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CATEGORIES OF EXPERIENCE AMONGST THE KHOSA:  
A PSYCHOLOGICAL STUDY

Robert D. Schweitzer

A thesis presented to the Department of Psychology of Rhodes University, in partial fulfilment of the requirements for the degree of MASTER OF ARTS (Clinical Psychology).

January, 1977.

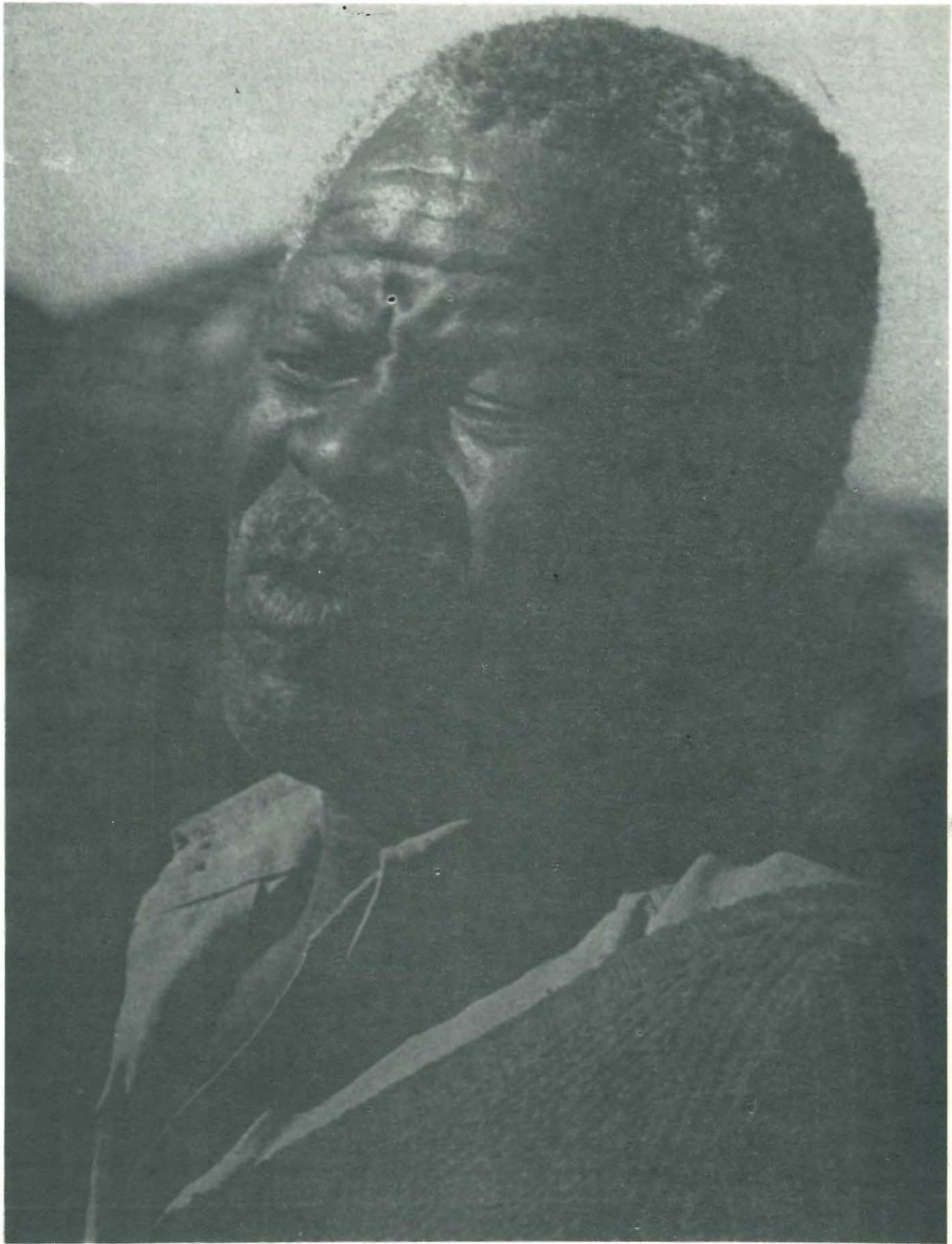


Plate 1: Mongezi Thiso.

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A PRAISE SINGER'S (IMBONGI) PRAISE OF THISO,

RECORDED AT A GODUSA CEREMONY, 1976.

U Thiso Yindoda.

Thiso is a man.

U Thiso Yindoda engajikiyo.

Thiso is a man who does not change.

U Thiso yindoda ethanda abantu.

Thiso is a man who loves people.

U Thiso yindoda enenyaniso.

Thiso is a man who has got faith.

Njengokuba eligqira nje unenyaniso.

While he is Diviner, he has truth.

Asingomuta urobhato.

He is not a person who robs.

Ukuthathelu okokoko ndambonayo.

Ever since I met him

Ndinethuba elingaphezulu kweminyaka elishumi

I have got more than ten years

Ndisebenza no Thiso

Working with Thiso

Thiso Yindoda yamadoda

Thiso is a man of men

Ethanda abantu

Who likes people

Ukuba iyanyanga, iyanyanga

If he cures, then he cures

Yaye ukuba uthi lento uyayazi uyayzi for sure

And if he says he knows something, then he know it for sure.

Akathi into ndiyayazi kanti uyathadalenza

He never says he knows a thing and yet he is not sure.

U Thiso ndimthembile nam

I, too, trust Thiso

Njengokuba ethanda abantu nje unenyani

While he likes people, he has got truth.

U Thiso unengqondo ecingayo

Thiso has got a brain that thinks

Yindoda ekwaziyo uku prova

He is a man who can prove

Akayondod'ingxamayo, akangxami

He is not a man who hurries, He does not hurry

Uhamba kancinane u Thiso

Thiso walks slowly

Kodwa imisebenzi yakhe miklulu

But his works are great

Ndimazi ke ngolo hlobo u Thiso

That is the way I know Thiso

Ligqira, yenye yentloko zamagqira alapha

He is a diviner, He is one of the heads of diviners here

Ligqira eliklulu u Thiso

Thiso is a great diviner

Kumagqira amakhulu, u Thiso yi President

To the great diviners, Thiso is President

Yinkokheli kulamagqira

He is the leader of these diviners

Imisebenzi yakhe nezinto azenzayo

His Works and his deeds

Akapushi mntu njengamanyamagqira

He does not push a person around like other diviners

Uyamcenga umntu athethe naye kamnandi

He pleads a person and talks nicely to him

Ndimazi njalo ke u Thiso

That is how I know Thiso

Mna ke ndingu Benjamin Hoza

I am Benjamin Hoza

Imbongi yama Rarabe eyabonga kwa -

A praise-singer for the Rarabe tribe who

sandile yanikwa inkomo

praised at Sandile's place and was given a beast.

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## ABSTRACT

Transcultural studies of psychological states may be seen as falling within two schools, one adopting a position in which universal criteria of "mental health" are assumed, the other a cultural relativist position in which phenomena are understood in terms of the context in which they occur. The present study, in adopting the latter position, examines categories of experience amongst the Xhosa in terms of their meaning within Xhosa cosmology.

The thoughts and practices of a Xhosa Iggira (diviner) were extensively examined using an idiographic approach. This was corroborated by in-depth interviews with his consultees who were undergoing the categories being studied.

Three categories, thwasa, phambana and amafufunyana are explicated. Thwasa is seen to be related to the individual-shade communion. Phambana is predominantly related to custom and witchcraft. Amafufunyana is related to disharmonious interpersonal situations within the community.

The universalist position, derived from descriptive psychiatry, has often viewed the mental status of amaggira (diviners) as neurotic or even psychotic. This finding is not supported in the present study. The implications of the research for community mental health in Southern Africa are discussed.

SECTION A : INTRODUCTION

CHAPTER 1.INTRODUCTION1.1 RATIONALE AND AIMS OF THE PRESENT STUDY

Clinical Psychologists in South Africa are often confronted by cultural-specific categories of experience when studying indigenous cultural groups. The experiences of thwasa and amafufunyana are two prime examples of such categories. The majority of research in this area has been limited on at least two accounts. Firstly, they have begun from a natural scientific standpoint, and have attempted to understand such experiences in terms of a natural scientific methodology. This has usually involved studying these phenomena from a medical-organic or descriptive psychiatric model, (cf. Laubscher, 1937, and Lee, 1969). Alternatively, anthropologists have looked at these phenomena, from a perspective which asks: "What function do these experiences serve?". Such an approach has usually resulted in an explanation closely related to the psychiatric one, i.e. these experiences are understood as being medical pathologies which are inherent in societies and are canalised within the societies (cf. Hammond-Tooke, 1975).

Secondly, researchers have failed to note the diverse nature of categories of experience among the Xhosa. They

have thus categorised what they termed "abnormal" or "dissociated" states into a single category, (i.e. thwasa) or have ignored the diversity of explanation associated with the varied nature of the phenomena. The above approaches could thus be interpreted as falling within a rational-scientific or comparative paradigm, in that Western concepts have been adopted as the criterion measure.

With reference to this approach, at least three researchers have pointed to its inadequacy, (Kruger, 1974; Bührmann, 1976; and Robbertze, 1976). The argument put forward is that to understand certain indigenous phenomena, it is necessary to examine them from a perspective outside of descriptive psychiatry. The aim of this thesis is to adopt a transcultural perspective, in which judgment is suspended in an attempt to uncover "meanings" valid in examining categories of experience amongst the Xhosa. In other words, the aim is to understand categories of experience within the context of Xhosa cosmology with an emphasis upon explicating the meanings associated with the cosmology-bound constructs. Such an approach should, where necessary, also be prepared to question Western concepts of the material being studied, and thus facilitate an understanding of how the Xhosa Iggira (diviner) operates within his indigenous milieu and in terms of his cultural world view.

This investigation will focus upon :-

- (a) Surveying the literature related to particular categories of experience amongst the Xhosa;
- (b) Elucidating the meaning of the category in terms of indigenous Xhosa world view;
- (c) Noting any correlation between the particular category with Western medical or psychological categorisation of experience or mental states, where this proves useful;
- (d) An attempt to synthesise the categories into a systematic indigenous nosological scheme, and an examination of the problems involved in so doing.

The emphasis will be upon an in-depth idiographic analysis of each of the categories, using the extended case study method. In these case studies, it will become apparent how arbitrary and artificial the traditional descriptive psychiatric classification is in this context, especially when based only on observable behaviour. It is essential to focus upon actions, thoughts, feelings, memories and dreams - the experiential reality of the subject being the only guide to interpretation. The most "scientific" findings in this field have generally reflected not the characteristics of the phenomena being studied, but the conceptual framework and biases of the respective authors.

While a framework based upon defined premises will be incorporated in this study, its use will be limited to providing a background for a partial understanding of Xhosa cosmology only. The case study method will go beyond such conceptual schemas, towards an understanding of the experiential reality of the particular category, partly by making extensive use of the original ethnography collected during the course of the research.

The value of research in this field is that :-

- (a) It contributes towards insight into the field of transcultural psychology. This is valuable in providing some understanding of the human condition, its particular relevance lying in the field of clinical psychology;
- (b) By recording the present practices of the Xhosa Iggira, a part of indigenous helping lore, which is an aspect of the Xhosa cultural heritage, is being recorded. This is regarded as important, since with the present process of Westernisation, the traditional culture of the Xhosa is in a state of accelerated transition, and while the influence of Western medicine and psychiatry becomes increasingly influential, indigenous practices and value systems are being undermined.
- (c) The implications of such an understanding for Community Mental Health in Southern Africa will be examined.

## 1.2 BACKGROUND

The present study is based upon the author's investigation of categories of experience amongst the Xhosa. It is based upon field work carried out over a period of three years in the Keiskamma Hoek Area of the Ciskei.

The Xhosa is a member of the Cape Nguni, who are comprised of several chiefdoms. These include the Thembu, Mpondo, Mpondomise, Bhaca, Xesibe, Bomvana, Hlubi, Zizi and Bhele chiefdom clusters. Each of these groups has its own dialect. They live in an area stretching from the Fish River, Cape Province, to Swaziland. Every child is born into a partilineal clan, and the clan system interlocks with the ownership of cattle. Traditionally, the Xhosa are herders and cultivators. (Hammond-Tooke, 1965).

The idiographic mode of investigation adopted in this study was chosen on the basis that it was preferable to establish a meaningful relationship with one central informant, and by gaining his confidence, material of greater depth would become available. The field work consisted of the author's visiting the homestead of one Iggira (diviner), Mr. Thiso, and carrying out an in-depth study of this particular man, his clients and novices.

Mr. Thiso is regarded by his colleagues in particularly high esteem and, it is considered, represents largely

orthodox views as to the practice of indigenous helping lore. He was called to his profession, and began to practise as an Iggira, at approximately 40 years of age. At the time of the study, he was about 60 years old. His homestead reflects his success. He has several houses, some built in the traditional style, while two have iron roofs, a relatively new fashion. He has a kraal (byre) with cattle, sheep, goats and other assorted livestock. He has a small vegetable garden, as is customary, and which is cared for by the women-folk. He has several acres of land, also under cultivation.

Other informants include his wife, Mrs. Thiso, who is a more reserved person than Mr. Thiso, and is also very well regarded for her competence as an Iggira.

Mr. Kunene is a semi-qualified Iggira, and has been an initiate of Mr. Thiso. He still has to complete the final godusa ceremony before graduating as a fully-qualified Iggira. He completed his matric at Lovedale College and was a student at a Teachers Training College when he experienced the "calling" to follow the profession of becoming an Iggira. He was a frequent visitor to Mr. Thiso's homestead, and fluent in English.

Mr. Span Kiki Jodwana is a well-known and flamboyant Iggira, who practises in the Alice district. He is an extroverted person, very charismatic, and his clientele

include many urban businessmen who might be experiencing misfortune.

Mr. Samson Bhaba is a practising Iggira in Grahamstown and is the only Iggira represented in this study from an urban setting.

Mr. Zamicebo Mawaba is an older Iggira. He practises at Ncabasa, Middle Drift.

All patients have been given pseudonyms, for reasons of maintaining confidentiality.

### 1.3 CLARIFICATION OF TERMS TO BE USED IN THIS THESIS

#### 1.3.1 Category of Experience

A category of experience is defined within the context of this thesis as any recognised mode of experience or behaviour which is understood as, and recognised within the cultural context as constituting a particular way-of-being-in-the-world.

The use of the term "category of experience" by-passes the limitations of the term "mental state" and avoids the connotations of the currently popular term "states of consciousness".

### 1.3.2 Shades

In the context of this thesis, the usage of the term "shade" requires clarification. The term "ancestor" has come to be the accepted translation of the Xhosa term "Izinyanya" and its synonyms. However, in advocating the English interpretation of "shade" to be more appropriate, the author concurs with Berglund (1976) in his argument that the word "ancestor" suggests ascendants who are dead (according to Western concepts) and, as a result, there is a distance or separateness between them and the living. This is illustrated by examining the distinction between the definition of the terms "ancestor" and "shade".

The Oxford English Dictionary (1959) defines ancestor as:

"predecessor - one that goes in front. One from whom a person is descended and whom is usually more remote in the line of descent than a grandparent. A progenitor (as one living in an earlier geological period) of a more recent or existing species or group. Syn. progenitor, forefather, forebear."

The same dictionary defines shade as:

"the shades: the darkness of the nether world; the abode of the dead, Hades. The visible but impalpable form of a dead person, a ghost. Also a disembodied spirit, an inhabitant of Hades. Often collective plural, the shades: the world of disembodied spirits, Hades. c)

In humorous invocation of the spirit of a deceased person, as likely to be horrified or amazed by some action or occurrence."

The Greek Hades refers to "lower world, abode of departed spirits".

The usage of the word shade should be distinguished from the term isithunzela, which refers to the dead who return as negative spirits or ghosts who are in the service of witches. The izinyanya (shades) are close to the living and are positively regarded, as the protectors of the home (personal communication - Mr. Tindleni).

The Xhosa live in a less divided world, in which the distinction between the living and the departed is not great and often meaningless. An undoubted relationship between the living and the departed exists, which is characterised by intimacy within the lineage. The significant role of the departed (shades) through their living presence in the less differentiated world of the Xhosa will be illustrated in this thesis.

### 1.3.3 IGQIRA

The Xhosa term Iggira has been retained in preference to the usual translation, "diviner", or the less commonly used terms of traditional doctor, traditional healer or psychic healer, which are all limited in terms of their

associated and sometimes perjorative meanings. The Iggira is more than a diviner of illness and misfortune, while his practices are current and dynamic rather than traditional and static. Kruger (personal communication) has characterised his function as :-

- (a) Mediator;
- (b) Seer;
- (c) Healer;
- (d) Inquisitor.

As will be noted from this characterisation, the above phrases, being limited in their connotations, are only partially appropriate. The term Iggira, however, avoids the perjorative or constricted meanings associated with the English translations cited above.

#### 1.4 XHOSA COSMOLOGY

In order to understand categories of experience within Xhosa cosmology, it is necessary to :-

- (a) Understand the cosmology from within a conceptual schema;
- (b) Enlarge upon the meanings associated with the constructs, and understand their significance within the cosmology.

It should be emphasised that the following interpretations and arguments are tentative and open to continual review.

In attempting to understand the structure or rules of Xhosa cosmology, extensive use will be made of Hammond-Tooke's (1975) anthropological interpretation of the symbolic structure of Cape Nguni Cosmology. This does not negate the idea that the Xhosa live the experience, but states that by looking at such structures one is able to understand the rules or structures of the said society. He begins by examining the significance of the supreme being, ancestors, River People and witches.

The Supreme Being (uDali, uQamatha or uThixo) is invoked to explain the phenomenon of the creation, but that is all. This concept appears loosely integrated into the cosmological system. Ancestral shades are significant in that they provide an explanatory theory for the phenomena of dreams, trance and death, communication from the ancestors often being associated with the neglect of custom. Witch beliefs, aspects of the ancestor cult and the cult of the River People provide an explanatory theory of evil and misfortune. The people of the River are equated by some informants with the ancestors, while other informants refute this. It is apparent, however, that there exists a close association between the River People and humans, the phenomenon having the capacity to manifest in both positive and negative aspects.

Hammond-Tooke has examined animal categories, in terms of their material, symbolic and mediatory significance. They mediate between important structural oppositions. On a symbolic level this is represented as being between the opposition of forest and homestead.

In terms of an evaluative structural opposition, he posits a generalised schema :-

	<u>Nature</u>	<u>Mediation</u>	<u>Culture</u>
Evaluative	wild	marginal	domestic
	bad	ambiguous	good
	-	-/+	+

This correlates with differing constellations of elements:

Three projections relevant to the present study are :-

Level

spirit beings	FAMILIARS	RIVER PEOPLE	SHADES
human	witch	diviner	moral man
ethical	unmerited misfortune	fortuity	merited misfortune
social	individua- lism	structural freedom	societas

His evaluative explication of the above paradigm is that witches symbolise the essence of evil, whereas the shades are the epitome of good. While both witches and shades

can cause illness and misfortune, ancestrally-sent misfortune is always due to the neglect of custom and is merited, while witch-caused misfortune is frequently the product of unmotivated envy and malice.

With regard to mediatory constructs, the River People are represented as ambiguous, being associated with animals of the wild (e.g. crocodile) and with umamlambo (a river snake familiar), but some people think of them as ancestors. They are thus construed to be both dangerous and benevolent.

The three constructs of familiars, River People and shades are seen to structure the Nguni cosmological system.

However, there are further mediations which exist between these constructs. Man and nature are in a continual relationship, which is expressed symbolically. Man can influence the River People by, amongst other things, the sacrifice of an ox. The River People can communicate with man via messengers. Cattle are the prime mediatory offerings to the shades. Hammond-Tooke then posits that the office of diviner is pivotal, in that he provides more than an interpretation of the universe, but participates in all three of these areas. He is based in the home-  
stead, he receives instructions from the River People and enjoys the "tutelary mentorship of the amaramnewa" (wild animals).

The societal aspect of man, which Hammond-Tooke examines in

terms of lineage solidarity and descent group loyalty, is construed as a basic moral injunction. Descent group solidarity is seen to be symbolised on the cosmological level by the close association of the living-dead with the living. Lineage rituals are employed to stress this link by means of the mediatory ox. In sacrifice, the ox is seen as a symbol of mediation in the process of man's reconciliation with the shades. Opposed to the importance of group involvement "the witch represents rampant individualism, and the negation of social man. This is seen to be expressed symbolically by being located outside society, in the extreme location of the forest, among the fierce wild animals." (Hammond-Tooke, 1975:31).

- o Hammond-Tooke posits that the main aspect of Cape Nguni Cosmology is its strong interest in the explanation of, and dealing with, misfortune and illness. The two poles of familiar and ancestor are the two prime explanatory causes of misfortune. The diviner, being the functionary closest to the shades, is thus significant in determining the provenance of sickness and misfortune. Paradoxically, merited misfortune is meted out by the ancestors for individualistic behaviour (neglect of descent group ritual), and unmerited misfortune comes from social involvement.

Human society is thus seen to involve both individualism and *societas* and both nature and culture. These two poles are mediated on the construct level by the River

People, and on the social level, by the diviner, who is also the person most closely associated with the River People.

Hammond-Tooke's use of this approach may be seen as providing generalised parameters to Nguni culture. Leach (1974) comments on this approach, stating :-

"We ought to recognise that when we set such store by objective rationality there is loss as well as gain." (Ibid: 119).

The loss, in this case, appears to be the psychological nuances of meanings associated with the lived-world of the Xhosa. It is thus essential to proceed beyond this approach, to a hermeneutic approach in which we examine the psychological nuances of meaning associated with the individual's behaviour and perception of his experience within the generalised cultural framework proposed by Hammond-Tooke (Ibid.). It is posited that structures do not exist by themselves and thus, to understand Xhosa cosmology, an analysis of underlying structures is insufficient. It is in this respect that the present study draws upon phenomenology in explicating meaning by viewing man and world as being in continual meaningful relationship. Man's presence in the world is thus an understanding presence, implying the vision of meaning and the possibilities of meaning.

This is particularly relevant in the present study as the

Xhosa do not draw the subject-object, or I-It dichotomy to the same extent as is characteristic of Western man's rational thinking. This is characterised by an aphorism, said to denote "African philosophy": "To be is to participate". (Georgiades, 1975).

Against this background two schemata will be proposed and will be used in the following chapters. The linear progression evaluative statements, put forward by Hammond-Tooke, are re-interpreted in a non-linear three-dimensional schema, in which the emphasis is upon the dynamic relationship between natural, cultural and spiritual elements. Such a representation conceptualises the Igqira (diviner) as having mobility between all of these elements.

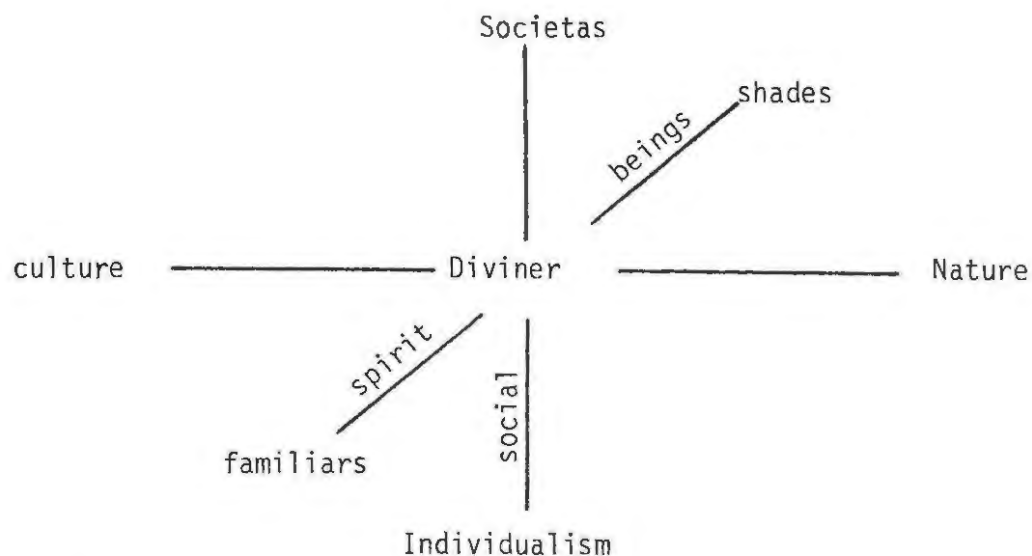


Diagram 1: A representation of the Igqira's relations to natural, cultural and spiritual elements in his cosmology.

The functionary aspect of the Iggira is thus re-defined, situating him in a position of dynamic relationship to the symbolic elements as indicated on the horizontal axis, and in fundamental opposition and tension between group involvement (*societas*) and individualism, as indicated on the vertical axis. His access to and mediatory significance between the spirit beings is indicated on the slanted axis.

While Hammond-Tooke's linear relationships are restrictive in interpreting the diviner as mediator between Nature and Culture, (i.e. witch-diviner-moral man) and thus having access to the worlds implied by these constructs, it is posited that the Iggira naturally transcends these relationships in his access to the numinous quality implicit in these constructs. By his transcendence, he is not just a mediator, but has the power to manipulate the forces inherent in the natural, cultural and spiritual elements of Xhosa cosmology. He thus incorporates and is seen to incorporate the "power" of knowledge.

The second schema deals with the individual's important relationships. This schema will be of primary significance when interpreting the relationship between meanings associated with categories of experience.

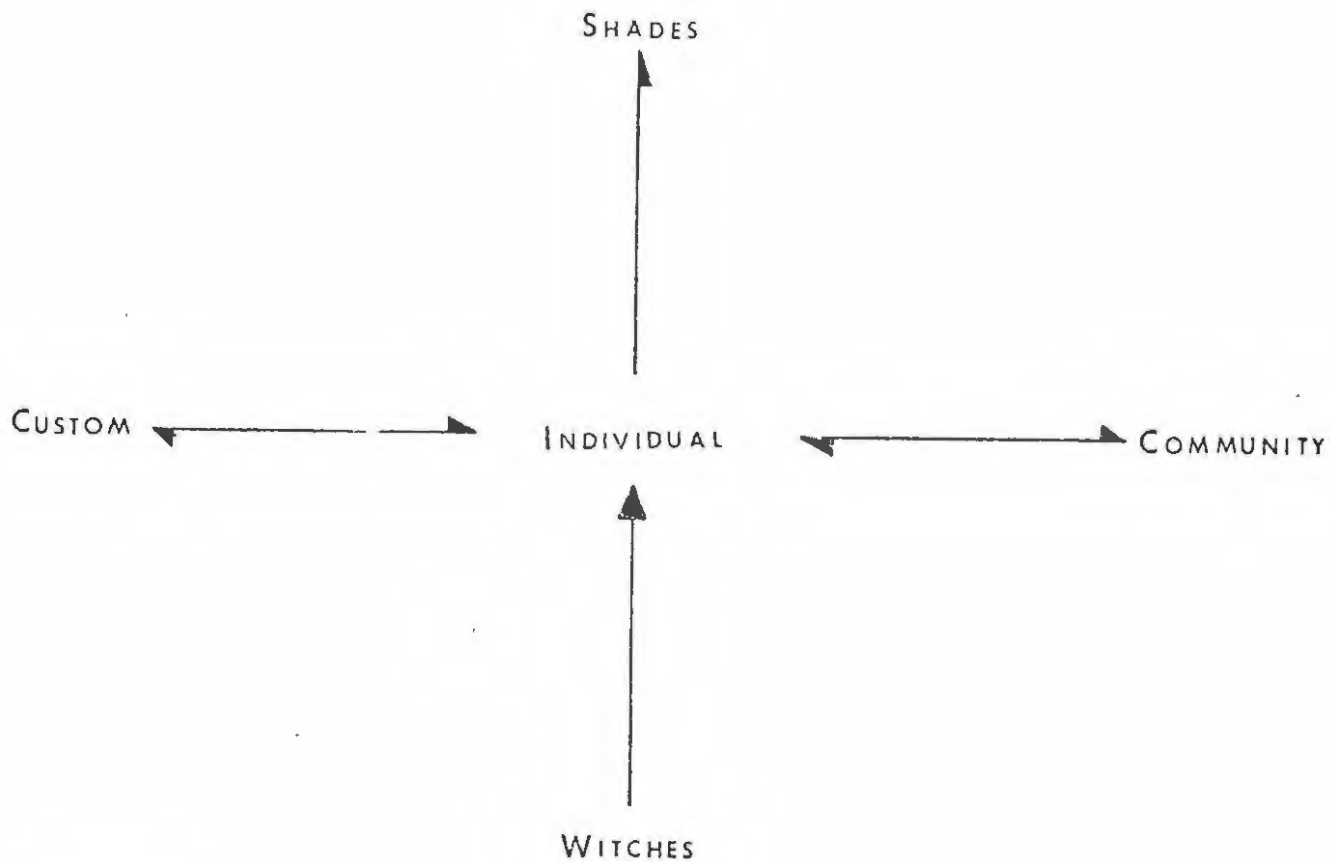


Diagram 2: A representation of the individual's relations to important cosmology-bound elements.

Within this schema the individual lives in dynamic relation to the community and to custom. The individual's relation to custom closely involves the role of diviner, who serves as an expert in custom or as an expert in living.

The individual is also seen to have a dynamic relation to the shades and to the familiars. While Hammond-Tooke has pointed to the polarity of these two concepts, their associated meanings will be considerably expanded in the current study. By revealing the above lived meaning-relationships, an understanding of the individual's lived

world and associated categories of experience, will be gained.

The dynamic aspects of communication between the elements in the above schema is indicated below :-

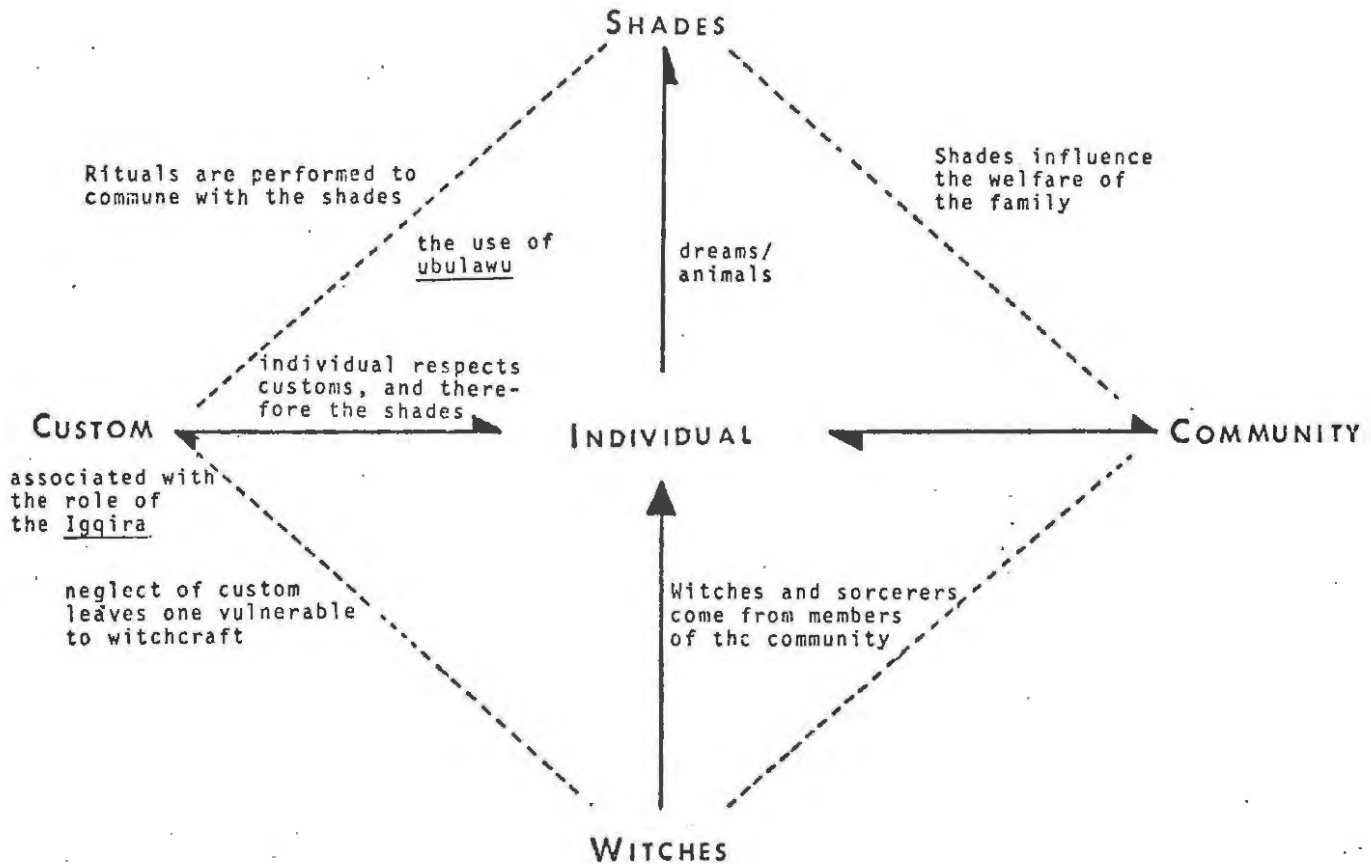


Diagram 3: A representation of the dynamic modes of relationship within Xhosa cosmology.

The continuous lines represent direct relationships, in the sense that the individual has direct or tangible contact with the aspects indicated.

The broken lines represent those relationships which fall outside the direct control of the individual and which are extrinsic to the individual's sphere of influence.

The schema is conceptual. However, as the people being studied live in an essentially pre-reflective lived-world, in which the experience is neither interpreted nor abstracted, it is essential to understand underlying meanings and meaning relationships associated with the concepts to be used. In this manner this study will attempt to go beyond the above schema in explicating the individual's existential reality based upon lived-experience.

The categories of experience to be explicated are thus not primarily viewed as constituting psychopathologies but as the expression of affectively-determined problems in living.

CHAPTER 2.LITERATURE SURVEY2.1 INTRODUCTION

Categories of experience, as defined within the context of this thesis, have been conceptualised by anthropologists, psychiatrists and psychologists in various ways. Anthropologists note that different cultures do not define the same behaviour as aberrant or the same idea as bizarre. This has led to some researchers insisting upon a relativistic position in studying the concept of "normal" behaviour and experiences. What is defined as psychotic in one culture may be defined as a religious experience in another.

The concept of "sick" as defined within the medical model implies a value connotation which may not always be relevant to the culture being studied. This is seen, for instance, where a particular mode-of-experiencing is explained as constituting possession by a malevolent force rather than as a psychiatric problem. Such studies have given rise to questions pertaining to the very concept of normality. The concept of "mental health" unavoidably involving culturally biased value judgments is contrasted to the validity of generalisations about faulty physiology or socialisation that, irrespective of culture, lead to symptoms definable as "illness".

Are there culturally specific forms of mental or emotional aberration? Do different cultures define and treat "mental illness" differently, and how does this determine the behavioural manifestations of such conditions? What is the meaning of "cure" for such states in different cultures? Are differences in the incidence of internal maladjustment or social maladaptation related to cultural patterns? Studies that have undertaken to examine these questions are characterised by the use of a variety of methodological and theoretical approaches, and consequently, have given rise to a variety of answers, some of which cannot easily be reconciled with one another.

The validity of comparative data has been questioned due to the following considerations: differences in training, the orientation and the quality of researchers, differences in the methods of sampling, the intensity of the investigation, and the methods of computation or interpretation of the data. It is further argued by some critics that anthropological observers have inadequate training in clinical psychology and psychiatry, and the reverse is said of clinicians who venture into what many anthropologists regard as their legitimate area of study. Nevertheless, there are important issues that have arisen from work carried out in this area. These are reviewed in the following section with an emphasis upon research done in South Africa, and in particular among the Xhosa.

## 2.2. THE UNIVERSALIST-CULTURAL RELATIVIST CONTROVERSY

A central controversy in this area relates to the status of categories of experience in different cultures. One point of view claims that universal non-evaluative norms of mental health and mental abnormality do exist and that such norms can be applied to all societies. In contrast, the "cultural relativists" maintain that there are no universal norms of mental health.

### The Universalist Position:

The "Universalist" position is supported by Crowcraft (1968) who puts forward the propositions that :-

- (a) there are absolute psychoses;
- (b) conforming individuals in "abnormal cultures" (as characterised by the Yurok and Dobuans) are, in fact, abnormal in an absolute sense, despite finding complete acceptance within their own cultural milieu.

Devereux (1973, in Tousignont, 1975: 41-44) in a work cited as "an unrelenting battle against the culturalist school", maintains that deviance from the ethos of a culture is an unacceptable criterion for the identification of mental illness. He suggests that a comprehensive understanding of the culture of homo sapiens as opposed to particular cultures should serve as the point of reference in the

assessment of psychopathology. He thus concurs with Crowcraft (1968) in his view that a man should be considered sick if he blindly abides by the rules of a sick society. He maintains that the unconscious sources of psychological conflicts are caused by the same universal impulses, but that each culture deals with these conflicts in a distinctive fashion.

#### The Psychiatric Universalist Position:

The universalistic position has been implicitly adopted in almost all the psychiatric, psychological and anthropological research pertaining to categories of experience in indigenous groups in South Africa. This is well illustrated, for instance, in studies of auditory and visual experiences among such groups. This is illustrated by a study undertaken by Laubscher (1937) who found that "auditory hallucinations" predominate among male patients of whom the largest percentage heard the voices of their ancestors. In female patients similar hallucinations were encountered with visual and tactile hallucinations centering around the Tokoloshe, Impundulu, and Inyoka (dwarf, bird and snake familiars).

He observed that :-

"the pagan native schizophrenic patient in his regression keeps on the whole within the fold

of his cultural belief, expressed as ideas, because the archaic and the magical forms of thought are as much part of his normal state as they are of his psychotic state. Hence the great difficulty for the normal pagan native to discriminate between the rational and the irrational." (Ibid: 236-237).

He thus relates ideas associated with ancestors, witchcraft, sorcery and familiars - all of which are fundamental elements of Xhosa cosmology - to hallucinations and delusions.

In describing the mental status of the amaggira, he concludes that :-

"A large number of them belong to psychopathic and psychotic strata of their people, as the family histories of hospital material will show ... " (Ibid: 42).

Blignault (1958 : 66-69) in a later study of hospitalised patients, came to the following conclusions :-

- (a) A high incidence of auditory hallucinations were ascribed to the ancestors with a still higher incidence ascribed to living persons;
- (b) It could not be substantiated that the more acculturised Bantu was less inclined to experience hallucinations which could be ascribed to the ancestors;
- (c) The patient's relationship with the supernatural served

as a basis for the expression of the grandeur content in the hallucinations expressed by these patients;

- (d) The persecutory content of hallucinations showed a relationship with the patient's fellow men. (Ibid).

This study was followed by a similar study, undertaken by Opperman (1966) in which he questioned one hundred male African Psychotic patients, classified into an urban and into a rural group. He then questioned them on the content and their experience of hallucinations and delusions. He concluded that in spite of the marked Westernising influence present in the urban group, the delusions expressed and hallucinations experienced were still bound to the traditional cultural background. He accepted the following hypothesis :-

"The hallucinatory and delusional content in African male psychotics domiciled in the Transvaal conform to a large extent to African customs and concepts irrespective of length of term of residence in an urban or rural milieu". (Ibid: 447).

Scott (1967) studied the content of delusions and hallucinations of African female psychotic patients. Compared to the patients studied by Blignault (1958) and by Laubscher (1937), his patients had been more exposed to urbanisation and Westernisation. He reported that eighty-five per cent of his sample showed evidence of auditory hallucinations,

the majority of which were experienced as speaking directly to the patient. He contrasts this to White psychiatric patients, to whom voices often spoke in the third person. A further contrast was that in the sample interviewed, the voices were frequently reported to be instructions from persons known to the patient. These were found to be more structured than those of Whites, with half of the reports of hallucinations being ascribed to the ancestors.

Scott supports Laubscher's prediction that with greater acculturation the content of auditory hallucinations shifts from instructions to carry out traditional customs to allay guilt shared by the tribe to accusatory content which signifies guilt borne by the individual alone, as found in Western civilisation. On the other hand, the belief in the ancestor cult appears unshaken. Scott's experience indicates that even highly educated and trained urban Africans consult the Sangoma (the Zulu equivalent of Iggira), for what they consider to be outside the realm of the "White man's medicine". He states that ancestor worship will probably be one of the last traditions to be affected by acculturation. In examining the content of the delusions of his sample, he suggests that while belief in the ancestor cult appears to remain unaffected, belief in the traditional legendary anthropoid spirits have greatly diminished.

In a more recent study Hurst (1970) noted that under the stress of mental illness, his sample reverted to traditional symbols and ways of thought. He found a non-significant relation between cultural items entering into delusions and hallucinations and social variables. He indicated that of those persons classified as schizophrenic, the high prevalence of visual hallucinations should be noted as a Bantu cultural feature. In his experience with Whites, this modality of hallucination is decidedly less common than the auditory variety. He speculated that this phenomenon might be due to neurophysiological differences between the two groups, citing Mundy-Castle's findings that the distribution of alpha rhythm (associated with vision) was found to be different.

While the studies cited might be methodologically sound, they do not attempt to relate the experiences described as being meaningful within the individual's cosmology, but they are evaluated within a medical or descriptive psychiatric model. To conceptualise an auditory or visual experience as being a hallucination or delusion, is to restrict the phenomena to abnormal or pathological mental conditions and, as such, invalidates the experience.

Anthropological Studies:

While the approach outlined might be in keeping with the training and scientific background of psychiatrists, it is not limited to this discipline, as will be illustrated in a review of the following studies.

An extreme example of the Universalist position is adopted by Mqotsi (1957). He suggests that among the Xhosa :-

the fear of witchcraft, sorcery, the familiars, lightning and ghosts are symptoms of neurotic anxiety. It is true that in this society these fears are regarded as normal and that he who does not share in them is the deviant. But objectively they belong to the order of neurotic fears. (Ibid: 169).

X In examining the relationship between thwasa and psychopathology, Mqotsi draws the conclusion that Xhosa society affords a legitimate social niche for the abnormal personality as it absorbs mental derangement and directs it along socially approved channels.

Thwasa, viewed as the canalization of psychopathology, is interpreted as the ritualisation of conflict, and thus a rite of passage.

A similar view has recently been put forward by Lamla (1976) who regards thwasa persons to be characterised by emotional instability, and states :-

In Southern Nguni society this psychic condition is controlled and canalised through the process of initiation. This process may, in turn, be regarded as a rite of passage and, therefore, a ritualisation of conflict. It is done with the backing of the entire force of traditional dogma, religion and morality. (Ibid: 1967 - 108).

Schapera (1956 : 63) provides a slightly less harsh view in his description of thwasa persons, whom he regarded as being either neurotic or suffering from an "unbalanced temperament". He observed that from time to time they would fall, or pretend to fall, in hysterical fits which they interpreted as visitations and manifestations of superhuman power. (Ibid.)

A more sympathetic approach to thwasa is offered by Wilson and by Hoernle. Wilson records the symptoms of inkathazo\* as including: stomach-ache, nervousness, various body pains and periods of unconsciousness before and during initiation. She notes that her sample was predominantly female, many of whom were menopausal.

Most novices being initiated (abakhwetha) and amaqqira are nervous, hysterical people. One novice I knew walked with a marked limp but it was not apparent when she danced the ritual dance. An uncontrollable hiccough or nervous twitchings are common symptoms. (1961 : 320)

\* Literally trouble - used technically for sickness preceding thwasa.

Hoernle (1956 : 221-227) described the symptoms of thwasa as including particular dreams during which spirits communicate with the individual giving him no peace. The individual wanders around the country-side, living for long stretches of time by himself. On his return, he might be seized by fits, which might recur periodically. She noted that such individuals groan constantly and appear to endure a great deal of mental and physical suffering.

In attempting to proceed beyond the descriptive approaches to thwasa already quoted, Gussler (1973) proposed an explanatory theory in which she supplements the often cited psycho-sociological parameters mentioned in previous studies with an ecological-biological parameter. She argues that ecological change, subsistence practices and traditional social patterns have combined to produce certain nutritional deficiencies. This results in malfunctioning with the symptoms being seen as those of thwasa. However, the many ritual sacrifices associated with thwasa ensure that the diviners have a regular supply of beef. The initiation-cure may thus alleviate the condition by :-

- (a) removing the cause of stress through improvement of a low social position or unhappy situation; and
- (b) improving the economic and certainly the dietary condition of the individual who has taken up a new profession.

Lee, (1969), as a psychoanalytically-orientated psychologist,

undertook a study of possession and associate states. In noting first the predominance of women who became diviners, he states the Izangoma (Zulu equivalent of Iqqira) cult is female-centred, the male neophytes being transvestites and copying the ways of women. Social power is gained by the possessed person.

Lee puts forward the hypothesis that any genetic weakness, giving a predisposition to a neurotic disorder may be accompanied by varied types of behavioural reaction, one of which would be thwasa and initiation as a diviner. He regards this as a "therapy" during which guilt feelings aroused can be coped with and alleviated, for what he terms "both constitutional neuroses and immediate social deprivation". (Ibid: 155).

In a paper entitled "African World View, and its relevance for Psychiatry", Hammond-Tooke (1975) suggests that the diviner might be a professional counterpart to the psychiatrist.

He describes a striking difference between male and female diviners. The majority of female diviners appeared to be intelligent and friendly, well-integrated individuals, whilst the male diviners appeared nervous, moody and probably homosexual. He suggests that there might be different causes in explaining the possible psychopathology of mediumship and the kind of people called to this vocation.

Hammond-Tooke concludes that :-

it is possible that all diviners are neurotic to some degree and that neurosis initiates the possession. Possibly the initial illness is organic and the traditional interpretations in terms of thwasa is sufficient to lead to the rest of the process. (Ibid.).

### Amafufunyana

Thus far, only one category of experience among the Xhosa, namely thwasa, has been considered. Another category, amafufunyana\* has received only limited attention in the literature.

Sakinofsky (1961), in reviewing transcultural research in South Africa, states that standardised forms of psychiatric illness prevail among the indigenous peoples. He describes amafufunyana as anxiety-hysteria which occurs among Zulu women. He cites Loudon, who regards this as the expression of social anxieties raised by the inferior status occupied by women in tribal societies. He is of the opinion that the emotions associated with amafufunyana were communally abreacted in Nomkubulwana, "an obscene dancing ritual of rebellion in which all the women of a village took part". He makes an interesting allusion to this as constituting

\* The prefix ama is used throughout this thesis, as amafufunyana is always said to occur in the plural (personal communication with Mr. Tindleni).

a form of preventative psychiatry. Sakinofsky cites Lee in suggesting that the dreams of such patients are typically concerned with "flooded water", which, in the Freudian sense, is said to indicate conflict centered on the social pressure to bear children.

Working as a psychiatrist in Lesotho, Mokhobo (1971) points out that treatment for amafufunyana, which he interprets as hysteria, is nearly always undertaken by an Iyanga or prophet, while a "Western" doctor would be consulted only for temporary control. (Ibid: 114).

### 2.2.3 Cultural Relativism

In contrast to the universalist approach, the "cultural relativists" maintain that there are no universal norms which can be applied to all societies. This is exemplified by the statement that :-

beliefs and conduct are never appraised by any competent person in pure abstraction; what is appraised is belief and conduct in context. (Coulter, 1973 : 147).

In aligning the present study with this approach, it is pertinent to gain a perspective of other cultures as indicated by Kiev (1972) who notes the existence of what he terms "exotic psychosis" which defy incorporation into a Western psychiatric nosology. As examples, he quotes the

Malayan Amok, the Windigo psychoses of the Cree, Salteaux and Ojibwa, the Arctic Pibloktoq, the Malayan Latah, the Imu illness of Hokkaido and the Chinese Koro.

Windigo, for instance, occurs among the caribou-hunting Cree, Ojibwa and Salteaux who are regarded as proud but suspicious Indian tribes. A hunter may in winter, when faced with starvation, fall into a stupor from which he emerges deluded that his family are "luscious beavers ... heavy with fat". He proceeds to kill off his helpless family and consumes them. The practice of the community is to hunt the patient down, kill him, and in so doing destroy the cruel Windigo ice spirit which is said to possess him.

Latah and its variants (Arctic Hysteria among the Eskimos, Imu among the Ainus) is prevalent among middle-aged Malay women who, as a result of acute emotional experience, develop trance-like states of automatic obedience, echolalia and echopraxia.

Koro is characterised among the Cantonese, where an individual is seized with the sudden conviction that his penis is shrinking into his abdomen, so that in panic his family rush to clamp the organ into a wooden case or tie it with a red string.

Few studies of categories of experience in South Africa are

characterised by the cultural relativist approach. One such study, however, has been undertaken by Kruger (1974), who notes the importance of relating phenomena, such as thwasa, to the cosmology within which it exists. He regards indigenous Xhosa culture as being characteristically anthropophagic and sees the process of thwasa beginning with a serious life crisis. This results in the development of a long-term relationship between the diviner and the initiate through which the individual adopts a new relationship to the world. In this manner, his cosmology provides a meaning in terms of which the initiate is able to restructure his own life.

While not falling strictly within the relativist school, Bührmann (1976) provides an interpretation in which thwasa is viewed as a meaningful experience and possibly as a "creative illness". She expands upon Ellenberger's (1971) concept of creative illness and suggests that this phenomenon takes place not only among primitive or isolated communities, but also in Western culture.

She develops this theme by relating it to a Jungian interpretation of the neurosis. The implication is that thwasa is seen as :-

a condition which compels the person to take stock of himself, his way of life, its incompleteness and one-sidedness and through the integration of some aspects of the unconscious, develops his potential more fully and thus to have a fuller and more meaningful life.

The person with ukuthwasa cannot recover unless he listens to the voices of his ancestors and becomes what he must become, i.e. develop his potential and in some cases become a diviner. (Ibid: 6).

With regard to amafufunyana, Sibisi (1975 : 52), in her description of this category, describes amafufunyana among the Zulu as primarily the result of sorcery. The sorcerer obtains soil and ants from various graves and graveyards respectively and makes a concoction which is placed in the path of the victim. The symptoms of a person so possessed are described as a hysterical, uncontrollable state during which the patient is said to be possessed by a horde of spirits from different racial groups. These might include Indians, Whites, Sotho or Zulu spirits.

The victim will be treated by an Isangoma (diviner) or Iyanga (herbalist) who will attempt to exorcise the spirits. Some Iyanga, in treating the victim, will invoke benign spirits, to protect and defend the patient against malign spirits. In the treatment process, she postulates that medicines with symbolic properties are used, the power of the medicine being attributed to its colour. The Black medicines, used to throw out the spirits in the amafufunyana patient, are followed by White medicines - symbolising goodness, purity, life and peace, and so facilitate the patient's return to health.

Cultural relativism receives interesting support from diverse

sources, including literature. Bernard Shaw, in "Saint Joan", comments :-

Joan's voices and visions have played many tricks with her reputation. They have been held to prove that she was mad, that she was a liar and imposter, that she was a sorceress (she was burned for this), and finally that she was a saint. They do not prove any of these things; but the variety of the conclusions reached show how little our matter-of-fact historians know about other people's minds, or even about their own. There are people in the world whose imagination is so vivid that when they have an idea it comes to them as an audible voice, sometimes uttered by a visible figure. (Ibid: 1957 - 9).

### 2.3 INITIATORY ILLNESS AND THE MENTAL STATUS OF HEALERS

The suggestion has been made in the literature cited that the "afflicted" person, in being called to his profession, exhibits any degree of pathology ranging from schizophrenia to the neuroses, and that the profession of the amagqira canalises this pathology within the culture. The phenomena of "being called" to the healing profession and the questionable mental status of such persons is not limited to Southern Africa or even to Africa. The widespread importance of "initiator" illness in many societies has been noted by Eliade (1964), as a primary qualifying criteria for the attainment of becoming a healer or shaman. This is illustrated among the Tungas (Shirkogroff, 1935 : 344),

among whom shamanic powers are hereditary, but which are always accompanied by a hysterical or hysteroid crisis in the future shaman, occurring at about the time of maturity.

Among the Buryat of Southern Siberia, the calling of the future shaman is signified to the clan by the gods or spirits. This may take the form of the person "called" being struck with lightning or through stones falling from the sky. (Eliade, 1958 : 25).

A further instance of an initiatory illness occurs among the Umbandists of Brazil, where illness and suffering are considered to be evidence that the individual must develop his or her capacities as a diviner. It is claimed that these capacities cannot develop without such suffering. (Pressel, 1973, cited by Bourguignon, 1976 : 10).

The review of the literature pertaining to South Africa, and particularly the Xhosa, as well as literature pertaining to other cultures, gives support to a theme which identifies indigenous healers with differing degrees of pathology. This is illustrated by Bogoras (1907, cited by Lewis, 1971 : 179) who characterises the Chukchee shamans of the Arctic to be :-

extremely excitable, almost hysterical, and not a few more half crazy. Their cunning in the use of deceit resembled the cunning of the lunatic. (Ibid.)

In those societies, in which belief in spirits and possession constitute an integral part of the total system of religious ideas and assumptions, deviance from such a norm would constitute bizarre behaviour. This might be likened to the reverse situation in which a person living in a Western society believes himself to be bewitched or "called" for some mission. The fact that we do not share the accepted experiences of the members of a particular society, does not entitle Western orientated observers to regard such experiences as aberrant or psychotic. This view is supported by Eliade, who, in her very extensive contribution to this field, has pointed out that "the shaman is not only a sick man; he is, above all, a sick man who has been cured, who has cured himself." (Ibid: 25).

Lewis (1971), in noting that an experience of disorders is seen to be an almost universal feature in the recruitment of shamans, defines this not in terms of individual psychopathology, but as a culturally defined initiation ritual. The initial suffering is interpreted as an invasion of the body as a vehicle for the spirit. The host's personality fades away and is replaced by the power of the possessing agent.

The affliction is seen as a withdrawal from the security of ordered existence, in directly exposing the victim to those forces of nature which both represent and also threaten social order. The person is thus involved in

a transcendental encounter with "the powers of the cosmos" (Ibid: 188), with the gods as the arbiters of both disorder and of order.

By his successful encounter with these forces, the shaman :-

is not the slave, but the master of anomaly and chaos. The transcendental mystery which lies at the heart of his vocation is the healer's passion; his ultimate triumph over the chaotic experience of raw power which threatened to drag him under. Out of the agony of affliction and the dark night of the soul comes literally the ecstasy of spiritual victory. In rising to the challenge of the powers which rule his life and by valiantly overcoming them in this crucial initiatory rite which re-imposes order on chaos and despair, man reasserts his mastery of the universe and affirms his control of destiny and fate. (Ibid: 188 - 189).

CHAPTER 3.METHODOLOGY

It has become standard in many texts to label one's work as representing a particular school or approach in psychology. By doing so, the philosophical presuppositions underlying the particular research are made explicit. Within this tradition, researchers often review alternative approaches critically, thereby further justifying their own adopted position.

The large body of transcultural studies in psychology has been singularly characterised by its use of an experimental method, based upon controlled studies. Its methodological heritage still bears the influence of logical positivism, and is characterised as an empirical approach, basing itself upon the hypothetico-deductive method. In contradistinction to this approach, the phenomenological approach may be defined as the study of phenomena as experienced by man, the emphasis being upon the phenomenon itself, exactly as it reveals itself to the experiencing subject in all its concreteness and particularity.

The epistemological implications of the former (objective scientific) approach is the assumption of an objective world independent of the subject, and in which the world is an

essentially preconstituted field of objects or pure facts which await explication. It implies an assumption that the epistemological validity of data is independent of the process through which it is studied and understood. In contradistinction to this approach, phenomenology involves the problematic character of the very availability of the world for analysis. The constitution of the world by acts of interpretation is seen to apply equally to participant and observer.

The limitation of the methodology employed by a natural scientific psychology is its approach towards the phenomena under study. The underlying assumption of an outside "objective" world implicitly negates reality being viewed as a relative construct. An empirical science, however, is based upon unquestioned and unquestionable axioms known as incorrigible propositions :-

An incorrigible proposition is one which you would never admit to be false whatever happens: it therefore does not tell you what happens ... The truth of an incorrigible proposition ... is compatible with any and every conceivable state of affairs. (For example whatever your experience in counting, it is still true that  $7 + 5 = 12$ ). (Gasking, 1955 : 432, cited by Mehan and Wood, 1975 : 9).

Xhosa notions, like science, are eminently coherent, being inter-related by a network of logical ties and are so ordered that they never too crudely contradict sensory experience,

but, instead, experiences seem to justify them, that is :-

beginning with the incorrigible belief ... all events reflexively become evidence for that belief. (Mehan and Wood, 1975 : 10).

Seeming contradictions to a Westerner (both White and Black) are not seen as contradictions by the participants within the particular cosmology. This will be illustrated with an example. A man who is "sick" or experiences misfortune might consult an Iggira for treatment. Contrary to his expectations, however, his condition is seen to deteriorate. Within a rational-scientific framework, his deterioration might be interpreted as invalidating the healer's efficacy and, therefore, the belief structure within which he operates. On the contrary, however, within Xhosa ecology, his deterioration might be ascribed to the interference of witchcraft. This interpretation, based upon incorrible propositions, is thus seen as a further validation of the particular reality system, in that it is consistent with the internal rationality and belief structure of that system. It is in this respect that Western science and Xhosa cosmology share a common epistemology.

The idea of a human science, rigorous in its own terms, has been stated by Dilthey, who drew a distinction between Verstehen and Erklären, i.e. an understanding and an explaining science. This approach, stressing subjective understanding, advocates an empathic identification with the

values and meanings examined in a social context. An acceptance of inner experience, as reflecting the facts of consciousness, is regarded as a basis in the adoption of this attitude. This approach is said to harmonise with the phenomenology expounded by Husserl and his followers, which emphasises the phenomenon itself. Such an approach stresses an attitude of open-ness to whatever is significant for the proper understanding of a phenomenon. The subject (researcher) is required to concentrate upon the phenomenon as it presents itself to him and not to precipitate judgment of it or see it through any specific framework based purely upon previous research or theory.

This requires that the primary basis of this method involves the process of intuition, reflection and description. One should thus first concentrate upon what is given or experienced and then only ask more specific questions about the phenomenon. In this manner one is able to study the phenomenon more completely because it is allowed to emerge as it is, rather than the researcher preselecting specific aspects of the phenomenon which he has come to define in terms of his manipulations.

Different approaches give rise to and are intimately linked with particular kinds of experimental questions, with the exclusive employment of certain methods, and with the solicitation of only prescribed results. Thus, the psychologist's questions, as well as his methods, prefigure

his answers. Furthermore, both questions and methods may be seen as growing out of still prior, more fundamental presuppositions and preconceptions which are pertinent to the phenomenon under study. The issue of objectivity does not arise in phenomenology in the same way as in an empirical science, as the subject/object dichotomy is not an essential presupposition. Fischer (1971), who notes that the researcher and researched are dialectically and reciprocally linked, expresses the quest for inter-subjectivity as follows :-

When a psychologist understands that it is the researcher-researched dialectic that can be shared and repeated, then he discovers a sense of objectivity that is humanly realisable as well as scientifically meaningful. (Ibid.)

The difference between an experimental scientific approach and a phenomenological approach is the manner in which they relate to their respective presuppositions and preconceptions that have guided the formulation of their respective methodologies. Within a phenomenological framework the researcher utilises his own as well as others' experience of the researched in order to bring to increasingly sharp clarity his own operative, personally evolving, elucidated preconception of the particular field of study. A derivation of this approach is its access to meaning, which the phenomenologist considers to be the essence of phenomena. Content is derived from the data of experience,

which is not considered as epiphenomenal, and, therefore, not something to be reduced to physical or physiological processes. By explicating meaning which is central to phenomenology, the significance and relevance of an experience becomes intelligible. The emphasis here being not one of quantification, but one of the meaning of phenomena, or, more specifically, in terms of the present study, upon the meanings as understood in terms of the Xhosa cosmology.

The phenomenological approach represents a mutually determinative being, in which Being is elevated beyond being, and as a function of Being, and as such constitutes a dialectical relation. The natural scientific tradition, and the phenomenological tradition are thus seen to differ in terms of which entity is seen as emanation, and as source. (Mehan and Wood, 1975 : 201). The present author, while outlining the methodological considerations which have influenced the present study, avoids adopting or labelling his position as representative of a "school" in psychology.

The approach characterised in the present study finds a close parallel in the ethnomethodology of Mehan and Wood (1975 : 3) which is characterised as :-

a form of life, or way of working which creates findings, methods, theories in enabling its practitioners to enter other realities in which they might

experience the assembly of world views. (Ibid.).

While the present study cannot be defined within any one school of psychology, it is to be seen as moving towards an ethnomethodological position, in placing an emphasis upon meaning itself as a phenomenon for study.

It should be noted that the field work was to be regarded as an experiential enterprise rather than an intellectual specification of quantifiable data. This approach allows for the elucidation of schemas of knowledge used by the Iqqira and his associates to perceive, define, classify and explain social reality in the broadest sense, and also to focus upon a small section of experience which is central to this study. This process will be seen to indicate how a particular Iqqira categorised and interpreted certain modes of being-in-the-world, that is, his epistemological framework. Recorded interviews with other Amaggira and their "patients" supplemented the insights gained during the research.

A fundamental principle in the analysis of the data is to allow the data to speak for itself, and thus allow the relationships and organisational schemes to emerge from the data. The function of the analysis is to move from a description obtained in the field, to the conceptual structure of each category of experience. Use will also be made of analytic concepts where this proves appropriate in explicating the material presented. Liberal use is, therefore, made of original ethnographic material- so that it might speak directly to the reader, as it did to the author during the field work.

SECTION B : ETHNOGRAPHIC MATERIAL



Plate 2: Mr. Thiso in traditional dress. This is reserved for ceremonial occasions.

CHAPTER 4.THWASA4.1 INTRODUCTION

The literal meaning of the Nguni word thwasa is 'coming out' or 'emergence', as of the appearance of the new moon or the reappearance of a planet or constellation. "The new moon is 'reborn' regularly". The theme of 'rebirth' is repeated throughout the care and training of the umkhwetha (initiate) until he emerges as a qualified Iggira.

Thwasa refers to a category of experience whereby the individual experiences a "calling" to join the profession of the amaggira (diviners). This "calling" is associated with "sickness" or "disintergration" and is initiated by the shades (ancestors). The "calling" indicates not only to the person but also to the community, that the afflicted person is required to pursue the course prescribed by the thwasa experience. To become an authentic Iggira, and to be accepted as such, it is essential to undergo the above experience and to do so within the community context.

In this chapter the thwasa person's experiences, behaviour and the course of events accompanying the above process will be elucidated, focussing particularly on his or her understanding of that process by examining important

relationships within Xhosa cosmology as outlined in Chapter 1. This will be undertaken by first examining the psychological significance of the shades and of man's relation to the shades. Thwasa will be viewed as a crisis in living, as will be illustrated by examining the histories of persons "called" to the profession of the amaggira (i.e. Mr. Thiso, Nonizi B., Moses M.). The personal relationships to the shades, custom and community will be explicated by again making use of a case history (Victor S.). The importance of dreams, ceremony and ritual will be illustrated. This will give rise to an elaboration of visions and the lived-body relationship. In conclusion, a psychological discussion of thwasa as a category of experience will be presented. Therapeutic interventions accompanying this process will not be examined except in so far as they contribute to our knowledge of the thwasa person's understanding of this category of experience.

#### 4.2 THE SHADES

In examining thwasa, a deeper psychological understanding of the shades is required. While Hammond-Tooke has stressed the structural significance of the shades, this section will, by including ethnography relating to the shades, dreams, "animals", respect and custom, attempt to reflect some of

the deeper psychological nuances of meanings associated with the shades.

The plural nature of the shades is apparent by the number of terms used to denote them, i.e. different words represent different aspects of the shades.

(a) Izinyanya

Mr. Thiso, a qualified Iggira and the central informant in this study, explained these as follows :-

Izinyanya are the dead. Izinyanya are the people who send amathongo (dreams that have a message) to you. They will enable you to see everything you want to see, like mysterious illnesses.

Mr. Sityana, the son of a herbalist, working with Prof. Pahl on the new Xhosa Dictionary, provided the following interpretation :-

Ancestral spirits, they are at a distance, but may be brought nearer on occasions when special rites or sacrifices are made to protect the home and people of the home. They are also for the whole process of thwasa. The Xhosa believe that if the necessary sacrifices are made to propitiate the shades, then they live nearby in the kraal, i.e. they don't move away. Then they ensure the wealth of the family. These shades sometimes transform themselves into animals, e.g. leopards, elephants, dogs, so that if a person sees any of these animals in his dreams he must not narrate



his dream because if he does, they will desert him and never return again. Some shades go and join the river folk, others go into the forest. Those are the two places to which the departed spirits go. Some people thwasa under the influence of the forest people. The river animal (the only active one) is the crocodile. That one doesn't come to the person in a dream; it peers at him with its eyes and attracts him into the river (but he doesn't see it). This animal is not a shade who has been transformed, but is sent.

(b) Izilo

Mr. Thiso: Izilo is an animal. The shades frequently manifest as izilo in dreams. As an Iggira, I have an izilo who guides me in my work.

There is an animal (izilo) in the river which we frequently strive to satisfy and its satisfaction or dissatisfaction will be reflected in the conditions of the family or the family's livestock.

This would point to the dynamic nature of the individual-shade relationship. That is, the condition, this time, of the animal of the river (izilo) or the shades, is reflected in the condition of "the family or the family's livestock". Man lives in relation to the izilo, a duality which evidences itself in every aspect of life.

(c) Iramncwa

Mr. Thiso: Iramncwa is a beast of prey - used for

ancestors when they are dissatisfied with the living's proceedings. Your iramncwa is revealed to you in your dreams (amathongweni) by your shades (izinyanya).

Mr. Sityana: Amarhamncwa are mostly larger animals that are feared. They are mainly predatory animals, including even a wild or a domestic cat.

The fact that the ancestors may reveal themselves as izilo (animals, e.g. the dog) or an iramncwa (predators, e.g. baboon or tiger) might reflect the moral nature of the presence of the ancestors.

(d) Amathongo

Mr. Thiso: You cannot have thwasa nor can you be an Iggira without amathongo. A man must have ithongo before we can help him. (Note: there is a distinction between iphupha and ithongo. Iphupha refers to any dream, while ithongo refers to a dream containing a message.

Mr. Sityana: Amathongo - dreams of the ancestors (of the izinyanya). He may see the ancestor himself as a person or in the form of an animal. Both the dreams and what is seen in the dream is called ithongo.

The implication is that a man must have a relation to the ancestors before he is able to be helped.

Man's relation with the shades:

The Xhosa do not live separately from, but live in relation to, the shades. This is to be seen in :-

- (a) The relation between the animals and the shades;
- (b) Ithongo, i.e. special dreams;
- (c) The individual's life condition.

The relation between the animals and the shades is indicated in a statement by Mr. Thiso, describing the ritual proceedings accompanying the sacrifice of a beast :-

Before the animal is killed you prod the animal with the point of a spear on its underbelly to make it bellow. If it bellows, it shows it is acceptable to the shades. Failure to bellow on the part of the beast reflects disapproval on the part of the shades. The beast is the medium through which the shades deliver their message or their admonitions.

We slaughter a beast as a sacrifice for the shades thus asking them to teach us and to be able to distinguish between upright and wrong.

Mr. Sityana elaborated upon man's relation with the shades, when he stated :-

Contact is made between shades and people by the shades coming in ithongo. Contact may be made between people and shades through ubulawu (made from a specific root, obtained from an Iggira), froth it up, wash the body with it - the perfume attracts the shades, and that is

the link joining the living with the dead. The shades will come. Ubulawu may be part of the sacrifice to the ancestral spirits or it may be a little ceremony of its own to attract the spirits.

The ethnographic data cited indicates the familiarity between the individual and the shades. There is a living communion between the shades and the living, communication occurring via dreams (ithongo), izilo (significant animals), and via ceremonial rites and customs.

The pleasure or displeasure of the shades is reflected in the life conditions of the living. Two features of the data cited reflect the moral nature of the shades, i.e. the shades may reveal themselves benevolently, as non-predatory animals (izilo), or as dissatisfied, i.e., as predators (iramncwa). This theme is reiterated by the statement "we slaughter a beast as a sacrifice for the shades thus asking them to teach us to be able to distinguish between upright and wrong". This is a unique relationship characterised by the initiation and facilitation of meaning-givingness with an emphasis upon morality. Morality, in this context, is not used in its usual sense, with the connotation relating to conscience, which is largely a social product related to cultural mores, but is representative of what May (1969) terms the daimonic. The daimonic here refers to the power of nature, rather than the super ego, and is beyond good and evil, as "its source lies in those realms where the self is rooted in natural forces which go

beyond the self and are felt as the grasp of fate upon us. The daimonic arises from the ground of being rather than the self as such". (Ibid: 124).

Dreams are also related to what we term unconscious processes, thus to be "helped" the individual must be aware of communication from the unconscious. Bührmann (personal communication) has elaborated upon this :-

The shades are constantly with them as part of all their daily comings and goings. They are experienced as natural parts of the waking life of the amaXhosa and they have their special places in the huts, the kraal and the homestead. They communicate most clearly in visions, dreams and synchronistic events. These are circumstances in which the conscious mind or the ego is in abeyance and the unconscious can manifest itself clearly. The unconscious material may be from the personal or the collective unconscious. Unconscious material can only be expressed in images and symbols. Dream material can be silent images or verbal, or strongly felt affects. This special relationship to the unconscious part of the psyche (mind, being) is experienced and expressed by the concept of the shades. It provides wholeness and meaning to the lives of the amaXhosa - they live in a united inner and external world.

It will be argued later that being cured involves the incorporation of the message implied by dreams, in consciousness. This communication also facilitates an understanding within the person, of events or experiences which were previously unintelligible and confusing. This initiates

a state of integration of potentialities and other aspects of one's being, with behaviour.

#### 4.3 THWASA AS A CRISIS IN LIVING

It has been posited, by recent researchers (cf. Kruger, 1974; Bürhmann, 1976; Lamla, 1976), that thwasa is initiated by a life crisis. The extent to which the present research supports this hypothesis, as well as particular types of life crises, will be examined by looking at case studies of thwasa persons.

##### 4.3.1 Case 1:

Mr. Thiso reflected upon his experience which led to his becoming an Iggira as :-

I became sick. At first my leg became very painful and I nearly became mad after that. I was taken to the amaggira. They said to my people that I was suffering from a Xhosa disease, the thwasa. I always wanted to be alone whenever I saw someone around me. I wanted to assault that person ... I was always aggressive with people who came near me. I felt very happy when I was alone.

\* Was this a long time ago?

I complained about this sore leg for about five years; even now, if you are a very observant man, you will see I am not walking normally. I walk like somebody who

is lame. But there is nothing wrong with my leg nowadays. And even mentally, I am normal now. The only thing was what we call Umbilini in Xhosa. After this Umbilini was cured (after I was told by the Iggira that I was suffering from thwasa), I became normal. At first I thought I was poisoned but the Iggira said I was not poisoned. I didn't want to be cured (to accept the "calling") but at last I gave in and then I was cured.

\* You talk about your sore leg. Was there a battle between you and the shades?

It was a battle, caused by my refusing to accept the Iggira'ship. I was also dreaming a lot and I didn't want to work.

\* Can you remember one of the dreams?

I can remember. It was said to me if I wanted to get well that I must slaughter a beast for the shades. I slaughtered a beast for the shades but I refused to go and be cured, and that is how this leg started. It was then said in a dream that I won't be cured if I don't go to an Iggira to be cured. So at long last I gave in to the demands of the shades and went to the Iggira to be cured.

\* Who actually took you to the Iggira?

My sister took me to the Iggira. My father passed away before that great flu and my mother also died after the great flu. I personally thought I wouldn't be able to be cured because I had no people to finance me at the Iggira's place but my sister bought me clothes to wear until I became well - that is, until I graduated.

However, when asked to reflect back upon his experiences,

thoughts and feelings during this period, he reiterated that he had lost both his parents, and experienced considerable employment difficulties in the city, first in Cape Town, then in East London, which resulted in his wanting to isolate himself. On being asked by a co-researcher with medical training to take himself back to Cape Town in his thoughts and feelings, he reported :-

I used to hate the sight of Europeans, more especially those who talked to me. It was better that somebody else had to get instructions. That was the first sign of my illness.

\* Do you often feel sad and as if you would like to cry?

Yes, so much so that I wanted to isolate myself: At times I cried and cried and cried. My sleep was no good. I used to jump up and down. If I ate at night I would not eat the following day. I would eat only the following night again. If I ate in the morning I would only eat the following morning. I only liked drinking water.

\* Did your body feel weak, as if work was too much?

Yes, so much so that I would be lazy to raise up even a small thing.

\* Was there anything which gave you pleasure or made you laugh?

No, there was nothing that pleased me at all. At times I would become very angry for nothing at all.

\* I can see that you must have suffered a lot at that time. Did you feel at that time that life wasn't worthwhile, that no-one could help you?

I felt despair and thought there was no hope at all.

(Mr. Thiso appeared visibly upset during this part of the interview).

\* You came back and you performed the intambo ceremony. How long after your illness did you perform this ceremony?

I went home on the sixth month and performed the ceremony on the seventh month.

\* Did you feel better after the ceremony?

Yes, I was feeling better, but Europeans did not want the sight of me.

\* Did you then start feeling sad again?

Well, I was not worried much except that I could not get employment again, then at times I felt very weak and wanted to sleep even before sunset. After staying there for a few months I felt that easy anger again: quick anger for nothing. But it was not as drastic as that of Cape Town.

\* How old were you during this second period in East London?

I may have been about 40 then.

\* Did you have a wife to help you during this period?

I didn't want to get married because it was so late after circumcision.

Mr. Thiso presents a history of mourning following on separation and isolation. This appears to have led to irritability and hatred and a prolonged depressive illness which started when he left the Ciskei to work in Cape Town. This appears to have terminated with his acceptance of his sickness, and led to his recovering, as an integrated and whole

person. His present mental status has been corroborated by a psychiatric assessment of his mental status completed during the present research. See Appendix A for Psychiatric Assessment.

#### 4.3.2 Case 2: Nonizi B., Age 22, Female

Nonizi attended school and completed her Junior Certificate. Her father was a carpenter and there was no money for further education. Her mother left her at 8 months and she was cared for by her paternal grandmother. In 1969 she went to Cape Town to seek work. She got engaged and married in May, 1970.

A summary of the import of her personal history is stated in the following section. See Appendix B for the full transcript of the original interview, and Appendix C for a Psychiatric Assessment of her present mental status.

Nonizi, B: I was mad. I started to be unconscious and confused. I refused a sexual relationship with my husband, who was also concerned with having a child. At his request I saw a medical doctor, but my illness became worse. I went to hospital, was investigated, but nothing could be found.

My husband took me to the amaggira at Langa who said that I have evil things in me. They removed them, but to no avail.

I was then taken to Mr. Thiso, who stated that I had a

Xhosa illness. He said that I sought isolation from people and was anxious. He gave me medicines with which I was to wash, and he took out the evil things in my head, and apprenticed me as a novice. My blood became stronger and I became stronger and healthy.

Since then I have had to tell him my dreams. I recently dreamt about my grandfather. Following this dream my father is to perform a ceremony (at our home) which will benefit me.

Her history begins with a state of mental confusion associated with a life crisis accompanied by a breakdown in her sexual relationship with her husband. This appears to have been further exacerbated by the fact that she appears to have been infertile and not able to fulfill important cultural expectations. She went to hospital but no organic basis for her state could be found.

In the second part, she was taken to amagqira in the location. They said the cause of her state was due to "evil things" in her head. They removed them, but her condition remained unchanged.

In the third part, she was taken to Mr. Thiso. He told her that she sought isolation from people, i.e. that she was breaking-off her relationships with people around her, and her community. She was becoming withdrawn. He diagnosed a Xhosa illness, i.e. thwasa, a sickness which is known to be caused by the shades, and which impels a relationship between the individual and the shades.

He gave her medicines which, I am informed by Mr. Thiso, are used to make the individual dream and so enhance her relationship with the shades. The medicine (ubulawu) is white, symbolic of purity and goodness (Sibisi, H. 1975). She thus incorporates the symbolism of the medicine into her being. Her state of confusion and other somatic factors, which are probably a result of sexual conflicts and anxieties, are transformed from nonsensical to being sensical, i.e. they make sense in terms of her cosmology, her way-of-being-in, and way-of-understanding her world. The medicines take out the evil things - the metaphor for confusion is concretised and removed, almost physically.

She is taken on as an apprentice. This is almost synonymous with being diagnosed as having the Xhosa illness. She is thus included in a supportive community, she has a relationship with a father figure, a mother figure, and other abakhwetha, and is provided with a role which is prescribed and defined by the Iqqira.

She reports that she has to tell him her dreams. Dreams, as is well known, represent communication with the shades. She dreams about her grandfather; he is no longer a dead, non-existent member of her family, but a living shade. He has the ability to help, guide and protect her. She thus enjoys not only a supportive community in her relationship with other individuals, but the intrapsychic relationships now being formed are a further source of support and

encouragement to her to re-define her relationships and roles, and to learn about the many aspects of life which are dealt with by the Iggira.

Lastly, she reports that a ceremony is to be performed which will contribute to her well-being. This ceremony, the intambo ceremony, is significant, as it symbolises her acceptance of the role of a thwasa initiate. This public ceremony marks not only for herself but for her community, a restructuring of relationships and a change in her status within the community.

Her initially inexplicable behaviour, her distance to her husband, and then to other persons, her anxiety and then depression, which spoke to her in such strong terms, is seen to result in a transformation of her relationships, to the stage where she is encouraged to "take on that life which is her own".

How does she view the cause of her illness? She states that it was "because my father's grandfather was an Iggira and then I, my great-grandfather's great-granddaughter, started to follow him", i.e. her link with the shades is beginning to influence her existence which might be understood as representing a striving to live in accordance with the deeper layers of her own psyche.

Mr. Thiso appeared dubious that she would continue with her

training, and commented that she was "too interested in the outside world". Only a minority of the people "called" will eventually complete the training and qualify as amaggira. In Mr. Thiso's practice, of approximately 25 years, only twelve persons have successfully graduated as fully-qualified amaggira.

#### 4.3.3 Case 3: Moses, M., 47 years.

This case is of a man presented as being in the early stages of thwasa, having recently arrived at Mr. Thiso's homestead. He is presented as being depressed and lethargic. A full transcription of the interview appears in Appendix D.

Since childhood Moses M. relates that he has always been sickly, i.e. his relationship with his body has been physically unhealthy. His ill-health and emotional disturbance appears to be a predominant aspect of almost his entire life.

He reports that from an early age, he would go off by himself, to the river, the bush, and on long walks. He gives the impression of yearning for physical isolation from parents and peers. He reports that he became blind but there appears to be no physical reason for this. It appears that the blindness was a blindness of his person, to everything around him, i.e. his relationship to people and his environment.

From an early age he showed an ability to prophesise the future. It occurred in a number of ways, in dreams, by sweating and culminated finally in his explication of his first vumisa. Prophecy might be based upon a changed relationship to time, i.e. the present-past and the present-future become available to the individual and/or his powers of intuition are enhanced. While initially he relates this to dreams, he finally relates it to an auditory and physical sensation. He states it was as if there was something telling him what to say, which was "pumped into my brains from the body". His relationship to his body appears, with this experience, to have altered.

His first episode of "madness" is related to domestic worries and his relationship to his wife. His predominant feeling during this time appears to be anger, which manifests itself in his becoming a "beast". In his world he feels, and probably acts, like an animal, represented by the "beast". His self-image deteriorates till he feels he looks like a "robber". In analytic terms this might be understood as his living close to his instinctual nature, exercising very little superego control.

His mental disturbance becomes apparent in the institution, where he begins to act as a preacher and dreams of Christ. In terms of his existential reality, he takes on being a Christ-type figure.

He appears to recover, marries again and has four children, but is again divorced by this wife for similar reasons as his previous divorce. He becomes disturbed and is again sent to a mental hospital.

Following this episode, he is again admitted to a sanatorium where he accuses the staff of bewitching the people. He associates this with a dream in which he reports that his grandmother visited him "incorrectly". This is followed by a dream of rain and of himself drowning in deep holes.

In each of these three episodes, he is confronted by a female, either in reality, as represented by his two wives, or in a dream, as with his grandmother visiting him "wrongly". All these episodes appear to provoke a state of disturbed mental functioning. In the first two instances, there appears to be a relationship between the stress associated with his marital life, when he becomes a "beast" and a "robber", and his mental deterioration to a state where he has to be admitted to a mental hospital. The latter episode might be related to guilt and anxiety related to incestuous wishes. His dream of drowning in deep holes is reality-based, in his inability to cope with emotionally laden situations. Relationships with the opposite sex have the potential, in other words, to disturb or preclude his functioning normally within the community.

The next phase begins where the Matron sends him home to his

father who takes him to an Iggira. The Iggira tells him that his problems are related to his worrying about his wife in particular, or on a generalised level, his anxiety related to females. She also says that he is thwasa. The implications, at this juncture, are important: this man, who had come from a rural background and had entered into an urban way of life, in the course of which he marries and divorces twice - a most unusual event in traditional Xhosa society - is told that he has a Xhosa illness. The cause of the illness is related to the shades and the cure involves a complete change of status of the individual. Lastly, it is a diagnosis which, if correct, carries a prescribed course, which can be rejected, but only at the cost of madness, or even death.

He is then taken by his father to an Iggira of his own clan (Mr. Thiso). The diagnosis is again thwasa.

The individual is sent home where a beer drink is prepared. Grey-heads, the seniors in the society, are invited and the patient is seen to dance the intlombe (dance of the ama-ggira). The meaning of preparing beer and of drinking beer, involves Xhosa custom in which the concepts of respect and community are important. Beer is prepared primarily for the shades and thus the patient is reminded of the respect owing to the shades. He dances with his father. He is re-accepted into his family after a long absence and within the presence of the community's elders. He is also

able to feel a step closer to a re-integration into the community. Thus, at the end of the dance, he reports that he felt very healed.

He returns to the Iggira's homestead, where he learns about the profession to which, he believes, he has been irrevocably called. He still reports occasional palpitations and short breath. He now waits for instructions from the Iggira as to what will follow. He links his improvement, however, with a ceremony during which he will admit his illness. That is, a change in his relationship to his body, which appears to be characterised by feelings of fear, must be accompanied by a change in his relationship to the shades. This change, or ceremony, during which he will accept his illness, is a public ceremony at which he is seen to play his part in accepting the role of novice.

This case is significant in that it represents an early stage of the individual's transformation from patient to being a thwasa initiate (umkwetha).

#### 4.4 THWASA AS A "CALLING"

It is well documented that thwasa is experienced not as a sickness in the manner in which medical science conceptualises sickness, but as a "calling". This has been corroborated by the present research and is illustrated in the

following ethnography.

Mr. Kunene, when asked for the reason he became a thwasa initiate, described his calling and the symptoms of his affliction :-

Because we are called upon to be, by the shades. What happened to me is that I went ill, suffering from a certain disease that could not be cured until I admitted that I should be divined as an Iqqira.

\* What was the nature of your illness?

The nature of my illness could not be assessed exactly. My head and my stomach ached but no medicine would help. I almost went mad.

\* Did you have a particular dream during this time?

I had a lot of dreams that were leading to this particular aspect. I would always see my forefathers in my dreams - talking to me - telling me which way to go before I had to give up. I was in Port Elizabeth when they told me to come home and give respect to them if I wanted to succeed in this life.

\* Where does thwasa come from?

The thwasa comes from the visions - comes from these dreams as well, because if you don't respond, you've got to go mad.

This these was extended upon by Ngxangxa, R. who related his conception of the origin of thwasa :-

This type of disease, the thwasa disease, is a gift that you get from the shades, your great-grandfathers whom

you don't know and from whom you inherited your surname. Since this disease got into me I had a vision and in this vision I saw some people whom I had never seen before from many ages ago who are related to my family and I told my father and aunts about them. My father and aunts agreed that they were our people.

He refers to thwasa as a gift from the shades. Again important symbolism is involved. A gift is a token, a sign of meaning. The idea of a gift from the shades indicates a relationship with the shades, initiated by the shades. The sick individual is thus involved in a relationship with the shades, i.e. with his protectors and potential allies.

Mr. Bhaba relates the meaning of thwasa as :-

Thwasa is something in the blood. You can buy the knowledge of herbalism - but you cannot buy thwasa. You've got to be cured. Thwasa means somebody to whom things appear in dreams before they actually happen.

He thus relates thwasa to "something in the blood", i.e. something bodily, not in a western medical sense, but in the existential sense of "way-of-being". It cannot be bought, it is part of the individual's "fate". It has to be acted upon and cured, which implies an acting out, a transition from one state to another. Again, like Thiso, he associates thwasa with dreams, which are seen to imply an association with the shades.

Mr. Mawaba related the following conceptions of thwasa:-

This thwasa business is a spirit and also it includes the vision you see. You will sometimes see a thing in your dreams as appearing real when you are asleep. You are fast asleep and you get instructions in your sleep. If you don't accept the instructions of thwasa, bad things will happen. Firstly, you may lose your home or die. There are many other things; you may become restless, a drifter.

The cause of thwasa is this: your blood tells you that you're not supposed to work with your hands. If you don't follow these instructions you will find yourself mad (phambana). When I say it is the blood, I mean the blood feeds the umbilini. It tells the umbilini something is going to happen, for instance, like myself, if perhaps I'm going to receive visitors my umbilini will tell me. If you're an Iggira, sometimes you'll experience this while fast asleep on your bed. You'll see in your dreams different things and the following day you'll see these people at your place.

Thwasa is like an inheritance, because if you don't follow it, it'll follow you up and hurt you. Some people believe that thwasa can save them, while some people dispute it.

Mr. Mawaba again stresses the importance of dreams and the bodily experience of thwasa. Dreams are associated with communication with the shades, hence thwasa is associated with the formation of a relationship, or bond, between the individual and the shades. It is a conditional relationship in the sense that if the individual neglects this relationship, his relationship to his home and body are endangered, i.e. he "may lose his home or die". It is

thus a relationship which impels an association to be formed between the individual and the shades. This will be expanded upon in the following section. The umbelini is expanded upon in Section 4.6.

#### 4.5 SHADES, CUSTOM AND COMMUNITY

In the introduction it was hypothesised that the individual's important lived meaning-relationships included his relation with the shades, his relation with custom, and his relation to the community. These relations are intricately bound to his relationship with the Iggira, whose relation to custom is exemplified in his role of ritual specialist, while he also acts as a mediator (cf. Hammond-Tooke, 1975) in having access to the shades and mediating between the community and the shades, and within the community between individual members.

##### 4.5.1 Case 4: Victor S.

Victor's history is relevant in that it indicates not only the importance of the shades in thwasa, but the manner in which the individual and the shades relate, as well as the nature of his relationship with the Iggira, Mr. Thiso. It is also of significance that he comes from an urban environment, believes in God and is a lay preacher in the Church. He thus presents the types of conflicts experienced by many

members of the contemporary transitional society in which we live. This will allow us to comprehend the manner in which he resolves the conflicts involved in reconciling a Judaic-Christian deity with indigenous Xhosa belief. This will be followed by Mr. Thiso's views on Victor.

Victor S.: It was in 1964 that I first noticed something. At that time I was working for a big concern in Port Elizabeth, for about 6 years, when I had a dream : of changing my job. In my dream I was changing my job over to another job, the new job was having books, a lot of books. When I woke up, I wondered what job is this? So I told my wife: Look, I had a dream of changing my job. It seems to me I'm going to leave this place but I don't yet know.

He related that 6 months later he was offered a job by an insurance company, which he turned down as he considered it a "lazy job". The insurance company then approached his wife with the request that she approach her husband to reconsider their offer. She then reminded him of his dream.

I asked: What about my dream?

"Don't you remember, changing your job, taking a job with a lot of books? This is the job! I think you had better try this job."

Then I started to think, because I didn't want to disappoint my wife. Because of what she said, I would go and try it, and went to see them, and was accepted. I started the job from the beginning, and from the

very first month it was difficult, but I had to work hard and pull myself up, then I started to feel that the insurance business was a home. It was good for me, because I learnt how to talk to the people and I started to make friends with everybody, and then I was alright in the location and became popular. I became a tycoon (laughs), well-known to the children and to the young and old people.

I worked there for 6 years and then one night I had a dream: I was doing that job in my sleep, (dream), to write the business and do the collections at the same time; in the location. Now I was doing that job with my book, (you see the Home Trust has a bag and you carry your book in the bag). Now I was going around, on my round, and then I got to a house and in this house there was a circumcision ceremony for the boys. The boys were coming back now from the circumcision school. When I finished my collections there, they gave me beer in a pail. In my dream, now and then they gave me some meat and I put my bag on my side. I had to eat up all that stuff. When I finished I looked for my bag. My bag was not there. I had to look around ... look around, I had to look all over. When I was about to give up I saw an old man sitting on the bag. I didn't know who the old man was, I only went to him and said: I've been looking for this bag for quite a long time. Are you sitting on it? And he didn't say anything. He only took the bag and handed it over to me.

I had a good thought when I woke up. It was as if I was just looking for somebody. I had to think hard before I opened my mouth, as to who the old man was, and then I said it might be my grandfather.

I told my wife that night, Look, the job which was given

to me in 1964 was taken away again. I don't know what I am going to do now. Well, after that, she wanted to know why I had said so. I said: In my sleep (dream) the bag was taken away by the old man. I think that it was February, 1971, that I got sick and have been sick up to this very day.

\* May I ask when you had this dream?

That was mid 1970, then I had to leave that job in September, 1971, because it was strenuous for me to go around on those rounds. I just could not make it because I suffered bronchitis. I had a cough and there was a mucous all the time, all the time, all the time, and there was a terrible pain here and in my back. The pain comes straight down here as if the air goes in here and straight to that wound. The amaggira say that I must not look straight, I must look at the back (past) also. They say there are some things which I have to do. I don't even make utywala (beer) for my shades.

I used a medicine from a chemist. After a week I felt cold, as if there were holes at the back, then I went back to the chemist and he gave me tablets. I used them and when the cold was closed up, I suffered from pneumonia, then it became complicated. The doctors said this is bronchitis, and sometimes they said this was asthma. This has continued from that time till now. Even now, although I want to go down to Port Elizabeth, the thing is that when I am away from P.E. around the country, I always feel better, but when I go to P.E., I stay for a day and then the second day I am not alright.

\* You once said to me that the reason you were sick was that you were not meant to work for other people? I was just going to tell you about that. There are

about 19 people whom I may call the Amaggira. When you are sick, most of the people tell you that there is an impundulu (a witch familiar) that is after you, but it was funny, they never mentioned a thing about that to me. They always said to me: "You are not supposed to work for anybody. You are supposed to work for yourself because your grandfather prepared things for you, before you were born". My grandfather was a herbalist, working with the people who were mentally disordered. These people (the amaggira) ask me: "To whom did he give his bag?" I tell them I don't know.

Then they say: "He never gave his bag to anybody because he kept it for you". Then I wanted to know: where is that bag now?. I was told: "When you put things right, you are going to get that bag. You won't ask it from anybody".

\* So when you are told that you are not meant to work for anybody else, what do they think you ought to do? I should work with his bag and use the same medicine which is going to help the people.

\* As a herbalist or an Iggira?

Well, that's what they don't mention. The last person that I went to told me everything but said it was difficult for all the people I've met, including herself, to tell me exactly what I must do. That's why she said to me, in Port Elizabeth: "Do this, I see somebody in front of my eyes right now". Then I wanted to know: Who is that somebody? She said: "I see an Iggira whom you must go and see. The Iggira will tell you exactly what you must do, then you'll become alright."

I wanted to know who the Iggira was, then she said:

"I see a man known as Sequini (i.e. clan name of Mr. Thiso). It's this one." I didn't know him. She said she saw him in her sleep. She knew him. And when she told me to come here, she said: "You are not going to find him when you go there, but somebody will be waiting for you. You should listen exactly to what that man you are going to meet tells you and see if what he tells you is the same as what you've been told by other people". I came up here with my wife and cousin. I met the man. The old man was not here. As I was told, I met the man and I was told exactly what I must do.

The people (amaggira) always say: "You are being punished by the dead (shades), that's why you are sick". It is not that I am actually sick, but they don't want me to work for anybody. So whenever I go to Port Elizabeth, I don't feel like going to town a single day. I stay at the location and look after my kids.

Whenever I am told something, I do not believe, and one man said: "Look, you are stubborn, and because you are stubborn, you are going to be mad." I was afraid of being mad (phambana) and then I started to change my mind. He said: "You're very stubborn, so much so that when you were asleep you used to see a lot of things, but now they have sealed you, you are not going to see a thing."

\* So are you are not dreaming now?

I do, at times. I know the reason why is because the herbs I'm using now are cleaning my blood. You see, I've got a lot of things in myself and there is something which had been worrying me lately. I always had my head aching. I've got a lot of things in myself. I think I told you that, when I was sick at work and my child was sick at home, I received a

telephone call and was told that my child is very sick. The child is stiff and can't do a thing. While I was listening, then a voice talked in this ear: "The child must be taken to so and so", then that voice disappeared. When I answered the telephone, I said take the child to so and so.

But I wanted to know more. You see, the woman who sent me down here, she told me: "You've got a voice talking to you but now it's quiet. It won't talk again until such time that you do everything, then the voice'll start to talk so much." She told me: "You'd better be in a hurry, or else ... that voice wants to work." You see, that is the key.

\* What sort of treatment do you get here?

That I must be better so that I may go and make preparations for these ceremonies. These are: Begging pardon from my deeds; I think the one is when they go to the river, i.e. Hyayalalela and then the other is called the Unfukama. After that you make a ceremony of putting the izilo (shades) of the river and the forest together.

\* Tell me about this ceremony.

Well, I have not seen it but I only know the work, and when I am in bed, I always see the hut. It is a special one like the one of the umkhwetha. It's when I'm asleep that I see the hut and I am told that that is where I'm supposed to be. Then I think: That is the key. If I go to that thing then I'll be alright. That is what I always thought.

\* How do God and the shades get on?

You see there's one thing that I remember in the Bible. When God met Moses, He asked Moses to go and see Pharoah, that Pharoah should release his people so

that they might go back to the land of promise. Then Moses wanted to know, how was he to approach Pharoah? Then God understood and said, go and see the old man of Israelites. Talk to them. Moses wanted to know, how would they know you? He said, you tell them that I am the God of Abraham, God of Isaac, God of Jacob, the dead, God of the dead. That is what we thought of at the time.

Then came Jesus. Some men told Jesus that there was no resurrection. He said, why did God say to Moses, The God of Abraham, Isaac, Jacob, and the dead. He said God is not for the dead. He is for the living. God used to come down himself during the old days, but he discovered that if he kept on coming down himself we are to ask him a lot of questions ... is it raining today, why is it so cold today, why is it so windy today, all sorts of questions. So he decided to come to us through our dead. That is the way we meet God through our shades. That is what I believe in, that is my idea.

I was just going around and around trying to think about it all the time. Then I thought, no, this is the only way ...

\* Now during this time, when you were ill from Bronchitis and pneumonia, did you also feel confused in your head, that you felt nothing makes sense to me, I can't understand the purpose of life or I can't understand why I'm suffering like this? Were you a little bit mixed up and looking for answers?

No, I wouldn't remember anything about that, because when I was seriously ill something was always in my mind, the Bible. So much so that I was always thinking what a man named Job said, that I must wait until the day of my freedom came. That was what I believed in.

When I was seriously ill I always used to have my Bible next to me. Some people used to even come up to me and say you are not even afraid of dying. And I'm not going to die yet because it is not going to happen twice. My father died when I was eight days old. I'm not going to die now while my children are still young. I know the day of my death will come but not now.

So much so that before I came here I asked a man, my priest, to come and see me. I told them that they must not forget that I am still a full member of the church. Through my sickness they will miss me, but when I'm better I will make a full report to them.

\* So you've not been taking communion?

No, I had been attending the services, but this year I didn't get the chance because every Sunday I was sick. I can give you just a short story about that, which I understood.

A woman (who practises as a healer) told me, look! your shades taught you a lot of things.

I wanted to know what were those things. She said: "You were given the work to go round the location and people must get used to you and you must get used to them. While you were doing this job, you were a very strong man in church ... so much so that when you are in church you're always feeling pleased and you are not feeling sick. You feel as fresh as anything". She said: "You are to be taken away from church. You were taken to church by your shades. People must know that God is with you, now they are going to pull you out. You will only go to church at times, not regularly."

\* Victor, you're looking very healthy now.

Yes, I'm feeling very well today, but sometimes I just become ill the next day. I look forward to going back to my family.

Mr. Thiso related his understanding of Victor's case as follows :-

You would not have believed that he'd be healed when he was brought to me. The first time before I had to divinate, just by looking at him, I noticed that he had ukufa kwesi Xhosa (i.e. Xhosa disease, meaning thwasa). I noticed when I told him this that he would not believe it, which implied, too, that he disliked to be an Iggira. You get many people of that sort. You must not force him to be an umkhwetha but treat him in the way in which you treat your abakhwetha, healing them by izilawu (different ubulawu). Whilst you treat him that way, don't force him to go and join the abakhwetha in their operations, like dancing and mixing medicines and doing divination of simple things, but there will be a day when such a person, seeing the abakhwetha dancing, will get excited and jump up to dance as well. By doing so, he's accepting what he was disliking. And when we clap hands for a yumisa, we see him clapping hands also, although we did not tell him to do so.

You notice after that, that he will get very interested, and when some consultees come, he'll say "No, I'm going to take them myself". Of all the treatment you do, for one to qualify as an Iggira you must not forget his customs. If the qualifying Iggira fails to perform the customs in the correct manner, that Iggira will not prove good. I repeat that: one cannot ever be a good Iggira if the sacrifices have not been carried

out correctly by a qualified Iqqira.

After I had treated Victor, I noticed that he was a little bit believing what I told him from the onset. When he left, he was co-operating in everything being done by the abakhwetha.

So, he told us that he was feeling very healthy - he was healed all right. Now he's written to me saying that he wants me (Mr. Thiso) to go with him to Idutwa (in Transkei). I was very pleased when he said that, though he had not mentioned why. I knew exactly what is wanted of him by his shades, and he will make a very good Iqqira. I'm sure I know that. When I go with him to his home, I will convince all his kin, that he is to become a good Iqqira.

School people (means Christians) don't believe in Amagqira. In the case of myself, I was born by Christians. My mother was a Christian and totally disliked it. I didn't like it myself, but now I know that I delayed my improvement. I would be better off now if I had started then.

\* Why do you think that Victor is thwasa?

When he arrived here he was lean and he told me that all his body was aching and at times he complained of sharp chest pains and some headaches. I made a vumisa for all that. In my divination, I noticed that he was advised by these achings, by his shades, as to what he should do, (i.e. to be an Iqqira), and I told him but he would not believe at all.

Normally, when I notice that a person does not believe in thwasa, I leave him alone but treat him like an umkhwetha, as I did with him, and I have noticed that he felt to join others, and he has done it. I noticed

that he was being given relief by his shades when he joined the abakhwetha but I did not tell him that. I left it for him to prove to himself that I (Mr. Thiso) was right.

- \* Why did Victor, in particular, become thwasa?  
 There are two ways, it is either that he is taking after, from one who was an Iqqira in his family or else his ancestors (shades) want to have a first person as an Iqqira in their lot. In my visions, I was shown that there had been many amaggira in his family that had wanted Victor to become an Iqqira.

You know - amaggira don't need to be told. We have the Imbono (Imbono means something becomes very clear in your mind, as though you see it with your own naked eyes).

With reference to Victor, what I found was that he was born of Christians. He had not told me anything and he is born of a family of abantu abamhlophe (diviners) and when I talked to him about his home, he told me that his people believed very much in Christianity. They sort of discourage anyone who is turned to be an Iqqira. I told him that the only thing is to convince them by performing a sacrifice in your own home. Your improvement in health will convince them that the divination was needed by your people (meaning shades).

Victor told me one day, "I didn't sleep well last night. I dreamt of dogs biting my hands." I said to him - "Yes, do you know what that means?" He said "No."

I said when consultees come, your shades say you must clap hands like all others (i.e. vumisa). That dream was finished then. He never mentioned it again.

The second one, he said to me: "I dreamt that there was somebody standing there, in the river, shouting (khwaza or calling) to me. I told him that it means you should go to your home in Idutwa. I said that because it was the shade in the river who was telling him directly that there must be a sacrifice done at his home for the river people. (He was being called by his people who are there, i.e. under the river).

He said to me: "All these signs have caused me to agree to what I have been opposing."

- \* Didn't you tell me at one time that you thought he may be thwasa but you were not sure?

Yes, you are right, first I told him about his thwasa and that he is born of people who are thwasa and he wouldn't agree. Then I thought that my judgment was wrong. But I treated him with the izilawu and he responded well. That convinced me that he was thwasa and he is really convinced, too. If you meet him now, he will tell you that.

When he left here, he said: "I want to go to Port Elizabeth and visit my wife." Now he wrote to me that he wants me to go with him to his home in the Transkei. I am satisfied now, because he wants to leave the town (i.e. Port Elizabeth) and go and do his sacrifices at Idutwa.

#### 4.5.2 Dreams

Victor's case points to the importance of dreams, the shades and customs in thwasa. In particular, the importance of acting in accordance with instructions received through

dreams, is illustrated.

Kunene, a semi-qualified Iggira, states the importance of dreams as :-

Dreams play a very great part, with the thwasa because it is through the dreams that one is capable of contacting the shades, or some of them, or even the lot, I should say. If you don't dream you won't be able to say what is going on or not.

Mr. Jodwana, an Iggira, in discussing the origin of thwasa, expands upon the importance of animals in dreams :-

The thwasa is in a human being's blood. He is able to see different things; to be able to see certain animals in dreams. My thwasa animal is a lion. The lion stands for my grandfather who was also an Iggira. If, for instance, I happen to infringe one of my laws (customs), this lion will come in my dreams in an aggressive manner.

He states that every thwasa person must dream about an animal, which then becomes his animal. However, birds and snakes are excluded, being regarded solely as the prerogative of a witch (Igwira). The animals cited by Jodwana included the lion, tiger, baboon and elephant. In terms of Hammond-Tooke's schema, the mediatory significance of the Iggira is thus portrayed by his access to Nature, in the fundamental opposition between Nature and Culture.

When asked as to the individual's relationship with the shades and dreaming, Mr. Thiso stated :-

You never awake a child or any person, for while someone is asleep they are communicating with the shades. For example, if you dream that you are bitten by dogs, you do not tell anybody. You just prepare beer. The beer, in a sense, is a bridge between you and the shades. You do not talk easily about your shades. The dog is your protector. Anything which is protecting you, which is biting you, shows that the shades are quarrelling with you. The beer is begging for peace with them. You have to think what wrong you have done, and the beer will allow them to tell you. That is why I say that the beer is a bridge between the person and his shades. The dream is your private affair. Only when you have good luck, do you talk about your shades aloud.

This is further illustrated in the case of Mr. Thiso: It was seen in 4.3.1 that during the initial phase of his thwasa he would isolate himself, he neither ate nor slept well, and his body felt weak. Nothing gave him pleasure. He related a dream he had during this period :-

When I started to get sick (thwasa), I dreamt I was on that mountain there, on top of the mountain and I was lying next to a bush and something came and licked me here, on my cheek. I dreamt that I was very stunned at first. I did not know what it was. My mother came to me in the dream and told me that I should go and slaughter an ox for the animals because that thing which licked me on my cheek was an animal. She said after I had slaughtered the ox, my people should build a private house for me.

Following the dream, he stated that :-

The house was built for me like the house of an umkhwetha, i.e. built with grass - upon the prescription I got from my mother, and after I left that house I became an Iggira. The house is the same as I dreamt. This thing appeared to me as if someone was giving a report to me, although it was in a dream. It was given to me as a report.

\* (This house is still being used for keeping his herbs and medicines.)

This is an important dream, which is not interpreted in the "Western" sense, but is lived and is acted upon. The individual-shade communion is apparent from the beginning of the dream, in the appearance or the presence of his mother. She instructs him to slaughter an ox for the animals. He does not interpret this abstractly but lives, acts out, the message of the dream, with all its connotations of the communion with the shades, being guided by this communion and following the "calling" which is indicated. There is also a transition in roles which takes place within the community context, in which he assumes the role of an umkhwetha in the new house.

On presenting this dream to a Jungian analyst who was acquainted with Mr. Thiso, the following interpretation was made: The dream occurs after a long period of depression and isolation from other people. The mountain might be seen as his emergence from his previous state of depression

or isolation. The presence of the mother, the animals and the instructions represent important symbols in comprehending the significance of the dream. The solution in the process outlined is to be found in the indications that by building the house, in accordance with the instructions from the shades, and thus becoming an Iggira, he will develop to his full potential as a person. In Jungian terms, this would be interpreted as representing the process of individuation which is not dissimilar to a phenomenological dictum, of "taking on that life which is your own." (Personal communication - Dr. M.V. Bührmann).

#### 4.5.2 Custom, Ceremony and Ritual

Anthropologists propose a theoretical distinction between ceremony and ritual. Ceremony is defined as a conventional and sometimes an elaborate form of voicing one's feelings whereas ritual aims at a communion with the shades, which is efficacious. (Berglund, 1976 : 28). Like many theoretical distinctions, it is difficult to differentiate between ceremony and ritual in Xhosa practices - as the shades are included in almost all activities. In the context of this section, these terms are used interchangeably.

While Western rational thought is often dominated by the intellect, and abstract theorising, Xhosa cosmology is dominated by lived-experience and participation. This is

partially characterised within the thwasa process by noting the importance of ceremony accompanying the thwasa process.

The relation between the ritual importance of the beast, and the shades, is related by Mr. Kunene as follows :-

When you're slaughtering a beast - that is a sort of appeasement to the shades on behalf of the sick person. But before we slaughter the beast, we'll speak to the shades. While we are speaking to them, you don't see them, but they will answer somehow. If the beast opens the mouth and cries "wina" then they have answered yes, but if the beast does not cry, you have to let the beast go.

The following comments by Mr. Thiso indicate the importance of ritual sacrifice in dealing with thwasa consultees :-

- \* When you treat a sick or thwasa person, do you sometimes advise the slaughter of a beast?  
If the shades want this.

That (referring to a ritual sacrifice) I see with ease ... That I see with ease. Certain times if a patient is brought to me and I study him, the way he behaves, then I can see from his behaviour that this man wants an ox or a goat to be slaughtered for him. When I've seen or discovered that a goat or ox should be slaughtered for the person, it will cure the person.

This might be seen to be in keeping with Hammond-Tooke (1975) who has pointed to the material, symbolic and mediatory significance of animal categories.

While custom is essentially associated with an individual's relation to the shades, as illustrated by Mr. Kunene, it is also pertinent to the relationships between the individual and the community. With regard to the importance of custom, Kunene makes an important observation, in discussing the difference between patients from an urban and a rural setting :-

I wonder, if you get a man from the rural area, he is far more in touch with the people believing in the shades, while with a man going to the city, he loses touch, maybe with the feeling of his own link between himself and the shades, so maybe his visions are not so clear; first of all such a man must be shown or taught how to respect the shades, then gradually he becomes (laughs) a member of this divine family of ours.

Mr. Thiso likewise indicates the importance of undergoing a standard set of practices during the treatment of thwasa :-

\* When is the thwasa person sent home again?

This thwasa is just like being at school. You have got to finish certain important courses of your curriculum (customs) before you can go home. Then you can go and sit with your people at home.

While Kunene's statements regarding the individual's relationships to the shades are significant in determining the individual's subjective experience of thwasa, Thiso's analogy of the school is essentially associated with a change in relationships. The initiation school for the Xhosa,

for instance, is where the individual is instructed during the period of transition from boyhood to manhood. The school associated with thwasa might thus also be associated with a transition of relationships, resulting in change and personal growth.

The ceremonies associated with the training of an Iggira, from the initial stage of the person being "called", through to his final graduation as a fully-qualified Iggira are :

- (a) Diagnosis of ukufa akumhlophe. Commitment of a qualified Iggira to nyanga him;
- (b) Use of Izilawa for washing;
- (c) First hlawayelega ceremony;
- (d) Second hlawayelega ceremony with the seclusion of the initiate in an ithongo (seclusion house):
- (e) The intambo ceremony;
- (f) Following a dream, the initiate might participate in a ceremony to be held at the home of his mother;
- (g) The godusa ceremony, at which the Iggira presents his novice with the umkhonto (spear). This is followed by ukwahlula izilo (separation of the animals).

See Appendix E for a full ethnographic account of the stages

of training, and the above ceremonies.

These ceremonies illustrate the importance of family and community participation in the above training - the person never being treated in isolation from his family. The person's relationship to the Iggira is close, in which the Iggira is seen in his role of mentor, expert in law and custom and as a ritual specialist. The individual's relationship with his family and the community is actively restructured. Simultaneously, the initiate is trained to become increasingly accessible, and his powers of vision are seen to develop. The importance of cleansing is stressed throughout this period. Symbolically, ubulawu is associated with enhancing the individual-shade relationship. In psychological terms cleansing might be seen as the resolution of infantile attachments, and past associations. The final step in the training - the separation of the animals, - might be interpreted as an acting-out of the severance of the transference relationship, between the trainer-Iggira and the newly qualified Iggira, and an enactment of the equalisation of their powers, (see Appendix E).

#### 4.5.3 Community

The importance of the community participation in the experience of thwasa is stressed throughout the initiate's

training. This is evident from the initial stages, where the Iggira will do a vumisa (divination) with the proviso that the patient is brought by his family. Only in the event of the patient not having close family, will he undertake a vumisa of such a person, brought by guardians.

The said person is reminded of the shades. Mr. Thiso relates that :-

Sometimes when a person comes to me or is brought to me, he has no knowledge of his predecessors and whether they were suffering from thwasa or not, but I will tell them. And even sometimes if I tell a person a certain great-grandfather of yours was an Iggira, he recalls (obtomana) that there was such a person.

The participatory involvement of the whole family in ceremonies is described by Mr. Kunene's description of an aspect of such a ceremony :-

Before we appease for a single person, we appease for the whole family. We take one jug, for the utywala (beer). We take it to the shades and we've got a second thing. Before we go to the river, we wash each and every member of the family, wash his face, hands and feet. We take that water with the dirt in a tin and go and speak to the shades in the river, telling them that we have come to appease for this family. "Here is the dirt, accept it".

The importance of respect in the relationship between the individual and the community is made explicit by Mr. Kunene,

who states that a thwasa person must be obedient to all the instructions given to him. Upon asking him to amplify on what sort of instructions are given to such a person, he stated :-

For example, for a man who has got the thwasa - this man must teach himself, first, to respect.

- \* What does this mean, in your culture, to respect?  
To our culture, even before my forefather was born, a respect was the first and utmost aspect of our people.
  - \* It's a word, but I'm wondering what is behind this word, respect?  
Well, I would say, a man is a man because, only because he has got respect. He knows what somebody is.
  - \* Will you elaborate?  
(Laughs) Well, I could, of course. For example, now today that you're sitting next to me, you are sitting like this. That is a certain form of respect to this very place where you are, well, only because you have learnt to know that with us there is a certain way we sit - I should put it like that, so you've got to conform to the manners you find in this particular place.
  - \* So is conforming very important, to "respect"?  
Yes, I should put it like that.
- 
- \* And to show respect to the forefathers, how is this done?  
To show respect for the forefathers means a lot of things to do. He might be mad. The Iggira will have to give him some sort of medicines. At the same time he should be trying to help himself; and

not to go mad. Let me put it like that. I mean he is mad, but he must try not to go mad.

\* So you must think about your actions?

Think about your actions wherever you go, wherever you enter, think of it. For example, we of this clan of ours, are of Royal Blood - wherever we go, we must remember that people think we should be examples in whatever we do, also we shouldn't make a sort of show-off when we do anything. One must be humble.

#### 4.6 VISIONS AND THE LIVING - BODY RELATIONSHIP

There remain two related aspects which have become apparent in the preceding ethnography, and their psychological significance requires consideration. This is the report by such persons of auditory and visual experiences. Closely associated to this, is the person's relationship to his body. This will have been apparent in 4.3.1 where Mr. Thiso refers to umbilini and in 4.5.1 where Victor talk of visions. The predominance of somesthetic experiences is further indicated by Mr. Thiso when asked how he knows about aspects of his patients' history of which they themselves had no awareness:-

I know it this way. Nobody tells me in my ears, but the blood, this is the disease in me of the Iggira-ship, which tells me that somebody's great-grandfather or father was also an Iggira or thwasa.

The reports of auditory and/or visual experiences have given rise to much theorising and speculation in previous research, in this area. In examining the qualitative experience of the individual, this experience should be regarded as a lived meaningful event within the individual's cosmology, and thus the question of the objective validity of this experience, becomes inconsequential or redundant, within the present framework.

It will have been noted that in Case 4 (4.5.1) Victor recounts that his sickness is indicated partially by the fact that he no longer hears voices. This aspect of the thwasa experience is further illustrated by Mr. Kunene, who provided the following observation :-

For example, there is this man sitting next to us. He directly saw his forefathers. They invited him to a forest nearby where he stays ... actually he had never before seen his forefathers; but that very day they talked to him in the flesh, and gave him a black stick like this - (he was referring to a patient who had recently become an initiate).

- \* Do you sometimes see things or hear voices?  
We see things, we hear voices, just going through the forest - you hear a voice, you've got to respond to that.
- \* So is the voice outside your head?  
Outside the head, through the ears, Even yesterday. It was my father who was speaking, telling me not to sell one of his old cows that I am still keeping at

home. I must keep that cow and slaughter it for his mother.

Roseman, who also reports seeing visions and hearing voices, provided a different account as to the origin of the voices :-

Inside my chest. This voice comes to me as your voice does when you are speaking to me. When this voice speaks to me I can also answer him, whom I cannot see. And nobody else can understand him or hear him. I'm the only person who can hear him.

and adds that the shades

do understand me when I speak to them.

During a discussion about visions, he provided a demonstration, during which he sat on his haunches staring into the distance, his right arm extended from the elbow, and at first his fingers, then his whole hand, started trembling, and gradually his forearm as well. As he continued, he began shaking and his posture became increasingly rigid and intense.

My body is shaking now. The spirits come into me. And this spirit is a key you see. When the spirit comes it opens my mind so that I can see the vision.

Sometimes I have a vision. Or this way that I see people who are moving from their house on their way to the Iggira's house. Sometimes I see four people coming here and in a short time, they arrive.

His shaking continued for a short while and his head also began to tremble.

When these visitors arrive here and they ask me to tell them their fortune, I tell them how their journey started and progressed until they arrived and then they admit it. In the vumisa I tell them why they have come to see the Iggira and then they agree with me and admit it. Once I have interpreted the umhlola (cause) I hand them over to the Iggira.

His hands continued shaking and were rising to above his head and then they slowly descended.

The shaking of the body is one of the factors of the thwasa disease. I've not yet become a full Iggira. The shaking will stop once I'm a full Iggira.

Regarding the individual's bodily experiences, it has already been noted that thwasa persons have mentioned on numerous occasions that the thwasa is in their blood. A further concept is introduced - the umbulini. This is possibly related to bodily sensations, as might be indicated by such statements as :-

During vumisa (divination), I am told by my umbulini ...

and

I feel it here, in the umbulini (pointing to the solar plexus) that is how I know. (Mr. Thiso).

Spatially, the umbulini is located in the area of the solar plexus, and might be interpreted as "intestines". Contextually, the umbulini refers to bodily feelings. There seems to be little differentiation between feelings and abstract knowledge. Knowledge can be gained not only through objective empirical means but also subjectively through bodily feeling. These feelings become so palpable that they may manifest as subjective visual experiences. It is in this sense that (to use an abstract concept) the person's "relations" to the state of his body, or more simply, contact with his own beingness, is analogous to having knowledge, i.e. to have access to the centre of experience. This will be further illustrated in the following chapter.

### The Snake Story

The bodily experience as a source of knowledge is further illustrated in the following anecdote, which refers to a conversation between a research assistant and an Iqqira:

\* How do you hear what is said by your shades during yumisa (divination)?

Iqqira: I hear through my body.

\* But I cannot understand that. How can you hear through your body?

Iqqira: Do you know a snake?

\* Yes.

Iqqira: Has it any ears?

\* I am not sure but I do not think so.

Iggira: You are right; it has none. They feel and hear through their bodies. An Iggira is like that then at times. Amaggira as well hear messages which are totally inaudible to ordinary people through their ears during vumisa.

PHAMBANA5.1 INTRODUCTION

Many previous studies appear to have grouped a host of categories of experience under the heading of thwasa, or they have distinguished only between thwasa, amafufunyana and maybe isiphoso (to be discussed in the following chapter). The Xhosa, however, do draw distinctions between various categories of experience, an important one of which is phambana (madness). This has already been introduced in the ethnographic material pertaining to thwasa, in that in certain instances phambana is seen to precede thwasa.

The emphasis in conversations on the above topic was that it was related to custom, the neglect of which was purported to leave one vulnerable to the effects of witchcraft. This was succinctly expressed in a conversation with Mr. Kunene, who stated that :-

The first and most important reason a man becomes mad (phambana) is because he has forgotten his custom. Such a man, who neglects the shades, is open to witchcraft.

This was expanded upon by an informant who felt that :-

The cause of all trouble today is that the people do not want to do the customs. If you do not do the customs, then you become phambana. When you are asleep then you "see" all the things - then you must do the things which you have seen (in the dream). God comes to see us now in our dreams.

Custom is thus seen to not only involve conformity within the community, but as living in awareness of the shades as they manifest in dreams. The importance of witchcraft being associated with phambana is indicated by a discussion with Mr. Mawaba, who provided the following interpretation of phambana :-

The person's own family or someone who bears him a grudge, makes him mad. Sometimes the Phambana works together with the poison inside and sometimes the person has intlanga. These intlanga are a form of magnetic herbs which have been put anywhere on a person's body. The phambana can follow a person from Grahams-town to Port Elizabeth.

Q : How do you know when a person has phambana?

A : I am told these things.

Q : What causes phambana in a person?

A : Sometimes it is the umbilini. Sometimes it is the thwasa. That is when people don't follow up the thwasa and get help.

Phambana is thus described by Mr. Mawaba as being due to disturbed inter-personal relationships. At no time is this state characterised by dreams, or a transformation of the

individual's rôle within his society. The shades play no direct role in causing phambana, but where a man is thwasa and does not follow up his thwasa, i.e. he wilfully neglects his relationship with his shades, he might become mad.

## 5.2 CASE STUDIES

Four case studies of phambana patients will be presented before examining the distinguishing constructs associated with this experience.

### 5.2.1 Case 5 : A Phambana Patient - Name: Vuyigile M.

Diagnosis by Igqira: Phambana. Age: Probably between 20 and 30. Arrived at Mr. Thiso's homestead two weeks previous to the interview. He is not yet circumcised.

Mr. Thiso reported that the patient was brought by his mother and his uncle. The events preceeding his arrival were as follows: His parents came to Mr. Thiso for a vumisa (divination). He pointed out to the parents that they had come about a young man. This man had got lost in Johannesburg and was at the present time in the bush. He told them where they would find him. His parents admitted that he had got lost so went to the bush and found him there. They then brought him to Mr. Thiso who gave him medicines. He had to be tied up with rope for half a week, after which

he was allowed to walk around freely.

Interview with Mr. Thiso re Vuyigile M:

- \* What was the patient's behaviour like when he arrived?  
He was very aggressive when he arrived and showed intentions of assaulting some people here. However, he never assaulted anyone.

He did not want to stay here so he was unhappy. To my knowledge this person is bewitched. He has been bewitched by his grandmother. She has poisoned him here at Rabula. I shall try to get that poison out of his stomach so that he can become normal. I shall let him drink medicine prepared from various types of herbs; and I shall also give him medicine for vomiting so it (the poison) comes up by itself.

- \* Does he have dreams and see things?  
He has not informed me about seeing or dreaming anything. The difficulty with this man is that when you talk to him he just laughs at you and talks a lot of chaff.  
(izinto ezingemnamsevenzi)

An abbreviated extract from the interview with the patient follows :-

- \* What is your name?  
I work at the quarry in Lesotho.
- \* Where is Lesotho?  
-
- \* Where do you come from?  
Ek kom van die stad af.

Q : Where do you stay?

A : (crying and laughing) O man, O man. (Talks flamboyantly, waving his arms and hands in the air) I come from all corners.

Q : What is your name?

A : I am "curries, curries, curries".

Q : Are you sick?

A : (shakes, just makes strange sounds then laughs and smiles.

Q : Would you like to talk to us?

A : (he just talks aimlessly, pulls faces, then laughs).

(See Appendix F for a psychiatric assessment of his mental status)

#### Behaviour during interview:

He entered the house at Mr. Thiso's request, but was unco-operative. Meaningful rapport could not be established. His mood and affect were inappropriate, ranging from crying to laughing.

He evidenced thought disorder and showed impaired reality contact. He appeared disorientated in all areas, and showed no insight into his condition. Appearing agitated, he was unable to attend to questions.

The account given of Vuyigile M. by Mr. Thiso is significant

in the behaviour described, the cause of his condition and the treatment offered. His history indicates that he is over 20 years old and has not yet been circumcised. According to the Xhosa tradition, this indicates a neglect of custom. This person is thus still regarded as having the status of a boy, rather than that of a man. He appears disorientated, judging by the fact that he initially got lost in the bushes, and behaves aggressively and so has to be tied up for a short period. The cause of his illness is bewitchment.

His grandmother is held to be responsible. This might indicate that the cause of his present condition is related to disturbed relationships within his family and, more particularly, with his grandmother.

This condition is related to a physical correlate, i.e. poison. Treatment requires the removal of the poison. In a sense, his possibly poisoned relationship with his grandmother is concretised by the poisoning of his body. Treatment in the use of herbs, requires that the poison be removed. By the sorceress being identified and brought out into the open, a poisonous relationship within the family is exacerbated.

The patient's present behaviour is marked by inappropriateness of mood, and thought disorder. His relationship to his world is thus seen as disturbed.

5.2.2 Case No. 6: Name: Magada B., Male, 15 years old:

Diagnosis by the Iqgira: Phambana

Magada has been seen on several occasions, loitering around Mr. Thiso's homestead. No rapport could be established with him. His mood and affect appear fatuous. It has not been possible to assess his orientation. His attire is tattered and torn. He is tolerated by the community who show a benevolent regard for his welfare. He shows no insight or concern as to his condition.

5.2.3 Case No. 7: Name: Mcedisi S., Male, 15 years old:

See Appendix G for a transcript of the interview and Appendix H for a Psychiatric Examination of his Mental Status. He was observed to exhibit manneristic behaviour, blinking his eyes, and staring in a vacant manner. His toilet habits, at the time of the assessment, were wet and dirty. He required supervision for even the most simple tasks.

5.2.4 Case No. 8: Name: Vuyisile T.

Vuyisile T. presented as being incoherent and showed inappropriate affect. See Appendix I for a transcript of an interview with him. Mr. Thiso's understanding of Vuyisile T's condition is of importance. He related that :-

The whole thing is that he never gives sensible information. He always laughs for no reason, even while asleep. He is able to carry out simple instructions but he has to be looked after.

His father brought him to me from Port Elizabeth because of his present condition. His father did not know what was wrong with him. When he came, my sister did the vumisa.

Mr. Thiso's sister, who is a senior thwasa initiate, described the vumisa as follows :-

I saw that he was mentally ill (phambana). His father then asked if he was born the way he is now. I said "no", but that he got lost and he was sane at that time, but after he got lost they discovered that he was mad. His father then wanted to know in what place did he get lost and I replied that he got lost near a river, but that he was not called to the river. His father admitted - "yes, we used to get the boy at such places" and so I finished the vumisa and took the boy to Mr. Thiso.

I then asked Mr. Thiso to elaborate upon this patient becoming phambana:-

The cause that made him phambana was that during that time he was lost, he met dirty things called Isithunzela. These dirty things went away with him and threw him into the forest. And when he came out of the forest he was naked and did not even know where his clothes were. Furthermore, when he came out of the forest he could not speak. His father took him to different amaggira

and told me that this boy refused to drink medicine, and even now he does not want to drink medicine so we have to force him to do so, but he still has to be watched.

Q : What do you mean when you say that he came into contact with dirty things in the forest?

A : He was stolen by Isithunzela's (human familiars, (zombies) controlled by witches). I don't say that the customs did not make him mad but the main thing that made him mad was the contact with the Isithunzela's. I told his father that his mother should make some utywala (beer) there in P.E. and his father said: "Shew! His mother does not even want to hear of these things as she is a church goer". Perhaps the fact that his mother refuses to make the utywala is the cause of all the dirty things in this boy and thus the mother does not like him.

In this case, phambana is seen to be caused by "dirty things" associated with the Isithunzela. Mr. Thiso relates this to the fact that the patient's mother ignores what he regards as being an important custom.

In the cases presented, it was noticeable that the informants discussed the patient's behaviour rather than his experience. The patient behaved in an inappropriate manner. Vuyigile behaved aggressively, while Magada and Mcedisi were uncommunicative. This in itself is significant within the cultural context and would be the cause of stress and tension.

Their relationship to others is significantly disturbed.

It is recorded that the first patient went to Johannesburg then got lost and was found in the bushes. This would indicate an isolated type of existence. When he was placed with other individuals, he had to be tied up, to counter his aggressiveness. Magada also avoided all contact with other people, except to take food - substances, indicating a withdrawal from human relationships.

It is noted that no change of rôle is suggested for such a person, as is the case with thwasa.

### 5.3

In attempting to understand the distinguishing features of phambana, many discussions were centred upon the differences between this and other categories.

Mr. Thiso clarified the difference between phambana and thwasa as :-

Phambana can be caused by the shades as punishment. Thwasa is caused by the shades to help other people. Thwasa people are just normal people but this just comes in stages. I tell them, let's go to your home and I will explain everything that must be done. I tell them the cause (of their illness) then they will be cured. A person who is thwasa does the same work as is done by everyone else.

These phambana people do not do anything.

They think there is nothing wrong and do not care about their position.

He then discussed aspects of the treatment of phambana.

I've got many different medicines which I can use for people who are mentally distorted. It sometimes happens that a person gets mad and the cause of this madness comes from his stomach and then I would use this bark to cure him (pointing to some crushed brown bark - wnomno). This bark is going to draw the action of the poison in the stomach.

To help the patient out, it is sometimes necessary to extract the hair from an ox-tail with which to make a necklace. This could lead to his recovery as the lack of the necklace (intambo) may have been the cause of his madness.

Mr. Thiso's distinction between thwasa and phambana clarifies the difference between these categories on a behavioural level and in terms of associated constructs.

Thwasa people are active and work, they are, in a physical sense, involved with movement, while the phambana people do not work and, it is apparent, lack insight into their condition.

With regard to associated constructs, Mr. Thiso states quite explicitly that there is a qualitative difference between the individual's relationship to the shades in each case,

i.e. thwasa is positive, in that it contributes to the welfare of others, while phambana is negative in that it is seen as a punishment. It appears that once a thwasa person understands his condition, i.e. he is provided with an explanation or interpretation of his condition, he improves. He is thus able to integrate the said experience, while a phambana person is not afforded the same relationship within which he is able to integrate his experience. This would imply a fundamental difference in both these conditions.

Mr. Thiso's indication of the thwasa experience originating in the stomach alludes to an important altered bodily relationship. This is further indicated in reports by Mr. Jodwana (an Iggira), and Ngxangxa R., a thwasa initiate.

Mr. Jodwana explained phambana as :-

Sometimes the person becomes sick and after that he becomes mad. The umbilini becomes as if he is frightened. The umbilini beats so fast that the person wants to run away.

He relates this to the witches :-

The witches are the people who're killing other people.' It is because of these witches that people become mad.

Ngxangxa R., in explicating the difference between phambana

and thwasa is probably referring to himself when he talks of thwasa, and drawing from his personal experience as an initiate in describing phambana :-

When a person is thwasa he always has a vision of his shades, unlike a person who is phambana. Such a person has no visions. You can see inside his brain that there is a smoke right up his back into his brain and that smoke overshadows the visions that he might perhaps have in him. When a person is phambana, it is perhaps due to him having been given a poison. A poison causes something either on one's lung or in the heart and then the Iggira can see through the human body into his intestines and see where the poison is located in the person. The poison makes him mad. Now when it is a disease like the disease from which I'm suffering (thwasa), there is no poison (idliso). Thwasa comes automatically out of one's heart. This spirit inspires one to become an Iggira and this spirit is not an evil spirit. In phambana there is an evil spirit because the spirit is in the poison that you ate.

Roseman's statements indicate several crucial differences between thwasa and phambana. Unlike the phambana person, the thwasa person has visions of the shades, i.e. the thwasa person has a relationship with the shades. It comes from the heart, i.e. the centre of his life and over which he has no control. In contrast, phambana is marked by a lack of visions, i.e. his relation to the shades is not present in the same way as for a thwasa person. Visions, which have been seen to designate communion with the shades, are overshadowed by "smoke right up his back into his brain". The

individual is being isolated from relationships regularly regarded as constituting part of the community (i.e. the living and the shades). The reason might be "poison" in the stomach, which is seen to be related to an evil spirit, residing in the poison. It is noted that he infers a relationship to exist between poison and an evil spirit, i.e. between the material and the non-material, as between a negatively connotated objective substance and a negative subjective experience.

These views are all supported by Mr. Jodwana's statements in which he stresses the umbilini and attributes the cause of phambana to the witches.

Constructs relating to bodily aspects of the phambana experience were again illustrated during a general conversation with Mr. Thiso :-

Africans believe that a person is controlled by the intestines, unlike the Whites. The Whites believe that the whole of the human body is controlled by the brain. We have a word called the Umbilini, the whole intestine controls the body. So if a person says the umbilini I become frightened that something is going to happen. My umbilini, my intestines, tell me. They don't refer to the brain, like you people, I think this, this is what I think. My umbilini, my intestines tell me this.

He explained that madness is rooted in the intestine and goes up the back to the brain. At times the patient may

feel as if the brain is boiling. He emphasised that the origin is in the intestines and that the person will never get mad unless it starts in the intestines, and asked me if I understood. In discussing treatment, the bodily aspects of this category are again emphasised :-

With people who have mental diseases I mainly use herbs to draw the excessive action of the intestines, so that the umbilini should function normally. At certain times the thing which causes a person to become mad is because the intestines or umbilini is functioning too much. The umbilini comes to your brain. The person drinks the medicine and then the functioning of the intestines will subside and work normally.

The emphasis on the individual's bodily relationship, and the centrality of the stomach in this experience might point to the stomach representing the centre of one's experience. Mr. Thiso's statement relating to the afflicted person experiencing his brain as boiling probably relates to the discomfort and disorganisation of his sense of thinking. The origin of this experience is in the feeling sense. The lack of distinction between bodily feelings and cognitive thought, in gaining knowledge was pointed to in the last chapter. While the stomach occupies a central part in sensation or feeling, as a centre of being it is also vulnerable. If one is poisoned, it is often experienced as being in the stomach. To be attacked by an enemy could mean to have one's food adulterated by that person, and so be harmed.

The initial ethnographic data is significant in that it again reflects that while Xhosa Amaggira agree on certain issues, as to the meaning of phambana in its broadest sense, they also have rather different ideas as to the cause and nature of phambana.

Areas of commonality between the informants is that the cause of phambana is related to a disturbed relationship between the individual and custom, i.e. the individual is accused of neglecting his custom. Some informants, however, extended the cause of phambana to include witchcraft. The implication is that phambana is related to a disturbance of inter-personal relationships. This might formulate itself with poison being used, in precipitating the said state. There is a clear difference of opinion as to the rôle of the shades in the incidence of phambana. One informant is categorical that phambana cannot be caused by the shades, while Mr. Thiso reports it can be caused by the shades as punishment, particularly where a man does not "follow up his thwasa", i.e. where he neglects his relationship with the shades. This, of course, is related to neglect of custom, an aspect which has been emphasised by Mr. Kunene. Custom, as has been seen, refers to man's relationship with other men, the emphasis being that man does not offend but lives in harmony with the community (or societas), and experiences communion with the shades. Disrespect of custom might thus include neglecting one's relationship with the shades. Such action rests not only upon individual

responsibility, but it is the responsibility of the family. Health, as opposed to phambana, requires respectful or harmonious relationships between man and his fellow-man (communitas), and between men and their shades (as engendered by custom).

The individual's relation to his body is indicated as important. It is portrayed not only as the centre of the experience of phambana, but also as being vulnerable to the negative influences of others.

CHAPTER 6AMAFUFUNYANA6.1 INTRODUCTION

As indicated in the literature review, relatively little information has been recorded about amafufunyana. One writer, Mokhobo (1971) has interpreted it as a form of hysteria. It has also been confused with Isiphoso in at least one study (Sakinofsky, 1961). See Appendix J for a description of Isiphoso.

In the present study, whenever the subject of amafufunyana was raised, the amaqqira appeared unusually reticent in discussing this topic.

This was indicated, for instance, when I enquired from Mr. Jodwana whether he knew of amafufunyana. He replied in no uncertain terms that :-

I don't even want to know about amafufunyana. Amafufunyana is a filthy thing; it kills. A person who has amafufunyana does not thwasa, it is a man made thing.

Mr. Mawaba, a Xhosa Iqqira, while also reticent, was more informative, and attributed amafufunyana to inter-personal

conflicts, and elaborated upon the experience of a person so afflicted.

Amafufunyana is a kind of disease. It is man-made by the herbalist because the Iggira (diviner) and Ixhwele (herbalists) are at war. The herbalists always bewitch us (igzina) with this amafufunyana and they can even put amafufunyana into you, who is not an Iggira. They bewitch the person with amafufunyana. The amafufunyana either screams or speaks inside the person. When they've put amafufunyana into you, they (the amafufunyana) instruct you even if they're in Johannesburg. They fool you even if it's in the day time. Even if you're in bed they can tell you to get up; they speak to you, you can hear them with your ears.

Mr. Thiso, while also dissociating himself from amafufunyana, provided an elaborate description of this category :-

In fact, these people concerned with the amafufunyana, I don't want to associate myself with them. It is not an illness that is caused by another illness, but it is a man-made thing. The people bewitch each other by means of these amafufunyana; that is why I have no interest in them whatsoever, it is dangerous. They kill people by means of this. If I was an authority I would stop this altogether. It should never be used or appreciated ever. This has never been from our country (i.e. among the Xhosa) but is from Natal. They are foreign to us. I will tell you what I have heard: when they prepare this, they take a piece of fat, perhaps from a fowl. They will place the fat upon the graves of people who speak different languages, e.g. a European, a Coloured or a Zulu. They gather a

collection from different languages. Ants which have been feeding on the new corpses in the grave are attracted by the fat. All these ants are collected and ground up together; this is mixed with certain medicines. This medicine is then administered to the victim.

- \* During my last visit to you there was a man here who had amafufunyana. Will you tell me about him? I did a yumisa (divination) and told him that he had a certain poison. I tried to treat him. I took some chillies which I ground and made him drink it. Then I noticed; the amafufunyana started. They were not accepting what was being given to them (the chilli) as food. The amafufunyana said that they were going away. I have heard that that is the way to find out if a man has amafufunyana. For me amafufunyana's are poison so I suspected that when he had poison, this poison might be amafufunyana. With this patient, he had not reacted to my medicines, that is why I thought he had amafufunyana. The amafufunyana did not leave this man and I told my patient that I do not know about these things and he should go and see another person. The other person cured the patient but I did not take note as to how he did it.

The amafufunyana go all over a man's body, even to the the brains. Thus one becomes a lunatic. Usually amafufunyana people are very quiet at first, then they say all sorts of things in different languages which the person cannot understand. He will only understand them when they use his own language. At times these amafufunyana are very naughty and even threaten the man: "We are going to kill you".

He hears them from his stomach. With such a man, you personally will not hear these voices, but you will

see that his mood is strange. Such a person will not want to sit down, he wants to go around all the time. The person will not wish to do anything.

A number of differences between this category and the previous categories are noticed, an important difference being the manner in which it is regarded by the community, being associated with sorcery.

## 6.2 CASE STUDIES

The present histories were obtained from self-confessed amafufunyana cases, who were under the treatment of an East London Medical Practitioner, as Mr. Thiso shows little interest in such cases, referring them to the amaxhwele (herbalists).

### Case 9:

Mattie M. presented with complaints of listlessness, loss of appetite, insomnia, bad dreams, frigidity and "always being angry without cause". Her foremost concern is that she is unable to bear children, which she attributes to men's voices inside her body.

Speaking English, she gave the following account of her experience of amafufunyana as well as a personal history of her condition.

I first thought that there was a school teacher talking badly of me. They were far away then, but one night I became frightened; there were three men looking through my window. They said "shame, she's getting to the end of the month". I wondered how they could see under the blankets. Next morning I told the shopkeeper. He immediately sent a telegram to my husband to return home.

I was sent to a coloured woman and she rubbed and rubbed me. She said to my mother: "Sissie, this child has an evil spirit in her womb. This spirit pushes everything down from the stomach". This, I think, was the beginning of this thing (i.e. amafufunyana).

You see, these Xhosa women, they go to the witchdoctors and buy these things. Some people say the witches can give you this poison and you do not feel or hear anything. I think someone poured this poison in me. The men work together with poison in my stomach. They (referring to the amafufunyana) say they're in my womb and I will not get any children. They say that they have been sent to me because somebody wants to marry my husband, and that they will not go away, but want to kill me. They want my husband to go to somebody else.

Sometimes I feel alright like other people, but then I feel these things. Sometimes they're in my head, and I feel it beat fast. Sometimes they're in my legs. Sometimes they're in my ears or on my eyes. At the beginning they were behind my liver. They say they want to give me fits. In church I'm thinking everything and my mind is mixed up. They say God's words can drive them out.

\*How many are there?

\* There were three, but now they are many because they are like ants. Sometimes I can feel they are crawling up in my skin, then I scratch, scratch. Sometimes I'm feeling cold or hot when the temperature is normal. They have many tricks. There are so many actions which they like to do, I am unable to remember everything.

I used to like peanuts, but now peanuts and cabbage give me too much gas. When my husband and I are together, the gas chases my husband away. Sometimes when my husband and I are making love, they say they will make me and him feel nothing.

At the end of the month I bleed heavily and I'm sometimes very nervous. They want me to be cross with everybody. They caused me to be angry with my husband this morning. At the moment they're quiet and just listening.

\* Do you have pictures of them, or of the voices?  
Sometimes I have pictures of them. They are like three little men. They're naked. These little men have many shapes, and can take on any voice. They want to make me mentally disordered (igeza).

Sometimes, it is the feeling that is not normal. With the eyes things are normal, but when I hear the voices of other people, that is abnormal. I feel strange because I hear these voices inside me. I don't think an Iggira can help. They can only express what is wrong, but they cannot help me. Only a University doctor can help me. I believe in White doctors.

See Appendix K for Psychiatric examination of her mental status.

It is apparent that Mattie M. is experiencing discomfort, which she ascribes to agencies (little men) outside her control, within her body. She is also concerned about being infertile and frigid.

She is provided with an explanation by a Coloured woman, that there is an evil spirit in her womb. This appears to allow her some understanding of her condition. The explanation provided might be interpreted as being due to that person's envy. In her attempt to make sense of her feelings and sensations, she talks of her experiences of "the little men", as affecting her relationship with other people (i.e. her husband), with God and with her own body.

Case 10:

Mabandla P.'s history will be presented in summary form. See Appendix L for a verbatim transcript of the interview. Appendix M. refers to a Psychiatric Assessment of his mental status.

Summary of interview with Mabandla P.

His family history indicates that his father died when he was seven years old. His relationship with his mother is poor. He feels that his mother finally "chased" him out of her house in 1974, as she resented his presence, which he feels might be due to something his father did to her.

He loved a girl, who, in 1960, fell pregnant and left him as she felt that he drank too much, and could not keep a job. He reports that his drinking then increased.

The voices began talking to him at that time. He claims that they (the amafufunyana) "wanted to make me to be isithunzela - like a doll with no brains who lives in the forest". He feels that the voices, which he experiences as demons put inside his body, are caused by a person envious of him, and he suspects this person to be his mother. He reports that an Iggira has confirmed that there are people in his stomach who want his brain. These voices are held to be responsible for his drinking and financial problems.

He had an experience during which voices who claimed to be his grandfather, requested beer and meat, (an Isiko ceremony). He does not, however, trust them to be his grandfather, but believes them to be amafufunyana, and, contrary to his mother's advice, tells them to go away. His justification is :-

I was sure it was the amafufunyana and not my grandfather, because why - they want to make me mad. My grandfather does not want me to be mad.

The voices are afraid of prayer. He thus obtained relief through prayer. The voices say that they will not go, but will stay with and look after him. He does not trust them in this regard but feels that they are "no longer strong".

He provides a history of poor personal relationships, particularly with his mother, by whom he feels rejected. This is repeated in his relationship with a girlfriend. He believes his mother to be envious of him and that she is responsible for "little men" being placed in his body. These little men have been the cause of misfortune, and have altered his relationship to his body, his family and to the community. Their effect has recently been controlled by his use of prayer.

Mattie M. and Mbandla P. both complain of symptoms caused by amafufunyana. Mattie M. complains of psychological and somatic symptoms, while Mbandla P. complains of symptoms of a predominantly psychological nature and of instances of misfortune.

The explanations provided in both cases, by a Coloured woman in the first case and by an Iqqira in the second case, is that there is an "evil spirit" in the womb of the first case, or "demons" in the stomach of the second, which were introduced by persons envious of them, i.e. by other women in the case of Mattie, or by his mother, in the case of Mbandla.

The subjective experience in both cases indicates that the agencies of amafufunyana are able to alter their form and, as exemplified in Mattie M., appear in different parts of the body, expressing themselves in protean ways.

In both cases, their relationship to other persons and to their bodily experience is altered. They claim to have a meaningful explanation of their positions, but feel that they cannot be cured.

### 6.3 DISTINGUISHING FEATURES OF AMAFUFUNYANA

In attempting to distinguish the particular meaning structures associated with amafufunyana, I asked Mr. Thiso to explain the distinction between this category and other categories mentioned earlier. He replied, distinguishing the differences on the level of how he derives his particular diagnosis of the condition, as well as the experiential differences for persons who are afflicted by amafufunyana.

- \* What is the difference between amafufunyana, phambana and thwasa?

As an Iggira, I do a yumisa, I notice that the person's mind is affected and that this is caused by a poison in the stomach. I find in myself that with a phambana person there might be a poison in the stomach, but with an amafufunyana person, these are amafufunyana which show themselves. When you notice that a man is phambana he might be a person who is to become thwasa. Such a person who is thwasa will like to sit and dance. Those are the signs of a thwasa person. The amafufunyana person looks very weak and looks worried. There are times when he cannot work or walk or eat and the amafufunyana speak. But thwasa people and amafufunyana people will answer your questions but a phambana person replies to questions by either not noticing it or answering irrelevantly.

- \* I met a herbalist (Ixhwele) at your homestead once who said he can cure amafufunyana. He is the maker of them; so they have two different powders: those for bewitching and those for healing. They are people who cause amafufunyana. I don't know these amafufunyana but I hate it.

He then elaborated upon the differences between the auditory experiences associated with thwasa and with amafufunyana.

The voices in amafufunyana "fufuza" (making noises - Fufufufufufufufuf and moaning). That means that they speak in a language one is usually unable to understand. These people who fufuza are the amafufunyana. They can be heard by any person even though they are not distinct.

The voices in thwasa, however, are different. The shades communicate in very clear voices, just like the radio, but whereas the radio would be heard by everybody, my shades are heard only by myself.

Not even an Iqqira, even if my brother, would be able to hear them. They are available to me only, so I get used to them, as they are very, very fast in their speech. The thwasa people hear these in their ears, and they come from anywhere.

The amafufunyana are in the stomach, and they develop to go into the blood. The amafufunyana person will talk freely about these voices whereas the thwasa person is secretive about the voices of the shades. He will not divulge or talk to anyone about these voices.

I will tell you one thing, I know about all these other things, but these amafufunyana are very, very new things.

They are very recent and I am as unfamiliar with them as you are.

#### 6.4 CONCLUSION

It is apparent that this category is very clearly distinguished from the previous category. It is associated with sorcery. This would be related to inter-personal conflicts and tensions. As such, everyone is potentially vulnerable. The fact that it is such a new condition will be discussed further in Chapter 8.

SECTION C : DISCUSSION AND CONCLUSIONS



Plate 3: Mrs. Thiso.

CHAPTER 7.TOWARDS AN UNDERSTANDINGOF THWASA, PHAMBANA ANDAMAFUFUNYANA7.1 INTRODUCTION

The dominant aspect of all the thwasa cases has been the significance of recognising and accepting the "call" of the shades in taking on that life which is prescribed by the shades. The importance of the meanings associated with the shades and the identification of the shades as representing the daimonic will be enlarged upon before attempting to understand the process of thwasa.

The daimonic (not to be confused with demon) is a fundamental, archetypal function of human experience, which refers to any natural function which has the power to take over the whole person. It derives from the Greek word, daimon, which includes the positive as well as the negative, the divine as well as the diabolical. When this urge usurps the total self without regard to the integration of that self, it is experienced as evil. Conversely, the same energy may be an assertion of creativity. Life is experienced as a flux between these two aspects of the daimonic. When this power goes awry, and one of the elements usurps

control over the total personality we have "daimon possession". This has been the traditional name for what we often term psychosis, and it is probably for this reason that Laubscher, (1937) who saw thwasa during the acute stages, labelled it as such. The creative/destructive aspect comes close to Hammond-Tooke's conception of the opposing values attributed to the shades and the familiars of witches.

In the development of the infant, and in each immediate experience of the adult, there is an accompanying transition from the Impersonal to the Personal daimonic. The impersonal daimonic draws no distinction between individuals, in its drive towards self increase and other shared aspects. It fosters anonymity. The next stage of development is to make the daimonic personal. To be human, means to exist on the boundary between the anonymous and the personal. By channeling the daimonic, we become more individualised; if we allow it to disperse, we become more anonymous.

Man integrates the daimonic into himself by virtue of the deepening and widening of his consciousness. This requires standing up against the tendency of the daimonic to drive one into anonymity. This process may again be seen to parallel Hammond-Tooke's fundamental opposition between *societas* and individualism, but as occurring on a psychological level.

The parallel between the concept of the shades and the daimonic

becomes quite striking when one looks at the original translation of daimonic into Latin, as *genii*. (May, 1967). The original meaning was a tutelar deity, a spirit presiding over the destiny of a person, and "genius" has its root in the Latin root, genere, which means to generate or to beget. The daimonic, as are the shades, is the voice of the generative processes within the individual. This represents the unique pattern of sensibilities and power (referred to by Hammond-Tooke, as vital forces), which constitutes the individual as a self in relation to his world.

The communication between the individual and the daimonic or the shades is evidenced in dreams "speaking", and to the sensitive person, during conscious meditation and self questioning. (This might provide us with a clue towards understanding the process of divination). In the *Apologia*, Socrates describes his own "daimon": "This sign, which is a kind of a voice, first began to come to me when I was a child", and refers to this aspect later as "the divine faculty of which the internal oracle is the source". (Cited by May).

May describes the communicative aspect of inner guidance as :-

It is the voice of the relationship of the being -  
to the Being as a whole, in which he participates.

### 7.2.1 THWASA

#### Thwasa as a crisis:

The precipitating factors associated with thwasa are likely to be experienced in terms of a dysfunctional relationship between the person and the shades. This might be related to intra-psychoic conflicts concerning the moral or daimonic aspects of the shades. In existential terms, while this might well be associated with a moral crisis, it is essentially a visible and "palpable" experience of vocation, during which the person with his crises is emerging.

The therapeutic process (being cured) involves undergoing a process whereby the noviate who has been "called", lives with the Iggira, undergoes certain experiences and is ultimately initiated into the profession of the amaggira. Acceptance of this "call" by the shades thus involves a re-forging of the individual-shade relationship. This includes acceptance, and an invitation to the "shades" to guide the thwasa person. The person thus identifies with what he had previously been struggling to deny and feared. The implied principle is to identify with that which haunts you, or, in analytic terms, it would constitute incorporating a previously rejected element of the self. Acceptance of the "call" thus initiates a process of integration and growth. The individual is thus being prepared to take on a new rôle as mediator between the shades and the living. This requires within the individual that he integrates and transcends the

morality of the shades. Implicit in this relationship is access to the "worlds" or aspects implied by these concepts (and possibly the potency to manipulate these "worlds"). The living communion implied by this relationship is accompanied by a moral way-of-being-in-the-world, which is probably associated with the powers which accompany the rôle of amaggira. These powers allow him to disclose (divination) causes of misfortune to others. He thus has access to knowledge not available to others and is able to draw upon the consequent power implied by that knowledge.

#### The Therapeutic Process:

Thwasa has been conceptualised as a conflict arising from a crisis. The therapeutic process accompanying the resolution of conflict occurs on at least two levels.

Within the community, the individual's status and his rôle is altered. Covertly, the importance of the community in this process should be emphasised, as it is within the community context, and with the tacit encouragement of the community, that the individual is able to master the courage required to encounter the daimonic aspect of his life.

The community provides a human, trustworthy, fund of interpersonal relationships in which the person can struggle against the negative forces. This process results in a renewed and meaningful relationship between the individual and the community.

Secondly, a corollary of this process would occur on the level of the psychic totality. This is initiated in the early stages, when the person is diagnosed to be thwasa by an Iggira. By means of this meaningful explanation, and via special communications (i.e. amathongo and ceremonial rites), unexpressed or inexpressible psychic states are immediately expressed semiotically. This expression not only makes it possible for the individual to undergo in an ordered and intelligible form, a real experience which would otherwise have been chaotic and inexpressible but, in addition, the individual takes over and possesses the daimonic, by which he had previously been possessed. He confronts, comes to terms with and integrates the daimonic into the self system. This process strengthens the self because it integrates what has been left out. It overcomes a paralysing "split" of the self, by integrating the potentialities and other aspects of one's being, with behaviour. Harmony (eudaimonism) is thus encouraged between the individual and the shades, or, in analytic terms, between the conscious and unconscious or shadow aspects of the personality. When this aspect is denied, it is the source of hostility and aggression, but when this is integrated via consciousness, into the conscious personality, it becomes an enlivening source of energy and vitality. The fact that the living symbols of the "shades" reflects a mythology which does not correspond to a natural scientific cosmology is of no significance. What is important is that the afflicted person, with his society, shares in the belief of

the mythology, which is meaningful and meaning-giving within Xhosa cosmology.

It is in this context that thwasa might be re-interpreted as a creative experience, not dissimilar to May's (1969) interpretation of the daimonic, in a biblical context, which he characterises as representing man's struggle with forces from within his own unconscious and at the same time as being rooted in the objective world.

He states :-

The daimonic is more apt to come out when we are struggling with an inner problem; it is the conflict which brings the unconscious dimensions closer to the surface where they can be tapped. Conflict pre-supposes some need for a shift, some change in Gestalt, within the person; he struggles for a new life, as it were. This opens up the channels to creativity. (Ibid: 170).

The predominantly descriptive psychiatric explanations of thwasa provided by the researchers cited in Chapter 2 reflect their own biases and conceptual frameworks, rather than a meaningful understanding of the thwasa phenomena within the cosmology. The present analysis has emphasised the ontological significance of the individual's experience in terms of mode of relationships: to himself, to the community and to the shades or the daimonic aspect of his being. Thwasa is seen to be a meaningful experience

purposefully directed towards the individual's new rôle in society. It has been stressed that the individual is accessible and lives in relation to the shades. This concept might well be seen as a parallel to a Jungian concept of teleology where the psyche is much more than the result of past experience ... it is Becoming as well as Has Been. If we conceive of the shades, in terms of the daimonic, or as symbols from the collective unconscious, it is realised that the vital nature of this force exerts a directive influence upon the individual's life. In contrast to the conception of thwasa provided by a medical or descriptive psychiatric viewpoint, the ontological interpretation of the Symbols associated with thwasa is indicative of the fundamental striving that aims at guiding the personality along certain lines. The once afflicted person, by graduating as Iggira, thus acquires and lives his experience of what, for the Xhosa, is the unique meaning of his shared existence.

#### 7.2.2 PHAMBANA AND AMAFUFUNYANA

The daimonic was seen to include the positive as well as the negative, with a creative drive equalled only by its destructive potential. Thwasa was seen as a positive experience of integration of the creative potential of the daimonic. The categories of phambana and amafufunyana will be seen as forms of disintegration, which are inevitable when the total personality is usurped by the power of the daimonic, without regard for the integration of the individual.

Hammond-Tooke's (1975) ~~schema~~ schema of Xhosa cosmology posited structural oppositions between Nature and Culture, the negative and the positive, which were seen as the opposition, on a spiritual level, between the witches and the shades. Shades were seen as the epitome of good, whereas the witches were seen to symbolise the essence of evil. On a social level, an opposition was seen between individualism and *societas*.

In understanding amafufunyana, it is known that where the daimonic urge is blocked off and repressed, it is likely to explode or be projected on whoever is the enemy of the group. It was noted that the amafufunyana male patient projected his feelings onto his mother. It is possible that the negative forces which underlie his conflicts arise from the shadow side of the self - which in a Jungian framework would refer to the anima (female aspect). This term has its Latin root in the term anima, which refers to a feeling of hostility, a violent, malevolent intention (animosity) and also, to animate, to give spirit to, to enliven (May, Ibid. 133). Thus the hostility and aggression which he is unable to integrate, and which might relate to his own inner morbid relationship to his mother, are seen to be experienced as "objective" agencies in his body which are experienced and seen to be destructive. It is in this manner that the blind push of the daimonic is seen to result in an element of the personality being rejected and usurping control, which is experienced as voices or "little

people" directing the person, resulting in a disintegration of the personality.

This state was seen to be associated with the individual's relation to the community. Whatever the person's potentialities, he can only live successfully if he is able to live in harmony with his society and its norms, and if society chooses to accept him. Failing to establish a harmonious relationship in which a communion of consciousness and adequate inter-personal empathy are experienced, will accentuate his inability to actualise his full potential as a person.

Phambana was related to the individual's relationship to custom and to his fellow man. It was noted that neglect of custom could leave one vulnerable to the negative influence of witchcraft, or could even cause phambana. The meaning of custom is not to be confused with superficial participation in rituals which might not have any meaning for the individual, but rather refers to the extent to which one is orientated in the objective world. Man and world are in relation, so that to lose touch with one's own essence, i.e. to live in Bad Faith, as portrayed by Satre, is to lose the world, and vice versa. Negating this relationship results in disorientation, which will inevitably result in anxiety and loneliness. Being overwhelmed by such anxiety would lead to a state of confusion or even to insanity. It was recorded on numerous occasions that phambana or madness

originated in the stomach. This is also experienced by most people as being the centre in which one feels anxiety most acutely.

Inter-personal meaning in life is diminished, resulting in decreased dialogue with the daimonic. The resulting inauthenticity of one's being is projected on the enemy as evil, with witches symbolising evil. The daimonic is again allowed to regress towards being impersonal. No longer influenced and controlled by the individual, it is allowed to manifest as an overwhelming unconscious impulse unintegrated into consciousness.

The Iggira pointing out to the individual and to his family that he has been bewitched, attaches a symbol to the person's condition, thus demystifying the person's experience in allowing him to adopt a particular attitude to his situation. The person and his family are then able to distance themselves from the situation, look at the problem, and approach it in a new way. In this manner, they will be able to confront the issues which might be precipitating the problem. The person's conflicts might represent his struggling with the negative forces from within his own unconsciousness which, at the same time, are rooted in the objective world. It is known traditionally that the way man has overcome daimonic forces has been by naming them. It is in this manner that the impersonal chaos (Nature) is transformed into personal meaning (Culture).

### 7.3 Conclusion

Two structural oppositions are seen to have psychological correlates: firstly, the opposition between Societas and Individualism correlates with the impersonal and personal aspects of the daimonic. By channeling the daimonic, the person becomes more individualised; by allowing it to disperse, the individual regresses into anonymity. It is by participating within the flux of these forces that the daimonic becomes personal, in that the particular structure of being which constitutes the individual's centre is able to individualise. Secondly, the creative and destructive potential of the daimonic correlates with the positive connotations of the shades opposed to the negative connotations of the witches. Thwasa, associated with the shades, is experienced as creative, while phambana and amafufunyana associated with the latter are experienced as destructive.

DISCUSSION AND CONCLUSIONS

The present study has attempted to elucidate the manner in which the Xhosa understand and structure, particular experiences, or events in terms of indigenous Cosmology. Hammond-Tooke (1975) presented a generalised structure of Nguni Cosmology, which was expanded upon, in attempting to explicate the subtle psychological nuances of meaning associated with individual experience. The categories represented, and understood in terms of the meaning-structures of the Xhosa, do not represent some "irrational" superstitious beliefs, but they portray an internal logic, consistent with Xhosa Cosmology. It will be in demonstrating this logic that the categories described will be elucidated and related in terms of the indigenous world-view.

In preface to this task, the concept of "illness" should be re-examined. In the context of the literature reviewed (Chapter 2), the categories described, particularly thwasa and amafufunyana, were described as "illnesses", or "psychopathologies", which was followed by much speculation as to their nature. "Illness", within a Western model, refers to a certain state of bodily functioning and is characterised by a nosology based upon etiological factors and symptom

clusters. The categories explicated in the present study are not understood as representing bodily or organic conditions, but represent some degree of imbalance or disharmony in the person's relation to the natural, spiritual and social elements of the culture. "Cure" is directly related to restoring harmony between these forces in engendering the individual to well-being within the community. The Xhosa, in inferring differing interpretations to behavioural and experiential categories of experience, look toward the meaning and meaning-relationships associated with the particular phenomena as the basis of his understanding of the particular category.

This meaning is derived from a world governed by forces external to the person. These forces might be in terms of the overt power associated with -

- (a) the shades;
- (b) witchcraft, manifested by familiars;
- (c) sorcery, available to a person's enemies.

This initially simplistic characterisation of forces is complicated by the subtle nuances of meaning attributed to the various elements described. An example is the shades withdrawing their protection, leaving the individual vulnerable to the effects of witchcraft. Witchcraft and sorcery are closely aligned with jealousy and envy. Jealousy is associated with rivalry of affection or with an outsider resenting a person or his advantages. Envy refers to the

bitter or longing contemplation of another's better fortune or qualities. It is often experienced as being destructive, as exhibited in the early development of the infant.

These factors do not negate the presence of disturbances being due to accidents, or natural occurrences. However, such associations would be rare exceptions.

Each of the three categories already described will be examined in terms of the individual's dynamic modes of relationship (Diagram 3) within Xhosa Cosmology, as hypothesised in Chapter 1.

### 8.1 THWASA

Thwasa (Chapter 4) was shown to be closely related to the shades, and as suggested by the root meaning of thwasa, rebirth. The case material presented indicated that this condition was precipitated by a crisis (cases 1, 2, 3 and 4), in which the individual understood his affliction as a "calling" by the shades. The mode of communication between the individuals and the shades included dreams (ithongo) as illustrated by Mr. Thiso's dream (4.5.1) in which his mother appeared, in Nonizi B.'s dream (4.3.2) in which her great-grandfather appeared, and in Victor S.'s dreams (4.5.1). He is told that "you're being punished by the dead (shades), that's why you are sick". This calling is conceptualised as a "gift from the shades" (Rosemann 4.4.2).

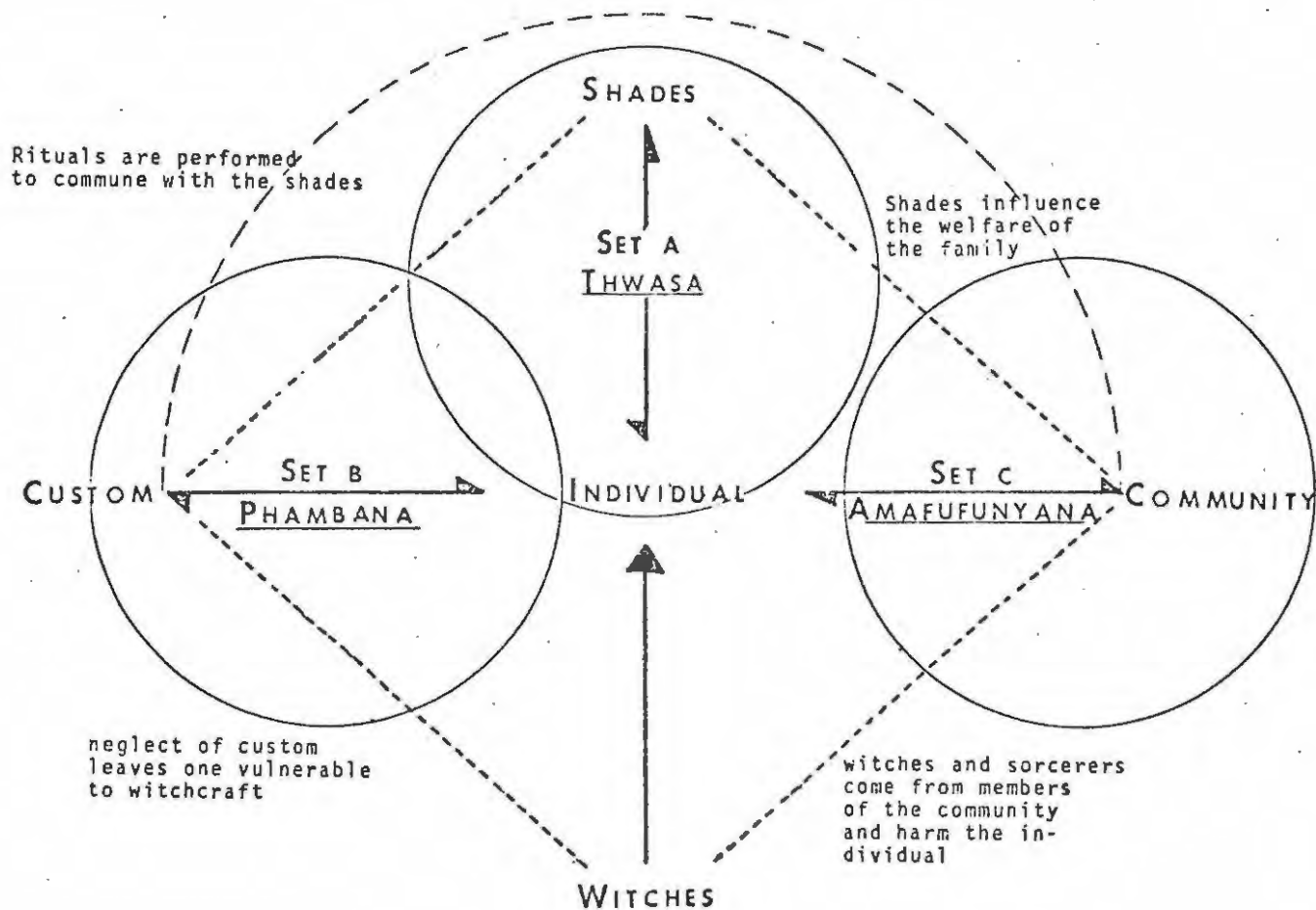
It is apparent that during this period, visual and auditory experiences are not invalidated, but are positively regarded as being those of the shades. This is illustrated by Victor S. (4.5.1) who regards the fact that he no longer has such auditory experiences, to be partly indicative of his sickness. This is in marked contrast to the Western psychiatric viewpoint, which regards auditory experiences in the absence of outside sensory stimulation, to be hallucinations, and thus to be invalid and often an indication of a need for treatment, which might persist until such time that he gives up the beliefs associated with the said experiences.

The material presented, indicating the importance of custom and community (5.4), emphasises the importance of the participation of the community in the thwasa experience. Thwasa was seen to involve a restructuring of the individual's relations, particularly with the shades, and the meanings associated with the shades (4.2) and also the individual's relations to his family as indicated in Case 3, (4.3.3) in which Moses participates, for the first time after many years, in a family beer drink, and feels re-accepted by his family. Not only the "called" person's family but the community as a whole are involved in the ceremonial rites accompanying thwasa. This accompanying process does not lend itself to re-establishing an equilibrium, or mode of functioning, as in conventional medical psychiatric care, but towards a transformation in personality. In this manner, the individual's status, and then his rôle in the community, is restructured.

It is indicated on Diagram 4 overleaf that thwasa is precipitated by a crises, which is understood in terms of a disturbed relationship between the individual and the shades. This state of disequilibrium gives rise to strange experiences and strange behaviour. The relationship during treatment changes into a "meaning-giving" one accompanied by a sense of "well-being". Psychologically, thwasa experience is essential and is the first step in the resolution of a particular crisis in living, and in the process of becoming an Iggira.

Acceptance of this "call" by the shades thus involves a re-forging of the individual-shade relationship. The Iggira's rôle includes that of being a mediator between the shades and the living, within the context of the community. This requires, for the individual, that he integrates the morality of the shades. Implicit in this relationship is access to the "worlds" implied by these concepts, and possibly the wisdom to understand these "worlds" and an ability to articulate this understanding to others. The living communion implied by this relationship is accompanied by a moral way-of-being-in-the-world, which is probably associated with the powers which accompany the rôle of the amaggira.

It is noted that only a small minority of thwasa persons "called" will eventually graduate as fully-qualified amaggira.



The Dotted Arch represents the relationships of a member of Xhosa society. He participates in custom and enjoys the acceptance of the community. He respects and is accessible to the shades.

Set A represents the primary relationship affected in thwasa, i.e. the communion between the individual and the shades.

Set B represents the relations affected in phambana: The primary relationship being to custom, the neglect of which leads to phambana. The shades are involved peripherally, in that the afflicted person has a disturbed relation to the shades. As such, the person is vulnerable to witches, as indicated within the set. Severe interpersonal problems may also concretise themselves in witchcraft or sorcery.

It is seen that Set A and Set B overlap, as both categories represented by the sets include the shades. While this is central in Set A, it only is peripheral in Set B.

Set C represents the relations affected in amafufunyana. The afflicted person experiences a disharmonious interpersonal relationship, which is concretised in sorcery. This is seen as disharmony between the individual and the community.

Diagram 4: The relation between categories of experience and the individual's modes-of-relationship within Xhosa cosmology.

## 8.2 PHAMBANA

The meanings associated with phambana appear to be less defined than those of thwasa. It is made explicit, from the beginning, that phambana people do not dream and do not enjoy a positive relationship with the shades. The ethnographic data emphasised the rôle of custom in this regard, as indicated by Mr. Kunene (5.1). This might be indicated as neglect to perform rituals, and thus to play one's part in community life, or in failing to pursue the course prescribed by thwasa. Poison and witchcraft are also associated with a neglect of the individual's relation to custom, and thus to normative behaviour. This is illustrated in the case of Magada B., (Case 6) and Vuyisile T., (Case 8), (5.2) whose condition is ascribed by Mr. Thiso to witchcraft. In the first case, the patient's grandmother is held to be responsible, while in the second case, the isithunzela are said to be the cause of the patient's condition. This might be understood in terms of the individual failing to respect customs; neglect of which might result in the shades withdrawing their protection and thus leaving the individual vulnerable to negative forces.

When an accusation of witchcraft is made, and the witch, as in Case 3 (5.2) is identified in the family, a restructuring of family relationships is indicated. Unlike thwasa, the afflicted individual's status and rôle is not altered but his home situation is changed. This might indicate a form

of "family therapy", where the social etiological factors precipitating the index patient's presenting problem parallel those proposed by Western family-theorists, such as Bateson (1956), Laing (1965) and Lidz (1965). Mr. Mawaba (5.3.) indicates that :-

Sometimes the person's own family or someone who bears him a grudge, makes him mad".

It is known that "poisoned" inter-personal relationships are potential sources of stress and, in an extreme form, of a "loss of senses" resulting from the individual's withdrawing from an intolerable situation.

### 8.3 AMAFUFUNYANA

This category of experience is related to a disruption in the individual's relationship to the community. This category is interpreted to be the result of sorcery. Sorcery is distinguished from witchcraft. Whereas witchcraft is perpetrated by witch familiars, sorcery is inflicted by the use of potions, usually in the form of poison being put in food. Sorcery is caused by other individuals.

Unlike phambana, the amaggira all appeared reticent in their discussion of amafufunyana: Mr. Thiso went as far as saying that he does "not even want to know about this thing". The earlier distinction between jealousy and envy leads to the possibility that this category is associated with the latter, and thus the destructive aspects of such a state engenders a reticence in those who deal with it.

The case studies of Mattie M. (Case 9) and Mbandla P. (Case 10), both illustrate that its induction is caused by members in the community. In the case of Mbandla P., he reports that he has a deleterious relationship with the person (his mother) said to be the cause of his amafufunyana, while in the case of Mattie M., she feels that it is caused by a person envious of her relationship with her husband.

Both cases represent disturbed inter-personal relationships, and reflect little hope of altering their situation or dis-ease, experienced as a result of their disturbances.

#### 8.4 A COMPARISON BETWEEN THE CATEGORIES OF EXPERIENCE OUTLINED AND WESTERN MEDICAL NOSOLOGY

It is significant that the schema outlined in this study and Western medical nosology differentiate between various states of experience, but each in its unique way. The distinctions between such categories among the Xhosa have

been largely ignored in previous research. Even within a single category, it is evident that there is differentiation, e.g. in thwasa, it is said that some persons will complete the course and become amaggira, while others will not. They will be satisfied with symptomatic relief, but will not possess the personal qualities required to complete the requirements to graduate as a fully qualified Iqqira.

It is questionable whether there is any correspondence between the schema outlined and Western medical nosology. The presuppositions, pre-reflective in the Xhosa, and reflective in the Western medical nosology are so vastly different as to make any search for a correspondence between the respective categories non-sensical. Any such comparison would require a neutral standard and, as pointed out by the cultural relativists, is by the very nature of the phenomena under study, invalid.

The author is in agreement with such writers as Szasz (1968) and Kruger (1976) who posit that psychiatric labelling, as evident in the literature survey (Chapter 2) detracts from an understanding of the experience of the total person. However, in terms of pragmatic requirements for communication, it is a necessary aid to understanding to place certain findings in this study in a Western psychiatric perspective, thus promoting the comparative value of the present research.

Having provided an essential attitude from which to view the

psychiatric assessments, the following is noted :

The amaggira: Two amaggira of a selected sample were assessed. (Appendix A and Appendix N). In the first case, Mr. Thiso was regarded as having recovered from a lengthy depressive illness, to being described as an integrated and healthy person. Mrs. Thiso was seen to have recovered from a possible condition of anxiety-hysteria. At the time of the assessment, she, too, presented as an integrated and healthy person. These findings are in contrast to those of Laubscher (1937), Mgotsi, (1957), Lee (1969) and Hammond-Tooke (1975).

Thwasa: With regard to the thwasa cases, Nonizi B. (4.3.2 Case 2) appears to have recovered from a depressive illness. At the time of the assessment, she was diagnosed as being mentally well.

Victor S. (4.5.1: Case 4) was seen to be in a state of neurotic conflict.

Moses M. (4.3.3: Case 3) presented a long history of only marginal adjustment, and appeared to be in an acute confusional state. It was stressed both by Mr. Thiso and by himself that he was not yet well.

No indication was present to support Gussler's (1973) hypothesis associating thwasa with a nutritional deficiency.

No psychotic features were evident in this group, in contrast to previous findings. (Laubscher, 1937 and Mgotsi, 1958).

The current findings are in keeping with Bührmann's (1976) suggestions in which thwasa was conceptualised as a meaningful experience, and possibly as a "creative illness" and with Kruger (1974: 44) who views thwasa as a process of assimilative restructuring of experience.

Phambana: The phambana cases (cases 6,7,8, and 9) presented as being markedly more disturbed than the thwasa cases. This is illustrated for instance, by Magada, who presented as a hebephrenic schizophrenic.

Amafufunyana: The amafufunyana cases reported did not show florid symptoms at the time of the assessment. Mabandla P. (6.2 Case 10) did not fall within a formal psychiatric diagnosis, but presented with neurotic conflicts at the time of the assessment. While no psychiatric diagnosis was made of Matti M. (6.2 Case 9), she was receiving medical treatment for schizophrenia at the time of the assessment.

No single or conclusive trends could be discerned in the assessments, possibly due to the small sample size. It does appear, however, that the more serious conditions were presented as phambana.

Amafufunyana is repeatedly reported as being new to the

Xhosa. This might possibly be related to a condition reported by Jilek (1964 : cited by Bourguignon, 1976 : 12), in which he describes anomic depression among the Coast Salish Indians of British Columbia. This is a form of depression associated with social and cultural disruption, and is considered by Indian ritualists as being a "spirit illness", not suitable for Western medical treatment.

The literature equating thwasa with schizophrenia, possibly because of the link between schizophrenia and the auditory and visual experiences, that characterise thwasa, deserves comment. It is observed that the diagnosis "schizophrenia" is used in many different ways. In the present text, it will be defined in its restricted form, on the basis of the course of the disturbance (process schizophrenia), as described by Bohm (1958 : 268):-

A group of psychoses which are distinct from the benign forms of psychoses ... Autism, i.e. loss of contact, is the most clear-cut characteristic of this restrictively conceived schizophrenia. In Ström-gren's opinion, it is "the only really pathognomonic symptom for the schizophrenia process".

While recognising this as a possibly uncharacteristic European definition, it does point to the increasingly important reactive/process dichotomy, which is considered by the present author to represent enlightened thinking in this area.

Were this definition, implying a process type schizophrenia, applied to thwasa patients, it would be seen to be unacceptable. This is indicated not only in terms of the material presented in the text, but by the course of events accompanying thwasa. The person who is so "called" does not decompensate into chronic patient status, but is seen to follow a course which results in integration, wholeness and health. Autism, as a presenting feature, would also tend to rule out such a person's participation in the rigorous requirements made upon a thwasa initiate.

#### The mental status of the amaggira

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The study of the mental status of healers, as reviewed in the literature, has been marked by many assumptions and observations, often by persons unqualified in the area of personality assessment. Furthermore, in many studies undertaken by persons qualified in this field, it is probable that, for instance, ideas or experiences involving the shades might well have been regarded as "hallucinations" from within a Western medical framework. This has resulted in amaggira being given a range of labels ranging from schizophrenic and psychopathic (Laubscher, 1937), to the blanket label of neurotic (Hammond-Tooke, 1974) which has been applied indiscriminately. His rôle has been interpreted as representative of the canalisation of psychopathology, (Mqotsi, 1957; Lamla, 1976), and as a means of elevating

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his or her social position in the society (Gussler, 1975).

The present study does not support any of the above assertions. A formal psychiatric assessment was made of two Iggira, with whom the author was closely associated. During the course of the research a meaningful acquaintance was made with four more amaggira. The author encountered perhaps an additional 25 amaggira on a superficial level in the course of attending ceremonies and rituals.

In the small rural sample assessed, it was found that both amaggira, Mr. and Mrs. Thiso, were integrated, healthy people, with a particularly strong sense of dedication to their profession. The subjective impression gained in the more superficial interaction with the other amaggira mentioned above, was that they were integrated and sensitive persons, performing a meaningful role in the community with a sense of purpose. Not a single Iggira encountered during the course of the study would fall into any of the categories of pathology cited above. One might speculate that had this occurred, they might have been regarded as phambana and been treated as such, but they would not have acquired the respect accorded to them by the community.

It is possible that the status of their mental well-being has erroneously been identified with persons in the initial stages of thwasa. As has been indicated (4.3.2) only a small percentage of persons "called" eventually graduate as

fully-qualified amaggira. Just as the profession of medicine cannot be discarded because of the malpractice of one doctor, or the ranks of the clergy be declared insane because a priest is found to be in need of psychiatric attention, so the profession of the amaggira should not be invalidated because of the misendeavour of one of its members.

It should be stressed that the size and the nature of the sample precludes generalising the above finding to the mental status of all amaggira. It does, however, indicate that previous generalisations about the presence of pathology in this strata of the Xhosa are unfounded. Extensive in-depth research would be required before such generalisations could be drawn. Such research would be faced with problems of having to differentiate between a host of classes of amaggira. There might be regional and individual differences in their training. Rural practices may differ from urban practices, and the influence of Western religion, Westernisation and materialism would be seen to influence the present practices. A further complication is posed, as in all professions, by the undeniable presence of charlatans. This was pointed out by Mr. Thiso, who noted the number of persons practising as amaggira with little or no training, and for the wrong reasons.

#### 8.5 THE RÔLE OF THE IGOIRA IN PRESENT-DAY MENTAL HEALTH SERVICES

The implications of the present study for mental health will

be examined, and more specifically, the question of whether collaboration between indigenous and medical healing in the Southern African context is viable.

According to Kiev, transcultural psychiatry must :-

recognise the potential psychotherapeutic value of non-medical native beliefs and practices, and seek to avoid the usual error of trying to suppress such native treatment systems. Instead, explore ways in which their beneficial elements may be incorporated into comprehensive modern treatment programs.

(Kiev, 1972 : 195).

Before examining the potential of such practices in Southern Africa, it should be noted that such collaboration has already been found to exist in other parts of the world. This is supported by a recent directive from the World Health Organisation (1976), which encourages third world countries to incorporate indigenous healers into existing mental health facilities.

The literature suggests that the highest rate of success in non-medical healing is found in psychosomatic, hysterical, and other conditions in which there is a predominance of emotional involvement. Healing of physical ailments, however, also appears well-documented in the literature, but lies outside the scope of the present study. The distinction between the psyche and soma, or between functional and organic factors might be far less distinct than is currently

indicated by the psychological and psychiatric literature.

This is illustrated in a case described by Klopfer (1957). As a psychologist working with terminal cancer patients, he observed a patient to show a full remission after being given a particular drug.

However, on learning that this drug had been discredited, the patient relapsed. His faith in the new drug was revived, and he again showed a full remission, but finally died after the drug was withdrawn. This also illustrates the importance of the individual's faith in the healer and healing as indicated in the literature review, and cited in the previous section.

In discussing his integration into community mental health programmes, the emphasis here will be upon understanding his practices and the relevance of these practices, within the context of present-day social ecology. While the generalised nature of Nguni cosmology has been explicated by Hammond-Tooke (1975 - 1.6) and the psychological nuances of this cosmology have been elaborated upon (1.7), it is relevant to examine the social and psychological aspects of the transitional society which characterises the larger proportion of Southern Africa. This society is characterised by a complex process of transformation within its organised relationships. In such societies, there is a movement from a rural, agrarian way of life to a Western, technological one; from a society where the individual functions within a personalised cosmology, to one where his cosmology

is mechanistic and depersonalised. The nature of his social reality is changing - where before there was a small scale, community-based society, with an emphasis on meaningful or teleological causality and community identity, today there is a shift towards a large-scale individualistically orientated, competitive group situation. This transformation process may be conceptualised as a transfiguration of non-material or psychic elements of the culture.

In the passing from one cultural milieu to another, the assimilation of the material values of the dominant culture often precedes the assimilation of non-material values. Members of transitional societies thus find themselves thrust into a culture whose psychic reality is quite different from their own.

Such a rupture, with its concomitant conflict and possible personality disintegration, may give rise to many of the problems in a transitional society. This is indicated by epidemiological studies which have revealed that with the process of modernisation and social change, there is an increase in the incidence and prevalence of mental disturbance.

The man in cultural transition often retains his personalised view of the world while at the same time he accepts the material manifestations of the new culture. By sharing his personalised cosmology, the Iggira is best able to make sense of the individual's world. This is partially because

he is able to provide the person with a meaningful explanation for his disturbance, and thus reduce fear and anxiety of the unknown.

Hammond-Tooke (1975) has suggested that the Diviner (Iggira) is a "professional counterpart to the psychiatrist". The Iggira and the medical psychiatrist, however, subscribe to very different theories, or ways-of-being-in-the-world. While the psychiatrist, if involved in chemotherapy, may view the individual as an object, in whom reside disturbances which are a function of some neuro-physiological disorder, the Iggira stresses the concept of community-responsibility, his function being to help integrate the individual into the community. While the psychiatrist may even isolate the individual in an institution, the Iggira will refuse to treat the man independently of his family. Whereas many Western psychotherapists may centre on psychotherapy or analysis, the traditional Iggira will centre on action: the consultee with a problem often being required to perform a ceremonial rite. This serves an integrative function on more than one level. It serves to integrate the individual into society, while on another level it brings the individual into contact with the deeper layers of his unconscious, as illustrated in the discussion of thwasa :-

According to Collomb (1975) :-

Westernised psychiatric assistance reinforces traits characteristic of the culture from which it arises,

namely isolation and fragmentation of the individual. Mental Asylums are the most common result of this assistance. They cause chronic mental illnesses, ensuring the social death of an individual. Patients isolated and cut off from all relations will rarely be cured.

With regard to the Iggira, Kruger (1974) states :-

The Xhosa diviner is concerned with the sick or troubled person, home or family; ... he is a ritual specialist whose function it is to restore the balance between good and evil that is to be manifest in the person, the society and the physical world.

It is unfortunate that the vital rôle of the traditional healer is invalidated and discredited by many persons, both Black and White. This is characterised by, for instance, Soul (1975 : Chapter 4), who states in his conclusions to a thesis on Amaggira, that :-

the more the African becomes urbanised, the more he becomes Westernised, and frees himself from the shackles of traditional life ... "

The implications of the preceding discussion lead the author to suggest that :-

- (a) Regionalisation of the Mental Health Services be regarded as a priority;
- (b) With the utilisation of para-professional workers, emphasis

should be placed on careful selection, so as to ensure the promotion of persons who are conversant with and respectful of indigenous practices.

Such an approach would hopefully promote a flexible structure adaptable to local demands, conditions and facilities. Within such a structure co-operation such as that described below would become a possibility.

In the field work discussed, it was not uncommon for Mr. Thiso to take patients to a local medical doctor and vice versa. On one occasion, when Mr. Thiso returned from the clinic with one of his patients, I enquired as to the doctor's comments. He replied that the doctor had stated that the patient suffered from a "sickness of the brain". He was happy to recognise that this area was best referred to a medical doctor. The implied distinction between a sickness of the brain and a disturbance of the mind or person, often demarcates the areas of competence of these two specialists in the transitional societies under discussion.

His own efficacy is further illustrated in an observation by Bührmann who, in commenting on the treatment of Nonizi B., (Case 2, 3.3.2) records that she progressed from a seriously ill and depressed condition to, at the time of her assessment, a well-adjusted person with a zest for life and living.

She reflects that :-

With his therapy he started a process of integration of the unconscious which with the correct techniques becomes autonomous and leads towards health and wholeness. If this case history is indeed a true reflection of the work of diviners, it is vital for us to become fully acquainted with it and to accept them as true colleagues. (Bührmann, 1976 : 6).

The collaboration between indigenous healers and medical personnel has already been established in certain areas in Africa.

An attempt at bridging the gap between Western scientifically trained workers and a group of Nigerian healers is reported by Lambo :-

One of the unusual features of our pattern of care of the mentally ill in Nigeria is our unorthodox collaboration with the traditional healers. We have discovered through our long practice in Africa that it is essential to the understanding of man and his social environment to work in close collaboration with other disciplines and even for establishing some form of inter-professional relationship on a fairly continuing basis with those who, by Western standards, are not strictly regarded as "professionals".

In Senegal, Collomb (1975) has introduced the concept of the Psychiatric Village, in which one finds :-

- (a) Non-isolation of the patient.
- (b) Non-separation of the patient from his ethnic group and from his normal way of life. Regionalisation of psychiatric care.
- (c) Village organisation modelled on the way of life of other collectives in the region. Encouragement of the family and society to participate in the socio-therapeutic process.
- (d) Integration of the village into the general Public Health System.

This allows the individual access to both indigenous and Western medical expertise.

In South Africa the psychotherapeutic efficacy of the indigenous healer has been rated by Robbertze (1976) to be superior to that of the psychiatrist, the psychotherapist, and the medical doctor - in that order, in their treatment of particular conditions. This is supported by Le Roux, (1973) who concludes a study by emphasising the empathy and insight that characterises indigenous practices.

It is unfortunate that there has been the tendency by the psychiatric profession to invalidate and disqualify indigenous systems of healing. One aspect of this attitude derives from What Bolman (1968) terms Western professional "cultural counter-transference reactions". This refers to the cognitive dissonance experienced when assuming the rôle of an interested, non-judgmental co-professional - not an

expert - when working with an indigenous healer. Many, if not most, Western trained workers will experience severe conflicts when, for instance, it is explained that a particular emotional disorder has been caused by some supernatural forces; at the same time, however, they will gladly accept and feel comfortable with an explanation which incorporates the concept of ego, unconscious, or other such constructs derived from their own tradition, in explaining a particular malady. A positive contribution would be made to the field of mental health in transitional societies if those of us involved in transcultural research and in mental health work develop an attitude of open-ness and respect for practices other than those with which we are familiar.

It is my intention to conclude this thesis on a personal note.

I believe research to be an experience of the doing - of sharing and becoming. Thus, in conclusion, I should like to share an aspect of the experience gained in sharing with the Thiso's their lived world. I was made aware of their reality, and the undoubted validity of this. This made me question the validity of my reality, and thus to take cognizance of the relativism of all realities. This, of course, is not new. It has been reflected upon by Goldschmidt (1968) :-

Anthropology has taught us that the world is differently defined in different places. It is not only that people have different customs; it is not only that people believe in different gods and expect different post-mortem fates. It is rather that the worlds of different peoples have different shapes. The very metaphysical presuppositions differ; ... causation does not conform to Aristotelian logic, man is not differentiated from non-man or life from death, as in our world.

To those unable to comprehend the truth of this statement - fair enough, but to those who deny the truth thereof, Laing (1965) would retort :-

Someone whose mind is imprisoned in a metaphor, cannot see it as a metaphor. It is just obvious.

Intellectually, these ideas are not new - the experiential reality of their truth, however, was new to me.

On occasions, I have had to defend the hypothesis that Xhosa cosmology is no more superstitious than that of scientific rationalism, basing itself as it does, upon causality. On another level, I have argued that constructs such as the unconscious or the ego have no firmer basis in reality than beliefs regarding the izinyanya (shade) or the impundulu (a witch bird familiar). In such discussions, I often either doubted my ability to articulate what I was trying to portray or was faced with incredulous opposition to the ideas thereof. The prejudice which I faced is wisely stated by Jung, in

his statement that :-

Naturally every age thinks that all ages before it were prejudicial, and today we think this more than ever and are just as wrong as all previous ages that thought so. (1955 : 47).

In an earlier section, I was critical of a natural scientific psychology, in which the emphasis is upon "objective" observation rather than an immersion in the phenomena being studied. To this end, an understanding of Xhosa cosmology was emphasised as a prelude to a study of categories of experience. With this as a background, I should like to note the lesson learnt by myself pertaining to the discipline of psychology by quoting Shotter in his statement that :-

Man is not just man in nature, he is man in a culture in nature. And a man's culture is not to be characterised in terms of objective properties like all the other things that he sees in nature from within his culture. The culture from within which a man views the world and deliberates upon how to act in it structures his unconsciousness, and can only be characterised in terms of his beliefs. Thus, if there is a key to the contemporary phase in the development of the human sciences, it is this: there is a third term to the relation between man and nature, culture, which is not genetically inherited but communicated to man after birth as a "second nature". It is this third term that psychology in its attempts to be "scientific", has ignored. (Ibid: 1975 - 136).

APPENDIX A.PSYCHIATRIC EXAMINATION OF AN  
IGQIRA

Name: Mongezi Thiso

Date: April, 1976.

MENTAL STATUS EXAMINATION1. Appearance and General Behaviour:

- (a) Appearance: Elderly, heavily built man, walking with a slight limp, dressed casually in khaki trousers, shirt and pull-over, like a man of the land.
- (b) Behaviour: Appropriate in all rôles. He acted with a quiet air of authority.
- (c) Manner of relating to examiner: Open and friendly; gave information readily and also listened attentively and discussed areas of misunderstanding or differences of opinion in a calm, considered way.

2. Intellectual Functions:

- (a) Sensorium:
  - (i) Orientation: Correct in all areas.
  - (ii) Level of Consciousness: Clear.
- (b) Other Intellectual Functions:
  - (i) Memory: Good.
  - (ii) General Information: Good.
  - (iii) Numerical ability: Good in view of his lack of schooling.

3. Perception:

No evidence of hallucinations or delusions. His remarks that "the ancestors inform me" or "help me" or "send me messages" could not be classified as hallucinations.

4. Speech and Thinking:

- (a) Progression: Logical and clear, no retardation or circumstantiality or perseveration.
- (b) Form: No evidence of thought blocking, neologisms, distractibility or incoherence.
- (c) Content: Relevant and to the point.
- (d) Ability to Abstract:

5. Affect:

- (a) Prevailing mood: Happy and content, enjoying his work, family and visitors.
- (b) Anxiety Level: No obvious anxiety.
- (c) Congruence: Completely congruous.
- (d) Appropriateness: Completely appropriate.
- (e) Liability: Even, but capable of showing deep and sincere feelings as well as fun and pleasure.

6. Insight:

Normal in terms of cultural beliefs. Described his illness which lasted over several years clearly and the difference between that and his present state of wellbeing.

7. Judgment:

Normal in terms of cultural beliefs. Conducts his personal affairs efficiently. Is a good judge of the behaviour and personality of other people.

M. Vera Bührmann

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APPENDIX B.INTERVIEW WITH NONIZI, B.

"I was mad (pambana). I started to be unconscious and didn't know what I was doing. I also started doing funny things and even did not want my husband to sleep with me. While I was in Cape Town I started to hide and go to my uncle. My uncle said I should return to my husband and then he drove me back to my husband's house. My husband wanted to go with me to the hospital and to the doctors and said he wanted a child. I saw Dr. D. in Mowbray. He did not know what was going on with me, but he took the money and gave me some medicines; but those medicines did not work. I became more and more ill and could not even pick up a spoon and so I could not feed myself. (I was 20 years old). During 1973, my husband went with me to Groote Schuur Hospital. The doctors tested me (? sterility and frigidity) but found nothing wrong. They operated on my bladder, and gave me X-rays and tested my urine but found nothing wrong. My husband took me to the Iggira at Langa location. He gave me some medicine to drink and to wash in. He said I've got evil things, which he took out, but he did nothing for me.

After that I went to Keiskamahoek. In January, 1975, he (my husband) told me about Mr. Thiso and went with me to Mr. Thiso. Mr. Thiso told him that I've got a Xhosa sickness,

and that I don't want to sit with other people, that I don't want to talk to other people, and that I want to be alone. He said that I get frightened for nothing and that I am afraid when I am alone in my house. He gave me medicine to drink and to wash with and he took out the evil things in my head. After that I became alright and there was nothing wrong and my blood became stronger. Now I am better.

After that Mr. Thiso told me to tell him my dreams. I started to tell him my dreams and the other day I dreamt about my grandfather who is now dead. He gave me something so that my blood might be stronger and so I should see the evil things coming from me.

On 10th July my father is going to perform the ceremony so that I might improve and be stronger."

Q : Why do you think you became sick?

A : Difficult to answer. It was the Xhosa sickness. The cause of the sickness was because my father's grandfather was an Iggira and then I, my great grandfather's great granddaughter, started to follow him.

I also think the phambana is caused by nerves - by thinking more than your mind and also by worry. I was worried about children.

Q : Could I then say you were born with this sickness?

A : Yes.

Q : Are there any other amaggira in your family?

A : Yes, there's another Iggira - my father's small brother.

Q : What did you dream last night?

A : I dreamt I was making food for my father, Mr. Thiso, and after eating he became full and his stomach was sore. I asked: "What is wrong with you?" He told me his stomach was sore. He told me I should go with my mother, Mrs. Thiso, and Mrs. Thiso's brothers and Nomgwaia to pick the medicine. This medicine you will bring has a yellow flower. I got that medicine with the yellow flower for the stomach. I woke up. I do not know the name of the medicine.

APPENDIX C.

PSYCHIATRIC EXAMINATION OF A PERSON  
WHO IS THWASA

Name: Nonizi B.

Date: 13th July, 1975.

MENTAL STATUS EXAMINATION1. Appearance and General Behaviour:

- (a) Appearance: Robust, healthy-looking girl, neatly but casually dressed in European style.
- (b) Behaviour: Appropriate in all the rôles she was observed in, e.g. as attendant to our personal needs, spontaneous interaction with others and when participating in dancing and singing.
- (c) Manner of relating to examiner: Spontaneous, confident and trusting. Natural and eager to talk and co-operate.

2. Intellectual Functions:

- (a) Sensorium:
  - (i) Orientation: Well oriented in all areas.
  - (ii) Level of Consciousness: Clear.
- (b) Other Intellectual Functions:
  - (i) Memory: Good
  - (ii) General Information: Good
  - (iii) Numerical Ability: Good.

3. Perception:

At the time of examination, completely normal. 1971 had a vision of three little dwarfs sitting on door (stable type door) looking at her. No other history or evidence of perceptual disturbance.

5. Affect:

- (a) Prevailing mood: Happy and contented.
- (b) Anxiety Level: Normal.
- (c) Congruence: Completely congruous.
- (d) Appropriateness: Completely appropriate.
- (e) Liability: No undue liability - well modulated and normally responsive.

6. Insight:

Normal, to the extent that she knew she was ill and that she was now back to her normal self as regards her physical state and feelings towards people, especially her husband. Her insight into the nature and causation of her illness is in context with generally held cultural beliefs.

7. Judgment:

Good. She plans realistically for her future. She managed her day to day tasks very effectively. The estimation of the nature of her illness is in terms of the generally accepted norms.

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APPENDIX D.IMPORT OF INTERVIEW WITH MOSES M.

Moses M. :-

I have been weak and sickly since my childhood. When I was about 10 years old, I had a rash, which my father cured by covering me with a thin layer of mud. This was followed by another illness. I could also prophesise from an early age.

I never stayed at home but would go to the rivers and to the bush. I walked for very long distances. I also had periods of blindness.

In 1949 I went to circumcision school, and then to East London, to work. My prophetic ability was manifested in dreams.

During the period in East London (from 1949 to 1974) I became sick and became mad. I had T.B. since 1960 and went to S.A.N.T.A. in 1961. I became mad in 1970 and, while at S.A.N.T.A. I began to act as a preacher on the hospital premises. I would dream of Christ, holding a lamp and walking stick. I was sent to Komani Mental Hospital. I recovered but still had T.B.

The reason I became mad was that I had many worries, related to my dog and to my wife. I used to beat my wife and children, leave them in anger and visit my girl friends. I would still not be alright but would return in anger. I was a beast. My wife left me because I ill-treated her. I looked like a robber.

I took another wife, who also left me, taking my four children and all my possessions. I then went to prison for failing to maintain my family.

After this, I went to stay with my mother's sister in the location and I continued dreaming. These dreams included dreams of medicines which I got from the hospital and dreams of my second wife, which left me with feelings of fear.

Some time later I saw my four children. I again became mad. I was taken to Fort Beaufort Mental Hospital, where I spent two weeks before being discharged.

I was again sent to S.A.N.T.A. where I accused the girls of bewitching the people. I associated this behaviour with a dream I had in which my grandmother visited me wrongly. She wished to come under my blanket as though she were my wife.

(I also dreamt that a bushman gave me a gift of a grandfather clock, and the tools required for repairing watches).

On another occasion I dreamt of rain, and of drowning in deep holes.

The Matron asked me to account for my behaviour. I told her about the dream of my grandmother. She sent me home, and I was taken to an Iggira. During her yumisa she said that the first thing in my soul was my worry about my wife. She also said that I was thwasa, and she wanted to keep me in the location at East London. My father, however, decided that she was not helping me and as I again became mad, he took me to this Iggira (i.e. Mr. Thiso) who, according to our tradition, is a member of our clan.

He did a yumisa and said I was suffering from thwasa. My father called me home to have utywala (beer). Some grey-heads were called. They drank, and the people came together. On that day, I swore a lot and said it would rain. It did rain very hard.

I wanted to dance inside. People were surprised, because I had never danced before. I did the intlombe (dance of the Amaggira) and found myself very excited and felt very healed. Even the short breath was out of me. My father also danced there.

Later I returned to this Iggira, and saw some consultees. I did a yumisa and told the consultees everything. They said they understood and said they agreed. While I was

telling them, my experience was as if there was something telling me, say this, and this ... It was as if it were pumped into my brains from the body. I just felt that I had to tell the person and I found each and everyone agreeing with what I said. I felt it here (pointing to his solar plexus). The Iggira and his wife began to show me some herbs.

I think the reason I became phambana (mad) was that I separated from my wife, but I do not know why I became thwasa. It just happened. It appears related to the dancing and to my doing the vumisa.

Mr. Thiso has not yet performed any ceremonies for me, but I wish they will be done. I have improved but I still feel the fear (palpitations) and short breath. I think my ill-health is still with me, because there are some sacrifices that have to be performed for me. We have a saying that "you always get wise from listening to those who have been there". Some people say I will be alright when I am taken home and the shades accept me (i.e. a ceremony called imfamagufa - meaning that one agrees that one is thwasa. Imvuimvu kfa literally means to accept illness).

APPENDIX E.THE TRAINING STAGES ACCOMPANING THWASA

Mr. Thiso gave the following account of the training stages from patient category to fully qualified Iggira.

- I. Let me first come to a person, completely unknown to me. He comes with his family, and they want to know what is troubling him. I'm told by messages that this person is not mad, but is having the white disease, Thwasa. When they come over to me, perhaps the patient will not be here, but I will tell them that they've come about a certain person. I'm told by messages. I tell them that a person is in need of training, and that they may take the person to whomever they want. (The literal interpretation of training/healing is important, i.e. Qegesha/Nyanga) This word is almost the same with us, because this word Nyanga includes training. We rarely use the word Thwasa. When I mention that the person has ukufa okumhlophe and I say I am going to nyanga him, they know that that includes training him.

When I (the Iggira) say I can nyanga him, his relatives say msebenze, i.e. work him up, i.e. from the madness. The patient is now left with me (Mr. Thiso, the Iggira). The first thing I do, is to take the medicines for washing

and cleaning him, internally and externally. Internally, by emetics and purgatives. He is washed with ubulawu and medicines; amayeza amdaka, i.e. medicines which can drive away thinks like familiars. One may be confused at times when using the medicines amayeza amdaka to smoke out (iziqhumiso) familiars, which might be sent with the person. I repeat this, the witches of the people at his home, might take advantage of his sickness and send the familiars with him, even though he is thwasa.

That was the preliminary. The first thing I do on the patient is amayeza amdaka, i.e. dirty medicines. These refer to the killing and driving away medicines, but as far as we, as diviners, are concerned, we don't use them to kill. We use them to drive away familiars. That is the end of the first stage.

II. The second stage is when I use the ubulawu. These ubulawu are for washing. I mix the ubulawu with another medicine, which is a purgative. Why I use these ubulawu is because I want this person purified, and to open him; to know his dreams, to be able to see what is required of him. I'm teaching him how to go about divining by letting him observe me divining and encouraging him to try divining my other consultees.

When I notice that this person is responding well, I accompany him to his home. When I arrive at his home, I ask his

people to bring a billy can, I start to phehla (i.e. beating ubulawu with a forked stick, between the palms of the hand). People have got the ubulawu for their home. It may be the same for each family, others may have a different ubulawu. That particular phehla of the ubulawu is not done by the patient but by a person of kin (a person close to him). When this person is operating the phehla, the foam will rise. I say to the worker, bring it over to me, and I continue. I put the billy can on his head and carry on beating it. I beat it up, up, up, till the foam falls all over his body. A diviner is forever pleased when the foam falls down his face and forehead.

I am not just satisfied getting messages from my ancestors - I ask the people of the kin, have you ever performed this and this ceremony, as I have to perform the river ceremony. (Some may be against it, i.e. Christians). I leave it to them; are you ready to perform it while I'm here. They say we are not ready. I go home, and tell them I will wait for them, till they are ready. Still I go away with my patient, I use this person exactly as my umkhwetha.

As I've told you, I look at a person, some people respond very quickly. If the person is ready, and the people are ready, I will perform the river sacrifice. You know if you're a diviner, the time you mention the cause, the patient becomes ready immediately (uvumile), i.e. the response to the diagnoses. It will not take any time with

these. With some, it will be accepted by the person and his people, but he will be slow in developing, then he must go on and on opening with the vumisa. Some of them are very, very slow. I might even take a year before I can take him home for this ceremony. Some of the people don't just believe that the belief is this. That will take them a long time before they can be taken home to consult about hlwayelela.

III. The next stage is when his people come to report that they are ready for hlwayelela. For all this time they've been waiting to know whether they are ready to go to Komkhulu - the Great Place. They tell me they are ready, or send a message, before I ask them. Now their report comes that they are ready.

I send a report back that I will go on such and such a day. I tell the patient to go to his home and that I will find him there. Why I send him home is so that when these people start the preparations of the ceremony, his hands will be busy in the preparations as well.

That day, I am next going to seclude him. He will be with his family, as I say he is to lungisa the home (i.e. making the home ready to be accepted by the ancestors in the river). I'm joined by all my abakhwetha: I want them to see and learn everything, and the abakhwetha must prepare the food for us. The novices also grind medicines, and learn the

mixtures. The first point in that manner is to teach them respect for self and for ancestors.

The trainees must also be forever active, for if they're not active, they don't improve physically. Trainees are like children, as far as I'm concerned. They cannot expect everything to be done by our hosts. The hut that is assigned to us is like our home. I expect everything to be done as it is at our home.

When I arrive at that home, we're given a separate hut, said to be ours. When we arrive in our assigned hut, an umkhwetha will be sent to the main house of that home to ask for isithabathaba. Isithabathaba may be a live fowl, some tobacco, (preferably xhosa tobacco) and a bottle of brandy. Far back, of course, it was a billy can of utywala. It is compulsory that there is something in beer form, as a sign of respect, and a token of acceptance from the host. It really shows that these people have accepted our arrival, and we must go on. We always arrive in the late afternoon or early evening. That is the procedure for all amaggira.

If we have come there for the hlwayelela ceremony, we always call for a paraffin tin size barrel. Bantu Beer is prepared in our presence, in our hut. When it is prepared, we call the owner of the kraal, to take the barrel to the kraal, cover the beer, and put it at the emthonyameni, i.e.

extreme end facing the gate. If my mission is accepted by the ancestors at the kraal I see it from the foam of the beer, i.e. if it's acceptable, the foam will fall to the ground. The ancestors reside at that part of the kraal. The most senior of the ancestors will then come to the hut, to form a relationship and co-operate with the diviner's ancestors and the ancestors of the novice. One would be quite amazed; at that place, the beer will never be knocked down, even if there are many cattle in the kraal, because the ancestors are protecting it. Also the cattle will never drink it in that position. In the morning, the covering won't be on top of the can. It will be placed on the side, but you will not know who placed it there.

Very early in the morning I send a message to the hut to call the person. I send him to go and look at the beer and tell me what is happening. I am nothing at that kraal so far, I am a visitor. The patient is not with me at this stage, but with his kin. When we are satisfied that the beer is ready for use, it will be used for preparing more beer in a big barrel in the main house, for all the people. It has not been touched by any people so far. The person who mixes this beer is a daughter of that kraal. It may be a sister to the patient. It cannot be a mother, or daughter-in-law, as they're not of that clan. I told you that we usually arrive on a Thursday for a hlwayelela.

Friday is the mixing of the main beer. Where is the barrel at the main house? It is at the entla, (i.e. the North, opposite the entrance to the house). The entla is a very conspicuous spot which is easily seen by your ancestors when they enter the house. Manure is fetched from the cattle kraal, and this barrel is placed in the cattle kraal. Ancestors are known to stay in the cattle kraal. When it is hot, they settle in the nkundla (forum). By night, that Beer is sure to be ready, and will be strained at 9 or 10 or 11 o'clock. The first person to put this beer in the strainer will be the daughter of the kraal. Later she might be helped by sisters, or her mother. When this beer has been strained, it will be put into separate containers. All the beer to be assigned for the komkhulu will be assigned to a special container.

This beer is put in a calabash, a small new billy can, carrying the ubulawu. A white bead, kaffir corn, tobacco and pumpkin pips are carried to the river that morning. The patient is still with his kin in the main hut.

The following go to the great place at the river: myself or my wife with one of my senior umkhwetha. The third person will be one of the patient's kin or clan. But we might take two of the kin. We prefer to take four in all. We walk fast, and if there are not people of the clan who can go, we may take another person but they must

have slept in the house that night. These people who go to the river are smeared white, and well decorated with beads, etc., and are known as the amagqira asekhaya apha, i.e. diviners of the home. At the same time, you'll hear some people call them abayeni as they look like a visiting bridal party.

We put the things in the river to see whether they are accepted or rejected. When we come back from the river, we sit at the nkundla facing the cattle kraal. All the attendants sit facing them. We always sit on a sleeping mat. This procedure is known as ukubuza indaba, i.e. to be asked the news - whether bad or good. After the explanation of what took place at the river, if it was good news, they will be excited. They will take a new billy can and fetch beer from the billy can assigned for the komkhulu. This beer is put in front of the river party. It has been brought by one of the kin. He must first ngcamla (taste) it before he offers it to us.

The patient is not smeared, but is like everybody of the clan. If this patient is thwasa, by the time we go dancing, he will be smeared white. If he's not thwasa he will not be smeared. At this time the patient, though he's smeared white, will have no beads whatsoever. A white strand of beads will be supplied by me when the patient has done divining and got about one or two imihlola. All the beads you see my novices wearing, while under training, are supplied by myself, as their trainer.

From the forum we go straight to the diviner's hut - walking, no singing. In our hut, we start singing and clapping. The patient is still with the novices. When we come we clap and dance to relate the news we gave to the people at the forum to my novices. If there are other diviners present, I will not give a report. This is a universal procedure, so that when we come to report to the main audience at the house, the diviners present will have no foreknowledge of the morning's events. During the first two rounds of our dancing, I will give it over to the visiting diviners to tell us why we are here, and what happened at the river. It is to test them. A very good diviner will not hesitate. He will say everything correctly and it will convince everyone of kin. One must question visiting diviners very thoroughly. It is nice to have as many diviners as possible. A good diviner will always show co-operation. A good diviner will come at the time of dancing, exactly, so they cannot make any enquiries beforehand.

People are always happy to see me appear at the kraal. I am bold enough to tell another diviner when he has gone wrong, and praise him there directly when he is right. We must not tell lies. We are here to heal. If I keep quiet, and it is discovered that there was wrong, I will also be blamed. If I see wrong, I must divulge it. At this dance, it is only diviners who dance. If the patient has the white disease, he will dance. If he does

does not have the white disease he will be in the hut as an observer only. The abakhwetha are the first to open the stage. When the qualified diviners arrive, the abakhwetha will give way. The patient will also just sit, like the other abakhwetha. The abakhwetha sit down, so that the diviners must be understood. The abakhwetha must understand their illness properly and be prepared to follow up their training. When all the visiting diviners have agreed that the explanation offered is correct and it is accepted by my party, I start to fill in all the details and explain thoroughly so that it is understood. I must emphasize the various aspects.

During our dancing, as diviners, we are forever consulted by people, with their imihlola. They do not talk to the diviner first, but ask the head of the clan if they may consult the diviner. They are told to sit at the cattle kraal; the diviner is coming. The divining is usually at the cattle kraal. If the consultees point out which diviner they would like, the procedure is that they are allowed to carry on, and accept the fee to be paid by the consultees. If that particular diviner reports: "No, I cannot get that mhlola", I will carry on with it. I will call the consultees to my own spot. Each diviner will have his own spot. It is only with my own abakhwetha that I will continue on their spot.

Now we have done everything in the main house, we return . . .

to our own hut. We are given beer to drink in our hut. People are entitled to come for sips, too, if they like. On that day there is no slaughtering. We eat ordinary food - no meat - and drink beer. After eating, we will stay to the evening. When people have finished drinking they like dancing. I will tell my abakhwetha to join the people. We are all one now. Everyone must be happy. A trainee must be ever active. Everything is finished at this juncture. If the umkhwetha is thwasa, he will accompany me to my place on Sunday. The novice is not given anything at his home, save money for washing soap, etc. He is solely dependent on me. It is just like school, if he is a loafer, he will not improve. If he works well, he will train quickly. Abakhwetha come at different times. I might promote a mere junior one to the senior umkhwetha if he is not lazy.

- IV. For an umkhwetha, I will do another hlwayelela, just as described, but this (this refers to an umkhwetha to be an Iggira) person will be secluded in an ithonto, and fukamisa. (Fukamisa - to brood, like a brooding hen.) He will go into separation Thursday evening, the house is completely closed - the whole of Friday, Friday evening, then out on Saturday morning. On Saturday morning he is given an Isilo (by the diviner - to wash and vomit) before he goes to the main house. This is performed in the forum before sunrise. The diviner will accompany him to the main house; all the time, keeping his face covered with a blanket. I

instruct his people to prepare some porridge. When it is cool they call me. When I give this porridge, I put in a bit of powdered medicine. When he scoops, he eats this medicine, about 5 times. (Medicine called udumo or uhlunghlungu. It is from the bark of a tree, usually found at the river. People who have river illness are known to have water in their blood. This medicine sucks out water from the blood.)

- V. The next sacrifice for this novice is what we call the intambo ceremony. When we perform this ceremony, a spotless white goat is slaughtered. We take the sinew from the back of this goat. We take some hair from the skin of the goat and twine it on that sinew, which is then knotted. Between the woollen knots, you have strands of white beads, right around the necklet. If the novice is a female, the father will tie the necklet round her neck, or a brother if the father is not there. For the male novice if the father is not present, the father's sister will do it. This skin is not to be taken to the diviner's home, it is to be left at his home. When returning home he should sleep on this skin, and when divining he should sit on this skin. The meat from the goat cannot be taken away. It must be eaten there and the bones put into a container and hung at the isango (entrance to the kraal).

The portion, known as the shwama, is first tasted by the

patient. This is for the patient. This portion is cut at the tip of the right foreleg cartilage. The forelet is cut from the body, but not totally. The tip of the scapula is included, and called the intsonyama. If you came to notice the people skinning the animal, the head is always facing the entrance of the cattle kraal, and the beast must always lie on its left hand side, and the right side on top. (If one asks, what is the portion, for the chief of the tribe, it is the right upper leg. The lower left leg is the share for a visiting chief, or a prince, i.e. the son of a chief. The bottom leg is called the idikazi (female who usually stays at the chief's place as a helper)).

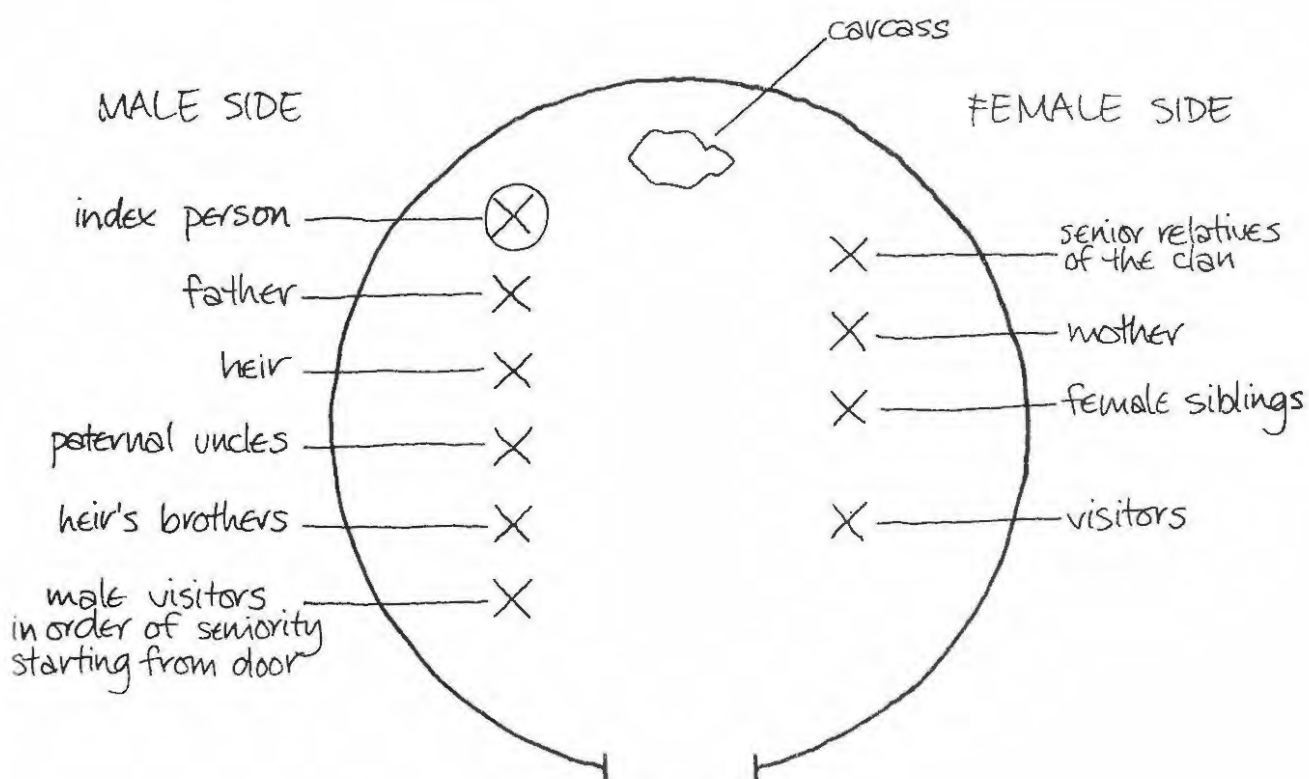
With the shwama, the intsonyama is roasted on the flames, not cooked in a pot. The patient eats it alone. After this intsonyama, a billy can of beer is to be brought to the patient. No one is to drink until the patient has drunk. On the day of the slaughtering of the goat, the patient will not eat anything from the goat save the intsonyama. The men, this day, will eat the izibindi, (i.e. the vocal area, heart, spleen, liver). Women are given the intestines and stomach bag. The kidneys go to the woman of the clan. This is called ingweme. The patient who has the white illness, does not eat the internals (i.e. umbilini) as he's forever aggravated by the anxiety, from his insides. These would aggravate his fear or troubles inside.

The following day is known as the day of the izipheko, i.e. the cooking of the meat for the people visiting. The patient will eat the right foreleg, from where the intsonyama was cut. The skull is for males in the kraal. Trotters and neck are for the boys. The blood is eaten by the men and the boys. All the bones are hung in a billy can, on the forked gate post ixhanti of the right hand side of the entrance to the cattle kraal. (These are sacred posts which are never removed). The right hand side leg will be cooked on Sunday, when the bones are burnt. It will be eaten by whoever is present at the cattle kraal. The marrow of the bones is usually eaten by the most senior man of the kraal. With women, by the most senior woman. The meat is usually taken into the main house in the evening. The evening is taken as the time when all male ancestors are home from helping the boys in returning the stock to the kraal. When the carcass is taken out of the kraal, the head leaves first, and the head enters the house first. The skin is still on the carcass. All the branches used are to be brought in, with the carcass, on the skin, to be placed on the branches which are scattered on the floor of the hut. Dry cattle manure also is placed round the hut as a sleeping mat for the main ancestors.

This ceremony may be about 5 months or so after the hlwayelela ceremony. It might be earlier, depending upon how the patient is improving, and whether his family have all the requirements ready. This ceremony is to give

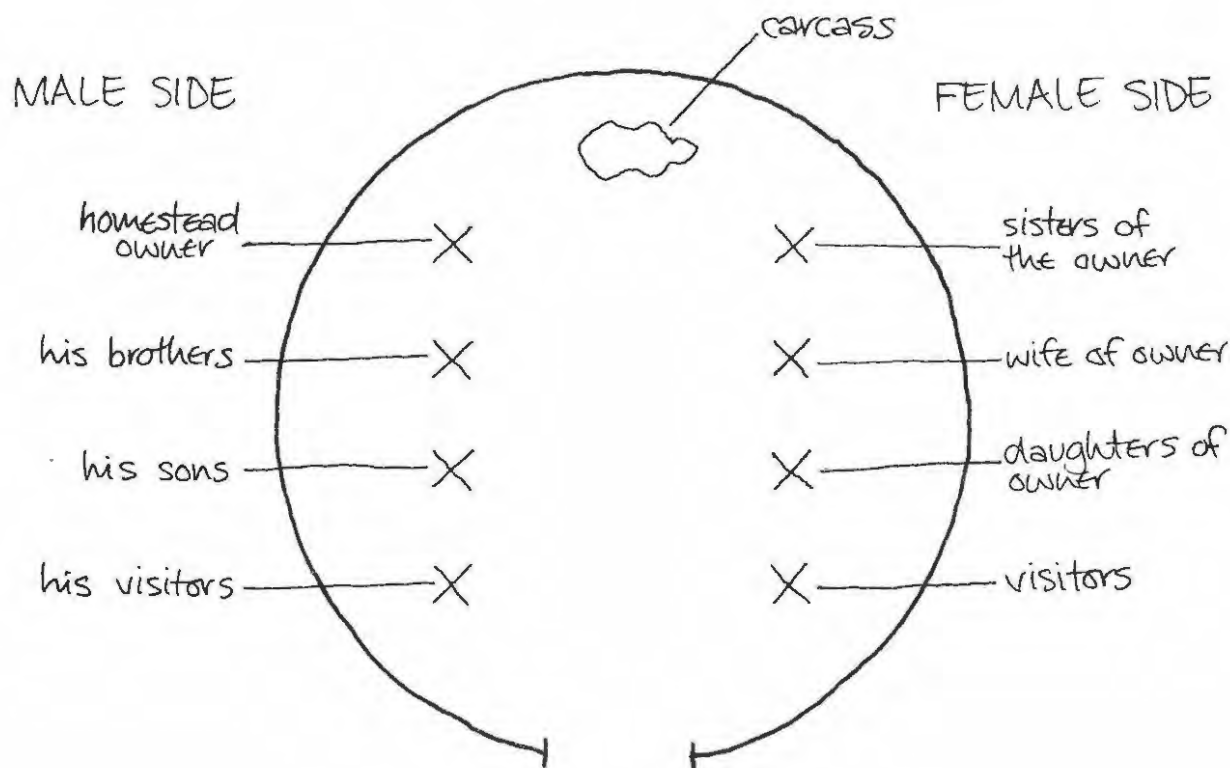
the patient the necklace, to have the skin, and introduce him to his home. The skin is taken as being given to him by the ancestors.

Now, catch this point: when the carcass is in the house, in the case of the intambo, the patient sleeps close/next to the carcass on the men's side, then the father, then the first born/heir, then his paternal uncles, then the heir's brothers, then the male visitors. Now starting from the entrance, the audience/visitors sleep with the most senior visitor at the entrance, till the most junior visitor next to the brother. For the women, it is the same in the same hut.



Diag. 5: The sleeping arrangements during an Intambo ceremony held for a particular individual.

For a beast, slaughtered for a sacrifice for the kraal, the one next to the kraal will be the homestead owner, his brother, then his sons, then the audience.



Diag. 6: The sleeping arrangements for an Intambo ceremony held for the homestead.

You must bear in mind that these sacrifices concerning the amaggira are done at the home of the thwasa patient. The stabber is always the most senior paternal uncle. If he is sickly or very old, he gives his stabbing spear to his heir. I think you've seen, when the umkhwetha visits his home with the diviner, he carried a billy can, with his/her medicines for washing, etc., and even for beer. He

will only drink beer from his own billy can, which will be used by himself only. When it gets old, he will send it home and they will substitute it with a new one.

VI. The novice (abakhwetha) will also attend all other ceremonies, but will not eat meat from ceremonies which he has not yet completed, except where they are attending sacrifices of other novices under their common trainer. This is to show that they will do the particular ceremony themselves, and that they are not reluctant. They will do it. When I've done this intambo, I've almost done the very necessary priorities of my novice, while under my training.

At times, while under my training, the novice might dream that he must visit his mother's place. Whilst my novice tells me that, I instruct him to go and report to his parents, or to anyone in charge of his home. As I told you, the ancestors on the mother's side do like to do something for their nephew or niece, and they're (ancestors) always coming clear to the patient in his dreams. They say that they know that the intambo has been done, but they want a share as well, and make their own ukuvumisa or intambo for the novice. It is not imperative that I accompany the novice on this occasion. If the novice requests, I will accompany him, as the people want to know who the trainer is. You must know the trainer has never finished dealing with the trainee, unless something has been done at

the mother's place as well (i.e. where the mother was born). This instruction will always emanate from the dream of the novice. The novice (umkhwetha) will be instructed to go to his mother's place, with one of his kin. When my novice returns from his mother's home, I continue to train and test him, till he is ready to go home for the godusa (graduation/qualification, literal translation - returning home) ceremony. This may take one or two years.

#### VII. Godusa Ceremony:

The returning home ceremony for a qualifying diviner.

The day I am returning my novice home, I give him this spear, umkhonto. I carry this spear at any time of the day. A diviner must have predominantly white beads on any bead work. The main thing I must give to the novice is the spear. All other things I give are known as soke (gifts). I can make the animal skirts, when the novice tells me which animal skins I should use, i.e. for the skirt, and the baboon skin hat. I have got some for Nomquwa (referring to one of his novices) - she will never wear them here. She will wear them when I have godusa'ed her at her home.

At the novice's home, as they have been informed that we will be arriving at such and such a day, on arrival, we will find them having prepared beer. A beast is slaughtered for this purpose as well. We usually use an ox for such

sacrifices. And she, the novice, shwama's that day, (i.e. first taste of left foreleg). When the novice eats that intsonyama, no knife is used, she uses the spear given to her by her trainer. The beast is killed in the late afternoon (Friday afternoon), and will last three days. The second day (Saturday) is for eating, and the third day (Sunday) is for burning bones (i.e. ukutshisa amathambo) and the branches which were used in the sacrifice. The fat from this beast is used for smearing/softening the skirt (imithika) and hat. The skins for the skirt and hat are from any wild animal they like, except their own animal.

Now the ithonto, if it had been demolished, another would have been built on the same spot, which is used after the burning of bones.

The final aspect of this ceremony is known as ukwahlula izilo. It is remembered that during the time that a trainee is under training, he depends on two izilo, the trainers, and the trainees, as they have been working co-operatively.

Now, the trainee is taken to that ithonto for what is known as ukwahlula izilo, i.e. separating the beasts (i.e. ancestor animals from the forest). The novice will take into the ithonto his own kin, and some from the audience as witnesses. I take my people, my remaining novices and some of my own friends to witness. They close the door of the ithonto

and then I, as qualifier with my party, go to the ithonto. I abruptly push the door, to open and try to defeat them with my isilo being stronger than their isilo and they push to try to keep their door closed. I pretend to go away and then by myself push the door. I pretend to go, then push a third time. I then retreat cautiously, so they don't notice I'm to run away. Now, they're looking that we're retreating --- retreating ... (they're looking through holes in the ithonto. We run away, to the main house, and everybody shouts "catch him ... catch him, catch him". We just enter and sit down in the main hut.

If they happen to catch one of my party, or especially myself, I will be said to have been imprisoned. One of my party will come with something, perhaps a Rand, and they will release me. It is a very big joke, and you will find people laughing, laughing, laughing that day. However, it is usual that because the door of the ithonto does not open, and as I have not been caught, they will say their animals are very strong now, and so our animals are equal.

I get my beast, called the inkomo yomlandu. We then go home, and leave the newly qualified Iggira at his home. This godusa ceremony, when it has been performed and finished, they term it ukuphehlelela (confirmation). My novice has now qualified. If that last ceremony has not been performed, the diviner is known as unobumba (to just make an unformed ball). The time taken from the beginning to

qualifying is never less than three years. I have  
qualified twelve diviners during my career. There are  
some who are semi-qualified.

APPENDIX F.PSYCHIATRIC EXAMINATION OF A  
PHAMBANA PERSON

Name: Vuyisile N.

Date: April, 1976.

MENTAL STATUS EXAMINATION1. Appearance and General Behaviour:

- (a) Appearance: Dirty and neglected.
- (b) Behaviour: Sits around all day - solitary.  
Does not communicate with anybody.
- (c) Manner of relating to examiner: Says "I don't know" to everything, accompanied by silly laughter.

2. Intellectual Functions:

- (a) Sensorium:
  - (i) Orientation: Disoriented in all spheres.
  - (ii) Level of consciousness: Clear.
- (b) Other intellectual functions:
  - (i) Memory:
  - (ii) General information:
  - (iii) Numerical ability:all grossly impaired.

3. Perception:

Seems hallucinated.

4. Speech and Thinking:

- (a) Progression: Slow and halting - no spontaneous speech or communication.
- (b) Form: Consists of a few stock phrases, "I don't know" and "It's not me", one neologism was noted.
- (c) Content: Inappropriate and often seems purposely so.
- (d) Ability to Abstract: Not relevant.

5. Affect:

- (a) Prevailing mood: Flat and fatuous.
- (b) Anxiety Level: No evidence of anxiety.
- (c) Congruence: Incongruent.
- (d) Appropriateness: Inappropriate.
- (e) Liability: Evenly fatuous.

6. Insight: Nil7. Judgment: NilName at Mr. Thiso's is "Andiyazi" - "I don't know".

Clinical Diagnosis: Hystero - schizophrenia.

*M. V. Bührmann*

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Dr. M.V. Bührmann, MB.Ch.B., DPH., DPM.

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APPENDIX G.INTERVIEW WITH MCEDISI, B.

Age: 15

Q : What is your father's name?

A : Themba.

Q : Where does he stay?

A : I don't know

Q : Why did you choose Mr. Thiso's home to come and work?

A : (Unable to answer why he chose Mr. Thiso).

Q : What is your name?

A : Mcedisi.

Q : Can you plough?

A : Yes.

Q : With what do you plough?

A : With a plough.

Q : Can you lead the oxen?

A : Yes.

Q : What work did you do in East London?

A : No, I didn't work. I was washing in our house.

Q : Where did you go to school?

A : Nompamelelo School in East London.

Q : When did you leave school?

A : I left school this year.

Q : Why?

A : Because I wanted to work.

Q : Who was your principal and your teacher?

A : Mr. Mbongoza.

Q : So when did you leave?

A : Yes, I left in the middle of the year and asked my mother for a guitar.  
(Fetches guitar. Says he can play it).

Q : What is the work of your father?

A : My father is a boilerman and they sometimes go and get money from the father.

Q : What is your father's address?

A : (Answers indirectly) No. 27, Ntandana Street, Sipunzana.  
(East London).

Q : This is the home of an Iggira, not so?

A : Yes!

Q : Why did you come to the home of a doctor?

A : My father brought me here.

Q : Why?

A : He said I should be cured.

Q : What do you think is wrong?

A : My head and my stomach also.

Q : How do you know that you are ill in your head and your stomach?

A : Sometimes my head becomes sore. (Anxious expression).

Q : Is there anything else?

A : No, nothing else.

Q : And your stomach?

A : It used to ache.

Q : What makes it pain?

A : I once ate samp and my stomach was sore. My stomach gave trouble.

Q : What was wrong with the samp?

A : Yes, my head also became aching now and again and I was

Q : But what was wrong with the samp?

A : There was nothing wrong. (Mumbles to himself).

Q : Who is he? (Pointing to Mr. Thiso).

A : My brother.

Q : Do you have brothers?

A : Yes, one was my senior and he passed away. I only have one left.

Q : Is he a man or a child?

A : My father said he would circumcise him.

Q : Are you circumcised.

A : No.

Q : How do you feel about circumcission?

A : No, I don't want to be circumcised.

Q : Don't you want a wife?

A : No.

Q : Why don't you want to be circumcised?

A : (Laughs, looks downwards).

Q : How long is it since you've been ill?

A : It began long ago, when I was here.

Q : So you were quite well in East London?

A : Yes.

Q : So why did your father bring you here?

A : He gave me sweets. I don't know when he's coming to fetch them.

Q : What is your mother's name?

A : Nobendiba.

Q : Were you quite well at school?

A : I would be absent from school now and again and the teacher would thrash me so I left school.

Q : Why did you absent yourself from school?

A : Because I was ill.

Q : What was your illness like at that time?

A : I used to have a pain here on my breast bone. My mother was with us but then left home.

Q : When did she leave home?

A : She left home this year, then I stayed with my father. (Re transitional object).

Q : I notice you carry something around with you all the time. What is it?

A : Sweets.

Q : No, the thing you've put in your pocket.

A : It's a toy. (Actually a piece of old tyre).

Q : How did you come to be here?

A : I came by car here and the car stayed at this house behind.

Q : So why did you come?

A : My mother brought me. My mother said I must come and stay here and also look after the guitar.

Q : Why did your mother want you to come and stay here?

A : I don't know. I was brought by car and the car was driven by someone else.

Q : Why do people usually come to an Iqqira's house?

A : Because they sometimes bring bread and give him bread.

Q : Did you bring bread?

A : Yes, I brought bread.

(Manneristic behaviour. Blinking eyes, staring in a vacant manner, clutching a so-called toy, stereotypic behaviour, anxiety, frowns).

(Toilet habits: wet and dirty. Has to be supervised with even most simple tasks).

APPENDIX H.PSYCHIATRIC EXAMINATION OF A  
PHAMBANA PERSON

Name: Mcedisi B.

Date: April, 1976.

MENTAL STATUS EXAMINATION1. Appearance and General Behaviour:

- (a) Appearance: Dirty and neglected - vague and unrelated to environment.
- (b) Behaviour: Walked about with bit of tyre as "toy", afterwards played his guitar - plucked a few strings.
- (c) Manner of relating to examiner: Distant and vague but did not withdraw or behave negatively.

2. Intellectual Functions:

- (a) Sensorium:
  - (i) Orientation: Disoriented for time and place - oriented for person.
  - (ii) Level of consciourness: Clear.
- (b) Other Intellectual Functions:
  - (i) Memory: Defective in many areas.
  - (ii) General Information: Very poor.
  - (iii) Numerical Ability: Grossly impaired.

3. Perception:

Does not confess to hallucinations but behaviour suggests presence of these. Often mumbles to himself, smiles inanely and laughs loudly for no apparent reason. Delusions cannot be tested.

4. Speech and Thinking:

- (a) Progression: Halting, slow and fragmented and appears to be interrupted.
- (b) Form: No neologisms - no flight of ideas - loose associations.
- (c) Content: Often inappropriate.
- (d) Ability to abstract: Impossible to assess.

5. Affect:

- (a) Prevailing mood: Vague and fatuous.
- (b) Anxiety level: No apparent anxiety.
- (c) Congruence: Affect and behaviour incongruous.
- (d) Appropriateness: Inappropriate.
- (e) Liability: Fixed - very little free flowing affect.

6. Insight: None7. Judgment: None8. Personal Habits: Wet and dirty. Has to be supervised with even the most simple tasks.

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APPENDIX I.INTERVIEW WITH VUYISILE, N.

Q : What is your name?

A : I don't know. (laughs)

Q : What is your clan?

A : I don't know (laughs).

Q : Where is your home?

A : I don't know (looks away).

Q : Are you educated?

A : No.

Q : Are you sick?

A : No.

Q : So what are you doing?

A : Nothing.

Q : Is this your home?

A : Yes.

Q : Where is your father?

A : I don't know.

Q : Do you want to smoke?

A : No.

Q : Where did you get the cigarettes you've been smoking  
the whole day?

A : Up there!

Q : Are you a man?

A : Yes.

Q : When were you circumcised?

A : 1970.

(He is circumcised).

Q : Where do you stay?

A : Kwa Zaklele.

Q : How did you come to be here?

A : I don't know.

Q : With whom did you come?

A : I drank water.

Q : Do you ever hear voices from people you cannot see?

A : No.

APPENDIX J.AN ETHNOGRAPHIC DESCRIPTION OF ISIPHOSA

Mr. Xotyeni described Isiphoso as follows :-

It is caused by a person in the following way: An umfana (young man) wishes to arouse the affections of a certain girl who might dislike him. He therefore uses charms which will persuade the conscience of the girl to yield to him. The young man continues approaching people who are potentially helpful in helping him to be loved by the girl. These charms are applied in different ways. Some might be put in food without the girl's knowledge. The close friends of the girl are utilised to do this. Some might be applied in the form of powder to her bedding, some might be used by putting it in one's hand and touching the girl concerned. The young man sometimes smears the charms on his face, before facing the girl eye to eye. Some herbalists tell the man to observe the place where the girl urinates, to collect the soil of that area and give it to the herbalist.

The most common way is for the umfana (young man) to use ubulawu. Now the ubulawu is mixed with this medicine/charm. The ubulawu is known to be good for sending messages. He will call out the girl's name all the time that he prepares ubulawu. All the time the girl will have this man on her mind. The girl will be constantly worried - "Should I fall in love with him, no, no, I hate him!" She will not confide in friends or family: she cries and pretends to laugh. The girl will eventually marry the man.

The girl who used to say how she hated the person concerned, will then say how deeply she loves him and is happy with him.

A different kind of isiphoso - a girl crying is told to stop crying, so she laughs and cannot stop laughing. It usually lasts a few days. Treatment involves going to a herbalist.

Mr. Thiso provided the following account of isiphoso :-

Isiphoso is done by people. It is not natural. It is no longer practised nowadays. Even then, it was practised only by youngsters, i.e. boys and girls, not by elderly people. When a young man has taken a fancy to a girl and has been refused, he resorts to ukuphosa.

\* What are the symptoms of isiphoso?

One girl may come screaming/yelling to the man who has sent isiphoso to her, while another girl comes silently.

\* How do you account for the fact that isiphoso is no longer common?

These days everybody knows about the herbs that go into the construction of isiphoso, so it is easy to cure it and render it ineffective. So nowadays it does not work.

APPENDIX K.PSYCHIATRIC EXAMINATION OF AN  
AMAFUFUNYANA PERSON

Name: Mattie M.

Date: 30th October, 1975.

MENTAL STATUS EXAMINATION1. Appearance and General Behaviour:

- (a) Appearance: Very neat and well-dressed in European style - black, dark brown and mauve. Fashionable turban over straightened hair.
- (b) Behaviour: Appropriate and very correct and inhibited with little gesture or body movement.
- (c) Manner of relating to examiner: Directly and with considerable poise. Excluded husband. She spoke English fluently and husband was reputed to be unable to speak it.

2. Intellectual Functions:

- (a) Sensorium: -
  - (i) Orientation: correct in all areas.
  - (ii) Level of consciousness: clear.
- (b) Other intellectual functions:
  - (i) Memory: Fine generally. ("Poor - since voices - mixed up")
  - (ii) General Information: Normal
  - (iii) Numerical Ability: ?

3. Perception:

She complains about little talking men in her body - sometimes like ants - sometimes feeling them under her skin.

At the commencement she heard clear voices from outside her house. People in a passing van and later at her window, seeing through the window and I wondered how they could see under the blankets.

4. Speech and Thinking:

- (a) Progression: Unimpeded, to the point and clear.
- (b) Form: No thought disorder - no thought block neologisms. Loose associations but ? in context with cultural background.
- (c) Content: Brief period of ideas of reference followed by the conviction that she is bewitched.
- (d) Ability to abstract: Normal in cultural context.

5. Affect:

- (a) Prevailing Mood: Controlled anxiety and depression.
- (b) Anxiety Level: High, in keeping with present trouble.
- (c) Congruence: Congruous.
- (d) Appropriateness: Appropriate.
- (e) Liability: Rather inhibited - facial expression a little flat with little play of overt emotion.

6. Insight:

Present - experiences the feelings as abnormal - "I feel strange because I hear these voices inside me", "These little men can talk through the voices of other people and I feel that is abnormal".

7. Judgment:

Impaired. Believes that these men talking through other people, especially her husband, is aimed at causing bad feeling, anger and argument and to induce frigidity and her husband to divorce her. The instigators are other females who want her husband.

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APPENDIX L.INTERVIEW WITH MABANDLA, P.

Age: 42

He has been a waiter since 1948. At the moment he is drawing from an Unemployment Fund as he is "busy with private affairs".

"I married in 1972, and have a little girl, two years two months. I did not love that one. I have also had children from other girls.

I am the only child from my own father, the other children are all younger. There are five children from my step-father. My father died when I was about seven years old.

My mother's been chasing me away always. I felt that I had to first explain to others that I was leaving because my mother is chasing me away, swearing at me in front of my younger step brothers and step sisters. This made them not respect me, though I am the eldest child.

This going home, being chased away, returning home, etc., had been happening for a long time, till I finally left in 1974.

I asked my mother "What did my father do to you to make you hate me like that? I've never been to jail, I don't spend too much money ... (until he started drinking and gambling). I only used to fight with my brothers and sisters." I used to argue with my mother, about the rearing of my younger brothers and sisters.

I had had a nice girl friend, whom I had loved. She passed Std. 7 then fell pregnant in December, 1960. Her mother was very, very sad and angry, and wished her to die, with her pregnancy. Her mother said she'd sent her to school, paid her school fees, and now she had to leave school because of her pregnancy. The girl then said that she did not love me anymore as I was drinking and not keeping jobs. This bad period started in 1960. The voices started after I made her pregnant. Since the pregnancy I could not feel happy anymore; things went very badly since then and I became even more drunk.

All these years, i.e. since 1960, the voices have been talking inside me. When I hear them, there are two or three voices.

When I got this amafufunyane, the amafufunyane wanted to make my brains stupid. They were speaking. They wanted to make me to be isithunzela (a half-wit) like a doll with no brains which lies in the forest, i.e. a mindless zombie, not knowing what it is doing.

The voices were in the stomach. They move like a wind. They don't tell me where they come from but I think there is somebody envious of me, who sent them. I have my suspicions that it is my mother. I have said to my mother that I have dreams about her. The things in my stomach say that they come from my mother, to make me stupid.

My first problem with my mother was with money, and I started to drink. I started wasting my money through drinking. I never used to do these things so it was caused by the demons that were put inside me, these voices in my head. I myself even wondered - why am I doing this? I kept on drinking and even when I was drunk, I used to think that I used not to do this!

I went to a male Iggira, who explained that there are people in my stomach, who want my brains, my mind. I nearly got mad, that time. They tried to give me medicines, and gave medicines for the amafufunyane to speak, to tell the Iggira where they came from, but they did not speak.

I heard people talking badly about me. The people in the street were talking badly about me. I stopped drinking on a Sunday (1967). I was in Welkom. I went to friends who were drinking, and they gave me nothing. I felt very cross and upset and since that time I have never touched drink. That night I had a special dream: I heard someone asking two things inside me. They asked "Which one are

you going to pray to between these two?" I said: "To the son of Jesus". In my dream I was told that I would drink again on Saturday or Sunday, but I said No, I would not drink again. I have not drunk since.

All these years, the voices are still inside me. The other day it was cold. I heard them say "I'm going to sleep with you". I said "Who are you?" They said "We're your grandfather". I asked what they wanted. They said they wanted beer and meat, i.e. an Isiko, a special party. I said they should go away. I would not help them (or obey them). In my mind I was sure it was the amafufunyane and not my grandfathers (shades). Because why? They want to make me mad. My grandfather does not want me to be mad. My mother, too, said it (the Isiko) was for my grandfather, but I said no, they want me to go mad, therefore they are amafufu'ing me.

They're demons. I hear them. If I pray hard I hear them say "let's run away, let's run away". They are very afraid of prayer. From 1970 till the present, it has been much better. I've been helped by prayer. I went to the preacher, we prayed and sang a church song. From that day I got much better. And I keep on praying very hard, day and night. I recently awoke from a dream, for the first time, without anxiety.

When these things used to speak in my stomach, I used to get

very frightened, but since that dream, I don't get frightened, even though they are still in my stomach, and say they will never go away. They don't speak at present. I just feel a wind here. Sometimes, now, if I think something, they will answer. They said: "We are not going to go away. We will stay with you and look after you". I cannot explain what is meant by this. I cannot trust them, as they wanted me to go mad. I don't like it, and I do not know what to do. They are no longer strong."

APPENDIX M.

PSYCHIATRIC EXAMINATION OF AN  
AMAFUFUNYANA PERSON

Name: Mabandla P.

Date: 30th October, 1975.

A. MENTAL STATUS EXAMINATION

1. Appearance and General Behaviour:

Appearance: Neatly dressed - khaki coat. Expression anxious and worried. At first he appeared untroubled, but during the interview anxiety, depression, general affect became marked.

Behaviour: Appropriate and co-operated well.

Manner of relating to examiner: Eager to talk and spoke openly. Early suspiciousness disappeared - especially when he was not pressed for information.

2. Intellectual Functions:

(a) Sensorium: clear

- (i) Orientation: correctly oriented
- (ii) Level of consciousness: fully conscious.

(b) Other intellectual functions:

- (i) Memory: good
- (ii) General information: satisfactory.
- (iii) Numerical ability: not relevant.

3. Perception:

Describes little men which speak in his stomach and who want "to take his mind away" - make him dull and "half-witted", started 1960 during a "trouble

period" with the pregnancy of a girl he "loved very much", his becoming a drunkard and being embroiled in fights.

4. Speech and Thinking:

- (a) Progression: Smooth and consequential and clear.
- (b) Form: No thought disorder such as thought block neologism. Loose associations but ? in context with cultural background.
- (c) Content: Feels this has been "put into him" ? bewitched and that the source is his mother with whom he's always had a poor relationship - often asked her: "What did my Father do to you that you hate me so". "Always chasing me away from home".
- (d) Ability to abstract: Normal.

5. Affect:

- (a) Prevailing mood: Mildly depressed and anxious.
- (b) Anxiety level: Fluctuated, but was always present.
- (c) Congruence: Completely congruous.
- (d) Appropriateness: Appropriate.
- (e) Liability: Normal - there was a free play of affect during the whole interview. His facial expression often preceded congruous material.

6. Insight:

Present - to have "these voices" are strange and "makes me feel different" - they must be "taken away" or "controlled".

7. Judgment:

Fair - ascribes voices to his mother's hatred of him and wanting to chase him out of her house.

The anxiety engendered by his illnesses had been much reduced by his acceptance of the Christian faith and stopping to drink altogether.

The voices are now "muffled", "like a wind in my stomach".

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APPENDIX N.PSYCHIATRIC EXAMINATION OF AN IGQIRA

Name: Mrs. Thiso

Date: April, 1976.

MENTAL STATUS EXAMINATION1. Appearance and General Behaviour

- (a) Appearance: Very attractive woman who looks young for her age. Vivacious and outgoing. Neatly dressed and appropriate to her life-style.
- (b) Behaviour: Appropriate, correct and spontaneous. Bearing is dignified and self-assured.
- (c) Manner of relating to examiner: Friendly, open and easy with a warm teasing quality as between equals.

2. Intellectual Functions

- (a) Sensorium:
  - (i) Orientation: Clear in all fields.
  - (ii) Level of Consciousness: Clear.
- (b) Other Intellectual Functions:
  - (i) Memory: Good
  - (ii) General Information: Good
  - (iii) Numerical Ability: Good for her standard of education.

3. Perception:

No evidence of hallucinations or delusions or misinterpretation of facts, in ordinary affairs.

The culturally held beliefs about the influence and rôle of the ancestors can not be classified as impaired perception.

4. Speech and Thinking:

(a) Progression: Smooth, logical and clear. No retardation, perseveration or flight of ideas.

(b) Form: No evidence of thought blocking, neologisms, distractibility or incoherence.

(c) Content: Relevant and to the point.

5. Affect:

(a) Prevailing Mood: Happy and contented.

(b) Anxiety Level: No evidence of undue anxiety.

(c) Congruence: No incongruity.

(d) Appropriateness: Appropriate.

(e) Liability: No excessive liability, normal and easy fluctuation.

6. Insight:

Normal in terms of cultural beliefs. Distinguished clearly between state and period of illness and present state of health. Described earlier symptoms clearly.

7. Judgment:

Normal in terms of cultural beliefs. Aware of her different rôles as mother, wife and diviner.

Good judge of family and personal situations of others and interprets the feelings and behaviour of others correctly.

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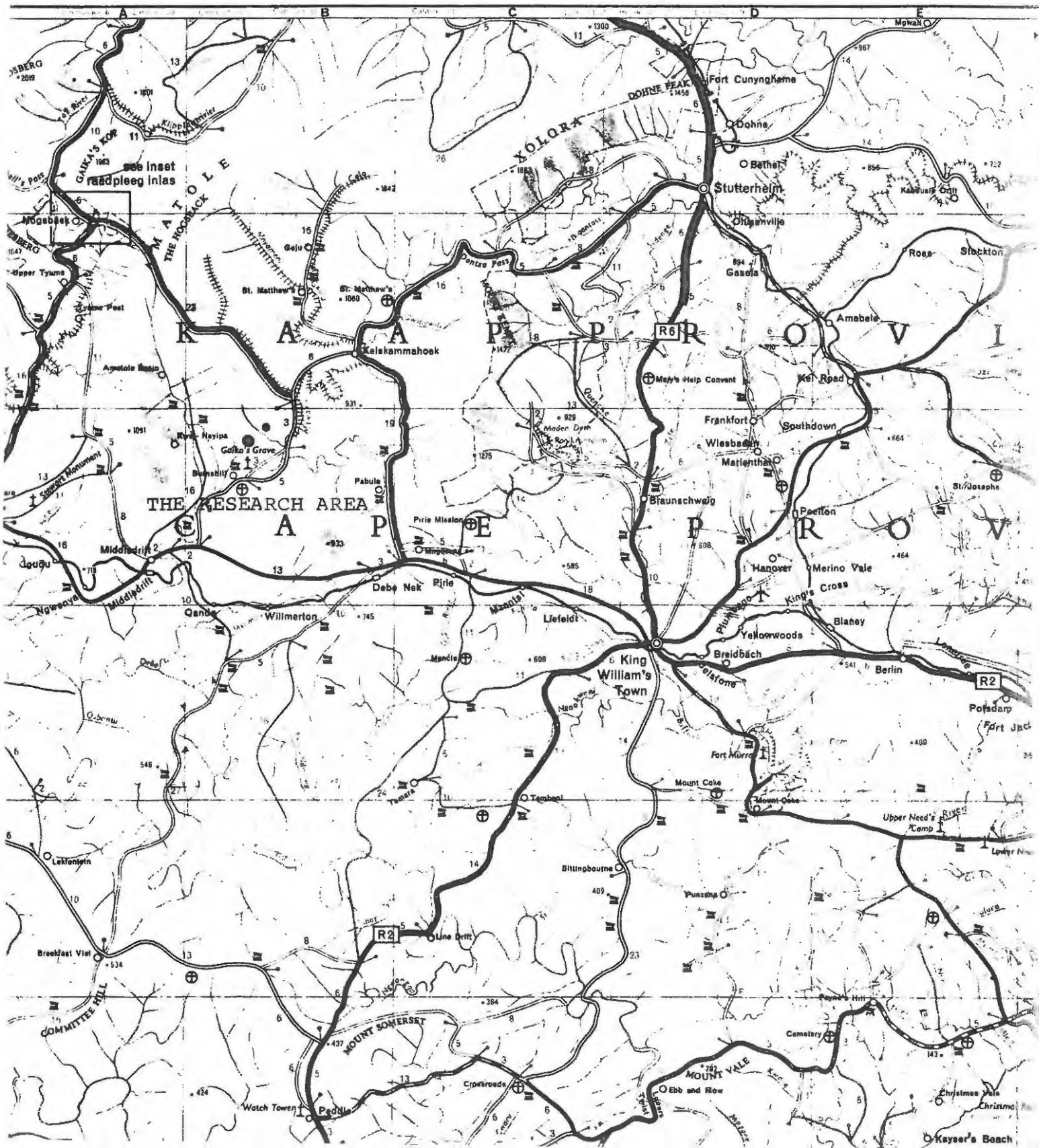
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APPENDIX O.

MAP OF THE RESEARCH AREA



GLOSSARY OF XHOSA TERMS

umkhwetha - (singular)	
abakhwetha - (plural)	: an initiate
amafufunyana	: It is believed that certain preparations cause "madness". When the potion has been sent to the patient, then it (the potion) changes into small animals or persons which cause the person to experience agencies in his body. They hinder the person, particularly as they talk to him. They will often use languages foreign to the victim, e.g. Zulu, Venda, etc.
idliso	: poison
Igqira	: diviner
igqwira	: witch
impundulu	: the lightning bird (is regarded as a witch familiar)
isilawa samagqira	: forked stick used in mixing herbs
ithonto	: ritual round-house
ixhwele	: herbalist
izilo	: the spiritual "wild animals" of a family
ubulawa	: a generic term, refers to a medicine
ukufa okumbhlophe	: white illness, refers to thwasa

- ukugula : a generic term meaning any form of sickness
- phambana : To lose the senses, i.e. to lose one's reason. To become mad. He is regarded as mentally sick, mentally disordered, his mental faculties do not function in the normal way. He is immediately taken to the Igqira for treatment.
- thwasa : Literally, to become visible or clear. It refers to a person who has been "called" by the shades to undergo training and be initiated as an Igqira. He usually experiences vivid and sometimes terrifying dreams during which he might report seeing dead members of the family (shades). He exhibits behaviour which is out of the ordinary.
- vumisa : to divine, by a diviner or Igqira.
- utywala : traditional beer
- umbilini : intestines. When used by an Igqira it might refer to a palpable bodily feeling in the region of the stomach.
- umthakathi : one who bewitches (similar to Igqwira)

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Plate 4: Mr. Thiso and the author in conversation.

