

CHAPTER 1

AN OVERVIEW

1.1 INTRODUCTION

Despite the Western origins of its modern form, the field of psychology is playing an ever-increasing role in Africa. Currently not less than twenty (20) African universities exist outside of South Africa which have departments of psychology and are involved in the training of practitioners. Yet in many ways the more traditional approaches of psychology such as the psychodynamic or behaviourist schools, have had an uneasy fit with African culture and worldview. The emergence of transpersonal psychology (Tart, 1975) however, seems to offer more synergy with the central tenets of African cosmology and healing.

Modernistic scientific methods of inquiry tend to rely on objectivity whereby evidence is accepted after a phenomenon has been observed, quantified and peer reviewed by other experts in the field (Tart, 1975). Psychology has, similarly, defined itself as a science, and therefore requires that its practices and foundations are empirical. Yet transpersonal experiences are difficult to objectify for scientific scrutiny (Tart, 1975). In addition, the Western preoccupation with empiricism is not mirrored by African culture. This may be as a result of a lack of infrastructure, but is probably more a reflection of differences in worldviews (Ebey-Tessendorf & Cunningham, 1997; Hewson, 1998). In the Western world treatments might be sought out as a result of double blind studies indicating their efficacy, whereas African healing is far more associated with belief, intuition and reputation (Louw & Edwards, 1997). In addition, some African conditions such as *amafufunyane* (spirit possession due to sorcery) and *ukuthwasa* (a calling from ancestors) are

resistant to conventional psychological intervention and require more culturally bounded interventions (Mdleleni, 1990; Ngubane, 1977).

According to Ebey-Tessendorf and Cunningham (1997) most Sub-Saharan African countries have tried to incorporate African indigenous interventions into the conventional health system by using nurses, who are also traditional healers. This aims at finding solutions for African illnesses. Though, it has also caused a number of problems between African traditional indigenous healing systems and modern health systems (Katz & Wexler, 1989; Louw & Edwards, 1997; Peltzer & Ebigbo, 1989).

The ways in which African ailments are viewed and treated have changed drastically as a result of modernisation and conventional psychotherapy. Despite Western sophisticated and technological developments, psychological conventional healing seems unable to provide all the effective remedies for some African illnesses (Bate, 1995; Hewson, 1998; Mabunda, 2001; Oosthuizen, 1986). It seems that modernistic scientific methods are unable to provide all the answers. Braud and Anderson's (1998) view is consistent with the above statement suggesting that empiricism is not the only form of knowledge that can explain and help to understand the origin of any illness.

Augustine (1989), Edwards (1986), Pearce (1982) and Peltzer and Ebigbo (1989) observe that collaboration between Western psychological intervention and African traditional healing systems appear to be unbalanced. However, Bourdillon, (1989) and Ebey-Tessendorf and Cunningham (1997) strongly argue for the combination of these systems. Based on these opinions, the following question remains: How are these systems supposed to be integrated in the actual therapeutic and healing experiences so as to enhance the clients' satisfaction?

1.2 The aims of the study

The main aim of this study is to investigate the literature on traditional African healing systems and transpersonal psychology. It also aims to create a thorough understanding of transpersonal experiences as viewed by Transpersonal psychology in order to explore how these systems might be integrated with African traditional belief systems.



CHAPTER 2

TRANSPERSONAL PSYCHOLOGY

2.1 INTRODUCTION

According to Ebey-Tessendorf and Cunningham (1997) and Freeman (1992) there are important aspects and capacities of human nature that cannot be accommodated by the first three major forces in psychology, namely behaviourism, psychoanalysis and humanistic psychology. No school of thought in psychology is universally accepted, and the proponents of any one approach tend to have well considered arguments against the other. So, for example, while behaviourism remains a dominant force in psychology many regard it as having a very narrow bandwidth. One of the many objections against behaviourism is that its central tenets of reward and punishment as the prime motivators of human behaviour, conceptualises humans as passive robotic creatures. The psychodynamic approach on the other hand, is perceived as highly deterministic. In short, all the main schools of psychology have their strengths and weaknesses. Important for this discussion, however is the change that emerged during the 1960's, when Transpersonal psychology became a new established alternative to the main three existing approaches (Sutich, 1969; Taylor, 1999).

Transpersonal psychology grew out of the humanistic school and was pioneered by the likes of Abraham Maslow who helped form the American Association of Humanistic Psychology (Braud & Anderson, 1998; Cahan & White in Strohl, 1998; Triplet, 1992; Walsh & Vaughan, 1980). The American Association of Humanistic Psychology attracted many personality theorists, such as Carl Rogers and Rollo May, who became the leaders in this movement. This movement focused on personal

growth rather than pathology, and thus emphasised human potential rather than intellectual analysis (Sutich in Strohl, 1998). A small group of psychologists within the humanistic movement began to experiment with alternative states of consciousness using techniques such as meditation (Bugental, 1964; Kendler, 1987). This opened up new vistas in Western psychology and signalled the emergence of Transpersonal Psychology (Cleary & Shapiro, 1995; Walsh, 1980).

Transpersonal psychology draws on the principles of psychoanalysis, behaviourism and humanistic psychology (Braud & Anderson, 1998; Whitmore, 1991). It seeks to investigate and actively participate in the understanding of human experiences, such as mystical experiences, meditative awareness, experiences of wonder and alternative states of consciousness (Small, 2000; Strohl, 1998). Within these transpersonal experiences the boundaries of self are in contact with the spiritual realm. This is the sense of connectedness that joins spiritual healing power and the individual (Braud & Anderson, 1998; Peltzer & Ebigbo, 1989).

Transpersonal aspects of any given experience are manifested in an identifiable form. These may manifest in different forms such as meditation, rituals, dreams, sexual experiences, physical and emotional pains and the experiences of beauty. Transpersonal psychology aims at honouring these human experiences to the fullest (Braud & Anderson, 1998). Health related fields are interested in understanding the factors that encourage or limit these transpersonal experiences. As mentioned earlier, Transpersonal psychology also draws strengths from other related disciplines, such as psychoanalysis, behaviourism and humanism, as it tries to further understand the potential of human experience (Braud & Anderson, 1998; Whitmore, 1991).

2.2 TRANSPERSONAL PSYCHOLOGY: KEY COMPONENTS

Transpersonal psychology is not a religion; this means that it does not support a particular belief system that is tied to a particular church or religion. It has a theoretical base, research, insights and practices (Davis, 2000). Transpersonal psychology is scientific in the broader sense of phenomenological or human sciences (Braud & Anderson, 1998; Driver, Dystin, Baltic, Elsner & Petersen, 1996; Giorgi, 1970). In Latin it translates as *trans-* beyond and *personal-* mask or façade (Driver et al., 1996). Literally, it means a state beyond the personally identified aspects of self (Driver et al., 1996). The most important themes in most definitions of Transpersonal psychology are: states of consciousness, ultimate potential, transcendent ego states, transcendence and spirituality (Lajoie & Shapiro, 1992). Definitions of Transpersonal psychology indicate that it is the field of psychology concerned with the study of humanity's highest potential, and with the recognition, understanding, and realisation of spiritual and transcendent states of consciousness beyond the limits of ego, personality and conventional limitations of time and space (Braud & Anderson, 1998; Strohl, 1998).

2.3 HISTORICAL OVERVIEW OF TRANSPERSONAL PSYCHOLOGY

According to Taylor (1999) between 1941 and 1969 humanistic psychology prospered as an approach within psychology. It attracted many scholars in the humanities and the social sciences, becoming more central in psychology subsequent to the Second World War. A split emerged in humanistic psychology during 1967 (Sutich, 1969; Taylor, 1999; Whitmore, 1991), where Transpersonal psychology identified itself as a movement in its own right, and started being referred to as the fourth force in psychology.

According to Walsh and Vaughan (1980) the majority of health professionals did not understand Transpersonal psychology's theoretical principles and philosophy. From the very beginning of Transpersonal psychology, it seems that many Western psychologists have been uncomfortable with the esoteric aspects of human functioning (Capra in Small, 2000; Leahey, 1992, 1994; Strohl, 1998).

2.3.1 Pioneers of Transpersonal Psychology

Interestingly, one of psychology's first pioneers, William James, had an interest in spiritualism and psychic research (Strohl, 1998). Yet despite his influence, peers rejected this aspect of his research, perhaps because psychology was still in its infancy (Leahey, 1992; Walsh & Vaughan, 1980). According to Epstein (in Scotton, Chinen & Battista, 1996), and Walsh and Vaughan (1980), Freud also had an interest in spirituality, but he had a problem with locating it within his psychosexual theory therefore he cannot be regarded as one of the pioneers of Transpersonal psychology. His contributions include amongst others, 'oceanic feelings' of religious experiences, as well as confirmation of his understanding of the subjective quality of Rolland's (a French Poet and a devout follower of the Hindu gurus Ramakrishna and Vivekananda) feelings without including his own experience (Epstein in Scotton et al., 1996).

Rolland explained his meditative experiences to Freud. According to Epstein (in Scotton et al., 1996, p. 30) Freud attempted to understand Rolland. This is what Freud had to say:

“Rolland's view caused me no small difficulty. I cannot discover these oceanic feelings for myself...there is nothing of which we are more certain than the feeling of our self, of our own ego. This ego appears to us as something

autonomous and unitary, marked off distinctly from everything else” (p. 31).

In other words, Freud believed that the only person who could understand and interpret Rolland’s feelings was Rolland himself.

2.3.1.1 Carl Gustav Jung

Carl Jung made a highly significant contribution to Transpersonal psychology with his spiritual approach to the understanding of human functioning (Scotton in Scotton et al., 1996). Jung first used the concept transpersonal unconscious as a synonym of collective unconscious (Jung, 1953; Taylor, 1999). Jung was one of the most important figures in the development of Transpersonal psychology due to an interest in transcendence (Driver et al., 1996). As a clinician, he was amongst the first to show interest in the study of various phenomena from a psychiatric perspective in conjunction with American spirituality, yoga and African Shamanism. He anticipated Transpersonal psychology by suggesting that healing and growth emanate from symbolic imagery that cannot be obtained through rationalism (Scotton et al., 1996).

According to Goud (2001) and Scotton et al. (1996) Jung’s childhood was strongly dominated by transpersonal experiences, which later initiated conflict between him and his teacher. Through this transpersonal experience, he later gained emotional release from pains and began to understand how he came to differ with his teacher. His own personal experiences led him to be more interested in transcendent experiences (Goud, 2001; Jung, 1968; Scotton in Scotton et al., 1996; Vaughan, 1979). Jung also made remarkable contributions to spirituality by including religious aspects from African and Eastern perspectives. He

believed that individuals have a growth tendency of striving towards integration and wholeness (Jung 1953; Kaku & Trainer, 1987).

According to Bercholz and Kohn (in Strohl, 1998) and Suzuki (1968) many Eastern mystics and philosophical religious beliefs have shown commonalities with Transpersonal psychology. Jung's inclusion of basic concepts of analytical psychology, such as complexes and archetypes, further contributed to the field of Transpersonal psychology. These archetypes are the foundations of transpersonal experiences and are shared by all people (Driver et al., 1996; Meyer, Moore & Viljoen, 1997). According to Jung, people usually experience these archetypes indirectly through dreams, rituals and mystical experiences. Jung strongly maintained that symptoms of psychopathology and spiritual experiences are signs of mental health that relieve people from neurosis (Driver et al., 1996; Meyer et al., 1997; Scotton in Scotton et al., 1996).

2.3.1.2 Abraham Maslow



Maslow is regarded as one of the prominent pioneers of humanistic psychology and is accredited with the development of Transpersonal psychology (Driver et al., 1996; Judy, 1994; Kendler, 1987; Strohl, 1998). He regarded an individual as a spiritual being, whose needs are hierarchically explained in terms of motivations that complete itself in spiritual self-realisation (Battista in Scotton et al., 1996). He also found that some self-actualising people had frequent transcendent experiences while others did not. Later, this led to a distinction between self-actualisation and self-transcendence. Maslow argued that the motives of self-actualisation and self-transcendence emerge when all other needs, such as the deficiency needs, have been met. This clearly suggests that those who do not have these experiences of transcendence are struggling with the lower levels in the hierarchy (Battista in Scotton, 1996). This

distinction also indicated that these experiences go beyond humanistic psychology to transpersonal psychology (Driver et al., 1996; Maslow, 1968, 1971).

According to Abraham Maslow, moving the self from one state of consciousness to a more advanced state is central to his theory. This knowledge of oneself is not only a path to a higher value but to knowledge of universal human nature (Pearson, 1994, 1999; Podeschi, 1983). Abraham Maslow usually refers to the idea of holism, which recognises the interrelatedness of everything. Self-identity is tied not only to individual achievement, but also to the group that imposes social pressures (Podeschi, 1986).

2.3.1.3 Roberto Assagioli

Roberto Assagioli was one of the pioneers of Transpersonal psychology and a founder of psychosynthesis (Battista in Scotton et al., 1996; Whitmore, 1991). Abraham Maslow paid more attention to the most basic issues of Transpersonal psychology, whereas Assagioli emphasised the practical aspect of the theory in real therapeutic situations (Battista in Scotton et al., 1996). Assagioli's theory combined analytic depth psychology with the humanistic theory of Abraham Maslow (Goud, 2001).

Assagioli realised that every individual has a purpose in life. He engaged himself in a search that would integrate individual's experience on a spiritual level (Whitmore, 1991). Assagioli was largely influenced and touched by the psychoanalytic approach of exploring the unconscious psyche but moved beyond psychodynamism. He became dissatisfied and looked into an approach that would look deeper into human nature. He then developed psychosynthesis with an aim of addressing the psychological healing that was to contact the deepest centre of identity

while removing obstacles to its actualisation. Although psychosynthesis has its roots in psychoanalysis, it went beyond behaviourism and psychoanalysis because it focused on the psycho-spiritual centre, a higher Self, towards what a human being is capable of becoming (Bedrosian, 1989; Vaughan, 1985; Whitmore, 1991).

2.3.1.3.1 Goals of psychosynthesis

Assagioli recognised psychological development around two mutually and distinct aspects of psychosynthesis. Its goals were parallel with those of humanistic psychology, particularly Maslow's self-actualisation theory (Battista in Scotton et al., 1996; Whitmore, 1991). The first stage was personal psychosynthesis, which aims to promote a well-integrated personality. The second stage is the transpersonal or spiritual psychosynthesis, which offers the spiritual centre and the possibility of realising one's higher nature and purpose in life (Battista in Scotton et al., 1996; Whitmore, 1991).



Personal psychosynthesis fits within humanistic psychology and it is formed through opposing forces of human experiences, psychological conflicts, outdated behaviour patterns and neurotic complexes (Battista in Scotton et al., 1996; Davis, 2000; Whitmore, 1991). One's personal centre is formed through employing many techniques, such as visualisation, imagery and fantasy that usually assist in the integration and coordination of one's personality. The primary objective of personal psychosynthesis is to alleviate suffering, evoke strengths and to foster integration between the inner and the outer world of an individual (Davis, 2000). According to Battista (in Scotton et al., 1996) the 'I' or the personal centre is only attained by controlling the other sub-personalities without being identified with them.

Transpersonal or spiritual psychosynthesis emerges after the 'I' or personal centre has been fully developed. According to Kaufman (1984) there exists an autonomous force that pushes individuals towards fulfilling the true self, namely the spiritual centre. This centre is characterised by a sense of connection to all humanity through symbols, such as the circle, the cross, and the mandala figures. A mandala is a drawing that is used in meditation because it tends to draw your focus back to the centre, and it can be as simple as a geometric figure or as complicated as a stained glass window (Jung, 1968). In his theory, Assagioli (1993) emphasises symbols and contends that they contain qualities that facilitate the integration of diverse psychic energies. According to Assagioli (1993) and Goud (2001) symbols have value and have the capacity to evoke hidden meanings, as well as make these available for conscious examination. Kubie (1958) described three levels of symbolic functioning: conscious, unconscious and the intermediate preconscious. The main focus for Transpersonal psychology is the intermediate preconscious which seems essential for releasing the mind's most creative energy source. Assagioli (1993), Jung (1968) and Kubie (1958) contend that symbols provide a unique meaning that is essential for attaining full psychic growth.

2.3.1.4 Ken Wilber

Ken Wilber is currently the leading theorist in Transpersonal psychology and has developed a highly regarded model of the evolution of consciousness, which integrates the philosophies and psychologies of West and East. Through his works, he has won a reputation from different disciplines including psychology, philosophy, religious studies, sociology and anthropology (Adams, 2002; Walsh & Vaughan in Scotton et al., 1996). Wilber's ideas on Transpersonal psychology have not gone unchallenged, interestingly, often by his transpersonal colleagues, who

share the similar beliefs about the nature of consciousness (Adams, 2002), and from outside the field.

Wilber's (1996) model of consciousness has mostly been criticised due to its specific linearity. In this regard, he refers to linear structures that cannot be bypassed or reversed once they have emerged. Walsh and Vaughan (in Scotton et al., 1996) and Wilber (in Adams, 2002) argue that this model of development is predisposed to specific types of pathology responding to specific treatment. This model of consciousness has three main components, namely, prepersonal, personal and transpersonal.

The first component, prepersonal, consists of permanent basic structures that maintain human existence. These structures include linguistic competence, cognitive abilities and spatial co-ordination (Walsh & Vaughan in Scotton et al., 1996). This is the lowest level of transpersonal consciousness, and Wilber (in Adams, 2002) describes it as psychic, often referred to as the feeling of connectedness with the entire physical cosmos (Adam, 2002). Wilber (1996) suggests that this experience is interpreted in terms of different contexts, for example, Jews refer to Yahweh and Christians to Christ. However, all these refer to an invisible spirit that is present throughout the universe. Wilber (1996) describes this level as one in which "*deity mysticism gives way to formless mysticism*" (p. 225).

The second component, personal, includes features that are relatively transitional in nature. They come into existence, but are subsequently replaced or phased out. Wilber (1996) calls this the causal stage in which the consciousness is pure and formless. This component of transitional structures includes aspects such as Kohlberg's moral development and Maslow's hierarchy of needs.

The third major component, transpersonal, the self-system, acts as a mediator between the basic structures and the transitional structures. This self-system is the most crucial component of the three (Wilber, 1995, 1996). This self is the highest stage that has free access to basic structures, such as symbols and concepts (Assagioli, 1993; Goud, 2001). Each time the self switches to a new structure, it undergoes a process in its development. This process has a merger or fusion, differentiation or transcendence and incorporation or integration (Wilber, 1996). When development continues at any level, the self starts to transcend that structure, identifies with the next higher stage while integrating the previous basic structure into the new organisation. Walsh and Vaughan (in Scotton et al., 1996) state that beyond these above-mentioned components, there are transpersonal pathologies connected by means of spiritual experiences and practices, such as spiritual emergencies.

2.4 SPIRITUAL EMERGENCY

Spiritual emergency is a disturbing experience resulting from a spiritual experience, such as past-life experiences and possession states. Grof and Grof (1989) have categorised the types of spiritual emergencies as past-life experiences, shamanic crises, near-death experiences, communication with spirit guides and possession states. Their pathways might be difficult, whilst at the same time not dangerous at all (Grof & Grof, 1989). The ego may be overwhelmed by these new states of consciousness, because they are not signs of pathology but can be part of a healthy awakening. According to Cortright, (2000) and Grof and Grof (1989) there have been different types of spiritual crises, which have eventually dampened the ego's coping mechanisms. Consequently the challenge for Transpersonal psychology has been to begin a thorough research of this phenomenon, describing these crises as spiritual emergency. Grof and Grof (1989), Lukoff, Lu and Turner (1998) and Perry

(in Cortright, 2000) state that Transpersonal psychology has appreciated these crises as non- pathological, but as powerful influence on a person's life. Over the last decade spiritual emergency has expanded and included psychic and paranormal abilities of the altered states of consciousness (Cortright, 2000).

Misdiagnosis and mistreatment of these crises and their psycho-spiritual changes have destabilised the life-changing process of spiritual development. Psychiatric and psychotherapeutic professionals describe spiritual emergency as a form of mental illness, which requires medication and hospitalisation for treatment. According to Grof and Grof (1989) in 1980, Spiritual Emergency Network (SEN) was established with an aim of assisting in the treatment of spiritual emergency. After the establishment of SEN the picture associated with mental health took another view on spiritual emergency, because the Diagnostic Statistical Manual of the Mental Disorders, 4th Edition (DSM-IV) classified spiritual emergencies as "Spiritual or Religious Problems". According to Cortright (2000) the inclusion of spiritual emergency in the DSM-IV appears to have less impact on clinical practice. In addition, the way a person's mental health responds to spiritual emergency is still the same.

Faith, joining or leaving a new religious movement, questioning the spiritual values and meditation-related problems were also added in the list of spiritual emergency (Lukoff et al., 1998). People enduring these experiences provide a phenomenological description of their occurrence. Despite the understanding of these crises, spiritual emergency has presented some major theoretical and clinical difficulties as a result of its complexity. The first problem is associated with finding a simpler way in which these phenomena can be organised to reflect a deeper order of this process. Secondly, clinicians face the challenge of dealing with clients on different levels of psycho-spiritual crisis, and in finding a way intervene,

that will best facilitate the client's optimal development. Finally, even though depth psychology has appreciated the psyche's capacity for fantasy, imagination, delusion and self-deception, clinicians struggle to understand and ascertain what goes on for the client at that moment (Cortright, 2000).

2.4.1 Ways of viewing spiritual emergency

Aurobindo (in Cortright, 2000) states that integral psychology (the theoretical work of Ken Wilber rooted in the scholarship of Aurobindo) has put together his (Aurobindo) map of inner being and integrated Western psychology into a larger system of psychological understanding (Cortright, 2000). This integral map suggests that various spiritual emergencies originate from one of the levels of consciousness. From understanding these levels of consciousness it can be more useful to organise and develop interventions towards a resolution (Cortright, 2000). In treating spiritual emergency, it should be noted that education plays a very crucial role, because a psycho-spiritual framework will enable a client to understand the process and go with it rather than resisting it.

2.4.1.1 Levels of spiritual emergency

According to Cortright (1997, 2000) the first level of the spiritual emergency is the conscious-existential level. This is the shallowest level of consciousness associated with ordinary awareness and the outer world. In the second level there is a personal unconscious, which became the main focus in Western psychology. Cortright (1997) asserts that psychoanalysis, existential and humanistic psychology studied this level in great detail, whereby the somatic domain received much attention and expanded people's understanding of this level. Crises from the above

levels can be overcome through a traditional psychotherapeutic intervention. This can be done by re-establishing new support systems and applying an existential therapeutic dialogue of establishing meaning in life.

The third level is the symbolic collective unconscious, which is Carl Jung's greatest discovery (Cortright, 2000). This is the facet of consciousness shared by all human beings (Lukoff & Everest in Cortright, 2000). This level contains the various archetypes that Jung talks about, as well as the universal forms that arrange psychological experiences. It acts as a bridge that connects the universal forces and the human psyche, where universal forces take human form. At this level intervention requires techniques of working with symbols, imagery, active imagination, artwork and expressive art techniques. The fourth level is the intermediate level that emphasises a cosmic dimension of the universe that is found beyond the physical creation, and is a part of every religious system in the world (Cortright, 1997; Smith, 1976). This level contains good and evil, ghosts and recently deceased souls and nature's spirits (Cortright, 2000). The last level is the soul or spirit level, which is the ground of consciousness with the evolving soul where there is a unique spiritual individuality (Cortright, 1997).

The understanding of these levels could simplify and identify the different levels where different forms of spiritual emergency should be placed. Interventions can also be designed for specific levels that could also be helpful in assessment, as well as different types of spiritual emergency responding to different levels of consciousness (Cortright, 2000).

2.5 SPIRITUAL INTEGRATION

For a few decades psychology has been looking for human understanding through a mechanistic lens, thus paying no attention to the spiritual realm. These problems of mechanistic psychology have been discussed amongst leading physicists and consciousness researchers (Capra in Strohl, 1998; Grof, 1985; Small, 2000). Transpersonal psychology acknowledges the human ego and the soul, which legitimises the search for enlightenment (Grof, 1985). Transpersonal psychology studies the interior and the exterior of people's lives, thus providing credibility to personal needs, goals and a person's spiritual life. As Transpersonal psychology studies the sacred spiritual values, peak experiences, bliss, wonder, meditation and out-of-body experiences, it marries the soul and the ego striving towards a fully integrated human being (Small, 2000). Clients are encouraged to focus on higher human qualities, such as inspiration, where they feel guided by the inner sense that life has meaning. This higher intrinsic worth exists within people and can only be accessed when validated as genuine, making ordinary circumstances and difficulties in life easier to deal with (Scotten, 1985; Small, 2000).

In defining and studying human nature this psycho-spiritual approach should be perceived as both therapeutic and spiritual by honouring and including all their aspects. For successful psycho-spiritual integration to occur, a need for sound psychological work exists that should be acknowledged before emphasis is placed on spiritual growth (Small, 2000). Transpersonal psychology does not only focus on spiritual growth, but also lays the foundation for integration prior to transcendence. Spiritual bypass occurs when people prioritise their personal issues and spiritual vocabularies, ignoring their ego problems in the process, which should be addressed for sustainable growth to take place. Uncertainties

exist in many mental health fields, because their focus is basically on the negative, sick and split facets of the client. Small (2000) states that there is little interest in understanding the psycho-spiritual side of the human search for wholeness and the client's struggle is not encouraged.

2.5.1 Psycho-spiritual integration

Psycho-spiritual integration can be accomplished by understanding, healing and forgiving past wounded emotions and fragmented selves (Small, 2000). This integration requires different aspects such as returning to past experiences and opening something that transcends human beings. The laws of healing cannot be breached if true spiritual growth is to take its course (Small, 2000). The first step in psycho-spiritual integration involves the healing and building up a healthy, mental and emotional state. Once this has been attained and the ego is in a full state of attention, a person functions on a higher form of mental state, such as imagination, intuition and inspiration. These resourceful functions should be valued for the crucial change that they can bring about in people's lives. Human problems manifest themselves in different forms. Noticing them from a broad context will enable people to get through their tragedies more easily. Human consciousness has been the focal point in the field of psychology, and Transpersonal psychology has placed it at the centre of investigation into human nature (Ring, 1974; Small, 2000).

The self is the true teacher and it can be accessed through creative work, deep exploration of the unconscious, rituals and experiential bodywork. The route to becoming a whole is to uncover one's own story of creation, individual truth and expressions. When people find it difficult to express their uniqueness fully, they become sick and apathetic. The purpose of psycho-spiritual integration is to assist clients in becoming fully

conscious, as well as to find their inventive spark to heal themselves. During the whole process the ego and the soul should be honoured (Maslow, 1968; Small, 2000).

2.6 CONCLUSION

Humanistic leaders such as Abraham Maslow and Anthony Sutich together with those outside the humanistic field, such as Stanislav Grof, recognised the need for expanding the concept of self-actualisation with extraordinary and transcendence capacities of humankind (Walsh & Vaughan, 1993). They also place special emphasis on spiritual development and other personal experiences beyond ego boundaries that disclose a similar cosmology to that of Eastern spiritualists. These commonalities influenced the incorporation of philosophies such as Zen Buddhism, Taoism and Yoga, into their theory and practice (Clearly & Shapiro, 1995). The emergence of Transpersonal psychology broadens the scope for utilising the states of consciousness and levels of human functioning that were previously improbable in mainstream psychology (Walsh, 1993).

Psychology has developed and progressed through a number of stages ranging from identifying instincts and unconscious drives (psychoanalysis), environmental influences (behaviourism), self-determination and free choice (humanism), as well as transcendence and spirituality (transpersonalism). These stages have contributed to human psychological growth and development, because psychoanalysis looks back, behaviourism looks at, humanism looks forward and transpersonal psychology looks inward and beyond one's limits (Strohl, 1998). Transpersonal psychology has been built on a framework of earlier psychological paradigms. It does not replace the other forces, but rather encompasses the first three forces in psychology (Walsh & Vaughan,

1993). Transpersonal psychology recognises psychoanalysis, behaviourism and humanism for their understanding of human nature and functioning within a particular sphere of life. Transpersonal psychology is eclectic in its functioning, because it incorporates all other paradigmatic viewpoints, and expanding on facets previously ignored (Strohl, 1998).

Aspects inherent in Transpersonal psychology have been a powerful force in human motivation by maintaining unconditional faith in people's potential to self-heal and go beyond what is considered normal (Strohl, 1998). In Transpersonal psychology individual inner conflict is viewed as an opportunity for growth, while symptoms are perceived as deriving from not listening to one's higher inner self. The influences of Transpersonal psychology on transpersonal issues of human performance have confirmed that the clinical approach for Transpersonal psychology is highly eclectic, holistic, multidisciplinary, cross-cultural and highly experiential, because it employs strategies from Western and Eastern psychological traditions. Transpersonal psychology is inclusive; it respects human yearnings, personal stories, religious beliefs and personal myths about realities of life (Lukoff, Lu & Turner, 1992; Small, 2000).

CHAPTER 3

AFRICAN TRADITIONAL HEALING

“Where there are humans there will be gods, and where there are gods there will be rituals. The urge for it is deeply embedded in the psychic matrix of humanity, and, being part of the psyche, it behaves as if it will go on living. Ritual does not die though it can be neglected, trivialised, misused and to some extent ignored.”
(Shorter, 1996, p. 117)

3.1 INTRODUCTION

Health care throughout the world, more especially, in Third world countries, has been seen as a big challenge (Katz & Wexler, 1989). Technology and modernisation have influenced the lives of Africans in one way or another but practices in traditional African indigenous healing still employ traditional ways of curing different illnesses (Bate, 1995; Hewson, 1998; Mabunda, 2001; Pearce, 1982; Thorpe, 1993). The ways in which diseases and illnesses are perceived, evaluated and enacted upon are directed to external force, such as the supernatural, witchcraft or the ancestors (Augustine, 1999; Thorpe, 1993). In most African countries, procedures in healing have followed a well defined pattern, whereby an illness is taken as a social deprivation, social deviation and as a response to social disorganisation. Social deprivation refers to a condition where geographical and ecological factors influence mortality and disease, for example poor nutrition has been associated with disease. Social deviation is perceived as an illness that arises when a person no longer fulfils his/her social responsibilities, such as

performing proper rituals for the ancestors. Social disorganisation refers to a condition where people find themselves in social transitions, such as healing paradigms being discarded or modified. This might manifest itself in various types of sicknesses, whereby people are unable to cope with new experiences (Bate, 1995; Frank, 1973; Kleinman, Esisenberg & Good, 1978). It is an accepted understanding that there are those Africans, who perceive alienation from society as a causative factor in sickness. Consequently, healing will be futile if the environment is full of ritual impurity (Oosthuizen, Edwards & Wessels, 1989; Hewson, 1998). In order to help us understand views of illnesses and healing within a traditional African context, it is important to first set the scene by offering an exploration of the African cosmology.

3.2 AFRICAN COSMOLOGY

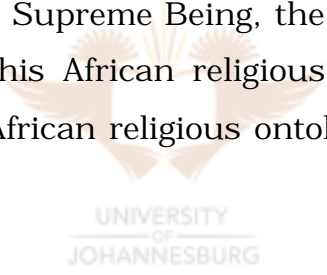
Hammond-Tooke (1998) defines cosmology as the theory of the universe as an ordered whole, and of the general laws that govern it. In social sciences the concept has been used interchangeably with and as a synonym of worldview. This concept includes secular matters as concepts of time and space, ideas of morality and speculation of the creation of the nature of the world. In non-Western societies, cosmology has been regarded as coterminous with religion (Hammond-Tooke, 1998).

It is very difficult to locate world-views, because they are bound to societies and cultures in which they occur. For instance, globalisation has influenced many cultures in one way or the other. African cultures have taken different directions because many people have fashioned and created their own worldviews. Africans who believe in traditional African indigenous healing are therefore forced to widen their frame of reference in a way that other people, mostly whites and those who do not believe in it, can understand a wide range of their tenets (Hammond-Tooke, 1998).

This means that their (traditional Africans) world-views will open platforms to accommodate other Western theories so that they can cope with these new changes. These changes include new religious and political ideas, scientific theories, and possibilities of individual advancement. These matters will influence part of the working world-view of modern Africans (Hammond-Tooke, 1998). Other concepts like faith, beliefs, science, morality, religion, healing and witchcraft all form part of cosmology (Chidester, 1992; Hammond-Tooke, 1998; King, 1986).

3.2.1 Contents of African cosmology

According to Chidester (1992), Crafford (1996) and Kudadjie and Osei (1998) most Africans view the universe as an entity made up of the unity and harmony between the Supreme Being, the spirits, people, vegetation and inanimate objects. This African religious worldview assisted Mbiti (1990) in classifying the African religious ontology into the following five categories:

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- God, the Supreme Being, as the ultimate explanation of the sustenance of both man and all things in the world, and the ultimate controller of the cosmic power. This power is also available, although in a limited way, to other people.
 - The Spirits, which are made up of the spirits of the dead (ancestors), and have access to some cosmic power that God has.
 - Human beings are at the central part of the universe, some of which (healers) have the ability to manipulate cosmic power for the good or the evil of their communities.

- Animals and plants form the remainder of biological life.
- Inanimate objects, like mountains, without biological life.

Between all these aspects of the universe, there is a firm balance maintained by some kind of energy. These aspects are crucial and they are the key factors in healing through caring, empathy and communal emotion provided in rhythmic movement, prayers and dance (Crafford, 1996).

Africa as a continent has many different ethnic groups with their own cultures. Kudadjie and Osei (1998) indicate that there is a great diversity of ritual forms, social symbolic universe and different beliefs in Africa. Consequently, there is no single blueprint that will apply to all African cultures. Nevertheless, their beliefs do not substantially differ from each other since there are connections in their religious outlook, moral restriction and other aspects of life, except those influenced by Islam and Christianity. In their understanding of the world, traditional Africans believe in the universe, God and the human community. Their view of the universe is that God, the Supreme Being, created it (Kudadjie & Osei, 1998). In this belief, it is God who provides rain, fertility, good, health and so on. He created the universe with both a seen and an unseen reality with spirit beings, human beings, plants, animals, water and mountains, to mention only a few. Among other realities, there is a continuous relationship between various spiritual forces and the laws of nature (Kudadjie & Osei, 1998). Within this cosmology God is in the centre, sustaining and upholding these spiritual forces together with human customs and institutions. He maintains a harmonious world and ensures that all perform their own duties in it (Chidester, 1992; Crafford, 1996; Kudadjie & Osei, 1998; Mbiti, 1990).

In this cosmic order, human beings can have contact with God directly through prayers and sacrifices, as well as indirectly through ancestors. The concept of destiny summarises one's place in the cosmos, from birth to death. Kudadjie and Osei (1998) believe that each person is a spirit, sent into the visible and natural world, to fulfil a particular mission. In other African cultures, such as the Akan, their belief is not rooted in destiny, but rather in the ancestors, called the living dead, who influence the lives of family members (Mbiti, 1990). Ancestors in Africa are venerated, and ultimately form religion that people maintain (Kudadjie & Osei, 1998). The core of religion lies in ancestral practices that control social behaviour in the system that can only be accessed through spirituality (Kudadjie & Osei, 1998). We shall now explore the idea of traditional African spirituality in depth.

3.3 AFRICAN TRADITIONAL SPIRITUALITY

Before looking into what traditional African spirituality is, I shall first differentiate between spirituality and religion in general terms. Mbuy-Beya (1994) says: "Spirituality is what permits us to make sense of life" (p. 65), whereas Swartz and Jordan (1976) say: "Religion is used as a term that refers to believe either in spiritual being or spiritual forces" (p. 667). Africans have formed a reality that confirms that a person's life is rooted in the socio-cultural universe. Thus, spirituality lies in the centre of life and the culture of the individual. Mbuy-Beya (1994) further states that spirituality is a reality rich in implication. Human beings are the victims of life, therefore it is important for everyone to fight for their lives. Victories over destructive structures can be overcome through appropriate rites, political and social organisations (Mbuy-Beya, 1994). Practices, such as initiations and purifications, are some of the strategies aimed at liberating people from immortality. They are meant to bring harmony between the living and the ancestors. Traditional African

societies have attempted to develop approaches, such as ceremonies, to regulate the life of the community. The art of living and respect for moral values were the first priorities in structuring the lives of traditional Africans (Kudadjie & Osei, 1998; Mbuy-Beya, 1994). In contrast, modern Africans have been subjected to the influences of urbanisation. According to Mbuy-Beya (1994), other ethnic groups with different cultural values have separated from their traditional settings, which have guaranteed their stability over the years. This combination of different cultures has destabilised their spirituality and moral life.

In traditional African societies there is provision for structure and framework that accommodates the survival of both spiritual and material health of the community (Mbuy-Beya, 1994). Pressures of new dispensations such as globalisation and modernisation have led to crises for traditional African structures, threatening the loss of moral values, goodness and beauty. Such oppression gave rise to new forms of spirituality. Mbuy-Beya (1994) shows that Africans have been grounding their spirituality even in the face of new pressures, such as Christianity. New ways of living have been modified to suit and accommodate these new situations. The restructuring of new spirituality caused a number of difficulties, such as rejection and abandonment of African values (Mbuy-Beya, 1994).

3.4 VIEW OF ILLNESS

According to most traditional African belief systems, there is a continuous unity and harmony among the Supreme Being, the spirits, and other living organisms, such as plants and animals, including human beings (Chidester, 1992; Crafford, 1996; Kudadjie & Osei 1998). Also, illness is thought to be caused by disturbed social relationships that create imbalances in the form of mental or physical problems.

Furthermore, mental illness is regarded as a sign of a lack of harmony between the person and the environment (Cassel, 1991; Karim, Ziqubu-Page & Arendse, 1994). The lack of harmony usually causes illnesses that destabilise relationships within communities. This harmony, in most African communities, is controlled by the ancestors and thus affects traditional African belief systems. This structures the culture, thought patterns, social life and political organisation of traditional Africans (Mbiti, 1990).

Diseases are common to all human societies, but differ in a way people conceptualise and treat them (Howard & Dunalf-Hattis, 1992). Sargent and Johnson (1996) provide a theoretical orientation that differentiates between a disease and an illness. According to Sargent and Johnson (1996) a disease is a perspective of sickness that refers to some bio-physiological abnormality, whereas an illness is a view of sickness that refers to distress as experienced, described and explained by the patient or family. Contrary, *bolwetsi* and *ukugula* (in Northern Sesotho and IsiZulu respectively) are normally translated as illness or disease and they do not only refer to somatic conditions (Kriel, 1998). They are all-inclusive terms that may also refer to *amashwa* (misfortunes or abnormal events), as well as to social disharmony. Other terms, such as *go alafa/ukwelapha* (to heal) also refer to more than simply the treatment of somatic conditions. This clearly indicates that traditional Africans do not differentiate between an illness and a disease, and they are all referred to as misfortunes. Therefore concepts such as disease, illness and misfortunes in this study will be used interchangeably.

In most African countries like Malagasy, Congo, Nigeria, Rwanda and also in South Africa, misfortunes are attributed to witchcraft, sorcery and ancestors' dissatisfaction with the behaviour of the descendant, who committed a sin (Gibbs, 1965; Peek, 1991). These illnesses or diseases

can be cured by different traditional healers and specialists, such as *izangoma*, *dingaka* (plurals for African indigenous traditional healers) who can manipulate powers available to them for the well-being of society. On the other hand, there are a group of people, (witches) who can manipulate these powers for evil purposes. To restore unity and harmony in society, a traditional healer is then required to manipulate these powers and communicate with the spirits to heal any illness (Kaufmaun, 1993). Traditional healers, with their herbal remedies and divination, treat both natural and supernatural diseases (Monnig, 1967; Pelzer, 1998).

Most traditional African communities distinguish between illnesses emanating from ancestral spirits, witchcraft, ritual impurity and those that are regarded as natural diseases (Kriel, 1992; Monnig, 1967). For example, according to Chavunduka (in Pelzer & Ebigbo, 1989) the majority of Shona people in Zimbabwe believe that illnesses may come from ancestor spirits, angry spirits or even alien spirits. Generally, when someone shows an illness, a diviner is consulted to indicate what might be the cause of an illness. In addition, ancestral spirits may cause misfortune. These spirits might be those, who did not receive a proper burial at death. They are sometimes extremely dangerous and may cause harm to the living (Magesa, 1997). Misfortunes and other supernatural causations are resolved through communicating with mystical forces rather than the application of modern medicines or empirical research (Kriel, 1998; Mabunda, 2001). A link exists between illnesses and other misfortunes such as impurity, such as the loss of ritual power and the impairment of the individual's personal attributes. In these instances, some form of purification ritual may be necessary (Mabunda, 2001).

According to Kriel (1998) and Mabunda (2001) the strengthening, as well as the restoration of relations with fellow human beings, including the

deceased, as well as the warding off of witchcraft, requires the intervention of a traditional healer. Apart from the activities of the ancestors, there are other major supernatural causes of disease and misfortunes. Such diseases may be caused by adverse climatic conditions, contaminated food and water, certain phases of life, and the process of ageing. Natural diseases happen spontaneously, and are not sent or made to happen. Therefore, it is believed that they do not last very long nor do they recur very often (Kriel, 1992).

3.5 TRADITIONAL HEALERS IN SOUTH AFRICA

There is a challenge for health professionals and traditional healers to search for similarities and differences within the cultural conceptions of illness and disease in South Africa (Augustine, 1999; Hewson, 1998; Pearce, 1982). This search might identify common or universal characteristics of healing and curing different illnesses. Traditional healers' strategies of probing deeply into the psychological, spiritual and social contexts of illness and the use of healing ceremonies seem to be effective in certain instances, such as *amafufunyane* or *ukuthwasa* (Hewson, 1998).

3.5.1 Practices of traditional healers

In most traditional South African societies, traditional healers hold powerful positions because they act as physicians, counsellors and psychiatrists (Hewson, 1998). Sometimes people consult a traditional healer for problems such as social dilemmas and major medical illnesses (Mbiti, 1969; Ngubane, 1992). According to Mbiti (1969) and Rantala, Kodzwa, Vilsanen, Dlodlo, Osaki and Freling (1992) the three main elements of traditional African healing are: prevention of the problem, determination of the causes and the elimination of these problems.

Traditional healers more often deal with prevention and protection from possible afflictions. The task of the traditional healer is to drive off these negative forces and maintain equilibrium with the spirits and the ancestors (Hewson, 1998). Protection may be accomplished by performing ceremonial acts, wearing totemic objects, such as wristbands, and making incisions and punctures in the skins (Jolles & Jolles, 2000).

Traditional healers deal also with the determination of causes through different forms of consultation with the ancestors. They consult the spirits and confer with the ancestors (Hewson, 1998). During the diagnostic process, traditional healers follow specific rituals, such as trance dancing, and washing with specific herbs, to determine the nature of the problem. They use questions to reveal the illness in the context of the client's life, social relationships and physical environment. They use *amathambo* or *ditaola*, divining objects that were collected during their training, which act as testimony for healing powers. These objects represent different aspects of a client's life, such as man, woman, immediate family members, extended family members or ancestral spirits. When the traditional healer cannot discern the problem after having thrown *amathambo*, he or she will consider referral. In most cases, traditional healers acknowledge the biological basis of illness that is outside their scope of practice and competency. They then decide whether the client should see another experienced healer or a physician (Smith, 1996; Sterwart & Roter, 1989).

Traditional healers usually work successfully with the illness that has high emotional content, which is known as psychosomatic illnesses in allopathic medicine, and psychological illnesses. They do so because they receive their healing powers from the ancestors (Hewson, 1998; Rantala et al., 1992). Traditional healers usually work with the client's mind and spirit, believing that many afflictions have spiritual causes and that

psycho-spiritual imbalance must be fully rectified before a client can recover physically (Damasio, 1994). According to Rantala et al. (1992) traditional healers facilitate psychological, spiritual as well as physical coping. Treatments for afflictions for physical ailments as well as psychological ones are provided in a form of powders, infusions or ointments, which are ingested with water or maize porridge (Hewson & Hemlyn, 1985).

Cultural relativism maintains that healing should be interpreted within the client's world-view. Different conceptual frameworks usually lack common quality (Kuhn, 1970), however some strategies in traditional healing may be viewed as antecedents of modern practice. These differences and similarities between the two forms of healing remind Western physicians that some traditional practices can be beneficial to modern medicine (Damasio, 1994; Hewson, 1998). Although Hewson (1998) states that some practice of traditional healing are undesirable and limited in scope, there are strategies of traditional healing that are viable in societies where advanced technology and sophisticated understanding of diseases are lacking (Suchman & Mathews, 1988). As there are some illnesses that are unknown Western medical practitioners which traditional healers are able to treat successfully. In this way traditional African healing and modern Western medicine can play a supportive role for each other in their attempts to alleviate pain (Mabunda, 2001; Mdleleni, 1990; Ngubane, 1977).

Furthermore, traditional African clients need the assurance (from traditional African healers) that the spiritual and magical forces which are responsible for their suffering have been sufficiently dealt with. Although there is rejection of the practices of traditional healers by other Western practitioners (Bourdillon, 1989; Edwards, 1986; Pearce, 1982; Peltzer & Ebigbo, 1989), it is evident that the majority of traditional

Africans regard traditional healing services as useful in some respects.

3.5.2 Specialists in traditional African healing

Traditional Africans strongly believe that there are specialists in traditional healing who act as mediators between the physical world of the living and the spiritual world of the ancestors (Bourdillon, 1989; Edwards, 1986; Pearce, 1982; Peltzer & Ebigbo, 1989). Many traditional African societies identify certain members of the community, who are called by ancestors to become healers that will operate within the framework of community life (Barker, Mokwena & Simons, 1999). Even though the practices of traditional African healers cannot be objectively verified, but their popularity is based on experiences of clients with such healers (Edwards, 1986; Roan, 2000). Becoming a healer depends on a new experience of reality, through dreams, in which the boundaries of the self come in contact with the spiritual realm, and thus gains spiritual power. This spiritual power must then be applied to help the community (Katz & Wexler, 1989). These different specialists include diviners, *izangoma*, who serve as a link between the living and the spiritual world and medicine men/women, or herbalists, *izinyanga*, who primarily specialise in herbs, *imithi* (Edwards, 1986).

3.5.2.1 Diviners

In the South African context it is often difficult to differentiate between a diviner and a herbalist, because of the social and economic pressures enhancing the position of a diviner at the expense of the herbalist. Usually a client first consults a diviner for diagnosis of any affliction, who then recommends a herbalist for prescription or intervention, if necessary (Jolles & Jolles, 2000). The diviner, *isangoma*, often in addition to using herbs, is an expert in methods of healing through spiritual knowledge

and power over illness, misfortune or evil (Chidester, 1992; Thorpe, 1993). According to Chidester (1992) the diviner is the most sacred specialist with knowledge and power in traditional African healing. The diviner is an expert in finding the cause of an illness, whether it is due to witchcraft or the wrath of the ancestors. Becoming a diviner is acquired through a special calling, often symbolised as an illness sent by the ancestors. This person then enters training with a specialist in African traditional healing. During the process of initiation a trainee becomes involved in the process of training involving isolation, instructions in medicines and the performance of certain dances to communicate directly with the ancestral spirits (Chidester, 1992). Diviners are normally a group of healers entitled to use *amathambo/ditaola*, which acts as the supporting system for divination. Some diviners are specialists in different fields, such as exposing witches, discerning the will of the ancestors and finding lost property. They usually employ their techniques during private consultations (Kiev, 1964; Medonsa, 1982).

3.5.2.2 Medicine men/women and herbalists

The medicine men/women, sometimes called herbalists, are traditional healers, who assist the sick and who have been troubled by witches. In the past they were called witchdoctors, but this term has provided negative connotation and it is not favoured today. Medicine men/women are often highly respected. They use the same powers as the witches, rather than use these powers in a negative way; medicine men/women fight witchcraft. The medicine men/women generally use their powers to detect witches and heal people attacked by witches. However, they have the ability to use these powers to destroy innocent people (Jolles & Jolles, 2000). Before we look at another group of healers from African

Christian churches, I shall firstly present overview of African religious healing.

3.6 AFRICAN RELIGIOUS HEALING

The philosophy behind healing practices in traditional African communities is that of a holistic view of the world. There is a better understanding of this view from a religious nature of the African way of life. African religious beliefs and practices have not remained unchanged and the spread of Christianity more especially in South Africa has influenced the healing practice of indigenous Africans. Most traditional Africans identify with more than one religion, that is, some Africans who follow Christianity often will retain beliefs and practices from an indigenous African religious tradition. It is not unusual for an African Christian to participate in a Christian ritual by going to church on Sunday and then to participate in an African religious ritual later on in the same week. This has led to a group of healers called faith healers.

African religion does not have sacred writing, but it is a traditional religion based on oral testimonies of people (Iloanusi, 1984). Traditional Africans do not have a word equivalent to the term religion. There are a number of terms in African languages that describe activities, practices, and a system of thought that corresponds to closely to what most Westerners mean by religion. African religions are often directly linked with African peoples' concepts of ethnic identity, language and culture. They are not restricted to beliefs in supernatural beings such as God and spirits (Mbiti, 1990).

African religion classifies ritual ceremonies based on the type of ceremonies being entertained. These ceremonies include childbirth,

marriage, death and so forth. The most important ritual is the health ritual such as protecting family members against witchcraft. These rituals ensure good health, curing and even preventing danger to health. These health rituals are very crucial, because they reduce conflict and tension between various sectors in the community.

Mbiti (1990) argues that the whole existence for the Africans is a religious phenomenon, and that indeed man is a deeply religious being living in a religious universe. According to Mbiti (1989), religion is the most crucial aspect of African heritage as it is found in all areas of human activities. He further emphasises that religion dominates the thinking of African people to the extent that it has shaped their culture, their social life, their political organisation and economic activities. There are as many religions in Africa as there are ethnic groups, and these religions share common elements with regard to healing practices. An understanding of the African worldview is necessary for the appreciation of the role of faith healing in the lives of African people which will be discussed below.



3.7 THE ROLE OF FAITH HEALING IN SOUTH AFRICA

Within African traditional communities there are a group of people who use spiritual power for purposes of divination, and they are called faith healers (*abathandazi*) usually found in African Independent Churches (AIC). A faith healer usually receives a divine message and translates it into human terms. A faith healer can either use traditional forms of speech (local language) or actions to indicate that he or she is a healer, and that the message comes from the divine realm. It will also depend on society whether it recognises this behaviour as prophetic, and whether it is accepted or rejected (Mays & Achtemeier, 1987). Most faith healers share the protestant emphasis on the authority of the bible, usually read

literally. They differ from most mission churches in that they read the bible with an African cultural background rather than a Western cultural background, which made it easier to read some things literally than the missionaries. The next section will focus on the worldview and healing in African Independent Churches.

3.8 WORLDVIEW AND HEALING IN AFRICAN INDEPENDENT CHURCHES

African Independent Churches (AIC) form the largest group of Christians in South Africa (Bate, 1995). AIC emerged as a result of dissatisfaction with the mission church approaches on healing, and they mainly consist of indigenous Africans. AIC form social aspects in that it creates new communities in which people find support, protection and security. In general, AIC have revolved around the question of adaptation of Christianity in Africa, and spiritual healing practices have been linked within the framework of Christianity (Bate, 1995; Oosthuizen, 1986; Sundkler, 1961). This standpoint has marked openness to all African Independent Churches to express their Christian faith in a historically and culturally conditioned manner. According to Crafford (1996) the role of healing in African Independent Churches attempts to reconcile Christianity with African tradition. According to Ray (1993) African Christianity is merely a hybrid religion. It is either an imperfect version of Western Christianity or a simple adaptation of the African traditional religion. Crafford (1996) and Ray (1993) conducted an extensive study, which produced findings that illustrate the struggle of Africans to develop Christianity within a specific African identity. Spiritual healing in these churches follows a traditionally holistic approach with the office and the role of the prophet as that of a traditional healer (Bate, 1995).

Unknown diseases and illnesses are the source of anxiety and worry afflicting many people (Du Toit, 1980; Jackson, 1981). According to Sundkler (1961) and West (1975) the healing message provided by some AIC's provide meaning for the understanding of the illness, which eventually assists the client in understanding and interpreting its causation. Oosthuizen (1989) also emphasises the importance of relationships, and apparently acculturation in Africa that has opened the doors for a wide range of consultation until the right cure is found.

It is an individual's perception whether a particular disease is a result of natural or supernatural causes. Issues of consultation are determined by the nature of the illness and subject to how the patient responds to medication. If biomedicine fails to bring about speedy recovery, supernatural causes are suspected, which gives rise to the need for spiritual healing. Most clients wish to have access to both Western and African interventions for immediate recovery. This has resulted in many Africans moving towards Western doctors to cure illness, and later consult an indigenous healer for alleviation of the problem (Oosthuizen, 1986; Mabunda, 2001).

3.8.1 Ways of healing in African Independent Churches

Zionist healing is practiced in three different contexts, namely the worship service, special ritual of purification and private consultation. Healing takes the form of purification performed in rivers, lakes or the oceans that utilise the spiritual power associated with water. According to the Zionists, water is regarded as a special medium for transmitting spiritual power. By drinking ocean water or water mixed with salt, ash or vinegar, the inside of a person is cleansed. The use of such mixtures expels any evil spirit that can cause affliction. Unlike the herbalists that use *umuthi*, the faith healer prefers to use water because of its purity

which is regarded as a purifying and chasing agent (Chidester, 1992; Oosthuizen, 1989).

3.9 CONCLUSION

Although Mabunda (2001) argues that the concepts of disease and healing are culturally constructed, there are still different perceptions of these concepts. As there is a rapid culture change among different communities, perceptions of afflictions are also changing. The Western concepts, with regard to the causation and treatment of disease, have rational and scientific basis, whereas the traditional African concepts are derived from supernatural causation. In African cosmology, afflictions that are responsible for suffering are ascribed to supernatural causes, and therefore they need to be supernaturally treated. These afflictions need the intervention of a traditional healer. There is also a category of those afflictions of natural diseases, such as ageing, to which no supernatural causality is attributed. These perceptions about natural diseases are expanding, whilst concepts about supernatural causation strongly prevails in the research area. These approaches, the modern and traditional, are regarded as specifically different in their methods, but nevertheless are mutually supportive. The existing literature (Chidester, 1992; Oosthuizen, 1989; Mbiti, 1990) shows that many people consciously live in two cosmological worlds (the modern and the traditional) and that the majority of Africans view these approaches as complementary, each with its own strengths and weaknesses.

CHAPTER 4

TRANSPERSONAL CORRELATES IN AFRICAN TRADITIONAL HEALING

4.1 INTRODUCTION

According to Davis (2000), people have reported experiences in which the sense of the self was unconventionally expanded. These transcendent experiences have usually been significant and central in the lives of individuals. For some, they are the most crucial experiences of one's life having spiritual and mystical significance. Spiritual experiences and self-transcendence have become the subject of study in psychology (Davis, 2000). Just as health psychology is the interface between psychology and medicine, Transpersonal psychology is the interface between psychology and the spiritual aspects of a human being. There is a great need for a shift from a mechanistic psychology to something that is more spiritual (Cortright, 1997).

Mainstream psychology should strive to achieve the highest levels of mental health and the sense of the sacred interconnection with the spiritual world should be allowed to unfold. Spiritual disciplines including traditional African healing and Transpersonal psychology have important contributions to make for a fuller understanding of the interconnection of all existence. Where psychology has laid foundations for the understanding of the mind, personality and psychological development, Transpersonal psychology can contribute to a better understanding and more effective practice of spiritual phenomena.

According to Gordon (1990) and Rappaport and Rappaport (1981)

integration of traditional African healing approaches with more conventional psychological practice has been suggested. They further argued that such current forms of interventions might operate within the framework of a specific spiritual tradition and consist of the application of principles and methods consistent with that worldview. Many spiritual traditions and healing methods have long been hidden and poorly acknowledged by mainstream psychology (Ebey-Tessendorf & Cunningham, 1997). Many aspects of Transpersonal psychology appears to have similar approaches to those found in traditional spiritual healing. According to Walsh (1993), the emergence of Transpersonal psychology extended the scope for using the states of consciousness and levels of human functioning that were previously improbable in mainstream psychology.

4.2 COMMONALITIES



Although there are different indigenous cultures in South Africa, the relationship between psychopathology and disability are similarly conceptualised (Pretorius, 1995). Within all groups factors like socio-economic status, lack of confiding relationships and unemployment contribute to vulnerability of illnesses such as depression and anxiety that were thought to be rare among African communities. However, Pretorius (1995) and Thom, Zwi & Reinach (1993) state that these conditions sometimes remain undetected by the African traditional healers because of their vague complaints.

In both Transpersonal psychology and traditional African healing, consciousness is both the instrument and the object of change. The effort does not aim only at changing behaviour and the contents of consciousness, but also at developing awareness of consciousness itself as the context of experience. A person's relationship to society and the

natural environment is viewed as an integral part of psychological healing. In many ways transpersonal therapists have a resemblance to traditional healers by providing guidance through the realms of the meta-physical as well as the physical (Cortright, 2000; Lukoff et al., 1998). The transpersonal therapists have also taken the traditional role of the priest, and this is a truly multidisciplinary perspective that brings all of the worlds healing and spiritually unifying resources together. This indicates a free exchange of information between all lifestyles and all cultures. According to Lukoff et al (1998) there is a multicultural aspect of Transpersonal psychology that recognises spiritual experiences and practices that other cultures see as healthy. On the other hand, in mainstream psychology these experiences and practices are sometimes seen as pathological.

Walsh and Vaughan (1996) have distinguished between different aspects in Transpersonal psychotherapy and these are transpersonal context, content and process. Transpersonal context refers to the attitude and orientation of the therapy which includes the therapist's view of human nature, suffering and potential. This transpersonal context is seen as the therapist's province which is not to be explicitly recognised by and never mentioned to the client (Walsh & Vaughan, 1996). In traditional African healing transpersonal context can be translated into an altered state of consciousness where a healer communicates with the ancestral world through drumming and chanting. In this state, a healer may hear voices guiding and giving them information about what is wrong with the client.

This state is followed by entering a possession trance, quickly uttering a stream of words that are beyond conscious control which give them information about a client. There is an adjustment of the healer's state of consciousness. The healer has expertise in entering a variety of states of consciousness that differ from ordinary waking consciousness. These

different states of consciousness are used to facilitate a variety of therapeutic and healing processes. In such alternate states of consciousness, the healer relies on factors outside his or her ordinary ego to facilitate healing. The ego and its functions are kept in check during the process as they may interfere with the healing process (Thorpe, 1993).

This transpersonal context recognises the universal dimension of being which connects the mind, the body and the spirit. Thus, Transpersonal psychology does not focus on these altered states of consciousness per se but attempt to find meaning in them. Crucial themes in transpersonal context similar to both Transpersonal psychology and traditional African healing are non-duality and inclusivity. Non-duality recognises the fundamental interconnection and unity to all that is beyond the self. The worldview for this transcendence is not about losing our selves but extending our identity. This expands Arthur Koestler's notion of holons (Wilber, 1996), confirming that each element exists as part of a larger whole. As opposed to mainstream psychology's focus on duality, in Transpersonal psychology and traditional African healing clients are not often diagnosed as having depression or schizophrenia because no distinction is made physical and psychological illnesses.

Inclusivity indicates that Transpersonal psychology draws principles from other cultures such as Buddhism, Hinduism and practices such as meditation. It also draws from indigenous cultures such as Native American Indians and Africans. For traditional Africans, urbanisation and pressures of globalisation have threatened Africans with the loss of their moral values and beauty. Traditional African religious beliefs and healing practices have been challenged by the spread of Christianity. This has caused traditional African healing to be inclusive by drawing on the healing practices of Christianity, This has resulted in a group of

traditional African healers who are called faith healers. These healers use the bible and pure water for divination.

Although there are similarities in Transpersonal psychology and traditional African healing. These approaches also differ and the following section will outline dissimilarities of the techniques used in their applications.

4.3 DISSIMILARITIES

The healing practices of traditional African healing and transpersonal psychology resemble common roots and goals in healing. However, there are slight differences with regard to intervention and process. Although mainstream psychology views experiences in meditation and shamanic initiations as pathological, Transpersonal psychology values these experiences and seeks to critically examine their healthy aspects from their stressful aspects. In traditional African cultures, such experiences are perceived as normal signs of ancestral call to become a healer, *intwaso*. In Transpersonal psychology this psychological transformation comes as a self discovery. In traditional African healing, however, initiation to become a healer comes as a directive from the ancestors. In many traditional African cultures people do not choose to become healers but are struck by a serious illness or calling from the ancestors. The symptoms of these illnesses might be physical or manifest themselves in dreams. If a person does not accept a calling, he or she may even die because the illness is unlikely to be cured (Louw & Edwards, 1997). This differs with Transpersonal psychology's view on pathology where an individual's inner conflict is perceived as an opportunity for growth, while symptoms are perceived as developing from not listening to one's higher inner self rather than an external instruction (Strohl, 1998).

Transpersonal process includes techniques, practices and strategies used to achieve the goals of therapy. These transpersonal processes in Transpersonal psychology are mediation, prayer, rituals and training, and are derived from other spiritual disciplines. The difference between traditional African healing and Transpersonal psychology is that transpersonal process might use similar techniques or strategies but applied differently. A primary way of encouraging transpersonal growth in Transpersonal psychology is through meditation, which is the core practice in transpersonal psychology. However, in traditional African healing, meditation is not the central practice but there are more crucial practices such as rituals, which are further differentiated from ceremonies. A ritual may be conscious or not, and it may be an orientation rather than a specific action. On the other hand, a ceremony is a specific process undertaken consciously. In traditional African healing, rituals serve different functions as opposed to mediation. Meditation provides balance of social interactions and allow for deeper personal and transpersonal growth. Rituals function as a way of communicating and acknowledging our relationship to each other, to spirits and to the earth such as burning *Helichrysum herbaceum*, *impepho yamakhosi*, prior to divination. They also encourage people to look for deeper significance of their behaviour. Finally, they resolve dualities and splits between surface and depth, human and nature (Davis, 2000; Iloanusi, 1984).

Transpersonal psychotherapist and traditional African healers also differ in their approach to transpersonal process of healing and training. Traditional African healing uses symbols, *ditaola/amathambo*, and dreams which indicate the contact with the spiritual world of the ancestors. According to Assagioli (1993), in Transpersonal psychology, symbols contain intrinsic worth that facilitates the incorporation of diverse psychic energies. These symbols have value and can evoke

hidden meanings, as well as make these available for conscious examination (Assagioli, 1993; Goud, 2001). Symbols are crucial in these healing systems because they bring concealed meaning but vary in application.

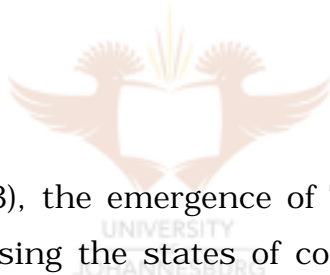
In traditional African healing, these symbols might appear in dreams. After these episodes of recurrent dreams, an individual will undergo a training process to become healer. The features of this training illustrate the transpersonal aspects of the process of altered states of consciousness, which might resemble the levels of spiritual emergency. This, in fact is not exactly the same as Western spiritual emergency, where anyone can have these experiences and a psycho-spiritual framework will enable a client to understand the process and go with it. In traditional African healing, it is a calling for particular people and a directive from the ancestors.

Grof and Grof (1989) have noticed some instances where modern Americans, Australians and Asians have experienced spiritual episodes that resemble those of shamanic initiatory illness, *intwaso*. The *intwaso* in traditional African healing embraces the importance of dreams with images and symbols (Butler, 1998; Louw & Edwards, 1997). Training process in traditional African healing also includes performance of rituals, such as going to the river and leaving offerings to the ancestors, as means of honouring the ancestors and entering the states of consciousness (Oosthuizen, 1989; Thorpe, 1993). According to Grof and Grof (1989) this process bears a resemblance to what is called spiritual emergency in Transpersonal psychology, and from a traditional African perspective this is virtually the same but not a direct translation of *intwaso*. In traditional African tenets, performing rituals provides a way of communicating with ancestors in a spiritual world and these states of

consciousness are not signs of pathology but can be part of a healthy awakening as it is in Transpersonal psychology.

As mentioned earlier that meditation is core to Transpersonal psychology, it is also viewed as a therapeutic activity (Bloomfield, 1984). In transpersonal psychotherapy, there is no clear separation between the processes of the healer and those of the person seeking healing. In some cases, a sense of fusion between the healer and the person seeking healing constitutes a basic element of the healing process (Carlson & Shield, 1989; Cooke, 1980). Healing may involve the healer successfully resolving certain personal issues. This clearly makes a distinction between a traditional African healer who does not attempt to resolve his or her personal issues in the healing process.

4.4 CONCLUSION



According to Walsh (1993), the emergence of Transpersonal psychology extended the scope for using the states of consciousness and levels of human functioning that were previously ignored in mainstream psychology. The validity of spiritual phenomena and Transpersonal psychology in general is controversial in mainstream psychology. However, Transpersonal psychology is at the forefront of a shift in psychology away from reductionistic method based on positivism toward a human science based on holism in understanding the full range of human experiences. In the positivist Western worldview there is an emphasis on the split between the body, the mind and the spirit. Despite the factual differences and advances in the mental health care, there is a relationship between Transpersonal psychology and African traditional healing. The solution associated with these differences (mentioned earlier) emerges from encouraging traditional African health care systems and conventional psychological healing systems to function in a

complementary fashion. However, there are encouraging signs that the contribution of psychological factors to the origins and the treatment of diseases are increasingly acknowledged. This is seen in the works of Carl Jung with archetypes, of Abraham Maslow with the notion of self-actualization, and of Roberto Assagioli with psychosynthesis. These works has pointed the way toward greater recognition of spiritual factors and the transpersonal psychology movement has attempted to integrate the spiritual dimensions into a comprehensive understanding of the human psyche.



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