MULTIPLE PERSONALITY DISORDER AND ANCESTRAL POSSESSION: A DESCRIPTIVE STUDY

by

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When I view and consider your heavens, the work of Your fingers, the moon and the stars, which You have ordained and established, What is man that you are mindful of him, and the son of man that You care for him? Yet you have made him but a little lower than God [or heavenly beings], and You have crowned him with glory and honour. You made him to have dominion over the works of Your hands; You have put all things under his feet: All sheep and oxen, yea, and the beasts of the field, The birds of the air, and the fish of the sea, and whatever passes along the paths of the seas. O Lord, our Lord, how excellent [majestic and glorious] is Your name in all the earth! [Psalm 8:3-9, Amplified Bible]
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Summary

Szasz (1961), in a book entitled, "The Myth of Mental Illness", argues about the age-old debate, whether the diagnosis of mental illness is culturally related or not. In today's multicultural milieu, clinicians are confronted with this same problem. For the purpose of the present qualitative study, Ancestral Possession (AP) and Multiple Personality Disorder (MPD), will be considered.

The initial purpose of the study was to explore the fields of Ancestral Possession (AP) and Multiple Personality Disorder (MPD) amongst black subjects, and to explore how these two phenomena are understood within a cultural context. Due to practical problems encountered in finding a black subject diagnosed as suffering from MPD, the subject focus had to be slightly altered. The aim of the study was changed to investigating MPD, as a Western culture diagnosis, and AP, as an African culture diagnosis, and comparing these two phenomena.

The phenomenological approach was used as a theoretical basis for the study. It was assumed that since this study focuses on subjective experiences, the phenomenological approach would be more applicable.

Two case studies (MPD and AP) comprise the data of this study. A video tape, consisting of interviews of the two case studies, is part of the data, including a literature study on both phenomena.

The data analysis focused on comparing the personal background of the two case studies and the manifestation and treatment of both phenomena within their cultural contexts. The differences and similarities that emerge, are discussed.

It was found that there are some similarities and also some differences between the two phenomena. Similarities are found, for instance, in the symptom profile of the two phenomena. The core personality in MPD usually presents with a fragile appearance.
(physical and psychological) and will report losing time (having time that is unaccounted for, because other personalities had taken over). The same thing happens with *isiguli* (literally, patient), a person who is being called by the ancestors. She looks sick, she will find herself in places without knowing how she got there. In both phenomena the subjects appear tormented before integration. The two conditions are also alike in terms of their effect on the central personality. The ancestral spirits and the alter personalities seem to play the same role of enabling the core personality to be well-functioning.

In terms of the differences found between the two phenomena, ancestral possession is socially approved in the African culture whereas multiple personality disorder is considered an illness from the Western perspective. The role of socio-cultural factors seems to complicate matters. As enculturation continues and white South Africans are becoming traditional healers, it would be interesting to see how many black South Africans will in future, be diagnosed as suffering from MPD as there are very few, if any, at present. In terms of etiological factors, MPD is usually a result of trauma whereas ancestral possession is a religious experience.

The results were inconclusive in that some aspects, for instance, physiological manifestation of AP could not be clearly explained. This is due to the fact that there has not been any laboratory research done to examine the chemical and physiological changes of traditional healers when under the influence of ancestral spirits. As opposed to that, MPD subjects have been reported to have alter personalities that would indicate different EEGs and some other physiological differences.
CHAPTER ONE

ORIENTATION, MOTIVATION AND AIMS

1.1 ORIENTATION

The study of the human mind and its malleability has changed since Mesmer’s ideas on animal magnetism, Charcot’s work on hypnotism, Freud’s studies of hysteria and Hilgard’s theory of the hidden observer. It is still changing as new aspects of the human mind continue to be uncovered. Crabtree (1985) states that, "Recent research has discovered the presence of multiple hidden observers within individuals" (p. 33). All this becomes more interesting and intriguing as cross-cultural studies are conducted.

Crabtree’s concept of multiple man, is perhaps quite appropriate for this study (1985). Multiple man is the acknowledgement of the elasticity of the human mind and consciousness in various circumstances. Multiple man can be said to refer to the ability of man to have different levels of consciousness which in its various forms, may reveal itself through Multiple Personality Disorder (MPD) or other Altered States of Consciousness. Crabtree (1985) mentions two approaches to the study of multiple man, namely the occult and the psychological. He states that the studies of the occult proceed deductively, from an intuitive view of the inner structure of reality to an explanation of the data of human experience. The basis is in a spiritual philosophy of the nature of the universe. On the other hand, the psychological approach, attempts to explain human personality in terms of specific models. It proceeds inductively beginning with data of experience and making generalizations from that. Neither can be ignored if the nature of multiple man is to be understood.

Possession poses another aspect of the multiple man. Studies of different societies across the world (American Red Indians, Black people across all Africa, Japanese, etc) reveal
that the belief in possession has always been an intrinsic part of these different cultures. Various etiological factors have been hypothesized from possession by the devil to possession by ancestors. Possession is defined as the complete take over of an individual's consciousness by an entity/entities from the outside; these come and indwell the body so that they can use it for whatever purpose they so wish. These possessing entities may be personal or non-personal; human or non-human.

Some individuals may seek this experience of possession through a religious form, where the individual willingly gives up his/her body to be used by a spirit for some higher purpose. Mediums are an example of this category because they view themselves as instruments or intermediates between the visible and the invisible; the physical and the spiritual worlds. Mediums can be possessed by deceased human spirits or other intelligent entities. Possession in the African tradition is linked with deliberate burial. More will be said about this in the following chapter.

Ancestral Possession (AP), as another manifestation of Multiple Man, is explored based both on its cultural, religious level and the subjective level. Ancestral possession becomes the embodiment of the society's deepest cultural and moral values and functions as the collective representation of the social conscience. The central theme of ancestor worship is not that there is life beyond death, but that the dead continue their involvement with the society of the living. Not everybody is installed as an ancestor. Recognition of ancestral possession emerges in various circumstances which will be discussed further.

Multiple Personality Disorder (MPD) possibly constitutes another aspect of multiple man. The style, characteristics and structure of multiple personalities existing independently of each other, possessing separate needs and behaviour, have intrigued the public and fascinated many clinicians for many years. There is division among clinicians about the authenticity of this disorder. Many case studies have been brought forward by proponents but the debate about the authenticity rages on. The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders, published in 1994, has changed the name MPD to Dissociative Identity Disorder. The traditional name, MPD, will be used in this study
as it is still the name that is popular amongst clinicians as well as the public. Kaplan et al. (1994) writes, "The concept of personality conveys the sense of an integration in the way a person thinks, feels, and behaves and the appreciation of himself or herself as a unitary being" (p. 644). With MPD, the subject usually has many personalities that perceive themselves as different in the same person, thus the self-identity of the individual may be confused. This will be explored in the coming chapters.

The research question posed in the present study is whether there are similarities or differences in the experience of patients with multiple personalities according to Western tradition, and the experience of ancestral possession by sangomas in the African tradition.

1.2 PURPOSE OF THIS STUDY

The purpose of this study is to investigate Multiple Personality Disorder (MPD) as a Western culture diagnosis, and Ancestral Possession (AP) as an African culture "diagnosis". The influences of the socio-cultural meanings associated with these phenomena are especially explored in the study. The similarities and differences between the two phenomena are looked at within their phenomenological context.

1.3 MOTIVATION OF THIS STUDY

With all the transformation that have swept our country (South Africa), some issues that have always been taken for granted had to be revisited. For instance, many medical doctors have always known that the majority of their Black patients will usually combine Western medicine with Traditional medicine; that is, they will consult a medical doctor and a traditional healer about their sickness.

One of the strongest motivations for this study, has been the government’s decision to officially allow traditional healers to work side by side with medical doctors because the
argument is that patients do believe in traditional healers. Few informative psychological studies have been done to understand traditional healing, the power of sangomas and the ancestral possession phenomenon. Most studies have been done by anthropologists. The average South African Black in the 90's is very much Westernised and this study investigates how this may influence the future role of ancestral possession. At this present time, very few White South Africans become sangomas and to date very few, if any, Black South Africans have been diagnosed with MPD. What is the role played by socio-cultural factors?

1.4 DEFINITION OF VARIABLES

To operationally define MPD, Carson et al.'s (1992) definition will be used. They define this phenomenon as follows: "A dissociative reaction, usually due to stress, in which a patient manifests two or more ... complete personalities. Each system has distinct, well developed emotional thought, possesses and represents a unique and relatively stable personality. The individual may change from one personality to another at periods varying from a few minutes to several minutes to several years, though the former is a more common time frame. The personalities are usually dramatically different ..." (p. 230).

Ancestral possession is defined here as a phenomenon where an individual states that he/she is called by the ancestors and is manifesting the symptoms associated with ancestral possession as defined by the culture to which he/she belongs. The calling must also be confirmed and diagnosed within the same structure of meaning.

1.5 RESEARCH METHODOLOGY

As mentioned before the specific aim of this study is to describe MPD and AP. The similarities and differences between the two phenomena are investigated. A qualitative approach is appropriate since it is subjective human experiences that are under observation.
Two case studies were involved in the study, the one being a sangoma (AP) and the other one, suffering from MPD. With the sangoma subject, an interview was conducted and recorded. With the MPD case study, a pre-recorded video cassette tape was used.

1.6 CHAPTER OUTLINE

The contents of the various chapters are briefly explicated in this section. In chapter two, Ancestral Possession will be investigated. Ancestors and ancestral spirits will be defined and their specific role as perceived within a socio-cultural context. Possession and divination is discussed as well as manifestation of Possession in different cultures, the call of being a sangoma and therefore religious implications, and finally dissociative disorders associated with ancestral possession.

Chapter three focuses at Multiple Personality Disorder. The diagnosis of this mental disorder and the various types of alter personalities as well as the epidemiology will be explicated. The etiological factors and treatment are also discussed. The altered states of consciousness associated with MPD are mentioned. A discussion of issues and controversies related to MPD concludes the chapter.

Chapter four briefly describes the phenomenological research methodology used for this study and its theoretical origins. The research method is described including the discussion of the video that was used for the purpose of clarification of the two phenomena, MPD and AP.

Chapter five views the literature and the data as recorded in the video. Some comparisons are made and the similarities and differences that emerge are mentioned.

The dissertation is concluded by mentioning possible limitations of the study and recommending future research possibilities.
CHAPTER TWO
ANCESTRAL POSSESSION

The purpose of this chapter is not to argue about the objective existence of ancestors but to perhaps reveal or, rather, to affirm the importance of explaining phenomena within the context of its occurrence. Context, in this instance, refers to socio-cultural and psychological factors - more especially the developmental aspect because human behaviour is dynamic and that is a point that social scientists are continuously confronted with. To comprehend some components of human behaviour, a person is always confronted with a challenge: Who am I speaking to; which socio-cultural forces have been involved in this individual’s make-up; what has he gone through in terms of psycho-social dynamics? Another important factor of human behaviour, is its universality amongst different peoples. Following, is another crucial issue - interpretation; phenomena must always be interpreted within its contextual occurrence. There is really nothing new about all this except that it is repeatedly confirmed as the human species are vigorously studied and conceptualised in their social world. In this text, such issues will be addressed.

Bearing the above in mind in discussing ancestral possession, to first define who these ancestors are, will perhaps be appropriate. Thereafter, possession and divination as the evidence of ancestral possession, will be discussed. The universality of human behaviour is significant because ancestral possession is evident in different cultures. The dynamic aspects of ancestral possession will also be discussed because it keeps on changing and manifesting in different ways according to the demands of the times and the context.

2.1 ANCESTORS AND ANCESTRAL SPIRITS

According to Paris (1995), "To Africans, departure from physical life marks the transition of the human spirit from the state of mortality to that of ancestral immortality" (p. 51). Ancestral spirits are believed to continue life in much the same way as they lived it in
history, meaning in their physical life. Paris (1995), quotes Margaret Creel, "Ancestors retained their normal human passions and appetites, which had to be gratified in death as in life. Ancestors felt hunger and thirst. They became angry or happy depending on the behaviour of their living children" (p. 52). In agreement with Paris (1995), Mbiti's (1990) coining of the concept living dead is appropriate when referring to ancestors. The living dead are spiritual protectors of the family and the larger community. They may not be physically present but they perpetually dwell with the living descendants and are aware of the daily activities of the latter.

The living-dead are omnipresent and bilingual: they speak the language of men, with whom they lived until recently; and they speak the language of spirits and of God, to whom they are drawing nearer. Mbiti (1990) states that "They return to their families from time to time, and share meals with them, however symbolically. They know and have interest in what is going on in the family. When they appear, ..., they are recognized by name 'so and so'; they enquire about family affairs, and may even warn of impending danger or rebuke those who have failed to follow their instructions" (p. 82). This all indicates how influential and real the ancestral spirits are believed to be. They are the forefathers who are responsible for guiding, protecting and disciplining their descendants, and to have communion with them.

Ancestral worship is a universal occurrence - for instance Lamla (1976) writes, "The key to understanding of Bhaca religion is the belief of the ancestral shade, (amathongo). The Bhacas are one of the tribes in South Africa and they are just one of the few examples in which ancestral worship occurs. The amathongo -shades - (the Bhacas' word for ancestors) are old people who have died" (p. 235). He also maintains, "A woman, when she marries, is influenced by two sets of shades -those of her own lineage and those of her husband's. An ithongo lives in the brain and appears in dreams" (p. 235). Operationally the ancestors play an indispensable role as they are the spirits or the living dead that possess an isangoma so that she can possess divination powers. A symbiotic relationship seems to exist between the living and their ancestors, the role of each being to keep the other happy, healthy and viable.
Mbiti (1990) believes that on a cultural level the cult of the ancestors becomes the embodiment (objective) of the society's deepest cultural and moral values as the collective representations of the social conscience. Ancestors are regarded as acting on behalf of their lineal descendants only; a fact that is changing as there is a continuous intermingling of different cultures. As everything else is changing to suit the times, so is the ancestral cult. Sangomas (diviners) now talk of ancestors called amandhawu. These are ancestral spirits believed to encompass all different cultures and are considered to be very powerful. For instance, in South Africa, some of the sangomas from the white community will state that they are able to communicate with Zulu ancestors and on the other hand, some of the African sangomas will claim that they also communicate with white ancestors. This explains why some sangomas will turn to speak in tongues and then give the explanation that it is the ancestral spirits speaking through them.

Possession in the African tradition, is linked with "deliberate burial". Deliberate burial is related to the beliefs in the survival of the spirit of the deceased; it represents a demonstration of respect to the spirit; the use of grave goods is usually interpreted to indicate a belief in afterlife in which these objects may be useful to the spirit of the deceased.

In most traditional African societies, a person would be buried with some goods so that they are able to operate in the next world. These ancestors were believed to protect their descendants and intercede for them with God to bring good luck and happiness, provided they are treated with respect and care both before and after death. If the ancestor, for some reason feels offended, he/she may choose to withdraw such protection and the descendant will fall an easy prey to evil and other types of misfortune.

Buhrmann (1984) states that, "Apart from kinship ancestors, there are others, namely, the 'River People' and the 'Forest Ancestors'" (p. 153). These are believed to live in the places by which they are called but they also are able to indwell the possessed. It should be noted that kinship ancestors can be part of the River Ancestors because ancestors are believed to be omnipresent as they are spirits. Kinship ancestors are spirits of dead relatives. In the following section, possession by these ancestral spirits, will be discussed.
2.2 POSSESSION AND DIVINATION

Possession and divination seem to be linked somehow because those that are possessed by ancestral spirits are usually involved in divination systems. At this point, these processes will be dealt with in depth.

2.2.1 Possession

Crabtree, (1985) defines possession as an "invasion of an individual by some alien thinking entity. In its dramatic form possession means the sudden and complete disappearance of the personality ordinarily inhabiting a body and its replacement by a totally different one" (p. 6). This transformation may involve a violent struggle between the intruding entity and the unwilling victim; in others, it is sought as a religious experience, where the individual willingly gives up his body to be used by a spirit for some higher purpose.

Crabtree (1985) maintains that these possessing entity/entities may be personal or non-personal; human or non-human. Human possessing entities may be living or dead in the sense of no longer having their own body. The dead are more accurately called discarnates. People who have agreed to this possession, perceive themselves as intermediates between this world and the world of spiritual beings and are appropriately named mediums; they may be controlled or possessed by discarnate human spirits or other intelligent entities. Behaviour associated with this possession syndrome includes changes in voice and physical appearance as well as unusual utterances. Characteristically the condition alternates between lucid and disordered intervals. In lucid intervals, the sufferer reports inability to control his behaviour; in the disordered interval the sufferer retains no memory of it. Spirit possession is a phenomenon long known to mankind. Ward (1989), wrote "Possession represents just one aspect of a particular world-view; an overall attempt to explain the cosmos and man's place in it - the meaning of good and evil, human and divine, mystical and mundane" (p. 150).

Lewis (1989) believes that from an anthropological perspective, possession is viewed
as serving a purpose of linking humans with natural and supernatural forces, creating solidarity in public ceremonies and explaining the paranomic cosmos. From a psychological point of view, possession is viewed as a dissociative state in which unconscious issues and conflicts surface in different forms. In arguing this point, from the phenomenological point of view, possession can be understood within the context of its occurrence, both the individual and social interpretations included here. Divination comes up at this point because it is an inherent characteristic of ancestral possession.

2.2.2 Divination

Lamla (1976) defines divination as, "the act of obtaining esoteric knowledge of things of the past, present and future by supernatural or divine revelation" (p. 44). A divination system is a standardized process deriving from a learned discipline based on an extensive body of knowledge (World Books Dictionary). Sometimes the diviner's body becomes the vehicle of communication through spirit possession.

Divination has always been inextricably bound up with magical beliefs and practises that are widespread in prehistoric and preliterate societies, and tend to persist even when these cultures and societies are changed by contact with more complex and technologically advanced cultures. According to Lamla, (1976) "Indications are that divination has roots deep in the past" (p. 20). He reveals that diviners had an immense influence as medicine men in various tribes and as such, were widely recognized. Diviners were called for protection; were believed to possess the spirit of the ancestors and so they could converse and chase evil spirits away; when the ancestors were angry, diviners could make sacrifices on behalf of the concerned family and turn away the anger of the unhappy spirits and give blessings in the form of peace and prosperity. The diviner was considered to be the mediator who advocates the cause of the family before the ancestral spirits.

When calamity occurs, the diviner is the one to make atonement to the offended ancestral spirits. He will act as a guide and advisor. It should also be understood that there are different classes or types of diviners.
Lamla (1976) postulates various classes of diviners of which a few will be briefly discussed:

**ORDINARY DIVINERS (AMAXUKAZANA)** for example, izanuse (men of outstanding and unique gifts and specialists).

a. Extractors (amagqirha aqubulayo) - these specialize in extracting some supposed deleterious matter from an affected part of a patient’s body.
b. Revealer (amagqirha ambulayo) - these are called the producers of hidden charms.
c. Ventriloquists (amagqirha emilozi) - these are said to be whistlers. The ancestors are believed to communicate with these through whistling and this type of diviner would be able to interpret the 'whistle' for those around.

**APPEAL DIVINERS (AWOMHLALHO)**

The word *umhlalho* is probably derived from the verb ukuhlahla (to open a way). In practise, umhlalho is really an appeal from one diviner to another diviner as a way of absolving the one who may have been accused of being guilty of a negative act, like being a witch. This diviner is consulted in the hope of being cleared of the stigma attached to being smelt out (ukunukwa) - meaning being accused as the one guilty by another diviner.

**BONE DIVINERS (AWAMATHAMBO)**

Bone divination is common among the Sotho peoples. These diviners claim to be capable of divining specific causes of diseases. Those that use bone divination claim that it can deduce whether the cause for mishap is attributable to witchcraft or to the dissatisfaction of the ancestral spirits. It also shows which ancestor is dissatisfied -or what sacrifice should be made to the ancestral spirits to appease their wrath.
WAR DIVINERS (AMATOLA)

History shows that in the past, war-diviners played a prominent role during intertribal wars and the frontier wars with white people. This type of diviner was consulted when people were going to war in order to ask for the blessing of the ancestors and also to enquire if the tribe will be victorious in that particular battle.

SPECIALIST DIVINERS (IZANUSE)

These diviners are generally consulted in cases which baffle the ordinary diviners. Their greater knowledge of the lives of men, their greater insight to cause and effect, their powers of deduction from the unknown to the known fact, place them in a class by themselves. It is a specialist diviner who can cure possession. Like all diviners, specialist diviners adhere strictly to customary prescriptions and wishes of the ancestors.

2.3 EPIDEMIOLOGY

It must be understood that in most tribal societies, for example, Zulus, the calling of an isangoma is open to any person of whatever sex, age or status. However, the majority seem to be women. Hammond-Tooke (1960) speculates that the possible explanation of women being the majority in ancestral possession may be "due to the fact that the profession necessitates a highly emotional, semi-hysterical state in the practitioner when attempting to contact the amathongo (ancestors) and ukuthwasa (the process of becoming a sangoma) illness itself is a highly subjective, emotionally disturbing experience" (p. 246).

Women diviners are said to be generally well-integrated individuals with keen intelligence whereas men appear to be psychopathic and homosexual. Ukuthwasa also seem to run in families. An interesting occurrence in South Africa is that White South Africans who become sangomas are those that have embraced the African culture.

The following section explores issues surrounding the call for being a sangoma and the
process itself.

2.4 THE CALL

Peek (1991) states that, "Because of the dangers associated with being a diviner, the "call," which comes from the ancestors or suprahuman powers, may first be ignored" (p. 25). An individual's selection may be signalled by patterned unusual behaviour, or a period of illness, or misfortune. Suspicions about such signs are confirmed through divination.

Future diviners usually undergo a lengthy period of formal training. When a diviner concludes training or initiation, he/she is tested publicly. Zulu diviners must demonstrate the clarity of their special vision by readily finding hidden objects. Peek (1991) summarises the call, (the condition of a man who is about to be an isangoma).

"At first he is apparently robust; but as time goes on, he begins to be delicate, not having any real disease, but being very delicate. He begins to be particular about food, because it makes him ill. He habitually avoids certain kinds of food, choosing what he likes, and he does not eat much of that; he is continually complaining of pains in different parts of his body. ... he dreams constantly ... . At last the man is very ill, and they go the diviners to enquire. A senior diviner will declare that the sick man is possessed by Itongo" (p. 27).

Kohler (1941) refers to the importance of dreams to people called to be sangomas. "They can see that a person has been entered by the spirits by the fact that immediately after the ancestor spirits have made him sick, he dreams in his sleep or even in the morning; he dreams of him who thus comes to him; he becomes unconscious but revives again when the ancestor spirits of his clan are praised by slaughter of a beast" (p. 9). The ancestral spirit will sometimes identify him/herself through the person that is unconscious.

As indicated before, interviews with qualified diviners indicate that when the spirits wish anyone to become a diviner, they make known their wishes by causing him to dream
constantly and by making him ill. He begins to grow delicate and eccentric, dreaming extraordinary dreams, often about wild and ferocious animals and serpents. Some diviners tell how they could hear voices calling them and telling them to go to certain spots to find special roots or to catch certain animals there (Buhrman, 1984; Lamla, 1976; Peek, 1991).

Lamla (1976) states that the patient may complain of pains in different parts of the body, for the spirit upsets body and mind, and the affected person weakens in health. He may be noticed to be talking to imps and spirits, becomes emaciated and is incited by the spirits to leap over ditches and trees and at times to bellow like a bull. The novitiate may wonder alone in the veld looking for medicinal roots that have been revealed to him in dreams. At first, he may appear to people to have gone completely crazy but soon he will begin to show signs of being possessed by a spirit. He yawns again and again and sneezes frequently - he begins to feel the spirits in his shoulders, becomes fond of snuff and easily gets shaken by convulsions. He begins to shed tears and often weeps extravagantly. In the middle of the night, the spirits may cause the novitiate to wake up and compose songs. It is reported that sometimes the spirits may manifest by inflicting the neophyte with whatever disease which caused their own death. The spirits effect illness or abnormality to those whom they want to become diviners. Very often, a person is ill for several years before it is discovered that the trouble is due to the calling of the spirits.

Ellenberger (1970) states three features of the events that surround the call: The first distinctive feature of spirit possession is that the experience is either somnambulistic or lucid. The so-called somnambulistic possession often has sudden attacks, loses consciousness of self and speaks with the I of the supposed intruder. After regaining consciousness, she remembers nothing that the intruder has said. Lucid possession is possession where the person is constantly aware of herself but feels a spirit within her own spirit. She struggles against it but cannot prevent it from speaking at times. A second distinctive feature is that possession is either spontaneous or artificial. Spontaneous possession occurs without or against the will of the person and is a very common form of possession for isangomas. The ancestors may speak to ithwasa (novitiate) even in public places like
buses and shopping centres. A third distinctive feature of spirit possession is that it occurs in an overt or latent form. It is said to be overt when the possessing spirit speaks spontaneously through the mouth of the possessed individual. This is often observed in sangomas during the divination functions when they speak continuously while being in a trance-like state. In latent possession the individual is unaware of the power of the possessing spirits in her life.

Brookbanks (1990) maintains that in urban areas where there tends to be a loosening of cultural beliefs, the stage of ukuthwasa is often confused with mental illness. After the call has been confirmed, the novitiate must go through the process of initiation. In the next section, initiation is explored.

2.5 INITIATION

After the onset of the ukuthwasa (illness associated with the call) the subject will go to a well-known diviner (sangoma) to be cured. This sangoma will indicate, through divination, which ancestor is troubling and whether it belongs to the father's or mother's lineage. Through the period of training, the initiate (umkhwetha) is delicate and highly sensitive to all things that ritually defile a person. He has to observe food taboos and this is related to the wishes of the ancestors. A diviner must keep in touch with the spirits all his life, for it is only through them that he is able to divine clearly.

Brookbanks (1990) maintains, "Spirit possession appears to be a central issue in understanding the experiential process involved in becoming an "isangotna" (p. 30). A person cannot claim to be a sangoma before being possessed by ancestors. Though anyone can be a sangoma, spirit possession seem to run in families. The acceptance of the call is often manifested by the change of clothing. Once a person has pointed out that she accepts the call, whatever she does, is an appeal to the ancestors to be with her all the time. The state of being a novice has been described as an experience of becoming aware of the invisible state of existence of those who have died (Laubscher
in Brookbanks, 1990). He describes the experience as an awareness of "above all, a power, where one hears and sees, which does not require eyes nor ears, and must be a power that is asleep in one's being, because few people develop it, yet people have it all their lives" (p. 22). It is only on discovering the possessing ancestral spirit that the ithwasa's (novitiate) illness improves and he/she begins to feel less pain.

Once the novitiate has discovered her calling, she will perform a sacrifice for the ancestors. This sacrifice is firstly to establish a definite contact between the novitiate and the ancestors and secondly, to facilitate possession of the former by the spirits. Once she has started divining, she enters a mysterious period in her life as she will at times disappear for days looking for herbs revealed to her by the ancestors through dreams.

Buhrmann (1984), writing about the experience of ukuthwasa, say: "... if someone is thwasa (novitiate) a precondition exists, that is, his relationship to the ancestors is disturbed and his being is in a state of disequilibrium which give rise to strange experiences and strange behaviour. Psychologically, thwasa experience is essential and is the first step in the resolution of a particular crisis in living, and in the process of becoming a sangoma" (p. 17).

When viewed within the context of its occurrence, one can easily agree with the above observation because ukuthwasa (the state of being called by the ancestors) is often preceded by a chaotic-like state of being, the thwasa process can then be seen as a process of reintegration. Buhrmann (1984) explains this further by stating that this process gets resolved at the following two levels: at an intra-psychic level whereby the called person becomes aware of the power of the ancestors in her life, accepts their influence and becomes prepared to integrate this in her whole way of being-in-the-world; and, at an interpersonal level conflicts get resolved in the sense that on the 'graduation' day of ithwasas, their successful divination powers prove before the members of their families and the community that the behaviour which initially appeared to be disturbed was in fact a call from the 'shades' (ancestors) to be a sangoma.
2.6 POSSESSION IN DIFFERENT CULTURES

Ancestral possession is a universal phenomenon and it manifests in different cultures in different forms but seemingly has the same role of helping people make sense of their world, and to enable them to adjust their behaviour within the limits and boundaries defined by norms and values. In this section some different cultures will be explored to understand how they manifest the ancestral possession phenomenon.

2.6.1 Divination in Madagascar

Peek (1991) states that the general term for a diviner in Malagasy, (this is one of the tribes in Madagascar) is ombiasy. Just as there are different types of sangomas in South Africa, there are also different types of these diviners in Madagascar. The ancestor role is all important here again. Communication between people and ancestors occurs constantly and sometimes an ombiasy will be called upon to come and interpret the signs through which the ancestors are expressing themselves. Misfortunes are attributed to the ancestors' dissatisfaction with the behaviour of their descendants. Possession may be one of the channels recognized as a means of communication between the ancestors and the living.

It is said that when the medium is in a fit, she appears to act spontaneously yet in an abstracted fashion. He/she may speak in "tongues", or other languages which are normally not his/her languages. Parrinder (1951) states that the medium may be possessed by several spirits with different personalities. When the fit is over the medium comes to her senses as if waking from sleep and seems bewildered at her dress and attendants.

2.6.2 Shamanism in Central Asia and India

According to Basilov (in Bharati, 1976) "In Central Asia, as in other places, people believed that shamans possessed the ability to contact spirits" (p. 149). This contact with spirits occurred in a state of ecstasy achieved with the accompaniment of some musical instrument. The basic function of the shaman would be that of curing diseases caused, as believed,
by evil spirits, finding lost articles, and telling fortunes.

In India possession by the dead, known as shamanism, is a very common and old phenomenon. Lewis (1989) describes the word shaman (pronounced as saman among the Manchus), as meaning literally *one who is excited, moved or raised* (p. 45). A shaman is a person considered to have certain powers that come from direct contact with the supernatural, often through dreams or trances.

Shamans may also be found among the American Indians. Drury (1982) states that, "Irrespective of individual cultural factors, then, the common component of shamanic experience is the altered state of consciousness brought about by techniques causing some degree of psychic dissociation" (p. 12). Though the shaman also acts in other contexts, the main centre of his activity is the seance. Seances may be held to make contact with the spirits of the upper and lower worlds. It is said the experience of possession, initially, is particularly often disturbing, even traumatic.

Lewis (1989) states that, "Where the successor shows reluctance in assuming his onerous duties, the spirits remind him forcefully of his obligations by badgering him with trials and tribulations until he acknowledges defeat and accepts their insistent prodding. The aspiring shaman who becomes possessed may at first be regarded as troubled by an evil spirit of foreign origin. If, however, the curative rituals which are then applied to bring out this noxious demon fail, further divination may suggest that the invading spirit is a guardian angel. The patient is then sent to an accredited shaman for observation. If he evinces the true symptoms, (experiencing strange dreams, and wandering in the forest where the guardian spirits are believed to roam in guise of lions), these suggest that his call is genuine. He is then referred to a senior shaman of the hierarchy for further scrutiny" (p. 89).

Dreams are very important to the shaman because they connect him to the invisible world of the spirits. Grim (1983) states that the characteristic shamanistic practises, are healing by means of trance state. It also means interpreting dreams and visions, guiding the souls
of the dead, divination, prognostication, offering sacrifices to appease offended spirits, and the initiation of new shamans. The shaman here is usually called by the spirits and most frequently some shamans would show some transvestite behaviour.

2.6.3 Africa and the South African experience

Referring to possession, Gouldsbury and Sheane (in Lamla, 1976, p. 31) have written of the Awemba tribe in Africa: "The possessed person, while the spirit is in him, will prophesy as to future wars and warn the people of approaching visitations. During the period of possession he eats nothing cooked by fire but only unfermented dough" (p. 31).

Smith (in Parrinder, 1951) refers to possession among the Ba-ila where a person utters messages from the unseen. These are mediums and are thought to be held by the spirit of the ancestors. "The spirits prophesy future events, accuse people of witchcraft, or describe voyages into the world beyond which they are believed to have experienced while in ecstasy" (p. 180).

Parrinder (1951) further says that the possessing spirits do not replace the spirit of the medium. Her own personality is in abeyance while under ecstasy. Ecstasy is quite important for a medium because it is during the trance that she receives the power of seeing the invisible, and discovering secrets.

Nguni history in South Africa is full of the tales of the role of diviners. Every African tribe is apparently replete with stories of remarkable cases of 'possession' which have occurred in history (Lamla, 1976).

That Southern Nguni diviners are of the same ilk as other diviners in Bantu Africa is perhaps borne out by the statement of Shaw (in Lamla, 1976, p. 33). "The predestined diviner is afflicted, often for months, with an uncontrollable illness, during which he groans constantly, seeming to be in mental and physical pain ..... He allows his fingernails and hair to grow until the former are like birds' claws and the latter assume the appearance
of a huge mop or wig . . . . . His whole manner becomes strange and like that of an insane person and his speech is often incoherent and ambiguous. He frequently goes away for many days and nights and lives, no one knows how . . . . . He sometimes startle those around him by seeming to converse with invisible and unknown beings”.

Shaw, in the above-mentioned text, declares that the above qualified the individual to hold intercourse with ancestral spirit. Though to a certain extent the above record is correct, it is a half-truth in that it was not only the physical symptoms that would convince the next of kin of the sufferer, that he/she has been called as a sangoma. There were victims manifesting the same symptoms, who would be said to be bewitched. What made the difference with the would-be diviner, was the fact that a known sangoma would be consulted and he/she would be the one to confirm whether this is a call from the ancestral spirits or not.

2.7 POSSESSION AND DISSOCIATIVE DISORDERS

It appears that possession as a state of being is accompanied by certain dissociative phenomena which are quite familiar in psychology. To date, no empirical investigations have linked possession with dissociative disorders. Suryani and Jensen (1993) statement that perhaps it is high time that "Possession" should be considered as a diagnostic criterium in the DSM-IV so that research is encouraged, can no longer be ignored. This will increase the knowledge and understanding of human behaviour so that the social scientist is enabled to perpetuate and help improve the standard of the quality of life. When insight of where and how these things happen is gained, then one can perhaps have the foresight to prevent (dissociative disorders) from occurring or increasing.

In this section, three dissociative disorders associated with possession are looked at. These are trance, fugue states and psychogenic amnesia, and dreams and visions.
2.7.1 Trance

According to the Penguin Dictionary of Psychology, *trance*, is defined as 'a condition of dissociation, characterized by lack of voluntary movement, and frequently by automatisms in act and thought, illustrated by hypnotic and mediumistic conditions'. Trance is open to different cultural controls and to various cultural interpretations in the circumstances in which it occurs. Some cultures view trance as spiritually caused. Stirrat (1977) affirms this observation, "Except in rare or anomalous uses, the appearance of a trance is not the direct effect of any particular set of physiological, psychological, or sociological forces. Rather, the appearance of trance is mediated by its social reality; the collective representations of trance precede its incidence" (p. 106). Some authors (Grim, 1983; Lewis, 1989; Stirrat, 1977) have argued that there are many similarities between the possession syndrome and hypnotic trance states observed in the West. For example:

a. Both are states of altered consciousness.
b. Both states are induced by an authoritative person.
c. Both states allow for the discharge of basic free drives, repressed impulses, and inhibitions in a goal-directed manner.
d. Alterations in identity in both states provide freedom from superego pressures, inhibition, and guilt.
e. States may be harmful or beneficial.

So, an arising question would be, What is the relationship between trance and possession? From the above literature survey, no clear answers are apparent although a relationship seems to be indicated.

2.7.2 Fugue States

In almost all the previously mentioned cultures, (Zulus, Bhaca), there are numerous reports of the 'possessed' leaving home - either wandering in the fields looking for medicine believed to have been pointed out by ancestors; or just finding themselves in an old sangoma's house without knowing how they got there -having never been in the house before. Kohler (1941) mentions that an isangoma often goes about without the people
of his village knowing it. His relatives, not knowing where he has gone, seek him until he comes back of his own accord. When he comes back, he will never tell where he has come from. This has been known to happen especially in the initial stage of ancestral possession when the person starts to realise the call.

2.7.3 Dreams and visions

Dreams also seem to be an essential part of possession. It is usually through dreams that the possessing spirits will communicate with the possessed. Buhrman (1984) mentions how dreams are used by sangomas especially in directing novitiates about the will of the ancestors. Part of this dreaming, is the visions that seem to resemble hallucinations (auditory, visual, sensory, and so forth). The novitiate is encouraged to relate any type of dream she gets while sleeping; the importance of this is shown by the fact that the novitiate is required to wake up her trainer anytime during the night when she has had a dream. Sometimes a person will be confused about whether she was sleeping or awake when a spirit talked to her. These are regarded as visions.

Dreams and visions are an integral part of Western Psychology, as it is in the African culture. The Western aspect is discussed in chapter three. Some psychological questions of ukuthwasa have been speculated. These questions are the focus of the next section.

2.8 PSYCHOLOGICAL CONNOTATIONS OF UKUTHWASA (COMING OUT)

Lee (1969) cites some psychological questions that relate to the ukuthwasa process.

a) What purposes, if any, in terms of both conscious and unconscious wishes, are served by possession for the individual subject? To address this question, some researchers are of the opinion that socio-cultural factors are involved here; for instance in most cultures where the prevalence of ukuthwasa is high, women usually have a low status.

By being a sangoma, a woman assumes the power that is associated with this role as
she will now be consulted on issues that pertain to the supernatural. By way of confirming this hypothesis, Hammond-Tooke (1960) states that possibly a strong minded and intelligent woman may find freedom from her common roles and the restraints of her husband. These causes might operate differentially between the sexes.

b) What kinds of people become possessed in the various ways? Here, one must consider not only such objective variables as sex, age, or marital state, but also possible personality characteristics. Hammond-Tooke (1960) has speculated that possibly such female functions as menstruation, pregnancy and the menopause may contribute to the high female incidence.

c) What light can Western psychopathology throw on the nosology and aetiology of possession and associated states? Hammond-Tooke (1960) speculates that possibly sufferers (novitiates) are neurotic and neurosis initiates possession, or possibly the initial illness is organic and the traditional interpretation in terms of ukuthwasa is sufficient to lead to the rest of the process.

d) What, if any, is the relationship between the social epidemiology of possession and the individual characteristics of the sufferers?

Lee (1969) gives Bryant’s definition of ukuthwasa which means a ‘coming out’ or ‘emergence’, as of the appearance of the new moon or the reappearance of a planet or constellation. In the case of a new umNgoma (novitiate) emerging from his initiation and starting practice, this coming out is the end result of possession by ancestor spirits. Lee (1969) states that ukuthwasa may be induced as a therapeutic procedure. He quotes a subject who said: There are two main causes of ukuthwasa: firstly if you are continually bewitched with earth from the graves of your ancestors, you may get ill even to the extent of dying. If you are treated in good time this may be converted to ukuthwasa. Secondly, it may happen that you are born with the spirits of your ancestors. These spirits cause you to thwsa and they are always benevolent towards you (p. 140).

Hammond-Tooke (1960) found female diviners to be well-integrated individuals, intelligent and friendly, as against male diviners who appeared psychopathic, moody and probably homosexual.
2.9 SUMMARY

In this chapter, ancestral possession was discussed. It was indicated that this phenomenon is widespread and manifests in various cultures. The societies that manifest ancestral possession seem to share characteristics like, emphasizing communalism as opposed to individualism, conviction that the meta-physical is deterministic in prosperity (mind and body) of the individuals as a group and also individually. Dissociative disorders associated with possession were explored.

In the following chapter, multiple personality disorder and its manifestation, will be discussed including the dissociative disorders associated with it.
CHAPTER THREE
MULTIPLE PERSONALITY DISORDER (MPD)/
DISSOCIATIVE IDENTITY DISORDER

There has been an age old debate surrounding the issue of mental illness. The understanding and interpretation of phenomena has always reflected the values and norms of the age. Recently there has been a renewed interest in the psychopathological role of dissociation in a variety of psychiatric disorders. John Nemiah (in Putnam, 1989) identifies two principles that can be used to characterize most forms of pathological dissociation. The first is that the individual undergoing a dissociative reaction experiences an alteration in her sense of identity. This disturbance of personal identity may take a variety of forms, for example, complete amnesia for self-referential information such as name and age. The second principle is that there will be a disturbance in the individual's memory for events occurring during a period of dissociation. This disturbance may range from complete amnesia to forms of detached, dreamlike recall of events. Rogo (1987) maintains, "Today's psychology and psychiatry do not possess complete answers about the mysteries" (p. 293).

This chapter looks at Multiple Personality Disorder (MPD) as a state of dissociation. This disorder has interested and baffled clinicians because of its complexity and its elusiveness. To aggravate matters, there are clinicians (eg. Allison, 1980, Rogo, 1987) that believe that MPD has a spiritual side. In the last few years MPD sufferers appear to have increased in a way that cannot be ignored anymore and so in this study MPD is revisited. Its high prevalence in some cultures as opposed to other cultures where there is low occurrence is discussed. The diagnosis and etiological factors are also mentioned in this chapter. Finally, dissociative disorders associated with MPD and its treatment, are explored.

3.1 DEFINITION (DSM III-R to DSM -IV)

The accepted state of mental health is when a person has a unitary sense of self as a single human being with a single personality manifesting across situations. Kaplan et al. (1994) maintains that, "The key dysfunction in the dissociative disorders is a loss of that unitary state of consciousness" (p. 638). Before DSM-111-R these disorders were known as hysterical neuroses of the dissociative type. This is very important to keep in mind because it confirms the statement that the perception of mental disorders is very much dependent on the existing psychosocial-cultural values. Hilgard (1987) and Braun (1986) have indicated that dissociation may occur at a variety of levels, and is not limited to dysfunctional phenomena. To affirm this Krippner (1987) states, "A continuum exists ranging from 'highway hypnosis' (in which the attention of a driver becomes focused on the dividing line of a highway, often causing the driver to veer off the road if the line changes suddenly) to multiple personality disorder, including potential 'hidden observers' that are part of the ordinary functioning of the psyche" (p. 283).

Though the DSM-IV has changed the name Multiple Personality Disorder (MPD), to Dissociative Identity Disorder (DID), the name MPD will be used in this study as it is still the most widely used term both by the layman and professionals. The DSM-111-R referred to this disorder as Multiple Personality which was self explanatory because MPD sufferers are said to suffer from two or more distinct personalities, each of which determines behaviour and attitudes during any given period when it is the dominant personality. Much been written on the history of dissociative disorders. Suffice to state that psychoanalysis seems to have played a big role in the understanding of dissociative disorders and their role as defense mechanisms to maladaptive behaviour.

Most writers are agreed that the most widely known cause of MPD is usually childhood physical or sexual abuse (Kaplan, et al., 1994; Kluft, 1993; Putnam, 1989).
3.2 DIAGNOSING MPD

The DSM-IV (p. 487) gives the criteria for the diagnosis of MPD:

A) The presence of two or more distinct identities or personality states, each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self.

B) At least two of these identities or personality states recurrently take control of the person’s behaviour.

C) Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.

D) The disturbance is not due to the direct physiological effects of a substance (e.g., blackouts or chaotic behaviour during alcohol intoxication) or a general medical condition (e.g., complex partial seizures).

A diagnosis can only be made when the clinician perceives that the patient does have separate and distinct alter personalities meeting the DSM-III-R / DSM-IV criteria discussed above. MPD is a long standing dissociative condition, as opposed to transient and generally self-limited dissociative conditions such as psychogenic amnesia or psychogenic fugue states. The host personality is the alter that usually presents for treatment. Time loss is a usual complaint for MPD. Putnam (1989) says, "MPD develops during a crucial window of vulnerability in childhood or early adolescence" (p. 95).

He specifies psychiatric symptoms of MPD which are the following:

Depressive, dissociative, anxiety and phobic symptoms, substance abuse, hallucinations, thought disorder, delusions, suicidal and self-mutilative symptoms, catatonia, transsexualism and transvestism.
The single most common neurological symptom reported in MPD is splitting headaches (Bliss, 1980; Putnam, 1989). These headaches are described as "blinding". Putnam (1989) also states that "a high incidence of headache is also part of the clinical picture of other dissociative disorders such as depersonalization syndromes and fugue episodes" (p. 66). Seizure-like behaviours are also reported. The headache is reported to occur mostly during the switching of the alter personalities.

It appears that as one is looking at the diagnosis between the two phenomena, MPD and Ancestral Possession (AP), it is essential to also consider the phenomenological aspect of the diagnosing process. Who is diagnosing, from which frame of reference. There are two levels involved here, namely, the subjective experience of the subjects involved, and the external frame of reference which would be socio-cultural dynamics.

Martinez-Taboas (1989) has observed that a wide variety of personal experiences are principally determined by systems of cultural beliefs, and argues that MPD would be more congruent with a culture in which the self, "is expected to be rich in phenomenology and separate in experience," (p. 130), than a culture that promotes interdependence and social self. This may be the reason why MPD sufferers seem to be increasing in scope. The emphasis on individualism and independence, by many societies, in this present age, may drive a lot of individuals who have a predisposition to dissociation, to the edge.

In the next section, what has been called alter personalities or ego states by different theorists will be described.

### 3.3 ALTER PERSONALITIES

The core feature of MPD is the existence of alter personalities which exchange control over an individual's behaviour. It is important to state from the outset that whatever an alter personality is, it is not a separate person. Putnam (1989) states that he conceptualizes the alters as "highly discrete states of consciousness organized around a prevailing affect, sense of self (including body-image), with a limited repertoire of behaviours"
and a set of state-dependent memories” (p. 103). Kluft (1993), on the other hand, defines an alter personality as, "an entity with a firm, persistent, and well-founded sense of self and a characteristic and consistent pattern of behaviour and feelings in response to given stimuli. It must have a range of functions, a range of emotional responses, and a significant life history of its own existence” (p. 23). This is an important fact to remember because those theorists that believe in the rarity of MPD are of the persuasion that most pro-MPD therapists (Kluft, 1993, Putnam, 1989), turn to lead a patient to believe that he suffers from MPD by suggestions, for instance making a statement like, "I want to speak to that part of you that is ...”, (Spanos and Burgess, 1994).

Alter personalities can be distinguished from each other as one personality will behave the same way across situations. The various personalities are also characterized by the different roles that they play. In the following sections, the dimension of distinctiveness of the various alters, will be further explored and the different types of alter personalities will be mentioned, thereafter.

3.3.1 Dimensions of Distinctiveness

Authors like Kluft (1984) mention that alters have dimensions of distinctiveness, meaning that different alters will behave consistently across situations depending on how they perceive themselves. There is usually observable differences in the patient in terms of emotion (some alters may manifest intense anger which may be displaced onto the therapist if he/she is perceived as a threat). Behaviour may also change in various situations. The obvious difference (among the various alters) is character, because each alter is perceived by other alters as different, implying, then that different characters will be attributable to the different alters.

It has been reported in various research findings (Putnam, 1984) that MPD patients will sometimes manifest different physiological reactions to stimuli because some alter personalities have been found to be allergic to some things. Sometimes the different alters will report differences in terms of self-concepts, body images, and values. They also report differences in age, gender, race, sexual orientation, degrees of awareness of other
personalities and the past history of the individual as a whole. Some will recognize the existence of the system of personalities and their function(s) within it; others will vehemently deny that there are any other personalities. Putnam (1989) writes that, "Alter personalities can be thought of as performing specific functions or tasks required by the patient for overall functioning" (p. 106). These functions may be internal or external.

Having looked at the dimension of distinctiveness of alter personalities, the next section briefly look at the specific types of alter personalities that can manifest in a subject suffering from MPD.

3.3.2 Types of Alter Personalities

Putnam (1989) mentions a broad spectrum of alter personalities reported by patients. These will be briefly mentioned, and will be referred to, in the following chapter.

- The Host Personality - "the one who has executive control of the body the greatest percentage of time during a given time" (Kluft, 1984, p. 23).

- Child Personalities - these often serve the function of holding memories and affects generated by earlier traumatic experiences.

- Persecutor Personalities see themselves in diametric conflict with the host personality.

- Suicidal Personalities

- Protector and Helper Personalities

- The Internal Self-Helper - these are typically physical passive and relatively emotionless personalities, which provide information and insight into the inner workings of the system.
- Memory Trace Personality - this one is commonly found in MPD patients and can provide historical information on past events and the activities of other personalities.

- Cross Gender Personalities - these opposite-gender personalities often cross-dress and may be responsible for the unisex look adopted by many MPD patients. The male alters of female patients tend to serve in masculine roles, such as physical protection and operation of machinery; these male alters in female patients can be strikingly masculine in speech, mannerisms, and behaviour. In male MPD patients, the female personalities often are older, "good-mother" figures, who provide counsel and attempt to soften some of the angry and destructive behaviour common in male MPD victims.

- Promiscuous Personalities - these express forbidden impulses, often these impulses are sexual.

- Administrative and Obsessive-Compulsive Personalities - these frequently emerge in the working place. Administrator personalities are often described as cold, distant, and authoritarian.

- Substance Abusers - the drug abuse in MPD may be limited to specific alter personalities.

- Autistic and handicapped personalities - may be found within MPD's system of personalities.

- Personalities with special talents or skills - these skills may be work-related, or they may be artistic or athletic.

- Aesthetic or Analgesic Personalities - these deny the feeling of pain and are activated when the body is injured by self or others. They may involve self-mutilative behaviours.

- Imitators and Impostors - some multiples have within their system alters whose function is to mimic other personalities.
- Demons and Spirits - these alter personalities will identify themselves as spirits or Satan or one of his disciples.

- The Original Personality - Kluft (1984) defines the original personality as "the identity which developed just after birth and split off the first new personality in order to survive severe stress" (p. 24).

3.4 EPIDEMIOLOGY

There seem to be some disagreement regarding the extent of prevalence of MPD depending on the persuasion of a therapist. On one extreme you have those (Kluft, 1993) that believe that MPD is very rare; on the other extreme you have those that believe that this disorder is extremely underrecognized. Patients who seem to receive this diagnosis more are women which may persuade one to wonder at the role played by socio-cultural influences in determine who becomes the victim in this type of disorder. Kaplan et al. (1994) states that several studies have found that the disorder is more common in the first-degree biological relatives of people with the disorder than in the general population. MPD is reported to coexist with other mental disorders including anxiety disorders, mood disorders, somatoform disorders, sexual dysfunctions, substance-related disorders, eating disorders, sleeping disorders and post-traumatic disorders (Wilbur in Braun, 1986).

3.4.1 Gender

Female - to - male ratio occurrence of MPD commonly runs 5:1 or even better. There has been a number of hypotheses forwarded about the reasons why this disorder is prevalent amongst females. The most common speculation is that male MPD patients are more likely to express their violence outwardly, as compared to the more often self-directed violence of female MPD patients. The males end up in the criminal justice rather than the mental health system. Cultural determinants may, according to some authors, influence women to choose this expression of psychological defense or psychopathology rather than another form (Putnam, 1989). Suffering from MPD may also give a leeway for the sufferer
to commit acts that would otherwise be frowned upon by society or significant others in that person's life.

Martinez-Tuboas (1989) compared societies which exhibited the possession-trance phenomenon with those that did not, and related both to a variety of factors. "The phenomenon appeared most often in the context of an extremely rigid social structure which exerted strict control over the activities of its members; guidance through possessing spirits fitted well into such framework - it relieved the individual of personal responsibility for his decisions, and helped solve problems without disturbing the established social order" (p. 127). The same could be said of MPD within a Western perspective. One realises that the victims of both MPD and possession are said to suffer some type of trauma and the result is an attempt to maintain some sanity (which at the end becomes some type of insanity).

3.4.2 Ethnic and Socioeconomic Status

MPD is said to occur across all major racial groups and socioeconomic settings. This appears to be a debatable point because MPD seem to be prevalent in those cultures that emphasize individualism and the importance of self-identity as opposed to group-identity. We see the manifestation of the variants of MPD in other cultures that are not Westernised but this is still an area needing much research because it appears that the more an ethnic group becomes Westernised, the more they are vulnerable to MPD. Adityanjee (1989) in his article about the 'Current Status of Multiple Personality Disorder in India' confirms this. He maintains that during the period of three years (1983 - 1986) he was only aware of only three cases of MPD in India. He maintains that in Indian culture dependence and interdependence are the key issues, rather than dependence versus independence.

3.4.3 Age

Age is another factor that is considered in the epidemiology of MPD. Literature (Kluft, 1989; Lynn & Rhue, 1994; Putnam, 1984) reports that MPD appears to be predominantly a disorder of childhood. This is in agreement with the assertion that trauma is the main
cause because children are at a point of identity formation and so it would make sense for them to be confused about their sense of being and of self if they are fed confusing information by significant others in their lives.

3.5 ETIOLOGICAL FACTORS

Kaplan et al. (1994) mention what they regard as general recognized causative factors of MPD. These are:

1) a traumatic life event,
2) a tendency for the disorder to develop,
3) formulating environmental factors, and
4) the absence of external support.

The traumatic event may be sexual or physical abuse; the tendency for the disorder to develop may be biologically or psychologically based. MPD patients are considered to have an inherent predisposition to be hypnotizable which in the end is used as a defense mechanism.

Lynn and Rhue (1994) affirm that, "Prolonged environmental stress, or life situations profoundly different from the usual, can disrupt the normally integrative functions of personality. Individuals subjected to such forces may adapt through dissociation by generating an altered persona, or pseudo-identity" (p. 268).

Suffice to state at this moment, there is a lot of speculation about the etiology of MPD especially considering its similarity to possession states and so forth. The sure factor, which also comes up in the renaming of the DSM-IV, is that MPD has got to do with stunted personal and development identity.
3.6 DISSOCIATIVE DISORDERS ASSOCIATED WITH MPD

MPD is a disorder that is quite extensive and has some aspects that are associated with it which seem to confuse the clinical picture more. These aspects are briefly mentioned in this section.

3.6.1 Hypnotizability and MPD

It is a well known fact that Mesmer's animal magnetism brought the concept of hypnosis to our attention. In this modern age, authors like Hilgard (1977) have also explored once again the interrelationship between hypnosis and dissociation and have emphasized that the mental processes involved in dissociation, are normal and common even though they can be evoked to meet psychopathological needs.

When pro-MPD authors (Kluft and Fine, 1993, Putnam, 1989) emphasize the hypnotizability of MPD sufferers, they view this as a defense mechanism against trauma. Intrapsychic conflict, the basic dimension of psychopathology that has been repeatedly documented during a hundred years of psychoanalytic clinical experiences, offers both the necessary and sufficient data to thoroughly understand and explain MPD if one is willing to consider as well the dimension of high hypnotizability. Lynn and Rhue (1994) maintain, "This additional contributing variable may account for enhanced suggestibility to a pathological level in persons already experiencing a chronic disturbance of self-identity" (p. 327).

Spanos and Burgess (1994) state that, "Historically, MPD has been closely tied to hypnotic phenomena, and many investigators argue that similar psychological processes underlie MPD" (p. 137). Spanos and Burgess argue that the phenomenon of multiplicity can be better understood when viewed from a sociocognitive and historical perspective and they go on to quote research (Hilgard, 1979, 1991; Spanos, Gwynn, and Stam, 1983) that contradicts the objective existence of MPD as a dissociative disorder. To explain this, it is said that early trauma supposedly produces a "hypnotic state" in predisposed individuals that facilitate the development of alter personalities. Like MPD patients, subjects who exhibit past-life identities behave as if they are inhabited by more than one self. For example,
those that believe in re-incarnation. Spanos and Burgess (1994) go on to state that, "Like the alter personalities of MPD patients, those exhibited by past-life responders often display moods and personality characteristics that are different from the primary self, have a different name than that of the primary self, and report memories that the primary self was unaware of" (p. 140). Many experiments have been conducted to show the role of the therapist's suggestion in making a subject believe that he/she has MPD or is hypnotizable (e.g. Hilgard, 1977). From these experimental data, they concluded that multiple identities are social creations that can easily be elicited from a majority of normal people, and that are determined by the understanding that subjects develop about multiple identities from the information to which they are exposed. It is maintained that these patients are often insecure, unhappy people with strong investment in winning the concern, approval and interest of the therapist. So the patient will go with the therapist's suggestions.

3.6.2 Dreams

Barret (1994) maintains that, "There are constellations of cognitive and personality processes that operate outside conscious awareness and normally are observable in dreams" (p. 123). The World Book Dictionary defines a dream as, something thought, felt, seen or heard during sleep. Some memories of MPD alters are said to come as a dream to the core personality who will maintain that, I remember dreaming about such and such, only to discover that the event occurred with one of the alters having been involved.

Dreaming is beginning to appear to be much more analogous to the amnesia of dissociative disorders in which an experience is gone from consciousness until something activates the ego states associated with that experience and it returns suddenly sometimes with flashback intensity, and - in the case of MPD - with a switch to an alter who holds the memory. For a long time we have known that many psychological theorists have held a view of dreams as projection of the self or wishes that for some reason or another have no way of fulfilment so they find expression in dreams. Some schools of therapy even use dreams as a technique in psychotherapy - for instance - in Gestalt Therapy all the parts of a dream are seen as representing different parts of the dreamer. Putnam (1989) maintains that Jung's four main archetypes, persona, shadow, pure and anima/us correspond
almost exactly to the four common personality types to be found in MPD. Barret (1994) goes on to say that, "One issue relevant to the dream character/MPD analogy alter analogy is that dream characters obviously often draw on real people as their own sources (p. 129).

What appears to be auditory hallucinations consisting of comments on activities or thoughts and feelings of being influenced are common (Braun, 1986).

3.6.3 Trance and MPD

Kluft (1993) mentions that spontaneous trance phenomena are responsible for many crises in the lives of MPD patients. Bliss (1980) describes two major modes of spontaneous trance states in these patients. The first is one in which the patient seeks refuge in a quiet, relaxed repose of internal focus. The second type of induction comes from overwhelming traumatic experiences when the subject feels "trapped, terrified and unable to cope - the situation where personalities are usually invoked or created" (p. 115).

Hilgard (1977) defines a "trance" as a, "temporary change in the person when he seems to be to be very different from his usual self, familiar before the episode and found again when the trance is ended" (p. 20). In possession trance, the person is believed to be invaded by a spirit or a new sense of power for good or evil. If the possessing spirit is good, manipulations such as the healing of others may take place.

3.6.4 Psychogenic Amnesia and Fugue

In MPD there seem to occur intrapsychic conflict, time-discontinuity problems, amnesia and hallucinations. It is said that some or all of the personalities frequently experience periods of amnesia, time loss, or black-outs. Amnesia for thoughts and actions of other personalities often occurs in the host personality, which is the one that has executive control of the body the greatest percentage of the time during a given time period. Hilgard (1977) mentions amnesia as part of the main criteria of dissociative disorders. He states that, "There is commonly some amnesic barrier that prevents integration of the dissociated
systems, at least during the time that the dissociation persists" (p. 18).

A fugue is defined as a dissociation characterized by amnesia in which the person runs away from his conflicts or problems by seeking a new environment, or in some other manner demonstrates his flight from reality. McKellar (1979) sees fugue as, "a form of flight from one personality and its problems to another way of life" (p. 53). MPD sufferers have been known to have episodes of fugue by either transvestism or actually running away from their homes and building a new life somewhere.

There are still unclear facts concerning the dissociative disorders associated with MPD. It is hoped that as research continues to be conducted, some answers will come to the fore.

3.7 TREATMENT

In treating MPD, Braun (1986) mentions certain aspects that should be considered: developing trust, making and sharing the diagnosis, communicating with each personality state, contracting, gathering history of the development of the various personality states, working with each personality state's problems, developing interpersonality communication, achieving resolution and integration, and finally follow-up. Sometimes there is a need to hospitalize the patients as some alter personalities are quite violent and then pharmacotherapy is used.

Kluft (1993) maintained that a consensus is emerging with respect to the wisdom of using a three-stage model to treat MPD. The three stages are stabilization; working through of trauma and resolution of dissociative defenses, culminating in integration; post-integration treatment. This is considered to be a Rational approach in the treatment of MPD.

According to Putnam et al. (1993), "The clinical literature describes a treatment paradigm for multiple personality that uses intensive psychodynamic psychotherapy facilitated by hypnotherapy as the major therapeutic intervention for these patients" (p. 1048). In
understanding the dynamics of MPD, it is also very important for one to consider its 'psychoanalytical' background. Proponents of MPD mostly come from the Psychoanalytical school which may explain the reason why it is broadly considered as a disorder involving a large scope of defense mechanisms. Wilbur (in Braun, 1986) mentions the ten methods of ego defense described in psychoanalysis that can be found in MPD. These are regression, repression, reaction formation, isolation, undoing, projection, introjection, turning against self, reversal, and sublimation. One finds that these defense mechanisms correspond to the various alter personalities mentioned by Putnam (1989).

The MPD video used for this study maintains that eighty per cent of the MPD cases are integrated successfully. This remains to be validated.

3.8 ISSUES AND CONTROVERSIES

Referring to Rogo’s statement (1987) quoted in the beginning of this chapter, it is reaffirmed that, "Today's psychology and psychiatry do not possess complete answers about the various mysteries of human behaviour" (p. 2). This is proven true as the human world moves from the age of intellect, it finds itself having to move back to the age of metaphysics or spiritual, because in understanding the high intellectual development of the human species, it is also confronted by factors that seem to elusively escape the intellectual minds. Allison (1980), in his book (about MPD), Minds in Many Pieces, declares, "In my role as explorer, I witnessed parapsychological phenomena for which there is, as yet, no satisfactory explanation". This ability of the MPD sufferers to be psychic is still a mystery to the proponents of this field - most of these subjects are reported to have these psychic abilities. For instance, the fascinating story of Billy Milligan which has been traced and recreated by Daniel Keyes, also reiterates this. Keyes (1981) discovered that Billy could boast of a psychic side to his fragmented life. Even when he was still a child, the boy had the ability for knowing when his sister was in trouble. And so, this mysterious side of MPD remains not fully explored.
It is now commonly believed that MPD is caused by severe childhood abuse (e.g. Putnam, 1989). According to some authors, trauma in childhood result in split consciousness because the child usually is unable to deal with it so alter personalities serve as a defence mechanism.

Lynn and Rhue, 1994) maintain that the causal model of trauma attributes the latter to external events and seem not to consider the personal construction by the individual of his/her experience. It is emphasized in this work that surely internal efficient causes such as how the individual constructs and perceives an event, and how it is integrated into existing psychic structures of meaning must be considered as part of any satisfying definition of trauma. Research has indicated that pathogenic families may be indicated in trauma and dissociation. The medical model has always been said to propose a cause-effect relationship in psychopathological abnormalities which is quite unfortunate as history has confirmed the complexity of human nature and human behaviour.

Some writers (Spanos and Burgess, 1994, Ward, 1989) argue that with respect to the dissociative disorders, while a more complex, integrative theory regarding the origin and clinical manifestations of MPD does not rule out actual childhood physical and sexual abuse as potential causative antecedents, neither does it require such drastic events to explain the phenomenological and transferential aspects of the disorder. The debate continues.

3.9 SUMMARY

In this chapter, MPD, as a dissociative disorder was revisited. Its etiology and treatment were also explored. Controversies surrounding the diagnosis of MPD were briefly discussed.
CHAPTER FOUR
RESEARCH METHODOLOGY

The method of investigation used to conduct this research is Phenomenological-Existentialism which will be henceforth called Phenomenology. The chapter reiterates the purpose of this study, provides a brief theoretical background of Phenomenological-Existentialism and describes the research method used in the present study and a description of the video which comprises part of the data for this research. As mentioned in the previous chapters, human behaviour is best understood within the context of its occurrence which was the rationale for using a descriptive research method.

4.1 PURPOSE OF THIS STUDY

The purpose of this study is to explore the possible interface between Multiple Personality Disorder (MPD) and Ancestral Possession (AP). What may come to mind, is the difficulty that such a study may entail in that these two phenomena are defined and described from different perspectives, different cultures, the Western and the African. As mentioned before, human behaviour is characterized by universality and, of course, differences. Sometimes different cultures may attribute different meanings to the same human experiences.

4.2 PHENOMENOLOGY: THEORETICAL BACKGROUND

This section will briefly look at phenomenology as an approach used for research. Its theoretical background will be given and its terminology.
4.2.1 Definition of Existential-Phenomenology

Valle et al. (1989) defines existential-phenomenology, "as that philosophical discipline which seeks to understand the events of human existence in a way that is free of the presuppositions of our cultural heritage, especially philosophical dualism and technologism, as much as this is possible" (p. 6). Kierkegaard is regarded as the founder of existentialism whereas Husserl is credited as the proponent of phenomenology. These are approaches that rose as an inherent basic instinct of man to rebel against being reduced from everything that he is. Husserl maintained that, "Phenomenology meant the rigorous and unbiased study of things as they appear so that one might come to an essential understanding of human consciousness and experience" (in Valle et al., 1989, p. 6).

The basis of the existential-phenomenology is that people cannot be viewed outside their world and the world cannot be understood objectively without the humans that inhabit it, which brought into existence phenomenological psychology which looks at human behaviour within its context. The interrelationship between the people and the world is very important in that it is characterized by the mutual effect that is posed by each one of them on each other.

4.2.2 Phenomenological terminology

There are some key terms that these theorists use that have a meaning only applicable to this approach. The most relevant of these will be described.

4.2.2.1 Existence (Dasein)

According to the phenomenological approach, understanding of existence or being or Dasein, is the key to grasping human behaviour in all its totality. Human beings are not just blank slates (tabula rasa) waiting for the world to fill them with information, nor are they omniscience, knowing everything there is about the world around them, but, the key to understanding human nature, say the phenomenologist, is to understand the pregnancy
of *Dasein*. Humans have mentality, intelligence, and awareness. Authenticity plays a role here - as man become aware of himself and true to himself, so he can start attaching some meaning to his existence and the world around him (Valle et al., 1989).

Consciousness as a part of *Dasein*, is an intrinsic and inseparable part of being human. This brings up, the importance of meaning in human behaviour. Experience and behaviour are void without the meaning attached to them by the experiences. Consciousness does not have an objective existence, it is a process that occurs through the eyes of the perceiver. Dreyer-Kruger (1979) maintains that, "Consciousness is not something which we have like a book or a pair of spectacles but rather it is something that we are; it is our ordinary mode of presence to the world" (p. 29). This contributes to the poignancy of experience and existential awareness of men. Polkinghorne (in Valle et al., 1989) states, "Consciousness is an activity guided by human interaction rather than determined by mechanical causation. It acts to constitute its contents (noemata) in various modes (noeses) - including imagination, recollection, hallucinations as well as in perceptual awareness" (p. 43).

Phenomenology proposes that part of being-in-the world is to experience things at that moment, forgetting what happened before and what will happen after; just concentrating and being aware of the moment. In order to understand phenomena, the phenomenological psychologist is required to have a transcendental attitude which means that he/she puts aside his preconceptions and pre-knowledge about what he is confronted with. This is an important aspect for the understanding of MPD and AP. Another important aspect of consciousness is intentionality; this means that human beings are never just conscious but they are always conscious of something - and thus the interrelatedness of the world and being is again emphasized. Valle et al. (1989) emphasizes this point by saying, "It is by consciousness that objects are made present, yet, equally as true, it is by objects that consciousness is revealed or elucidated" (p. 12).

Another important concept in the description of *dasein*, is *structure* which is seen as the commonality running through the many diverse appearances of the phenomenon.
Phenomenology is concerned about those essential structures that are inherent in consciousness and which are necessary for human experience to have the general appearance it has. Valle et al. (1989) reiterates, "Phenomena, as they are presented to us, seem to reveal themselves in different ways, depending on how we look at them in our many, varied perspectives and life situations" (p. 13).

4.2.2.2 Being-in-the-world

World is defined as the structure of meaningful relationships in which a person exists and in the design in which he participates. This emphasizes the relationship between the person and the physical and social environment, the unity between these aspects. Maddi (1989) states that, "When existentialists speak of being, they emphasize the sum total of intuitive sensory experiences combined with memories, fantasies, and anticipations" (p. 140). This does not imply that man finds himself in the world like a physical object but this must viewed as man inhabiting the world. Dreyer-Kruger (1979) puts it this way, "Man, or rather Dasein, cannot be defined without referring to the world; neither can the world be defined without referring to Dasein" (p. 33). World is also not static, as long as man possesses self-consciousness, man is in the process of reframing and creating his meanings.

The existentialists believe that there are three modes of 'being-in-the-world; namely, Umwelt which literally means the world around you (implies the physical and biological world); Mitwelt, meaning with the world (refers to the world of persons around you; Eigenwelt which refers to your own relationship with yourself (the internal dialogue). Eigenwelt, according to May et al. (1958), "presupposes self-awareness, self-relatedness, and is uniquely present in all human beings" (p. 63). Awareness is the key aspect of all three modes.

4.3 PHENOMENOLOGY : A RESEARCH METHODOLOGY

Existential-phenomenological research is said to be descriptive and qualitative. The subject's
experience of meaning is a very critical point in this approach. Instead of approaching phenomena with predetermined hypotheses, the researcher seeks to discover the essential meanings attributed to phenomena. Polkinghorne (in Valle et al., 1989) points out that, "From the qualitative perspective, the richness and profundity of human reality is seen as closely related to the structures and meanings of natural language" (p. 45). The essence of structures of experience is important here. The following sections, will define the phenomenological methodology used in this study. This study is a qualitative research study and this will be further clarified in the following sections. Finally, the method used, from a phenomenological approach, to gather data from participants is briefly explained.

4.3.1 Descriptive Studies

Mouton and Marais (1990) clarify, "By 'descriptive' is meant an approach that aims at answering the questions what and how something is, rather than why" (p. 14). Looking from a phenomenological perspective, the present study may be said to be interested in meanings as against facts. The subjects' experiences of Ancestral Possession (AP) and Multiple Personality Disorder (MPD) are essential in clarifying the dynamics involved. Objective facts are rejected in the phenomenological approach because it is believed that facts cannot be considered outside the subjective consciousness.

The phenomenological approach is also committed to an attitude of openness when a researcher is investigating a topic. This means that the traditional method of hypothesis proving is ignored, and the researcher is open to any findings. Mouton and Marais (1990) states that theory from a phenomenological perspective would be defined as, "a set of propositions whose inter-relatedness is made explicit" (p. 16). It becomes difficult to adopt the exact research methods used in the natural sciences and use them in human or social sciences; this argument is an old-age debate - man lives in a cultural world and only by means of certain reflective activities (phenomenological attitude) can he grasp the finer details involved in other's understanding of their world. Neuman (1994) writes, "Descriptive research presents a picture of the specific details of a situation, social setting,
As a reminder, it will be appropriate to once again affirm here that though case studies are utilised in this work, no case study can be fully comprehensive. Neuman (1994) mentions some goals of descriptive research, namely:

- Describe a process, mechanism, or relationship.
- Present basic background information or a context.
- Clarify a sequence, set of stages, or steps.
- Find information to stimulate new explanations (p. 19).

4.3.2 Qualitative versus Quantitative Research

Phenomenological psychologists have argued that human beings are qualitatively different from the objects of study in the natural sciences. Human beings think, learn, have an awareness of themselves and their past, and possess motives and reasons. Mouton and Marais (1990) define quantitative research as, "...that approach to research in the social sciences that is more highly formalized as well as more explicitly controlled, with a range that is more exactly defined, and which, in terms of the methods used, is relatively close to the physical sciences. In contradistinction, qualitative approaches are those in which the procedures are not as strictly formalized, while the scope is more likely to be undefined, and a more philosophical mode of operation is adopted" (p. 155).

Quantitative research is concerned with, among others, concepts like objectivity, precise measurement of things about people, etc. In using qualitative research, one acknowledges that the social world is largely what people perceive it to be. This implies that behaviour and reality become meaningful as a researcher will attempt to understand it from the perspective of the people that are experiencing and interpreting. The quantitative researcher assumes that everyone shares the same meaning system. In this work, it is argued that the rigid scientific method is often unable to grasp the flexibility and fluidity that is encountered in social phenomena; thus the quantitative research approach would end up
missing some of the finer points like subjective interpretation of events and experiences that are part of this paper. Human conscious experience is always an important aspect as social phenomena is observed. The interpretation of phenomena from a socio-cultural background, is again very important. As mentioned earlier, humans are beings-in-the-world.

4.3.3 Data Gathered from Participants

From a phenomenological perspective, it is important that the researcher understands that he/she is not *studying subjects*. In selecting subjects for study certain requirements must be met such as making sure that the subject is well vested about the topic under investigation. Some of the skills required to achieve description are said to be:

- the ability to express himself (subject) linguistically and with relative ease;
- the ability to sense and to express inner feelings without shame and with relative ease;
- the ability to sense and express the organic experiences that accompany these feelings;
- the experience of the situation under investigation at a relatively recent date;
- a spontaneous interest in his experience (van Kaam, 1969, p. 328).

4.3.4 The Interview

From a phenomenological perspective, the interview involves interpersonal engagement and the subjects are invited to share their experiences with the researcher. The whole focus of the interview is on the themes that come up concerning the subject of interest to the researcher (Valle et al., 1989).

4.3.5 Data from Previously Developed Descriptions

From a phenomenological perspective, other than data collected from interviews, the researcher can also use data from previously developed descriptions. This source of information is also rich with information that can be analysed by a researcher in conjunction with interviews.
The phenomenological research method was described in this section. The terminology used in the phenomenological approach were also briefly described. The following section looks at how this has been applied to the present study. The aim here, is to put together interrelationships that manifest from the phenomena that have been studied. The experiences of being a sangoma and suffering from MPD with the with the different worlds of meaning involved, are inspected.

4.4 METHOD USED IN THE PRESENT STUDY

Two case studies are involved in this study. They represent the phenomena under investigation, Ancestral Possession (AP) and Multiple Personality Disorder (MPD). A literature survey on both phenomena has already been undertaken in this thesis (chapters one and two). A video cassette tape that shows interviews of the two subjects, is part of the data.

In the following section, a brief historical background of the case studies used in this study, is given.

4.4.1 Selection of Subjects

Contact with a subject who claimed ancestral possession was made through one of the Nursing Sisters in Orlando Clinic, Soweto. She introduced the researcher to the traditional healer. The initial appointment was made through the same Nursing Sister to meet the traditional healer. With reference to MPD, a video tape about the case of Billy Milligan who suffered from MPD will be used, and also his biography written by Daniel Keyes, *(The Minds of Billy Milligan, 1981)*. The two cases will be briefly introduced.
4.4.1.1 Ancestral Possession: Case study

The female traditional healer (sangoma) described in this study is Thembidlozi (literally meaning 'trust your ancestor'). She is 28 years old. The nursing sister apparently made her acquaintance when the government permitted the traditional healers to work hand in hand with the Health Services, as it was realised that traditional medicine (muti) is still a significant part of most Black patients. The traditional healers are required to attend some informative sessions in order to facilitate working together with Western oriented doctors and nurses.

Because of limited time, only one interview was video-taped with Thembidlozi at her home in Orlando East which is one of the South Western Townships (Soweto), Gauteng. Initially, there was an arrangement with Thembidlozi that a group of sangomas will be available for that day though she would be the focus of interest. This was done in order to perhaps bring into light some issues which would otherwise be overlooked if only one is subject is consulted; unfortunately this was unsuccessful as only two traditional healers turned up, a male and a female. It is, however important to mention that Thembidlozi is considered a successful trainer in her own right, meaning that she also has some novitiates under her which is quite unusual for a person of her age. The male sangoma is one of her novitiates.

Because of the difficulty encountered in getting a large group of sangomas in one place at the same time, one case study was decided upon. Also the nature of this study is an attempt to get an in-depth historical background of the subjects involved - something which may prove to be difficult with a big group. Informed consent was given by the subject. Her grandmother was also a great source of information as she, Thembidlozi, was 'called' to be a sangoma at a very early age. The encounter with Thembidlozi will be discussed later in this chapter.
4.4.1.2 Multiple Personality Disorder: Case Study

Several attempts were made to contact different mental hospitals to find a MPD patient (Black or White) and the response was negative. A clinical psychologist who was approached at Baragwanath hospital, reported that MPD was unheard of, in that hospital. Another attempt to find a patient suffering from MPD in Lesedi Clinic (a private clinic in Soweto), failed. Mrs Rataimane, a clinical psychologist in that clinic reiterated the fact that MPD is very rare. The researcher was informed clinicians that MPD is an extremely rare condition. At one stage, however, a case of a 16 year old white male was found at Tara Mental Hospital but the psychiatrist involved was uncertain about involving her subject in this research which once again left the researcher with no subject. An MPD case (a white female) was being treated by a theologian who was also a psychologist at Faith Mission Theological School. Attempts to speak to that subject also fell out. Because of the difficulties experienced to find a subject, it was finally decided to make use of a video cassette of an interview conducted by one of the programmes of the American Broadcasting Corporation, obtained from the Centre for American Studies, RAU. This programme relates the case of Billy Milligan who was found Not Guilty in court because of insanity after raping and robbing three female students, as he was discovered to suffer from multiple personality disorder. Thus, Billy Milligan’s story, as a classical example of MPD, will be utilized in this research.

4.4.2 Description of the video

An account of the meeting with Thembidlozi, who claims to be possessed by ancestral spirits will be given in 4.4.2.1, followed by an account of multiple personality disorder in section 4.4.2.2. The video may be viewed after the reader has finished reading this chapter.

4.4.2.1 Interview with Thembidlozi

Thembidlozi was interviewed on Wednesday in August, 1995 by the researcher, accompanied
by a person who helped with the video-taping. The appointment was made for early morning, as was arranged with Thembidlozi. It had been arranged with Thembidlozi to invite other sangomas so that a larger group would be present, unfortunately, only two other sangomas turned up. One of the two sangomas who were there, was a male novitiate and was being initiated under Thembidlozi. Interestingly, he had a skirt on and even sounded like a female person when speaking. At arrival, Thembidlozi was not yet ready to receive us as she still needed some time to prepare herself. After the interview, Thembidlozi and the other sangomas danced and sang some songs. This is considered to be a very significant function of a sangoma. When a sangoma starts singing, neighbours will come and join, clap hands and beat drums. This is an act of encouragement, especially when the ancestors are expected to speak. In the video, one can observe neighbours coming to join when they heard a song being sung.

4.4.2.1.1 Family Background

A brief summary of the family background will be provided here as there is a complete transcription and transaction of the interview that covers all this in the addendum towards the end of this dissertation. The subject, Thembidlozi, comes from a single-parent family background. She states that the most influential person in her life has been her grandmother who is the person who was supposed to respond to the call of the ancestors but could not do it for unmentioned reasons. Thembidlozi’s mother, incidentally, is also a sangoma. Unfortunately she was not present during the interview. Thembidlozi comes from a basically matrilocal family. The family is originally from Natal and they are Zulu speaking. Thembidlozi, though, grew up in the urban area of Soweto as mentioned, but the family still keeps close ties with their Natal origins. The grandmother claims that the family is also a religious family, meaning that there are also those ancestral spirits that prefer Thembidlozi to use the bible when treating people. This ancestral spirit, they call *isithunywa* (literally meaning - the sent one).
4.4.2.1.2 Awareness of the Call

Thembidlozi’s childhood memories are full of accounts of feeling different from other children of her age group. She says that she would know things that other people did not know and she could predict things before they occurred. At the age of twelve, when she was doing standard four, things got worse because she would keep seeing a python (which is believed to be a symbol of the ancestors), on the board in class and she would not understand what was taught in class. Then, one day she disappeared and was lost for a week; nobody at home knew where she was until a relative came to inform her grand-mother that the ancestors had told her in a dream that Thembidlozi is at another sangoma’s home being initiated. After this sequence of events, the family accepted the call and Thembidlozi stayed at her place of initiation for about a year until the whole process was completed. Asked about her relationship with these ancestral spirits, she states that they rule her and if she makes them cross, they are capable of punishing her – an accident may even befall her or something terrible might happen. When asked if she can identify the ancestors by their individual names, she states that there are those who will come individually and identify themselves by name but it seems like they mostly operate as a group.

4.4.2.1.3 Personal relationships

In response to the question whether she is married, she states that she was married with two small children but there are some problems concerning that marriage as such she is not staying with her husband (who incidentally, happens to be a sangoma too). The problem started when one of the ancestral spirits was unhappy about the marital relationship. She provides the information that her strong ancestral spirits are male and it usually happens that when that is the case, they do not like the spouse. The same occurred with her husband who seem to have dominant female ancestors. She appeared emotionally stable at the time of the interview.
4.4.2.2 Multiple Personality Disorder: The case of Billy Milligan

The problems encountered in getting an MPD subject have already been mentioned. A fair amount of contradictory information has been reported in the literature about this phenomenon, from both sceptics and those that are firm supporters of the existence of MPD. Billy Milligan as an example of an MPD subject, will be used. He was charged but Judge Jay Flowers found him Not Guilty by Reason of Insanity for charges of kidnapping, robbery and rape of three women on Ohio University Campus. He ended up spending five years in an institution, receiving therapy from David Caul. It was discovered that Billy had apparently twenty four personalities.

4.4.2.2.1 Family Background

The report given to court stated that Billy's mother and the siblings were victims of physical, sexual and sadistic abuse which included anal intercourse with his step-father. At the time of its occurrence, Billy reports that he was approximately eight or nine years old. One of the personalities reports that the step-father would threaten to kill him in the barn if he told anybody about what was happening. His biological father had committed suicide. His mother also testified in court that she remembers that as a young boy, sometimes Billy would seem in a trance-like state and then he would not remember anything he had done after coming out of that.

It appears that Billy started dissociating at a very young age, around three or four. There seem also to have existed some type of disharmony between Billy's biological father and his mother; this implies that even before the step-father came into the picture, Billy was already an unhappy little boy. Christine (one of Billy's alter personalities) appeared at that time. From then onwards, other personalities associated with painful events started appearing. At school, when Billy realized that he had lost time, he would try to hide it. Kathy, his sister, also confirms that Billy always seemed unhappy when they were young and also had different moods most of the time; she also confirms the abuse of the
step-father. A school teacher confirms that at 15, Billy was depressed and always crying at school.

4.4.2.2.2 Billy's various personalities

As mentioned before, Billy was said to have had twenty four personalities.

They will be mentioned here as taken from Keyes (1981) and also from the 20/20 programme video tape which is included for examination purposes. They are:

THE TEN

- William Stanley Milligan (Billy), 26. This is the original personality. (Mentioned on the video-tape).
- Arthur, 22. He has a good command of the English language. Considered to be emotionless and speaks with an English accent. Reads and writes fluent Arabic. He is the first to discover about all the other personalities. Self-taught in physics and chemistry. Arthur's main role is being the Inner Self Helper (ISH). (Mentioned on the video-tape)
- Ragen, 23. Yugoslavian and is the Protector personality. He is said to be the keeper of hate. Has associates that are criminals and drug addicts. Is colour blind and sketches in black and white. He is the one that did the robbery. He is the Protector of the family. (Mentioned on the video tape)
- Allen, 18. He is the con man, the manipulator.
- Tommy, 16. Escape artist. Plays saxophone and is an electronics specialist and a painter of landscapes. (Mentioned on the video tape)
- Danny, 14. Afraid of people, especially men. (Mentioned on the video tape)
- David, 8. Highly sensitive, absorbs all the pain of the other personalities, confused most of the time.
- Christine, 3. Has dyslexia, likes to draw pictures of flowers and butterflies. She can read and print.
Christopher, 13. Christine's brother, obedient and troubled.

Adalana, 19. She is a shy, lonely and introverted lesbian. Cooks and keeps house for others. She is the one that committed the three rapes. (Mentioned on the video tape)

THE UNDESIRABLES

- Phillip, 20. He is a thug and a New Yorker.
- Kevin, 20. A small time criminal and planner.
- Walter, 22. The Australian, eccentric and sees himself as a hunter.
- April, 19. She has a Boston accent and wants revenge against Billy's step-father.
- Samuel, 18. Orthodox Jew in religion, a sculptor and wood carver.
- Mark, 16. Has no initiative, takes care of monotonous labour.
- Steve, 21. An egomaniac and does not believe in the diagnosis of MPD.
- Lee, 20. The comedian.
- Jason, 13. He is called the pressure valve because of his hysterical reactions and temper tantrums. Carries bad memories.
- Robert, 17. The day-dreamer, has no ambition or intellectual interests.
- Shawn, 4. Assumed to be retarded, he has a short attention span.
- Martin, 19. The snob, wants things without earning them.
- Timothy, -15. Worked in a florist shop.

THE TEACHER

- The Teacher, 26. Has memories of all the other personalities. Claims that he is the one who taught all the others everything they know. This is Billy fused into one (Keyes, 1981).

The various personalities are considered to be different parts of the self that have been denied because of the trauma. A person will change into the different personalities when something in the environment is perceived as a threat; the personality that is able to handle that particular threat will come out to help. Sometimes when a person wants to engage
in an activity that is considered as uncomfortable, a personality created for that act will come out to handle that situation. They are also perceived to have different physical appearances and also different likes and dislikes and also as we have seen, different ages. Usually, some of the personalities are not aware of each other and part of therapy is to arouse this awareness. Another interesting facet of one of Billy’s personalities, was psychic abilities. His artistic abilities were also very recognizable.

4.4.2.2.3 Personal Relationships

Personal relationships are usually very strained - for example, friends do not understand when a person does not fulfil appointments or seem to be many people at times. Billy had very strained personal relationships especially with males because of his step-father. By considering the various personalities and their different activities, it can be seen that he had acquaintances from different walks of life which sometimes made it difficult when he had 'lost time' from one personality to the other. Sybil (in Schreiber, 1973) maintains that she did not allow anybody to get closer to her because she knew that they would end up getting hurt. In a way, MPD patients are very lonely people; it occurs by the person distancing himself/herself because they do no want to be discovered and in the end because of the confusing behaviour, people distance themselves because they also do not fully comprehend the behaviour of the person.

4.4.2.2.4 Physiological changes

Not much is written in Keyes (1981) about the physiological changes manifested by Billy’s personalities. Keyes mentions that Billy’s EEG results also showed some difference, unfortunately these are not recorded in the book. Here is record of the Billy’s IQ tests results and the difference among the personalities. Keyes (1981) states, "In her testing, Dorothy Turner discovered significant IQ variation among the different personalities" (p.69):
Christene was too young to be tested, Adalana would not come out and Arthur declined to take the IQ portion of the tests, saying it was beneath his dignity.

4.4.2.2.5 What the experts say

MPD experts like Putnam confirm in the tape that child abuse is one of the central major causes of this disorder. It is a way of helping the abused child survive. It is maintained as the child is usually in a tender age, he/she differentiates into different selves to be able to survive any type of trauma as the trauma usually comes from those that the child trusts and this is incomprehensible to the child.

When one personality is in charge, usually it is as if the others are asleep. MPD patients usually complain about lost time, meaning that the core personality will usually maintain that she has black-outs, when she does not remember what she has been doing. She will state that she finds items that she does not remember buying in her closet, for instance. Sometimes she meets people who claim to know her on the streets and that may create bewilderment. Sometimes, she discovers her savings depleted and she does not remember withdrawing that money. Billy Milligan summarizes this by stating, "I do things and I do not remember doing them" (quoted from the video).
Wilbur (from the video) mentions that MPD is usually confused with schizophrenia and Kaplan et al. (1994) confirm this by stating that this happens because schizophrenic patients may be delusional and believe that they have separate identities or report hearing other personalities' voices. They go on to give the difference between the two disorders by maintaining that, "In schizophrenia, a formal thought disorder, chronic social deterioration, and other distinguishing signs are present" (p. 646).

4.4.2.2.6 The Aftermath

After five years of institutionalization, Billy was released on his therapist's recommendation. Caul (Billy's therapist mentioned in the video) maintained that Billy was now ready to go outside into the real world and take responsibility and that independence will help him as he continues to be whole and find who he is. The public was quite distressed about this because the majority believed that Billy belonged in the institution because nobody believed that he would not repeat what he had done. Time will tell.

4.5 CONCLUSION

In the second section of the chapter, the two case studies (AP and MPD) were described. Issues like family background, personal relationships and the subjective accounts of their experiences in relation to the two phenomena, were discussed. In the next chapter, an attempt is made to compare these experiences.
The aim of this study was to explore similarities or differences between Multiple Personality Disorder (MPD) and Ancestral Possession (AP). It is deemed important at this point to reiterate the statement that has been made previously, that phenomena are best understood if looked within the context of their occurrence. On the other hand it is imperative that the universality of human behaviour is acknowledged; language and symbols have been significant tools in human development, emphasizing the commonality across all cultures, and on the other hand the same tools have been utilised (intentionally or unintentionally) as weapons in terms of dividing those they were intended to help. Issues like etiology, manifestation, treatment, prognosis, diagnosis and religion will be dealt with as a way of comparing these two phenomena. The themes that came from the different phenomena are explored.

5.1 ETOLOGY

In this section the issues associated with the causal factors of both phenomena are compared. These etiological factors are abuse, environmental factors, and personality characteristics.

5.1.1 Abuse as an etiological factor

MPD, as mentioned in Chapter three, is said to be a result of extreme abuse especially in the earlier years when a child is still establishing his/her identity.

Though there is not much information about Billy Milligan, he does fit into this category of early abuse. It is recorded that his step-father abused him sexually and physically
when he was nine years old. Some authors are doubtful concerning child abuse as a necessary predisposition to MPD. Suryani et al. (1993) argues that, "... child abuse also occurs with high prevalence in borderline personalities disorders without MPD" (p. 206). In this study the same argument is put forward when cases of child violent abuse and trauma in South Africa come to mind. To elucidate that, it would be interesting to conduct a study and find out the effects of the traumatic experiences that the children from Natal suffered from, (witnessing the violent murders of their parents, some have been left with no parents nor homes). The dominant role played by psychodynamic approach concerning the etiology of MPD cannot be ignored. MPD is, by definition, a product of the medical model and psychodynamic approaches; consequently the explanation of etiological factors of MPD lean more to the psychodynamic method of explaining personality and behaviour. In chapter two of this work, Wilbur (in Braun, 1986) is quoted as having postulated all the psychodynamic defense mechanisms like repression, denial, as manifesting in MPD.

Abuse does not feature as an etiological factor in Ancestral Possession (AP). That is not surprising, because AP, as defined within its cultural context, is not an illness, therefore it would not be associated with trauma. This again, emphasizes the importance of cultural definition. Confirming this, Ward (1989) says, "Opposed to the medical model are various psychosocial and sociocultural theories of abnormal behaviour that emphasize to varying degrees the cultural contribution to the creation, definition, explanation, manifestation, and treatment of psychological disorders" (p. 25). A traditional healer novitiate may be referred to, as isiguli (patient), but not as a Western reference to that label. The novitiate is an isiguli that must embrace and internalize the ancestral spirits in order to be whole and allow them to express themselves in their different capacities, whereas the MPD sufferer must be integrate the alter personalities and not allow them to manifest as different entities. It is believed that a person does not choose to be called by the ancestors. Thembidlozi says, "This is the work I was given by my ancestors, so I do not have any choice but to do it". This no-choice situation is also clouded by the belief that when a person does
not respond to the 'call', her womb may be closed by the ancestral spirits (if it's a woman), and she will not have children; or her health may be taken away, or any other mishap may happen. The final result is that the one called must accept the call in order to be whole and, so accepting the call can be viewed as a coping mechanism. MPD sufferers also, do not choose to suffer from MPD, it is viewed as a coping mechanism against odds.

Just as MPD subjects view alters as taking over their bodies, AP subjects view possession by ancestral spirits the same way.

5.1.2 Cultural etiological factors

Considering the etiology of AP, the socio-cultural environment is important in a different manner from MPD. AP is culturally accepted, it is believed to bring some type of status in terms of the mystical powers that the sangoma receives. On the other hand, suffering from MPD is considered to be negative in the Western societies. Other authors believe that the socio-cultural beliefs have some impact on the understanding of mental illness. Thus Fraser says, "MPD patients have been described as influenced by cultural patterns and beliefs of Western historical times when life was replete with mysterious spirits, deities, and powers in the world" (in Suryani, et al., 1993, p. 209). Fraser refers to the fact that, in the past, MPD was considered to be the same as possession and thus exorcism was to be the cure.

Western culture, in the present times, emphasizes individualism, independence, development of self-identity as opposed to African Traditionalism which puts emphasis on communalism, group identity and co-dependence. From the Western point of view, the ideal person is the one who first, has developed a full personal identity, and then, group identity. On the other hand, in the traditional African culture, the ideal person is the one who has developed a full sense of group identity. This fact manifests itself in these phenomena; for instance in MPD, the subject has unique individual personalities and in AP, the ancestral spirits are perceived to be in clusters - representing the different generations of grand-fathers.
and great grandfathers. Thembidlozi did not really concentrate on identifying individual ancestral spirits. Instead, she viewed them as clusters, *obaba-mkhulu* the *fore-fathers*.

The MPD sufferer is considered a sick person in his/her community and thus a social outcast whereas the sangoma is embraced by the community and bestowed a respectable social status. Thus we find Billy Milligan not convicted in court by reason of insanity because his society defines him as sick. Ward (1989) reiterates "In short, the role of culture in the manifestation and interpretation of psychopathology can no longer be ignored" (p. 25).

5.1.3 Personality characteristics

It has been postulated in the literature that the type of people who are predisposed to MPD are suggestible (Spanos and Burgess, 1994; Ward, 1989). These authors believe that most of these subjects are emotionally unstable and when they meet a therapist who acknowledges this instability by giving it a name, it perpetuates the sickness. The idea is that people who are attention-seeking, because of a certain vulnerability, will be prone to manifest disorders like MPD if it seems clear that the therapist is providing the attention that is being sought.

Hammond-Tooke (1960) found female diviners to be more emotionally stable than their male counter-parts. This is an issue needing further exploration. Some of the rituals (screaming, crying,) associated with worshipping the ancestral spirits, necessitates behaviour that could be considered as hysterical in nature. Manifested by females, this behaviour may appear normal, in some societies, but in males it seems strange. Perhaps this may explain why women sangomas are considered to be stable whereas men seem strange.

Etiological factors are connected with diagnosis. In the next section, diagnosis of the two phenomena is looked at.
5.2 DIAGNOSIS

In this section, the role of professionals, the symptom profile, alter personalities and ancestral spirits, are discussed and compared as part of the diagnostic process for both MPD and AP.

5.2.1 Role of professionals

The diagnosis of both MPD and AP is done by professionals from their respective social environments. What is interesting is that in the diagnosing process of both phenomena, some guidelines are followed. For instance, as mentioned in Chapter two, the symptoms manifested by a *thwasa* (novitiate) are not necessarily taken for granted as to their meaning; instead a well-known professional will be consulted to confirm the call - that is an accredited sangoma; even then, there are rituals that are performed to confirm the call and also to make the ancestral spirits speak. As mentioned in the interview with Thembidlozi, she said that the sangoma who had initiated her mentioned that she is *cooked*, meaning she was ready because the ancestral spirits were already speaking through her and did identify themselves. If that had not been the case, there would be some rituals that would be performed like steaming the patient, making him vomit with some medicines and herbs. These are considered to purify the *would be sangoma* so that the ancestral spirits can start speaking through her and identify their call and themselves; these rituals are believed to also protect the novitiate so that she is not clouded and confused by evil spirits when the ancestral spirits want to speak to her. Buhrmann (1984) quotes a traditional healer subject who stated that sometimes the senior traditional healer must sleep in the same room with the novitiate so that when the latter has a dream in the night, he/she can just wake up his senior and relate the dream because that is taken to be a message from the ancestors.

Also with MPD, there is a systematic and rigorous method of diagnosis administered in order to establish the nature of the ailment. The thorough diagnosing process was done with Billy as various experts were asked to be involved in the case.
5.2.2 Symptom Profile

For both disorders, the symptom profile is quite similar. The core personality in MPD is usually frightened and unstable. The AP novitiate manifests almost the same symptoms. Physically, they both seem fragile and mostly disoriented. Billy the core personality, was reported by the alter personalities to be perpetually sleeping because he could not handle the pressure of the daily activities so the other personalities took over; especially as he was losing time mostly, he could not handle not remembering what he had done. Thembidlozi, also, reports that she could not function well as a child, growing up because the ancestral spirits kept on coming to fore and disrupting her daily activities, even her school performance.

It is usually when all the personalities have been integrated that the person seem whole. Also, in the case of AP, it is when the novitiate has been fully initiated and the ancestors are completely possessing him/her that he/she looks integrated. A recovered MPD may regress when some part(s) of the self are denied for some reason, an experience of a similar nature occurs with the sangoma when there is an ancestral spirit that is unhappy, she may be sick and manifest the symptoms that she suffered from, in the beginning.

A common neurological symptom of MPD is blinding headaches, though there are also others (symptoms) unique to the different personalities; this happens especially when there is switching from one alter to another. Traditionally, headaches are associated also with AP. In fact, individuals that are supposed to be sangoma and do not respond to the call for some reason or another, are usually characterized by these headaches. When the headache comes, the explanation is, unokugula okumhlophe, literally meaning, "he has white sickness". That is why novitiates always have some white lotion smeared on their faces because that is associated with the ancestral spirits. The whiteness symbolizes the purity of the call.
Psychiatric symptoms like transvestism appear mostly in AP where males are concerned. In the video interview with Thembidlozi, the male novitiate has a short skirt on. His voice when speaking was very high pitched but not much inference can be made on that score because he was observed for a short while. The incidence of transsexualism occurs mostly with MPD because one or some of the alter personalities are usually of the opposite sex. Billy had a lesbian alter, Adalanah, who is the one that committed the rapes he was charged for. Strangely, Adalanah claimed to be female in Billy’s body.

Hallucinations and delusions appear in both cases. To the therapist, a patient with MPD may seem to be hallucinating when the core personality reports the behaviour of the different personalities and their experiences as if these are his experiences by using pronouns like she, he, us. Billy manifested this often. His alters could also conduct a conversation through him with different voices at the same time or he would state that he can hear them arguing or talking in his head. On the other hand, within the context of communicating with the ancestors, a traditional healer is allowed to see visions and hear voices -in fact, he is expected to have these experiences; and consequently, he is not regarded as sick. Thembidlozi reports having visions or sometimes hearing the voice of the ancestors through her physical ears when she has asked them about something.

5.2.3 Alter Personalities and Ancestral spirits

It has been mentioned that alter personalities can usually be observed by their dimension of distinctiveness whereas it is sometimes difficult to do so with ancestral spirits. Much as alter personalities will verbally identify themselves through the person, the same thing happens with ancestral spirits because when a person is unconscious, they speak with their own distinct voices through the mouth of that person. Ancestral spirits have not been reported to show the sophistication of the same pattern of personality traits and mannerisms manifested by alter personalities.

Again the sophistication of the abilities that are characteristic of different alter personalities do not manifest exactly with ancestral spirits. For example, Billy had the alter personalities,
Ragen, who was a professional in criminal activities and very fluent in a Yugoslavic dialect; Tommy who could paint landscapes, play the saxophone and was an electronics specialist. The ancestral spirits seem to be centralised in terms of specialisations. Instead there are different diviners, as mentioned in Chapter two, specialising in various fields like Western doctors specialise. As the MPD patient reflects his/her socio-cultural background in terms of the abilities he manifests, the AP also reveals his abilities within the cultural context by manifesting healing powers, knowledge of herbs and medicines that need to be administered for the various illnesses of his patients. Suryani et al. (1993) mention that, "Individual MPD personalities have specific and limited functions, and their repertoire remains static" (p. 206). Also, the ancestral spirits seem to reveal the same characteristics.

The psychic ability is common to both phenomena. There is a theory of epilepsy being involved in some subjects of both MPD and AP which may explain their psychic abilities but research is still inconclusive.

The alter personalities are explained as different parts of the self. An unanswered question is how the MPD subject acquires all the achievements like foreign languages and their accents, (Ragen and Arthur - Billy's alters come to mind here).

Another interesting aspect is the jealousy that is manifested by both the individual alter personalities and also the ancestral spirits when they feel that they are ignored or are not given their place.

Kluft (1984) mentions that it is not unusual that some family members who have been involved in the abuse or traumatizing of the MPD subject, to be represented by some of the alter personalities. Similarly in AP, some of the ancestral spirits will identify themselves as dead members of the traditional healer's family.

In this section, the diagnosis of both MPD and AP, was discussed. The following section looks at the epidemiology of the two.
5.3  EPIDEMIOLOGY

Epidemiology of both phenomena will be discussed in terms of gender and socio-cultural aspects.

5.3.1  Gender

This is another significant aspect to consider as we look at the two phenomena. It has been mentioned that the female-male ratio of AP is 5:1 respectively (Lee, 1969) and with MPD, according to the video, it is usually 9:1, with the female prevalence. More research is needed regarding this matter. The hypotheses concerning male:female ratio that have been put forward for AP are:

- it gives the female some social status. Especially in the African tradition, a woman is treated like a child.
- the woman is able to get some attention from her family, especially her husband, unlike when she is just ordinary.

For MPD, it has been hypothesized that unlike their female counterparts who usually end up in therapy, male MPD patients usually end up in jail because of their violent alter personalities.

5.3.2  Socio-cultural aspect

Obviously in South Africa, being a traditional healer is mostly a black cultural phenomenon though, as mentioned before, some White South Africans are getting involved now. The researcher has not been able to locate any Black South African, who has been diagnosed as MPD, in spite of many efforts. Observing the impact of enculturation in the broader South African community, the prediction can be made that in the near future, a number of MPD cases, will be diagnosed amongst Black people. That is why the hypothesis that maintains that MPD and AP are based on certain cultural foundations and meanings, is
put forward. The socio-cultural environment is very important in determining what type of diagnosis an individual receives.

5.4 ALTERED STATES OF CONSCIOUSNESS

This section discusses dissociative aspects associated with both MPD and AP (Ancestral Possession).

5.4.1 Hypnotizability

Both AP and MPD subjects manifest some aspects of dissociative disorders. It has been mentioned that many MPD proponents state that patients with MPD are unusually hypnotizable (Hilgard, 1987; Kluft, 1993; Putnam, 1989). This has not been researched with AP. It would be interesting to see such results. Thembidlozi had never been tested regarding hypnotizability; on the other hand Billy revealed a high degree of hypnotizability as hypnosis was even used in treatment.

Sometimes a MPD's core personality will be aware of a personality that has taken the stage; this experience is perceived as some type of depersonalization because it is likened to watching somebody - only in this case, the person is using your body. As Billy was going through the process of integration and became aware of his alters, he reports this type of experience - it is regarded as an out of body experience.

5.4.2 Fugue states and Amnesia

Thembidlozi had an experience of fugue when she found herself in the other sangoma's house and she reports that sometimes she has to go for long periods looking for herbs that the ancestral spirits have revealed to her. Billy also had many episodes of fugue experiences. Fugue is usually associated with amnesia as far as MPD is concerned because when alter personalities take over, they will commit acts which the core personality is
not aware of. Sometimes the core personality finds himself/herself in some strange place not knowing how he/she got there; or sometimes a person finds items in her possession that she does not remember buying. Billy is a classic example of this because fairly often, he was not aware of the acts that his alters committed. Amnesia sometimes occurs with AP especially in cases when the ancestral spirits speak through the person when he/she is unconscious.

5.4.3 Trance

MPD has long been associated with trance. The perception of derealization and depersonalization are associated with this. Sometimes trance is seen as a form of escapism when a subject finds himself doing things automatically as if they are not really there. Billy’s family experienced him as very strange; as a young boy because he would seem absent-minded or start speaking in a different voice as one alter switches to another.

Trance is an important part of the seances and ceremonial gatherings conducted on behalf of the ancestral spirits by sangomas. There is an uncanny role played by music and the dancing that is still not well understood. Maybe, it is because African people (especially women) are culturally encouraged to express their emotions. When somebody is dead, for instance, women will begin to lament in loud voices as a form of grieving. When somebody is getting married, women start ululating. It is a way of showing happiness. In a seance, the sangomas will start dancing to the sound of the drum and music, and eventually go into a trance where the ancestral spirits will start speaking. Unfortunately, the researcher did not get the opportunity of observing Thembidlozi getting in a trance but she (the latter) reports having been in a trance on many occasions.

In this section, it was indicated that there are some dissociative aspects associated with both Ancestral Possession and Multiple Personality Disorder.
5.5 RELATIONSHIP

This section discusses the type of relationships (in MPD—between the core personality and the alters; in AP—between the ancestral spirits and the core personality) manifested in both phenomena.

The relationship between the alters and the core self is a dyadic one. The psychodynamic explanation is that it is the different parts of the self that have been denied and so integration or fusion is the goal of therapy. Initially, the core personality who is usually not aware of the alters, will always feel very strange about being told that there are some parts of himself that claim to sometimes take control of his body. Initially, it may be awkward but after some time, the person may get used to accepting these other parts of the self as part of himself. Usually the different alters handle the different facets of the person’s life.

When asked about her relationship with her ancestors, Thembidlozi states that, "they are my parents, I obey what they instruct me to do". So the relationship here is perceived as between authority and subordinate. The ancestral possession experience is perceived as coming from outside. The religious aspect of AP, should perhaps be mentioned here. The ancestors are prayed to, worshipped both by words and sacrifices. When there is a problem, they can be appealed to. MPD alters on the other hand just take over; when a specific situation arises, the alter that can handle the situation appears.

5.6 TREATMENT AND RECOVERY

Treatment for both AP and MPD may be conceived as integration. The other term for a novitiate in ancestral possession is isiguli (literally meaning, patient). This implies that despite the fact that it has been confirmed that this person is called by the ancestors, he now has to be treated and taught how to respect and utilize the power that has been bestowed upon him by the ancestors. He starts learning to recognise the voice of the ancestors and
their different mannerisms. The whole approach of treatment is to help the person be whole again and this is not done haphazardly. There are definite stages to be followed which are accompanied by certain symbols and ceremonies. The senior sangoma who is helping the novitiate, is with the latter throughout the process and all the stages. The novitiate solely depends upon him and will even call the initiator Father (in case of a male initiator) or Mother (in case of female one). This means that the relationship between the two is that of authority and subordinate. The treatment is so intensive that the novitiate lives in the senior sangoma's household for a period of time, from a year to two years.

Part of the training is to teach responsibility; the novitiate is expected to do the house chores in his/her trainer's home and everything else so that she learns to obey (obeying the ancestors) and also to be humble. Recovery can be defined as the stage when the novitiate is ready to go back home and start his/her own practise. Thembidlozi is now able to perform the work she believes she was called to do. She states that she still has to go under water because there is an ancestral spirit who is unhappy because she failed to establish communication with him in this way.

Treatment is also systematic with MPD and there are many descriptions in the literature about the procedure that is followed in the treatment (Kluft, 1984; Putnam, 1989; etc.). In the video it is said that there is about eighty percent recovery with MPD. Hypnotherapy has been a major part of therapy and is considered to be successful. Billy went through the process of therapy and confronted his many parts and the trauma of his past. His therapist has decided that he (Billy) is ready now to face the world and have some responsibilities.

5.7 CONCLUSION

In concluding this chapter, it has been elucidated that there are some similarities as well as differences in the manifestation of the two phenomena. It is difficult to really understand the nature of both phenomena because of the diagnosis that can only be understood within the different socio-cultural context. An important debate is still going on about the nature of MPD. Some authors (e.g. Rogo, 1987) argue that MPD has a spiritual side in which
case *exorcism* should be administered. Some issues still need to be clarified concerning this disorder and much research is being done to that end. Also with regard to AP, there are some issues that have not been clarified - these will be briefly mentioned in the next section. It can possibly be hypothesized that AP is more similar to Western mediums because they are also believed to communicate with spirits, unlike MPD where the alters are perceived as differentiated parts of the self.

5.8 EVALUATION AND RECOMMENDATIONS

Due to the nature of the present investigation and its limited scope (mini-dissertation), a number of issues have not been addressed. In this section, some of those limitations will be mentioned and recommendations for future studies in this same area of study.

5.8.1 Sample

Because of the difficulties encountered in finding a MPD subject, a recorded video cassette had to be used. The video cassette was not recorded with this particular study in mind and so some of the issues pertaining to this study could have been more clarified if the interview had been conducted specifically for this study. With the AP subject, the interview was conducted only once; the researcher did not get the opportunity of observing her performing her duties (dealing with a client) as that experience would have been more enlightening. She was not seen in an altered state; only the information provided by her could be taken into consideration.

It might have contributed to a more sound study if more than one subject from each group could have been selected.

5.8.2 The two areas of study

The literature on AP, compared to MPD, is fairly scant, which made the study of some
issues difficult to study. Aspects such as the physiological state of an individual when he/she is under an altered state of consciousness like trance, or when the ancestral spirits are speaking through him/her, have not been clearly investigated. No research has been done on biochemical changes and brain waves in AP whereas regarding MPD there are research findings on these aspects. This made it difficult to make a thorough and justifiable investigation of the two phenomena.

It is hoped that future studies will be able to incorporate the above-mentioned limitations. Future studies can investigate issues like:

1. A comparison of AP and Western Mediums.
2. The electrical potential of the brain during Ancestral Possession.
3. An investigation of fugue states in various cultures.
4. The link between MPD and Possession states.

As the twenty first century dawns, it can be predicted that these types of phenomena will increase as cultures intermingle. Also the pressures of this age contribute to a generation that feels lost and some of the mental disorders become a form of escapism.
ADDENDUM (The transcribed interview with Thembidlozi, translated in English).

Researcher [R]:

Before you allowed us to come into this particular room, there is something that you said you must first do. What was that?

Thembidlozi [T]:

This is a room in my household that is used to help people when they come with their problems. It belongs to my ancestors and thus nobody is allowed to just come in. So I had to ask my grandmother to burn some incense to ask for permission from my ancestors to allow you to enter.

R: Is your grandmother also a sangoma?

T: She was supposed to take this work (being a sangoma) but could not do it, still the ancestors speak to her about some issues - for instance - when I am away and some people come to consult with me, my grandmother is the one that deals with the problem and the ancestral spirits direct her about what to do.

R: Thank you for allowing us to see all this. Now, can you please give me a short account of how you got into all this? When did it all start and what happened?

T: I was 12 years old when I got lost and found myself in a house in which I had never been, at Zola (one of the townships in Soweto). This house belonged to a sangoma that I had never met before. They informed me that the ancestral spirits had spoken through me that I had to be a sangoma and I was already 'cooked' inside and they did not need to really go through the process of finding out what is happening and preparing me (ukuhlola nokuphehla); I was not conscious at the time. Before that happened, I was struggling at school doing Std.4; while the teacher would be teaching I would not hear what she is saying, I kept on seeing a python on the blackboard (we usually do not call it by name as a sign of respect) and I would just know the teacher's personal problems at home without being told. It was worse when we were doing Biblical studies, me and the Bible we were enemies. When reading the Bible, I would just start prophesying on the teacher.

R: So you are telling me that the ancestors spoke through you in their tone of voices?

T: Yes, they sometimes do that.
R: What are the other methods that they use to communicate with you?

T: They speak with an audible voice in my ears and I am the only one that can hear that. Especially when I have to examine a person who has come for help; I call all of them and ask them to guide me and tell me what is the problem and how can I help. They also speak to me through dreams and visions.

R: When you say you call all them, do you mean that they have different personalities and if so, are you able to identify who is speaking at that moment. Also, how many ancestral spirits work through you?

T: Yes, they are different, there is a lot of them and I cannot really tell the number because there are grandparents and great-grandparents. There are those called 'amandawhu', these are ancestors of war - these will always talk through me when I am unconscious and they are male ancestral spirits. The point is, you can identify them because they are different.

R: Do you sometimes feel coerced to do things you do not really want to do?

T: I do not really belong to myself, I regard my ancestors as authority and so I do whatever they want me to do.

R: Can you please tell me if this runs in your family, do you know of any of your great-grandparents who was a sangoma?

T: Not really, my family have always been religious people and they did not believe in any of this; there were those that were just specialist diviners (izanuse). This started with my grandmother's mother; she would just disappear and go into the water because she was called to that. And so, when she died my grandmother was supposed to get into it but as I indicated before, she could not do it. The ancestors closed her womb and she only had one child, my mother, who later became a sangoma and then I followed.

R: What is the difference between a diviner and a sangoma?

T: The diviner is taught about various herbs and he helps based on that knowledge; on the other hand a sangoma is called, he has to be initiated and he/she is given divine powers by the ancestors and the medication to administer - he is assisted by the ancestors. A diviner is more like a Western medical doctor who goes to school to be trained.
R: Have you ever made your ancestral spirits cross and if so, how did they react?
T: Yes, in any relationship, you have some clashes. When they get cross, something terrible may happen to you, like you get an accident or you get hurt somehow and you will know that this has some meaning. You enquire from them and they will tell you what they are unhappy about; then you are able to apologise.

R: How do you feel about being a sangoma?
T: I love it with all my heart because it is my calling and my gift and I am very proud about it. I used to encounter problems because I was initiated at a very young age but I have managed through all that.

R: How has it affected your personal life?
T: I am controlled by male ancestors and that affected my marriage because they become very jealous when they want you to do something and your husband objects to that. For instance, what contributed to my separation with my husband, was one ancestral spirit who was unhappy about our union.

R: Tell me about this room and everything that is in here.
T: This room is called 'umsamo'. Traditionally in the rural areas, every home had a room like this where the old people of the family (ancestors) could be consulted about family issues (e.g. asking for protection, enquiring about anything that is happening in the family, or even thanking about various blessings that the ancestors were believed to have bestowed upon their living descendants). As I indicated this before, this room belongs to my ancestors. Those animal skins that are on the wall, were animals sacrificed to the ancestors. This food that you see here, was sacrificed two days ago because my ancestors told me that they were hungry and told me the specific food they wanted. Some of the things are things I do not eat myself but you give those to them because that is the food they used to eat in the olden days when they were still alive. For instance, we sangomas, we do not eat mutton because sheep do not cry when slaughtered, we sacrifice goats and we eat that. Around here, you also see horseshoe (type of tobacco) and dagga which is what they requested. Some of these things, I cannot really tell you about them.

R: What was your most painful experience?
T: When I went through the process of initiation; as I said I was young. To make matters
worse, my ancestral spirits made me quite violent; they required me to be always alone and so I could not associate with other novitiates.

R: How do you handle stress?

T: I just cry when I am hurt. The thing is I cannot afford to remain with anything that is disturbing me, the ancestral spirits do not like that.

R: Have you ever been seriously sick?

T: Yes, one of my ancestral spirits was unhappy about something and I got so sick that I nearly died. I cannot really say what was painful in my body except that I was gradually dying. During that experience, I had an out of the body experience where I saw an old lady who told me that I should not allow myself to die because I still had some work to do.

R: Again, thank you very much for having us here and the information that you have given us.
LIST OF SOURCES


Lamla, C.M. (1976). Present-day diviners (amagqirha) in the Transkei, University of Fort Hare.


