Gorjestani, 2000). The government health system became aware of this form of indigenous practice and they promoted the prompt referral by TBAs of troubled births to public health services. The result was a constructive and life-saving co-operation between modern and traditional forms of birthing. In Tanzania, an indigenous knowledge programme helped support exchanges between traditional healers and staff of hospitals dealing with HIV patients (Scheinman, 2000, in Gorjestani, 2000). The result is that a regional hospital has dedicated a hospital ward to these healers to treat and counsel patients.

Of relevance particularly for the present HIV health concerns in African, including South Africa contexts, are African divinities, diviners, and healers, whose beliefs include “symbolic representations of tribal realities, illness resulting from hot/cold imbalance, dislocation of internal organs, impure blood, unclean air, moral transgression, interpersonal struggle and conflict with the spirit world” (Airhihenbuwa, 1995, in Pederson, 2009:149). This is in addition to African cosmological belief that health depends on a balance both within the individual and between the individual and the environment or cosmos (Gobodo-Madikizela, 2006; Keteyi, 1998). In their arrogance and ignorance of indigenous knowledge systems, Western practitioners might not even know that there is already in place an indigenous framework whereby their patients can make sense of their own problems and trauma (Keteyi, 1998; Gobodo-Madikizela, 2006). Understanding the African world-view of “self, separation and connection with others, the predominance of inter-relationships and networks, extended kinship ties and obligations, and ongoing generational connections with ancestors” is the key to effective counselling in the African context (Holland, 2001; Gilbert, 2006). Having the knowledge that counselling on a one-on-one basis is alien to certain South African cultures and does not even have an equivalent word in Lesotho<sup>8</sup>, will help to caution practitioners not to impose their dominant, imperialistic views of therapy on these cultures (Gilbert, 2006).

### **2.3.1 CONTEXTUALITY AND UNIVERSALISM OF INDIGENOUS KNOWLEDGE SYSTEMS**

Having established an understanding of indigenous knowledge systems in an African context, to what extent can universally accepted psychological concepts be superimposed upon or integrated effectively within local indigenous meaning systems and interpretations of behaviour? The corollary is to ask how psychologists should understand local knowledge and what makes certain knowledge local as opposed to knowledge that can be considered to be universal (Higgs, 2006). Following on from this, can African knowledge systems be generalized to other parts of the world and therefore be understood as universal knowledge?

The dominant way of thinking is that universal knowledge is based on the assumption that “reality itself is universal and that universal knowledge is objective knowledge” (Higgs, 2006:3). Under this assumption, “human involvement in the production of knowledge is therefore ignored, perpetuating the idea that knowledge simply ‘is’ and that truth simply ‘is’” (Higgs, 2006:3). This is hard to believe in the light of the indigenous knowledge systems

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<sup>8</sup> Lesotho, officially the Kingdom of Lesotho, is a landlocked country and enclave, completely surrounded by its only neighbouring country, the Republic of South Africa. Its capital and largest city is Maseru.

described above, where indigenous communities are so obviously involved in their production. Alternatively, upholding African indigenous reality as universal knowledge risks creating a hegemony of African indigenous knowledge which “might then become a subject of argument and criticism”, as did the hegemony of Western knowledge systems that were upheld as being universal (Higgs, 2006:4).

An integrative way to comprehend universal knowledge in relation to indigenous knowledge is through a ‘social construction of knowledge’. According to this paradigm, the universal is nothing but an expression of the way in which power is distributed at a certain moment in time and hence the universal is in fact a specific manifestation of the local (Berger & Luckmann, 1967, Kuhn, 1962, Mannheim, 1991, Foucault, 1967, 1970, 1972, 1989; all in Higgs, 2006). To interpret the above statement more concretely, Western knowledge, often claimed as being universal, is actually derived from many locally generated knowledge systems, and denies its locality as it projects itself as universal (Semali & Kincheloe, 1999, in Nandozi, 2009).

### **2.3.2 PROTECTION AND DISSEMINATION OF INDIGENOUS KNOWLEDGE SYSTEMS**

Issues arise in relation to the protection and dissemination of indigenous knowledge. If local communities are taught to value their indigenous knowledge, they would more readily embrace it as part of their identity and not let it be erased, diluted by other influences or expropriated for international usage. Under present consideration is whether to extend international property rights to include indigenous knowledge or whether to treat it as a public good (Jones & Hunter, 2004). This dilemma is presently being experienced in connection with herbal remedies discovered, grown and used by traditional healers in South Africa, who are questioning the legality of the international appropriation of herbs and of the herbal knowledge that has been generated by communities in South Africa (Dugmore & van Wyk, 2008).

South African children could be taught indigenous knowledge in schools. However, the integration of indigenous knowledge in formal school learning has been largely done at a rhetorical level and no actual implementation seems to be taking place (Nel, 2005, Mosimege, 2005, in Nandozi, 2009). One way for education, in particular learning about the conservation of biodiversity and natural resources, to become effective in African societies is to include indigenous knowledge in the science curricula of schools (Zinyeka, 2011). By “infusing

indigenous knowledge into mainstream science in a legitimate way” and by training teachers to do so, “science education would be connected to issues of sustainable development in African countries” (Zinyeka, 2011:15). Educators need to understand indigenous knowledge and have the ability to integrate it properly (Grange, 2007, in Nandozi, 2009), as failure to integrate indigenous knowledge might be a result of their focus on ideological rather than pedagogical implications (Semali, 1999, in Nandozi, 2009).

Snivley and Corsogilia (2000, in Anderson, 2008) appear to substantiate ideological differences in their views on Western modern science and indigenous knowledge. They claim that Western modern science has in most cases around the globe been taught at the expense of traditional ecological knowledge, even though indigenous cultures have made significant contributions to Western science in that indigenous science is rich in time-tested approaches that foster sustainability and environmental integrity. This appears to be tied to issues of legitimacy in that Western science has contended that indigenous knowledge is not legitimate as it cannot be tested against set criteria for assessing validity, whereas indigenous cultures contend that Western science is not legitimate as it does not encompass spirituality (Durie, 2004, in Anderson, 2008) practicality and social relevance (Protacio-De Castro, in Allwood & Berry, 2006). This polarity further entrenches defensive attitudes rather than encouraging new insights (Durie, 2004, in Anderson, 2008).

Therefore, there seems to be a call in the literature for indigenous knowledge to be taken into account when devising methods of psychological therapy and research, and for it either to be directly applied as a culture’s unique resource or to be integrated with existing or ‘imported’ Western systems. The question of whether and how African knowledge systems can be useful when applied to other cultures does not seem to have been answered. Some valuable ways of conceptualizing psychology from indigenous forms of knowledge could be disappearing due to the present era of high technological advance, which considers indigenous knowledge to be primitive, rural, of ancient relevance and still developing in its applicability to a wider world.

## **2.4 INDIGENOUS PSYCHOLOGY**

As opposed to general principles of perceiving psychology in cultural contexts and/or its universal applications, this section on indigenous psychology will explore the manifestation of different forms of indigenous psychology and how it has developed and is applied to indigenous settings. As Diaz-Loving (1999) emphasizes, although culture with all its

idiosyncratic ways, norms and beliefs is at the forefront of any psychological interpretation, there needs to be an empirical effort directed towards specifying its characteristics in a measurable form. I described how making the discipline ‘autochthonous’ means developing a psychology of a country that is “independent of its imported origins and which stands on its own in addressing local problems (by) providing its own local training and textbooks” (Adair, 1999:415). In this section, I will cover literary concepts on specific forms of indigenous psychology and how it is created in indigenous contexts.

The process of development and evolution of indigenous psychology through various stages has been termed ‘indigenization’ (Azuma, 1984, Atal, 1981, Sinha, D., 1986; Sinha, J.B.P., 1984; all in Allwood & Berry, 2006). There are various aspects to this formation process and I regard the process of taking an indigenous game such as Masekitlana and using it in a therapeutic context to be an example of this indigenization process. Various authors try to make sense of the process of indigenization by focusing on various aspects of its formation.

Indigenization involves shifting and developing the approach towards indigenous psychology from seeing it as an authentic and essentially local cultural knowledge to developing an integrative and comparative framework for its application. A “purist endogenous trend” presents the “philosophical roots of a nation or culture’s wisdom and the psychological processes found in ancient texts”, and offers these as a form of “wellness” and indigenous psychology (Bhawuk, 1999; Sinha, 2006, in Allwood & Berry, 2006). However, a historico-religious way of developing a country’s indigenous psychology through examining texts does not constitute an empirical indigenous psychology; what is required is a ‘content’ analysis of psychological methods (Adair, 1999).

‘Content’ variables are comprised of methods of psychology such as test stimuli and instruments used as well as the theoretical concepts and topics selected for investigation (Berry, Poortinga, Segall & Dasen, 1992, in Allwood & Berry, 2006). The emphasis for the current study is on examining the relevance of these instruments and concepts in indigenous populations. Culturally idiosyncratic premises discovered for a given community must relate meaningfully and significantly to independent measures of cognitive, personality and moral development, and vocational interests, and these dimensions must, in turn, bear meaningful relationships to psychological and social constructs in a given culture (Diaz-Loving, 1999).

In South Africa various authors appear to be addressing these ‘content’ variables. Kekae-Moletsane (2004) describes the adjusted procedures that were developed in a study that focused on administering the Rorschach Comprehensive System for South African learners. John and Kekae-Moletsane (2011) make a plea for more culturally valid assessment instruments to facilitate grant application processes for rural school learners. Singh, Sunpath, John, Eastham and Goundan (2008) describe the norming of two cognitive assessment instruments on a Zulu-speaking population in an urban semi-private hospital, with the purpose of using them to more accurately detect cognitive deficits in patients living with HIV. Ward, Flisher, Zissis, Muller and Lombard (2003) assessed the reliability of the Beck Depression Inventory (BDI) and the Self-Rating Anxiety Scale for epidemiological investigations of adolescents’ symptoms. Their conclusions were that these instruments may be reliable in developing contexts but they recommend that larger studies should be conducted in order to explore item bias in different race and gender groups. It can be seen, therefore, that adjusting ‘content’ variables within assessment instruments and conceptualizing ‘content’ variables of indigenous populations is an important part of the indigenization process and the development of valid forms of indigenous psychology.

In order to address ‘content’ variables, ‘structural’ variables need to be considered. ‘Structural’ variables are comprised of the universities and numbers of academics available to teach students and encourage research and access to textbooks and journals based on local theories and research (Diaz-Loving, 1999). Structural recommendations for the South African context have been advocated in the form of more mental health posts in the state sector, for improving psychology’s location and role in the school setting, for training more effective psychologists cost-effectively and for providing acceptable and accessible services (Naidoo, 1996). An ‘ethnopsychology’, that is, a psychology of the people taking into account the behaviour patterns and worldviews of local people, requires the *integration* of structural *and* content advances (Adair, 1996, in Diaz-Loving, 1999).

Besides examining the content and structural variables of psychological systems, a form of ‘endogenous indigenization’ develops out of the ‘purist endogenous’ trend in that religious practices are built on ancient texts and ancient wisdom until they permeate the daily life of populations through beliefs, practices, and ethnotheories that continue to influence behaviour in a substantial way up to present times (Saraswathi, 2006, in Allwood & Berry, 2006).

The above discussion presents an inward-looking focus into forms of psychology in indigenous populations. In addition, a relative and integrative focus examines the psychological space of people in developing countries to ascertain whether and how imported and transplanted forms of Western therapy are being indigenised and are making a contribution within quite a different society and culture (Azuma, 1984). This trend leans towards ‘an exogenous indigenization’, a process described as one country or culture assimilating what it finds beneficial from the psychological methods of another culture. One step further removed is the ‘purist exogenous’ trend that simply uses Western psychological concepts to study other cultures’ forms of thinking and behaving (Sinha, 2006, in Allwood & Berry, 2006). As mentioned in the section on cultural psychology, ‘cross-cultural’ or ‘cultural psychology’ compares the perceptions and behaviour patterns of one culture with another (Allwood & Berry, 2006).

It can be seen in this section on the indigenization of psychology that development has commenced from an ‘emic’ perspective to an ‘etic’ perspective with a form of connection or integration between the two. The process of indigenization could equally have been described under the cultural psychology and indigenous knowledge sections of this literature review, as it is a process that occurs within both these realms. Masekitlana takes an ancient form of storytelling that is still in use today and integrates it with what has been found universally true concerning narrative therapy. In this way, Masekitlana itself has undergone an indigenization process.

#### **2.4.1 POSITION OF THE PSYCHOLOGIST IN INDIGENOUS PSYCHOLOGY PRACTICE**

Literature has highlighted the opinion that psychologists must be aware of the cultural elements that contribute to a patient’s ways of communication and expressing distress, and how this might differ from their own response or professional approach in a similar situation (Maiello et al., 2008). They might have to contend with multiple conflicting roles when helping clients in a cultural setting and must expect to experience in their own minds a certain amount of ‘cultural dissonance’ and feelings of not quite understanding the client’s values compared to their own cultural values (Sue, Ivy & Pederson, 1996). If psychologists from a Western background are perceived by their clients to be protecting the status quo of the “powerful conqueror and protector” and to be treating “their wards’ as inferior due to a mindset that assumes cultural deficiency and a previously disadvantaged status”, they might be distrusted by the client (Pederson, 2009:143). Of particular relevance for the South African

context is the more serious step on the part of the psychologist which involves “racial microaggressions defined as brief and commonplace daily verbal, behavioural or environmental indignities, whether intentional or unintentional, that communicate hostile derogatory, or negative racial slights and insults toward people of colour” (Sue et al., 2007:271). A bias toward a predominantly pathogenic focus when studying the behaviour of ‘Black’<sup>9</sup> South Africans has been noted in certain studies (Guthrie, 1970, in Naidoo, 1996).

Alternatively, it has been suggested that psychologists conducting therapy in indigenous environments could look for positive solutions to these challenges such as including ‘cultural teachers’ from the client’s life such as family members, teachers, doctors, spiritual leaders and other significant figures who may be brought into the therapeutic situation. This creates an atmosphere of “inclusive cultural empathy” and enables the psychologist or therapist to be “sensitive to differences and similarities between his or her own perceptions and those of the client” (Pederson, 2009:146). Therapists might look out for the ‘within-group’ differences and the ‘between-group’ differences when working with clients from indigenous contexts; this inclusive accommodation of similarities and differences will allow for the devising and using of psychological methods that take this into account (Pederson, 2009). This could encourage ‘yes’ assertions in the practicing narratives of psychologists, one of which is to “tolerate vague or ambiguous conditions and to suspend one’s decisions for as long as possible in dealing with conceptual, theoretical and methodological problems until something indigenous emerges in his or her phenomenological field” (Yang, 1997, in Pederson, 2009:145).

To become an ‘African expert’ but coming from the outside of the ‘Black’ experience (as is the case with many psychologists in South Africa), it is necessary to be sensitive to the dignity of African participants and their aspirations (Buthelezi, 1972 in Keteyi, 1998). To “propose that people should go back to their traditional customs will only serve to enslave their minds more, suggesting that they are not yet psychologically redeemed” (Keteyi, 1998). Equally “futile is for indigenous ways of behaving to be transcended”, such as “avoiding meaningful conversations” about ‘Afrikanerdom’ or ‘Africanness’ due to political sensitivity in the aftermath of Apartheid (De Gruchy, 1995; Villa-Vicencio, 1992, in Keteyi, 1998).

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<sup>9</sup> I have included the terms ‘Black’ as this is the term used in the literary works that I have described. The term ‘Black’ has traditionally and politically been used in South African to refer to the population group of people who speak an African language and who are of African origin and culture. Elsewhere in the current study I have felt it more sensitive to refer to the population group under study as ‘people of African/Zulu culture and origin’. The term ‘Whites’ is also referred to in this chapter and denotes people of European origin and culture.

Therefore, what is being advocated in literature is that the practice of indigenous psychology should take into account traditional beliefs, not only as anecdotal descriptions but in how they affect people in their everyday lives and in how they can be integrated into lifestyle influences and psychological processes from other parts of the world. Literature suggests that psychologists from another culture to the indigenous environment in which they are working will be challenged to be aware of similarities and differences between themselves and their clients, and should be encouraged to immerse themselves in the indigenous culture of the client.

#### **2.4.2 CONCEPTUALIZING TRAUMA, TRAUMA THERAPY AND INTERVENTION IN INDIGENOUS CONTEXTS**

As the current study explores an African indigenous form of therapy and its usefulness for children living with HIV and affected by HIV/AIDS, and who are considered to be suffering some form of trauma, I examined forms of therapy for traumatized children and adults in a variety of national and cultural settings, and then narrowed my focus to include forms of trauma therapy in indigenous settings in South Africa.

##### **2.4.2.1 Literature from non-African countries**

It appears that certain generalizations have been made about the effects of trauma in adults' and children's lives and the type of therapy they accordingly need. What is generally emphasized is that childhood experiences increasingly contribute to the trajectory of vulnerabilities in adult life, setting up cycles of traumatisation, victimization, further traumatic events and perpetuation of trauma in generations thereafter (Danieli, 2007; Raphael, Delaney & Bonner, 2007). The conspiracy of silence that most often follows trauma due to the society's, the family's and the individual's inability to integrate the trauma into their lives leads to subjects finding it difficult to narrate the trauma story and create meaningful dialogue around it (Danieli, 2007). This avoidance of discussing the traumatic experience may negatively affect physical health and may have a greater deleterious effect than a lack of social support (Danieli, 2007). Children whose primary caregiver, in particular the mother, had been taken away as a child, are twice as likely to suffer high levels of clinically significant emotional and behavioural problems, learning disorders, and alcohol and drug problems than children with primary caregivers in their lives (Raphael, Delaney & Bonner, 2007; Ardington & Leibbrandt, 2010).

Humans have an inherent need to make sense of their experience, especially when this involves suffering and illness (Smith, Lin & Mendoza, 1993, in Wilson & So-kum Tang, 2007). However, helping people in distress involves verbal therapies that have limitations for patients in indigenous settings; hence, integrating traditional healing practices into therapeutic models might play a vital role in determining whether a particular explanation and associated treatment plan makes sense to a patient (Moodley & West, 2005; Smith, Lin & Mendoza, 1993, in Wilson & So-kum Tang, 2007). Westerners often wade into crisis situations assuming that their diagnoses such as post-traumatic stress disorder (PTSD) and other cognitive forms of psychotherapy are recommended, whereas cultural practices might be more effective, less disruptive and more affordable (Shah, 2007, in Wilson & So-kum Tang, 2007). As mentioned before, there is not even a term for depression in some cultures, and in Lesotho for example, individual counselling is considered an alien concept (Gilbert, 2006). Somatic symptoms after trauma can be regarded as a more acceptable way of expressing stress as some non-Western societies do not ascribe to the dualism of body versus mind and the medical model of Western societies (Renner, Saleml & Ottomeyer, 2007, in Wilson & So-kum Tang, 2007).

What is evident and of relevance for this study is that culture influences or defines youths' characteristic reactions, methods of expressing reaction, and therapeutic needs following traumatic experiences (Nader, 2003, in Wilson & So-kum Tang, 2007). This fact has not always been borne in mind when assessing youth in cultural settings in that the impact of trauma and acculturative stress on 'core adaptation systems' such as safety/security, attachment/bonds/relationships, identity/role, existential meaning, and justice, are not delineated by Western societies (Silove, 1999; Dana, 2007, in Wilson & So-kum Tang, 2007).

To encourage a more proactive discernment when taking Western psychological methods into non-Western, indigenous populations, it has been pointed out that the preservation of culturally embedded and alternative healing practices would facilitate resilience, personal growth and "self-transcendence" in the wake of trauma (Wilson & So-kum Tang, 2007). An emphasis has also been placed on combining the modern, such as psychotherapy, with traditional ceremonies, in order to integrate rupture, discontinuity and disorientation by recognizing the role of family values, traditions, memories and early attachments (in particular with mothers and where mothers, who are the messengers of family values, have died). Therefore, it is important to study the sources of resilience and vitality not only within

the traumatized individual but within his or her community (Ebersöhn & Eloff, 2006; Ebersöhn & Maree, 2006; Danieli, 2007). In other words, it is the strength of the indigenous people themselves that will be essential for healing (Raphael, Delaney & Bonner, 2007, in Wilson & So-kum Tang, 2007), This would prevent dependency and victim situations amongst the people the practitioners are attempting to help (Shah, 2007, in Wilson & So-kum Tang, 2007).

It can be seen from the opinions expressed above that trauma therapy in indigenous settings emphasizes the recognition of intrinsic qualities within the child, such as resilience, as well as a recognition of culturally embedded strengths, such as traditional healing beliefs. Different ways of viewing trauma between non-Western and Western societies were described, and the integration of traditional and modern therapies was also called for.

#### **2.4.2.2 Literature in the South African context**

Literature on trauma in the South African context reflects the above concerns but encompasses certain features unique to South Africa. The literature appears to indicate that indigenous populations in South Africa suffer an inordinate amount of trauma, in particular from violence, poverty and marginalization, and that there are distinct cultural and contextual differences in trauma symptoms.

The studies mentioned in this section show the importance of contextual realities in reactions to trauma. They also indicate how different contextual factors have different effects on different population groups. Black South African children from particularly high-violence areas showed more distress than White<sup>10</sup> suburban children, although many White South African children also appeared stressed (Rudenberg, 1995). Black rural primary school children consistently achieved the highest anxiety scores, followed by Coloureds, Indians and Whites (Snyman, 1998). Mother ratings of their six-year-old children residing in Black communities confirmed community dangers such as poverty and violence as risk factors for anxiety, depression, aggression and low affability in children (Barbarin & Richter, 2001). These results, however, were contested by Jansen van Rensburg (2001), who found that Black children from informal, poverty-stricken areas were most exposed to violence but that these children reported the lowest depression levels of all the race groups in South Africa compared to White children,

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<sup>10</sup> 'White' South African is a term that refers to people from South Africa who are of European descent and who do not regard themselves, or are not regarded as being part of another racial group, for example, as Coloured.

who reported the lowest exposure rate to violence but presented with the highest depression levels. However, another study found that Coloured and Black youths displayed higher scores than other population groups on a measure (SCARED<sup>11</sup>) investigating fear and anxiety symptoms in South African youths (Muris, Loxton, Neumann, du Plessis, King & Ollendick, 2006). Similarly, cultural contextual differences appear to affect responses to trauma, such as fear-producing stimuli, perceived parental rearing behaviours, inhibition and obedience, which served to increase levels of fear (Akande, 2000). Although post-traumatic stress disorder might be a Western diagnosis, it has been identified as being prevalent in South Africa, especially amongst Black adolescents, as a result of social conditions in communities disadvantaged by South Africa's post-Apartheid communal existence (Cowley, 1995).

In a sample of Black school children from the Natal Midlands, it was found that sexual abuse had resulted in self-rejection, low self-esteem and interpersonal relationships characterized by a sense of betrayal and withdrawal (Segoati, 1997). A study on Black youths, in the five-to-fifteen-year age range, in a hospital outpatient department, found that the most common symptoms were poor school performance and enuresis, and the most common stressors were family-related: parent conflict, substance abuse by the father, and physical or sexual abuse (Pillay & Moosa, 2000). Another in-hospital study on childhood-onset psychiatric disorders and the use of outpatient services by depressed and anxious children, found that Blacks were less likely than Whites to obtain treatment; the conclusion was that childhood depression in African children is underreported (Goldstein, Olfson, Wickramaratne & Wolk, 2006). Ethnicity was identified in one study as a factor in low resilience scores, with adolescents of Black ethnicity demonstrating significantly lower scores as compared to their White and Coloured counterparts (Jorgensen & Seedat, 2008).

This multifactor complexity of context and ethnicity in South Africa, as demonstrated by the aforementioned studies, indicates the discernment necessary when therapy is conducted on different population groups. Since therapeutic resources appear to be limited or absent in many of the environments of these studies, it seems essential to develop projects tailored to the needs of these traumatized communities (Cowley, 1995). Although some recommendations were made from the above studies as to at what level of society, such as government health departments and school environments, interventions should be aimed at, they appeared not to offer guidelines as to what forms of therapy were indicated to ameliorate the situations

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<sup>11</sup> Screen for Child Anxiety Related Emotional Disorders (SCARED), consisting of a 41-item self-report questionnaire.

described. What these studies appeared to emphasize, though, was that different cultural groups manifest with different psychological symptoms and, therefore, call for different contextually relevant interventions.

#### **2.4.2.3 HIV/AIDS and trauma in South Africa**

Although little has been written about indigenous psychological methods and HIV/AIDS, the resultant traumatic effects of the HIV/AIDS epidemic on South African children have been covered in literature. Studies indicate that children orphaned by AIDS are a particularly vulnerable group emotionally and behaviourally, although there are variable reports on exactly how children affected by HIV/AIDS respond and behave.

Studies on urban township children showed that children orphaned by AIDS are more likely to report symptoms of depression, peer relationship problems, post-traumatic stress, suicidal ideation, internalizing problems, delinquency and conduct problems than children orphaned by other causes, non-orphaned children and compared to Western norms (Cluver & Gardner, 2007). Another study on a similar cohort of children found that 73% of orphans scored above the cutoff for post-traumatic stress disorder, and participant orphans in general were more likely to view themselves as having no good friends, to have marked concentration difficulties, to report frequent somatic symptoms, and to have constant nightmares, but were less likely to display anger through loss of temper (Cluver & Gardner, 2006). In another study on maternal HIV infection in women of African origin and the affect on their children, children whose mothers were living with HIV did not indicate more psychosocial stressors than children with mothers who did not have HIV (Palin, 2007). It might appear from this, therefore, that the trauma experienced by children occurs after a mother living with HIV dies rather than when she is still with her children, but does not suggest that children of mothers living with HIV are *not* affected by their mother's diagnosis (Palin, 2007). South African children in general are exposed to many risks beyond maternal HIV infection, such as economic instability, maternal depression, lack of family social support, variable parent-child relationship, and conflict in the mother-co-caregiver relationship, and these variables need to be addressed by individual and family-level interventions (Cluver & Gardner, 2006, 2007; Palin, 2007; Ardington & Leibbrandt, 2010).

Many literary sources conceptualize healing for trauma and describe what appear to be universally-used forms of therapy that might be appropriate for South African children who are

traumatized and affected by HIV/AIDS. Herman (1992:133) describes recovery as the ‘empowerment of the survivor’. Herman (1992: 133) maintains that ‘advice, support, assistance, affection, and care’ may assist the survivor but taking control away from him/her prevents the individual from being the ‘arbiter of (his)/her own recovery’. Lewis (1999) describes how allowing children to talk, listening to children, labeling their feelings or allowing children to label their feelings enables a form of catharsis of their feelings in the aftermath of trauma. Lamwaker (2004) describes the power of storytelling in healing children orphaned and traumatized by war in northern Uganda. Botha and Dunn (2009) explain how Gestalt play therapy using a board game builds trust between the therapist and the child. Clay therapy, art therapy, eye movement desensitization reprocessing (EMDR), stress inoculation training within cognitive-behavioural therapy (Carson & Butcher, 1992) and hypnosis appear to be approaches to help children to overcome traumatic experience and post-traumatic stress syndrome.

In the African or South African context, perceptions concerning impurity, contamination, colours of medicines, ancestral involvement in illness and traditional ways of curing illness using herbs have been covered in literature (Ngubane, 1977; Buhrmann, 1984; Mutwa, 1998). Knowledge of these perceptions is available to psychological practitioners, but traditional methods of counselling and understanding individuals and families are often inaccessible to psychological practitioners from other cultures, or even to those from the same culture but who are not trained in these traditional ways. Furthermore, in comparison to the amount of literature describing how children are differentially traumatized according to population group and context in South Africa, there appears to be a gap describing the development and provision of indigenous forms of psychological healing interventions for children suffering the effects of HIV/AIDS in South Africa. Therefore, I have identified three studies that have appeared in more recent literature that have addressed psychological intervention methods for indigenous populations in South Africa, and that would be useful for children affected by HIV/AIDS.

### **2.4.3 METHODS OF PSYCHOLOGICAL ASSESSMENT AND THERAPY FOR SOUTH AFRICAN INDIGENOUS POPULATIONS**

As mentioned in the discussion of cultural psychology in Section 2.2, a one-dimensional, linear, cause-and-effect form of assessment, or an uncritical assumption and acceptance of the mind-body duality, does not appear to address or record all the intricacies of human involvement in families and societies. Foxcroft (2002:6) observes that “very few multicultural

tests have been developed in the African continent” and that “the majority of tests that are in use have been developed in a mono-cultural context, either in Africa but more likely in the United States, United Kingdom, or Europe”. In conducting assessments, researchers and psychologists have found that there are differences in the way that cultures understand and use rating scales (Furnham, Ndlovu & Mkhize, 2009). A form of “yeah saying” from African participants and a tendency to agree rather than disagree with statements has the potential to result in “artificial results” (Furnham, Ndlovu & Mkhize, 2009). Certain South African researchers have therefore proposed more suitable forms of psychological approaches for South African indigenous contexts.

#### **2.4.3.1 Story-telling and Dynamic Assessment (DA)**

Story-telling has been a form of history transmission over the ages in Africa (Mutwa, 1998; Hayes, 2000). The creative ways in which children give “narrative form to their lives rather than formal discussion of their wishes or intrapsychic conflicts” has been noted (Matthews & Bouwer, 2009:231). Through story-telling, children’s “perception of their reality finds more complete representation than direct statement” (Sunderland, 2004, in Matthews & Bouwer 2009:231). Child soldiers traumatized by war in Uganda created a new meaning out of their trauma through telling stories, thereby healing themselves (Lamwaka, 2004).

Capitalizing on story-telling as a culturally embedded form of expression by people of African origin and culture, and in answer to psychologists’ dissatisfaction with self-report pen-and-paper questionnaires on psychological functioning (Cramer, 2004, in Matthews & Bouwer, 2009), a different form of assessment called Dynamic Assessment has been used as a way to engage participants and induce participants to reveal their authentic realities. Dynamic Assessment involves a process called ‘mediation’, which entails further questioning and prompting on what participants are saying beyond what standardized tests normally indicate (Matthews & Bouwer, 2009). A study using Dynamic Assessment principles in adapting the Rorschach Comprehensive System to an indigenous cohort of children found that deviation from more conventional methods of questioning revealed more authentic data, and deeper and richer culturally relevant data (Moletsane, 2004). Dynamic Assessment facilitates more valid results as it raises possibilities for unlocking the projective potential residing within young clients (potential that may remain untapped if the clients are assessed in a conventional manner). Probing deeper into the stories and descriptions that are offered by the client in response to picture cards used in projective tests enables psychologists to be sensitive to the

socio-cultural background influences on the test responses (Murphy & Maree, 2006, in Matthews & Bouwer, 2009).

Success with the Dynamic Assessment model is part of a movement to develop more culturally sensitive forms of assessment and therapy that appear to be becoming institutionalized in the field of psychology. The South African professional board of psychology, the Health Professions Council of South Africa (HPCSA), is urging psychologists to “address the development and adaptation of culturally appropriate measures as a matter of great urgency” as policy makers are questioning the limited empirical certainty about validity and cultural appropriateness of tests used in South Africa and the lack of empirical research into test bias (HPCSA, 2005, in Matthews & Bouwer, 2009).

With these challenges and goals in mind, two South African studies by Kekae-Moletsane (2008) and Odendaal (2010) appear to be pertinent in the literature on indigenous psychology, and of particular importance to the current study, where the prime focus is on indigenous therapy for traumatized children of African origin and culture.

#### **2.4.3.2 Masekitlana, an indigenous form of narrative therapy**

Kekae-Moletsane (2008) proved that although narrative therapy is a universal form of therapy for children (Wilson & So-kum Tang, 2007), she could adopt the ‘emic’ approach of taking an ancient but still existing indigenous game involving narrative and use it to create a form of indigenous therapy for traumatized children of African origin. In a journal article based on her study, she explored and described the effectiveness of this indigenous form of psychology, Masekitlana, as a therapeutic tool of healing for a three-year-old Sotho child who had witnessed the killing of his mother. This form of therapy with children, whereby they express themselves through the medium of stone therapy, may appear anecdotal and might be interpreted as simply taking them back to their African roots, but the intention of researching it is to ascertain whether it makes a difference in people’s lives, thereby developing a culturally relevant and ultimately a standardized form of therapy (Kekae-Moletsane, 2008).

Literature on child play presents some pertinent points of relevance for play therapy. Play touches a special part within the child as it is “characterized by the presence of joy and the absence of purpose” (McCune, 1998). However, its purposelessness might be disputed in that “at every age some needs of the child are fulfilled through play” (Vygotsky, 1978, in

McCune, 1998:601). Play begins with a sense of mastery over the earliest motor activities of the very young child and continues to provide some form of psychological function throughout life (Piaget, 1962, in McCune, 1998). In the South African context, most children in African townships and rural areas from disadvantaged families have grown up without toys and so have improvised with materials such as sticks and stones, clay and sand; Masekitlana has been identified as one of these games (Kekae-Moletsane, 2008).

In the context of trauma, play performs an important function in children's lives. "Children have an unconscious internal knowledge of the necessary direction for healing" (Norton & Norton, 1997, in Kekae-Moletsane, 2008:371) and "when children are afraid to express their emotions, the safest way to protect their emotions is through play" (Kekae-Moletsane, 2008:371). Paradoxically though, in the face of a crisis in the family, a child is often deprived of the opportunity to play. This appears to be counterproductive, as "a child at play, in particular a traumatized child can communicate his or her emotional needs, which can then be intuitively received by an astute therapist" (Kekae-Moletsane, 2008:371). The value of play in the face of trauma was confirmed by a study on play with Black hospitalized children; the results demonstrated how the group of children who were exposed to play sessions tended to express fewer symptoms of anxiety on discharge than the group of children not given an opportunity to play (Poulter & Linge, 1991). Play clearly symbolizes aspects of the child's life and emotions and is of developmental value in that it assists small motor co-ordination, enables mastery of various skills and empowers the child in team contexts (Piaget, 1962, Vygotsky, 1978, in McCune, 1998). In the current study, the value of the symbolic aspect of Masekitlana, and its particular relevance for traditional African settings, will be explored.

In Kekae-Moletsane's (2008) study, a child related what was worrying him while he banged two stones together with a firmness or rhythmic intensity matching his emotional expression. "Through a feeling of familiarity with Masekitlana stone play therapy, he was able to gain a different perspective on the events of the past by re-experiencing them under less painful circumstances, and thereby resolving his emotional trauma" (Kekae-Moletsane, 2008:375). Healing took place over a period of successive sessions. In this way, Kekae-Moletsane (2008) had taken an African form of indigenous knowledge and therapy and had proven its potential affectivity for traumatized children of African origin and culture. As Kekae-Moletsane's (2008:375) states, "Masekitlana is an African asset that has been in existence for decades and needs to be preserved".

Kekae-Moletsane's (2008) work encouraged Odendaal (2010) to pursue further research into indigenous assessment methods using the tool of Masekitlana. Odendaal's research participant was a seven-year-old female Sotho child in an informal settlement in Mamelodi <sup>12</sup>. Odendaal's conclusions after completing the study were as follows:

“Masekitlana certainly has potential value in terms of psychological assessment. It is ideal for children from African origin and culture, because it has the potential to put them at ease and let them feel comfortable because it is a medium that is familiar to them and they can relate to it. Furthermore the value of Masekitlana lies in the authentic image that a psychologist can obtain when he or she conducts an assessment with a child from African origin and culture. It elicits rich and detailed responses which might in many instances not be the case if Western media were administered. Studies have found pretend play and coping to be positively related” (Christiano & Russ, 1996; Russ et al., 1999; Goldstein & Russ, 2000–2001, in Pearson, Russ & Spannagel, 2008). “Masekitlana can be viewed as pretend play because the participant is pretending that the stones are different people and/or objects which interact. By playing Masekitlana the participant manages to cope apart from poverty, hardship and a lack of basic needs. Therefore Masekitlana as a projection medium is valuable in terms of the participant's coping style. Through Masekitlana the participant is able to verbalise and play out her feelings and thoughts” (Odendaal, 2010:74).

Both of the above studies therefore contributed to the body of literary knowledge that advocates the development of an *empirical* form of indigenous psychology to be developed out of indigenous knowledge systems, cultural traditions, codes of behaviour and beliefs. Kekae-Moletsane (2008) and Odendaal (2010) have identified and begun to fill a gap in psychological practice and literature that I propose could be further addressed by taking Masekitlana into the context of traumatized children of Zulu culture and origin affected by HIV/AIDS.

## 2.5 CONCLUSION

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<sup>12</sup> Mamelodi, part of the City of Tshwane Metropolitan Municipality, is a township set up by the former apartheid government northeast of Pretoria, Gauteng, South Africa. Since 2001, Mamelodi has had a large AIDS outreach programme helping several thousand orphans in the community.

Researchers and practitioners in the field of psychology have over the years realized the necessity to recognize indigenous knowledge when examining perceptions, behavioural styles and ways of relating in indigenous cultures. Literature has confirmed how it became obvious that forms of psychology created in Western societies were not entirely relevant when applied to non-Western cultures. There seems to be general agreement on this statement. What is more difficult to quantify or describe are the ways in which psychologists can develop therapeutic approaches and practices suitable for indigenous cultures. Indigenization in psychology (that is, the creation of psychological forms out of indigenous knowledge and beliefs) is a process that has been occurring worldwide. However, there appear to be many opinions on how this should be done. Approaches have ranged from focusing first on how the indigenous population under examination thinks, behaves, believes and conducts forms of psychological acts, to how universal forms of psychology might be applied to the indigenous population, with various levels of integration in between. The question is whether researchers can ever be categorical when adopting different foci, as few people are confined solely by the norms and mores of their culture. In most parts of the world, people might have their origin in one culture but grow up in a mixture of various cultures. This is particularly prevalent in the present global world, where international travel is commonplace and there occurs a natural infusion of ideas and values between different cultures and countries. It is debatable whether this has been caused by globalization or by the fact that even though human beings as a whole may speak different languages and look different, they are simply not that dissimilar, and show more intra-cultural differences than inter-cultural differences.

This chapter has examined various references in the literature concerning the relevance of and creation of indigenous psychological methods and perceptions. It introduced previous research on Masekitlana as a form of indigenous knowledge that might contribute to the field of indigenous knowledge, therapy and assessment. The next chapter describes the methodological process of researching the effects of this form of therapy on children affected by HIV/AIDS.

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