"It is a Native American legend that when the earth begins to die as a result of all the harm inflicted upon it, warriors will arise from all over the world to heal the earth. These warriors will be known as warriors of the rainbow. As we face the challenges of transforming psychology and helping our nation to heal and grow healthy, mental health professionals have the imperative to recognize the biases of their training and their own ethnocentricism and have both a professional and moral obligation to learn how to engage in this rainbow dance in order to take up the challenges facing our society and profession"

(Naidoo, 1996:11).

6.1 INTRODUCTION

The previous two chapters discussed the qualitative and quantitative analysis of the four participants' narratives expressed in standard of care and Masekitlana therapy, as well as during the administration of the Roberts-2 test. This chapter integrates my findings with the literature in the field of indigenous knowledge systems and indigenous psychology.

Through the intervention of Masekitlana, participants expressed concerns, experiences, values and goals that were indicative of their cultural and indigenous background. In this discussion, I clarify and elaborate on aspects of the participants' expressions as they were collated into themes that reflected their understanding of indigenous knowledge systems. Linking literature to participants' responses during Masekitlana indicated the possibility of using an indigenous psychology framework to facilitate the therapeutic process, thereby highlighting the need for African-based forms of therapy.

The aim of this chapter is to demonstrate how the use of Masekitlana filled a gap in the literature on African forms of therapy. In this way this study will have made a contribution to the field of African indigenous psychology.

6.2 INDIGENOUS KNOWLEDGE SYSTEMS AND THE NEED FOR INDIGENOUS PSYCHOLOGY: REFLECTIONS ON PARTICIPANTS' RESPONSES TO MASEKITLANA AND THE ROBERTS-2 TEST

Masekitlana appeared to enable participants to express their traditional African beliefs. They did not talk about these until they started to play Masekitlana. In the sections below, I describe parts of their narratives and, with the use of literature, put them in the context of indigenous knowledge systems and indigenous psychology. I attempt to make sense of the participants' descriptions of parts of their lives through their traditional African, in particular Zulu, notions or ideological frames of reference. The participants, who were children affected by HIV/AIDS, expressed illness through the lens of their traditional African beliefs. I describe these perceptions, as they have a bearing on forms of therapy that could be of use for children affected by HIV/AIDS.

6.2.1 ZULU ANCESTRAL SPIRITS, BEWITCHMENT, COSMOLOGY AND RITUALS

She got sick, she was seeing animals … the snake came in … it opened its mouth and it talked … I heard it on my ears … my father told us to leave it because maybe the ancestors were telling my mother that she needs to do Zulu rituals … she left and went to her relatives where she died …

I go to bed the ghost comes … it gets sent to hit that other person at night … but if I don't say it, it goes to sleep … they put some muthi on her food … when we woke her she did not want to wake up and she was dead ….

In the first session of Masekitlana, Hlonipho narrated how his sick mother had been guided by her ancestors in the form of a "spirit-snake" (Krige, 1950:65) to return to her family home to perform rituals. Hlonipho might have been describing the Zulu rites that are performed on a dead person to take her home as an *idlozi* or ancestor (Ngubane, 1977). Hlonipho accepted this passage from sickness to death in his mother as, being of Zulu origin and culture, he would accept the jural powers of the ancestors over their descendants. His mother's ancestors from her family of origin would, according to Zulu custom, have "more ownership over her" than the ancestors of Hlonipho's father (Ngubane, 1977:91); hence, Hlonipho accepted her departure to her own family. Hlonipho's belief in the guiding powers of *amadlozi*or ancestors in his mother's life might have comforted him in what otherwise would have been for him the traumatic departure of his mother. Furthermore, Hlonipho's story could have reflected the

belief that, according to African traditions, once a person dies, his or her spirit continues upon a journey that is similar to life (Mwizenge, 2011), as the *"mhondoro* or ancestor spirit is one of human life being indistinguishable from human death" (Holland, 2001:155).

The reason why Hlonipho mentioned *amadlozi/*ancestors during Masekitlana therapy might have been because banging stones together was an activity which "resonates with the way African people communicate with their ancestors in traditional rituals and ceremonies" (Buhrmann, 1984:14). Masekitlana might have resembled familiar Zulu rituals which, for Hlonipho, coming from a rural background, "revitalized his cultural memory" (Ratele, 2003:114) and enabled him to "reveal a functional belief in multiple worlds, that is, the material-transitory everyday life and the spirit-eternal traditional life' (Misra & Gergen, 1993).

The fact that Hlonipho was too sick himself to be included in the *ukubuyisa* or departure ceremonies for his mother might have been the reason why he mentioned a mother so often in his descriptions of the Roberts-2 test. Instead of helping in the ceremonies, as is expected of the eldest son of a Zulu family (Ngubane, 1977), he was admitted to hospital, where he stayed for over a year.

During a Masekitlana session, Nana described a spirit or ghost who came around her bed at night, who fought off her enemies and then went to sleep. In the Western worldview, Nana's and Hlonipho's descriptions and perceptions might be considered paranormal or magical. However, in African cultures, the human being is believed to have many senses beyond the five known to the Western world (Mutwa, 1998), hence the discrepancy in sensate experiencing between an African person and a Western person, which might enable a child like Nana to be in touch with an extra psychic reality beyond what the Western mind is able to sense. This might have import on indigenous psychological therapy, and the psychologist from another culture who is attempting to try to understand the life world of an African client. However, even if he or she is from another culture, a psychologist with some knowledge of the traditional customs of the client could explore and interpret the client's narrative with this understanding and sensitivity to the cultural norms of the client.

6.2.2   ILLNESS AND PSYCHOTHERAPY IN THE AFRICAN INDIGENOUS CONTEXT

She dreamt about the snake, a big snake which has eight heads ... the snake ate her and it only left the head ... then another snake showed up and that snake had 50 heads ... the snake swallowed her whole head in its mouth.

If Masekitlana enables the expression of traditional African beliefs, and if this form of therapy is offered to children of Zulu origin and culture, then how the children perceive their illness and "sick" identity in their indigenous context needs to be understood. The participants' narratives in the current study indicated the influence that their African beliefs had over their perceptions of illness. Rather than reflecting an internal organic view of disease and death by illness, they described ancestors, spirits and snakes coming to hail sick people away, to poison people and to choke people.

A scientific approach, that is, the application of a Western form of laboratory science to understanding illness in South Africa, is considered wholly inappropriate and superficial for studying cultures (Misra & Gergen, 1993). Scientism is decried as being "absolute, overestimating of its power and restricting itself to scientific data without taking into account the influence of the paradigms defining the current state of knowledge" (Hountondji, 1983: xiii). I needed to understand how the participants of the current research perceived their or their family members' illnesses and healing from it. This involved an exploration of the explanations for misfortune that form part of African indigenous knowledge.

There is debate in the literature as to whether African people externalize disease causation or whether they incorporate disease into their internal psychic structures and identities. Ngubane (1977) appears to favour an external focus, explaining that Zulu people handle mental illness by absolving themselves of the illness. They claim nothing is wrong with them, "rather, external, intruding spirits are to blame, hence, a person gets the support and sympathy that a depressed person longs for" (Ngubane, 1977:149). Illness and "misfortune are often interpreted as being brought on by a relationship breakup with the ancestors" (Maiello, 2008:225), where parents have angered the ancestors, resulting in the misfortune of their children (Ngubane, 1977).

Two of the participants were living with HIV yet at no stage did they describe their illnesses in a bio-medical Western sense. Nana related what Ngubane (1977) would describe as a

"night sorcerer" who visited her neighbours and put *muthi* or "black" African medicine into their food, resulting in the death of a mother and daughter. This was a case of Nana *externalizing* the problem of illness or the causation of illness, as did Hlonipho when he described how his mother was guided away by her ancestors to die. African people have a need to ask the "how", "why" and "by whom" questions around misfortune and trauma (Burhmann, 1984), implying an externalization of the problem. When, in 2008, the cyclonic winds blew down homesteads in Embo, a rural area inland of Durban, causing the death of two young children, I was told by an elderly resident there that it was due to a large snake coming out of the earth to punish the youngsters of the community for their unruly ways and disrespect for their elders.

The other side of the debate is that certain cultural elements, such as the ancestors, have consequences for the *internal* objects and sense of identity of the African person and this contributes to the "patient's specific ways of communication and expressing distress" (Maiello, 2008:241, 243; Steyn, 2003). As opposed to believing that the body is infected by a virus that may be cured by allopathic medicines, a traditional African person is likely to claim his or her dependence on an "internalized authority, an omnipotent (other) god who has caused or who 'has the answer' to his problems" (Mannoni, 1990:40, in Hook, Mkhize, Kiguwa, Collins, Burman & Parker (Eds.), 2004).

Children whose parents have died from disease are considered 'polluted' in the African sense as a result of a prolonged period of being with their sick parents (Ngubane, 1977). Similarly, sexually abused children are considered 'polluted'. These concepts could have been explored with the participants, two of whom were sexually abused and two of who had lived with sick parents before they died. By being excluded from their indigenous environments, the participants were not able to observe *ukuzila* or withdrawal from society, which is a ritual of "pollution cleansing" (Ngubane, 1977). Their state of pollution would have involved being treated by herbal "black" medicine and then wearing red-and-white clothes and beads to effect transformation (Ngubane, 1977). Instead, the participants of the current study were offered Western medical care, in the form of anti-retroviral medication, and Western legal processes against the perpetrator of their sexual abuse.

These indigenous African concepts around illness could have important implications in establishing a therapeutic focus and a locus of agency for participants during Masekitlana

therapy. Therapists using Masekitlana need to be aware of the fact that African clients living with or affected by HIV/AIDS might externalize or internalize their illness and both foci would be based on traditional African thinking.

Literature has pointed to the "indivisible unity of the body and the mind" (Kruger, Lifschitz & Baloyi, 2007:326), which is the "core of the African view of the human being" (Burhmann, 1984:91), and the protection of the Whole or Gestalt (Misra & Gergen, 1993), which reflects in African cultural perceptions on illness. As the participants were observed using and moving the whole of their bodies while talking with the stones in Masekitlana, I believe that it could be used effectively as a therapy of healing and enabling dialogue around illness for the African patient. Eskell-Blokland (2005:172) makes an appeal for psychologists working in indigenous environments to "use a different set of tools which may not be tools at all in any conventional sense in psychology". Masekitlana might be such a tool, as it has the potential to take the practitioner away from "just talking about healing through established practices, to talk from within and on the margins of various healing practices" (Kruger, Lifschizt & Baloyi, 2007:323).

6.2.2.1 African animism and illness

According to African concepts of animism, "the world is a community of living organisms and everything has a consciousness and a soul; this includes insects, animals, plants, trees, rivers and mountains" (Kruger, Lifschitz & Baloyi, 2007:333) and appeared to me in the current study to be linked to the participants' concepts of illness. The participants described snakes, horses and wild animals in connection with nightmares (Nana and Senzo), death (Hlonipho), and happy times (Hlonipho). Hlonipho described how his mother was seeing wild animals before she died, a phenomenon that might have been diagnosed by a Western practitioner in terms of psychiatric pathology. However, looking through an African lens, this occurrence might have been understood as a person out of harmony with her environment or experiencing a visualization of "Ancestors of the Forest" in the form of "wild animals, physical and instinctual, who play a decisive role in the intra-psychic world of the African person and in the development of illness" (Buhrmann, 1984:29).

A Western counsellor might have tried to heal the participants of frightening snake images in their imaginations and dreams, interpreting them as hallucinations, and thereby ignoring the 'taken-for-granted' meanings behind what they were saying. Examples of these are that "man

stands in the middle of living creatures and not at the top" and the "soul (of man) goes on to a higher plane of existence by re-incarnating into a reptile, the red and green mamba in particular being carriers of the souls of recently departed persons" (Mutwa, 1998:601). Some African people, but especially initiates becoming *izangoma*/ spiritual healers, are "expected to experience the manifestation of animals in thinking, dreams and visions" (Buhrmann, 1984:84). A Western-orientated psychologist might want to diagnose as abnormal these types of thoughts, should they be experienced by African adults and children clients, whereas an African psychologist might be more inclined to interpret them in the light of indigenous knowledge systems and beliefs.

However, Nana appeared to be so traumatized, and her narrative and behaviour appeared to be so disturbed in the therapy sessions, that simply attributing her behaviour to *normal* African notions left me feeling perturbed that professionally I was not helping her enough. This is confirmed by Ross and Phipps (1986:255), who state that many "well-intentioned therapists adopt a culturally relativistic approach where divergent behaviours and traits are translated as being culturally appropriate"; they are then excluded from clinical judgment, which can "limit therapeutic range and effectiveness".

6.2.2.2   Traditional African healers

Notwithstanding the above concern, one of the alternative paradigms to more conventional or Western forms of healing and therapy in South Africa is the use of traditional African healers such as *izangoma/*spiritual healers, *abathandazi/*prayer healers and *izinyanga*/herbal healers. For Hlonipho to make better sense of his narrative around ancestors, death and separation from his mother, and for Nana to explore the meaning of the spirit/ghost around her, I wondered whether they should have been referred to an *isangoma* rather than continuing therapy in the psychology clinic of the hospital with a therapist from a different culture. Masekitlana had enabled them to express their African beliefs, so to take them back to therapy of a more Western orientation might have been counterproductive. I felt that *izangoma/*spiritual healers would have been a complementary source of healing to Masekitlana in restoring harmony to the participants' lives, but questioned whether the authorities in the Children's Homes would have agreed with it.

Mkhize (2004) describes an incident where a nurse secretly referred a patient to a traditional healer as she felt it might be against the ethical code of her profession to do it openly. Mkhize

(2004:39) claims that this is a case of a "marginalised worldview operating underground, which could be avoided if there was open engagement between professionals from different cultures about different forms of treatment". According to the World Health Organization, about 80% to 90% of people in developing societies rely on traditional healers for healthcare (Mkhize, 2004:32; Traditional Healer's Conference, 2010; statistics confirmed by Dr. Mokgoba, vice-chancellor, University of KwaZulu-Natal), and more than 70% of South Africans consult indigenous healers (Kruger, Lifschitz & Baloyi, 2007:335). To refer Hlonipho and Nana to a mental health professional practising from a Western perspective might marginalise their traditional perspective, thereby contributing to a further suppression of their beliefs, natural instincts and intuitions. The result might be that knowledge itself, which they expressed through their descriptions in therapy, and which I felt so privileged to be part of, might become "marginalised knowledge, rendered invisible by the competition between cultural systems, of which the Western is the most dominant" (Mkhize, 2004:32).

6.2.3   CHRISTIANITY

How does Satan kill people while God is there … Who was the creator of Jesus Christ? … I ask Him to help me.

Three of the participants of the current study mentioned God and His influence in their lives, and all four participants went to church on Sundays with their peers in the Children's Homes. I contemplated whether their Christian beliefs were complementary or contradictory to their traditional African ancestral and cosmological beliefs, and to what extent psychologists should incorporate Christianity and "Zulu religion" (Krige, 1950) into therapy with patients of Zulu culture and origin.

Nana and Senzo both expressed trust in a protective God but Hlonipho questioned why, if God is so powerful, He allows misfortune to befall people. Through these expressions on the subject of Christianity, the participants appeared to be in the process of taking into consideration *external* occurrences and effects in their lives, with the intention of *internalizing* them into their personhoods or identities. How then did they internalize apparently disparate belief systems into their single personhoods?

Mkhize's (2004) theory of the "dialogical self" posits that an African child internalizes the social and cultural values of his community or environment. These are then integrated within

his personhood, the way he feels about himself and the way he talks. Because of the diversity of values that the child internalizes, he bears within his dialogical self several voices talking and debating with each other, which Mkhize (2004) calls "polyphony". Hence, a Christian self and a traditional African self can exist side by side within one person in the form of "compound beliefs" (Holland, 2001:6) or "syncretism" (Jeske, 2010:118). The relationship appears to be more complex and there is a hierarchy of relationship: a Zulu person believes that it is the ancestors who communicate or negotiate with God on behalf of the living (Mkhize, 2004) and that the ancestors occupy a plane below God (Mutwa, 1998).

Masekitlana, being a traditional African game, appeared to enable expression of the duality of these beliefs and highlighted the necessity for psychologists to be aware of a divergent belief from the dominant Western perspective, whereby thinking is more centralized (Mkhize, 2004) and religious belief is usually in only one source of power, and that is God alone.

The viability of the above syncretism of beliefs is not borne out by all authors describing the subjects. It seems possible that a person's Christian beliefs can conflict, in certain contexts, with their Zulu spirituality. Ngubane (1977) demonstrates this by explaining that if a Zulu person fails to perform certain Zulu rites and instead favours his trust in Christianity, the ancestors will not protect him or will bring misfortune upon him. Hence, even though Zulu people profess to believe in God, their "Zulu ways of doing things or *ukugcina isiZulu* might under certain circumstances have the greater influence on them" (Ngubane, 1977:20). Although Hlonipho mentioned that he was a Christian, he might have felt inadequate at not having performed, as the eldest (and only) son, the African rites of passage towards ancestor status for his mother at her funeral. Although Nana expressed that God told her what to say, she still explained how she has a spirit or ghost who surrounds her at night to protect her.

Understanding the complementary and, at times, conflicting beliefs of the participants against the backdrop of their more Westernized institutional as well as their traditional contexts was necessary when conducting Masekitlana with them.

6.2.4   COMMUNITY CONNECTIVITY, FAMILY NEED AND ATTACHMENT

My mother loved me … I am thinking about my mother … dreaming about mother … I just want a family to love me … Mother did not like me … I call gogo *my mother because she gives me things.*

The participants of the current study were reluctant to talk about their emotions even during Masekitlana and the Roberts-2 test. Instead, it appeared that they expressed their feelings in terms of their relations with others, such as being misunderstood in conflicts with peers, being fearful of their educators or missing their homes and families. Talking about themselves mostly in relation to others, reflected the communal nature of African people in general (Maeillo, 2008), termed *ubuntu*, or the fact that it is "the community which defines the individual rather than his personal characteristics" (Holland, 2001:178). The individual does not feel anything alone but is a "being-with-and-for-others and not an isolated atomistic individual" (Mkhize, 2004:49).

The participants spoke often about their mothers or grandmothers. Even though three of the participants' mothers had abandoned them, they were not critical of their mothers' actions but expressed a prevailing need or longing for them and for extended family. This could have reflected the Zulu notion of health and harmony in life, which are the "outcome of a balance between man and his environment, which is comprised of the individual, his family and his clan or community" (Ngubane, 1997:5). African families are affirmers and teachers of cultural norms to their offspring. Of particular importance to a child of Zulu origin and culture is the mother, as she performs birth, puberty and incorporation rituals (Krige, 1950; Mkhize, 2004), and the "well-being of the child, in particular his moral values, depends on the mother's conduct" (Ngubane, 1977:6). The mother is the overlap between the living world and the ancestors, and man enters and exits the world through her (Ngubane, 1977). Zulu rites of passage are not recognized out of the family or separate from the family unit, hence a child like Hlonipho might feel symbolically disconnected from his culture and community. Senzo's mother had died so she was not able to fulfil the customary obligations of a daughter-in-law or *makhoti/*new bride to his paternal grandmother. This might have explained why Senzo felt duty-bound and proud to help his grandmother perform domestic duties such as dish washing and cleaning the house. Nana's mother appeared to be a sex worker, which was very hurtful for Nana, as her mother would come home for a weekend but disappear in the night. Except for Hlonipho, who had no family members in contact with him, the grandmothers of the participants were the nurturers, the upholders of discipline and morality, and the teachers of customary behaviours in the lives of the participants.

Children in Children's Homes and other similar institutions are separated from their family, clans and lineages, the "marks" and "anthems" of which are "normally a source of great pride

for the children" (Ngubane, 1977:13). For these institutional children, their peers and caregivers had become their family; hence harmony and balance within these Homes and between the participants and their peers were important for the participants' well-being and sense of belonging. The structural notions of "hierarchies and boundaries", "enmeshment" and "disengagement" (DiNicola, 1985:152) conceptualized by Western psychologists (Minuchin; Levi-Strauss) around nuclear families need not apply to the African child, who experiences more extended and flexible family systems. The notion that "parental responsibility is diffused among the extended kin" (DiNicola, 1985:152) was advantageous to the participants of the current study as they had other relatives to take care of them and might have been more ready to accept children's home staff and peers as alternative forms of family.

However, a "detribalized African is prone to worry and fear" (Mutwa, 1998:666), "to be disowned by family is to cease to exist" (Mkhize, 2004:49) and to be "apart from the family, a person could never be" (Johnson-Hill, 1998:92). Therefore treatment for children detached from their families needs to incorporate a "communal dimension" (Denis, 2003) as "mental dysfunction in the African context is not individual but requires the co-operation of the family and at times the active treatment of others in the family"(Buhrmann, 1984:25). I found that therapy in the Children's Homes lacked this family dimension in the form of family involvement, support and information, and the participants lacked the advantage of extended family members, such as uncles and aunts, whom Zulu children call "little fathers" and "little mothers". Also very much part of the Zulu family are the family ancestors. Family education from early childhood is recognized as critical to the nurturing of indigenous knowledge, as families are generators and primary repositories of knowledge (Mokwena, 2009).

The participants, in the context of the Children's Homes, found it difficult to act out the promise of their names, the significance and purpose of which would have been established at birth in the bosom of their families (Ngubane, 1977). Hlonipho expressed a preference for a non-Zulu name. Furthermore, topics such as respecting elders, sexual and romantic relations, menarche and reproductive rites of passage, which are usually discussed in families (Wilbraham, 2004), were being addressed within in the Homes in support groups by volunteer social workers and psychologists from Western environments. This was dissimilar from the ways they would have been addressed in traditional Zulu families. I felt that the participants were lacking the "custodial role of parents", whereby parents play a "protective and

preventative" role in addition to a nurturing role, which is important in view of HIV risk behaviours (Wilbraham, 2004:489-490).

The participants referred less frequently to their fathers than their mothers and grandmothers. This might be explained by the father's position in the family, which, in contrast to the mother, is "conventionalised as expressively marginal, whether he is physically present or not" (Simanski, 1998; Wilbraham, 2004). However, the importance of the father to a "child's motor development, mental developmental tasks and social responsiveness" has been emphasized by Kiguwa (2004:296).

Despite the fact that the participants were not in their communities and lacked the cultural and nurturing influences of their own families, the story-telling aspect of Masekitlana was important for them in that it helped them to "recall their origins" and to "bless their memories". Although they were "feeling bruised by their pasts", they were able to "reconcile with themselves" by making meaning of the "experiences that defined them simply as human beings" (Finca, 2000:13).

6.2.5 DISEMPOWERMENT AND LANGUAGE

Discussing traditional African beliefs with children of Zulu origin in psychotherapy and the advantage this might have for their sense of African identity has been discussed in section 6.2.1. In addition to this, I felt that Masekitlana might encourage authentic expression through the use of their Zulu language which would mark a beginning of participant empowerment and self-understanding.

The participants, by having been removed from their families, had been stripped of their identities, in particular their language identities, as their schools and the Children's Homes were multilingual environments. "Every language in a unique way defines *how* things are talked about and which *concepts* for making sense of the world are fundamentally assumed" (Gilbert, 2006:15). The consequences of "applying a monolingual (English) First World or Western psychology to indigenous populations who have different native tongues", have not received serious attention (Moghaddam, 1987:914). Hlonipho expressed the greatest amount of knowledge and awareness of African traditional customs, which might have been because he came from a rural background, he had been in the children's home for a shorter period than the other participants, and he spoke Zulu consistently during the therapy sessions.

Those who speak the language of the majority in any situation hold the power (Gilbert, 2006:15). The way the participants interchanged their languages depending on who they were with, might have been a reflection of the power dynamics between themselves and those around them (Mkhize, 2004). If language imposes culturally specific concepts, then the imperialism of English (Gilbert, 2006) in the Children's Homes surely denied the participants certain traditionally unique aspects of their Zulu language. Furthermore, not speaking their own familial language might have prevented the participants from expressing their inner selves in their everyday lives (Gilbert, 2006).

Mandla explained that he had Coloured "blood" and often talked Afrikaans in his home environment but he was also denied the use of this language in the children's homes as there were no other Afrikaans-speakers. Speaking English in their schools might also have led to a form of disempowerment and dislocation for the participants from indigenous knowledge systems. Education as it is taught in South African confers more of a Western understanding on children (Mkhize, 2006). Zinyeka (2011) has made a plea for the introduction of indigenous scientific knowledge into mainstream education but states that this has been received with reluctance by educators.

The process of translation of the participants' narratives in the current study might have contributed to a loss of some of the participants' authentic 'Zulu-ness' or 'African-ness'. This concern has been mentioned in literature on the translation of the Bible into African languages. The "coherence thought has in the language it really lives in" is sometimes lost when translating into another language (Tshehla, 2003:171). The language that I used to describe the process of therapy to the participants risked reflecting Western prescriptive terminology and power dynamics within the therapist-participant relationship. Hence, I described the therapy of the current study as "talking with the help of art, clay and stones". Gilbert (2006:16) describes how a group of "highly educated mental health professionals" in Lesotho could not find an equivalent term for *counselling* and "eventually settled on three words that fully captured the essence of the one word in the English language".

In light of the above discussion, I feel that it is the role and responsibility of psychologists to reconnect children of Zulu origin and culture to their authentic indigenous identities. This can be done by having knowledge of, being sensitive to and respecting the cultural notions that their language represents beyond mere talking. Besides language concerns, the participants

expressed further disempowerment by not having being informed of why they originally came to the Homes, when they were going to be returned to their families, and when holidays were going to begin or end. Once they were with their families in the holidays, they said that no one told them when they were returning to the children's home, and the Home transport simply arrived to take them back. Therefore, the participants would be further empowered by being informed of the facts of their family backgrounds, details of contact with families, and honest about the realities of their future.

6.2.6   MORAL AUTHORITY AND CONFLICT WITHIN CHILDREN'S HOMES

We must respect older people and … we must not fight.

The participants expressed a need to be guided by older people, to reduce conflict in their lives and, except for Nana, to be policemen when they grew up. I questioned what the linkage or *leitmotif* was that underpinned these needs. I identified an emerging sense of moral authority in the participant, whereby they were searching to establish forms of order and control in their lives. They seemed to believe that to be law enforcers of people would restore an intrinsic sense of personal power over their lives that was lacking at the time of the current study. However, an intrinsic sense of personal power appears not to be in accord with literary opinion on how the African person views himself. The African person is seen as being less ego-orientated and less self-centred than a typically Western person. Hence, it became more appropriate to link the participants' sense of moral authority with their community spirit.

The term *ukunxulumana,* loosely translated as "to stand beside one another" or "side-by-sideness" (Malan, 1994, in Johnson-Hill, 1998:81) is a more authentically Zulu and lesser known term than *ubuntu.* It is the antithesis of insensitivity and expresses the core African value of empathy for suffering families and neighbours. *Ukunxululana* encompasses an African form of moral authority, as expressed in the concepts, ways of living and values listed below, which I intuitively felt the participants, especially Hlonipho and Senzo, were attempting to express or develop in their lives:

- The need to serve their community (including the children's home community).
- The need to preserve their reputation and to be considered worthy by family and community (including the children's home community) as an African person only becomes a person through rising up to the standards of others (Mkhize, 2006).

- The importance of "the survival of the group and its healthy functioning" (Buhrmann, 1984:25).

- Wanting to be policemen alongside "viewing gods or ancestors as the policemen of society" (Holland, 2001:196); a morality which "implies good relationships with the ancestors who will ensure harmony in the environment and balance between a person and people surrounding him" (Ngubane, 1977:25)

- African morality as distinctly different from Western psychological theories of moral reasoning and responsibility developed and held by an individual in his own private and internal world.

- When people are *balungusiwe*, that is, "balanced or in good order", when "they act dutifully and responsibly, respecting themselves and others", then "sorcery and other environmental hazards will 'bounce off'" (Ngubane, 1977:131).

The participants' descriptions of facets of their lives that reflected the above values were helping old people to cross the street (Senzo), mediating fights between peers (Hlonipho), forgiving peers for hitting them, and thereby being accepted back into the peer group (Nana), listening to one's elders (Hlonipho), and helping grandmother with home chores (Senzo and Mandla). Divergence, though, was expressed by Mandla, who said that he was used to seeing violence and would readily stab somebody to death, accepting that he might be stabbed himself in the process. Mandla's description reflected a lack of harmony, balance or good order in his particular community, which the therapist informed me, was a violent community.

Participants frequently reported that they were involved in fights in the Homes, where they were blamed for causing them and which they did not like being part of. The cause of this conflict in the Homes might have been indicative of the participants fighting and quarrelling with each other in their reconstituted Home families as children do in nuclear families. It might also have been due to the fact that the rules for behaviour in the Homes might have been different from the traditional codes of behaviour, such as honouring, protecting and older siblings taking responsibility for younger siblings in Zulu families (Krige, 1950; Ngubane, 1977). These issues could have been explored with them in Masekitlana.

Nana's altercation with her peers, which from a Western perspective appeared to be a form of bullying and victimization, might have been explained to her through an African knowledge system called *umnyama* 'pollution' (Ngubane, 1977:7). It might have helped Nana if she

could have interpreted her problem as that of suffering from the "mystical force called *umnyama* pollution, which creates repulsiveness and leads to others around her disliking her without provocation" (Ngubane, 1977:7). This could have been cured by a 'red' form of Zulu medicine called *ubulawa,* followed by 'white' *ubulawa,* as well as asking the ancestors to help her. This is different from a Western child's developmental viewpoint, which could also have complemented help available to Nana with her experiences. Coming from this premise, a therapist could have explained to her that she was in the stage of her life (Piaget's formal operations stage) whereby her identity in relationship to social issues becomes a new focus, peer relations become important and in this context she can begin to determine qualities, plans and goals for the future that she wanted to strive for in her life (Hipsky, 2008). Piaget's sense was that children construct knowledge actively as they manipulate and interact with their environments, and, accordingly, a therapist could have encouraged her to achieve a better fit with her external reality by applying her indigenous knowledge (*ubulawa*, pleas for protection from ancestors) as well as using the resource of her developmental stage of cognitive competence (Hipsky, 2008). In this way Nana could have attributed the problem to an external cause while at the same time establishing a personal sense of agency.

Psychologists can encourage children from difficult backgrounds in South Africa to look forward to a better future. Through reflecting on the picture cards of the Roberts-2 test, which mostly depicted scenes of a negative nature, participants were able to articulate something they did not approve of. Senzo described how a boy was hit for something he did not do, and then when he hit back, he was blamed for causing trouble. Nana described a mother holding her baby and not allowing her daughter to hold the baby; instead, she told her daughter that if she touched the baby she would slit her neck. Being able to express what was happening or had happened in their lives, and the differences they wished for, appeared to help participants in their healing process. Similarly, Johnson-Hill (1998), in the context of describing transformation of university students, cites the theologian and historian Schillebeeckx's (1969, in Johnson-Hill, 1998:6) concept of a "negative contrast experience", whereby, if "people emerging from socially undesirable circumstances can became aware of the fact that the situation can improve", they can have the "impetus to resist the source of (their) discontent" (Johnson-Hill, 1998:6).

The process of identity formation occurs through the positive assimilation of the attributes of the other as well as through negation of the attributes of the other, in other words, "I am….

because I am not" (Hayes, 2000:45). In this way, the participants were able to eschew the blame that their peers at times put upon them for causing fights. A therapist, while performing Masekitlana with children experiencing conflict, could equate their experience to the resolve that a traditional African wife or *makhoti* employs, in the face of conflict and bullying, when she goes to live with her mother-in-law. She expects to be called all sorts of names such as "sorcerer", "lazy", "thief" and "selfish", but "she knows that she must never let whatever they call her come true" (Ngubane, 1977:43). A therapist explaining this form of African knowledge to children can encourage them to be more magnanimous in the face of conflict.

I felt that on this subject of conflict, a certain amount of introspection into historical circumstances would help children from traumatic circumstances. One of the challenges that the participants were dealing with was their intergenerational setbacks in the form of disintegrated relationships, economic deprivation and political oppression in their familial environment before they even came to the Homes. The result is a "cycle of confusion and pain transmitted through the generations" which disables adults from coping with their children's concerns (Boston & Szur, 1983, in Stellerman & Adam, 2006:106). Fighting with and harsh treatment of children becomes the norm rather than negotiation. This ethos appeared to be reflected in the conflict between peers in the Home and is further exacerbated by the minority of firm male role models for the children in the Homes as compared to the female caregivers. The situation is succinctly explained below and, although it refers to the context of black[26] American scholars, it appears relevant to the South African context:

> "At least the girls have older women to talk to, the example of motherhood. But the boys have nothing. Half of them don't even know their own fathers. There's nobody to guide them through the process of becoming man … to explain to them the meaning of manhood. And that's a recipe for disaster. Because in every society young men are going to have violent tendencies. Either those tendencies are directed and disciplined in creative pursuits or those tendencies destroy the young men, or the society, or both" (Obama, 2008:258).

Creating timelines with stones in Masekitlana therapy encourages children to reflect on their past and future experiences. During the Roberts-2 test the therapist probed the participants on their "negative contrast experiences" (Johnson-Hill, 1998) using the Dynamic Assessment model of Matthews and Bouwer (2009). In this way she was able to be sensitive to the

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[26] I use this term 'black' here to refer to an American person of African origin as I have noticed that this term is used in American literature without apparently creating sensitivity amongst American people.

dialogical process (Mkhize, 2004) of conflicting and complementary voices within the participants and was able to generate a deeper-level form of reflection whereby the participants came to a new and original form of moral order or resolution around the negative experiences of their lives. In the process of comparing themselves to others in the Home, and remembering their African codes of behaviour and knowledge systems, the participants were creating their identities and were developing a form of "moral authority" (Johnson-Hill, 1998). Out of this was emerging an intrinsic sense of justice, whereby they were learning right from wrong.

6.2.7 SCHOOLING CONCERNS

The participants in the current study expressed a negative impression of their school-going experience. Hence, I questioned how relevant school procedures and subject content were to their central tenets of outlook, to their notions of discipline and to their indigenous knowledge bases. The following quoted critique by a black Chicago school principal, Asante, on the schooling system for black Americans as communicated to Obama (2008:258) appears relevant for the context and concerns of the participants of the current study:

"Just think about what a real education for these children would involve. It would start by giving a child an understanding of himself, his world, his culture, and his community. That's the starting point of any educational process. That's what makes a child hungry to learn – the promise of being part of something, of mastering his environment. But for the black child, everything's turned upside down. From day one, what's he learning about? Someone else's history. Someone else's culture. Not only that, this culture he's supposed to learn is the same culture that's systematically rejected him, denied his humanity … Where I can, I try to fill the void. I expose students to African history, geography, and artistic traditions. I try to give them a different values orientation – something to counteract the materialism and individualism and instant gratification that's fed to them the other fifteen hours of their day. I teach them that Africans are a communal people. That Africans respect their elders. Some of my European colleagues feel threatened by this, but I tell them it's not about denigrating other cultures. It's about giving these young people a base for themselves. Unless they're rooted in their own traditions, they won't ever be able to appreciate what other cultures have to offer."

I felt that the incorporation of indigenous knowledge systems into the South African school curriculum would engage scholars more, especially those scholars living in situations similar to the participants of the current study who are cut off from their original and traditional Zulu or African communities. This is because, in contradiction to typical exchanges of knowledge within Western knowledge systems, in the African world, the whole community participates in the learning process (Duncan, Bowman, Naidoo, Pillay & Roos, 2007). A model of teaching science involving indigenous knowledge systems has been proposed by Zinyeka (2011). He claims, however, that in his experience South African educators resist change and new ideas, and have been reluctant to incorporate indigenous knowledge into their more Western-based scientific knowledge. It might, therefore, require a mentoring process in indigenous education to enable educators to acquire the various skills to teach indigenous knowledge (Cajete, 2000, in Duncan, Bowman, Naidoo, Pillay & Roos, 2007).

When questioned by the therapist on the subject, I noticed the participants' lack of interest in school work and subject content and yet they expressed concern that they were not progressing well in school. I perceived a lack of the sort of nurture that would normally be given by interested parents to be one of the causes, although participants said that their caregivers or 'aunties' in the Homes did help them with their homework. The death of parents, in particular the mother, has an "impact on children's schooling and potential success"; the extended family or the institutional family in the case of the participants of the current study, does not "provide an adequate enough safety net and in time this will impact on the whole economy of South Africa" (Ardington & Leibbrandt, 2010:3). For children, "encouragement is linked to motivation so for scholars with learning difficulties, personal guidance and counselling are required for those, (like the participants of the current study), who experience personal problems such as feeling inadequate, inferior to others, rejected or doubting their scholarly skills" (Nwanna, 2006:154). I questioned whether the 'aunties' in the Homes had enough education, psychological insight, emotional energy or time in their daily routine to provide the support, encouragement, personal guidance and counselling that Nwanna (2006) advocates.

Alienation from traditional indigenous knowledge systems as a result of globalization is one challenge for educators who teach children of Zulu origin and culture (Mkhize, 2004). Furthermore, psychological intervention into South African children's schooling concerns needs to address their historical social and economic influences (Mkhize, 2004) on the child

such as illiteracy of parents and poverty. The participants of the current study expressed anxiety that they would forget or did not have the required school clothes or equipment. In other words, all levels of social systems affecting South African scholars need to be addressed, not just the traditional as espoused in the current study, as "change at one level will have a ripple effect on the other levels" (Nwanna, 2006:153).

6.2.8 EVERYDAY CONCERNS

My ideological presupposition or frame of reference in the current study was that the participants had 'roots' in their traditional Zulu customs and beliefs or were helped during Masekitlana to reconnect to their 'roots'. The danger of such a central tenet is that it reifies African culture and experience, to the exclusion of other influences in the participants' lives. Authors such as Holdstock (1981, 1982), Buhrmann (1984), Mutwa (1998), Hayes (2000), Holland (2001), Mkhize (2004) and Gilbert (2006) have for many years been calling for an increase in awareness of the authentic African context when researching or working with South African populations of African origin and culture. Other authors offer a challenge to this approach when they state that the African orientation seems to support a "different treatment approach which might oversimplify the black situation by not paying sufficient attention to levels and varieties of black experience and cultural transitions" (Dawes, 1985:57) and, in the context of research with Aboriginal cultures, the elevation of core ethnic values obscures individual variation and the constant flux of personal and social definitions of self and other (Kirmayer, Macdonald & Bras, 2000).

In the current study, I looked for expression from the participants, as stimulated by Masekitlana that reflected their indigenous Zulu notions. However, I needed to remind myself that "Africanization is not just about reliving the past as it was, or inaugurating some utopian dream in the future" (Johnson-Hill, 1998:70). It is the "everyday-ness" of people and so it was important that I understood the participants in their wholeness and not just as indigenous beings. The participants of the current study talked about cars (Mandla), branded clothes (Senzo and Mandla), washing dishes (Senzo), and preferred foods and the route to school (Nana), in other words, what appeared to me to be the more mundane aspects of their lives but were important and integral to the participants. Their stories did not just consist of great events or grand narratives with grand beginnings and endings, but consisted of everything that happened in between, including their wishful or fantasy thoughts. Masekitlana is a narrative game and as children "anticipate … plan … construct … gossip … and day dream in

narrative" (Hardy, 1975, in Balcomb, 2000:50), this form of therapy enabled them to express their everyday interests and desires.

Hence, the different voices and personhoods that the participant narratives reflected indicated that the participants were in the process of transition, a continual process of 'becoming' (Mkhize, 2004), with their feet in two worlds: a traditional African world and a modern world that all children are part of, despite also coming from their own particular cultural, ethnic and religious backgrounds. Globalization has made the world appear to be a smaller place in that children, through television and the import of consumable goods from all over the world, develop tastes for and are influenced by goods and trends similar to all children universally. Mkhize (2004) draws attention to the ease of travel of South African youth across the globe and how this affects the African personhood.

6.2.9   EXPRESSED EMOTION

I contemplated the reasons for participants' lack of overt emotional expression and words for their emotions. I expected that due to the traumatic circumstances of their lives, prior to placement in the Homes, they would grasp at the opportunity to reveal the hardships of their lives and would readily describe their feelings. Although they did not openly express sadness or regret at the beginning of therapy, at the end of the third Masekitlana session, their descriptions of the Roberts-2 test picture cards indicated high levels of anxiety, depression and rejection. I was perhaps expecting more of a response from them but came to realize that their form of communicating emotions, or lack thereof, might have been idiosyncratic to the participants as a result of repression in their institutional environment or it might be something common to most adults and children who struggle to name their emotions.

It might also have been a typically Zulu form of bearing emotions. Flaunting or the over-expression of emotions is socially unacceptable among people of Zulu origin and culture, who encourage introversion and withdrawal in times of crisis. "Wailing and weeping are associated with helplessness, while power is demonstrated by courage and aggression" (Ngubane, 1977:93-4). How emotion is expressed in South Africa has been identified as one of the cultural barriers to mental health care (Kritzinger, Swartz, Mall & Asmal, 2011). Each culture has its particular way of expressing emotional distress, yet "counselling is often offered by others coming from a different approach from that in which healing and helping in a particular culture was originally developed" (Gilbert, 2006:11). For instance, Western

people "talk and think in terms of psychotherapy, while African people act out and represent their feelings in dance, songs, rituals and ceremonies" (Buhrmann, 1984:13).

How South African psychologists view emotional expressiveness in children is "dictated by Western socialization, whereby children are encouraged to have their own repertoire of thoughts, feelings and actions", as opposed to children from traditional cultures, where "connection and interrelations with others are the basis of psychological well-being" (Gilbert 2006:13). I felt that the participants were almost in the process of what DiNicola (1985:159) describes as "cultural or global 'flows', whereby individuals experience adaptational changes in behaviour repertoire due to culture change and environmental movement or migration". Participants of the current study appeared to be developing their unique thoughts and feelings, which also took into account the actions and needs of others and the environment of community in the children's home and their schools. Nana cried profoundly when she was hit by her peers, and the male participants were able to express anger over the peer fighting in the Homes. They all expressed fear and hopelessness over school problems. However, I expected them to express more hurt over the experiences of their past lives before they came to the Homes. I was perhaps expecting them to have undergone more of a personal analytical process of thinking about their pasts whereby they might have developed forms of regret, attributions of blame and self-pity. This proved not to be the case.

Pain and trauma in the indigenous context appears to be an externalized phenomenon in that it is "conceptualized as being isolated from community" (Parsons, 2006:42). Parsons (2006) describes how a victim of abuse was isolated from his community as a result of the abuse, and it was this isolation that he experienced as traumatic, rather than the abuse itself. Similarly, all of the participants in the current study expressed regret at being taken away from their family homes rather than showing sadness for the reasons behind their removals, that is, sexual abuse and neglect (Nana and Hlonipho), death of mothers (Hlonipho and Senzo) and abandonment by mothers (Nana and Mandla). Mkhize (2004) explains that it is through externalization of misfortune and trauma that the Zulu person can prevent neuroses and mental imbalance from developing. This externalization of their problems could be linked to the participants' lack of expressed emotions.

Despite the above explanations, I feel externalization of problems, often encountered when studying African indigenous cultures, need not negate intrinsic and intra-psychic factors

affecting expression of emotions in children. As Dawes (1985:57) explains in considering the role of the clinical psychologist in the South African community arena, there can be a transformation or utilization of individualistic conceptualizations of a person "locked into a psychic dilemma, to a person whose (intra-psychic) dilemma is understood in the context within which it occurs". In this way, the context of collectivism and its effect on the thinking of a person and on his sense of individualism "need not be mutually exclusive" (Moghaddam, 1987:917). According to the notion of psychological or psychic prioritization, when a person's concrete needs are taken care of, as was the case with the participants of the current study, then the more abstract emotional, interpersonal and intra-psychic concerns will emerge and the demand on the psychologist is to meet these needs (Perkel, 1988). Hence, participants were at the stage in their lives when their feelings were able to be interpreted. Stellerman and Adam (2006:12) appear to combine intra-psychic factors with contextual effects in a way pertinent to the participants of the current study:

- When children lack "containers of their chaotic thoughts" in the form of interested parents who would have helped them to make meaning of them, they become adept at "killing thoughts and breaking links as a defense against psychic pain".

- When children experience the loss of one valued object (their mother for instance) after another, they lose the "ability to keep these objects alive in their thoughts".

- The space left is then filled with "persecutory and attacking internal objects, and identifying with the aggressor is often a way for these children to assimilate their malevolent internal objects" (refer to conflict in the Homes and identifying with aggressive police behaviour).

- A confused sense of identity and values in children can lead to "self-destruction, anxiety, the lack of normal development of imagination and thinking, and the experiencing of learning difficulties".

I identified these phenomena within the participants and felt that a lack of connectivity to parents, their communities and their indigenous knowledge systems and values was the possible cause thereof. I hoped that Masekitlana would revive or stimulate a certain memory or feeling for their indigenous roots and connections. Masekitlana, in its original form of a circle of children sitting around a central speaker, might approximate a form of group or 'community' problem-solving similar to the discussion and negotiation around problems that involved natural products, such as the rustling of banana leaves and drinking of beer together

in traditional Zulu environments (Krige, 1950). In this way, Masekitlana might enable more expression of emotions.

6.2.10 CONTRADICTORY VOICES

It can be seen how I found it hard as the researcher in the current study to categorize exactly who and what the participants represented: 'been', 'being' or 'becoming' indigenous African individuals or emerging Western institutional children. This ambivalence was reflected with the contradictory nature of the participants' narratives between one session and the next. I searched for an explanation for this 'changeableness'.

A person is "capable of telling different stories from different vantage points, reflecting the multiple worlds in which he or she has grown up in" (Mkhize, 2004:72). The participants' narratives reflected an interplay between the occurrences in the Children's Homes and their experiences of their family and community. Even Hlonipho, the most traditionally indigenous of the participants, reflected in his narrative a 'to-ing and fro-ing' between the children's home issues and the fantasy world of his life as he perceived it to have been when his parents were alive. Mkhize (2004) describes further how, in a person's dialogical self, rivalries, tensions and disagreements can occur between his different voices (polyphony) and contradictions are felt between his social self and his inner tensions. This explains why Mandla was able to express a need to be a policeman when he grew up in order to catch *izigebengu* or criminals, and yet he was prepared to stab anybody as he had witnessed it being done in his home community.

Different voices in dialogue with each other have different positions in space, which Mkhize (2004) calls "spatialization" of the dialogical self. I thought that the therapist during the Masekitlana sessions helped Hlonipho and Nana to express their different voices in the different spaces of their dialogical selves so that they were able to reconcile their traditional selves where rituals, bewitchment and ancestral reverence held true, with their more modern Home values. Similarly, recognizing the different voices of the participants helped the therapist to understand the occasional oppositional attitude of the participants to the process of therapy and the Roberts-2 test.

Contradictions and contrariness of the participants could have been, in the South African context, a "ventriloquating" expression of a "collective voice" around the idea of power

dynamics and historical oppression that the participants had subliminally assimilated into their selves and identities (Mkhize, 2004). Mkhize (2004) encourages psychologists to ask, "Whose ideas are being ventriloquated, those of society, those of the family or those of the person?" In the current study, the voices of the Home, peer groups, school authorities and, of prime importance for the focus of the current study, traditional African culture, could have been included in this question. To have reflected back these different voices to the participants, in particular their indigenous voice encouraged by Masekitlana, would have helped them to understand themselves as a reflection of their different worlds and in the wholeness of their personhood.

There was a tangible 'addressivity' to the participants' narratives in that the way that they talked, whether shocking or appealing, was intended to elicit a response from the therapist or myself (Mkhize, 2004). This addressivity also extended to dialoguing with imagined or absent mothers and fathers, which had therapeutic value for the participants. Being aware of the intention of the participants' narratives as "responsive-interactive" units, and asking, "who is saying this, why at this particular time and for what reasons?", the narratives can become part of a "knowledge-production process" (Mkhize, 2004:66). As Masekitlana enables the expression of traditional African beliefs, asking these questions could reveal more about the interface between indigenous knowledge and the participants' accommodation of it into their urban institutionalized lives as orphans and children living with HIV. This would then inform theories and needs around indigenous psychology.

6.2.11 Masekitlana and African symbolism as it informs psychological therapy in African settings

Masekitlana in the current study offered to the participants a form of symbolic or metaphorical representation of their lives. The different shapes and sizes of the stones represented different members of their families (Mandla), or the structure of their family homes and villages (Senzo), or the route to school (Nana). Masekitlana also involved the whole body in that Nana rapped two large stones together rhythmically and repetitively while describing her protective spirit, and the male participants rolled the stones up their legs, flicked them at each other in the form of an African marble game, or played other traditional African stone games while narrating their life stories. Masekitlana could have approximated for the participants typically African rituals of dancing, singing or chanting in concentric

circles reminiscent of the "oral-recitative tradition of ancient peoples which was accessible to everyone regardless of social status or access to schooling" (Denis, 2000:74).

Western psychologists are "apt to look for deeper meanings in ritualized story-telling or they try to adapt it to their own understanding and training" (Holland, 2001:57). However, West (2003:54) posits that the indigenous method of interpretation capitalized on "recalling, narrating and dramatizing the story without explicitly defining what it meant". However, my need to interpret the participants' metaphors of snakes and spirits and the belief in bewitchment, was not to find a deeper meaning in the Western sense but to link the metaphors and symbols they used to the body of indigenous African knowledge, thereby entering into the world of the African client (Buhrmann, 1984). I was not looking for the "immediate truth or meaning" of the symbolism in the participants' narratives but was interested in what it represented, for instance, the ancestral snake representing the rite of passage from life to death for Hlonipho's mother. Buhrmann (1984), in her study under a Xhosa *igqira* or healer, identified an inner world in African people where symbols represented images of the collective unconscious. Hence, Masekitlana, as a symbolic form of therapy, might revive in the participants associations with their collective beings.

For people of Zulu origin and culture, speaking is not just for "establishing the truth" but is "mainly for *ukuhlambuluka* or self-cleansing purposes" (Ntsimane, 2000:25) and for "enhancing memory" (Denis, 2000:74). I felt that Masekitlana might have provided for the participants an arena for expression of a traditional oral-recitative form, and this is what it appeared to encourage in Nana. Stones and rocks have always been of symbolic value to Zulu people. Engravings on rocks are called 'reminder pictures' and piles of stones or *izivivane* alongside rural roads in KwaZulu-Natal are created by travellers who pass by and add a stone there to ensure they will return, or they mark the death and burial of a fellow traveller. The stones in Masekitlana might evoke cultural associations with these forms of stone symbolism and therefore, Masekitlana might be considered culturally familiar for children in therapy.

Intrinsic, although not always explicit, meanings and situations in Zulu people's lives are represented by Zulu symbols and externalization of expression such as singing, dancing and recitation. Similarly, Buhrmann (1984) explains how her child patients drew or modelled in clay the frightening parts of their recurring nightmares, which usually resulted in the problem ceasing. She believed that creative and projective therapy evoked the unconscious element of

the patient. The result was that patient left behind his thinking and intellectual functions and instead gave more external concrete forms to inner fantasies or chaotic states of mind. Similarly, manipulation of stones in Masekitlana allows for a more concrete way of representing inner states of mind, and symbolically encourages the patient to conjure up meaning from an African perspective.

6.2.12 REFLECTING ON THE RESEARCHER'S ROLE

> *"No trace in memory, not even the image transposed onto film by a camera lens, is a simple reflection of events"* (Harris, 2000:118).

Voices in literature helped me to make sense of *my* position or 'space' in the current study as well as the process of taking participants' narrative in research and creating the end product of a written thesis. My exploration into literature describing traditional Zulu culture revealed a common humanity between myself and the participants. I lived for many years in a rural Zulu environment in Northern Zululand, where political pressures such as the Group Areas Act were not enforced. There was therefore an inevitable "intussusception" or "imbrication" (Hayes, 2000) of traditional Zulu customs and values into the life and consciousness of my family. However, I was still challenged in the current study to confront my intrinsically 'White South African' values and beliefs in the light of Apartheid and European/American/Western influences in my life (I attended an "all-White" school and university, and I travelled abroad).

In confronting the challenge of my unique socio-political background in South Africa and the general *process* challenges of conducting research, I identified the following factors that can complicate or compromise the process of research, or might be omitted in the writing up of research:

- A researcher is usually positioned, to a greater or lesser extent, outside of the lives and experiences of participants.
- A researcher "interprets the participants' interpreting their lives"; this "double hermeneutic" (Giddens, 1987, in Hayes, 2000:36) creates distance from the original experience.
- Due to the subjective, "deconstructive/reconstructive/re-descriptive nature of interpretation" (Hayes, 2000:36), a researcher should ask, "*Why* or h*ow* is this being

said?" and not, "*what* was said?"; it is the construct*ing* as opposed to the construc*tion*, the rich meaning as opposed to petty description that is important.

- The reader is cut off from the facial expression and bodily gestures of the participants, whose words have been "subjected to translation and jostling" into categories of the researcher's choosing, and then described in academic language rather than "reflecting the everyday vernacular of the original utterance". Sienaert and Conolly (2000) put it clearly as follows:

> "With words on the page we cannot present the oral-aural features of rhythm, alliteration, assonance, tonal, repetition, pitch, pace, pause inflection, volume, timbre, or the gestural/visual features of movement, costume and gesture. At best, we (researchers or recorders of narratives/stories/ performances) can deal, in a flawed way, with visual indications of the balance and repetition of patterns of expression, which we refer to as sounds and words" (Denis, 2000:72).

- In the current research it was difficult to convey in writing how, as Masekitlana therapy progressed, the participants:
  - ¤ Smiled and moved their bodies more, and enlarged the area where they were playing with stones.
  - ¤ Washed teacups with me.
  - ¤ Examined my recording equipment.
  - ¤ Walked to my car to explore the other play therapy tools in my boot.

In this way the therapeutic space was broadened and the relationship between the participants, me and the therapist was deepened. These observations were in contrast to how participants reacted to therapy and showed body language in response to the therapist and to me in the pre-test phase as follows:
  - ¤ They sat with their backs to me.
  - ¤ They glanced over their shoulders in what appeared to be shyness.
  - ¤ They fiddled with their hands.
  - ¤ They did not attempt to engage with me in conversation.
  - ¤ They appeared bored.

In the post-test phase participants:
  - ¤ Greeted the therapist and myself happily.
  - ¤ Expressed regret when we had to leave them.

- ¤ Asked when we were coming back for future sessions.

- ¤ Actively asked to play with stones.

- ¤ Identified the stones they liked and asked if we could buy them their own stones, as well as other toys such as marbles and soccer balls.

- ¤ Started talking about what had happened in their days since we last saw them without even the use of stones or clay or paint.

- ¤ Asked if they could continue to see us at McCord Hospital or if we could come back to simply visit them at the Homes.

- I was aware of the ethical dilemma that in the telling of their stories, the participants were giving away or losing their stories. "In the moment of recording, the event —in its completeness, its uniqueness – is lost" (Harris, 2000:118). When I questioned Hlonipho, eight months after the recorded therapy sessions, about the events around his parents' disappearances, he refuted the incidents that he had narrated in therapy.

- I felt that, as Wright (2000:130) corroborates, I might have "*given* meaning, rather than *found* meaning" in the participants' narratives, according to my research needs and my own "historical roots, assumptions" and practices of my profession. The result is that participant "voices might have been subordinated and their authority relocated or dislocated in a process of material custody" (Denis, 2000:112).

- I was aware of the ethical difficulty of terminating the sessions at a stage when participants were beginning to reveal their feelings, and after only three intervention sessions. Participants had built trust in the therapist and me, and were speaking about aspects of their pasts for the first time. Then we left them with only the assurance that they could see a psychologist, whereas they expressly asked to continue therapy sessions in their environment exactly as it had been during the research. It was difficult for us to leave them at this stage and it felt slightly unethical.

Hence, certain aspects of participants' expressions and how they related to the research team were difficult to portray, and other aspects might not have been reflected accurately enough simply through research 'distance' (double hermeneutic) and researcher bias.

6.3   CONCLUSION

Of importance to the focus of the current study was whether Masekitlana proved to be as relevant to children of Zulu origin and culture as it had been for Sotho children. I found

indeed that Masekitlana enabled the participants to reflect on their traditional African beliefs and to project their emotional lives onto the picture cards of the Roberts-2 test after the Masekitlana sessions. In using Masekitlana on this Zulu cohort of participants, it was necessary for me to understand the meaning and relevance behind the participants' explanations and to link their narratives to their indigenous African ways of being and thinking. This then enabled a more honest, open and authentic therapeutic process for these children of Zulu origin and culture.

To understand as fully as possible the indigenous African, in particular Zulu, world of the participants, I immersed myself in the literature of African peoples, especially the original anthropological texts of Mutwa (1998), Buhrmann (1984), Krige (1950) and Ngubane (1977). Writings from people who had lived and worked among African people, or were of the same culture as the participants in the current research, revealed for me a more experienced and essentially more authentic understanding of African people than my own. Through my readings I was able to form an opinion on whether the intervention of Masekitlana would be relevant to the traditional African roots of the participants of the current research. I was also able to better understand and elaborate on the participants' references to African belief systems.

At the same time, I was aware that they were children living in multicultural institutions where they were, probably through television more than any other influence, immersing themselves in Western values and culture. Living in an urban environment, and attending English-speaking schools alongside various ethnic groups, they were exposed to effects different from the environments of their families of origin. Hence, theories in literature such as Mkhize's (2004) dialogism and polyphony helped to explain the different, contradictory voices of the participants and their socially reflective personae. I was also aware, as emphasized by DiNicola (1985), that to describe people as exclusively coming from or reflecting their *traditional* backgrounds might marginalize them and put them into the category of the *other*, which is not in the best interests of the client. As DiNicola explains, although in connection with migrant families but of relevance to dislocated children:

> "Migrant families move between cultures and a host of factors determines whether they will experience liminality, being at the threshold of new experiences with many possibilities as potential insiders, or marginality, being at the periphery of society,

outsiders with no perceived entrance into the mainstream. The two terms differentiate Turner's (1969) more general notion of 'threshold people'" DiNicola (1985:160).

As a result of the above issues I strove to perceive participants as individuals with integrated traditional and Western values and identities. The aim in using Masekitlana therapy was to help participants to reveal their authentic selves as a product of all their experiences in life, traditional and modern, and to experience liminalism as explained by DiNicola (1985).

In the next chapter I clarify further how participants responded to Masekitlana, the role of Masekitlana in making meaning in the participants' lives, and how Masekitlana can contribute to the field of indigenous psychology, and I will attempt to make recommendations for the field of African psychology based on my experience and findings in the current study.

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