CHAPTER 7
CONCLUSIONS AND RECOMMENDATIONS

7.1 INTRODUCTION

This chapter concludes the current study on how the use of Masekitlana in therapy with children who are affected by and infected with HIV/AIDS can inform new knowledge on therapeutic techniques in indigenous African, in particular Zulu, settings. In this chapter I re-examine the research questions and link them to the findings of the study. I also incorporate recommendations for therapy in indigenous contexts and make suggestions for further studies and training in the field of psychology. Finally, I discuss the limitations and ethical conclusions, as well as strengths and contributions of the study.

Children affected by HIV/AIDS, particularly those who have lost one or both parents, often experience depression, anxiety or anger, which can lead to learning and behavioural problems. As has been noted, the purpose of the current study was to explore whether the ancient seSotho narrative game, Masekitlana, would help traumatized children of Zulu origin and culture to express themselves. Being an indigenous African game, the assumption was that the participants would feel that this form of therapy was familiar to or symbolic of their traditional cultural origins and environments, and therefore would enable the participants to express themselves more authentically.

In this chapter, I draw conclusions on how the findings of the research study may add to the existing body of indigenous knowledge and may inform the field of indigenous psychology. In the diagram below, I present an overview of Chapter 7.

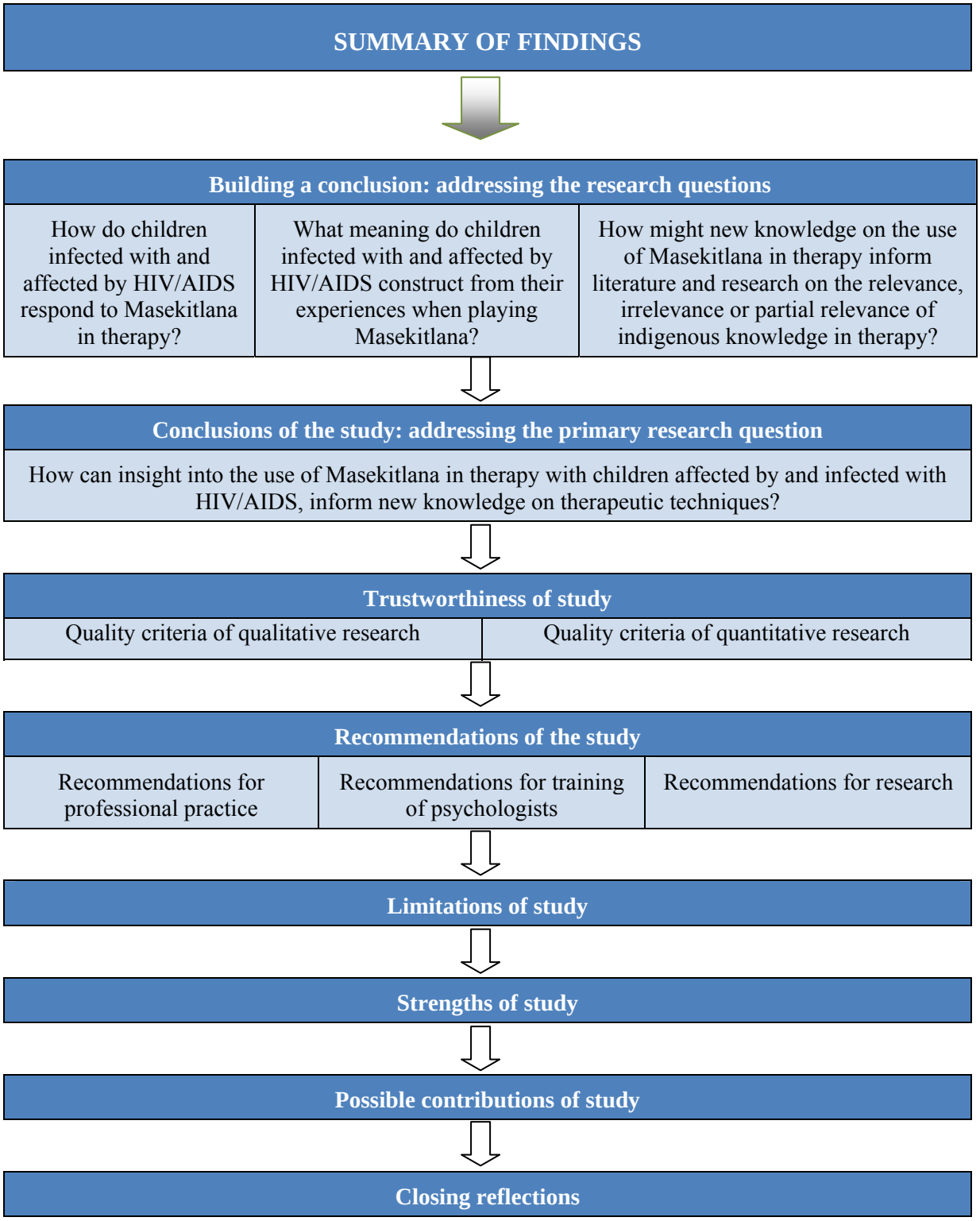

Figure 42: Overview of Chapter 7

7.2 SUMMARY OF FINDINGS

The participants of the current study indicated that they preferred to play with clay that was offered to them in standard of care therapy and the stones in Masekitlana therapy. Although

they were reluctant to talk about the picture cards of the Roberts-2 test initially, they did so more readily when they could simultaneously play with the stones. The meanings that the participants created from their life experiences reflected their traditional Zulu beliefs as well as their multicultural urban environment of the Children's Homes. At no stage did they mention the terms HIV or AIDS. Instead, they discussed death through descriptions of ancestors in the form of talking snakes, snakes throttling children at night and people being bewitched by strangers and dying. They were not able to overtly describe or show their sense of sadness or regret over the losses in their lives, but their narratives during Masekitlana and their descriptions of the picture cards of the Roberts-2 test indicated that they missed their families and their communities and felt misinformed as to the reasons why they could not live with them. Their sense of disempowerment and need to serve their communities appeared to be counteracted by their desire to be policemen to restore order and to punish wrongdoers in their lives. The results of the Roberts-2 test indicated that the participants, through the assumed projection of their lives onto the picture cards, were expressing an increasing amount of anxiety, depression and sense of rejection as Masekitlana progressed. They also expressed their fears and frustrations around peer conflict in the Homes, and their challenges with schoolwork, school teachers and not having the right equipment for school. Aligned with their ancestral and spiritual beliefs, the participants expressed their faith in Christianity and the protective role of Jesus and God in their lives.

The results and findings summarized above addressed the various research questions of the current study.

7.3 BUILDING A CONCLUSION: ADDRESSING THE RESEARCH SUB-QUESTIONS

The following sub-questions form a framework for building a conclusion, which in turn addresses the primary research question of the current study.

7.3.1 SUB-QUESTION 1: HOW DO CHILDREN INFECTED WITH AND AFFECTED BY HIV/AIDS RESPOND TO MASEKITLANA IN THERAPY?

The answer to the above sub-question was to be found in the physical responses of participants to Masekitlana, to the way that this form of therapy resonated with traditional

African forms of story-telling and their need for expression in play, and in how it offered participants a symbolic representation of their cultural beliefs.

7.3.1.1 Masekitlana stimulates a full body response

In the first session of standard of care therapy, when the therapist was becoming acquainted with the participants, I noticed how the participants fiddled with their hands and moved about on their chairs. They did not appear to be very comfortable with being interviewed. They relaxed more when they were encouraged to paint and play with clay. When Masekitlana was introduced to them, they readily responded to it by eagerly sitting on the ground next to the pile of stones with smiles on their faces. They appeared to regard it as a game that they anticipated to be fun. They seemed to be familiar with the idea of talking and playing with stones and had to be restrained from throwing the stones up in the air, as in the African stone game, *diketo,* which is often played by African children, especially girls. Participants touched and felt the different shapes of the stones, and they chose and made comments about the size, shape and colour of stones of their preference before they began to talk about their lives.

I noticed that different participants used stones in different ways. Hlonipho knocked two stones quietly together and, when he was revealing details of his life that he might seldom before have spoken about, he moved the stones very slowly and gently together. Nana, on the other hand, banged together two large stones, one a big white quartz stone, so hard that she left a light carpet of stone chips around her. The chips appeared to me to be metaphorically symbolic of her fragmented selfhood and the force she demonstrated on the stones seemed to indicate her anger at being in the Home and towards the conditions in the children's home and school. Mandla rolled a stone up and down his leg while he talked. He also flicked one stone at the others, using his thumb and forefinger, while he was talking and demonstrating, as he told us, an African form of 'marble' playing.

The therapist at the end of a Masekitlana session taught Nana another African game of stones that resembled the written game of noughts and crosses, but using stones. I noticed how much Nana enjoyed this stone game, and how relaxed and bonded she appeared to be with the therapist.

Participants used different stones to represent different members of their family or to demonstrate the shape and size of their family homes. The way the participants responded

with their whole bodies to Masekitlana appeared to substantiate Buhrmann's (1984) claim that Western people are more likely to talk and think in therapy, while African people are more likely to act out their feelings through moving their bodies.

During the Roberts-2 test assessments, participants showed some resistance to the task, which was alleviated by suggesting to them that they play with stones while they described the scenes on the picture cards. They readily accepted this and it appeared to enable freer narrative. I noticed that participants more frequently looked down at the stones in therapy than at the therapist's face. I posit that, because it is not considered polite in Zulu custom to look an elder or woman in the eye when addressing her or being addressed by her, manipulating stones in therapy while talking enabled participants to adhere to this traditional mannerism, which forms part of a larger set of Zulu 'rules' underlying the concept of *hlonipha* or respect.

7.3.1.2 Masekitlana as a form of narrative therapy resonates with Zulu story-telling

Masekitlana might have, for the participants, resonated with traditional African rituals involving story-telling around fires or under trees in rural villages, where indigenous people make sense of their experiences by relating them to similar incidents in their history. Story-telling has a strong tradition in African cultures and folklore, and it is the way that stories are passed down through the generations (Mutwa, 1998). I found that the participants were particularly adept at telling stories during Masekitlana. Their stories enabled them to retrieve memories, good and bad, which might have been otherwise suppressed by the environment of the Children's Homes, where so many other children also bear the burden of sad pasts and are distanced from their families.

Through prompting the participants as their stories unfolded, the therapist encouraged a detailed form of story-telling. Murphy and Maree (2006) call this the 'mediating' process of dynamic assessment, which they claim is more natural and taps into more of the child's potential than a pen-and-paper questionnaire would. They advocate it for cultural settings where norms and language might be different from the original test context. Furthermore, it helps the child to continue to talk more creatively about a picture card than the previously advocated one-sentence directive to the child or adult using the Child's Apperception Test or the Thematic Apperception Test (Murray, 1971).

I noted in the current study how the length and number of sentences increased, and the projections became deeper when dynamic assessment methods, as delineated by Matthews and Bouwer (2009), were applied when the Roberts-2 test was administered to the participants. Through their descriptions of the picture cards, the participants appeared able to be honest about situations involving families and peer interactions without feeling that they were being disloyal to their own parents or siblings. To dishonour a deceased or absent parent is hard for a child, especially in light of the need I identified in the participants to idealize and fantasize about their parents. This was confirmed by Mohangi (2009) in her study on institutionalized children affected by HIV and AIDS:

> "Denial of loss is used to report on the cognitive and affective behaviour of children who speak of their dead parents as though they were still alive; to do this seems to deny the parent's absence or death. Living in a world of fantasy and make-believe is one of the ways in which the children coped with challenges in their life" (Mohangi, 2009:147).

In the original form of Masekitlana, "comments, remarks, suggestions and questions are usually posed or made by the listeners" (Kekae-Moletsane, 2008:368). In this way dynamic assessment techniques complemented and formed an integral part of Masekitlana therapy.

In the process of hitting the stones together and responding to the therapist's questions and prompting, the participants projected their feelings of regret, fear, guilt, sadness and uncertainty onto the stones. It appeared almost to be a partial 'giving away' of the feelings that they had been holding close to themselves, and an unpicking and re-managing of the details of their ongoing and past traumatic experiences. Denis (2010) maintains that sharing intimate experiences and remembering the past means the teller is never the same again as he or she was before, but is on the path to healing. The participants of the current study had begun a journey of recovery that would need to be continued, shared and reinforced by therapists, in particular on occasions such as birthdays, graduations and marriages. At these times the effect and memories of abandonment, abuse and loss of parents might be keenly felt or revived in their minds, despite regaining happiness by recreating their lives.

7.3.1.3 Masekitlana is symbolically significant for children of Zulu origin and culture

The participants of the current study might have felt familiar with stones in Masekitlana as they reminded them of traditional African stone games. Stones have always been of particular

symbolic significance for Zulu people, such as in Primordial or Primary Counting Necklaces (Sienaert & Conolly, 2000) used for recitative teaching and learning, and in African beadwork to symbolize various events, messages, feelings or desires (Tyrell, 1971). A Zulu person is also aware of Biblical references to stones, and sacred stones are believed to confer great power on Zulu prophets. Hence, participants might have been aware of the significance of stones in therapy.

Simply touching and playing with something so typical of the African natural environment and the outdoor life of children appeared to please and relax the participants. They were playing with something that belonged to them that they understood. Nana even asked to keep the stones with her as she had become used to their shapes and they symbolized parts of her life. Zulu people often talk in metaphors, using references from nature such a *kuzempondo zenkomo* or "it is the horns of the cattle" to refer to dawn. Similarly, stones in Masekitlana might have acted as symbolic metaphors for participants' lives.

7.3.1.4 Masekitlana satisfies children's need to play

Masekitlana resembled spontaneous play for children, as it did not present to the participants any rules, external goals or expectations from the therapist as other more formal assessments do. The stones appeared to offer the participants a form of representational play in its purist, symbolic form (McCune, 1998). It represented a form of simple play such as they might have experienced on the streets around their original homes with their friends when parents had gone out to work. Masekitlana is only one of the many forms of play using products from nature that are essential diversions for children in environments of poverty. Moving stones or seeds around holes in smoothed out wood, drawing shapes in sand and hopping over stones in the shapes (an African form of the Western game called 'hop-scotch'), playing with sticks and creating animal figures out of river clay are some of the games African children traditionally play.

After narrating with stones, participants progressed naturally onto playing traditional African stone games with the therapist. They taught her and she taught them some of these games. Demonstrating learned skills resulting from play activities is an important part of child development (McCune, 1998). Masekitlana in the current study encouraged the participants to 'show off' their skills with stones. This resulted in a fun-filled, light-hearted way to end the intervention sessions.

Cultural aspects of play have not been given enough attention in research (Pellegrini & Smith, 1998, in Byers, 1998). Pellegrini & Smith (1998) hypothesize that a social institution such as Western schooling with its intellectual emphasis might suppress the expression of natural behaviour such as play during a sensitive period of brain motor function development. African children play stone games from a very early age and this might serve a motor spatial function as well as developing counting abilities in young children. Masekitlana in a therapeutic capacity as well as in an informal group play context might be a useful and culturally relevant addition to the Zulu child's stone play repertoire. If psychologists are aiming to offer play therapy that feels familiar to children from indigenous contexts, that might remind children of their original indigenous contexts and that reflect indigenous forms of play, then the incorporation of Masekitlana into play therapy programmes might be appropriate.

7.3.2 SUB-QUESTION 2: WHAT MEANING DO CHILDREN LIVING WITH AND AFFECTED BY HIV/AIDS CONSTRUCT FROM THEIR EXPERIENCES WHEN PLAYING MASEKITLANA?

Through the use of Masekitlana, participants were able to express themselves in an open and relaxed way, enabling them to create meaning out of the traumatic experiences in their lives. The impression I obtained during the course of the current study was that if the participants had continued to suppress their feelings about their experiences and had not been encouraged to express them through Masekitlana, they would not have been able to create constructive meanings from their past. In this section, I discuss how participants created meaning during Masekitlana in the following areas: their expression of African belief systems, beliefs in Christianity, relationships with others, need for families, disempowerment, everyday concerns, moral authority, and internal processes such as participants' different internal voices.

7.3.2.1 The expression of African belief systems

During Masekitlana sessions, participants described stories from their lives that reflected traditional African belief systems such as the spiritual world of ancestors, the embodiment of animals with the spirits of their ancestors, and bewitchment. The African nature of the narrative game resonated with the participants' cultural beliefs. Most African people are part of a strong spiritual world, which they express when they are amongst themselves. African

people might not admit to being immersed in this world to persons of American or European ancestry, but they have strong leanings towards it as a result of the long heritage in Africa of spiritual and cosmological beliefs.

The participants in this study expressed being guided by ancestors in the form of a snake, being frightened in dreams by snake images, being in frequent communion with a friendly spirit and having experienced the bewitchment of the neighbours by visiting house guests. If the participants had been subjected to a Western model of therapy, they might not have had the opportunity to express these beliefs. In the current study I concurred with Buhrmann's (1984) emphasis on the importance of understanding the African person on an intuitive level and in his authentic African indigenous context rather than with a logical Western focus that lends itself more to concrete assessment, recording, scoring and understanding.

I sensed during the course of the current study that the participants needed to know that there was a greater power than them guiding them and conferring a sense of order in their lives. They expressed this as the power of their ancestors, the *amadlozi* or 'living dead' who, they narrated, lived around them and in them as a spiritual presence. Ancestors in the African sense have ways to show their acceptance or non-acceptance of what their living relatives are doing on a day-to-day basis, and they guide their living descendants into correct customs and behaviour. Through talking about their ancestors, other spirits and bewitchment, participants expressed their psychic distress and their own culturally assimilated personalized form of resolution. Although not familiar to a Western-orientated therapist such as myself, I realized that their culturally-bound explanations were of comfort to the participants, who had undergone traumatizing experiences. For instance, Hlonipho's belief that his mother has been called home by her ancestors might have been more acceptable and of greater relevance to him than to think that his mother has died of Aids.

The mind and body, the psyche and the soma, are one and the same in African conceptualization of illness. Accordingly, participants of the current study demonstrated a holistic concept of HIV whereby they regarded it as not just a disease demonstrated by bodily malfunction but also a spiritual and social phenomenon. The participants' narratives around illness demonstrated how a culturally-relevant therapy like Masekitlana could help them to reveal their whole selves as influenced by their cultural beliefs.

The way the participants of this study addressed their physical ailments and those of their families indicated that they preferred to interpret them through the African belief that nothing just happens by chance. For instance, a traditional African explanation for illness in children is that the child looking after a terminally ill relative can become 'polluted' by the illness of the patient (Ngubane, 1977). Participants' stories indicated that there was a reason for the deaths they had experienced in their lives and these were usually mediated by the ancestors or were a direct result of *thakati* or African bewitchment.

The participants, in their descriptions of snakes, spirits and ancestors, appeared to be in touch with an extra-psychic reality beyond what the Western mind is able to sense. Perhaps it is true that Africans, as Mutwa (1998) affirms, have the use of twelve senses as opposed to the Westerner, who has only mastered five senses. Therefore, what appears to be paranormal or even magical to a Westerner might be absolutely normal experiencing for an African. Similarly, in the therapy sessions, the participants appeared to be perfectly comfortable with their expressions of spiritual involvement in their lives, expressions of phenomena which were unfamiliar to the researcher's life.

7.3.2.2 Participants' expressions of belief in Christianity

During Masekitlana, participants created meaning out of their experiences through expressing a syncretism or dual belief in African spirituality and Christianity. This is a difficult notion for a Westerner, who believes in one centralized thinker who conceptualizes and rationalizes in a concrete and logical manner as opposed to living close to the world of the unconscious, where intuition, feelings, dreams and images are relied on. However, in the current study, this syncretism allowed the participants to find strength from both God and their ancestors without any ambivalent feelings. This might have been grounded on the African belief that ancestors serve as a link for the living person to God and that if a person lives an exemplary enough life, he or she will be elevated to the status of an ancestor who is admitted to the presence of God (Mutwa, 1998; Mkhize, 2004; Jeske, 2010).

Hlonipho was hospitalized towards the end of his mother's life and was never reunited with any family members again. Under normal circumstances he would have been called upon to perform certain burial rituals for his mother, as he was her only son. Not having done so might have made him feel that the natural connection in his life between the ancestors and

God had been broken. However, he made sense of this discontinuity and dislocation in his life through exploring the dualism of his ancestral beliefs with God and Satan.

Nana's narrative around the trauma of rape, the death of her neighbours and her subsequent dislocation also demonstrated how chaotic happenings are more easily explained and accepted by an African person through the dual beliefs of Christianity and witchcraft. She described the Roberts-2 picture card of a child with a frightened face in bed as a child waking up with a snake around her neck. A Western child would be less likely to give this explanation. Nana also stated that she has a spirit or ghost who lives alongside her as well as God, who she constantly prays to, to protect her in her life.

Through the process of 'dialogism', participants had incorporated the values, opinions, norms and ways of behaving of those around them and were reflecting them in their different voices, called 'polyphony' (Mkhize, 2004). In this way they demonstrated how they could accommodate into their identities and voices the Western concepts of Christianity (although these have been adapted over many years to suit the African context) and traditional African beliefs.

7.3.2.3 Community connectivity, family need and attachment

Much of what the participants spoke about reflected their relationships with others. The participants, through their stories, were able to express their need for and dependence on others in their lives. This is indicative of the African sense of becoming and being a person through the relationship with other people, as opposed to the more Western idea of individualism, self-centredness and personal achievement goals. In Masekitlana, the participants were able to talk about their longing for their mothers and their biological families, their need to help their grandmothers, their desire for guidance from their elders and others wiser than themselves such as fathers, and their need to create order in society by disciplining others.

- **Need for biological family and their original communities**

In African culture, individuals expect to have life-long connections with their family of origin, their clan and their community (Mutwa, 1998; Mkhize, 2004). Their personhood and personal identity is tied up with their family, their kin and their lineage (Ngubane, 1977). The

participants in this study all expressed, openly or through their descriptions of the picture cards, a need to leave the Homes and return to their families. Even if they had experienced traumatic circumstances in their families or in the environment of their families, their identity appeared to still reside in their home communities. Only Hlonipho said that he would go to live with any family of any colour who would love him. The participants implied that nobody can love you as well as your family. The surnames of the participants implied, in the Zulu culture, that they were part of a very large clan all bearing the same surname. Whoever bears that surname is related in some way to a lesser and greater degree. For this reason, the Home authorities were hoping to find a family with the same surname as Hlonipho to adopt him, even if no direct connection to his family of origin could be established. They felt that this would give him some form of identity.

It was a challenge for the therapist to help create a happier, more positive reality for the participants in therapy without the co-operation of the families of the participants. Identified a great lack in the participants of the extended Zulu family, which normally consists of uncles and aunties, called 'little fathers' and 'little mothers', as well as cousins and siblings. I wondered in what way unity with other Home children might approximate the security and values of a traditional Zulu family with its customs and life stage rituals. However, Masekitlana therapy did help the participants to symbolize the different members of their family in the form of stones, to bang the stones together in anger over the abuse they had experienced in their lives and to express their losses. Through understanding how their lives could be better, that is by acknowledging "negative contrast experiences" (Johnson-Hill, 1998), they were able to look forward to creating secure, healthy families with spouses and their own children in the future.

- **Need for a mother/grandmother, and to a lesser extent, a father**

The participants made reference to their mothers (and grandmothers, whom they referred to as their mothers) more than any other family members. They seemed to idealize their mothers in their descriptions of the picture cards and in simply talking about the influence that their mothers had on them. The attachment of a baby and then a child to a mother is one of the strongest family forces and the initial validation of emotions is performed by a mother on her child. Although all four participants' mothers had either died or, to a large extent in their present lives, had abandoned or neglected them, the participants did not express anger over this.

The participants displayed an awareness of the importance of the mother figure in their lives, and as a result, they idealized their mothers. Of the four participants, only Nana described a mother in a picture card who was rude and rejecting of her child. This form of mother idealization was confirmed by the social workers of both Homes and provided the participants a fantasy mother to hold on to in the rigorous and sometimes impersonal lives of the Children's Homes. By believing in and imagining a nurturing mother, the participants were healing themselves of the hurts they had experienced. By describing the love their mothers had showed them, they were enunciating what might have been and what still might be one day. It *is* possible that the two existing mothers of Mandla and Nana would mature one day into loving parents.

In Zulu families, the grandmother can play a greater part in the life of a child than the mother, particularly if the child lives in the care of the grandmother. This was the case with Senzo, who related many stories around his 'mother', who turned out to be his grandmother. Nana and Mandla also lived with grandmothers who seemed very involved in their lives outside of the Children's Homes.

The father, although appearing more of distant figure in participants' lives, was depicted in the image of a person who would guide and protect them and act as mediator over problems with school authorities. Although they did not see their fathers as loving or as nurturing, as they saw their mothers, they expressed a need for them in their lives. However, not one of the participants had an actively involved father who lived in the family home.

7.3.2.4 Disempowerment and language

Participants were able in therapy to find some form of meaning around their sense of disempowerment in the children's home environment, if only through being able to express it. The participants were to a certain extent 'children without pasts' as they often had not been fully informed about the reasons for their dislocation from their original families and their placement in the Children's Homes. They often did not understand how, when and why they had been rejected by their parents. Nor, if they had HIV, had they been told about the full details and ramifications of their disease. In a sense this disinformation or scantiness of information was a form of disempowerment and neglect of the rights of the child. They did not seem sure if and when they were going to visit or return to their families.

Many rituals or rites of passage of the African child occur during their upbringing with their families. The children were not exposed in the Homes to the stories of their forefathers or to the men and women, particularly the men, of the village gathering to discuss conflict and values. These are the meditational skills whereby children internalize their cultural values. Not being exposed to the different generation's way of behaviour created a cultural vacuum in the lives of the participants, and denied or disempowered them of their cultural identity. Hlonipho definitely appeared to be searching for a cultural identity and so, through Masekitlana, he was able to begin a process of expressing and developing this side of personhood. Manhood for a Zulu person is conferred at stages through distinct cultural ceremonies. I feared that the participants of the current study might not have experienced the distinctive privilege of these rituals.

As participants did not live in their communities of origin, they were addressed by others often in the medium of English. The interactions in the Homes involved the different cultural groups mixing Zulu language with English. I wondered whether the participants might be losing the ability to feel and describe their inner feelings authentically, as they were not speaking their own language regularly. Of the four participants in therapy sessions, only Hlonipho spoke Zulu all of the time and he was the participant who expressed the most about his Zulu traditional values. The language that is spoken the most often has a dominant effect on the values and thinking of children. The fact that this appeared to be English in the Homes, might lead again to power dynamics whereby authentic Zulu expressions are suppressed.

This dominance of the English language as well as what appeared to be a conspiracy of silence around the HIV status of the participants might indicate further disempowerment of children living with and infected with HIV/AIDS. However, traditional forms of therapy might offer a bridge to ameliorate this situation. Participants of the current study made no reference in their narratives to their HIV status in the Western medical sense but Masekitlana appeared to enable them to make meaning of it through a more traditional African sense (ancestors, snakes, and bewitchment).

7.3.2.5 Conflict in Children's Homes, moral authority and creation of order within society

The participants complained a lot about fighting in the children's home and school environment and they wished that they could be treated more fairly. The fact that they

expressed that matters could be dealt with differently and better, led me to believe that they were attempting to create their own form of moral authority. Under more ideal circumstances, they would be living up to the ideals of their communities. In their original, traditional environments they would have belonged to a particular family, clan and lineage known by others in the community and within this predictable structure they would be guided by the wisdom of their elders. However, Johnson-Hill (1998) emphasizes that if youth are aware that there can be a different and better order in their lives, they will create better circumstances for themselves. Through capitalizing on their assets and resources in their environments, they can improve their circumstances. Research on street children has indicated how this cohort of South African youth has developed a form of bonding and brotherhood with each other and that learning to fight has become part of their repertoire of positive assets and survival skills (Malinda & Theron, 2010). Children can creatively formulate ideas to change their circumstances that adults might not have thought of. Watching the children of the Homes play together with any resources they could find, led me to believe that a different form of family order or bonding with each other might become apparent to the children.

All three male participants wanted to become policemen. In expressing their hopelessness with the fighting and coalitions within the home, and their fear over being in trouble with school authorities, the participants were indirectly confirming a form of loss of control in their lives that had begun with their relocation away from their families and contracting an illness under circumstances beyond their control. Becoming policemen and having power over people in the community might be seen as a way of regaining control and integrating themselves back into communities. Being empathetic towards the needs of others and serving one's community is part of African 'ubuntuism', also enunciated in the term *ukunxulumana* which, loosely translated, is 'to stand beside one another' or 'side-by-sidedness' (Malan, 1994, in Johnson-Hill, 1998:71). Three of the participants expressed, during Masekitlana, the need for a meaningful and secure moral order, described as the personal inner knowledge of right from wrong and through disciplined relations with others.

The exception to the above was Mandla, who expressed a form of criminality that took the therapist and me by surprise. He expressed no fear of killing and using knives on others. His form of policing, that he said he would perform, was of a violent nature whereby wrongdoers would be beaten and shot. He came from and described a particularly violent home environment and had experienced extreme physical violence at the hands of his uncle, which

resulted in his running away from his home to that of his grandmother. I felt that Mandla's concerns and values needed to monitored in the Home environment and the therapist informed the social worker of this.

Mkhize's (2004) ideas on dialogism, and how children learn from those around them and then incorporate these ideals into their ways of thinking and their voices, lends a cautionary air to dislocated children. If children do not learn the laws of their culture firstly from their families on an interpsychologicial level, then the internalization of these mores and values might not be assimilated on an intrapsychological plane, and hence will not be available for generalizing to other situations in their lives. The result might be lack of self-esteem and confidence in their own abilities to make a difference to their lives and those of others, and they might accordingly find it difficult to access appropriate and entrenched behaviour patterns. Not having parents to encourage and validate the behaviours of children makes it that much more important for the child to be self-motivated to develop his or her own inner form of moral authority. However, I was encouraged by the moral authority that participants displayed in their lives. Through story-telling in Masekitlana and in response to the picture cards of the Roberts-2 test, they were able to identify more clearly this part of themselves. Talking in Masekitlana might also have helped the participants to connect to their traditional cultural roots where remembered forms of behaviour were prevalent.

7.3.2.6 Everyday concerns

Like all children everywhere, participants talked about everyday concerns like wanting to own motor cars, the television programmes they enjoyed, helping grandmother to wash dishes and the route they took in the Home taxi to school. Balcomb (2006) confirms that mundane stories about everyday events are just as important as ultimate or grand stories because they too give every day meaning as the big stories give ultimate meaning. The children's stories demonstrated that they live their lives in two worlds. They experience a modern, global world where children like to dress as children dress in the United States of America and where they watch American television and enjoy and identify with the dramatized scenes. They also experience a traditional African world where tribal culture, clan kinship and spiritual beliefs are important. Negotiating and moving between the two worlds appeared to be commonplace and almost sub-conscious. As the participants effortlessly described believing in Christianity alongside their ancestral and spiritual beliefs, so they could talk about the typically Western-modelled facets of their lives alongside their traditional cultural experiences. Participants

seemed to be able to integrate what is relevant in modern life with what is important in their cultures and their historical contexts.

The problems that participants were experiencing in their schooling reflected a lack of individual attention given to them and a lack of parental motivation and encouragement. Participants did not appear to find anything interesting in what they were learning at school. Mkhize (2004) and Nwanna (2006) both believe that all levels involved in schooling should be addressed, not just the individual level. The problems that the participants were describing did not just concern themselves as individuals but indicated situations of poverty, and under-resourced and understaffed schools with too many children in each class. Therefore, the problems the participants complained about concerned educational issues that operate to a large extent at the level of national governance.

7.3.2.7 Internal processes

How the narrative of the participants unfolded in therapy indicated a step-wise process of being initially reserved and withholding of their emotions, to tentative 'reaching out' in the form of questions to the therapist and me about life, wanting to know about the therapist and me, and asking to spend more time with us, to, finally, relatively intense expressions of emotions projected into the Roberts-2 test picture cards and reflected in their scores.

- **Blocking of emotions**

The participants appeared to suppress or deny their emotions at commencement of therapy. Standard of care therapy enabled them to begin to be more open and Masekitlana unlocked their feelings further. Although the participants were not able to express their own sadness, their stories in response to the picture cards were replete with indications of rejection, hopelessness, negativity and a need for nurturance and love. An African child is not used to seeing himself and his feelings in isolation from those around him so this was perhaps the reason why they had not considered their individual interests in great depth before therapy began. The children in the Home might not have been asked by their house mothers how they were feeling as much as a child in his home living closely to a mother and father. Hence, it appeared that participants were not prepared initially to reveal their feelings.

The researcher came into this environment with theoretical assumptions that came from a particular view of 'self' that might have been more Western and did not expect that the participants from another culture might have their own particular ways of expressing emotional distress. From the narrative of the participants, it became clear that they prioritized their connections and interrelations with others rather than expressing their own internal repertoire of feelings.

- **Psychic defences**

Stellerman and Adam (2006) explain how, without a mother or father to contain or help the child to hold on to and make meaning of chaotic thoughts and happenings in his life, situations which are part of normal development, the child obliterates these feelings and, with the loss of one valued object after another, he loses the ability to keep the absent objects alive in his thoughts. Instead he fills the space with persecutory and attacking internal objects. This then leads to children who lack imagination, who are fearful and timid, or act out in the form of aggression and impulsivity and who experience learning difficulties as a result. Some of the violent descriptions of the picture cards offered by the participants might have been the result of their identifying with their malevolent internal objects. Mandla, in particular, expressed great violence, and at such a young age, revealed that he would readily stab someone and did not mind if he was going to be killed in the process. The researcher feared that the sorts of internal processes described and demonstrated by Mandla might be one of the reasons for the high level of crime amongst South African youth.

- **Different voices**

Participants revealed a multiplicity of selves and attitudes through their stories. They presented and projected peaceable and helpful attitudes at times, and at other times they appeared angry and negative, and became oppositional and resistant to therapy. What they said in one session would be contradicted in the next session. Mkhize (2004) explains these different and contradictory voices through the process of dialogism and polyphony, which resonates in the narratives of participants in this study. Participants were reflecting the contradictory facets of the different communities in which they lived, and the different opinions and values that they were inculcating from people around them. The violent and oppositional opinions expressed at times by the participants might have demonstrated what Mkhize (2004) describes as the process of 'ventriloquating' whereby the participants did not

only express their points of view but were expressing the views of South African society that they had assimilated into their selves and identities.

I anticipated that participants would talk with many different voices, especially in view of the fact that they lived two different lives, one Western and one traditionally African. These lives though were not entirely distinct from each other in that their traditional culture flowed into their more modern lives through a process of adaptation, assimilation and accommodation. I realized that if participants polarized their two different environments this might lead to either a marginalization of their traditional voices or a rejection of them. I felt that it was preferable to see and help participants to understand that they can be "threshold" (DiNicola, 1985) children whereby they could benefit from and be proud of both worlds. Through a process of 'liminalism', children can conceptualize a 'both–and' rather than 'either–or' experiencing of Western and traditionally African worlds.

In this study I paid particular attention to the responsive–interactive function of participants' utterances, as described by Mkhize (2004). Although the participants were talking to the therapist, there was a distinct 'addressivity' in their words to the people they were talking about. When Hlonipho was talking about the love of a mother for her child and when Nana was angrily talking about the rudeness of a mother to her child, they were actually conducting an internal dialogue, albeit out loud, to their deceased or neglectful parents as much as they were addressing the therapist. As therapy progressed, the participants actually became more demanding on the therapist and asked for responses to their questions and answers to their dilemmas in life from her. Due to this interactive aspect of 'addressivity' on the part of the participants, it became incumbent on the therapist and me to ask ourselves why these children were saying these things at this particular time. The narratives and stories became part of a knowledge production process, in particular a contribution to indigenous knowledge.

Therapy conducted in the current study was confined to a short and particular time of the participants' lives. The African person is continually in the process of developing, reforming and transforming through various ceremonial rites of passage and through political and economic changes. In particular, the participants had been exposed to great change in their lives from familial to institutional living, and from African cultural to Western lifestyles. They were affected by the HIV/AIDS disease and resultant sequelae (organic, familial and social) that are receiving immense attention through local and international research and are

constantly changing as far as medical and psychological conceptualization of the disease and treatment for it is concerned. Their lives will be subject to more change when they leave the Homes. Hence, I felt that I was a witness to only a part of who they were as people and who they would become. Children sometimes find creative solutions to conducting their lives that adults would not have thought of. Research on how street children in South Africa survive and create their own unique street culture is evidence of this (Malinda & Theron, 2010). This highly resilient and rather unconventional way of children creating their own, albeit harsh, sense of order on the streets as described in this study, might provide an interesting new slant to the asset-based approach to helping children in South Africa. Another study that explored the experiences of youth in a city environment or *barrio* in South America found that youth often take a "different approach to life's challenges by pointing to positive actions and circumstances that escape an adult's observation" (Hardoy et al., 2010:371).

Having established the meaning participants created around their life experiences through the use of Masekitlana, the broader significance of Masekitlana for the field of indigenous psychology needs to be addressed. The following sub-question 3 will focus on the contribution that Masekitlana can make to literature and research in indigenous psychology in general and the main research question will hone the field down to the role that Masekitlana can play in informing new knowledge on indigenous therapeutic tools for children affected by HIV/AIDS.

7.3.3 SUB-QUESTION 3: HOW MIGHT NEW KNOWLEDGE ON THE USE OF MASEKITLANA IN THERAPY INFORM LITERATURE AND RESEARCH ON THE RELEVANCE, IRRELEVANCE OR PARTIAL RELEVANCE OF INDIGENOUS KNOWLEDGE IN THERAPY?

Knowing how Masekitlana inspired children in the current study to express their traditional African beliefs, could inform psychological literature and encourage research to be aware of African children's natural intuitions, whereby they are guided by dreams, symbols, ancestral spirits, and omens or phenomena emanating from the natural world. Many forms of psychological therapy and assessment being conducted on indigenous African children in South Africa are based on Western psychological theories, premises, assumptions, norms, explanations and methods. This might exert pressure on participants to express their more modern, Western frames of reference to the detriment of their traditional beliefs.

The effect that Masekitlana had on participants of Zulu origin and culture in the current study lent weight to the argument that psychologists in South Africa would benefit from knowing and using indigenous knowledge in therapy. The success of the indigenous narrative therapy intervention of the current study suggested that, if psychologists can offer in therapy skills and tools familiar to the often unexpressed traditional side of Zulu children's lives, they are more likely to help traumatized children to make sense of their lives through connecting them to their authentic familial and cultural beliefs and behavioural dictates. As Masogo (2003:217) claims, narrative theory in an African context, in his case African divination, can bring "previously marginalized discourse and practice into the centre of debate and scholarship as oral narrative discourse offers this displaced discourse the opportunity to occupy its rightful place".

The question arises as to how to produce a body of knowledge that can provide psychologists with the know-how, and the equipment or assessment instruments appropriate for use with indigenous populations. The Third World's own "capacity to produce psychological knowledge is still very low" (Moghaddam, 1987:913). It is possible that psychologists who have grown up in traditional backgrounds might be better equipped in an emic way to create, through empirical research, indigenous psychological methods. However, in South Africa most of the "historically black universities during the apartheid era did not train psychologists and as a result South Africa has relatively few black psychologists, although the number is increasing" (Moletsane, 2004:5). Psychologists from all cultural and ethnic backgrounds are therefore being confronted with African children in therapy and need to meet the traditional cultural needs of these children. Masekitlana, although an indigenous African narrative game, does not embody or use complicated cultural rituals that require a psychologist of African culture to administer it. Masekitlana as used in the current study did not need to be trained to the therapist.

The strength of Masekitlana also lay in the fact that it appeared to satisfy the participants in an immediate sensate and symbolically African way. Children in poverty-stricken environments, in townships and in rural areas, have traditionally played a variety of stone games. Natural products such as stones, sticks and clay are readily available to them and learning to manipulate and use them in various ways becomes a unique skill of the African child. Similarly, Masekitlana has no specific rules, uses a familiar earthy product and is easily recognized and grasped by most children of African culture and origin. African people

traditionally express themselves through narrating poems, epic stories, dancing and singing. Masekitlana as a narrative game and its usage of the whole body is strikingly similar to African rituals and traditionally African forms of expression. It appeared to satisfy a need in the participants for sound and movement in therapy. Hence, in its simplicity and appropriateness to the traditional African context, Masekitlana could inform literature and research on the relevance of indigenous knowledge in therapy. As Moghaddam (1987:917) emphasizes, "the growth of an indigenous Third World psychology could potentially lead to fresh ideas that could only spring from the work of Third World psychologists, with beneficial results for all of psychology".

The point that remains to be addressed under this section is whether indigenous forms of therapy like Masekitlana are partially relevant, wholly relevant or irrelevant for children of African origin and culture, in particular Zulu children. The findings of the current study rule out a conclusion of irrelevance. However, the way that participants responded to Masekitlana indicated that African children in South Africa are not unidimensional in nature, unicultural or solely traditional in outlook and habits. They are at the same time both highly individualistic and highly collectivistic. Kirmayer et al. (2000) caution that recognizing a practice as 'traditional' marks it off from the everyday practices of a people and community and almost puts indigenous people into the category of 'other'. Therefore, therapeutic techniques cannot concentrate solely on the traditional side of children but need to take into account children's identities that reflect urban Western or global behaviours, trends, attitudes and values. Masekitlana in the current study appeared to be able to bridge the traditional and the everyday practices of the participants in that it appeared to encourage participants to express their traditional indigenous identities as well as their modern urbanized identities. Therefore Masekitlana contributes to the field of indigenous knowledge by not only offering something of therapeutic relevance to traditional indigenous persons but by demonstrating that children of African origin and culture benefit from therapy that spans both traditional and modern, that is, Third, First and Second worlds. Indigenous psychology and First World or Western psychology should not be mutually exclusive. In fact the recognition of this alternative perspective is one of the contributions that Masekitlana can make towards informing literature and research on the relevance and partial relevance of indigenous knowledge in therapy.

7.4 PRIMARY RESEARCH QUESTION: HOW CAN INSIGHT INTO THE USE OF MASEKITLANA IN THERAPY WITH CHILDREN AFFECTED BY AND INFECTED WITH HIV/AIDS, INFORM NEW KNOWLEDGE ON THERAPEUTIC TECHNIQUES?

HIV and its ramifications amongst the youth of South African is only now beginning to be understood as the first HIV-affected and infected babies and children grow into adolescence and early adulthood. Learning from them as to how they are going to find their own solutions to navigating life without parents and with HIV might be more effective than devising programmes for them that have been found to be suitable in the Western world. The central tenet behind using Masekitlana as a therapeutic technique for children affected by HIV/AIDS was not to replicate studies conducted in developed societies using imported theoretical frameworks but to create something that local populations already know works. Masekitlana as an ancient Sotho narrative game had already been used in the context of informal counselling and self-expression amongst children. The use of Masekitlana was extended in the current study to provide a form of indigenous therapy for children affected by HIV/AIDS in order to inform new knowledge on therapeutic techniques.

As there is a lot still to be discovered pertaining to HIV, whether in the medical or psycho-social fields, children affected by and infected with HIV can be considered a population group in the process of becoming. This gives psychologists the scope to create interventions that may assist these children to become everything that they have the potential to be. This includes linking them to their cultural past and present, and enabling them to adapt to a multifaceted life ahead, which is most likely to be a fusion of indigenous and Western elements. Participants in the current study demonstrated how they were in the process of becoming and could reinvent themselves in the light of new meanings they created with the medium of a new form of therapy. Masekitlana appeared to allow for the expression of the multiple voices of participants that reflected their various inner and outer worlds and identities. In light of the above, the findings of the current study demonstrated that therapeutic methods need to allow for flexibility of expression in order to allow children to express their different voices and reflect on their different lives.

Furthermore, insight gleaned from the use of Masekitlana in the current study demonstrated that therapeutic methods should mimic the commendable flexibility and adaptability of African children, who are able on one day to be involved in a cultural ritual in the

environment of their rural homestead, and the next day to attend a Christian service with their parents followed by a shopping expedition where the latest Western-style clothes are bought or a Western movie is enjoyed. It is this plurality of inner selves that enables the African child to move between the environment of institutional homes and their own familial homes at an age when they would by Western standards be considered too young for the boarding school environment. Masekitlana appeared to allow participants to talk about their different worlds. It adds to the knowledge on therapeutic techniques that they need and can be flexible enough to be relevant to all of these contexts.

Masekitlana's usefulness and versatility rest on the fact that it allows participants and therapists to use it in imaginative ways, it does not rely on logical, reductionist forms of reasoning upon which question and answer or pen and paper assessments are usually based, and it can be conducted on illiterate children. Participants in the current study devised their own idiosyncratic ways of using the stones and demonstrated their natural skills with stones. This appeared to build their self-esteem, and the camaraderie and relaxation of playing stone games built the rapport between the therapist and participants. This tends to suggest that a mixture of playfulness, relaxation and skill in the content of play therapy techniques might be needed even in the serious context of children affected by HIV.

Masekitlana capitalizes on the typical way that people of African origin and culture express themselves through metaphors and symbols. This was demonstrated by participants in the current study, who created metaphorical meanings from their lives in their narrative whilst manipulating stones. This informs psychologists in indigenous contexts of the need to develop more of an intuitive understanding of the children's lives rather than tapping deep psychological meanings through Western psychoanalytical methods of understanding psychological phenomena. Masekitlana in the current study was non-directive and accordingly might inform researchers using therapeutic techniques that, "across the cultural divide, they might need to be satisfied with being merely active listeners" (Gilbert, 2006:23) and observers.

Masekitlana demonstrated in the current study that children affected by HIV/AIDS did not express their illnesses as they would have predictably done in more Western forms of therapy. In fact, their explanations indicated traditional beliefs that might only be familiar to people understanding the African world of spirituality, cosmology and animism. In this way

Masekitlana may inform new knowledge on therapeutic techniques for children affected by HIV/AIDS in that psychologists, researchers and literary theorists professing or expecting to know what the solutions would be for a client in a cross-cultural situation should endeavour to be aware of differences and similarities between themselves and the clients and an intuitive knowledge of the unity between all living things. This might entail asking clarifying questions that encourage the client to explore and reveal his/her own cultural perceptions and devise new or already existing traditional answers to the problems expressed.

Psychologists from Western traditions expect a catharsis of feeling and then a lessening of distressful emotions in therapy. This did not appear to happen as Masekitlana progressed in the current study. Participants' emotional scores pertaining to depression, anxiety and rejection on the Roberts-2 test *after* Masekitlana therapy was completed increased, as compared with *before* Masekitlana therapy. This fact might inform therapy in indigenous contexts with children affected by HIV/AIDS that there is much repressed matter within children due to the stigma of the disease. New knowledge might be that therapy in this context requires more than three to six sessions for children to express the full extent of their trauma before therapy can even begin to help them to deal with their emotions so their levels of emotions can be ameliorated and lessened.

The African child's natural intuitions and his supposedly extra senses (Mutwa, 1998) could be capitalized on to find solutions to his concerns. Therapeutic techniques for children affected by HIV/AIDS might have to encompass concepts such as 'pollution', 'black', 'red' and 'white' African medicine, ancestral calling and bewitchment. Psychologists might have to be prepared for the fact that a child of Zulu origin and culture might never mention the words *isandulela ingculaza* or 'HIV' but might describe snakes wrapping themselves around his neck to make him sick, or, instead of recognizing anti-retroviral medication, he might say that his protective spirits are going to make him better. It is only when practitioners', researchers' and academic writers' Western traditions are disturbed by new knowledge, such as the usefulness of a form of therapy such as Masekitlana, that they will be challenged to learn from the insights and needs of indigenous people. If a therapist does not present to the African child something representing his cultural mores and values, the therapist will be denied the participant's use of indigenous knowledge to create meaning and healing. When Masekitlana enabled participants to speak that which was healing for them, especially about how

HIV/AIDS had affected their lives, they were not necessarily enunciating the truth as much as they were self-cleansing, which, according to Ntsimane (2000), is typical of Zulus.

Masekitlana as originally used by Sotho children was a communal game (Kekae-Moletsane, 2008). In this study, it was used successfully as therapy for Zulu-speaking *individual* participants. However, the African person is typically not a self-contained, independent-minded and autonomous individual. He[27] sees himself through the eyes of others in his community and he regards himself according to the esteem he is accorded by others in his family, clan and community. His sense of achievement is bound up with serving others around him. Hence, Masekitlana as it was used in this study can be extended to group work and can inform group therapy in that, as in the ancient Sotho game, the person who is holding the stones can be given the privilege of talking. How he bangs the stones can complement his story-telling and give an indication of his feelings. Passing the stones to another person will enable that person to talk. In this way, Masekitlana and its adaptation to group therapy can awaken participants' African sense of drama around story-telling as heard at the fireplace or at community *izindaba* or gatherings in their rural or indigenous environments.

The important point of this study is that it informs new knowledge on therapeutic techniques by encouraging psychologists to search for forms of therapy that are relevant to the indigenous environments and cultures where they work. This might also imply an awareness of the multicultural aspects of South African children where the integration of old and new, local and imported, Western and Eastern and African forms of therapy is to be encouraged. The youth of South Africa are now travelling and crossing boundaries physically and culturally, so a pure form of indigenous psychology would not be possible. As the first missionaries into Africa had to incorporate into their teachings the mindsets of Africans on subjects such as polygamy and the dualism of spiritualism and Christianity, so psychologists can learn from their indigenous clients as to what works for them and what is meaningful in therapy.

[27] I am still using the male pronoun for consistency reasons although I am not in this context confirming myself to participants of this study.

7.5 TRUSTWORTHINESS OF THE STUDY

The criteria used as a yardstick of quality in the current study include, for the qualitative data, plausibility, credibility, transferability, dependability and confirmability, and, for the quantitative data, reliability and validity, outlined as follows:

7.5.1 QUALITY CRITERIA OF QUALITATIVE RESEARCH

7.5.1.1 Plausibility

In the current study, I attempted to represent the data and what I observed during the research process in as close a way as possible to what was said and done in the therapy sessions. I attempted to present a report on my findings that adequately and faithfully reflected the reality of the lives of the participants as they saw it. Furthermore, the results should have appeared plausible to other practitioners in the field. On discussing my findings with the social workers and caregivers who live with and managed the participants, they agreed with what I had found and commented that my results rang true to them in their experience of the children.

7.5.1.2 Credibility

An important part of credibility in the current study was the intentions of the participants and that they felt that their narratives were correctly interpreted. After the recorded, formal part of the therapy session was over, the therapist and I would discuss with the participant what he had expressed to ascertain whether we had understood exactly what he had been saying. Paniagua (1998) believes that participant credibility in the effectiveness of the counselling process is established through cultural sensitivity. By using a therapeutic technique familiar to the African child's play repertoire, and by including a "cultural insider" (Moghaddam, 1987) in the form of a Zulu-speaking therapist, I believe that I established culturally sensitive participant credibility. I also feel that credibility was ensured through the congruence between the data obtained and the research goals, questions and framework. The research findings satisfied the research questions, thereby lending credibility to the results obtained.

7.5.1.3 Transferability

I attempted to present in this written record of the findings, a detailed enough description of the contextual background, methodology, outcomes and limitations of the research process

and therapeutic interventions so that this study will be able to be transferred or generalized to other settings. The sample size was small, so generalizability is questionable for this reason. However, the richness of the descriptions of the narratives of the participants and the explanations as to how Masekitlana and the assessment instrument, Roberts-2, were used, will help psychologists in other settings to replicate some of the processes of this research.

7.5.1.4 Dependability

Dependability of this study is based on the accurate reporting of the narratives and behaviours of the participants, which includes the actual quotations of the participants as well as reporting all themes and trends that were identified, and not just those that were interesting to me as the researcher. Dependability was also ensured through my methodology, intervention, and data analysis following, as Schwandt (2007) emphasizes, a logical and traceable process.

7.5.1.5 Confirmability

As with dependability, the confirmability of the study was determined by whether the findings reflected accurately the data presented or whether they were the result of my biases. Confirmability would not be ensured should another researcher use the methods and models of therapy of this study with a similar cohort of children and find quite a different result. This would then indicate that my needs, personal intent and purpose had superseded the actual results of this research. My self-reflective journal and the crystallization of the topic, where various facets of the enquiry were recorded, validated and presented from different angles, qualitative and quantitative, helped to ensure confirmability.

Ultimately, the test of trustworthiness of the current study will be if psychologists in the field believe strongly enough in its findings and if they rely on them enough to begin to use the same model of research or the method of Masekitlana in their own work and practice.

7.5.2 QUALITY CRITERIA OF QUANTITATIVE RESEARCH

The criteria that helped to achieve quality in the quantitative focus of this study pertained to the results of the measures and the quantifiable markers and indicators of participants' behaviours and attitudes. They can be delineated as follows:

7.5.2.1 Validity

The results of the Roberts-2 test were considered valid in that the quantifiable analysis of the participants' story-telling actually indicated the coping abilities and emotions that were reflected in the qualitative themes that emerged from analysis. The purpose of the Roberts-2 test is to assess for social and emotional adjustment problems as well as social cognitive competence. Validity was ensured in the current study in that the results adequately reflected the intended purpose of the test, which was to gauge the extent to which Masekitlana assisted children affected by HIV/AIDS to adjust to their life circumstances. Various forms of validity were met in this study as follows:

- Face validity is demonstrated if a study "seems to address what it claims to address" (Knight, 2002:130). Face validity in the current study was ensured in that the intervention of Masekitlana assisted the participants to express and cope with their trauma in a culturally relevant way.
- Construct validity was ensured in that the constructs of anxiety, depression and anger experienced by the participants were clearly understood, described and reflected in the themes. How they were to be measured and operationalized was followed clearly in the scoring procedure during the Roberts-2 assessment.
- Concurrent validity was demonstrated adequately in the current study in that the intervention produced results that were consistent with the studies done by Kekae-Moletsane (2008) and Odendaal (2010) using the same intervention.
- Predictive validity was demonstrated in that the predicted effect of the intervention, that is to help children express their trauma in a culturally sensitive way, was proven to actually occur during the study.
- Member checking, that is checking the validity of the findings with other colleagues involved in the current study, strengthened the overall validity of this research.

7.5.2.2 Reliability

Reliability in the current study referred to how consistently the intervention could be performed, irrespective of when and on whom it was used (Huysamen, 1983). The performance of Masekitlana in fact did produce not identical, but similar results when administered on different occasions and in different venues to the four participants. A test of reliability will be whether other practitioners find that it is equally effective in their sites of work.

7.6 RECOMMENDATIONS

In the light of the findings of the current study I would like to make recommendations to the field of psychology in general, the field of HIV psychology and the field of indigenous psychology. These are not discreet fields, as will be seen in the section below. In my recommendations, I have focused on the three areas of professional practice, training of psychologists and research, as they pertain to the African context of children of Zulu origin and culture affected by HIV/AIDS.

7.6.1 RECOMMENDATIONS FOR PROFESSIONAL PRACTICE

My recommendations for professional psychological practice encompass the issues of indigenous psychology, HIV in therapy, empowerment of children through knowledge of their life's circumstances, *Ubuntu,* or African humanity, and institutional living, therapeutic environment, and therapist's role in child/client self-reflexivity.

7.6.1.1 Looking at indigenous psychology in the HIV therapeutic environment

Psychologists are privileged to be able to help youth who are part of the constantly evolving history of the HIV epidemic in South Africa, where researchers are learning more about the manifestations of the disease and how it is affecting the South African population. Situations arising from HIV/AIDS and dislocated families have a uniqueness that needs to be experienced and shared by psychologists with others who are not similarly affected. I believe that psychologists, and all people involved in helping others cope with HIV, will look back on this era with amazement at the degree of tragedy and amount of emotion surrounding it, not to mention the degree of discrimination and stigma that people living with HIV have had to suffer. As Denis (2003) suggests, discrimination surrounding people living with HIV is as dire as that faced by Jews, immigrants and homosexuals.

Psychologists and allied professionals, such as social workers and counsellors, are assisting the first cohort of teenagers growing up with HIV or affected by HIV, to navigate their social lives, relationships and future family plans. They should therefore document and disseminate the stories of these youngsters so that they become part of the oral history of this country. In this way psychologists can be part of the body of what Lente (2003) calls "cultural producers and commentators". Psychologists can translate, transform and present the traumatic

experiences of African children to interest others in order to create a helping forum. To this end, psychologists are to be encouraged to use therapeutic media that resonate with the cultural environments of South African youth, in order to elicit authentic stories reflecting the African person's own cultural healing concepts, rituals and customs in the face of trauma and disease.

Children of Zulu origin and culture, in particular those living in urban environments, do not only reflect values inculcated in their indigenous and cultural origins. They are children influenced by Western forms of media such as the Internet, television sitcoms and computer games, as well as magazine and television advertisements dictating tastes and values of a Western (American and European) nature. Therefore, psychologists should be encouraged to attend to the zone between indigenous and Western worldviews. In doing so, they could consider creating forms of therapy that can be constructively supported by Western forms of psychology, such as narrative therapy, but are idiosyncratic to the child's traditional Zulu background. In this way various forms of indigenous psychology in the African context can be self-reliant without being isolationist (Moghaddam, 1987).

In African thinking, the person is always in the process of becoming: the African translation for "person" is *ubuntu* which indicates a process of 'becoming' and is reflected in the words *inkambo* or life journey, and *impilo* or healthy life. As children are always in the process of becoming (Mkhize, 2004), they need not feel that their lives are irretrievably damaged as a result of HIV and past trauma. Psychologists helping children affected by HIV may encourage them to reinvent themselves in the light of improving medical treatment and through being offered new and relevant forms of therapy. Practising psychologists from all cultures can create interventions that may assist these children to become everything that they have the potential to be. This includes linking them to their cultural past and present, while equipping them to adapt to a multifaceted and multicultural life ahead. Through the use of indigenous forms of therapy and culturally symbolic forms of therapy (such as Masekitlana), psychologists would equip African children to understand themselves and embrace with confidence their traditional identity. Furthermore, through utilizing the principles of dialogism in therapy, whereby a child is encouraged to express his many different inner selves and voices created by and mediated by his external familial, community and cultural influences, a child can integrate and reconcile his indigenous and Western worldviews.

7.6.1.2 Children's knowledge of and expression of factors influencing their lives

I recommend that the disempowerment of traumatized children placed in institutional care should be addressed by all mental health professions. Children need continuity between past and present. Self-understanding for any person requires knowing where you have come from and where you are going. Therefore, information about the past and future lives of children affected by HIV and other traumas, such as loss of parents, should be freely shared with them. There should be no 'hazy cover-up' for the supposed good of the child. The narratives recorded in the current study indicated a need in the participants to create stories around their lives as they perceived them to have happened and were happening in and out of the Homes. Often their stories lacked a beginning and end, as the participants did not know why or when their mothers or fathers had left them or died. Psychologists can help children to create meaning through being able to relate beginnings, middle parts and endings to episodes in their lives, including grand and small stories, which must surely lead to more stable children emotionally.

Psychologists in practice can play an important role in emphasizing the relevance of and dissemination of truthful knowledge pertaining to children affected by HIV/AIDS. This might not necessarily imply concrete facts about the virus and how it is affecting the child, as participants in the current study appeared not to even want to mention HIV. Rather, I felt that importance should be attached to finding out reasons for the dislocation from families and the relocation or placement into institutions of orphaned and/or HIV-affected children by professionals, welfare workers and care takers, and that these details should be communicated to the children. Psychologists can help children to progress constructively in their lives if they are aware of the harsh realities as well as the comforting aspects of their pasts and their future prospects. Participants of the current research clearly indicated the need to probe and preserve the memories of family, in particular the love and nurturance of their mothers and the guidance and protection of their fathers. These memories seemed important to hold on to and to build on as a form of resilience.

Psychologists can play a large part in encouraging the traditional narratives around healing in children affected by HIV/AIDS. This is especially important for children from indigenous environments who are relocated to urban, Westernized environments where they have not been encouraged to talk about non-mainstream beliefs, such as ancestors, traditional African medicines and their relevance to healing. The therapist, through simply being an active

listener, and probing where necessary, can allow children to talk and tell stories about their past lives in order to deal with unfinished business, to unpick it and to re-manage it. Psychologists should realize that each life, each story is unique, and each child's perception of his trauma or illness, or how that of others has affected him, is not easy to share.

After seven therapy sessions, participants of the current study appeared, although more emotionally open, to be suffering from the feelings they had been encouraged to express. It is not a Zulu tradition to complain of mental manifestations (Ngubane, 1977). This might inform psychologists that in the context of children of Zulu origin and culture, they need to be aware that initial therapy sessions are only the first part of children's journeys to mend the effects of abandonment, abuse and loss from their past. Furthermore, I recommend that psychologists discuss with traumatized children the possibility that each stage of development in their lives, each new event in their lives, such as marriage and having children, would bring up associations from the past and would require further honest examining of inner feelings and motivations. Memory, for traumatized children, is a life-long process that involves a continual and ongoing ordering, discarding and selecting of facts and interpretations. Psychologists can play a part in children experiencing a constant process of remembering what they lost alongside a process of regaining happiness by recreating their lives and, thereby, replacing the losses. It is a dynamic process that has no ending in a once-traumatized person's life.

7.6.1.3 Living in Children's Homes and *Ubuntu*

Psychologists can play a large part in mediating the dislocation and relocation process of children from their original familial and traditional homes to their adaptation to institutional environments. This might involve a process of 'deculturalization' as, in Children's Homes, children are denied their traditional African cultural rites of passage and rituals of transformation marking their transition from childhood to adulthood. Psychologists might be aware that, should children be isolated from traditional cultural practices, as they often are in Children's Homes, they might find it harder to develop a sense of identity and wholeness as an African person, or have a distinctive ethnicity such as 'Zuluness'. Furthermore, to cut off the individual child, who is already traumatized from losses, disruptive family processes in his life, and his own ill health, from his authentic cultural sense of becoming, appears unnecessarily cruel and detrimental to his development as an African. I recommend, therefore, that traditional healers (*izangoma*), traditional diviners (*izinyanga*), African doctors (*ubathandazi*), African faith healers and cultural mediators are consulted by Children's

Homes in order to perform rituals that children of African culture might require. Psychologists remembering their own traditional ways or psychologists with knowledge of indigenous folklore and culture might offer Home children exposure to music, poetry and stories of African origin in order to develop themselves in the direction of their "natural aesthetic" identity (Johnson-Hill, 1998:88) alongside their inevitable more modern Westernized selves.

If community implies an "association of people who have a special commitment to one another and a developed or distinct sense of their common life" (Mkhize, 2004:46), then Children's Home children and children affected by HIV might be able to become part of a special type of community. Although the Home culture might be a somewhat artificially or newly created form of community where the children have a more superficial commitment to each other than in their original familial communities, Home children might be instrumental in creating their own distinct form of Home culture, involving community and solidarity, such as South African street children have created.

Psychologists can learn from the voices of children and the individualism of each child. Youth have an inner resilience that adults are not always aware of and therefore their own resourcefulness and creativity in enriching their lives should be capitalized on. "Citizenship-as-practice suggests that young people learn to be citizens as a consequence of their participation in the actual practices that make up their lives" (Hardoy et al., 2010:379). Hence, in whatever environment vulnerable children and orphans find themselves, they need to feel a *sense of agency*. Children become very disappointed if they are let down, or if answers and actions are not quick enough, as they have a low threshold for frustration and patience. The capacity of therapists to transform situations is tied up to the need for traumatized children, such as children in Homes, to have a space that is open to all of them where they can negotiate and discuss rules, roles and responsibilities, and which is flexible enough to adapt to their needs.

Psychologists from all cultures in South Africa need to understand the concept of *ubuntu*, which most certainly will manifest in some way in their patients' lives and can be used to the benefit of the child. *Ubuntu* can be considered a form of indigenous knowledge that may enable psychologists to alleviate the isolation of their children as a result of

institutionalization and living with HIV. The following aspects of *ubuntu,* therefore, might be pertinent to psychologists relating to African children in therapy:

- It is an African concept whereby persons depend on persons to be persons.
- It is by belonging to the community that they become themselves.
- It enables an individual to become a unique centre of shared life.
- It does not simply swallow the individual up.
- It arose in a pre-literate society and was expressed in songs and stories, and the customs and institutions of the people.
- It is a form of humanity that calls for an understanding of one another and a dependence on one another.
- Each person has a special role to play in the whole, like each part of an organism.
- Each individual depends on the community, not because he is in some way less than it but because he is an identical part of it.
- It is something that the dominant Western culture tends to have forgotten and that Western psychological concepts might not take into consideration.

By remembering and utilizing the principles of *ubuntu* in therapy, psychologists might:

- Help vulnerable children taken out of their communities not to feel different from others in their community.
- Help institutionalized children to become part of and depend on others in their newly constructed institutional community.
- Be part of the process of encouraging communities in South Africa to embrace orphans and vulnerable children as if they were their own, incorporating them into families and traditional rituals wherever possible.
- Help different cultures to learn to understand each other by walking across the bridge into unfamiliar territory and lending a helping hand.
- Learn from original indigenous forms of narrative and healing which appeared to reflect *ubuntu,* such as:
  - the original game of Masekitlana, which demonstrated a communal form of sharing problems, the child's version of African men sitting around the fire discussing their problems, and
  - ancient negotiation and narrative techniques performed in families and at community gatherings, such as those utilizing banana leaves (Krige, 1950) and African counting beads (Hayes, 2000).

As a result of the need to help children affected by HIV, *ubuntu* is evident in the helping environments in South Africa in that many community projects already embrace these children, and many selfless people are dedicating their weekends to organizing activities for these children. Others are opening extended homes for orphaned children. Psychologists who are able to offer a variety of forms of therapy and are able to understand the need for relocated children to keep alive their traditional beliefs may be invaluable in these settings.

7.6.1.4 Time and rapport in therapy

In the current study, the value of spending an afternoon with each individual child was recognized. The normal practice of one-hour psychological sessions would not have resulted in the richness of expression and the depth of rapport that was created in this study between the participants and the therapist and researcher. A relaxed atmosphere, with tea and cake provided, helped to create an atmosphere similar to a child returning home from school to his mother who sits with him and chats over an afternoon snack. I encourage psychologists in African settings, especially those where children are denied individual nurturing and attention, to give as long a time as possible to children (and adults) in therapy because story-telling, in true African fashion, is something to be revered and not limited by time. Most African children, as part of their traditional communal life, have participated in formal and informal story-telling as interactive oral performance; in fact, basic training in a particular culture's oral arts and skills is an essential part of children's traditional indigenous education on their way to initiation into full humanness (Sheppard, 2004). If psychologists encouraged this oral interactive skill of African patients, they might more easily facilitate effective therapy in group or individual settings.

There are further African constructs, knowledge of which would assist psychologists in African settings. The psychology of healthy relationships is typified by the African concepts and everyday practices of *ukuhlonipha,* or respect, and empathy (Edwards, 2011). These are clearly demonstrated in the *vumisa* methods of ritual and dialoguing of the *isangoma*, who sympathizes and confers with his clients as to his findings, and are evident in the social mutuality of *ubuntu*. I feel that psychologists could learn from these components of Zulu healing rituals and use them to good effect in the therapeutic situation, if they are not already doing so. In the current study, participants only expressed their true emotions towards the end of the therapy sessions. Therefore, psychologists are encouraged to give traumatized children time to relax and develop trust, and in time they will reveal their suppressed feelings.

7.6.1.5 Client self-reflection

In therapy with children separated from their families and subjected to trauma, I recommend that psychologists encourage children to incorporate 'praxis-centred' self-reflexivity into their lives. Johnson-Hill (1998:95) describes the praxis-centred self as one "who has critically reflected upon his or her taken-for-granted ways of acting at various times in the past, and has altered his or her ways of acting in the light of that reflection". Psychologists can help children's home children to reach a point in their lives where they are able to reflect on the disunity between their traditional family environment and the social ethos of the Home, in order to integrate the better aspects of both into a praxis-centred self. This will enable them to act towards their own betterment, to integrate the diffuse elements of their internal selves, and to develop a sense of authenticity of action.

As part of inculcating this self-reflexivity, therapy with dislocated children should encourage in them an awareness of others and sympathy for the plight of others. Despite being part of the everyday routines of a Home 'community', traumatized and children isolated from their families can withdraw into themselves into a form of "elective mutism" (DiNicoli, 1984), and not only become reluctant to express their feelings about themselves but also oblivious of the feelings of others. Psychologists need to be sensitive to the possibility that institutionalized children of African origin and culture risk losing the value of caring for others, as *ukunxulumana* or 'side-by-sidedness' is replaced by a sense of individual survival and guarding one's own territory in the Home.

Psychologists might help to remind children in Children's Homes that they are part of the suffering that their extended families in communities undergo on behalf of their children in order to further their children's education and careers. Johnson-Hill (1998:82) calls this a "moral capability of the highest order" amongst African people who have a "deeply-rooted, taken-for-granted value orientation about how people within families should look after one another's needs, especially with respect to the ways they may have suffered in the past" (1998:83). Psychologists might be encouraged to help children to take part in community projects whereby they learn to reach out to help other needy children in communities outside of the Homes. Psychologists and social workers could be part of an already existing tradition of hierarchy that I noticed in the Children's Homes whereby they could help train, supervise and designate older children to mentor those younger than themselves.

7.6.2 RECOMMENDATIONS FOR TRAINING

Understanding clients in the context of their traditional cultural beliefs should be a prerequisite for all new psychologists working with indigenous people. At the annual congress of the Psychological Society of South Africa in August 2000, Deputy Education Minister Father S'Mangaliso Mkhatshwa urged the country's predominantly white psychologists to learn "at least one black language … given that psychology is traditionally known as the talking cure". He told delegates that there was a need to "develop local models of care that are culturally centred and recognize the lived realities of our people" (Holland, 2001:67). The teaching of African knowledge systems should, therefore, become an integral part of psychology for undergraduate and post-graduate students. Instead, it has tended to be the domain of philosophy, social anthropology and theology.

Psychologists need to be trained in methods of therapy that embrace traditional beliefs, such as the faith in the strong guidance of the ancestors. Holland (2001:65) described a form of therapy called "imaginative psychotherapy" in which therapists connected a cohort of Mozambican children with their ancestors by allowing them to imagine a safe space where they were with their protecting ancestors. By witnessing healing rituals, Holland (2001) believes that these therapists broadened the therapeutic space by participating in local traditions that had significant therapeutic value, not only for the youth but also for the community at large. In this way, training therapists can develop the ethos that therapy is not a matter of taking the child out of his traditional environment and trying to cure him as an individual with an individual problem, as this is not in accordance with the collective, communal spirit of the African person.

In order to understand the cultural beliefs and ideologies of African clients, psychologists need also to understand the historical roots of African people. I therefore advocate strongly that training psychologists have some actual lived experience of the lives, likes, dislikes, hopes, hardships and traditional rituals of Africans, even if it means that part of their university practical experience or internship is for students to be placed in the homes of Africans in urban 'locations' or rural communities for an adequate enough period to gain a solid understanding of African ways of living and thinking.

Isasi-Diaz (1993, in Johnson-Hill, 1998) believes that the researcher should be a "cultural insider", trying to understand empathically the values of the participants. Sikkema and

Niyekawa-Howard (1997) specify that, in order for students to begin to integrate a different culture's beliefs and traditions into their way of thinking, the students have to live with and observe the ways of that culture for a period of at least eight weeks. Furthermore, they encourage psychology students to use divergent thinking when they go to live in different cultural communities as opposed to convergent thinking, which is what, they claim, the education of students in American colleges encourages. Divergent thinking is fostered when students placed in different cultures from their own initially just observe how people are and only at a later period should students analyze what they saw and how it differed from their own perceptions of their own lives.

I recommend that psychologists need to learn methods that are as naturalistic as possible to the African person. Therefore, by experiencing the natural environments of African communities, psychologists will metaphorically learn to roll up their pants and not be afraid of mud between their toes when helping people in South Africa (Jeske, 2010). The clinical environment of psychology departments in hospitals or rooms in private homes and medical centres might not be the environment for psychologists to learn how African clients live and what their requirements might be in therapy. Going out to do community work and learning from the people as to what their needs and challenges are would give training psychologists a more authentic training experience. Training psychologists might learn more from the resilience of African people living in adversity than the latter are able to learn from the training psychologist about coping with life.

7.6.3 RECOMMENDATIONS FOR RESEARCH

I recommend that more research into indigenous methods of therapy be encouraged. Books written by people who have lived and worked with African people, such as Buhrmann (1984), Mutwa (1998), Ngubane (1977) and Krige (1950) may be recommended to research psychologists. From the descriptions of the work of these pioneers in the field of indigenous psychology, new methods of empirical research might be devised.

"How to guard against the potential misuse of psychological tests and the need to adapt and develop culturally appropriate measures has been an important point of discussion but few concrete steps have been taken to redress the situation" (Kekae-Moletsane, 2004:10-11). In assessing African children for scholastic reasons, I have found few intelligence tests valid for the South African environment. Researchers might subject Masekitlana to a form of

standardization on African children to be used as a form of intelligence testing. A standardized intelligence test of an indigenous variety might be more culturally relevant and therefore more valid for African children as it could make use of exercises and skills with stones and other natural products instead of children having to identify shapes, forms and concepts unfamiliar to them, as is the case with existing intelligence tests originating in Europe and America.

Existing cognitive screening tests that the psychology team of McCord Hospital use in rural KwaZulu-Natal hospital clinics indicate that most users are cognitively deficient to a greater or lesser degree. However, this might arise from the fact that the tests involve a form of shape identification similar to children's puzzles, which rural children have seldom had the privilege to play with. Another of these screening test demands copying of abstract shapes that have no resemblance to anything from the rural child's environment. Hence, Masekitlana as a standardised cognitive or intellectual test might be fairer and more representative of people of African origin and culture.

I suggest that research methods might capitalize on solutions and explanations from indigenous populations about concerns identified in the current study, such as illness, conflict with peers, and dislike and fear of school. Such African forms of knowing might become of use for all psychological, health and educational settings, indigenous and Western, as well as to aid political conflict and to address economic difficulties (Mutwa, 1998). In particular, the psychological component of healing in the Africa indigenous context could be subjected to further in-depth research. As Edwards (2011) points out:

> "Although indigenous healing is essentially holistically, biologically, psychologically, socio-cultural and spiritual in nature, many authors have noticed the importance of the psychological component. While there have been many articles on indigenous and/or traditional healing, many of which have been written by psychologists, very few have focused on the actually psychology of indigenous healing … It is predicted that investigations into the psychology of indigenous healing may reveal more essential structures of a perennial psychology, as old as humanity, which forms the foundations for all contemporary psychology. It may well be that such investigations may reveal original, hitherto undiscovered foundations and practices of this perennial psychology that underpin both modern scientific and traditional folk psychologies" (Edwards, 2011:224).

At present, Masekitana has only been investigated as a form of therapy for *individual* children. As it was originally a narrative game used by groups of children, I recommend that research be conducted using Masekitlana in a *group* therapy situation.

7.7 CONFIRMATION OF ASSUMPTIONS

As Masekitlana is a form of 'emic', 'bottom-up' therapy originating in the cultural context of the participants of this study, it was assumed that it would prove familiar to participants. It was found to do so and it enabled participants to describe some of their traditional beliefs. I assumed that a certain amount of familiarity with the participants' indigenous knowledge systems would be necessary in order to understand their expressions during the intervention therapy. I found that literature informed me on aspects of indigenous knowledge systems such as ancestors and the symbolism of snakes, which then clarified for me the meaning behind participant narratives. The assumption that participants would demonstrate how they experienced living in between traditional and Western cultures, their cultural in-betweenity (Pederson, 2009; Mkhize, 2004), proved to be the case. Masekitlana enabled them to talk about their experiences through the lenses of both of these worlds in what Mkhize (2004) describes as polyphony or multiple voices. I assumed that a form of therapy whereby therapist and participant were co-creators of participant reality rather than a structured therapist-directed form of therapy would be useful for participants. This proved to be the case as participants created various forms of narrative play with stones. They additionally chose to describe the picture cards of the quantitative measure, the Roberts-2 test, while playing with stones. My final assumption was that I would have to beware of bringing my own cultural preconceptions, values and research into the interpretation of data and into the process of therapy. This proved to be a challenge as it was not possible to remain an objective researcher. I could not eliminate my own feelings when I observed therapy sessions and heard the content, and inevitably interpretation of data might have included my personal convictions. However, the reflexive journal helped me to come to terms with this honestly.

7.8 LIMITATIONS OF THE STUDY

Inevitably the current study presented with certain limitations concerning the relationship of the research team and participants, the conceptualization of the research and how to implement its goals and faithfully portray its results, as well as some methodological design and process variables such as sample size and translation.

7.8.1 ROLE OF THE RESEARCHER

In cultural psychology, there is a "dialectical and dynamic connection between the knower and knowledge, between person and context, between the practitioner and his practice" (Mkhize, 2004:27). This statement brings to mind the elements of contradiction, dissimilarities, similarities and synthesis between myself and participants, between my background and theirs and many other links or disconnections I encountered in the current research. As opposed to my everyday role as psychologist-therapist for the same cohort of children from the same Children's Homes in this study, I felt that I was now in the context of research and the observer-recorder-photographer and so was ethically bound to a certain severing of the link between myself and the participants. I presumed I could not become wholly part of the context.

This created personally experienced ambivalence in the process of research in the current study, as the participants and therapist sometimes brought me into therapy, and at times I felt I had to intervene and become part of the therapy. Therefore relatedness and connectivity between all of us involved in the current study, not just between participants and therapist, became an imperative. I found it hard to remain objective and so inevitably I did become part of the context. This substantiated the cautions of Mkhize (2004) and Strydom (2005a) that practitioners and researchers cannot remain isolated unto themselves and cannot remain objective in African cultural settings. My dilemma was further clarified by Masogo (2003:225), who felt dissatisfied with being an outsider or "observer-researcher" and so crossed over into the "specialized space" of becoming an *ngaka* (*isangoma*) or African diviner in order to give the "esoteric knowledge (of an outsider in research) personal, social, and bodily legitimacy". Masogo explains his reasoning as follows:

> "We still know far too little about the anthropological activity of boundary crossing, and how this reacts with the participant's own boundary management. Dealing with other people's existential questions, existential questions of our own cannot be avoided; nor can these all be suffocated under increasingly convoluted and elegant discourse, no matter how many levels of structure, transformation, binary and ternary logic they may contain" (Masogo, 2003:225).

In an attempt to ameliorate my insecure feelings over ranging between being objective and subjective, I discussed my ambivalence with the therapist and the research supervisor. Notes

in my reflective journal indicated how I grappled with the blurring of research boundaries and the inevitable involvement of my personal feelings.

- *What I found was that it was harder for me to relate to the boys as I was not doing the therapy. When I said goodbye to them, I felt that they did not really know me. I felt it hard for them and me to be out 'on a limb' recording them but not being part of the therapy. I would have wanted to ask them some questions but had to leave this to..... (therapist) (9/6/2010:6).*
- *I find it hard to just be an observer. I want to actively participate in the session to make it more fulfilling in my eyes and to elicit more information. In this way, I am trying to fit the session into my agenda rather than allowing it to naturally follow its course and allow the ..... (therapist) to express their own styles of managing the session (9/6/2010:7).*
- *While I was washing (tea cups and cake plates) with Hlonipho, I asked him about his family and he told me that his mom had died. I was not sure whether I should interact with him in this way but I felt that it was necessary for me to also have a rapport with him and it is my natural inclination to feel with him and to help him. Washing with the little children is often a time when they talk about other things of their life and when further questions can be asked of them. I see it as an activity that their absent mother would do with them and that they now can enjoy doing with me as a surrogate mother (23/6/2010:9).*

7.8.2 LOSS OF CULTURAL AUTHENTICITY

In cross-cultural research such as the current study, there is the risk that researchers can only interpret what they see through the lens of their own perceptions. It can be very difficult for researchers to put aside their own preconceptions when examining the lives of others. As mentioned above, Masogo (2003), in conjunction with his position as a university lecturer, became an *ngaka* or diviner, which enabled him to embrace more effectively the cognitive and emotive components of narrative discourses of African people. One of the limitations of this research was that I was from another ethnic group (of European culture and origin) from the participants and therefore, although a resident of Africa and having lived in rural Zululand, I still had not completely immersed myself in African traditional life and so did not share all of the cultural beliefs of the participants. Self-reflexivity became an important part of this research and I questioned frequently whether my presence as a white, middle-aged lady in the therapeutic space did not inhibit and limit the expressions of the participants. Hence, the

written results of the current study are probably only an approximated reflection of what the participants wanted to reveal and were able to reveal about their lives.

7.8.3 TRANSLATION CONCERNS

Translation from Zulu to English in this study had its limitations. It was difficult to portray accurately, in writing up the research results, what the participants had authentically said and felt. From my understanding of what I heard in the sessions, I realized that some of the meaning, cultural insinuations and indications that the participants uttered were lost in the translation. I also noted that some of the meanings and terminology of Western nature were not understood by the translator and therefore not accurately translated. This challenge was emphasized by Tshehla (2003:186) who, in the context of Biblical translations from English into seSotho, states that "no culture can be reproduced completely in any literary text, just as no source text can be fully reproduced in a translation". Fortunately in the current study, I was able to follow and absorb the Zulu narrative in the sessions before some of the meaning was lost in the transcription and translation.

7.8.4 LOSS OF TRAUMATIC CONTENT

The written record of the participants' narratives could not adequately convey the intensity of the trauma that the participants expressed. The traumatic content of the participants' narratives was felt in therapy by me and the therapist in a way that words could not describe. Krog (1999, in Lente, 2003) explains how she felt this in connection with the narratives recorded during the Truth and Reconciliation Commission Enquiry of 1995. She describes how unsuitable the written text is as a form for re-presenting performed stories (such as the participants' narrative while playing with the stones) and for re-presenting traumatic oral narratives. In this research, utterances of the participants were presented in the written record in isolated 'chunks'. This divorced them from the context of the full conversation in therapy, the limitation of which must be recognized. Krog (1999, in Lente, 2003) does, however, believe that a new literary medium can be moulded that would re-present traumatic stories, perhaps in on-line, dramatized theatre form, as opposed to the written word.

7.8.5 SMALL SAMPLE SIZE

The goal of qualitative research is generally to understand the uniqueness and complexity of people's experience; hence, qualitative research is usually conducted on small samples

(Manning & Morant, 2004, in Lees, Manning, Menzies & Morant, 2004). In this research, only four participants were studied in detail. This means that assuming that the results can be generalized, a larger population must be considered with caution as the results might not adequately represent all traumatized children living with or affected by HIV.

7.8.6 SOURCES OF BIAS

In exploring themes, patterns and associations within the data, my personal whims, goals and needs for the research might have been a source of bias. Participants might have tried to respond to therapy in ways that they thought I, as the researcher, would have liked. The 'allegiance effect', that is, the researcher's allegiance to a particular form of therapy and his need for the outcome to be a positive one (Lees et al., 2004), might have been a possible source of bias in the current study. To reduce this bias, I discussed the themes and outcome frequently and at length with the therapist, as well as with the social workers of both Children's Homes.

7.8.7 CHALLENGES OF RESEARCH WHERE THE RESEARCH TEAM IS AFFECTED BY HIV/AIDS

A great challenge for me in the current study and one that I did not anticipate was how the effect of HIV illness on the research team would in turn affect the progress of the research. One of the participants was in hospital during part of the time period planned for his therapy sessions, so his therapy had to be delayed and the flow of the research was affected. The translator became ill and delayed translation by six weeks. Eventually a second translator had to be contracted. The therapist's sister fell ill and passed away during the course of the therapy sessions so these had to be postponed for a month. Furthermore, research fell over the Soccer World Cup period and three of the participants who had families were sent home for six weeks. This left one participant to work with over this period. The discontinuity of intervention sessions might therefore have affected the content of the sessions.

7.9 STRENGTHS OF THE STUDY

The strengths of the study emanated from study design and study intervention as follows:

7.9.1 THE USE OF MIXED-METHODS DESIGN AND CRYSTALLIZATION IN SINGLE-SYSTEM RESEARCH

The lens of crystallization, that is, "multiple sources of evidence viewed in different dimensions and from different approaches", rather than the "fixed, flatter, two-dimensional triangulation approach"(Mohangi, 2009:101), enabled a rich, deep investigation of the subject of this study. Data collected in a variety of ways, that is, interviews, casual discussion, observations, therapeutic narrative play, formal assessment, audio and visual recording, member checking and a reflexive journal enabled a thorough investigation of each system or case. The mixed-methods design allowed for quantification of data presented in graphic form, which was then tested against the qualitative data. Quantitative data provided more concrete information, while qualitative data collection enabled deeper, subjective meanings to be revealed. Because there was a follow-up session two months after the intervention was complete, the lasting effect of the intervention therapy could be tested. Performing therapy on participants for seven sessions each, that is, a total of twenty-eight sessions (of between twenty-eight and forty-two hours total duration) meant that a rich knowledge of the participants' lives was gleaned. Futhermore, twelve sessions in all of Masekitlana therapy allowed for a comprehensive testing of the intervention and a sound observation of the effects of the intervention.

7.9.2 SINGLE-SYSTEM DESIGN PROVIDES ITS OWN CONTROL

The strength of the single-system research design is that each participant (or system) is his own control. This is ethically fair in that the intervention is applied to all participants, as opposed to omitting interventions on control participants, the latter being the case for other designs. As each participant was his own control, extraneous and confounding factors that may occur when researchers compare one person with a different person, were eliminated. The time delay between the last intervention session and final assessment indicated whether there would be lasting effects from the intervention.

7.9.3 REVELATION OF AFRICAN BELIEFS AND AN EMIC APPROACH TO PSYCHOLOGICAL THEORY

Masekitlana produced the effect of enabling the participants to express their African belief systems. This enabled the participants to reveal a part of them that might have been

suppressed if the study had involved Western forms of therapy. I did not commence the research with presuppositions on how the participants would react nor did I test their narratives against any specific theory or hypothesis. I adopted an inductive and open-ended approach of letting the participants teach me what was of value to them. I simply absorbed and recorded the narrative expressions and actions of the participants in order to thereafter explore the meanings and themes that arose against the theoretical framework of indigenous psychology and indigenous knowledge systems.

7.9.4 MASEKITLANA IS A SIMPLE FORM OF INTERVENTION

Masekitlana is an intervention that represents indigenous knowledge, which therefore implied that I was utilizing an emic or bottom-up perspective on studying participants in indigenous contexts. This avoided the dominance of an intervention from a Western worldview, with which participants might have felt unfamiliar. Masekitlana is also simple and non-directive, and so allows participants freedom of expression and allows for creativity of activity response. The Roberts-2 test was particularly suited to children of African culture and origin, in comparison with other projective tests of its type, as the pictures depicted children looking like African children.

7.10 POSSIBLE CONTRIBUTIONS OF THE STUDY

The strengths of the study resulted in findings that I believe have made and will continue to make notable contributions to the field of psychology in general and indigenous psychology in particular, in the following way:

7.10.1 ADDITION TO INDIGENOUS KNOWLEDGE

The current study has contributed to the body of knowledge on indigenous psychology in that it has proven that offering Zulu-speaking children a form of therapy that resonates with their traditional cultural environment, enables them to express their authentic cultural beliefs. This research, therefore, adds to the collection of literature on indigenous knowledge systems and how psychology can form a part of this body of literature.

7.10.2 ENCOURAGEMENT TO OTHER PSYCHOLOGISTS AND ALLIED PROFESSIONALS

This study might serve to encourage other psychologists and related professionals to employ methods of therapy that originate in the historical and cultural lives of African persons. African people have been using their own rituals of healing throughout the ages. This study has shown how one such form of healing, Masekitlana, can be used as a valid therapeutic method for traumatized children. Further forms of indigenous therapy and research might be encouraged as a result of the current study, which "could have explicit or implicit functions of honouring original, local, evidence based, best practice, effective, research methodologies, diagnostic techniques and therapeutic modalities, which have stood some test of time and cultural approval" (Edwards, 2011:225).

7.10.3 RESILIENCE OF CHILDREN

The current study revealed the fact that even though children in South Africa are undergoing a considerably traumatic period due to the effects of the HIV pandemic, they are still able to develop their own form of moral authority and resilience in the face of adversity. This study also revealed the fact that children of Zulu origin and culture suppress their emotions and it takes a number of sessions of therapy, in particular, an African form of therapy, for them to show how they truly are feeling. In this way, the current study, using a form of psychology created by an African community itself, might have demonstrated one possible solution for the crime situation involving adolescents and young adults that has resulted from these youngsters acting out their anger at society by becoming criminals.

7.10.4 HIGHLIGHTING CONCERNS IN SOUTH AFRICA

This study has revealed the situation that is typical of so many children in this country, who live without the support of family, have been affected by sexual abuse and live with HIV. A contribution of this study has been to alert psychologists and the general public, through the narratives of the participants, to the intensity, direness and complexity of the situation. Another contribution is that it has highlighted difficulties that minimally nurtured children are experiencing in their school environments.

7.10.5 GUIDELINES FOR CHILDREN'S HOMES

This study has offered guidelines for Children's Homes and other environments where orphans and children affected by HIV are being raised. It has cautioned caregivers in these environments not to neglect the African cultural backgrounds of these children, as this might constitute a further tearing away of these children from their roots. A contribution of this study is to show how the ethos of *ubuntu* and the spirit of collectivity, empathy and living through the respectful eyes of those around one can be brought into these environments.

7.11 CLOSING REFLECTIONS

With the pandemic of HIV, South Africans are experiencing an epoch in history the only precedent of which could be the bubonic plague of the Middle Ages. Psychologists are not only privileged to be part of this era where knowledge of HIV and methods of treatment for HIV are evolving and improving all the time, but have an enormous responsibility to point out the psychological and social ramifications of the disease in the lives of the people of our nation. They are also in a position to offer solutions through their psychological skills. It is an era for South African psychologists to become as creative as they can and to use the resources that they have on hand and the strengths of South African people to right themselves.

I believe that we have at our doorstep a wealth of African indigenous knowledge that only needs to be tapped in order to offer a source of great healing power to the nation. Mutwa (1998) has stated that the extra-sensory power of the African person could be used to great strategic value. I believe that these same powers of intuition of the African person could be used by professionals to create concrete methods of healing in the psychological profession.

When I began to study the ancient narrative game of Masekitlana, I embarked on a fascinating journey of discovery into the ancient and modern cultural beliefs, healing practices and story-telling ability of the African person, in particular Zulu-speaking people. The journey became a voyage of discovery of myself and my professionalism in that I was forced to question my beliefs as well as the forms of therapy and assessment that I had been conducting in my professional life. Masekitlana presented a new path of therapy for me. It answered what I felt was missing in the therapy of children affected by HIV, which was for psychologists in indigenous contexts to "use a different set of tools which may not be tools at all in any conventional sense in psychology" (Eskell-Blokland, 2005:172). Masekitlana represents for

the field of indigenous psychology a different set of tools, one which capitalizes on a form of therapy and healing that already existed in the indigenous Sotho culture (Kekae-Moletsane, 2008, 2004; Gilbert, 2006) and was found, in the current study, to be relevant for children of Zulu origin and culture. Through Masekitlana and other similar forms of therapy, psychological intervention can be "restored to its primal simplicity in order to reveal, by contrast, the extreme complexity of the intellectual, cultural, political, economic and social life of the [African] continent" so as to "truly appreciate the internal dynamics, imbalances and tensions" that exist there (Hountondji, 1983:xi). I was grateful that my work and research into Masekitlana in the current study took me away from "just asking about healing through established [in my case, Western] practice" (Kruger, Lifschizt & Baloyi, 2007:323) to attending a traditional healers' conference, to involving myself in a research project exploring the cross-usage of anti-retroviral medication and traditional African medicine, and to talking to *izangoma*/spiritual healers, *izinyanga*/herbal healers and *abathandazeli*/faith healers who are on the margins of various healing practices.

A colleague, who had also based her research on Masekitlana, and I demonstrated our findings on Masekitlana at a conference in August 2010. An academic stood up and cautioned us against involving ourselves in something we did not know enough about. I concurred with him but added that this was why more researchers in the field of psychology, even those from Western backgrounds, should conduct more research into different forms of authentic African therapy. This would inform new knowledge on indigenous methods, to enlighten the Western world as to what indigenous environments already use that might be useful in the therapeutic environment of children who are broaching both worlds, indigenous African and modern Western. It is time that psychologists helped to give credibility to indigenous forms of therapy. It is time that indigenous environments exposed to the world what they have to offer. It is time that indigenous forms of therapy are supported by those of the Western world and it is time "for an integral approach that includes and transcends diverse perspectives" (Edwards, 2011:225).

"Through recent legislation and establishment of a Traditional Healers Council, the South African government has paved the way for legal recognition of traditional practitioners and referrals between modern and traditional health care sectors" (Edwards, 2011:214). I would like to encourage a similar form of collaboration and referral system between South African registered psychologists and their traditional counterparts, such as traditional healers[28], who would complement the work of psychologists in offering holistic care to the African patient.

---ooOoo---

[28] Treatment by traditional healers and/or modern therapists essentially consists in re-establishing spiritual, human and environmental relationships, performing appropriate rituals to both protect and strengthen the vulnerable individual family and community and promote their future health, well-being and fortune (Edwards, 2003:218).