

Psychotherapy in post-colonial SA: exploring attitudes, views and beliefs of rural 'black' communities on psychotherapy

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By

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Declaration

I declare that this thesis,psychotherapy in post-colonial SA: exploring attitudes, views and beliefs of rural ‘black’ communities on psychotherapy, is my own work. To the best of my knowledge, my thesis does not infringe upon anyone’s copyright nor violate any proprietary rights. I have used and quoted sources and this has beenindicated and acknowledged through a complete reference. The thesis is being submitted in partial fulfilment of the requirements for the degree of Master of Arts in Clinical Psychology at Rhodes University. It has not been submitted before for any degree or examination to any other

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Thobeka Mthembu

July 2018

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I thank God who made a way and opened doors.

To my late aunt Mavis Dladla, the woman who raised me; *uphila njalo enhlizweni yami qhawekazi* (you live on in my heart heroine).

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Abstract

The appropriateness and effectiveness of the field of psychology and its branch psychotherapy has been met with fierce criticisms especially in contexts outside of Western or Euro American or urban Southern Africa. This thesis explores attitudes, views and beliefs of rural 'black' communities on psychotherapy (the healing process of the mind and soul). It is important to understand how the healing process of the mind and soul is constructed and practised in South African black rural communities, and this remains an imperative of psychology. The study takes an exploratory qualitative research approach. Nine participants from two rural communities in Kwa-Zulu Natal were interviewed through face-to-face semi-structured interviews. Thematic analysis was utilised as a method of data analysis. The study employed social constructionism and Afrocentricity as theoretical points of departure. The findings were understood through employing Afrocentricity theory underpinned by post-colonial theory. Four main themes were derived with supporting subthemes. The themes indicate that rural black communities' attitudes, views, and beliefs on psychotherapy are at variance with the Western perspective of psychotherapy. This is further associated with the practise of psychotherapy in rural black communities. The findings of this study can possibly assist in new understandings of psychotherapy as constructed in different contexts and instigate future research to be conducted in often-neglected areas such as rural communities.

Keywords: psychology, psychotherapy, Afrocentricity, 'black' rural communities

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Chapter one: Introduction and background to the study

1.1.Introduction

The aim of the study is to explore attitudes, views and beliefs of rural black communities on psychotherapy (the healing process of the mind and soul). The central focus of the present study involves analysis of semi-structured interviews with nine participants residing in two rural communities situated in Kwa-Zulu Natal. The study specifically focuses on attitudes, views and beliefs of psychotherapy from these participants. The uniqueness of the study is seen in its aim to uncover attitudes, views and beliefs on psychotherapy from often-neglected areas (Macleod, 2004) that are marginalised in relation to contributing to the knowledge base (Baloyi, 2008). Afrocentricity is employed as a theoretical lens. The motivation for using Afrocentricity lies in the fact that Afrocentricity is a theory built from African experiences and it is appropriate to utilise in studies conducted with black individuals (Asante, 1988). Furthermore, the study assumes social constructionism as a paradigm. It is the researchers' view that social constructionism is complementary to Afrocentricity and context is key.

1.2. Statement of the problem

The practise of psychology and its branch psychotherapy has become a great concern in contexts outside Euro-America. Psychology and psychotherapy are Western products (Baloyi, 2008) that were introduced to South Africa through colonisation. Prior to colonisation, South African people had their own ways of healing the mind and soul (Madu, 2015), labelled as psychotherapy. With this in mind, it has been noted that Western psychotherapy is inadequate and inappropriate when applied to other contexts, particularly rural areas (Knight, 2013; Wolff, 2014). The field of psychology and psychotherapy in its current form is debatable (Baloyi, 2008).

1.3.Rationale of the study

Psychology and psychotherapy are concepts which have been dominantly defined by the Western society and accepted as value free practices in other continents (Baloyi, 2008; Ratele, 2006). However, these concepts are value laden since they were developed under a particular worldview (Baloyi, 2008). In this study, the concept 'Western perspective' 'loosely' means a viewpoint that is dominantly constructed by white middle class Euro-

American men (Naidoo, 1996). Other countries should be given the opportunity to define these concepts in their own voice based on their needs and the context in which they exist (Nwoye, 2010). Most black rural communities have been marginalised and their voices have been silenced with regards to contributing to the knowledge base (Baloyi, 2008).

1.4. Background to the study

The field of psychology and its branch psychotherapy has encountered many debates on its appropriateness and effectiveness in contexts outside Western or Euro-America (Baloyi, 2008; Bulhan, 1985; Matoane 2012; Nwoye; 2010; Ratele, 2006; Read, 2007; Tseng, 1999). Kagee (2006) has emphasized the need for evidence for the effectiveness and efficacy of currently used psychotherapeutic modalities which have been tested elsewhere but are continuously ‘uncritically’ used in the South African context. Tseng (1999) has advocated for broader definitions of psychotherapy which are inclusive of indigenous forms of healing and culture-related practices. These attempts towards the embargo of Western psychology and psychotherapy in African contexts are necessary in post-colonial South Africa.

1.5. Conclusion and structure of the thesis

In this chapter (chapter one) the researcher has presented an introduction to the study and research topic (attitudes, views and beliefs of rural black communities on psychotherapy). Psychology and psychotherapy from a Western perspective have been problematized, particularly because of their irrelevance for Black South Africans. The need to conduct research in often neglected areas such as rural communities has been emphasized.

Chapter two of the thesis discusses relevant literature in relation to the research topic. In chapter three, the focus is on social constructionism and Afrocentricity as indispensable theories employed in this study.

Chapter four presents the research methodology and reasons for the research approach are outlined. The chapter maps out the procedures that were followed, the research process, analysis methods, reflexivity and how ethical issues were addressed.

In chapter five, the findings are presented and discussed. Extracts from the semi-structured interviews with the participants are provided to provide an understanding as to how the researcher arrived at different themes discussed.

Chapter six draws the thesis to a close through provision of the summary of findings. The researcher's commentary on limitations of the study and contributions of the study are also discussed. The question of how this study is different from other similar work which has been done, such as the work of Baloyi (2008), is answered. Finally, recommendations are outlined.

Chapter two: Literature review

2.1. Introduction

This chapter discusses the post-colonial theory to set a backdrop and to give context to the literature that follows. The concept of rural communities as well as attitudes, views and beliefs are also discussed as relevant concepts in the research topic. An in-depth discussion on psychotherapy which is embedded in psychology is provided and juxtaposed with African understandings of psychotherapy. A concise conclusion brings this chapter to an end.

2.2. Setting the scene (post-colonial theory)

According to Sawant (2011), the term ‘post-colonial’ has been substituted in the 1970s for the post-independence issues throughout the world. Post-colonialism developed and emerged after colonialism and it is a reflection on the colonial and the post-colonial situation of Africa. Post-colonial theory opens a space to reflect on long term consequences of colonial violence (Bulhan, 1985; Leone, 2018). Although ‘post-colonial’ should mean the period of independence from colonial rule, it has been argued that, formally independent countries from British rule still continue to operate under a colonised psyche, a term which has been referred to as neo-colonialism (Sawant, 2011). Decolonising the minds, heart and spirits of countries is therefore a necessity (Akinyela, 2002; Biko, 1977).

Leroke (1998) states that post-colonialism was preceded by anti-colonial discourses put forth by a variety of writers, namely Edward Said’s (1978) incisive writing on orientalism, Bhabha (1994) on hybridity, Franz Fanon’s (2004) original work in 1961, Steve Biko’s (1977) writings on Black Consciousness and many other activists who sought to de-marginalise the global position of Africa. Leroke (1998) further states that, unlike anti-colonial discourses, post-colonialism was provided to analyse the relationship between African countries and other European and American countries. Said (1978) discusses this relationship through orientalism whereby the Western countries’ style of operation is through perpetuating domination and exercising authority over the ‘other’ which are the countries from the East. Bhabha (1994) also explores this relationship between African countries and

European countries through his argument of hybridity whereby he articulates the mixture and intermingling of different cultures.

In relation to South Africa, the country has been labelled as the foreground for post-colonial studies (Sawant, 2011). Post-colonialism is still in its embryonic form and has not fully emerged in South Africa (Leroke, 1998). However, “Post-colonialism has brought to the foreground issues of identity, gender, race, ethnicity, writing, representation, orality, difference, marginality, multiplicity and heterogeneity; post-colonialism is a critique to totality, unity and sameness” (Leroke, 1998, p. 55). More importantly, decentralisation of knowledge from the global north to the global south has occurred. Knowledge and conceptualisation of psychology and psychotherapy remain constructs of the global north - and have tended to widen the reach of this central conception and practice to the global south, mainly; the former colonies of the global north and South Africa, as a former settler colony, are no exceptions.

Leone (2018) argues that the post-colonial theory offers an intellectual way to resist hegemonic pressure associated with those who claim to be ‘civilised’. Leone (2018) further states that post-colonial theory contributes to the promotion of recognition of indigenous cultures. According to Leone (2018), post-colonial theory can present researchers working in the field of psychology and social science with a precious critical tool. Leroke (1998) argues that post-colonialism research, after colonialism, in social sciences is related to generating new research questions and concerns within mainstream psychology through critical engagement. It is concerned with the reconstruction of the social sciences. Hence, this study aims to look at attitudes, views and beliefs of Black rural communities on psychotherapy.

2.3. Attitude, views and beliefs

La Pierre (1934, p. 230) has defined the concept ‘attitude’ as “a pattern, anticipatory set or tendency, predisposition to specific adjustment to designated social situations”. It is a conditioned response to stimuli and it is acquired out of social experience and provides the individual with some degree of preparation to adjust to their environment (La Pierre, 1934). Thurstone (1928) defines attitude as a sum of a man’s inclinations, feelings, prejudice or bias, preconceived notions, ideas, fears, threats and convictions about any specific topic.

Therefore, our attitude about a particular object is evaluative and helps us to adjust to the environment.

According to Ajzen (1991) attitude develops from beliefs that people hold about a particular object or situation. Therefore, an attitude is a function of a person's belief towards the object (Thomas & Tuck, 1975). On the other hand, a view/opinion is a verbal expression of the attitude (Thurstone, 1928). Therefore, attitude, beliefs and views are all intertwined in a complex relationship when attempting to understand or predict behaviour which is depicted in the work of Fishbein (Hackman & Anderson, 1968; Kaplan & Fishbein, 1969; Smith & Clack, 1973 & Thomas & Tuck; 1975). An attitude is mostly measured through questions, which demand verbal adjustment to a particular situation (La Pierre, 1934; Wicker, 1969). Verbal measures, often questions, include questions about feelings and beliefs (Wicker, 1969).

Verbal measures in studies of attitude are not without critique as human inaccuracies are inevitable when classifying attitude; therefore, studies of attitude are better accounted for when they are derived from studies of human behaving in actual situations (La Pierre, 1934). Another concern with regards to verbal responses of study participants when measuring attitude is that the verbal responses are not totally indicative of future behaviour of research participants when they are faced with actual situations (La Pierre, 1934; Wicker, 1969). The proposed study is not interested in the predictions or the relationship between attitude and behaviour, but it is rather interested in the actual attitudes, beliefs and views of rural Black communities on psychotherapy.

2.4.Rural black communities

South Africa's urban and rural areas entered the 1990s with a history of segregation and inequalities (Donaldson & Marais, 2002). This history is relevant in the context of this study with research participants from Swayimana area and Maqongqo area located in the province of Kwa-Zulu Natal. According to Gardiner (2008) the poorest and least developed rural areas are those that were former homelands during the apartheid era, namely Limpopo, Kwa-Zulu Natal and the Eastern Cape. The distressing legacy of homelands under the apartheid regime portrayed rural areas in negative terms due to their miserable conditions (Gardiner, 2008). As a result the generalisation that rural areas are places where black people

live, in the countryside, under poor ensnaring conditions still lingers. Although there may be some truth to this, these generalisations do not offer a complete picture of South African rural communities that also comprise of retired professionals, unemployed post graduates, expert poets, musicians, dancers, historians, cultural interpreters and people skilled in traditional forms of knowledge (Gardiner, 2008).

According to Statistics South Africa (2003), the Municipal Demarcation Board declared the situation of classification of rural and urban areas in South Africa as rather fluid and vouched for a move towards an all-inclusive classification. Such classifications impose boundaries between rural and urban areas that could be integrated and this placed rural areas at a disadvantage from benefiting from resources (Statistics South Africa, 2003). However, the concepts of rural and urban areas seem to remain separate for government programmes and rural development (Statistics South Africa, 2003) without disregarding the complexities of contemporary South Africa (Nwoye, 2015) and the transformation or rapid change of rural areas over the years (Flora et al., 1992; Cloke, 2006).

Statistics South Africa (2004) provided definitions for concepts whereby a rural area is defined as any area that is not classified as urban. Features of urban areas as defined by the United Nations and other experts include a distinct (separate) population cluster, inhabitants live in neighbouring quarters and urban areas have a name or a locally recognised status (Medani, 2016). In South Africa, there is a problem of control and lack of administration in understanding what defines a location, which has led to many violent protests in areas such as Vuwani in Limpopo (Medani, 2016).

The term 'community' focuses on a group of people and it can refer to a location where a group of people interacts, a social system or organisation through which a group of people have their needs met or have a shared sense of identity (Flora et al., 1992). Black rural communities are known for their communal spirit. On the other hand, urban areas offer a different way of life and a higher level of living compared to rural areas (Medani, 2016). Black individuals living in rural areas may also hold different worldviews compared to those living in urban areas due to their assimilation into the Western culture which is dominant in the urban spaces (e.g. Metropolitan cities).

Studies conducted by Russell (2003) and Senekal, Steyn, Mashego, & Nel (2001) show that black rural communities have their own views which differ from the views of the whites and blacks residing in urban areas. Madu (2015) and Matoane (2012) cite three types of African groups (the traditional type, the mixed type and the western-oriented type) found in the African processes of healing or psychotherapy. The *traditional type* Africans are those who grew up in rural areas and spent their formative years there; they go to traditional healers when they are faced with problems. The second type is *the mixed type* who were born and bred in rural areas but moved to the cities as adults, or grew up in the city but still have a strong tie to rural areas and their customs; they use both traditional and western methods of healing. The third type of Africans is the *western-oriented type* who were mostly born and raised in townships or cities. They are educated and with educated parents, they have used the western methods of healing such as hospitals from childhood and they are usually affiliated with the Christian or Muslim religion. They have never considered traditional healers (Madu, 2015; Matoane, 2012). From the above, it can be deduced that attitudes, views, and beliefs on psychotherapy of individuals living in rural areas may differ from those residing in urban area.

2.5. Psychology

The term ‘psychology’ is derived from Greek with *psyche* meaning the ‘mind’ or ‘soul’ and *logos* meaning ‘study’. Psychology can be traced to philosophy but the discipline drifted away from this field. Willem Wundt (1821-1894) is accorded the founder of the discipline and played an important role in the development of psychology (Ratele, 2006). Psychology had its beginnings in South Africa in the 1920s and the discipline did not show resistance to issues around racism and exploitation during the apartheid era; if anything, it was an enabler (Louw, 1997; Matoane, 2012). It perpetuated the racial stereotypes and gave ‘scientific’ credence to racially motivated practices (Louw, 1997). Psychometrics, a subfield and quite an important contribution of psychology to science, is notorious for legitimising racial segregation in countries like South African and the United States.

Most psychometric tests were conducted to perpetuate white privileges over the human rights of black individuals (Louw, 1997; Nsamenang & Dawes, 1998; Painter, Terre Blanche and Henderson, 2006). For example, during the apartheid era, Flick (1939) who was a psychologist conducted intelligence tests that systematically reinstated that black school

going children are less intelligent and inferior in comparison to white school going children which consequently led to black children being treated differently in terms of education. There has been some debate and scholarship on the relevance and transformation of the discipline after post-apartheid (Dawes, 1986; Long, 2016; Macleod, 2004; Macleod & Howell, 2013). In part, this has necessitated sentiments that psychology is indistinguishable from its counterparts in the United States and United Kingdom even long after democracy (Bulhan, 1985; Painter et al., 2006).

The above paragraph sets a brief scene on the origins and the history of psychology in this country but an important question is 'what is this psychology and who is it for?' Ratele (2006) attests that most definitions offered in textbooks define psychology as a systematic scientific study of behaviour, mental processes and experience. Mkhize (2004) defines psychology as a social and cultural form of knowledge, which arises from the realities of people and is aimed at investigating experiences and address their needs. Not all psychologists are in agreement on what psychology is.

The widely accepted definition of psychology as a scientific study of behaviour emanates from the Western or Euro-American society (Baloyi, 2008). Psychology is largely a Western practice and discipline with many of its products exported over the world keeping up with its reputation of cultural imperialism (Baloyi, 2008). Psychology as defined by the Western society, mainstream psychology, carries Western values of universality, individualism, objectiveness and neutrality (Baloyi, 2008; Naidoo, 1996). This is problematic in that these Western values are positioned as ethnocentric and therefore are imposed on 'other' cultures, outside of the west.

The English Oxford Living Dictionary (n.d.) defines values as principles or standards of behaviour, one's judgement of what is important in life. Therefore, Western values are standards of behaviour derived from the Euro-American society. Although psychology came to South Africa as a ready-made intellectual package through colonialism, its ethnocentrism is no longer tenable (Nsamenang & Dawes, 1998). This ethnocentrism is characterised by the assumed Eurocentric hegemony (or normality) of European personification. Eurocentric hegemony refers to the understanding of phenomenon or reality, psychology in this case, from a Euro-American or white perspective which dominates other countries or seeks to control other countries (Naidoo, 1996). Madu (2015) contests that the politics of Western

psychology, which promote the domination of Western psychology in the world of psychology, has resulted in the lack of promotion and interest in African psychology and psychotherapy.

On the contrary, Madu (2015) states that most Africans in the past, and many even at present, believed that illness (whether physical or psychological) originated from cosmic beings, the supernatural and disruption in harmony. These physical and psychological problems were managed by traditional healers, priests, chiefs, family, extended family meetings and peer groups (Madu, 2015). He further elucidates traditional healers' and religious faith psychotherapy-related values during treatment. Africans believe in interdependence or the spirit of Ubuntu and the cosmic beings or invisible beings such as God and ancestors (Baloyi, 2008; Hickson & Kriegler, 2001; Nsamenang & Dawes, 1998; Nwoye, 2015; Ratele, 2006). The ways of Africans and their knowledge systems are devalued and the Western society imposes its ways of thinking upon the people of the African continent (Biko, 1977). This is true for the concept and the act of therapy. Indigenous ways of doing which do not fit the Western norm are labelled as inferior or given to a form of pathology (Riggs, 2004).

More than twenty years after democracy, psychology in South Africa still looks to the American Psychology Association as a point of enquiry and reference (Ratele, 2006). Ratele (2006) aptly states that ruling ideas of ways of being are derived from the United States or European society. Ratele (2006) further argues that psychologists in the US have set out rules and laws about what psychology is or ought to be about and what it is not. If psychology is defined for us by other nations, then it is not 'our' psychology. Psychology does not transcend history, power and culture, argues Ratele (2006). As such, a psychology that disregards history, power and culture of a people remains foreign to the people that it is applied.

Psychology in its current form is largely influenced by the Western society (Bulhan, 1985; Holdstock, 2004). It remains inaccessible and inappropriate in certain parts of the South African context, mainly for the rural and poor classes (Macleod, 2004; Wolff, 2014) as it is still preoccupied with providing services to the privileged minority and continues to ignore political concerns and the broader context (Hickson & Kriegler, 2001, Macleod, 2004). There is room for psychology to become bigger and efficacious through incorporation of social

justice in its practice and refusing to hold the anti-political stance that is perpetuated by the US and Europe (Ratele, 2006). Nwoye (2015) argues that Western (Eurocentric) psychology in which we have invested our resources and scholarship is considered largely insensitive to the realities and perplexities of the present African population.

There is a continuation of Western psychology in the curriculum of psychology in South Africa. Psychology training is based on approaches, which have their origin in American and European philosophies and theorists (Hickson & Kriegler, 2001; Nwoye, 2015). Ratele (2006) further argues that psychology researchers, teachers, and therapists still have a long way to go concerning willingness to let go of their deeply ingrained beliefs about discovering universal laws about humans. As a psychology student myself, I have been immersed in the theories of Freud, Piaget and many other theorists from the Western society with little or no reference to nor reverence for my identity as an African child born in a rural part of South Africa.

Acculturation of students from Africa in the discipline of psychology results in students who are clones of their counterparts (Msamenang & Dawes, 1998). Ratele (2006) states that disciplines are systems of interpretation or windows through which we see the world. Psychology needs to be reflective, open and transparent of the foundations it rests upon and constantly engage in critical reflexivity (Riggs, 2004). Considering the above reflection, it is therefore incumbent for psychology to be decolonized and start to engage in critical dialogue with external knowledge systems (Msamenang & Dawes, 1998). There is an ongoing debate in SA about decolonising psychology as a discipline affecting practice (Baloyi, 2008; Nwoye, 2010). There is a need for the liberation of psychology from Eurocentricism (Riggs, 2004) through exploring different ways of being in Africa and develop 'a' psychology that addresses the context-specific realities.

The argument made here is not for the dismissal of psychology (Macleod, 2004) but rather that there must be an acknowledgement of its Eurocentricism and limitations of its generalizability (Riggs, 2004). Ratele (2006, p. 290) attests that "a psychology that wants to be taken seriously by the culture and society it seeks to address will learn to be acculturated, socialized and become aware of the assumptions and stories that cultures, societies and people live by". It will be a psychology that reflects the multiple and diverse socio-political concerns of the country of South Africa; it will be a psychology that contributes to the redress

of social inequalities and the psychological aspects attached to this (Macleod, 2004; Nwoye, 2010). Psychology as it is, and its branch psychotherapy (Baloyi, 2008), are Western concepts that are inadequate in addressing contextual issues of Africa and therefore require redefinition (Bulhan, 1985; Nwoye, 2010; Ratele, 2006).

2.6. Psychotherapy

The concept ‘psychotherapy’ is derived from ancient Greek with *psyche* meaning “breathe, spirit, soul or the essence of life” (Baloyi, 2008) and *therapia* meaning “healing or medical treatment”. The American Psychology Association (APA) dictionary of psychology (2006, p. 747) refers to the psyche as “the mind in its totality as distinguished from the physical organism” (cited in Baloyi, 2008). The contention is that the Western perspective separates the mind from the body. The concept ‘psychotherapy’ defined as the “healing process of the mind or soul” (Baloyi, 2008) can be applicable to many individuals and communities from diverse contexts. This study asserts that psychotherapy (the concept) might not be understood in some contexts such as rural areas, but the act (healing the soul/mind) is in fact understood.

Norcross (1990) defines psychotherapy as “...the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviours, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable” (cited in American Psychology Association Resolution, 2013, p. 102). This definition is widely accepted (Campbell, Norcross, Vasquez & Kaslow, 2013) although from a constructionist perspective one can argue that Western psychological principles are not inherent to nature and therefore cannot be established or treated as a norm that is applicable to a variety of contexts (the ethnocentricity view). It is pivotal to note that this definition is provided by individuals from the ‘West’. Riggs (2004) states that the ideas of objectivity and neutrality are delusions in that they overlook the fact that psychology is a cultural practice itself; it is something that we do rather than something that is (Riggs, 2004), a very appropriate critique.

As highlighted above, established Western psychological principles are limited and ineffective in addressing the needs of people from Africa (especially the underclass and

uneducated) who face many challenges perpetuated by the social ills in Africa, and experiences of colonialism (Nwoye, 2010; Bulhan, 1985). Therefore, Nwoye (2010) and Bulhan (1985) emphasise that there is a necessity to shift from Western traditional psychotherapy which focuses on the intrapsychic or the interpersonal world of the individual instead of promoting social justice and addressing issues embedded in the socio-cultural context. African psychotherapy is not synonymous with the definition stipulated in the APA (Nwoye, 2010) in that it is flexible and pluralistic; it recognises the African traditional ways of healing and it focuses on enhancing society to facilitate individual well-being.

From an African perspective, Baloyi (2008, p. 102) defines psychotherapy as “...the sensitive facilitation and creation of a healing space or ritual between the healer and individual, families and communities, to define themselves with a view to establishing meaningful connections with others, nature, and other cosmic beings such as badimo/amadlozi, ancestors and Umvelinqangi, the Supreme Being”. Again, this definition explicitly conveys that African psychotherapy is not individualistic but the healing process is also necessary for communities.

According to Nwoye (2010), “Psychotherapy in Africa can be defined as the study and application of the best practices in Western and indigenous psychological therapies to the amelioration of the psycho-social wounds and damages, and stresses and challenges of the post-colonial Africans and their world” (p. 28). Both these definitions articulated by Baloyi (2008) and Nwoye (2010) controvert the assumptions and views present in definitions such as those provided in the APA, and this reflects on the discipline of psychology.

Psychology together with psychotherapy are ‘Western’ products in that they are dominantly defined and practiced with existing psychological principles derived from a Western society (Baloyi, 2008; Bulhan, 1985). Psychology and psychotherapy carry the reputation of universality in that it is assumed that both are relevant and can be applied to individuals from different contexts through observing or finding existing ‘truths’ which can be approached in an unbiased manner (Baloyi, 2008).

Many definitions of psychotherapy found in literature adhere to the Western presuppositions described above (Baloyi, 2008). In psychotherapy, no matter which model/theory the therapist will use (how they conceptualise psychotherapy), the emphasis remains

on common shared Western values and the client-therapist relationship (Baloyi, 2008). This therapeutic process can be a mystifying process for African clients holding a different worldview (Hickson & Kriegler, 2001).

Psychotherapy as presently constructed is primarily available to a small number of wealthy and educated elite Blacks who can afford the high financial costs of therapy (Knight, 2013). The cost of psychotherapy is high with an average session costing R600.00 (for 45 - 50 minutes), which is unaffordable and unattainable to the median income of the average South African; therefore, therapy seems to be a luxury reserved for particular high-class individuals (Wolff, 2014). To some extent, the proposed South African National Health Insurance hopes to redress such issues (National Health Insurance, 2011). Presently, Western psychotherapy, which is guided by Western assumptions such as the therapist-client relationship, is alien to Black rural communities, which are not exposed to metropolitan livelihood. It is important to acknowledge that theories that guide Western psychotherapy cannot adequately understand the African majority which does not historically share the cultural assumptions that such methods and techniques are based upon (Smith, 2014).

With such cultural and historical differences and perspectives throughout the world (Tseng, 1999), the Afrocentric argument, amongst others, is for a need to create a major shift in the hegemonic Western epistemologies (Akinyela, 2002). Swartz (2007) attest that those working in South African clinical settings using psychoanalytic-psychotherapy may find themselves in a subordinate stance fearing to challenge the fundamental assumptions of psychoanalytic psychotherapy and this feeds on the reluctance to produce new perspectives. Psychoanalytic psychotherapy (also known as 'psychodynamic') is mainly a long-term form of psychotherapy that started with the discoveries of Sigmund Freud centuries ago and its methods have revolved over time (British Psychoanalytic Council, 2007). Smith (2014) also notes that psychoanalytic therapists are recognising that psychoanalysis psychotherapy needs to be adapted in order to survive in the post-modern society.

This struggle of South African psychotherapists to emancipate themselves from Western perspectives is analogous to the work of Fanon (1967) who states that colonialism still has its claws in Africa as Africa continues to struggle to see itself as being culturally unique and not just mimics of Europeans (cited in Akinyela, 2002) and this is also the view of post-colonial theory discussed above. Of course, this argument fails to take into account the

possibility and rather unavoidable nature of hybridity (Bhabha, 1994; Msamenang & Dawes, 1998; Nwoye, 2015).

In post-colonial South Africa it then becomes a necessity to work towards post-colonial psychotherapy. Akinyela (2002) argues that it is more appropriate to speak of anti-colonial therapy rather than post-colonial therapy because post-colonial therapy does not reflect lived experiences of many Africans and indigenous people in different parts of the world. Anti-colonial therapy requires steps to be taken in generating culturally appropriate practices and methods for healing. There is a need to rescue, reconstruct and define therapeutic metaphors based on cultural and historical experiences (Akinyela, 2002). Nwoye (2010) also speaks of reconstruction of the culture of African people and redressing the damage of colonialism in the African continent when one speaks of African psychotherapy. This repairing of the damage caused by colonialism should not be in the hands of the previous colonisers who are now coming up with ways of healing for African people (Bulhan, 1985). Ways of healing should come from the African continent through relevant research. For this to occur, Africans have to construct their own reality in respect of their healing practices and convert from just being research subjects for academic qualifications to being contributors of an authentic knowledge base on psychotherapy (Baloyi, 2008).

Fanon (2004) pleads for humanity by asking that new concepts be worked upon. Tseng (1999) asserts the need to broaden definitions of psychotherapy to accommodate different contexts. New definitions of psychotherapy are needed that speak to the African society. One of the important steps that needs to be employed in decolonising psychology is to question the relevance of certain dominant psychological terms and practices such as psychotherapy. One of the ways to make this possible is through relevant research -research that will be done by people from Africa, in the post-colonial era, and research that will not try to portray Africans as less humane because of their practices and ways of being as previously done by respected thinkers from Europe and North America (Nwoye, 2015).

In his study of psychology and psychotherapy redefined from the viewpoint of the African experience, Baloyi (2008) writes on indigenous ways of knowledge and doing in the African experience counterpoised against the Western understanding and construction of scientific knowledge in the field of psychology and psychotherapy. In his conceptual study, Baloyi moves away from traditional methodology of conducting research and maintains

ontology of African experience. His conclusions are that we need to rethink psychology and psychotherapy in order to affirm the validity of indigenous African ways of thinking.

On the other hand, Gylseth (2008) conducted a qualitative study using the general methods of scientific enquiry whereby nine therapists from South Africa were interviewed regarding challenges met by therapists in the multicultural context of South Africa. The findings were that all participants met extensive challenges whilst conducting therapy and felt the need for a more African based psychotherapy theory. However, the majority of participants did not believe in incorporating traditional forms of healing in psychotherapy.

Another study was conducted by Read (2007) examining the appropriateness and efficacy of psychoanalytic psychotherapy using a collective case study approach situated in the post-modern framework. Participants of this study included three black English speaking women age 25-35 from urban Western Cape. The study focused on the psychoanalytic attitude model. The findings showed that this model was successful with an emerging group of individuals who simultaneously hold traditional collective values and Western values of individuation and self-determination. Some adjustments to abstinence and neutrality were necessary and a high degree of vigilance and self-reflection on the part of the therapist was required. It was revealed that western ideals of individualism, subject/object dualities, and taken-for-granted assumptions tend to obscure the practice of psychoanalytic psychotherapy across culture (Read, 2007).

The studies above illustrate the great need for studying the rural black communities as the black rural communities' constructions of psychotherapy are often treated as inferior to Western constructions of psychotherapy. The black population is usually used for purposes of presentations rather than contributors to new knowledge (Baloyi, 2008). Secondly, any research conducted in black rural communities must desist from applying a post-modernist perspective. This approach presupposes that Africa is modern, and owes its modernity to colonialism and imperialism and, therefore, a post-modern lens would still position the West as the norm. Afolayan takes this further and calls it "absurdity" (2009). He argues that Africa is grappling with what he calls the "exigencies of modernity, the continent needs to be modern before it can explore the post-modern (Afolayan, 2009). Furthermore, Baloyi (2008) suggests that post-modernism is disingenuous in its contention for Africa as its origins are in the West. Therefore, an Afrocentric lens maybe the most appropriate theoretical

rationale for studying meanings, attitudes, views and beliefs of rural Black communities on psychotherapy, especially those with little or less profound influence of the western norms of being (Asante, 2009).

2.7. Conclusion

This chapter has provided a backdrop for this study through a discussion of post-colonial theory. The concepts of rural communities and their qualities and characteristics were discussed. A brief discussion of attitudes, views and beliefs founded mainly on the work of La Pierre (1934) was provided. Origins of psychotherapy which are embedded in psychology were articulated. A definition of psychotherapy as the healing process of the mind and soul was stated. Definitions of Western psychotherapy were juxtaposed with African definitions of psychotherapy and the variance is visible. Hence, mainstream psychology, with its branch psychotherapy, was problematized due to its persistent Eurocentric hegemony and imperialism embedded in the practice and conceptualisations of these two concepts even in contexts outside Euro-America.

Chapter three: Theoretical framework

3.1. Introduction

This chapter focuses on outlining Afrocentricity and its appropriateness for this study. Afrocentricity looks at phenomena from the standpoint of the African context and the legitimacy of different perspectives is embraced by Afrocentricity, particularly because the Africa viewpoint has been misrepresented and treated as inferior by Europeans. A discussion of social constructionism is outlined as a paradigm upon which this study is founded. It is the researchers' view that social constructionism is complementary to Afrocentricity.

3.2. Afrocentricity

The origins of Afrocentricity have been attributed to Molefi K. Asante (Mazama, 2001; Mkabela, 2005). Chawane (2016) argues that the origins of Afrocentricity cannot be established with certainty but acknowledges that it was popularized by Asante in the USA with the leading circle of the Afrocentric movement being the Temple University in the USA. There have been multiple definitions of Afrocentricity provided by many scholars. Mazama (2001) contends that to be African does not necessarily mean one is Afrocentric. Asante (1991, p. 172) states that "Afrocentricity is a frame of reference whereby phenomenon is viewed from a perspective of an African person... it centres on placing people of African origin in control of their own lives and attitudes about the world". What is common among the definitions of Afrocentricity is the call for a change on how people view the world and it places an emphasis on the centrality of African experience (Chawane, 2016).

Afrocentricity emphasizes the need for the Africansto define their own reality from their own perspective. Asante (2006) has termed this as self-determination and self-definition. Afrocentricity refers to African centeredness (Chawane, 2016). Afrocentricity looks at how history has been written and challenges the devaluing of African contribution to scientific knowledge (Alkebulan, 2007; Ince, 2010).Chiwane (2016) even contends that progress did not come only from the Europeans but it came from the entire human race.

Afrocentricity provides a new perspective of African history and addresses issues of colonialism, civilisation, globalisation, Marxism and racism amongst many other things (Asante, 1988; Chawane, 2016). It also provides a critique of white racial privilege and it is considered as a critical theory (Asante, 2006). However, Afrocentricity should not be understood as anti-white, which is a misconception; it should be construed as anti-oppressive (Chawane, 2016).

Afrocentricity maintains that the main problem of Africans is the tendency to adopt Western worldviews which leads to dislocation (Mazama, 2001; Asante, 1988). As a result Asante (1988) pleads for a collective consciousness and Afrocentric awareness whereby Africans become aware of African experiences and collectively endeavour to start at the standpoint of Africans in matters concerning Africans for the progress of Africans. There is an undeclared statement and assumption that only white experiences and ideas are legitimate; Afrocentrists reject this notion by showing that African and non-European experiences are legitimate and that these experiences are a valid frame of reference for intellectual inquiry (Reviere, 2001).

Therefore, this study aims to explore attitudes, views and beliefs of psychotherapy from an African viewpoint; it places the African at the centre, which is imperative in post-colonial South Africa. Afrocentricity is a proper strategy with regards to post-colonialism (Chawane, 2016). Afrocentricity locates research from an African viewpoint, creates the Africans' own intellectual perspective and addresses the needs of African people (Mazama, 2001). Such studies are incumbent because Africans who see themselves from an African perspective are centred, grounded and oriented (Chawane, 2016), and this plays a huge role in the healing process of the mind or soul. Asante (1988, p. 1) elucidates that "the psychology of the African without Afrocentricity has become a great concern".

Starting from an African viewpoint is pivotal in Afrocentricity as it leads to the liberation of knowledge (Chawane, 2016). This is also supported by Mazama (2001) who aptly states that it is time for Africans to stop being spectators of Western viewpoints but they should start to define their own ways of being. Asante (2006) also states that Afrocentricity as an intellectual theory studies ideas and events from the standpoint of Africans as key role players rather than victims. Afrocentricity sees African people as subjects, agents, not objects defined from a Eurocentric frame of reference (Chawane, 2016). Studies that have treated

Africans as objects and impositions of Western worldviews have badly misunderstood and misinterpreted African worldviews and culture (Myers, 1985). Conversely, exploring attitudes, views and beliefs of psychotherapy in Black rural communities is antagonistic to this tendency as it places the African at the centre of what psychotherapy is to them.

Afrocentricity rejects the notion of Eurocentric hegemony and universality whereby the European perspective is placed at the centre of everything while other non-European perspectives are invalidated (Mazama, 2001; Myers, 1985; Chawane, 2016). Asante (2006) also states that no universal value can be applied to other groups; however, Eurocentricism calls people by any name they wish to assign and attribute to them. On the other hand, we do not find Europeans viewing themselves or phenomenon from an African perspective (Chawane, 2016). It is imperative for society to reject impositions from Eurocentric perspectives and start to utilize their own perspectives based on their history, culture and context. Afrocentricity offers a new perspective on the Africans' place in the world (Asante, 2006).

For instance Asante's (1999) writing on Afrocentricity questions the identity of African Americans who identify with the Caucasian slave names and surnames (e.g. Cornel West) that they inherited from their European slave owners. Afrocentricity questions the structure of the African family which is often juxtaposed with that of the modern European nuclear family (ibid). Afrocentricity argues that African Americans should have a sense of responsibility and duty to act to rescue the conditions of African Americans who are in poverty, etc (ibid). It encourages the collective responsibility narrative that is believed to have always characterised Africa. Afrocentricity does not ignore the economic factors that enforce the individualistic-nuclear family nexus but emphasises the sense of responsibility and agency on the African bound together by spiritual connections to be responsible for others (Asante, 1999).

The world also needs to respect the Africans' place in the world and how Africans perceive the world just as Afrocentricity respects other perspectives and demonstrates that it is one amongst many (Mazama, 2001). Mazama (2001, p. 399) states that "Afrocentrically generated knowledge must reflect primacy of the spiritual, the relationship between the spiritual and physical, as well as interconnectedness of all things." Asante (1988) takes this further by discussing the role of the Black church in spiritual affairs; he contends that the

Black church is the most authoritative religious force which still needs to transform and be an active agent in the promulgation of Afrocentric thought whereby Christianity is clothed with an Afrocentric idea.

Afrocentricity assumes that reality is both spiritual and physical at once, the self is extended to the ancestors, unborn, all of nature and the entire community; there is an interrelatedness of all things (Myers, 1985). According to Ince (2010) Afrocentric characteristics include: (a) *spirituality* which is the relationship with God; (b) *interconnectedness* between people and the community and the interconnectedness of all elements of the universe; (c) *interdependence* which highlights the importance of the relationship between individuals, family and community; and (d) *collectivity* which is the group relationship, harmony and oneness.

In Afrocentricity, the constituents of our re-entering include: *epistemology* which is knowledge in Afrocentric enquiry, proofs and methods; *cosmology* which is the nature of 'beingness' where ontology, mythology and God and spirituality are considered; *axiology* which answers issues of ethics and values which shapes what is acceptable or not in an African worldview; and *aesthetic* which is the Africans' responses to art, performing, rhythm and creativity (Alkebulan, 2007; Asante, 2009).

Critics of Afrocentricity have labelled it as a threat to unity amongst humanity but a response to this is that Afrocentricity is not seeking to create new divides (Chawane, 2016). Afrocentricity has been criticized for distorting history and for being a cultural phenomenon (Chawane, 2016). Yet Asante (2006) and Biko (1977) ask an important question of who has been writing the Africans' history and has it not been falsified by the Europeans in the brutal slavery and colonial endeavours and expositions? Mazama (2001) also aptly states that Afrocentricity cannot be reduced to a cultural phenomenon. Other critics of Afrocentricity state that Afrocentrists comprise of politicians posing in academic gowns; others argue that Africa is an external term in itself and that Afrocentricity has no major position in contemporary Africa (Chawane, 2016). However, what cannot be ignored is the main point made by Afrocentricity which is that African people should be put at the centre of their own experience and awaken their sense of agency by not being mere recipients of impositions from Eurocentricism.

3.3.Social constructionism

It is the view of the author that Afrocentricity is underpinned by social constructionism. Burr (1995) states that social constructionism is a theoretical orientation underpinning every critical and radical alternative theory in the social sciences and psychology. He further argues that there is no single definition of social constructionism but states that social constructionism is any approach that is critical of taken for granted knowledge, it acknowledges the impact of history and culture on our everyday lives, it acknowledges that knowledge is sustained through social processes and that knowledge and action go together (Blurr, 1995).Gergen states that he avoids using the term ‘social constructionism’ as it creates an illusion of ideas fixed and complete whereas knowledge can be considered as infinite and constantly changing (Wang, 2016).

He further provides a simple definition of social constructionism as an array of dialogues about issues of truth, objectivity, values, nature of a person, etc. that are continuously unfolding (Wang, 2016). Afrocentricity is considered as a critical theory which has worked with intellectual ideas such as social constructionism (Asante, 2006). According to Asante (2006), Afrocentricity shows that society and ‘beingness’ are not naturally occurring but constructed and maintained through discourses. Alkebulan (2007) further states that the collective experience of African people, their collective view and culture has helped construct Afrocentricity.

Considering the above discussion, there is a relationship between Afrocentricity and social constructionism. It is therefore important to outline and discuss social constructionism as one of the theoretical points of departure in this study. Burr (1995) dates the emergence of social constructionism in the field of psychology to Gergen’s 1973 paper, *Social Psychology as History*, due to the rise of many concerns amongst social psychologists during 1960-1970 about the silenced voices of ordinary people (what Gayatri Spivak calls the ‘Subaltern’) in decontextualized laboratory experiments and that traditional psychology promoted the values of the dominant group.Gergen’s dialogue with Wang (2016) entails that experiments and research conducted which have library book shelves as an abode have made little contribution to addressing the needs of society. He further argues that social constructionism works collaboratively with people during research and it develops multiple understandings; social

constructionists take action to contribute to better conditions and they do not separate themselves from society (Wang, 2016), an imperative in South Africa.

Social constructionism is different from mainstream/traditional psychology in that it is characterised by anti-essentialism and anti-realism. It is in opposition to positivism and empiricism (Burr, 1995). Gergen argues that “searching for truth is divisive and limiting as psychologists begin to compete as to who has ‘the real truth’, and when any group believes they are superior in this regard, they stop listening (Wang, 2016, p. 572). This stance maintained by social constructionism has led to the theory being criticized for being anti-realist and denying that knowledge can be a direct perception of reality (Andrew, 2012). Social constructionism acknowledges that there is no objective reality and it is characterized by relativism, the notion of multiple truths (Andrews, 2012). Therefore, Gergen argues that, from a social constructionist perspective in psychology, all forms of research and theory can claim legitimacy, nothing is ruled out (Wang, 2016). Studies conducted in South African rural communities are also considered as legitimate. Social constructionism compensates for Western psychology’s shortcomings in that it is all-inclusive (Wang, 2016).

We cannot omit the importance of language and discourses when engaging in dialogues about social constructionism. Language is pivotal in social constructionism because it is mainly our mode of communication. Social interaction and communication are ways of maintaining subjective reality and knowledge creation (Mercadal, 2013). In social constructionism, language is a precondition for thought, and language has a ‘performative’ role in that different discourses construct phenomenon (Burr, 1995). Social constructionism moves away from pre-existing realities and moves to the co-creation of realities where context is acknowledged as a co-creator of realities (Ruane, 2014).

In his dialogue, Gergen also states that knowledge transpires and is established through agreements of social groups; language helps individuals locate themselves in the world (Wang, 2016). Burr (1995) argues that discourses are embedded in power relations. Discourses and representations of psychology and psychotherapy are still maintained because they allow Euro-American societies to maintain power in the field. Commenting on the dissemination of social constructionism, Gergen states that social constructionism struggles to be disseminated in the US and parts of Europe; however, it is accepted in other continents such as Africa (Wang, 2016).

3.4. Conclusion

This chapter has engaged with social constructionism and Afrocentricity as compatible to each other whereby both acknowledge the imperativeness of context. Social constructionism states that knowledge is constructed and there is no one truth but relativism is used to understand the world- there are multiple ways of knowing. With this in mind, Afrocentricity is a critical theory that articulates the tendency of Eurocentricism to act as the only way of knowing. Afrocentricity states that African ways of knowing are legitimate and the African should be placed at the centre in matters that concern them. All knowledge constructed is legitimate and African ways of knowing should not be treated as anything less.

Chapter four: Methodology

4.1. Overview of the chapter

In this chapter, an introduction is provided including a brief supporting discussion as to why the researcher employed the theoretical frameworks used in this study; this was extensively outlined in chapter three. This chapter outlines brief information about the researcher founded on the work of Reviere (2001) and Mkabela (2005). Secondly, a discussion on the research design of this study is made manifest. The chapter then focuses on a brief description of the research sites (Swayimana and Maqongqo rural areas) and this is followed by a tabulation of characteristics of participants whereby a detailed discussion on selection of participants is articulated. The chapter then focuses on outlining methods of data collection and data analysis. Deductive thematic analysis was employed in this study using guidelines stipulated in Braun and Clarke (2006) as well as Joffe and Yardley (2004). The final three sections of this chapter include reflexivity, which is important in qualitative research and Afrocentricity. Five canons from Afrocentricity were used in this study, which is more appropriate to judge research, especially where human behaviour is a factor (Reviere, 2001). Afrocentric canons are associated with the representativeness and trustworthiness of the study. Ethical considerations are focused upon at the end of this chapter followed by a succinct conclusion of the chapter.

4.2. Introduction

The dominant ways of conducting research and defining concepts, particularly in the fields of psychology and psychotherapy, have been dominated by Eurocentricism (Baloyi, 2008) including the United States of America. Eurocentricism means Europe is the source of all knowledge and it is a concept of post-colonial theory used to denote marginality of non-European literature (Sewant, 2011). Mkabela (2005) also attests that research has been conducted through utilising the coloniser's precepts and implementing the coloniser's agenda upon the lives of African people, which has led to the withering of recognition of African knowledge and ways of doing. The importance of this study is founded on its focus on exploring the attitudes, views and beliefs of rural black communities on psychotherapy

whereby the African is placed at the centre of constructing his/her own knowledge (Asante, 1988). This study asks three important questions:

(a) How is the process of healing the soul (known as psychotherapy) constructed and defined in South African rural black communities?

(b) What methods and processes of healing the mind and soul are utilized in rural black communities?

(c) What are the differences between mainstream psychotherapy and psychotherapy as constructed and practised in rural black communities?

The study draws from social constructionism as a research paradigm as discussed above in chapter three. Social constructionism is appropriate to employ as it recognises that there is no truth inherent to nature but all knowledge, definitions and concepts are socially constructed and influenced by the context in which individuals exist (Burr, 1995). Knowledge is pluralistic but equally important; there is no one truth. This is contrary to the idea that only knowledge produced in Europe and America is authentic and legitimate (Reviere, 2001). Social constructionism allows for the co-existence of knowledge from both the African and Euro-American contexts (Wang, 2016). The attitudes, views and beliefs of rural black communities on psychotherapy (the healing process of the mind and soul) are as legitimate as those we find in American texts defining psychotherapy.

Afrocentricity is embedded in the post-colonial theory and is used as the theoretical lens through which the attitudes, views and beliefs of rural black communities on the healing process of the mind and soul are understood. Afrocentricity was constructed from the African worldview (Alkebulan, 2007), though developed in United States of America by African Americans and it is an appropriate lens to apply when exploring African phenomenon as the Western science is not deep enough for the spiritual viewpoint found amongst Africans (Asante, 1988). Chapter three of this study outlined that both social constructionism and Afrocentricity complement each other in that Eurocentric hegemony is challenged; however, Afrocentricity goes a step further by starting from the frame of reference of the African (Asante, 1988). The aim of this research is to explore the attitudes, views and beliefs of rural black communities on psychotherapy.

4.3. About the researcher

Reviere (2001) aptly states that researchers should not be misleading by putting on a façade of disinterest in the topics they research and presenting themselves as immune or unaffected by the outcomes of their findings. It is important that “the researcher presents sufficient information about themselves to enable the reader to assess how, and to what extent, the researchers’ presence influenced the choice and conduct of research” (Reviere, 2001, p. 714). The inclusion of the personal is necessary for Afrocentric research as one’s life experiences influence all aspects of the research process (Reviere, 2001). Mkabela (2005) also states that it is important to know what personal connections the researcher has to the people or topic being studied. Therefore, it is important for the reader to know that I (the researcher) am a Black female, born in South Africa, and I grew up in a rural area. I am a Master’s student in Clinical Psychology in one of the South African universities and I have five years of experience working with rural communities (as a social worker) before I enrolled for the Masters’ programme. By outlining the personal, the reader will be able to search for layers of subtexts beyond what will be written in this thesis so that they are able to come to a more complete understanding of the meaning of the data presented (Reviere, 2001).

4.4. Research design

The study was conducted from an exploratory qualitative research position. This is parallel to the present state of research in African studies which places emphasis on qualitative approaches (Mcdougal III, 2011), particularly because Western science has developed a history of reducing people of African descent into demographics and therefore draws inaccurate conclusions about black people using quantitative research which has been predominantly associated with Eurocentrism (Mcdougal III, 2011; Nwoye, 2015). Akbar (1994) explicates some of the major problematic assumptions of Western science and, to some extent, quantitative research which include that: (1) all true knowledge is external; (2) quantification is the only true valid measure of reality; (3) human beings are material; and (4) invisible reality is not scientifically valid.

These are anti-African methodological assumptions. Hence, a qualitative research design is the most appropriate for this study. Qualitative research principles are in line with

social constructionism and Afrocentricity which are used as conceptual frameworks guiding this study. Mkabela (2005) further states that qualitative research shares the same characteristics of Afrocentricity in that they both assume that people employ interpretive schemes which must be understood and the character of the local context must be articulated. Some topics or subjects in African studies are also difficult to quantify, therefore different methods such as qualitative methods are more appropriate (Mcdougal III, 2011). On the other hand, qualitative research is sometimes viewed as biased and subjective (Ratner, 2002). In this study, the researcher constantly engaged with the process of reflexivity (discussed later in the chapter) to deal with the subjectivity and bias that is sometimes found in qualitative research. The researcher also followed the research ethics (discussed later in the chapter) as a guideline to address subjectivity and to avoid being biased. In addition, the practice of objectivism, which integrates objectivity and subjectivity (Ratner, 2002), was employed in this study.

In defining qualitative research, Banister, Burman, Parker, Taylor and Tindall (1994) attest that there is no fixed truth or definition of what qualitative research is, and they define qualitative research as: “(a) an attempt to capture the sense that lies within, and structure what we say about what we do; (b) an exploration, elaboration & systematization of the significance of an identified phenomenon; (c) the illuminative representation of the meaning of a delimited issue or problem” (p. 3). Furthermore, they argue that qualitative research focuses on the context and integrity of the material (Banister et al., 1994), an imperative also in Afrocentricity where the production of knowledge must be a contextual activity (Reviere, 2001).

The context is also pivotal in social constructionism (Burr, 1995). According to Baloyi (2008), to truly understand the concept of psychotherapy in African contexts, one is required to engage with African communities as a starting point rather than using other explanations of psychotherapy as a point of reference. Qualitative data is rich in meaning because it allows participants to describe phenomena in their own words and on their own terms (Mcdougal III, 2011). In light of this, the study was conducted within an exploratory qualitative approach. Qualitative research focuses on interactive processes within the context, and authenticity is key (Neuman, 2006). As a result, the qualitative approach allowed for the researcher to engage with Black rural communities within their context and engage with the interactive processes on how they construct their ‘own’ healing processes and strategies.

4.5. Research sites

The research study was conducted in two rural areas (Swayimana and Maqongqo) located in the province of KwaZulu Natal and comprising of the black population group. This section entails a brief description of these two rural communities that were approached in the study to provide context to allow for a greater understanding of the research sites. A more detailed definition of rural communities and characteristics of rural communities were outlined in chapter two.

4.5.1 Swayimana and Maqongqo (Table Mountain) rural areas

According to Statistics South Africa (2011) Swayimana is a strictly rural settlement located within Umshwathi local municipality which comprises of both rural and urban areas. Swayimane has a population of 11 486 with 98% of black Africans as a population (Statistics South Africa, 2011). The population of young individuals in this area between 0-14 years is 36.6% and 57.3% of the population are between 15 to 64 years. The elderly population of Swayimana from 65 years and above is 6.1 %. The dependency ratio at Swayamana is 74.5% (ibid). The educational background of individuals in Swayimana 20 years and above consists of 2.5% of individuals with higher education, 21.4% of individuals have Matric and 12.3% of individuals have no schooling (Statistics South Africa, 2011). 91% of the households in Swayimana have electricity, 21.4% have piped water inside their yard and 1.3% have flushing toilets connected to sewage (Statistics South Africa, 2011). Weekly refuse removal is placed at 2.4% (ibid).

Maqongqo is a rural area which falls under Mkhambathini municipality (consisting of both rural and urban areas) located along the south-eastern boundary of Mgungundlovu district. According to the 2011 census promulgated by South African Statistics, Maqongqo has a population of more than 99% of black Africans. 30.3% of this population are between the age of 0 to 14 years, 64.6% are between the ages of 15 to 64 and 5.1% are the elderly population (65 years and above). The dependency ration is said to be 54.7% (ibid). The educational background of individuals in Maqongqo 20 years and above consists of 5% of individuals with higher education, 24% of individuals have Matric and 14.1% of individuals have no schooling (Statistics South Africa, 2011). The households at Maqongqo comprise of

91.4% with electricity supply, 14.5% have piped water inside their yards and 0.4% have flushing toilets connected to sewage, and weekly refuse removal in the community is placed at 1.2% (Statistics South Africa, 2011).

4.6. Selecting research participants

A brief description of participants is presented to provide a better understanding of their heterogeneity. Pseudo names were given to the participants to maintain anonymity and confidentiality. Heterogeneity with regards to age, sex and occupation was established during recruitment for more representativeness on the attitudes, views and beliefs of black rural communities on psychotherapy.

Table 1: Characteristics of participants

Name	Age	Sex	Occupation
1. Margret	64	Female	Pensioner
2. Mandla	48	Male	Disability grant
3. Lungi	42	Female	Unemployed
4. Babalwa	26	Female	Unemployed
5. Zo	37	Female	unknown
6. Snethemba	39	Female	Unknown
7. Zolani	25	Male	University student
8. Lucky	43	Male	Disability grant & small projects
9. Mfundo	32	Male	Disability grant & piece jobs

The population of interest in this study was black rural communities. The reason for including black rural communities is that their constructions of psychotherapy are usually treated as inferior to Western constructions of psychotherapy (Baloyi, 2008). The participants in this study were selected through non-probability sampling procedures using convenience sampling. Convenience sampling allows the researcher to select cases that are convenient (Neuman, 2006). Due to the nature of the difficulties in accessing research participants, convenience sampling was the best approach for this study. Nine participants from two rural communities in KwaZulu- Natal (Swayimana area and Maqongqo area) were approached and interviewed over a period of two days. The participants comprised of five females and four males to increase representativeness between the different sexes and participants were between the ages of twenty-five to sixty-four.

To select participants, first the researcher received ethical approval to do the research from the Psychology Department (see appendix A). The researcher sent two letters to gatekeepers (see appendix B) requesting to use the clinics as facilities to recruit participants as well as use one of the offices to conduct interviews. However, this was not plausible as there were certain procedures and requirements which the researcher needed to follow in order to be able to use these resources. Qualitative research is flexible and allows the researcher to be innovative (Banister et al., 1994). Therefore due to these constraints, the researcher subsequently approached participants individually. The researcher went directly into the participants' homes. Six participants were approached from Swayimana area and three participants were approached from Maqongqo area.

The researcher approached each potential participant in his/her home and talked informally (greeting). The researcher then introduced herself (name, where she comes from and the research topic). The research topic was further elaborated by reading the opening section of the interview guideline (see appendix C) which introduces the research topic, use of audio recordings and covers some ethical considerations such as anonymity. The researcher then requested the participants approached to participate in the study if they were interested and proceeded by reading out the consent form before participants signed the form. Subsequently, the interview guide was used to ask questions about the healing process of the mind and soul. The interviews took into consideration Whiting's (2008) phases of the interview whereby the first phase included building rapport with the participants, the exploration phase included asking open-ended questions, listening attentively and prompting topics that needed further elaboration and the last phase included the conclusion phase which involved thanking the participants for their participation and checking if they had any questions.

4.7. Method of data collection

As indicated above, face to face semi-structured interviews were employed as a data collection tool in this study. All nine interviews were conducted in IsiZulu as both the researcher's and participants' first language is IsiZulu. The reason for using semi-structured interviews is that: (a) interviews permit exploration of issues that may be too complex to investigate, in this case psychotherapy, through quantitative means; (b) semi-structured interviews are more open and flexible whereby the researcher can respond and follow issues

raised by the interviewee; and (c) through interviews, the researcher can document perspectives not usually represented or even envisaged by the researcher, hence interviews as a research tool empowers marginalised groups by validating and publicizing their views (Banister et al., 1994). This is important for this study as African views, attitudes and beliefs on psychotherapy have been marginalised in the field of psychotherapy which is dominantly defined from a Western viewpoint (Baloyi, 2008). Furthermore, semi-structured interviews allow for natural conversations and thereby include rich descriptions where context is considered (Ruane, 2014). Rich descriptions are incumbent as the study is exploratory qualitative research looking into attitudes, views and beliefs of rural black communities on psychotherapy.

Banister et al.'s (1994) five steps were used to construct and select the interview material. The first step was to arrive at the research topic which is attitude views and beliefs of rural Black communities on psychotherapy. The second step was to identify the participants who would best exemplify a range of perspectives relevant to the research topic and the researcher identified nine African individuals who have been residing in a rural area for five years and more. The third step was to generate interview schedules (see appendix C) which helped the researcher to have a clear focus when the participants were approached. In developing the interview schedule, the researcher initially listed questions of issues that they wished to cover arranged in a way that made it easy to check and follow during the interviews (Banister et al., 1994).

However, as noted by Banister et al. (1994) the researcher did not adhere rigidly to the interview schedule, and flexibility was applied during interviewing, based on the position of the participants. The fourth step was to approach the people who the researcher wanted to interview as discussed above in selecting the research participants. The fifth and final step was to negotiate a contract with the research participant which was done through applying ethical principles outlined later in this chapter. The interviews with participants ranged from 15 to 25 minutes and audio recordings were used in all the interviews. Whiting (2008) states that recording interviews contributes to a more relaxed atmosphere, the interviewer is free from the distraction of taking notes which allows for concentration and audio recordings also allow for verbatim transcription. The interviews were conducted in the participants' homes.

4.8. Data analysis

This study is an exploratory qualitative research study which produced rich data on attitudes, views and beliefs of rural black communities on psychotherapy. According to Braun and Clarke (2006), thematic analysis reports on experiences, meanings and reality of participants and it is contextualised, meaning that it can report on perspectives of black rural communities in SA. Thematic analysis was employed in this study as it is a useful method when one is exploring an under researched area or where the views of the participants and topics are not prevalent (Braun & Clarke, 2006). Thematic analysis was appropriate for this study as it is not wed to any pre-existing theoretical framework (Braun & Clarke, 2006) and therefore it could be married to Afrocentricity which is a theory that was constructed from African worldviews and experiences (Asante, 1988). Due to the flexible nature of thematic analysis, Afrocentricity was used as a theoretical lens to analyse the data, while social construction was used to construct meaning with the research participants. Afrocentricity means placing African culture, experience, and ideals at the centre of any analysis of African phenomena (Mazama, 2003, as cited in Mcdougal III, 2011).

Thematic analysis is compatible with the social constructionist paradigm employed in this study (Braun & Clarke, 2006). Social constructionism encourages the acknowledgement of context (Burr, 1995) and this study is predicated on the attitudes, beliefs and views of people who reside in the rural spaces far from metropolitan life. According to Joffe and Yardley (2004), thematic analysis draws from an existing theoretical idea such as Afrocentricity, and 'theoretical' thematic analysis (Braun & Clarke, 2006) takes a deductive positioning in that the researcher extracts from the data theoretically derived themes which allow the researcher to replicate, extend or refute prior discoveries. This deductive position in this study was based on the knowledge of the rural as the theory of Afrocentricity suggests. As such, the researcher did not impose the dominant Western lenses but simply asked how the participants construct their own processes of healing the mind/soul - which is how psychotherapy has been defined in the mainstream. The selection of themes in this study was active and not passive as the researcher played an active role in the selection of themes (Braun & Clarke, 2006), analysing the data through the theoretical lens of Afrocentricity. It is important that thematic analysis is defined as it was the method of data analysis employed in this study.

There is no one definition of thematic analysis; however, thematic analysis can be defined as analysis, identifying and reporting patterns (themes) within data as well as providing various interpretations (Braun & Clarke, 2006). Braun and Clarke (2006, p. 11) further state that “a theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set”. Joffe and Yardley (2004) support this by aptly stating that a theme refers to a specific pattern found in the data in which one is interested (‘theme’ and ‘coding’ are sometimes used interchangeably). A theme of a coding category can refer to manifest themes or latent themes- thematic analysis often draws on both types of theme; even when the manifest themes are the focus, the aim is to understand the latent meaning of the manifest themes observable within the data, which requires interpretation (Joffe & Yardley, 2004).

On the other hand, “analysis involves a constant moving back and forward between the entire data set, the coded extracts of data that you are analysing, and the analysis of the data that you are producing” (Braun & Clarke, p. 15). The ‘data set’ includes all the nine transcribed interviews in this study used in the analysis process, ‘data item’ refers to each individual interview transcription and ‘individual extract’ refers to the coded chunk of data from the individual interview transcription (Braun & Clarke, 2006). The six phases of thematic analysis stipulated by Braun and Clarke (2006) were followed throughout the analytic process. The phases include: (a) familiarising yourself with data, (b) generating initial codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, (f) and producing reports. Their application in the study are discussed in detail:

a. familiarising yourself with data

The data was collected through interactive means such as semi-structured interviews, which were recorded; therefore the researcher already had some knowledge of the data prior to the data analysis phase. The researcher transcribed all nine semi-structured interviews by themselves in order to have a thorough understanding of the data (Braun & Clarke, 2006). A verbatim account of all verbal and non-verbal utterances (Whiting, 2008) of the audio recorded semi-structured interviews was employed during transcription using transcription guidelines (see appendix D) provided by Humble (n.d.). Braun and Clarke (2006) state that verbal data from interviews needs to be transcribed in order to conduct thematic analysis and transcribing your data provides an excellent way to familiarising oneself with data.

Transcripts of interviews often form the data upon which thematic analysis is conducted (Joffe & Yardley, 2004). The transcriptions were checked against the original audio recordings and they were played back several times to check for accuracy (Whiting, 2008). Following transcription, the first phase of data analysis entails the researcher further familiarising him/herself with the data. This includes immersing yourself in the data, reading thorough the data back and forth and in an active manner which subsequently provides a solid foundation for the rest of the analysis (Braun & Clark, 2006). All the pages of the transcription were read through using the lens of Afrocentricity. This phase also included jotting down ideas as the researcher read through the data and marking of possible codes.

b. Generating initial codes

According to Joffe and Yardley (2004) coding depends on the purpose of the study. In this study, codes were generated thorough the lenses of Afrocentricity and the research question of attitudes, views and beliefs of rural black communities on psychotherapy. Hence, the codes were theoretically driven (Braun & Clarke, 2006). The coding was done manually through the use of different coloured highlighters which is one of the methods of coding stipulated in Braun and Clarke (2006). Each data item was read thoroughly before it was coded using the guidelines provided in Joffe and Yardley (2004) whereby the following was implemented by the researcher during coding:

- i. An early decision was taken by the researcher that the unit of coding would be the whole data set (all the transcribed interviews).
- ii. Coding involved noting patterns in the data and dividing up the data to give greater clarity regarding the detailed content.
- iii. Patterns were labelled as codes through the use of highlighters. Each pattern identified in each data item was highlighted the same (it was given the same code).
- iv. Each code was given a label (name), for example, *traditional ways used in healing*. A description of what this label meant was noted. All the chunk of text (extracts) speaking to this label were put together under one folder.

c. Searching for theme

According to Braun and Clarke (2006) phase three begins when all the data has been coded and collated with a list of codes being identified from the data set. This phase required

the researcher in this study to re-focus the analysis to identifying potential themes and collating all the coded labels, with their extracts, which fitted a potential theme. Braun and Clarke (2006) state that a theme, the unit of analysis, differs from a code in that it is often broader. In this phase, codes were analysed and the researcher took into consideration how labelled codes combined with each other to form an overarching theme (see Braun & Clarke, 2006). The researcher ended this phase with candidate themes and the coded data in relation to these themes.

d. Reviewing themes

During this phase, the researcher reviewed the candidate themes. This process of reviewing resulted to some candidate themes being refuted as there was not enough supporting data. Some candidate themes were combined into one broad theme whilst other themes needed to be separated into different themes. The guidelines provided by Braun and Clarke (2006) were used during the process of reviewing which are divided into two levels:

- i. Level one involved reviewing of the coded data extracts which requires one to read all the collated extracts for each theme, and consider whether they appear to form a coherent pattern.
- ii. The second level involved consideration of the validity of each theme in relation to the whole data set and this also depended on the theoretical approach used in this study. The researcher considered if themes were a representation of the data set.

At the end of this phase, clear themes were ascertained with the overall story that they told (Braun & Clarke, 2006).

e. Defining and naming themes

This phase required the researcher to define the themes and the essence of what each theme captured. Braun and Clarke (2006, p. 22) further state that “you do this by going back to collated data extracts for each theme, and organising them into a coherent and internally consistent account, with accompanying narrative”. The names given to the themes were concise and punchy and written in a way that will demonstrate to the reader what the theme is about, as stated by Braun and Clarke (2006). Other themes comprised of sub-themes to give more structure necessary for the last phase which requires producing the report. For each theme, the researcher conducted and wrote a detailed analysis; this entailed writing about the

theme in an interesting and interpretive manner rather than just duplicating the extract (Braun & Clarke, 2006).

f. Producing the report

This is the final phase of analysis and it included writing up the report (Braun & Clarke, 2006). In this phase, the researcher ensured that relevant extracts coded from the data set were included in chapter five and discussed in the next chapter.

4.9. Reflexivity

Reflexivity is a crucial part of qualitative research and entails more than just researchers declaring their gender, race and age (Saville Young, 2016). Thematic analysis also requires that researchers engage in a reflexive dialogue (Braun & Clark, 2006). Reflexivity, the process of reflection, acknowledges that the phenomenon that is researched is not directly accessed “reality” but it is rather mediated by a researcher who is subjective; hence, the process of reflection is important in qualitative research (Saville Young, 2016). The researcher incorporated Naidu and Sliep (2011) in reflecting on the process of this study. Naidu and Sliep (2011) emphasise that reflexivity in non-Western environments should understand and appreciate the value of the context.

They further argue that reflexivity should be holistic and include ethical reflexivity and methodological reflexivity which direct the researcher to a deeper and broader perspective of contextual salience of emerging data which leads to contextual reflexivity (Naidu & Sliep, 2011). The latter produces an iterative-reflective-generative process consistent with an Afrocentric view on research (Naidu & Sliep, 2011). This model of reflection is employed in this study as it is analogous with the Afrocentric view. According to Saville Young (2016) the way in which researchers are reflexive must be coherent with the conceptual or theoretical assumption on which the research is based. The following section on reflexivity is described in first person to highlight the voice of the researcher in the reflexive process.

4.9.1. Ethical reflexivity

In keeping with ethical reflexivity, I took an ethical position which went beyond receiving ethical clearance from Rhodes University. Participants who were approached but

later did not want to participate in the study were respected in their decision and only those who were willing to volunteer as participants continued with the research process. I interrogated my position and procedures throughout the entire study to ensure that I engaged with the participants in an ethical manner. In terms of ethics, all the research participants were over the ages of 18 and were not considered as a vulnerable group. Ethical considerations are discussed later in this chapter. One of the ethical dilemmas I faced was conducting interviews in the participants' homes whereby one participant offered me a cup of tea. It was challenging for me and I had to ask myself if I should accept the cup of tea or decline.

4.9.2. Methodological reflexivity

4.9.2.1 The theoretical framework: Afrocentricity

Mkabela (2005) elucidates that for research to be Afrocentric, the participants must be involved in the entire research process from beginning to end. A critical concern I had throughout this study was that the participants were only involved in the data collection process and not beyond that. This is similar to what Western researchers do when engaging with indigenous people (Baloyi, 2008; Nwoye, 2015). However, this research differs from that conducted by Western researchers in that I was conscious of these ways of conducting research throughout the study: the African person is at the centre, and their knowledge base is valued as ethnographers would have us believe. It is also important to note that the study is not Afrocentric research but Afrocentricity is the theoretical framework employed. Afrocentric research requires participants to be involved in the whole process of the study from selecting the research question, collecting data, analysing data and reporting of findings (Mkabela, 2005). Afrocentricity was employed mainly as a theoretical point of departure to provide a better understanding of the data collected from black rural communities and Afrocentricity assisted me when engaging with the African rural communities on how to handle situations like those discussed in ethical reflexivity.

4.9.2.2 Methods: Selecting participants

I noted that most of the participants did not know much about research and some were sceptical to participate. Due to this dynamic, the researcher had challenges with recruiting participants. During my engagement with the participants, I identified myself as a student from Rhodes University. I explained to all participants what research entails. Some

participants hoped that the researcher would be able to assist them with their psychosocial stressors and thus the researcher's role was sometimes not understood. However, I was accepted by the participants into the community and the participants engaged well with me and there was mutual respect and a sense of communal spirit that is present in rural communities (Naidu & Sliep, 2011).

4.9.2.3 Methods: Interview dynamics

I noted how the one elderly woman referred to me, the researcher, as *mntanam* meaning my child, and I also, as a sign of respect, would refer to her as *ma*, which is how elderly women are addressed in some African communities. I was not seen as an 'outsider' by the community members and this was due to contextual reflectivity whereby I was aware of the precepts of the two rural communities and respected these during the process of conducting research (Naidu & Sliep, 2011). The way in which I approached participants was respectful and the practices or ways of the communities were respected.

4.9.2.4 Contextual reflexivity

I employed a relative position throughout the study that takes into account the variability of different context. This is coherent with Social Constructionism and Afrocentricity.

4.10. Afrocentric canons

This study refers to Afrocentric canons which were the baseline used to give this study authenticity. The researcher used the Afrocentric canons, in addition to reliability and validity, to ensure that the study was congruent with the theoretical points of departure utilised in this study. These canons should also be the criteria to judge research studies for accuracy and representativeness (Reviere, 2001). Reviere (2001, p.709) further states that "Eurocentric research criteria of objectivity, reliability and validity are inadequate and incorrect; especially for research involving human experience". Human behaviours and experience are constantly evolving; they are not static and are influenced by context. Considering this, the five Afrocentric canons are the edifice of this study to ensure that the study is legitimate. Reviere (2001) outlines the five canons in Swahili as: *ukweli* (truth), *utilivu* (justice), *uhaki* (harmony), *ujama* (familyhood) and *kujitoa* (devoted).

To adhere to the canon of *ukweli*(truth) the researcher ensured that the research was grounded on the experiences of the community being researched (Reviere, 2001) by going directly into the community and conducting interviews, which elicit rich data of the participants' experiences. Furthermore, Afrocentricity was utilised as a theoretical point of departure; Afrocentricity is a theory that is grounded in African experience (Asante, 1988). The canon of *kujitoa* (devotion) refers to how the knowledge is structured and used rather than speaking of objectivity that is an impossible standard for researchers to hold (Reviere, 2001). This canon was implemented through shifting the research from Eurocentric hegemony and norms and using Afrocentricity as the theoretical lens. The researcher was also aware of the personal self through the entire research process.

The canon of *utilivu* (justice), which refers to treating participants in a fair and just manner (Reviere, 2001), was employed through adhering to the research ethics. The canon of *ujama* (family hood) refers to the need for research to recognize and preserve community as the African culture environment encourages communalism that is central to the African experience (Reviere, 2001). The research question of this study, which entails exploring the attitudes, views and beliefs of rural black communities on psychotherapy, preserves and recognises the community. Finally, the canon of *uhaki* (harmony) refers to the research application to be fair to all participants and encouraged harmonious relationship between groups (Reviere, 2001). As a result, the researcher engaged with all participants in this study in a respectful manner that did not instil any conflict among the members of the community.

4.11. Ethical considerations

Ethics are a codified set of values and principles which have application to a nominated subset of people such as psychologists, researchers, social workers, etc. (Francis, 1999). According to Francis (1999), a code of ethics sets a standard of behaviour for professionals in respect to clients, colleagues and the general public, including research subjects. Ethics are important for researchers as a guideline to ensure that subjects are not harmed or exploited. This study was reviewed and approved by the Rhodes University Psychology Department Research Project and Ethics Committee (RPERC)(appendix A). The research question, purpose of the study, structure of the interviews and use of audio recordings were explained to research participants so that they could make an informed decision on whether they wanted to participate in the study or not. Mkabela (2005) also states

that research involving indigenous African communities must be approached in a manner whereby partnership is negotiated and participants need to agree on how they want to be involved. Each participant signed a written consent form (see appendix E) before commencement of the interviewing.

Participants engaged in the study on a voluntary basis and they were made aware that they could withdraw from the study anytime they wished to and they could choose not to answer questions that they felt uncomfortable to answer. Therefore, autonomy was also considered in this study. To ensure non-maleficence, the participants were directed to different support systems based within their communities if by any chance the study brought up any form of emotional distress. To ensure confidentiality and anonymity, the researcher stored the audio recording in a password protected computer that only the researcher could access. All the transcriptions constituted of pseudo-names given to the participants and the reporting of the findings also consisted of pseudo names to ensure that the reporting of findings does not trace back to the research participants.

4.12. Conclusion

This chapter set out to discuss the aim and research questions of the study. Reasons as to why a qualitative research approach was a necessity in this study were also outlined. Qualitative research provides rich descriptions of events within their context and this was facilitated through the use of semi-structured interviews that were recorded. Interviews allowed for rich data and opened a space for the rural black communities to give an account of events from their own perspective. This method of data collection is consistent with the theoretical point of departure (Afrocentricity) employed in this study. The data was analysed through deductive thematic analysis using the six steps provided by Braun and Clarke (2006). Thematic analysis also requires the researcher to engage in reflexivity; this is pivotal in qualitative research as the researcher is the 'instrument' in qualitative research (Saville Young, 2016).

The reflexivity model by Naidu and Sliep (2011) comprising of ethical reflexivity, methodological reflexivity and contextual reflexivity was employed in this study as it is in line with the Afrocentric view. Furthermore, in keeping with the Afrocentric view, the five canons of Afrocentricity were applied in this study to strengthen its trustworthiness. These

canons are articulated by Reviere (2001) as:*ukweli* (truth), *utilivu* (justice), *uhaki* (harmony), *ujama* (familyhood) and *kujitoa* (devoted). These canons were used in addition to reliability and validity. Finally, this chapter discussed the ethical considerations implemented during the process of conducting this study. These ethical considerations include informed consent, autonomy, non-maleficence, confidentiality and anonymity.

Chapter five: Findings and discussion

5.1. Introduction

The aim of this study was to explore the attitudes, views and beliefs of rural black communities on psychotherapy. This chapter is set out to report on the findings of the study and present a discussion in relation to these findings. Reporting on findings is the final phase required in thematic analysis (Braun & Clarke, 2006) which was employed as a method of data analysis in this study. The findings are discussed in relation to the work of Baloyi (2008), Tseng (1999), Macleod (2004), Madu (2015), Matoane (2012), Nwoye (2010) and Afrocentricity (Asante, 1988) amongst other relevant literature discussed in chapter two. This chapter includes the derived main themes and subthemes during the process of data analysis. A summary of themes is presented below followed by a discussion on the themes with supporting extracts. Finally, the chapter ends with a brief conclusion.

5.2 Table 2: Summary of broad themes and sub-themes

Main themes	Sub-themes
Theme1: Spirituality and cosmic beings	<ul style="list-style-type: none"> • Consciousness towards God • The role of the church and Christianity in the healing process • The healing power of prayer • continuing in <i>amasiko</i> (traditions) versus Western intervention
Theme 2: <i>Umuntu ngumuntu ngabantu</i> ('I am because we are')	<ul style="list-style-type: none"> • Interconnectedness: maintaining harmony and oneness • Interdependence: within families and between community members and individuals • The versatile role of family in the healing process
Theme 3: 'Let's talk about it'	<ul style="list-style-type: none"> • speaking to someone within the community • Consulting professionals for the healing of the mind and soul • Views of mainstream psychotherapy offered by psychologists
Theme 4: Healing embedded in context: Socio-economic factors, money and poverty.	<ul style="list-style-type: none"> • Improved socio economic status and availability of resources as an important part of healing

5.2.1 Theme 1: Spirituality and cosmic beings

One of the main themes derived from the data was spirituality and cosmic beings. Four sub-themes comprise this broad theme, namely: consciousness towards God, the role of the church and Christianity in the healing process, the healing power of prayer and continuing in *amasiko* (traditions) versus Western intervention. The main theme of spirituality and cosmic beings speaks to the metaphysical, the invisible (the deceased/ancestors and God) and the intangible universe (Baloyi, 2008). In Matoane (2012), three levels of the cosmic whole are discussed. The macro-cosmos is the level where God exists and is experienced by individuals; the meso-cosmos is the level where ancestors, malignant spirits and sorcerers exist; and the micro-cosmos is the level where all individuals exist within the context of the collective (Sow, 1980, as cited in Matoane, 2012).

There is an interconnection and relationship between these three levels (what is visible and invisible) whereby the invisible is continuously acknowledged in the African worldview/experience (Mazama, 2001; Matoane, 2012; Myers, 1985) and its effects on the healing process of the mind and or soul. In explaining spirituality and cosmic beings, Baloyi succinctly articulates that “African traditional thought does not conceptualise the “soul”/“spirit” (if we loosely translate it to *moya*), as an isolated entity belonging to invisible, non-responsive and non-living beings. The spirit or spirituality presupposes an interactive characteristic and a communicative value in a holistic way” (2008, p. 71). This is captured in almost all the interviews with the participants in this study. This is construed by Mkhize (2004) as the cosmic principle whereby knowledge is through participation and interaction between parts and the whole.

Extract 1

R: *How do you deal with the challenges that attack your mind/soul which you come across?*

Lucky: *Prayer also help, although you might not need to be a person who prays every day. But some days you might feel like praying - and I ask from my ancestors and God to work collaboratively with regards to the things that concern me and my wishes and the luck that they can give me.*

In the above extract, Lucky acknowledged God and ancestors. He understands ‘them’ as ‘beings’ (that are living and responsive although invisible) who have an influence in his life and can bring some sort of change: ‘luck’. He looks to God and ancestors as a way of

dealing with problems and challenges that attack his mind and soul. He can turn to ‘them’ and this is important for the healing of his mind and soul as it is a view that he holds and utilises to overcome challenges. This supports Baloyi (2008) who elucidates that African thought accepts the influences of cosmic beings (the invisible and intangible of the universe) on the world of animated beings. This is also supported by Mcdougal III (2011) who states that reality is spirit, through the lens of the African worldview which is essentially the African experience. The spiritual is construed as dynamically engaging with the physical as stipulated by Lucky in extract 1. This understanding and worldview is at variance with Western worldviews (Asante, 1988; Baloyi, 2008; Tseng, 1999). The Western worldview is more concerned with empiricism that requires observation and quantification of aspects of the tangible and visible world. On the other hand, black African views embrace the supernatural which cannot be directly observed and measured; however, the supernatural is believed to have a direct influence on the visible world. Both these views, as Afrocentricity would argue, are legitimate (Asante, 1988).

5.2.1.1 Consciousness towards God

Associated with the above mentioned main theme is the subtheme of consciousness towards God. Asante (1988) states that black people have always had some consciousness towards God. According to Gilson (1941) cited in Baloyi (2008), God is not a scientific probability but a metaphysical necessity. The acknowledgement of God’s omnipotence and omniscience was prominent in the findings of this study; participants spoke about God in a manner that demonstrated that God is pivotal in the healing process of the mind or soul of black people living in rural communities.

Extract 2

R: *Has there ever been a time in your life whereby you felt emotionally distressed?*

Mandla: *Yes a lot has happened to such an extent that I have even taken medicines.*

R: *traditional medicines or pills?*

Mandla: *ehr medicines such as- the other day it was poison to kill rats and the other day it was doom.*

R: *hmmm. So what were you trying to achieve during that time?*

Mandla: *I just wanted my life to end.*

R: *hmm. That must have been a difficult time for you. How did you come out of that period of wanting to commit suicide? What helped you to want to continue with life?*

Mandla: *There is no overcoming it. What only comes to mind is that to be present on this earth was not my will, because now I was shot hence you can see it affected the way I walk. The bullet hit me on the neck but by God’s grace I am still alive and whatever attempts I have made show that my life is known by God.*

R: *hmm mmm*

Mandla: *I just need to wait for my day.*

R: *So is the feeling of wanting to commit suicide gone or is it still present?*

Mandla: *[sighs]As I am saying, that sometimes it comes to mind but I am stopped by the fact that I have seen many things about people who commit suicide. So I see that it is better to live and wait although it is difficult. Although my problems do not get solved but maybe someday God will help me.*

In the above extract, Mandla acknowledges that, although he has experienced some difficulties in his life, it was God's will for him to be present on this earth. He admits that he is known by God and lastly he hopes that God will come to his rescue someday. The process of healing of the mind and/or soul for him lies in him acknowledging his Maker (God) in the midst of difficulties and this plays some role in the process of healing of the mind or soul. This acknowledgement of God corresponds to Afrocentricity whereby Asante (1988) stipulates that God is everywhere present and that God can directly speak to the African person. The healing process of the mind or soul for black people living in rural communities entails the involvement of God in their lives or at least the belief of the work of God in their lives. The challenge is that Western science requires empiricism in matters that lie in the metaphysical which cannot be directly observable (Baloyi, 2008), hence Asante (1988) argues that Western science is not deep enough for the spiritual aspects found in the African experience.

In extract 2, Mandla also speaks about his observations of people who have committed suicide and what he has observed has caused him not to act on committing suicide but rather live and wait for (natural) change to occur in his situation although this is difficult for him. Mandla suggest that what he observes experienced by individuals around his community affects how he thinks and what he does which indicates that he holds a communal orientation. Although the healing process of the mind and soul for black people living in rural areas entails consciousness towards God, problems that may cause distress are sometimes viewed as associated with punishment from God.

Extract 3

R: *O ok, another thing, as you have mentioned before that you have faced challenges before such as those with the father of your child, how did you deal with those challenging situations? How did you cope?*

Lungi: *I just spoke to my heart- I was affiliated to a church before but I did wrong by falling pregnant, so I just thought that maybe God is punishing me because of my sins and therefore*

I just accepted things as they were and said God I sinned before You and sinned against my parents when they trusted me by falling pregnant when I was not supposed to, which is why I have raised my child by myself since he was a baby until now.

In extract 3, Lungi believes that the challenges she faced, which were emotionally distressful, were due to punishment from God. According to Madu (2015), most Africans in the past believed that psychological or physical illness originated from cosmic beings and the supernatural due to disruption in harmony. The above findings show that even in contemporary South Africa, some black people from rural areas still believe that incidents that happen to them can be a result of punishment from God due to their behaviour. Lungi believes that she faced challenges with the father of her child because God was punishing her for falling pregnant outside of marriage which may be viewed as a sin in some religions. Lungi also believes that her falling pregnant outside of wedlock was a transgression against the wishes of her parents and it is something that is not meant to happen in some Black families; this is viewed as another reason for God to punish her. The unacceptability of a female to fall pregnant out of wedlock was evident in one of the interviews with one of the elderly participants, Margret, when she was asked if there has been a time in her life when she was emotionally distressed. Margret stated:

“When my daughters fell pregnant it caused a lot of conflict between me and my husband, and when there is conflict things become bad but as the time goes by things pass. Yes things pass. Yes things got bad even when my daughter; the one that I live with gave birth to her third child. Things got really bad and my husband was very angry and wanted my daughter to leave the house but I didn’t agree as a mother and told him that there was nothing we could do because the baby is already here, but it passed and we sat down as a family as I have said before and we spoke about it and forgave each other [lowered voice]. My sons even came for the meeting and we spoke that there is nothing that we can do now because even the men who impregnate our daughters do not inhlawulo (pay for the ‘damages’); but what’s done is done now and we had to move on, and we cannot chase our daughter away and let her stay with other people. What would we expect others to do with our daughter?”

Above, Margret talks about how the pregnancy of her daughter who was unmarried and still residing with them caused problems between her and her husband. She also insinuates that the man who impregnated her daughter should have paid *inhlawulo*, paid for ‘damages’, which is money paid by the man to the family of the unmarried pregnant

woman for impregnating the female outside of marriage as this is something that should have not happened as stated by Lungi in extract 3.

In extract 2 and extract 3, consciousness towards God is part of the healing process of the mind and soul in that Black people living in rural areas as they accept what happens in their lives as the will of God and His influence. Certain unacceptable behaviours such as falling pregnant out of wedlock can cause disruption and disharmony leading to punishment from God (Madu, 2015).

5.2.1.2 The role of the Church and Christianity

The role of the church was noticeable in the study whereby participants stated that the church is a place where they find support. They find someone to whom they can talk if they have a problem, engage in activities that they enjoy and people to socialise with; this was part of the healing process of the mind and souls for black people living in rural areas. Asante (1988) asserts that the church is the major group force in the black community. The black church is associated with Christianity and is considered as one of the most authoritative and religious force (Asante, 1988).

Some participants who went to church in this study also identified themselves as Christians. For example, in defining the healing process of the mind and soul, Zo said: *“it depends on the belief system of a person. For example we Christians believe in prayer.”* Zo did not express any conflictual thoughts or problematic concerns about her church attendance and Christianity. For her, Christianity and going to church were important in the healing process of the mind and soul. On the contrary, Akinyela (2002), Asante (1988) and Biko (1978) problematize the church and Christianity in that it came from colonisation whereby a ‘White Jesus’, who did little for the African community, was preached in African churches. Traditional African ways were disowned and discarded by the church through the name of Christianity (Painter et al., 2006). Some participants in this study have been able to navigate their process of healing of the mind and soul by going to church and still maintaining their customs and traditions. The majority of Africans in South Africa seek healing or treatment through consulting faith healers, traditional healers and indigenous African churches as the understanding of problems from the African perspective emanate from the spiritual and invisible (Baloyi & Ramose, 2016).

Extract 4

Margret: *Yes, things like that.*

R: *I see. So you have explained...*

Margret: *...and my faith helps because I tell God about my problems- although, because there are many religions, I am not a person who is saved.*

R: *ok*

Margret: *I am a person who also keeps the Zulu family traditions.*

R: *O, ok.*

Margret: *Yes we slaughter and we keep the traditions and on top of that we have faith.*

In extract 4, Margret (who is a leader in her church) still keeps her traditions. She is able to do this through being God conscious rather than being conscious towards a Western-oriented religion which is often associated with Christianity (Madu, 2015; Matoane, 2012). This allows her to maintain both her religion and traditions as she uses both methods as the healing process of the mind and soul. Margret elucidates that her faith in God helps her and she specifies that although she believes in God, she is not saved. Being saved is often associated with Christianity which does not succumb to some ingenious ways when juxtaposed with some African indigenous churches (Baloyi & Ramose, 2016).

The often neglected indigenous ways dominating some Christian churches are due to the effects of colonialism (Biko, 1977) as with most social issues lingering in South Africa and other African countries (Akinyela, 2002; Nwoye, 2015). Asante (1988), in his historical observation of the church, notes that some church leaders have started to challenge the colonial aspects that play out in the black church although he does admit that many church members and church leaders have been brainwashed into adopting views from the Western world. Asante (1988) further asserts that the church should be a platform used for instructing black masses concerning African customs, habits and styles and it should entail theology that is revolutionary.

In this study, participants did not express any critical views of Christianity and the church and this might have been impacted by the fact that this was not the research question. The research question of this study focused on the attitudes, views and beliefs of psychotherapy in rural black communities. The supportive role that the church plays in the

healing process of the mind and soul was articulated by most of the participants in the study. However, some participants did not identify with Christian views of being saved which is associated with neglect of indigenous ways such as honouring ancestors which is found in the livelihoods of black individuals residing in rural communities and generally people of African descent (Baloyi & Ramose, 2016).

Extract 5

R: *Ok. Has there ever been a difficult time in your life which affected your mind and soul?*

Snethemba: *Many*

R: *Ok. How did you overcome those situations and find healing for your mind and soul?*

Snethemba: *I overcame by speaking to the people I believed could provide me with guidance such as the women from church and my Pastor.*

In the above extract, Snethemba uses the women in her church and her Pastor as human resources when she experiences difficult times in her life. Furthermore, when Snethemba was asked whom she considered as her support system, she stated “*my church.*” The role of the church in Snethemba’s life is what is described by Tseng (1999) as “culture embedded indigenous healing”. Tseng (1999) notes the psychotherapeutic impact of the church on its members. These findings are consistent with Edwards’ (2010) study which found that 80% of African South Africans consult churches and faith healers for healing as opposed to visiting psychologists (as cited in Baloyi & Ramose, 2016). The Church is also a place that can be used to find activities to cope and a social network as stated by Zolani who mentioned that, in order to cope: “*I get together with my friends; I don’t know if I can mention this but I am someone who goes to church. So I just sit with my friends and we chat and sometimes we engage in our church dance because we do a traditional dance at my church and I just relax and feel happy when I am with them.*”

5.2.1.3 The healing power of prayer

Participants in this study viewed prayer as essential in the healing process of the mind and soul. In some cases, prayer was not associated with going to church or being a Christian. Participants who did not go to church or were not consistent church members believed in praying as a way to resolve their problems. This is consistent with Asante’s view that African people are in tune with their God in any place and they can directly communicate with ‘Him’ (1988). Participants who went to church and whom were Christians also stated that they pray

in difficult situations and prayer is important for their healing. In this study, the prayer can be directed to different sources such as ancestors, God or both as mentioned by Lucky in extract 1 discussed above.

Extract 6

R: *Ok. So what do you believe one should do when faced with that situation? When someone is maybe feeling sad?*

Snethemba: *I believe that there is nothing above prayer; for example, I know that prayer helps me rather than going to speak to other people.*

R: *O ok so prayer is the main option for you. Are there any other ways that you believe can be helpful?*

Snethemba: *No*

R: *Ok. So when you are faced with challenges, what do you do?*

Snethemba: *I keep on praying.*

Snethemba in the above extract believes that there is nothing above prayer. She views prayer as a solution to sadness and she sees prayer as a method when faced with challenges. She values prayer above speaking to someone. Tseng (1999) articulates that therapeutic operations are carried out through the ritual of prayer. Some church groups engage in fasting and prayer whereby they have reported psychological benefits such as relief in mood and improvement in decision-making (Tseng, 1999). The findings of this study regarding the healing power of prayer are consistent with those of Tseng (1999) in that black people in rural areas also experience therapeutic effects or healing of the mind and soul from engaging in prayer. In support of this, another participant stated that:

Extract 7

R: *Ehmm. So when you are emotionally distressed, what do you do in order for you to feel better?*

Mandla: [sighs] *I only engage in prayer.*

R: *O ok.*

Mandla: *Although it is never easy to feel better. But, what always comes to mind is to pray.*

In extract 7, Mandla states that prayer comes to mind when he is emotionally distressed. Tseng (1999) also identified trance-based healing systems in areas such as Asia and Japan whereby prayer is used as a mechanism of healing.

5.2.1.4 Continuing in *amasiko* (traditions) versus Western intervention

Black people are known to be a people who have their own traditional ways of doing which is unique to them and this has been well documented (Asante, 1988; Akinyela, 2012; Baloyi, 2008; Matoane, 2012; Mkhize, 2004; Nwoye, 2015). These traditions can include certain cultural activities, ceremonies, rituals and the honouring or acknowledgement of ancestors who dwell in the 'mesocosmic' as articulated by Matoane (2012). The findings of this study support the above-mentioned documentations. A number of participants in this study, not all, believed in keeping their African traditional ways (*amasiko*) for the healing of the mind and soul. These participants fall under the category described by Madu (2015) and Matoane (2012) as the traditional type. Madu (2015) states that the traditional type grew up and spent most of their formative years in rural areas; their world image is analogical, magical and pictorial and they always go to traditional healers when they have health problems (psychological, physical and psychosocial).

Conversely, some participants believed in both the traditional ways and Western intervention for the healing of the mind and soul. Other participants did not believe in traditional herbs or traditional healers and were drawn to the Western ways of intervention of the healing of the mind and soul. Those drawn to the Western ways or who are Western oriented have been described as those who identify with the Western culture. They are educated, they come from monogamous families, they are usually Christian or Moslem, their parents are also educated, they have always been treated in hospitals and never consider traditional healers (Madu, 2015; Matoane, 2012).

The other type of individuals found in this study are those identified by Madu (2015) and Matoane (2012) as the mixed type. Madu (2015) states that "this type is a compendium of two cultural systems (the traditional and the western-oriented), because he or she has the tendency of making use of the two methods of healing (traditional and western) at the same time or concurrently; some of them consult religious faith healers" (p. 9). It is important to note that the majority of black Africans, 80%, fall under the traditional type and mixed type

(Madu, 2015). This speaks to how mainstream psychology and psychotherapy requires reformation, redefinition and deconstruction for it to be relevant in black African lives (Baloyi, 2008; Baloyi and Ramose, 2016; Bulhan, 1985; Madu, 2015; Matoane, 2012; Nwoye, 2010/2015; Ratele, 2006). The traditional/indigenous type, the mixed type and Western-oriented type were found in this study in relation to the healing process of the mind and soul. The findings are discussed below:

Extract 8

R: *Is there anything else you would like to add in relation to what we discussed here today about the healing process of the mind and soul?*

Mandla: *...even goats and cows are expensive and a lot that holds us back is what our parents left behind when they passed on. As people who believe in our African traditions (amasiko), our parents died without fixing some things so these things fall on us.*

R: *So you mean things like what?*

Mandla: *I believe that there are some problems that our parents left without fixing according to our traditions and these things end up affecting us.*

R: *So how do these things affect you?*

Mandla: *You end up not being able to achieve your goals or even move forward with even the little things that you have because of these problems...*

In the above extract, Mandla speaks of not being able to buy goats and cows (which are slaughtered during ceremonies when asking something from the ancestors, honouring the ancestors or asking for forgiveness from the ancestors). Mandla states that his parents were not able to fix these things (traditional requirements) and hence the problems that arose from this were passed on to them who are still alive. Without fixing these things (honouring the ancestors through traditional ceremonies), Mandla believes that he will not be able to progress in life or achieve his goals.

Matoane (2012) and Baloyi and Ramose (2016) state that the ancestors are believed to have a powerful influence on the living; if the ancestors are unhappy, they can easily cause problems (the mind, soul, spirit and overall life) for an individual. Subsequently, individuals see the need to do something to feel better such as slaughter animals to honour the ancestors. The act of honouring ancestors can have therapeutic effects (Tseng, 1999) as individuals feel that they are directly addressing their problems, meaning what cannot be seen but affecting

the spirit must be dealt with using the spiritual interventions such as honouring the invisible, in this case honouring the ancestors.

Matoane (2012) and Madu (2015) identify black people from rural areas as predominately the traditional type; their beliefs and practices are entrenched in traditional African culture; they have a tendency to believe more in mystical explanations that require traditional healers and rituals for the healing of the mind and soul. This is also supported by Magret's statement in extract 4 when she articulated that they slaughter animals and keep Zulu family traditions. In Gylseth's (2008) study discussed in chapter two, most explanations from participants were African traditionally based; this is consistent with the findings of this study. The second type of black people in rural areas is the mixed type.

Extract 9

R: Ok. So Lucky you mentioned that your parents once went to consult with traditional healers; do you believe that this was helping in the healing process of your mind or was it not helpful?

Lucky: It was helpful because my father was required to slaughter an animal at home, a goat was slaughtered, I remember exactly what happened there, my father bought a goat which was slaughtered as he was told- a goat needed to be slaughtered when I was sick and that was done and I see that the slaughtering of the goat and the ceremony was a success and it reached where it needed to reach because I no longer face that problem. Ever since we did the ceremony which needed to be done in the family and since I started to come see the Doctor at the clinic I have never again faced the challenge of becoming ill. I started to recover between 1996 -1997; that is when I got better up until now; my illness started in 1994.

Lucky believes that both consulting the traditional healers and slaughtering the goat were helpful in the healing process of his mind. He states that this reached where it needed to reach (mesocosmic; the ancestors or macrocosmic; God) because his problem was resolved. He also noted that going to the clinic and consulting a doctor helped him in his recovery. Hence, Lucky values both the traditional/indigenous methods and the Western methods in the healing process of the mind and soul. Although mixed type people are mostly identified as those who grew up in rural areas and moved to the cities (Madu, 2015), the results of this study show that people who use both traditional and Western methods of healing are present

in rural areas. This supports Bhabha's (1994) argument of hybridity in contemporary South Africa (Nwoye, 2015). It is predominantly believed that the Western oriented type is mostly found in urban areas, although not restricted to urban areas only (Madu, 2015).

In this study, fewer participants were Western oriented regarding the healing process of the mind and soul. Babalwa is a 26-year-old female who grew up in the Swayimane area and she has been living there all her life. This is her explanation of the healing process of the mind and soul:

Extract 10

R: So I will be asking you about your beliefs about the healing of the mind and soul and the things that you do if you want to heal your mind or your soul. I will be asking you a few questions. So in your own words how would you define the process of the healing of the soul/mind?

Babalwa: So you mean how it is healed?

R: Yes

Babalwa: Personally most of the time I do not believe in traditional herbs. I believe that the person can mostly find help when they go to the clinics and hospitals.

R: O ok. Do you have any beliefs with regards to what a person should do when feeling sad or facing soul/mind challenges?

Babalwa: There are some beliefs; for example- how can I put this? - at home I have a brother who had that problem- he mustn't feel sad because when he is sad you can see that he loses his mind.

R: So what do you believe is the cause of that?

Babalwa: I wouldn't know because sometimes we think it may be stress.

In the above extract, Babalwa believes that a person should go to the modern clinics and hospitals (Western model) for the healing of the mind and soul. Babalwa does not believe in the traditional route. Babalwa also gives a Western explanation and terminology of stress, for feeling sad. Gylseth (2008) states that African understanding of the problem can be similar to how Western psychology defines the problem as seen in extract 10. The lack of belief in African worldview can be ascribed to the influence of colonisation, apartheid and Christianity whereby a traditional African was seen as inferior and uncivilised (Biko, 1977; Matoane, 2012; Mkabela, 2005; Painter et al., 2006).

The effects of colonialism included depletion of African cultures and ways of doing whereby the ways of the black Africans were marginalised, treated as inferior and barbaric (Nwoye, 2015). One of the vehicles used in this colonialism in South Africa was through missionaries who came to preach the gospel, build schools, infrastructure and bring ‘civilisation’ to the black Africans who lived a life that the colonisers disapproved of (Biko, 1977). Furthermore, laws and psychological tests were implemented during the apartheid regime which sought to portray the black Africans as inferior and keep the African person marginalised (Painter et al., 2006).

5.2.2 Theme 2: *Umntu ngumuntu ngabantu* (I am because we are)

The second main theme derived from the study is that of ‘I am because we are’. Three sub-themes are discussed under this broad theme. The theme speaks to the role played by the other person or people in the community in how one understands illness, responds to illness and healing from such illness. The focus is particularly on the healing process of the mind and soul. The first sub-theme is interconnectedness: maintaining harmony and oneness. The second sub-theme is interdependence: within families and between community members and individuals. The last sub-theme discussed under this broad theme is that of the versatile role of family in the healing process.

‘I am because we are’ speaks to the collective thought and doings among black people and the communal spirit (Baloyi, 2008; Mkhize, 2004). Asante (1988) argues that black people should strive for a collective will and collective consciousness. The theme speaks to the Afrocentric characteristics of interdependence, interconnectedness, harmony and collectivism as stipulated in chapter two (Ince, 2010). This is what is termed as *Ubuntu* in South Africa, which fundamentally means I cannot exist without you (Gylseth, 2008). Gylseth (2008) further argues that the concept of *Ubuntu* could provide an African perspective to balance the Western notion of psychotherapy. In this study, the notion of ‘I am because we are’ was viewed as an important aspect of the healing process of the mind and soul of rural black communities.

Extract 11

R: *Thanks ma for sharing your thought with me about the healing process of the mind and soul.*

Margret: *Here in rural areas we live in harmony because we are not like- or let me just say I do not know township life because I am a person from the rural areas; even during my childhood and now I stay here. So when we have a problem we support each other. Let me just say we- maybe let us say I have a problem and have no food, I will not sleep starving because the neighbour is always there to offer help and I also do the same, and also what we get taught by you educated people is to watch out for the children in the neighbourhood and observe how children are being treated and also to watch over the young children especially in these times; that's why even when I go to get my pension I always leave my grandchildren with someone where I know they will be safe because it is our sons who do these horrible things to children, it is hardly someone from the outside.*

In the above extract Margret talks about the healing of the mind and soul in relation to her community; the support they offer to one another, harmony, sharing of resources such as food and supervising each other's children. This is supported by Baloyi's definition of psychotherapy from an African perspective whereby he argues that psychotherapy includes facilitation of a healing space between individuals, families and communities and it entails making meaningful connections (2008). Therefore, psychotherapy, in black rural communities, also encompasses the external or 'outside' the individual; it is not only intrapsychic as with the case with mainstream psychotherapy.

5.2.2.1 Interconnectedness: Maintaining harmony and oneness

The sub-theme of interconnectedness which entails harmony and oneness was evident in this study. Interconnectedness views the universe as interconnected; there is harmony and oneness between nature and the spirit (Ince, 2009). People are connected to each other which facilitates reciprocity in relationships (ibid). Ince (2009) further states that the individual is complete when other people are there to complete his or her oneness. Individuals' maintenance of harmony with community members was important for some participants in this study in relation to the healing process of the mind and soul.

Extract 12

R: *So when you are faced with challenges of the mind and soul which make you feel that you cannot cope, what do you do?*

Margret: *...Yes we need to live peaceably and in harmony with other people. You see two of my daughters are in Johannesburg, one is the mother of the child that I said he's a bit 'crazy', I tell my daughter that wherever you are you must be able to live with other people, even if a person is in trouble and you can help them you must do so. It's what they know generally and they have learnt it from me. Sometimes they thank me because of their character where they are now living.*

In the above extract, Margret shares how she has taught her daughters to live in harmony with other people and to offer help to others when they are not able to do so. Ince (2010) argues that individuals' existence depend on collective unity and awareness of others. This sense of interconnectedness, harmony and oneness strengthens group identity and it provides a sense of belonging to individuals, families and communities (Ince, 2010). In defining the healing process of the mind and soul Lucky said: *"I am a type of person who likes to live in harmony with other people and I like to maintain good interactions with other people; I like to be in good terms with everyone...."* Interconnectedness speaks to the importance of the relationship between the individual, the family, and the community (Ince, 2009). Gylseth (2008) and Wolff (2014) state that one aspect of black people, in South Africa, is their sense of interconnectedness and interdependence, this is called *Ubuntu*. Interdependence and *Ubuntu* are further discussed below.

5.2.2.2 Interdependence: within families and between community members and individuals

Interdependence is the commitment to interests of the group (family or community) and interdependence validates group experiences within the context of family and community (Ince, 2010). In this study, participants were either committed to the well-being of their families or their families and communities were committed to the participants' well-being. This dynamic is what has been labelled as *Ubuntu*. *Ubuntu* is everything that is good about being human; it is characterised by generosity and emphasises the fact that we depend on each other (Gylseth, 2008). Participants were committed to the interests of their families and this formed an important part in the process of their healing of the mind and soul.

Extract 13

R: *So when you are faced with challenges of the mind and soul which make you feel that you cannot cope, what do you do?*

Margret: *I am now old. As you can see I am living with my mother in law and I have never left this house. I have cooked with her as a young bride. As you can see she is now weak and old but we live together, cook together and share our food. Why, because she is now old and it means that even my children-there is one that I am living with, it's just that they went to D____ but they're coming back today- I live with her, she is the mother of these three children, she knows that we need to look after my mother in law because she is now old.*

Margret is committed to the interests of her mother-in-law who is now old and they share resources and cook together; this points to interdependence in the relationship. Margret spoke about the relationship between her mother-in-law, herself and her daughter and grandchildren when she was asked how she copes with challenges that she is faced with. Interdependence (*Ubuntu*) plays a role in the healing process of the mind and soul of black people living in rural communities. Afrocentricity argues that everything that comes from the African, such as *Ubuntu*, is relevant to the African experience and leads to 'centeredness' (Asante, 1988). Participants in this study articulated the importance of others in the healing process of the mind and soul as stated by Mfundo in the following extract.

Extract 14

R: *Ok. When you are faced with challenges in your mind and soul and see that things are not going well; what do you believe a person needs to overcome that situation?*

Mfundo: *I believe that a person needs to be connected to people that are in the level of providing help*

R: *So people from where maybe?*

Mfundo: *People from the community, neighbours that you see have the potential to help you, not people who will laugh at you and who will take your problems lightly.*

Baloyi (2008) argues that psychotherapy, the healing process of the mind and soul, from an African viewpoint also includes aspects of the community, which is contradictory to the Western view of psychotherapy that only focuses on the individual in a confined office space (Smith, 2014). In rural black communities, the interaction (interdependence) between

the individual, who is faced with a challenge and the community members, is part of psychotherapy.

5.2.2.3 The versatile role of family in the healing process

The family is pivotal in the healing process of the mind and soul of individuals who reside in Black rural communities. A number of participants identified family members as their main support system:

Extract 15

R: *O ok. What or who is your support system?*

Babalwa: *It is my mother and brother. Sometimes there are some things that I cannot speak to my mother about so I speak to my brother because he is a male and he can provide some guidance when I have a problem with my partner.*

Zo: *My sister.*

Zolani: *My mother supports me*

Mfundo: *I can say people who support me are my uncle and grandmother.*

Lucky: *People from my family and the clinic that I attend.*

In the above extract, the majority of the participants did not attribute support to any formal system. Support was attained from family members and family members were viewed as the main support system, even in those situations where support was received from professional settings; in extract 15, Lucky states that he receives support from his family and the clinic- a government institution with professionals. A professional setting in this case refers to a place where people identified as professionals work. For example, people who studied at a university in a certain field to obtain qualifications and/or people who possess practical experience in a certain field which equip them to meet requirements that will enable them to perform their duties and work demands. Black people living in rural communities predominantly believe that they should turn to the family if they are emotionally distressed or need to resolve problems that affect their mind and soul.

Extract 16

R: *But what if that person is emotionally distressed, what should they do?*

Lucky : *They need to have relatives and they must have one relative, like me; my father has brothers, so I must be close to one of my uncles whom I can speak to whenever I feel that I*

have a problem and ask for guidance and that uncle would be able to put things into perspective. You need to have relatives. It is good to have relatives to speak to about problems that may occur even within the family. You need to be connected to people and know who to go to for a particular problem. If I have committed an offence and impregnated a girl out of wedlock I must know who to go to and report this and ask for help. You must be welcomed to even find odd jobs that other family members can create for you such as working in the garden; things like that.

In extract 16, Lucky believes that he can get guidance from his family members during emotional distress. He believes that one needs to have relatives to speak to during this period. The family is seen by Lucky as a resource that can offer a number of things such as guidance and even job opportunities. Madu (2015) attests that family members, amongst other traditional things, were historically held in high esteem regarding psychological problems and other problems in African families. The findings of this study also show that Black rural communities in contemporary South Africa consult with family members during emotional distress. This forms part of the healing of their mind and soul. Family meetings are also held when one is faced with challenges and this is part of the healing of the mind and soul as family members come up with a resolution to the problem and talk about it.

Extract 17

R: So when you are faced with challenges that affect your mind and soul and feel that you cannot cope; what do you do?

Margret: My child, I do face challenges, difficult challenges, but they get resolved because we sit down, I call the family members but not the whole family, I have children and they are now adults-my last born is 24. Now her...her...., the eldest- so I have 7 children, the girls are now adults and they have their own children [sic]. So when we have a problem we gather together and sit down and talk and discuss the way forward, guiding one another and we find solutions. If we need to apologise we do so because what I always see as important is asking for forgiveness if you have made a mistake.

The above extract is a description of how Margret copes with challenges that entail calling certain members of the family to gather and have a family meeting. As the family sits down together, they explore ways to move forward and discuss possible solutions. This is termed by Tseng (1999) as culture influenced unique therapies, which include ‘folk family

therapy'. This form of therapy is used in Hawaii whereby family members gather together to resolve conflict, utilise problem-solving skills and set right interpersonal relationships (Tseng, 1999). Findings of this study show that rural black communities also value sitting down with families and resolving problems as part of the healing process of the mind and soul.

5.2.3 Theme 3: 'Let's talk about it'

This theme covers aspects of talking to someone about your problem, which is viewed as part of the healing process of the mind and soul in Black rural communities. The findings of this study show that black people from rural communities mainly talk to people in their families (as discussed above) and their communities. However, professionals such as social workers and police officers and those working in hospitals are consulted for problems termed as 'difficult or huge' by the participants. A few participants noted that people outside rural communities speak to psychologists or go for counselling but this is not readily available in rural communities or it is not known.

5.2.3.1 Speaking to someone within the community

For the majority of participants in this study, the healing process of the mind involves speaking to someone. The participants need not to look any further for this person to speak to- they can find them in the community. Speaking to someone trustworthy in the community is essential for the healing process of the mind and soul as expressed by the participant below:

Extract 18

R: ok ma that's fine, another thing ma if I may ask. I wonder how you would describe the healing of the soul or the healing of one's mind? Maybe let us say if you are feeling sad. How would you describe this?

Margaret: Maybe let's say- let me just say if there is something that is making me feel sad or troubling me, because everyone goes through that phase, if I am feeling sad in my spirit I get someone on the side whom I speak to about my problem, I speak to this person on the side about my problem and then this person gives me guidance on how we can solve this particular problem because the problem is already there. Generally I am that type of person. When I have a problem I also consider the type of person that I speak to. Yes I go to church

but I don't just speak to anyone. I look carefully for a matured woman that I will speak to, ehr, whom I trust in my spirit and know that she will keep my problem confidential and give me guidance.

Margaret ascribes the healing process of the mind and soul to speaking to someone who is mature, whom she trusts and who will keep her problems confidential. Maturity is a considered factor for Margret and directs who she approaches in seeking healing. This suggests that an elderly person would deal with the challenges of mind and soul of an elderly woman. Indirectly, this points to ability to heal and the importance of seniority. Margret seeks guidance from the person that she speaks to and for her this person is found in the church, which is within her community. Another participant stated that he consults with someone in the community when he is faced with challenges:

Extract 19

R: *Have you ever been faced with challenges in your life that affected your mind and soul?*

Zolani: *I have not been faced with major challenges.*

R: *Ok but how did you deal with minor challenges?*

Zolani: *I just consulted with other people and asked what to do in those situations and I was ok after that.*

R: *Ok. Was it someone professional or just a community member?*

Zolani: *It was just someone from the community.*

Both Zolani and Margaret spoke to people in the community. This was part of the healing process of the mind and soul and it formed an important part in coping. Gylseth (2008) describes psychotherapy (the healing process of the mind and soul) as the 'talking cure'. Akinyela (2002) identifies storytelling, in post-colonial approaches, whereby an individual speaks to someone, 'a witness', as something which resonates strongly with African cultures. Speaking to someone is not limited to a professional office space but the healing of the mind and soul can be achieved through speaking to fellow community members with whom the participants can also identify. Zolani stated that when speaking to someone: "*it can be your friend, parent or brother, it depends on who you think is suitable, or maybe you can go to a person who has experienced a similar problem as yours and they can give you advise on what they did in order to resolve their own problems.*" The findings discussed in this theme are an expansion to chapter two in that the healing process is not

limited to professionals, cosmic beings or traditional healers; people in rural areas talk to fellow community members and this forms part of the healing process of the mind and soul in various ways, either through relief from sad feelings or through helping individuals to cope.

5.2.3.2 Consulting professionals for healing of the mind and soul

The concept 'professional' is a broad concept which can refer to individuals who are knowledgeable in indigenous methods such as *inyanga* (traditional healer) found in rural communities (Baloyi & Ramose, 2016). A professional can also refer to a qualified (in terms of academic qualifications) person in a particular profession. A profession refers to a paid occupation preceded by training and a formal qualification (for example an individual studies at a recognised university for four years to become a professional teacher). The latter is discussed in this theme in relation to the healing of the mind and soul in rural black communities. This sub-theme discusses professional assistance and professional institutions (e.g. hospitals, police station) as a service, which is considered by black people living in rural communities in the healing process of the mind and soul.

Professionals which were considered by participants in this study as an important part of the healing process of the mind and soul entailed police officers, social workers, nurses and doctors. Institutions which were mentioned by participants included hospitals, clinics and police stations. Although black people living in rural communities engage in traditional ways for the healing of the mind and soul, they also consider professional help from doctors, hospitals, social workers and police officers for other problems. Some problems are viewed as specifically needing professional help from the police and social workers and these usually include social justice issues.

Extract 20

R: So if you were to explain to someone what the healing process of the mind and soul is, how would you explain it?

Margret: Me, if I were to explain to a person maybe, although they might not see it the way I see it. If I were to explain to a person the meaning of the healing of the soul- I would say it is when a person has a problem, because there are huge problems out there which are difficult to deal with, but if a person keeps their problem bottled up inside they will not get better because they definitely need guidance from someone so that the heart can be relieved. So

when they have a problem they need to find someone as I have just said so that they can be able to speak about their problem, if it is a huge problem than maybe they would maybe need to report it to the clinics, maybe to the social workers or the police- maybe then they would need to cautiously report it and say that there has been such and such a problem now [sic]. Let me give you an example my child [voice lowered] about the kind of things that are now happening in these days. Maybe the person suspects that something is being done to a child, like for example children are raped these days, I would speak to someone and then go to the clinic with the child for the child to be checked if everything is ok with the child, then come back home. Why? Because if I am just alone when I report to my family I won't be able to even tell them about the person I suspect. My heart says this.

In extract 20, Margaret explains the healing process of the mind and soul as speaking to someone (discussed in the 'let's talk about it' sub-theme). Margaret further states that healing also requires speaking to a social worker, police or going to the clinic for 'huge' problems. One of the examples, of a 'huge' problem given by Margaret is rape. Margaret's view is that the healing of the mind and soul comes through approaching professionals for problems that may arise in the society or community. Babalwa also viewed professional assistance as important in the healing process of the mind and soul as stipulated in Extract 21.

Extract 21

R: Ok. So when we speak of the healing process of the mind, what are your views with regards to this?

Babalwa: It helps sometimes to speak to professionals because sometimes you find that someone is really oppressed and you do not know how to help them so many people do get help from speaking to professionals.

Although the view of going to professionals for the healing process of the mind and soul is Western oriented, as it was not used by black people pre-colonialism (Madu, 2015), professional assistance is part of the healing process of the mind and soul in rural black communities. The challenge with professional help in the rural communities, although it is viewed as a necessity in the healing process of the mind and soul, is the lack of resources and poor service delivery in rural areas (Hickson & Kriegler, 2001) which may be associated with negative attitudes towards professional help among black people living in rural areas.

Extract 22

R: *O ok ok. I hear you baba. So when you are emotionally distressed, or let me say when people in general are emotionally distressed what should they do?*

Mandla: *[sighs]It's difficult to say because even the police don't offer any help, even those who are working in the fields of people's social welfare, when you report to them, they end up abusing their power and use your name for their own selfish gain and they benefit from your problem and end up not caring about your pain.*

In Extract 22, Mandla talks about professional assistance when he is asked about his belief as to what people should do when emotionally distressed. He expresses his dissatisfaction with the police and people working in social welfare. This is indicative of how Black people in rural areas experience government services. Another participant stated the following:

Extract 23

R: *Do you know of other ways that people here use to deal with challenges that impact on their mind and soul? What do they do?*

Babalwa: *Here in rural areas? You mean in the clinics?*

R: *Not only in the clinics; people in the community in general?*

Babalwa: *No there is nothing because as I am saying- even my brother who was mentally ill- there is nowhere where they find help; they need to go to Pietermaritzburg because they get ill-treated when they go to clinics to such an extent that the care giver who is accompanying the person will get angry because some of the nurses do not have time.*

R: *O ok*

Babalwa: *... They do not have time; I prefer N_____ and S_____ (hospitals in urban areas) because even if you leave your sibling in those hospitals you find them in a good state when you come back to check on them and they provide proper treatment.*

Babalwa expresses dissatisfaction with help from her clinics in her area and prefers services offered in the central business district which is associated with her use of hospitals in Pietermaritzburg rather than going to the clinic within her community. This is consistent with Ruane's (2010) findings whereby participants articulated a discourse of usable resources. The fact that an infrastructure or resource existed did not mean community members will use it;

the resource will first need to be viewed as usable and of value by the community before they made use of it (Ruane, 2010).

Mental illness is not discussed in chapter two but it is a term that came up in this study with regards to the healing process of the mind and soul. Two participants stated that they were diagnosed with a mental illness and Babalwa stated that she has a sibling who is diagnosed with a mental illness. Hickson and Kriegler (2001) articulate that mental health services have been centralised in urban areas, limiting access of rural communities to mental health care. They further argue that mental health service delivery is alarmingly inadequate (ibid). The findings on professional help and professional institutions are an expansion to the discussion in chapter two which discussed the role of psychology and mainstream psychotherapy in rural communities. This sub-theme has further discussed the views of other professionals and professional institutions from a standpoint of the participants of this study.

5.2.3.3 Views of mainstream psychotherapy offered by psychologists

This theme covers the views of mainstream psychotherapy by black rural communities. Findings in this study support the literature discussed in chapter two with regards to the inappropriateness of mainstream psychotherapy in black African communities, particularly those living in rural areas (Knight, 2013; Wolff, 2014). Commenting on psychologists, Zo stated the following:

Extract 24

R: Ok. Are there any other methods that you know of which are helpful in the process of healing the mind/soul apart from going to church if a person is not a Christian?

Zo: As Black people we are not very much involved in these things of psychologists - yes and I personally do not know of even a single psychologist that I would go to if I had a problem; maybe I would need to search online first to get information- you know what I mean?

Zo states that “as black people” they are not deeply associated with psychologists (psychotherapy is one of the areas that psychologists specialize in), and Zo further states that she does not know of a single psychologist that she would go to if she had a problem. Knight (2013) stated that mainstream psychotherapy is viewed as un-African by those residing in Black rural communities. Zo further stated that “*you see if you were to tell someone here in rural areas about a psychologist they might even ask you what that is and what does a*

psychologist do?” Hickson and Krieger (2001) state that the role of psychologists is vague and ill- defined in rural areas; psychology is further viewed as an exclusive province for the elite. Even if black people living in rural communities would consider engaging in mainstream psychotherapy, it remains inaccessible and expensive (Hickson & Krieger, 2001; Knight, 2013; Wolff, 2014). Ruane’s (2010) finding on a study conducted in a South African township stipulates that key obstacles to utilisation of psychological services by the participants were lack of knowledge on psychology, lack of trust towards psychologists, affordability of treatment, impersonal service delivery from psychologists and lack of cultural sensitivity. Findings of this study were consistent with the aforementioned studies as stipulated by Zo in extract 25:

Extract 25

R: Ok so I have heard your views and attitudes towards healing of the mind/soul and about psychologists. Is there anything that you would like to add?

Zo: No that is just it- and poverty as well because it is not free to go and see a psychologist and it costs money and we do not have medical aid here in rural areas – that’s what I can say; there are things that hinder us from reaching psychologists and sometimes even education adds on this- not knowing what a psychologist does and how will a psychologist actually help you- you see what I mean.

In the above extract, Zo views speaking to a psychologist (psychotherapist) as expensive, especially if one is without medical aid. Zo further states that there is a lot of not knowing on how a psychologist can actually help a person and this could be associated with the foreign concept and methods associated with mainstream psychology and its branch psychotherapy (Baloyi, 2008). The findings of this study as discussed in the previous themes, show that the healing process of the mind and soul of rural black communities is embedded in views, attitudes and beliefs (which in turn impact on the practise of psychotherapy) that do not engage with mainstream psychotherapy and therefore there is a lack of knowledge of the role of psychologists as they are removed from rural communities and do not understand indigenous ways of being and therefore offer incongruent interventions (Ruane, 2010).

5.2.4 Theme 4: Healing embedded in context: Socio-economic factors, money and poverty

Nwoye (2010) and Bulhan (1985) argue that psychotherapy for African countries should take into account contextual factors and aim to redress the detrimental factors embedded in Africa due to colonisation. Asante (1988) also argues that ways of healing for Africans should take into account socio-economic factors and aim for the emancipation of black people from poverty and social justice. Macleod (2004) situational analysis of psychology in the past five years provided a critical engagement of the state of psychology and the research conducted in psychology juxtaposed with the socio-political context of South Africa, particularly in relation to poverty, unemployment, extreme income wealth and income inequality, sanitation and education. Macleod (2004) argues that the state of psychology depicts that psychology is a long way from generating knowledge that speaks to the key concerns of this country. Participants in this research critically engaged with the issues of money and poverty when they spoke about the healing process of the mind and soul. When speaking about the healing process of the mind and soul, participants also referred to the context and circumstances they live under and how these in turn hinder the healing process of their minds and souls.

Extract 26

R: Is there anything else you would like to add in relation to what we discussed here today about the healing process of the mind and soul?

P: I believe that there are some problems that our parents left without fixing according to our traditions/culture and these things end up affecting us.

R: So how do these things affect you?

Mandla: You end up not being able to achieve your goals or even move forward with even the little things that you have because of these problems, especially because even this grant that we receive is not enough, it is just enough to buy food so that you are not hungry when you go to sleep, you cannot buy a cow with this money, you cannot build a house- things like that.

In the above extract Mandla talks about culture and tradition in relation to the healing process of the mind and soul which has been discussed in the previous themes. Mandla then talks about the disability grant as not being enough to cover other expenses like buying a cow for slaughtering or even building a house. Slaughtering the cow is important for the healing process of his mind and soul as discussed above in the sub-theme of *continuing in amasiko*

versus Western intervention and Mandla expands this to the need for building basic resources such as a house. Money is a tool attached to his need to be able to take responsibility and provide necessities such as building a home for his family. Not having enough money then affects the healing process of the mind and soul because it threatens his access to basic resources. Lucky defined the healing process of the mind and soul as: *“it means to me receiving my grant and being able to fulfil the desires of my heart which I am able to accomplish with the grant that I am receiving...”*

Extract 27

R: *So Lucky what advice would you give to someone who is emotionally distressed in order for him or her to get assistance? What can they do? For example someone who has lost a loved one through death, like a mother losing her baby. What can help such a person do to cope with that situation?*

Lucky: *You need to have something like money. I believe that money can heal a persons' soul because they can do what they need to do. For example, after the burial a person might think that there are other traditional activities that need to be done for the deceased.*

In extract 27, Lucky shares how he believes money can heal a person's soul and he associates money as a medium through which other traditional things can be achieved. This indicates that the healing process of the mind and soul is achieved through keeping traditional requirements and doing what needs to be done; money is a requirement for the expenses involved in this process of performing traditional activities as they may involve expenses. Snethemba and Zo also commented on the difficulties of living under poverty and how this is a challenge when one is trying to access resources. Snethemba was asked if there is anything that she wanted to add with regards to the healing of the mind and soul and she said: *“no it is just the poverty.”* Matoane (2012) argues that most individuals living in rural communities are affected by poverty. Findings of this study indicate that black people living in rural communities consider an improved socio-economic status as important in the healing process of the mind and soul. An improved socio-economic status means that they can attain the things necessary for the healing of their mind and soul. For example they can be able to perform ceremonies required for healing of the mind and soul and they can provide for their families as the healing process of the mind and soul for rural communities entails interdependence amongst family members and interconnectedness of communities (discussed

in the previous themes). Taking care of one's family embedded in interdependence requires money.

Extract 28

R: Are there any other ways for people to find healing for their mind and soul when they are emotionally distressed? What should they do?

Lungi: ...So you need to show your child love, bathe them, dress them up- what they need- you see I have a child that was deserted by their father but I give my child what they want no matter how expensive- I tell them listen I will save money and when the time has arrived for you to get that particular thing; you will get it but if the time has not arrived you need to accept that as your mother I did not have the resources to buy you what you needed but maybe someday you might receive it.

In extract 28, Lungi engages with the concept of taking care of her child and providing for him/her when she is discussing ways that people could obtain healing for their mind and soul. Lungi finds healing for her mind and soul when she is able to provide for her child. This indicates that when she cannot provide, which often requires money for expenses such as clothing, she experiences some emotional distress. Lungi goes further into discussing how she saves money which enables her to provide for her child even if something is expensive. She further communicates with her child if she has difficulties with money or resources which hinders her ability to buy what the child needs. Having money, an improved socio-economic status and resources means that people from rural black communities are then able to utilise their own tools of healing for their mind and soul which also have some expenses at times. Therefore an improved socio-economic status facilitates the healing of the mind and soul.

5.3. Conclusion

This study sought to explore attitudes, views and beliefs of rural black communities on psychotherapy. Psychotherapy was defined as the healing process of the mind and soul in chapter two. A further discussion on how the healing process of the mind and soul is at variance depending on the context was outlined in chapter two. This chapter set out to present the findings on attitudes, views and beliefs of the healing process of the mind and soul in rural black communities which may be associated with the practise of psychotherapy in rural

black communities. Main themes were outlined and sub-themes were presented and interpreted in relation to chapter two. There were a few expansions to chapter two and the findings of this study were consistent with the work of other authors presented in chapter two.

Afrocentricity as a theory is derived from African experience and is appropriate to use when seeking to understand African ways of doing (Asante, 1988). Subsequently, precepts of Afrocentricity were employed in the discussion of this chapter to bring a clearer understanding of the findings. The findings presented show that rural black communities consider a variety of ways of healing which are somewhat different from Western psychotherapy that is predominantly taught and practised in mainstream psychology. However, rural black communities do consider other professional help, from social workers, doctors and police officers as important for the healing of the mind and soul but some of the participants had a negative attitude due to poor service delivery that is prevalent in rural areas (Hickson & Kriegler, 2001). A summary of findings is presented in the following chapter.

Chapter six: Conclusion

6.1. Introduction

The intension of this chapter is to bring this thesis to a close. The study explored attitudes, views and beliefs of rural black communities on psychotherapy. A summary of findings is presented in this chapter, followed by the researchers' commentary in relation to limitation of this study, researchers' commentary in relation to the contributions of the study in the field of psychology and finally the chapter ends with recommendations.

6.2. Summary of findings

A summary of findings is presented below in relation to the previous chapter. The study will also explicate specific answers to the three research questions, namely:

(a) How is the process of healing the soul (known as psychotherapy) constructed and defined in South African rural black communities?

(b) What methods and processes of healing the mind and soul are utilized in rural black communities?

(c) What are the differences between mainstream psychotherapy and psychotherapy as constructed and practised in rural black communities?

Theme 1: Spirituality and cosmic beings

This theme was derived from the data and it entails the beliefs and views of rural black people on the healing process of the mind and soul and being influenced by invisible beings (God and/ or ancestors). This theme helped us to understand the beliefs and views of the healing process of the mind and soul from the spiritual level which is at variance with Western notions of empiricism and the visible that can be measured.

Sub-theme: Consciousness towards God

Participants in this study viewed God as an important source for the healing of their mind and soul. They were aware of God and this is consistent with Afrocentricity which states that black African people have always been God conscious (Asante, 1988).

Sub-theme: The role of the church and Christianity

Participants in this study were grounded in the church which offered a support system, activities and interpersonal relationships that facilitated the healing process of the mind and soul. The participants had a positive attitude towards the role of the church in the healing process of the mind and soul and this in turn influenced their practice of psychotherapy as it involved going to church. This thesis critically engaged with the characteristics of the church as embedded in colonialism which resulted in the loss of indigenous ways in some African communities.

The healing power of prayer

Participants in this study believed that prayer is important for the healing process of the mind and soul and they stated that they engage in prayer during times of emotional distress. Prayer could be directed to God and ancestors or both. This was consistent with the work of Tseng (1999) that outlines the therapeutic effects of prayer on individuals.

Continuing in *amasiko* (traditions) versus Western intervention

Participants in this study believed in traditional ways such as slaughtering an animal for ancestors or consulting a traditional healer as pivotal for the healing process of the mind and soul. These types of participants were the *traditional type* and this was discussed in relation to the work of Matoane (2012) and Madu (2015). The *mixed type* considers and utilise both Western and traditional ways of healing in the healing process of the mind and soul and they were also found in this study. Fewer participants were *Western-oriented* in their beliefs of the healing process of the mind and soul. These participants held a more positive attitude towards going to hospitals and clinics for intervention in relation to the healing process of the mind and soul.

Theme 2: *Umntu ngumuntu ngabantu* (I am because we are)

This theme helped us to understand how the collective thought and communal spirit maintained by the participants in rural areas was believed to be a necessity for the healing process of the mind and soul.

Interconnectedness: maintaining harmony and oneness

Participants in this study believed that it is important to live in harmony with other community members and the participants strived to maintain good relations with those around them. This was discussed by the participants as important for the healing of the mind and soul.

Interdependence: within families and between community members and individuals

Commitment to the well-being of others and commitment directed to individuals from community members and vice versa was believed to be an important aspect of the healing process of the mind and soul. Participants believed in sharing of resources such as food and supporting one another. The South African concept of *Ubuntu* (Baloyi, 2008; Gylseth, 2008; Wolff, 2014) helped us to have a greater understanding on the views of interdependence and interconnectedness in the healing process of the mind and soul among rural Black communities.

The versatile role of family in the healing process

Participants in this study viewed family members as their main support system. Family members were also consulted for guidance and family meetings are held for problem solving. The role of the family as important is also highlighted in the work of Madu (2015) and Tseng (1999). Family members are viewed as important in rural black communities in the healing process of the mind and soul and they offer psychotherapeutic interventions on different levels (they have a versatile role).

Theme 3: ‘Let’s talk about it’

This theme entailed how the participants in this study viewed talking to someone as important for the healing process of the mind and soul which was associated with them going to speak to someone if they had a problem. The theme also covers views and attitudes of psychotherapy offered by psychologists. Findings of this study showed that psychologists are foreign and not known in Black rural communities.

Speaking to someone within the community

Participants in this study stated that they spoke to someone within the community as this was viewed as important for the healing of the mind and soul. This indicates that participants value the human resources within the community.

Consulting professionals for healing of the mind and soul

Participants in this study viewed the other or 'huge' problems as needing attention from doctors, social workers, clinics, hospitals, police and nurses. These professionals were considered to have a role in the healing process of the mind and soul by the participants of this study as they can offer professional intervention; however, professional intervention was associated with negative views and attitudes from some participants due to lack of resources in rural communities and poor service delivery (see Hickson & Kriegler, 2001).

Views on mainstream psychotherapy offered by psychologists

Participants in this study viewed psychotherapy offered by psychologist as the healing process of the mind and soul which did not apply to them due to its lack of accessibility and the profession is unknown to them. This study discussed this theme in relation to Knight (2013) and Wolff (2014) who also stipulate that psychotherapy which is embedded in psychology is inaccessible, unknown and inappropriate in rural black communities.

Theme 4: Healing embedded in context: socio-economic status, money and poverty

This main theme was discussed in relation to how the participants viewed having money as important for the healing process of the mind and soul. This was associated with the ability of money to assist individuals to gain access to resources such as building their homes or completing traditional ceremonies which requires cows to be bought. The low socio-economic status and poverty were viewed as impinging on the healing process of the mind and soul. Arguments by Nwoye (2010) and Bulhan (1985) were used to help us understand this theme and psychotherapy in Africa which encompasses psychotherapy in rural black communities.

6.3. Research questions in relation to the study

- (a) How is the process of healing the mind and soul (known as psychotherapy) constructed and defined in South African rural black communities?

The study has clearly demonstrated that the process of healing the mind and soul in rural black communities is constructed as the involvement of invisible beings such as God and the ancestors (who are viewed as having an impact on animated people) in the lives of black people living in rural communities. Honouring the ancestors and having a relationship with God can have a significant impact in the healing process of the mind and soul for black people living in rural communities. This is consistent with the Baloyi's (2008) study and it has been further articulated in Baloyi and Ramose (2016). Asante (1988) also notes that the relationship with God is observed amongst black people. Hence, the constructions of the healing process of the mind and soul in the participants of this study entailed these invisible beings and the relationship with these invisible beings. This is supported by the theme of spirituality and cosmic beings (theme one) which entails sub-themes of the role of the church and Christianity, the healing power of prayer continuing in amasiko (traditions) versus Western intervention.

Furthermore, the healing process of the mind and soul is constructed among the participants of this study as living in harmony with those around you and maintaining the spirit of oneness (interconnectedness). The healing process of the mind and soul is also characterised by interdependence amongst family members and between individuals and their communities. The role of the family is predominant in the healing process of the mind and soul in participants of this study. This is embedded in theme two (umuntu ngumuntu ngabantu meaning *I am because we are*). African rural communities have been known for their communal spirit ascribed to the African concept of *Ubuntu* (Baloyi, 2008; Gylseth, 2008; Mkhize, 2004). Hence, Baloyi has argued for the inclusion of concepts such as *Ubuntu* in mainstream psychotherapy to be adopted in expressions of the concept of psychotherapy (Baloyi, 2008). The healing process of the mind and soul was also constructed by the participants as talking to someone (discussed in the 'let's talk about it' theme). This entailed the view held by participants that they can speak to someone in the family, within the community or consult 'professionals'.

(b) What methods and processes of healing the mind and soul are utilized in rural black communities?

The constructions of the healing process of the mind and soul were further associated with the methods that the participants of the study expressed as methods used to heal the mind and soul. Participants indicated that they keep their traditions, consult with traditional healers and slaughter animals to honour the ancestors as methods to heal their minds and souls. Participants also indicated that they pray as a method of healing their minds and souls as discussed in the sub-theme of the healing power of prayer. Other methods included accessing support from family members or holding family meetings to discuss issues at hand. This is explicated the sub-theme of the versatile role of family in the healing process. Participants also consulted with social workers and police officers for problems usually including social justice issues. Maintaining harmony and oneness in the community and the interdependence between participants and family or community members was a method that the participants stated they use for the healing process of the mind and soul.

(c) What are the differences between mainstream psychotherapy and psychotherapy as constructed and practised in rural black communities?

Findings of this study show that the constructions of the healing process of the mind and soul and methods of healing utilised in rural black communities are at variance with mainstream psychology which often focuses on empiricism, individualism and the intrapsychic (Baloyi, 2008). Norcross's (1990) definition of psychotherapy as the application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviours, cognitions, emotions, and/or other personal characteristics (cited in American Psychology Association Resolution, 2013) is irrelevant in rural black communities as their ways of healing are more indigenously based, include a belief in God and ancestors, although professionals such as social workers, doctors and police are consulted at times for other problems. The irrelevance of mainstream psychology together with psychotherapy has been well documented (Baloyi, 2008; Bulhan, 1985; Knight, 2013; Nwoye, 2010; Ratele, 2006). For example, mainstream psychotherapy requires that one must see a psychologist for psychotherapy (Knight, 2013) whereas psychotherapy in rural black communities may entail talking to family members, talking to a community member, going to church, praying and honouring ancestors through slaughtering animals. This is consistent with the more culturally based methods of healing

and indigenous ways of healing which also produce therapeutic effects (Tseng, 1999). Hence the construction of psychotherapy which impacts on the act of psychotherapy (the healing process of the mind and soul) is done differently in rural black communities.

6.4. Researchers commentary in relation to the limitations of this study

This research aimed to explore attitudes, views and beliefs of rural black communities on psychotherapy through exploratory qualitative research. Methods of data collection included selection of nine participants through convenience sampling. The attitudes, views and beliefs on psychotherapy presented in this study are of the participants of this study and generalizability to other rural black communities may be viewed as a limitation. However, these findings have created awareness on different forms of psychotherapy viewed as essential in rural black communities. Matoane (2012) states that black South Africans' beliefs and practices vary within similar ethnic group despite shared ethnic values and traditions across ethnic groups. This translates to the findings of this study in that the attitudes views and beliefs of rural black communities on psychotherapy may vary for some individuals living in rural black communities. Afrocentricity helps us to understand differences that occur in contexts and that there are various viewpoints to understanding phenomenon and all should be treated with equal respect (Asante, 1988). Afrocentricity further asserts that despite heterogeneity amongst Africans' based on their context; there are common shared values and characteristics found among people of African descent (Asante, 2006).

It is also the view of the researcher that the level of involvement in the research process of the participants was limited to that of participation in the interview process for data collection. This has been criticized (Baloyi, 2008) as using black people particularly for scholarly purposes and completion of dissertations. The researcher aimed to move away from this tendency through engaging with the participants of this study as a starting point of reference for their lives and contributors to the knowledge base of psychotherapy. Hence the aim was to explore attitudes, views and beliefs of rural black communities on psychotherapy. Afrocentricity was also employed as a theoretical framework. However, Mkabela (2005) states that for research to be Afrocentric, the African indigenous people must be involved, in control of and participate in the entire research process. The researcher of this study grasped with this through reflexivity discussed in previous chapters which is necessary in the research process.

6.5. Researchers' commentary in relation to the contributions of the study to the field of psychology

The work of Baloyi (2008) provides a relevant critical conceptual analysis of the dominant Western paradigm of scientific knowledge in general which is anchored in a defective claim of neutrality, objectivity and universality, particularly psychology which is derived from the Greek concept 'psyche'. To demonstrate this, Baloyi (2008) counterpoises indigenous ways of knowing and doing in the African experience against the Western understanding and construction of scientific knowledge in the fields of psychology and psychotherapy. He further argues for the necessity of African indigenous concepts and terminology (such as *Ubuntu* and *moya*) and for these concepts to be used as scientifically authentic linguistic expressions and self-representations (Baloyi, 2008). This study differs from that of Baloyi's (Baloyi, 2008) thesis in that it places emphasis on the process of healing of the mind as constructed differently and practised differently in different contexts, particularly rural black communities.

The study sets out to explore attitudes, views and beliefs of rural black communities on the healing process of the mind and soul 'psychotherapy' (a concept critically analysed in Baloyi, 2008). This is an imperative as many scholars have written on the need to deconstruct and transform psychology and psychotherapy as its roots, conceptualisation and practise are irrelevant in the African context and to the African person (Baloyi, 2008; Bulhan, 1985; Nwoye, 2015; Mkhize; 2004; Ratele, 2006) and this has been a critical discourse, which requires implementation of studies with black people as contributors to knowledge base towards this tenable call of transformation in psychotherapy embedded in psychology. This study has provided indigenous knowledge, embedded in the attitudes, views and beliefs of participants, on the processes of healing the mind and soul (conceptualised as psychotherapy in the Western worldview) to provide a better understanding of 'psychotherapy' from often neglected areas such as rural black communities (Baloyi, 2008; Macleod, 2012).

6.6. Recommendations

- The findings of this study have brought awareness of the attitudes, views and beliefs of the healing process of the mind and soul from the perspective of rural black communities which is often marginalised and construed as illegitimate. Therefore, broader definitions and conceptualisations of psychotherapy are needed as attitudes,

beliefs and views of rural black communities differ to how psychotherapy is understood from the Western perspective and these views may be associated with how the practise of psychotherapy is engaged with in rural black communities.

- Attention needs to be given to the types of modifications that are necessary for psychologists offering psychotherapy in the South African context, particularly those who work with individuals from rural communities.
- Further research needs to be conducted on the actual practices and strategies that produce therapeutic effects in rural communities and documentation of this is an imperative as well as recognition of psychotherapeutic modalities.

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Appendix A: RPERC approval letter



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RESEARCH PROJECTS AND ETHICS REVIEW COMMITTEE

22 June 2017

Thobeka Mtembu
Department of Psychology
RHODES UNIVERSITY
6140

Dear Thobeka,

ETHICAL CLEARANCE OF PROJECT PSY2017/39

This letter confirms your research proposal with tracking number PSY2017/39 and title, *'Psychotherapy in post-colonial South Africa: Exploring views, attitudes and beliefs of psychotherapy in Black rural communities'*, served at the Research Projects and Ethics Review Committee (RPERC) of the Psychology Department of Rhodes University on 14 June 2017. The RPERC notes that this project is supervised by Mr. Sandiso Bazana. Your project has been given ethics clearance.

Please note that should your project require consent from institutional gatekeepers, the RPERC requires that you submit written confirmation of this consent. Kindly also ensure that the RPERC is notified should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'W. Bohmke'.

Mr. Werner Bohmke
CHAIRPERSON: RPERC

Appendix B: Letters to gatekeepers

For attention: The Manager of the Clinic
Swayimane Area
Wartburg

Re: request to recruit participants from the clinic and use the clinic as a venue for conducting interviews.

My name is Thobeka Mthembu and I am a first year Masters student at Rhodes University, Department of psychology. I am interested in conducting a research study on ‘attitudes, beliefs and views of rural black communities on psychotherapy’ as part of my programme requirement. I will be working under the supervision of Mr Sandiso Bazana who is a lecturer at Rhodes University and can be contacted via email (s.bazana@ru.ca.za) or 046 603 8816 (office number)

To explore this research topic I will conduct face to face semi structured interviews which will range from 20-30 minutes and therefore I would like to request one office from the clinic to conduct the interviews.

Participants will be between the ages of 18-75 and will participate on voluntarily basis. Ethical issues around confidentiality, anonymity and no-harm to participants have been taken into consideration and participants will give consent to participate in the study.

The aim of the study is to explore how psychotherapy is understood in Black rural communities which will possibly create more cultural awareness in the field of psychology.

I look forward to hear from you

Yours Faithfully

Thobeka Mthembu

Student at Rhodes University

Masters in Clinical Psychology

0613830678 (cell). thobekathembi@gmail.com (email)

Appendix C: interview schedule

INTERVIEW GUIDE

Opening

My name is Thobeka Mthembu. I am interested in finding out how ‘attitudes, beliefs and views of psychotherapy in Black rural communities.

I am going to ask you a few questions, some of them may be of a personal nature, but you can choose not to answer any questions about aspects of your life which you are not willing to disclose. As already mentioned in the consent form, you may also withdraw from participating at any time. Your anonymity is assured; the report will be designed in such a way that it will not be possible to be identified by the general reader. I will also be audio recording the interview for transcription and analysis purposes. All audio records will be deleted after the report is completed. Until then, they will be kept safe in password protected computers.

I hope to use this information to report on how the ‘healing process of the mind/soul’ (psychotherapy) is constructed in black rural communities for a culturally responsive psychology.

The interview will take 20-30 minutes. Do you have any questions or concerns?

If there are no questions we may begin.

Transition

Let me begin by asking for how long have you been living in this community?

Body

1. In your own words, how would you define the healing process of the mind/soul?
2. What are some of your beliefs regarding the healing process of the mind/soul?
3. What is your view on the healing process of the mind/soul?
4. How do you think people should manage their distress which affects their mind and soul?
5. What sought of methods or processes for healing of the mind or soul would you recommend?

7. When you feel that you are troubled in your mind and soul and cannot cope what do you do?

8. When you encounter problems or challenges in your life, that affect your mind and soul, what do you do?
9. When you experience emotional distresses which affect your mind and soul how do you cope?
10. Have you ever felt distressed? What did you do?
- 11.1 What were some of the reasons for acting in that particular manner?
12. Who do you consult when you feel distressed in your mind and soul?
13. Are there any other activities that you engage in that help you to cope with the healing of your mind and soul?
14. How would you describe your support system?

Closing: Thank you for your time and participating in this study.

Appendix D: Transcription Guide by Áine Humble (n.d.) from the Dept of Family Studies and Gerontology Mount Saint Vincent University

Pauses	When using ... (an ellipses), put a space after it but not before it
Nonverbal communication	Identify nonverbal communication with brackets [] rather than parentheses ().
Inaudible material	If any words are inaudible, type (inaudible) in parentheses rather than (can't make out) and put the time of the tape, if possible, in the parentheses- e.g., (inaudible-34.15)
Quotation	If someone indicates that they said something to another person, indicate this with double quotations and use proper punctuation
Confidentiality	Remove identifying information
Miscellaneous	When a person trails off on a word (doesn't finish it), or changes their thoughts part way through a sentence, type a long dash afterwards (this is called an "em dash"- note: it is not the same as a hyphen)
General formatting	<ul style="list-style-type: none"> - On each page of the transcript, insert a page number on the "upper, outside" corner of each page, in 12-size Times New Roman font (in the "header"). - At the bottom of the page (in the "footer"), put information about the interview in 9-size Times New Roman font, such as "Retirement and Caregiving- Interview 1" - Title your transcript (e.g., "Retirement and Caregiving: Interview 1") Use "P" for participant, and "I" for interviewer, type single spaced with a blank line between each comment.

Appendix E: Consent Form

RHODES UNIVERSITY - DEPARTMENT OF PSYCHOLOGY

AGREEMENT BETWEEN STUDENT RESEARCHER AND RESEARCH PARTICIPANT

I _____ (participant's name) agree to participate in the research project of Thobeka Mthembu (researcher's name) on the research project titled: "psychotherapy in post-colonial South Africa: exploring attitudes, beliefs and views of psychotherapy in Black rural communities".

I understand that:

1. The researcher is a student conducting the research as part of the requirements for a/an (Honours/Master's/PhD) degree at Rhodes University. The researcher may be contacted on 0613830678 or thobekathembi@gmail.com. The research project has been approved by the relevant ethics committee(s), and is under the supervision of Mr. Sandiso Bazana in the Psychology Department at Rhodes University, who may be contacted on s.bazana@ru.ca.za (email) or 046 603 8816 (office number).

2. The researcher is interested in exploring how the concept psychotherapy is constructed in Black rural communities.

3. My participation will involve participating in a 20-30 minutes face to face interview which will be audio recorded. Audio recordings will be destroyed as soon as the data has been transcribed. However, transcribed data may be used in future research to further understand how black rural communities construct psychotherapy.

4. I may be asked to answer questions of a personal nature, but I can choose not to answer any questions about aspects of my life which I am not willing to disclose.

5. I am invited to voice to the researcher any concerns I have about my participation in the study, or consequences I may experience as a result of my participation, and to have these addressed to my satisfaction. I can go directly to Gcumisa clinic or Emambhedwini Clinic for counselling and support should I feel that I need such after participating in the study.

6. I am free to withdraw from the study at any time – however I commit myself to full participation unless some unusual circumstances occur, or I have concerns about my participation which I did not originally anticipate.

7. The report on the project may contain information about my personal experiences, attitudes and behaviours, but that the report will be designed in such a way that it will not be possible to be identified by the general reader.

8. The stored audio recordings and interview transcripts will only be available for researcher's use in potential future studies or publication. The researcher will continue to maintain confidentiality and anonymity as per the promise in the advertisement.

9. The audio recorded data will be stored in password protected computers which will be kept safely in locked cupboards

Signed on (Date):

Participant: _____ student Researcher: _____