

THE ROLE OF DREAMS

FOR ZULU

INDIGENOUS PRACTITIONERS

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I hereby, declare that this is my own work, both in conception and execution and that the opinions expressed or conclusions reached are not to be regarded as reflecting the ideas of the above-mentioned people.



K S MFUSI

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(iii)

To my mother, my late father  
and to all my relatives  
for their  
faith in education

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ABSTRACT

The present study has investigated the role of dreams for Zulu indigenous practitioners. This role is two-fold (i) significance of dreams in the personal lives of the Zulu indigenous practitioners; for example, how dreams function to set the foundation for an individual's fate, how dreams establish a direct relationship between the dreamer and certain supernatural forces and beings that are considered to have an independent existence, and how the individual, in turn, acquires a creative, sacred power. (ii) significance of patients' dreams, in so far as the indigenous practitioners can make analyses of such dreams in order to effect a client's diagnosis; and also the indigenous practitioners' methods of such dreams' analyses.

Subjects that were selected for the present study were Zulu indigenous practitioners from Ngoye/Dlangezwa districts who used dreams in their diagnostic and treatment methods. There were three categories of such practitioners, namely, the izangoma izinyanga, and abathandazi. The content of their dreams was analyzed by the technique of content analysis which involved classifying dream elements into three basic categories of natural, supernatural indigenous Zulu; and supernatural Christian religious.

The procedure of data collection involved initial visits to each indigenous practitioner in order to establish rapport; and subsequent visits involved the actual collection of data. To achieve the latter, a list of questions that were structured in the form of a questionnaire was used.

In addition, a structured dream by a confederate patient was taken to each indigenous practitioner for analysis. Analysis of this dream was judged by three independent judges (Clinical psychologists) in order to ascertain if there was any inter-practitioner consistency regarding the theme of analyses.



Major results were that dreams have an important role to play in the personal lives of these indigenous practitioners, and that such dreams are supernaturally orientated, in the sense that they always involved a dreamer's encounter with a supernatural being usually the grandmother or grandfather, or a religious deity. Further, the indigenous practitioners were found to be consistent in their analyses of confederate patient's dream, as judged by three independent raters. The study also indicated that there is an urgent need of research to investigate the role of dreams for indigenous practitioners in depth. For example, it could be hypothesised that patients' dreams might conceivably be analyzed in terms of individual symbols personally significant to the individual practitioner.

(x)  
SAMEVATTING

Die huidige studie ondersoek die rol van drome vir Zulu inheemse praktisyns. Die rol is tweeledig: (i) die betekenes van drome in die persoonlike lewens van Zulu inheemse praktisyns; byvoorbeeld, hoe drome funksioneer om die basis vir 'n individu se persoonlike lot te vorm, hoe drome 'n direkte verhouding tussen die dromer en sekere bo-natuurlike magte, en magte met 'n veronderstelde onafhanklike bestaan daarstel en hoe individue kreatiewe, heilige mag bekom. (ii) die betekenis van pasiente se drome, in soverre die inheemse praktisyns in staat is om analise van sulke drome te maak met die doel om 'n pasient te diagnoseer: asook die inheemse praktisyns se metodes van droomanalises.

Die subjekte van hierdie studie is geselekteer van Zulu inheemse praktisyns van die Ngoye/Dlangezwa - distrikte wat drome gebruik het in hulle diagnostiese en behandelings metodes. Daar was drie kategorieë van praktisyns, naamlik, die izangoma, izinyanga en abathandazi. Die inhoud van hul drome was ontleed deur die tegniek van inhoud analise wat die klassifisering van droomelemente in drie basiese kategorieë behels, die natuurlike, bo-natuurlike en bo-natuurlike Christen religieuse.

Die prosedure van data versameling het aanvanklike besoek aan elk van die praktisyns behels om 'n kommunikasie verhouding te bewerkstellig; latere besoeke het die eentlike versameling van data behels. Om laasgenoemde te realiseer is 'n vraelys ontwerp.

Hierbenewens is 'n gestruktureerde droom van 'n vertroulike pasient na elke praktisyn geneem vir analise. Die ontleding van die droom is deur drie onafhanklike beoordelaars (kliniese sielkundiges) geëvalueer om vas te stel of daar enige inter-praktisyns samehang in die tema van die analises voorkom.

Die hoofresultaat was dat drome 'n belangrike rol in die persoonlike lewens van die inheemse praktisyns speel en dat sulke drom bo-natuurlik georiënteerd is, in die sin dat die dromer altyd in aanraking met 'n bo-natuurlike wese, gewoonlik in ouma, oupa of 'n religieuse heilige kom.

Verder, was die inheemse praktisyns dikwels konsekwent in die ontleding van die vertroulike pasient se droom volgens die drie onafhanklike beoordelaars. Die studie het ook aangedui dat daar 'n behoefte aan 'n diepte studie oor die rol van drome vir inheemse praktisyns bestaan. Daar kan, byvoorbeeld, gehopitiseer word dat die drome van 'n pasient ontleed word in terme van simbole wat 'n persoonlike betekenis vir die betrokke praktisyn het.

## CHAPTER I

### GENERAL INTRODUCTION

Dreams have always excited man's curiosity and wonder, and there can be little doubt that they have had a most important role in determining some of the deepest and most widespread of his beliefs. From early times it has been held that dreams are not mere accidental occurrences of sleep, but have a definite meaning (Rivers, 1966).

Besides affecting man's belief systems, dreams are inextricably linked to traditional religion (Rivers, 1966).

Hall (1968) defines a dream as:

"..... a unique form of behaviour which ordinarily occurs during sleep, and may be the only psychological activity that occurs during sleep. It is involuntary and unintentional in the usual sense of these words; customarily, it is not accompanied by, and does not eventuate in appropriate, relevant, or purposeful overt activity" (p. 258).

A dream is expressed in the form of hallucinatory imagery that is predominantly visual and is often very vivid and lifelike in nature. It is this hallucinatory experience that constitutes a dream.

Various psychologists (e.g. Hall, 1953, 1968; Jacobi, 1968; Wolman, 1979) are of the opinion that no other human experience seems to have excited so much interest or so much speculation regarding its cause.

As noted by Lanternari (1966) there has been an increasing tendency in modern societies to consider dreams as indicators of certain unconscious factors in the individual psyche, to be used as "scientific and therapeutic tools in psychological, psychiatric, and psychoanalytic diagnosis and treatment" (p. 222).

Thus, when in possession of a clever psychologist or psychoanalyst, a dream becomes a basic tool for identifying individual psychic traumas and for the choice of liberating therapy.

In most traditional societies, dreams are ascribed the important value of setting the foundations for an individual's fate through the symbols they express.

Lanternari (1966, 1975) again points out that a dream is considered, by traditional societies, as capable of establishing a direct relationship between the dreamer and some supernatural beings that are considered as having an independent existence. Thus, through the dream experience, an individual can come into direct contact with what are often traditionally viewed as sacred forces, and he, in turn acquires a creative sacred power.

According to Berglund (1976) the role played by dreams in Zulu thought - patterns is so important that without dreams true and uninterrupted living is not possible, and there is a considerable cause for anxiety when people do not dream.

As a result, dreams have been and are still accorded great mediating and divining roles by the respective shaman and medicine man. In this regard, Lee (1958) points out that for Zulu people, dreams are the "royal road to the ancestors" (p. 265), since it is through dreams that the ancestral spirits communicate their approval and disapproval of individual behaviour (Kiev, 1972).

A good case can be made for there being three broad basic non-mutually exclusive categories of indigenous practitioners among Zulu speaking people of South Africa today (Edwards et al, 1983) that is; the traditional doctor (inyanga) who is usually male and typically specializes in natural healing methods, for example herbal medicine, the diviner (isangoma) is traditionally female and operates within an indigenous religious supernatural context as culturally accepted medium with the ancestral shades, and the faith-healer (umthandazi). The advent of the faith-healer is especially associated with the African independent church movement and it has been argued that many of the traditional roles of the diviner have been assumed

by the faith-healer except that she in addition works in a Christian supernatural context (Lee, 1969; West, 1975; Ngubane, 1977; Edwards et al, 1983).

## 1.1 BRIEF HISTORICAL BACKGROUND TO THE STUDY OF DREAMS

The most pervasive attitude towards dreams in ancient Greece reflected the belief in the fluid relationship between the divine and the secular world (Webb, 1979).

Dreams were divided into two categories, namely those that were false and those that were true.

In later Grecian times, with the increasing availability of more reliable auguries, the curative effect of dreams gained more recognition. Oracles and shrines evolved throughout Greece, and pilgrims with illnesses visited these. It was believed pilgrims were cured through the process of incubation whereby a patient would make offerings, and after following prescribed rituals, he or she would sleep in a temple, be visited by divinities in dreams, and cure would be effected (Webb, 1979).

Webb (1979) again reports that throughout the ancient Near East there are literature reports on the "message" dream, as dreamed by Kings, heroes, or priests. This message dream had a characteristic pattern. In a moment of crisis of which the dreamer was unaware, a deity would visit the sleeping person and deliver the message. The dreamer would then awaken after the message had been delivered. Such were the dreams of such Kings as Pharoah (Genesis 4:1) and Nebuchadnezzar (Daniel 4 : 5 - 15) which required interpreter skills of Joseph and Daniel respectively.

From this background review on dreams one may gather that the interpretation of dreams was very prominent in early literature, and that dreams were assumed without question to have definite meaning. Of significance also is the fact that interpretation depended largely upon intuition, wisdom, and a scholarly knowledge of dream lore for deriving significance from the dream. As Hall (1953) puts it, the assumption that the ancient interpreters considered dream elements to have a fixed meaning, underlies all dreams books; and among nearly all peoples, there grew up definite systems of dream interpretation according to which each image of a dream had a specific meaning.

### 1.1.1 Psychophysiological Theories of Dreams

As already mentioned above, dreams from quite early times, have occupied a special place among life phenomena. All kinds of magic powers were ascribed to dreams. The will of the divine was considered to be revealed in dreams, and dreams were even presumed to foretell the future (Ullman, 1979).

Despite these early conceptions of dreams, it took years to subject this mysterious realm of the human mind to scientific investigation.

#### 1.1.1.1 REM sleep and dreams

It was through an incidental discovery by Kleitman and Aserinsky (1953) that the process of dreaming was made more accessible to scientific study.

The researchers were exploring eye motility in adults. Their experiment was such that the adult sleepers' eye movements were indirectly recorded by leads from two skin spots straddling the eye to an electroencephalographic (EEG) machine located in the adjacent room. This method enabled the researchers to register potential differences whenever the eye moved in its socket. The results were that slow eye movements were related to general body movement; and that rapid eye movements (REM's) that were executed in only a fraction of a second, tended to occur in clusters for 5 to 60 minutes several times during a night's sleep. When the researchers correlated the REM's with other concomitants, they simultaneously recorded the changes in the sleeper's EEG, pulse, and respiration. Their results indicated that the REM's were associated with a typical low-voltage EEG pattern and statistically significant increases in the heart and respiratory rates. Such changes were taken to suggest some emotional disturbance, such as might be caused by dreaming. To test this supposition, sleepers were aroused and interrogated during or shortly after the termination of REM's, and almost all of them reported that they had been dreaming. If awakened in the absence of REM's they seldom recalled dreaming (Kleitman, 1963).



This study revealed that rapid eye movements signal a distinct physiological state which differs dramatically from non-REM sleep, and in fact, resembles wakefulness (Roth, Kramer, and Salis, 1979).

It is also evident from the above study that the importance assigned to dreams in the mental life of both healthy and disturbed individuals, and the ability to study dreams in a rigorous manner, might have important implications for understanding the dynamics of both normal and abnormal psychological states.

This pioneering study also served as an outlet for much of psychophysiological dream research that is conducted even today (Groves and Schlesinger, 1982).

#### 1.1.1.2 Visual phenomena in dreams

Since one of the primary and defining characteristics of a dream is its visual experience, knowledge concerning the types of transmission pathways of visual information during sleep is informative.

Research that has been conducted with regard to visual phenomena in dreams has been concerned with how visual centers keep track of eye movement.

In this regard, McCarley and Hobson (1977 (b), 1979) report that lesion and stimulation studies indicate that a region of the pontine reticular formation ventral and just rostral to the abducens nuclei, is critical for horizontal conjugate gaze movements. There is anatomical evidence for direct projections from this region to the abducens nucleus and some evidence for direct projections to the oculomotor nucleus. Cohen and Henn (1976) have demonstrated that extracellular recording of neurons in this area in alert animals indicate the presence of units that encode and direct changes in eye position, magnitude of position change, and the direction of the eye movement; the reason being that some neurons in this area discharge long before the start of eye movement.

Despite the lack of details about physiological processes during desynchronized sleep and waking, consistent evidence indicates that the visual system is both intensively and extensively activated during desynchronized sleep, and that these physiological phenomena may be associated with the visual phenomena found in dreams (McCarley and Hobson, 1979).

## 1.2 PSYCHOLOGICAL THEORIES OF DREAMS

### 1.2.1 The theory of dreams of Sigmund Freud

It was only during the last quarter of the nineteenth century that any real advance in the scientific study of dreams emerged. Until then psychologists in general had paid little attention to the subject.

One may certainly say that a great revolution in the attitude of psychologists toward dreams is primarily due to the work of Sigmund Freud (1900).

According to Rivers (1954), from the many aspects of the vast influence which Freud has exerted upon psychology, none is more prominent than that concerned with dreams and their interpretation.

The great contribution made by Freud with reference to our understanding of dreams is the clear distinction which he made between the manifest and the latent content of the dream. As stated by Freud (1900), the essential features of a dream as experienced and related by the dreamer are spoken of as manifest content; this is of significance only in that it is held to be the expression of a deeper meaning, and expression of repressed thoughts that are latent.

The second feature in Freud's scheme is that the deeper meaning always takes the form of the fulfillment of a wish, and that the manifest content of the dream is the expression, in symbolic form, of some desires of the dreamer. These desires or motives are so unacceptable to the individual that even in dreams, they are not revealed openly but are expressed in disguised or symbolic form (Rivers, 1954). For this reason, Freud has always referred to dreams as "the royal road to the unconscious" (1900, p230).

The empirical method which Freud used to interpret dreams is free association. After reporting his dream to the analyst, the client was instructed to say anything which came to his mind when each of the successive elements of the dream were presented back to him. Thus, by means of free association,

Freud was able to pinpoint that dreams had two kinds of content; the manifest (conscious) content, which is the dream as it is told by the client, and the latent (unconscious) content which is discovered through free association. In other words, dream interpretation involved replacing manifest content with latent content.

### 1.2.2 Carl Jung's theory of dreams

Jung is regarded as the first analyst to examine dreams for evidence of a collective unconscious that all men share (Hall & Lindzey, 1970). According to Jung (1942), the easiest and the most effective way of investigating the mechanism and contents of the unconscious is through dreams, the material which consists of conscious and unconscious, known and unknown. These elements occur in all sorts of mixtures and may derive from all sources, ranging from vestiges of the day to the deepest contents of the unconscious. The way in which these elements are ordered in dreams is not determined by causality, space, or time; but rather, the language of dreams is archaic, symbolic, prelogical, a language of images whose meaning can only be understood by a special interpretive method.

#### 1.2.2.1 Dreams as compensatory

Whereas Freud conceived of dreams as the form of the fulfilment of a wish, Jung thought that dreams occurred due to the process of compensation, which he thought was capable of "summing up all the various ways in which the dream manifests itself" (1942, p.70). In other words, compensation means balancing and comparing different points of view so as to produce an adjustment or rectification (Jacobi, 1968). The innate compensatory function of the psyche works towards individuation, and it is given to man alone. It is the psychic activity that is specifically human. In addition to expressing anxieties and wishes, this highly significant compensatory function of dreams affects all psychic behaviour. The unconscious contents have a variety of meanings which depend on the context

in which they occur and on the specific external and internal situation of the dreamer, expressing problems which occur over again in the history of mankind and concern the whole human collectivity. These dreams, because they are archetypal, have a prophetic character and for this reason traditional people still regard them as the business of the whole tribe in whose presence they are interpreted with great ceremony (Jung, 1942).

Thus, for Jung, the dream is the psychic phenomenon which offers the easiest access to the contents of the unconscious, and its compensatory function makes it the clearest indicator of relationships.

#### 1.2.2.2 Dream interpretation

The interpretation of dreams, and all manner of psychic images, occupies a central position in the dialectical process of the analytic method. The basic requirement is to treat the dream as though it was a totally unknown object.

As a first stage, the dreamer is instructed to describe his present situation of consciousness; then he describes preceding events. Following these two stage, is the investigation of the subjective context, and where archaic motives appear, comparison with mythological parallel is made. In complicated situations, comparison with objective data obtained from third persons is made (Jacobi, 1968).

#### 1.2.3 The existential/phenomenological theory of dreams

The basic tenet underlying existential/phenomenological theory is that by encountering the therapist and other patients, individuals can gain insight into their own situations. They can see their tasks even more clearly and easier with the aid of message received from the unconscious.

In regard to dreams and their significance, the existentialists do not differ from Freud in conceiving of dreams as communications from the unconscious, and that such communications contain the realization of a desire (Ledermann, 1972). However, the existentialist would continue by adding that such a desire implies a challenge, on the part of the client, and the therapist should confront the client with the task of facing such a desire.

The technique that is used by the existentialists in dream interpretation, is free association (Ledermann, 1972) that was developed by Freud (1900). As already pointed out above, the technique of free association requires that, after the dreamer has presented each element of his dream, he must say anything that comes into his mind.

The existentialist would, however, differ from Freud in interpreting dream elements.

Perhaps by making use of some of Freud's examples, the difference between the two approaches can be explicitly elucidated. Take, for instance, a dream of a young woman who wished to meet again a young man whom she had last met at the funeral of her sister's eldest child. This young woman then dreams of her sister's second child's death, but without feeling pain nor pleasure. Freud would say that the absence of these feelings is due to the young woman's struggle against her desire of seeing the young man again (1914). The existentialist would agree with Freud in uncovering the woman's desire, but they would continue by encouraging her to come to terms with such a desire and its implications (Ledermann, 1972).

### 1.3 DREAMS AS ALTERED STATES OF CONSCIOUSNESS

An altered state of consciousness is defined by Ludwig (1969) as:

".... any mental state, induced by various psychological, physiological, or pharmacological agents, which can be recognized subjectively by the individual himself (or by an objective observer of the individual) as representing a sufficient deviation in subjective experience or psychological functioning from certain general norms for that individual during alert, waking consciousness (pp. 9-10).

This definition implies that there is a number of discrete states of consciousness that can be subsumed under the general heading ASC's, and dreams would thus be included under this heading, in view of their physiological inductions, namely; sleep; and by virtue of their sufficient deviation from one's subjective reality.

An ordinary dream usually centers around action of some sort with other characters, and it usually takes place in an everyday world (Tart, 1969). This is the usual type of dreaming to which the large majority of dreams conform, and it is probably the only kind that occurs to many people.

Another type of dream, namely; the high dream (Tart, 1969) is described as an experience occurring during sleep in which a person finds himself in another world, the dream world, and in which he realizes during the dream that he is in an altered state of consciousness which is similar to (although not necessarily identical with) the one induced by a chemical psychedelic. In other words, there is a distinct shift to a new type of consciousness within the dream state. The real distinction between ordinary dreams and high dreams is the state of mind which in high dreams would be one found with marijuana or LSD.

An even more interesting type of dream is the "lucid" dream (van Eeden, 1913). This type of dream has an unusual characteristic in that the dreamer experiences waking up from an ordinary dream and gaining possession of his normal waking consciousness, yet knowing that he is actually lying in bed asleep; but the dream world he is in remains perfectly real. In this type of dream there is a complete reintegration of psychic functions, and the sleeper is able to remember day-life and his own condition, reaches a state of perfect awareness, and is able to direct his attention, and to attempt different acts of volition. But the sleep is undisturbed, deep and refreshing.

The functions of dreams as ASC's have served an important function for man. They have historically played a major role in the various healing arts and practices. There are countless instances of healing practices that were designed to take advantage of such states of consciousness. The early Egyptian and Greek practices of "incubation" in their sleep temples (Webb, 1979) are obvious instances of the role of dreams in treatment.



## CHAPTER 2

### THE ROLE OF DREAMS FOR INDIGENOUS PRACTITIONERS

In many cultures indigenous practitioners, also traditionally known as shaman, medicine men, fork healer, who work in the context of indigenous beliefs, are consulted in preference to modern western style doctors (Boshier and Castello, 1975; Harding, 1977; Farrand, 1980; Bannerman, 1977 (a), 1977(b)).

Despite increasing acceptance of highly specialized empirically founded modern medicine, many people, especially in the less developed third world countries, hold and follow indigenous illness and health beliefs and practices, which are more closely related to primitive religion from which they are derived than to modern western medicine (Murdock et. al 1980; Edwards et. al., 1983).

Many of these beliefs and practices, for example, supernatural theories of illness, are not recognized by modern medicine (Murdock et. al., 1980). Such indigenous , cultural, religious, and medical belief practices are the particular province of the shaman, medicine man, or fork healer.

The terms medicine man, shaman, fork healer, and indigenous healer are used synonymously and interchangeably in this dissertation, and refer to a person held in great esteem in the particular group, community, cultural milieu in which he or she works. The role of such practitioner has traditionally been a multifaceted one of healer, diviner, priest, sometimes king, and provider of culture (Landy, 1977; Kiev, 1972; Mandelbaum, 1975; Holdstock, 1979; Kaplan and Saddock, 1981).

Because of the traditional multifaceted nature of this role, the broad term indigenous practitioner is preferred in this dissertation. This term also implies both universality and cultural relativity in that such practitioners are found throughout the world; and although common elements are found in the roles of different practitioners from different cultural settings, each

indigenous practitioner's role is essentially governed by and dependent upon the particular cultural setting within which he/she operates.

The role of indigenous practitioners is open to men or women who have considerable intelligence, as well as the capacity to be convincingly possessed by a spirit. In either case, dreams appear to play an important role in the lives of such practitioners (Berglund, 1976; Farrand, 1980; Radebe 1982), and are also considered to form an integral part of many healing practices (Farrand, 1980).

## 2.1 ANCESTRAL SPIRITS AND DREAMS

The word spirit often means air in the Zulu language. Thus, spirits are identified with that which is vital for the survival of a person's being.

The spirit world is believed to consist of the spirits of the recently deceased on the one hand, and the shades, on the other hand (West, 1975). The ancestral spirits are believed to fall in the latter category, and they are assumed to affect individuals of their own descent line (Farrand, 1980). The ancestral spirits are assumed to be the most important of all spirits and a symbiotic relationship exists between them and their living descendants.

Charsley (1973) points out that indigenous beliefs about the spirit world are intricately related to beliefs about dreams. The primary importance of dreams in underdeveloped societies is that they are seen as channels through which the ancestors communicate with the living (Garbett, 1969). The importance of dreams for shaman is described by Elaide (1964) who reports that among the Tungus of the Transbaikal region, he who wishes to be a shaman must announce that the spirit of the dead shaman has appeared to him in a dream and ordered him to succeed him. For such a declaration to be considered plausible, it must be accompanied by a considerable degree of derangement.

### 2.1.1 Shamanistic trance

A shamanistic type trance is manifested as a form of waking dream in which the spirits entering the human being take control of his behaviour. The condition of trance is assumed, by some underdeveloped societies, to occur in the case of hereditary shamanism. In this instance, it is believed that the ancestral spirits may choose any young man in the lineage to become a shaman; and this young man would become dreamy, have prophetic visions, and sometimes he would experience seizures which would make him unconscious. During this period, the young man's soul was believed to be carried away by the ancestors to some place, for example, a palace of gods.

There, the candidate's soul would be believed to be instructed by ancestral shamans in the secrets of the profession. It is also assumed that after this initiation, the soul would return to the candidate's body.

#### 2.1.2 Shaman's magical cures

The principal function of the shaman in most cultures is his magical healing. Several conceptions of the cause of illness are found in these culture; but in some countries; for example, central and North Asia a patient's disease is primarily attributed to the soul's having strayed away or been stolen. As has already been indicated by Murphy (1964) the shaman, in such instances, is believed to have the ability to lapse into a trance state in order to diagnose the etiology of the patient's ailment or to learn specific remedies or healing practices. This would usually take the form of finding the soul, capturing it, and obliging it to resume its place in the patient's body (Elaide, 1964).

## 2.2 THE ROLE OF DREAMS FOR ZULU INDIGENOUS PRACTITIONERS

As already pointed out by Berglund (1976) the role that is played by dreams in Zulu thought-patterns is so important that without dreams true and uninterrupted living is not possible. Many traditionally oriented Zulu people believe that something is wrong if they do not dream. Lack of dreams is experienced as "a vacuum in life" (p. 98).

Many indigenous practitioners place great emphasis on dreams which are used in both the diagnosis and treatment of sickness among patients (Berglund, 1976; Bührmann, 1979; Hadebe, 1982). The indigenous African practitioner is believed from the very onset to be directed by the spirit world of the ancestors, which gives him supernatural powers that are to be used for healing purposes; and dreams are believed to be the primary instruments through which the ancestors communicate with such healers (Kiev, 1972; Cheetham and Griffiths, 1982; Wallace, 1966; de Waal Malefijt, 1968).

For Zulu indigenous practitioners, dreams are regarded as a medium of communication with the ancestral spirits. It is believed that during sleep a person's spirit leaves the body and actually undergoes the dream experience. Thus, practitioners' dreams about the ancestors are not merely seen as carriers of the ancestors' messages but as actual experience of it and consequently, many dreams do not require interpretation but are acted upon directly (Farrand, 1980).

Some researchers (e.g. Berglund, 1976; Hadebe, 1982) are of the opinion that the role of dreams for Zulu indigenous practitioners are of two basic types, namely; in the practitioner's call, and in treatment of disease.

### 2.2.1 Practitioner's call

Among the Zulus, many indigenous practitioners do not start their profession from personal choice (Berglund, 1976; Farrand, 1980). In order to be elected into office, a Zulu indigenous practitioner must have experienced a very definite call into office either from the ancestor, in the case of many traditional

diviners and doctors (Ngubane, 1977), or even more directly from God, in the case of a faith healer (Sundkler, 1961). Many such calls are communicated through dreams (Farrand, 1980; Hadebe, 1982).

#### 2.2.2 Treatment of disease (Healing)

In addition to their significance in the personal lives of the indigenous practitioners, dreams are assumed to play an outstanding role in the diagnosis, and treatment activities of such practitioners. Many indigenous practitioners claim that it would be impossible for them to work without dreams. Dreams are believed to be their "eyes in the work" (Berghund, 1976, p.98). In the treatment of patients' disease, an inyanga, for example, would dream of an ancestral member who would show him what type of medicine and herbs are to be used in order to effect a patient's cure. Thus, the indigenous practitioner acts as a mediator for the ancestral spirits, the accent being on communication (Farrand, 1980).

In other cases, the patient is expected to report his or her dream to an indigenous practitioner for analysis. If the client is unable to do so, the practitioner would use a variety of methods (for example, by giving their patients herbal extracts to drink and to apply to their head and bodies) for inducing dreams in their clients (Bühmann, 1979).

Although, as indicated by Holdstock (1979), little research has been done in this area, ample evidence indicates that dreams do play an important role in the personal lives, and activities of Zulu indigenous practitioners. As has already been pointed out by Lee (1958), the Zulu diviner, who functions as diagnostician, interpreter, and healer in one, is believed to be a "house of dreams" which is what gives him his healing powers (p. 40).

## 2.3 CLASSIFICATION OF ZULU INDIGENOUS PRACTITIONERS

Although some researchers (Ngubane, 1977; Msimang, 1975) have classified Zulu indigenous practitioners into different categories, a good case can be made for their being three broad categories of indigenous practitioners among the Zulu speaking people of South Africa today (Edwards et al, 1983) namely, the traditional doctor (inyanga), the traditional diviner (isangoma), and faith healer (umthandazi). Of these specialists the traditional inyanga's and isangoma's dreams are said to be influenced by the ancestors (Ngubane, 1977; Hadebe, 1982), while the umthandazi is believed to be more influenced by a revelation from God (Sundkler, 1961).

### 2.3.1 Clarification of terms

In this study, the terms to be used will be clarified by giving their operational functioning.

#### 2.3.1.1 Inyanga

According to Hadebe (1982), an inyanga, who is usually a male is a traditional practitioner who has undergone his training under the supervision of a tutor, or a chief inyanga. Although he does not undergo a rigorous apprenticeship, he may undergo a partial apprenticeship. In the case of the former, an inyanga dreams of an ancestral member who instructs him to go and become an inyanga. He is shown the medicines and herbs that are to be used in order to cure diseases among people.

In other cases, if a family member was an inyanga, he may pass the profession to other members of the family of the following generation.

### 2.3.1.2 Umthandazi (faith healer)

West (1975) defines an umthandazi as:

"...a Christian who may belong either to a mission or an independent church. The power to heal is believed to come indirectly through the shades, and a period of training may or may not have been necessary" (p.96).

The advent of the umthandazi can be traced to the rise of the African independent church movement and it has been argued that many of the traditional roles of the isangoma have been taken over by the umthandazi (Lee, 1969; West 1975).

### 2.3.1.3 Isangoma

West (1975) again describes an isangoma as a traditional diviner whose healing powers are specifically not Christian, but rather, they come directly from the guiding shades.

The role of diviner is traditionally usually open to women. A man who gets possessed becomes a transvestite, since he is playing the role of a daughter rather than of a man (Ngubane, 1977).

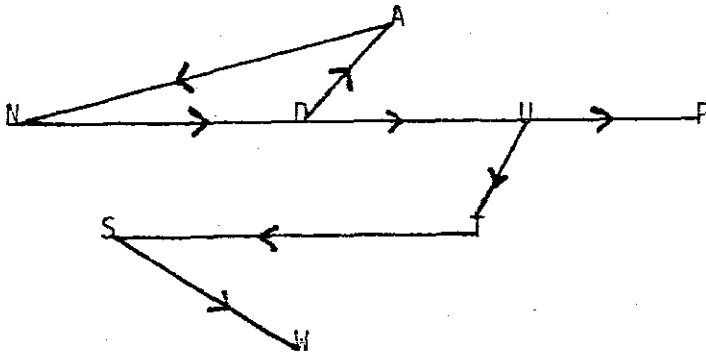
An isangoma's healing techniques vary, for example; some will throw bones to divine while others will rely on dreams (West, 1975).

Mkhize (1981) refers to an isangoma as a person who has undergone the process of ukuthwasa. Ukuthwasa is a process out of which a person emerges with new potentialities that were not possessed before (Doke and Vilakazi, 1953 Lee, 1969; Farrand, 1980).

Again, Berglund (1976) conceives of ukuthwasa as the brooding of the "shades" over men. In theory, this means that the shades may choose anybody to become an isangoma.



Canon Callaway (1931) gives an illustration of a theory about ukuthwasa that was held by the Zulu about the middle of the last century. This theory attempts to explain a number of states involved in a person undergoing the process of ukuthwasa. The theory is illustrated in the formula below:



The definition of the states, as given by Calloway's translation of the Zulu text (Calloway, 1931) is as follows:

- N: "Robust", good appetite; not choosy about food.
- D: "Delicate, not having any real disease, but delicate".
- A: "Ill"; choosy about food; loss of appetite; suffers vague pains; anxious dreams; possessed by spirits of ancestors.
- U: "Ill"; choosy about food; loss of appetite; suffers vague pains; anxious dreams; possessed by a class of spirits known as Amatongo.
- P: "A fool", "unable to understand anythings", "mad", "not a man".
- T: Continued ill health, sleeplessness, loss of weight, skin diseases, but hopeful of becoming a shaman.
- S: Good physical health; the state of being a shaman or inyanga, i.e., one with a "soft head" who, with the help of his familiar spirits among the Amatongo, performs the respectable special role of "diviner" (finder of lost objects and physician to possessed persons).

W: "Always out of health", unable to divine, but of unusual wisdom, and able to work.

The transfer operations, to the extent that they are described in Calloway's text are :

N → D: Initial possession by either amatongo or ancestral spirits.

D → A: Completion of possession by ancestral spirits

A → N: Relinquishment of possession by ancestral spirits after being exorcised by sacrifice of cattle under direction of shaman.

D → U: Amatongo increase control over victim but divide into two groups, one group (under influence of medicine and cattle sacrifice exorcism) objecting to complete possession and the other insisting on complete possession.

U → P: Continued "blocking the way" of the Amatongo by exorcism and by medicines taken by mouth.

U → T: Patient's family, patient, and community, recognize that Amatongo are struggling to possess patient, and terminate medicines and exorcism.

T → S: Patient seeks communication with Amatongo in his dreams and singing; community participates in his singing and asks him to question for Amatongo to answer.

S → W: A "great doctor" can "lay the spirit" of Amatongo to the extent of preventing the patient from remaining a diviner but only at the cost of leaving him chronically in state W.

These three broad categories of inyanga, umthandazi and isangoma should not be viewed as mutually exclusive categories as many practitioners operate within two or more of these categories. Further, the traditional sex division between male doctors (izinyanga) and female diviners (izangoma) is breaking down, particularly in urban areas (Farrand, 1980), and many isangomas have knowledge and experience in the use of traditional Zulu medicine. Similarly, doctors (izinyanga) often use divinatory techniques (Hadebe, 1982).

## 2.4 AIM OF THE STUDY

The aim of the present study is:

- (i) To investigate the role of dreams in the personal lives of the Zulu indigenous practitioners, and
- (ii) To investigate Zulu indigenous practitioners' methods of dream analysis.

## 2.5 HYPOTHESES

### 2.5.1 Personal Dreams

The three main categories of indigenous practitioners, namely; izinyanga, izangoma, and abathandazi, will show significant differences with regard to the following dream content:

- 2.5.1.1 The izinyanga's dreams will reflect more natural than supernatural content;
- 2.5.1.2 The izangoma's dreams will have more supernatural than natural content
- 2.5.1.3 The umthandazi's dreams will show more supernatural (Christian) than natural content
- 2.5.1.4 The izinyanga's dreams will reflect relatively more natural than supernatural content when compared with:
  - (i) izangoma and
  - (ii) abathandazi
- 2.5.1.5 The izangoma's dreams will reflect more supernatural Zulu indigenous content when compared with abathandazi whose dreams will reflect more supernatural Christian religious content.

### 2.5.2 Practitioners' analysis of a Confederate's Dream

In their analysis of a confederate's structured dream, the three categories of indigenous practitioners will differ significantly in the following manner:

- 2.5.2.1 The content of dream analysis by izinyanga will have more natural than supernatural symbols

2.5.2.2 The izangoma's analysis will show more supernatural indigenous Zulu symbolism whereas

2.5.2.3 abathandazi's dream analysis will reflect more supernatural Christian religious symbolism.

### CHAPTER 3: METHOD

#### 3.1 Subjects

Selltiz et al (1976) point out that the major aim of Social Science is to provide sound propositions about people in general or about specific groups of people. Rarely, however, does a social scientist actually study or observe all the people he or she is interested in. Thus, a Social Science researcher will typically try to understand a segment of a population, on the basis of observing a smaller segment, a sample. The same fact is emphasised by Budd et. al. (1967), Wright (1976) who also observe that in studies involving sampling, scientists make observations of a limited number (sample) of individuals, objects, or events so that they can make inferences about the large number (population) from which they have drawn the sample.

It is clear from the foregoing that after a Social Scientist has determined the frequency of an event or characteristic in the sample he will wish to generalize back to the parent population. Such generalizations must be made with caution since they involve inference and can thus be made only according to a series of assumptions and rules that tend to assure their legitimacy within certain bounds.

Thus, in selecting subjects for the present study, a list of names of indigenous practitioners in the Ngoye/Kwa-Dlangezwa areas was prepared. From this list, a random sample of twelve indigenous practitioners who used dreams in their diagnostic and treatment methods was selected.

### 3.2 APPARATUS

The following research instruments were used in the collection of data for the present study:

#### 3.2.1 Questionnaire

During times of interviews with the indigenous practitioners, a set of questions which were structured in the form of a questionnaire was used. Questions were open-ended in order to allow informants reasonable freedom in furnishing information and expressing their views on various aspects of the subject under study.

The main use of the questionnaire was for it to serve as a guide during interviews rather than a restrictive formal document. Further, it enabled the practitioners to explain freely and extensively various aspects of their profession.

##### 3.2.1.1 Structure

Items that were included in the questionnaire were aimed at tapping information relating to the subject under investigation (see AppendixA). The first section consisted of identification data, namely; questions aimed at whether the informants satisfied the basic requirements of the study. Also included under this section were questions designed to obtain as much information about the practitioners as possible, that is; biographical data.

The next section consisted mainly of questions aimed at obtaining information concerning the personal lives of the indigenous practitioners; that is; information relating to the subject under study, namely; dreams.

Care was also taken to make questions as unambiguous as possible from the practitioners' point of view. And for the purpose of uniformity, in administration, the English version of the questionnaire had to be translated into Zulu. As recommended by Cheetham and Cheetham (1976) some questions had to be modified in order to accommodate unexpected answers and circumstances.



### 3.2.2 Interview

Described by Kerlinger (1973) as perhaps the most ubiquitous method of obtaining information from people, the interview directed by a questionnaire was used in the present study. All formal interviews were conducted at practitioners' homes and each practitioner was asked to set day and time which suited him/her most.

Techniques and strategies of interviewing that are recommended by Gorden (1969) and Kahn and Cannell (1957) were adopted in the present study. These included the researcher's showing genuine interest in the respondent. Since the questionnaire was open-ended, the indigenous practitioners were able to explain freely and extensively their professions.

### 3.2.3 Tape-recorder

One of the major advantages of using tape-recorders in Social Science research is that such instruments provide refresher notes. Also, relevant information that is gathered from field situations can be noted in brief form. In this way, the research worker is able to identify each bit of information which indicated who said it and on what occasion.

Further, tape-recording serves as a good medium for informing a supervisor of what took place in the field. In such instances, the supervisor can evaluate the interviewing and point out places where different tactics should be used in obtaining a certain kind of information. This purpose is best served by a detailed transcription of the interview, which can be achieved by the use of a tape-recorder.

As Doby (1967) points out, it is of utmost importance that the research worker somehow manage to organize the mass of data that comes to his attention. While guiding the inquiry so as to elicit good data the researcher must sift and sort the raw data to separate the valuable from the inconsequential. Further, he must note the key facts before they escape his memory, record

leads for further investigation, reflect upon the data and derive refined hypotheses to guide further inquiry, and seek additional evidence in the field for testing these hypotheses. Thus, within the context of the present study, once trustworthy and cordial relations had been built up with the practitioners, a portable tape-recorder was used in recording discussions and conversations. This proved to be the best method of obtaining accurate information. However, some situations existed in which the continuous use of tape-recorder would have created suspicion about the researcher. In such situations, interviews were transcribed directly.

### 3.3 PROCEDURE OF DATA COLLECTION

#### 3.3.1 Visits to indigenous practitioners

After the sample/subjects had been randomly selected, the next stage involved visiting the individual practitioners. First visits were aimed at establishing rapport with the practitioners. During these initial visits the researcher introduced himself, and also pointed out that he was a Masters student at the University of Zululand, and that he would be pleased if the practitioner concerned, would help him with some information which would be used in his study.

Care was taken to avoid answering some questions, from the practitioners, which were aimed at knowing something about the nature of information being sought by the researcher.

During the subsequent visits, after appropriate rapport had been established, the actual collection of data about the subject under study, took place.

##### 3.3.1.1 The confederate

A structured dream by a confederate was taken to each practitioner for analysis. The purpose of this was to establish if there was any inter-practitioner consistency in so far as the analysis of patients' dreams by indigenous practitioners is concerned.

Arrangements had already been made with the confederate to go along with the researcher to the practitioners. In cases/times when the confederate was tied up with some matters of his concern, a transcript of his dream was taken to the practitioners.

#### 3.3.2 Problems encountered in the field

The most usual problem encountered by many researchers, according to Hadebe (1982), is that some informants think that one is a policeman and thus has come to investigate something. This was also the case in the present study. Getting the practitioners to speak freely about their healing activities was not an easily reached goal,

mainly because they did not feel free to talk because of some accompanying friends, visiting neighbours, and so on. As Reyneke (1971) points out, it is not easy to get the necessary information from the indigenous practitioners because they regard such information as their secrete lore; and parting with it may enable one to use it against one's apponent. However, due to a good establishment of rapport, the researcher in the present study was able to gain access to necessary information that he needed.

### 3.3.3 Analysis and interpretation of data

The following techniques were used in the analysis and interpretation of data for the present study.

#### 3.3.3.1 Content analysis

In analysing the practitioners' dream content the technique of content analysis was used. As described by Krippendorff (1980), and Bailey (1982) content analysis is a method of inquiry into symbolic meaning of messages.

Kerlinger (1973) further points out that content analysis, while certainly a method of analysis, is more than that. Instead of observing people's behaviour directly or asking them to respond to scales, the interviewer simply takes the communications that people have produced and asks questions about the communications.

In many content studies, the investigator is always faced with the immense task of analysing various aspects of the content in all the space of all the issues involved, and this may consequently inhibit the investigator from the onset. However, as Budd et. al (1969) indicates, if small samples are properly selected, they can give adequate descriptions of very large quantities of content.

As recommended by Hall and Van de Castle (1966) and Hall (1969), the investigator in the present study formulated categories that were to be used in content analysis. These categories were aimed at detecting differences among the indigenous practitioners' dream protocols.

Each practitioner's dream report had to be broken down into elements for the purpose of analysis. By elements is meant individual words used by the dreamer in describing the remembered dream.

### 3.3.3.2 Statistical Tests

#### 3.3.3.2.1 The t Test

In research, investigators often need to measure whether an observed difference between the means of two samples is so large that it cannot be attributed to chance factors, such as sampling fluctuations and errors in measurement. To this end, investigators use t test (van Huysamen, 1976; Downie and Heath, 1970). In the present study, the t test was used in order to compare mean ages of the indigenous practitioners.

#### 3.3.3.2.2 The Chi Tests

The Chi test, as described by Downie and Heath (1970), is particularly useful in a situation where an investigator wishes to determine whether the observed frequencies of a given sample differ significantly from those we could expect on hypothetical grounds. The acceptability of an hypothesis is naturally dependent on the extent of the difference between empirical (observed) and theoretical (expected) frequencies in every division or category of the nominal scale. Thus, in expressing the size of the difference between observed and expected frequencies in the practitioners' dream content the Chi ( $\chi^2$ ) test was used.

Where observed frequencies were less than five, a 2 x 2 table using Yates correction, was used; and this enabled the researcher to express values in  $\chi^2$ .

#### 3.3.3.2.3 Contingency coefficient

This correlational technique is normally used as a measure of association for nominal data (Siegel, 1956; Downie and Heath, 1970; McMemar, 1969). In the present study this technique was used to determine inter-judge reliability with regard to their respective ratings of the indigenous

practitioners' confederate's dream analysis.

#### 3.3.3.2.4 Frequency tables

Some of the frequency tables that were used in the present study were not confined to particular uses of specific tests, but rather, they were used for the purpose of indicating trends that existed in the practitioners.

### 3.4 ANALYSIS OF PRACTITIONERS' DREAM DATA

In analysing the practitioners' dreams, the technique of content analysis (see above) was used. In principle, this involved classifying variable being studies into categories.

#### 3.4.1 Definition of some categories in a classification scale

After the research scientist has chosen the variables and categories that are to be used in content analysis, he must proceed to define such categories (Simon, 1969).

Similarly, in the present study, some categories as for example, supernatural versus natural will be operationally defined so that most of the observations will fit into one or another category without too much doubt or arbitrariness in the process. Moreover, some of the categories used in the present study may have different meanings in other contexts.

##### 3.4.1.1 Supernatural versus natural

Harris (1971) points out that all cultures maintain a sharp cognitive distinction between natural and supernatural beliefs. In this regard, Bruhl (1952) asserts that the supernatural world consists of all unseen objects or beings the influence of which the indigenous people feel as being exercised upon them and around them. Mudock, (1980) classifies supernatural agents as consisting of, for example; a ghost, a soul, a spirit or God.

Natural, on the other hand, will refer to all entities, human (for example, living beings), or inhuman (for example, the sun, water, stones etc) that are recognized by the individual as forming part of the secular world.

According to Lambo (1961) African culture is characterized by beliefs in supernatural forces, faith in the magic of symbols, expectations of supernatural punishment, orally preserved tribal legends and mythological concepts, with an emphasis on animism, full play of effective activities in daily life, complete identification with the group, lowering of ego boundaries and thought processes,

ancestor worship, belief in the existence of idealized good objects, a tendency to regard dream life as objective reality, a simple, restricted, ill-defined and rudimentary usage of symbols, and strong religious beliefs.

Thus, within the context of this study, all nouns or ideas, as verbalized by the practitioners, that are conceptualized as supernatural will be regarded as forming the supernatural content.

Natural content, on the other hand, will refer to all words that are considered as forming part of the secular world.

Other sub-categories that will be used are: known versus unknown, and threatening versus non-threatening, and they concern people who appeared in practitioners' dreams and their tone of voice respectively. These are included for the purpose of objectifying the main category.

#### 3.4.2 Symbols

Berglund (1976) defines a symbol as "that which represents and/or typifies another thing, action or sound" (p.28). He goes on to point out that symbols differ from signs in that the former involves associations. When individuals, for instance, use symbols, they operate with articles, sounds, colors, in a given context which are meant to be associated with that which they represent, "thereby becoming meaningful to those who feel, see, hear, or act in the ritual containing the symbol" (p.28).

Thus, by Christian symbolism will be meant those ideas/symbols that are European Christian in nature, for example; those that are associated with Jesus, Holy spirit, Angels, and cross, whereas indigenous Zulu symbolism would refer to those humans or entities that are of national (African) origin, for instance, the ancestors, traditional dance, and so on.



## CHAPTER 4: RESULTS AND DISCUSSION

### 4.1 QUALITATIVE BIOGRAPHICAL DATA; PRACTITIONERS' PERSONAL HISTORIES

The following are schematic sketches of all the indigenous practitioners interviewed in the present study.

#### DIVINERS

MaZ is an isangoma who is 38 years of age. Born in one of Soweto's main districts, she obtained all her education in the same township; she went as far as Std 8.

After she had completed her education, she obtained employment in Germistown. It was while she was working for this company that she started to become ill and whenever she was taken to indigenous practitioners, they would all point out that she was possessed by ancestral spirits, and thus should undertake the process of thwasa. Her actual illness was itching feet. Whenever, at work, she felt as if her feet were burning, so that she could neither stand not walk. Because her sickness came at irregular intervals she usually went back to work whenever she felt better.

At one stage she was admitted in a medical hospital and there she met an old woman who was a patient. This woman informed her that medical doctors would not help her, since her sickness was indigenous in nature. This woman further advised her to prepare a mixture of ash, water, and snuff and then call out to her ancestors, and ask them to tell her what course of action she should follow. When MaZ's mother came to visit her the next day, she informed her of what she had heard from the old woman. When her mother got home, she did as advised. The following day MaZ was discharged from the hospital and she decided to go back to work. Her sickness resumed however and as result, she again left her employment on leave. It was during that night that she experienced a dream in which she was visited by her late father. During this dream, he told her to go to a certain diviner, and tell her that she had come for divination. That diviner would, in turn, tell her

what to do and where to go, since her grandfather wanted her to take charge of his bags. After this message had been delivered she woke up.

The next day MaZ. felt anxious, and she could not concentrate on anything that she tried to do. Without telling anybody, she went out of the house and followed the instructions given by her father in the dream. When she arrived at that diviner, the diviner took her to Bushbuckridge in order to undergo thwasa. There she was taught various secrets of the profession of diviner.

It was also during this period that she was visited by her late brother in a dream. He told her that he had been sent by their grandfather to tell her that she must believe in ancestral spirits; she must accept his call of becoming a diviner so that she can act as a medium between the ancestral spirits and the secular world. She must also be warned that if she does not do as told, she would not live long. Thus, in order to survive, she must become an isangoma.

After this dream, MaZ., apparently obedient, realized that she had no choice. Thus, she continued her training until she was able to find hidden articles, and to divine. Her thwasa training took her three years.

#### Ma M

MaM. is a diviner who is 39 years old and belongs to the Methodist Church. Born in the district of Kwa-Dlangezwa, she received her formal education in the same district and proceeded up to Std 4. Her father was a minister of the mentioned church.

At the age of 16 she had a vision of an old man whom she recognized as her grandfather. This old man would ask her what she was doing in church because he did not go to church.

After this vision MaM. started to behave strangely, for instance; she would speak alone, and sometimes she even responded to questions

which other members of the family could not hear. In addition to this, she experienced a series of strange dreams, which she normally reported to the members of her family. In one such dream, she saw a man whom she described as a sorcerer. This man was planting something in front of her home's yard. She suddenly screamed as she regained consciousness, and related to her father what she had seen in a dream. Her father went out of the house, and indeed, he found a naked man riding a baboon. Such dreams continued until she experienced one which convinced her that she had ancestral spirits. During these dreams she saw many people whom she recognized as her grandparents. They called her name out, and when she responded, one of them, her grandfather, gave her divining bones. In addition to this, these people took her to wild forests where they showed her a variety of herbs which she, was told, should be used in treating patients.

After this dream she started to divine for people in her home vicinity, and soon the word got around that she was able to divine. This continued until her spirits broke out, that is, she started to scream hysterically. An experienced diviner was consulted, and this diviner took her to the sea at night. There, she went into the water, and a big, multi-coloured snake came straight to her. When she attempted to catch it, it jumped up and MaM. also jumped up. As the snake fell down she fell on top of it, and when she regained her balance, she ran away as fast as she could. When her diviner gave her shells from the sea to be eaten, they all broke, and according to MaM. this indicated that she should not have undergone thwasa under that diviner.

She went home, and waited for her ancestors to tell her what course of action should be followed. Then her ancestral grandfather came to her in a vision and instructed her to go to a house at a specified place; there she would find a diviner under which she must undergo thwasa. She was even shown this woman in a vision.

She did as told and when she got to that place, she recognized the woman she had seen in her vision, and the diviner also told her that she had been waiting for MaM. She spent one year undergoing training as an ithwasa.

MaM. does have precognitive dreams; that is, dreams that foretell the future. Her ancestors come to her in dreams and inform her of what medicines should be used for which patients.

Her patients even bring ambiguous dreams for analysis, and MaM. interprets them without any problems.

#### Mrs M

Mrs M is 42 yrs old, and lives in the district of Kwa-Dlangezwa. She was born at Mahlabathini where she belonged to the Lutheran Church. Her grandmother was a diviner. After she had married, she moved to Kwa-Dlangezwa, where she later joined the Z.C.C. As a member of Z.C.C. she was a faith-healer influenced by umoya (holy spirit). However, she was not in private practice in view of the fact that she could only heal while at church. Her prescription for patients was ash and holy water.

While still a faith-healer, she started to have recurrent dreams about her ancestors. Sometimes she had bodily pains. During this time, her faith-healing powers decreased noticeably, and it is also then that she thought that maybe she should go and undergo the thwasa training. At this time she felt as if something was moving on her face, and along her blood veins.

The most significant dream in Mrs M's personal life was about her late mother who came to her carrying two pythons. She dropped these snakes in front of Mrs M. What was very strange about these snakes was that they were able to talk. One of them told Mrs M. that it was her grandmother, while the other snake said that it was her grandfather. They also told her that they had come to her home so that she (Mrs M) could accept them. In addition, she was warned that she should not tell anyone about what they had said.

After this dream Mrs M started to become ill. She had pains all over the body, had lost her eye sight, felt something moving about her body, and had terrible headache. Her body would feel as if the skin had been peeled off it. Her heart beat was so violent that she thought she was going to die.

Then, one day at church, she started to scream hysterically. She had to stop going to church. It was then that she had a dream in which a man who appeared to be her grandfather, told her that he did not belong to church, and that Mrs M. had no right to be there. This man showed her a diviner to whom she had to go for the purpose of undergoing thwasa training. She was also told where she would find that diviner. She did as told; and she spent three years there undergoing thwasa.

She has dreams about patients or events that are going to come. However, she emphasises that this occurs rarely, when for instance, a person is seriously ill. In this case she would be told what kind of medicines she must use in order to effect a patient's treatment.

At times, her patients come with dreams and she analyzes these dreams in order to diagnose patient's illnesses. In cases where patients' dreams are obscure, she usually prescribes some medicine extracts to be used for steam-bathing, vomiting, and washing.

#### Ma N.

Ma N. is a diviner who is 42 years of age, and lives in the district of Kwa-Dlangezwa. She was born in this district. As a sangoma who uses bones Ma N. started her full-time profession in 1975. She is married, and although not on full-time basis she is a member of the Roman Catholic Church. She attended school at the same district, and she went as far as Std 6.

As a child she used to have dreams in which she was feeding lions with raw meat and sometimes she took them on her back and roamed around strange places.

Very early in her life while she was playing with other children near a river, she was snatched by a big snake which took her underneath the water. There the snake entangled itself around her stomach for a full hour. Although this incident occurred in reality, it appeared like a dream to Ma M. She does not know how she came out of the river.

Before she underwent the process of ukuthwasa, Ma M. became ill. She had pains (izibhobo) on her body, violent heart beat, headache, loss of eye sight, and disorientation of the mind. Her behaviour, in fact, took the form of "madness".

It is also during this time that she experienced a very significant dream in her personal life. She dreamt that she was walking under the water, with many snakes, and when she eventually reached the bank of the river, she saw her grandfather who told her to go with him to a certain land which she must see. Then, she suddenly saw a long silver cross ascending to the sky. She also imagined that she ascended with that cross because when she looked down she saw a big white house which had been build in water. This house had many white boxes on top of it. Bells were ringing, and there were many people who wore white clothes. All this time her grandfather was standing besides her. Some old people asked her who she was, and she told them her name. Then a young female, who looked like her late sister came to her and pulled off her head something which looked like a net. She put this net on Ma N's mouth and asked her to open her mouth widely. This female then put her mouth against Ma N's and took out all Ma N's breath into her own. Then she woke up. The time was about 3 pm., and the members of her family had thought that she had been unconscious.

Dreams that followed took the form of showing Ma N. a variety of medicines that were to be used in treating sick people. The people appearing in such dreams were not known by the subject. They would sometimes wake her up at about 2 am. and instruct her to go to some forests in order to dig roots. She would unfasten dogs and take a torch, and then proceed to look for these medicines.

Ma N. underwent her thwasa training at Ludmoth, where she spent eighteen months. She emphasises that while still a thwasa, she had dreams about her ancestors almost every night but now that she is a qualified sangoma, her ancestors come to her in dreams only occassionally.

Her patients do not have to tell her their dreams, but rather she reveals these to them before they tell her. All this takes place during divination. Those whose dreams are ambiguous are given a white medicine extracts which will induce appropriate dreams.

FAITH-HEALERS (ABATHANDAZI)

Mr C

Mr C. is 42 years of age, and was born in the district of KwaMthetwa. He is a male faith-healer who is married and belongs to the church of Nazareth of Shembe tradition. He attended school at Emandlanini where he obtained his Std 8. As a young man, he looked after his father's cattle. Before he became a faith-healer, he was a band leader, and at the same time he was working for sugar company as a workshop Assistant.

In 1959, at the age of 21, and while he was at the peak of his career, and social life, he had a very strange dream in which he saw a man who was wearing a blue dress. This man was sitting in front of him praying, and he was concealing his face with his hands. When this person had finished praying, he left, and another appeared. The setting in which this person appeared looked like a sea, and the sun was shining brightly. This second person had long black hair, and he was very light in complexion. This person, a male, then slowly ascended to the sky, and on his way up, he waved a white "doek" to the client. Mr C kneeled down and prayed. When he opened his eyes, he saw a third person who was wearing a long white dress. This person gave Mr C a bible and a white dress. He also told the subject to pray. In a short time, there were many people surrounding the subject. He was preaching these people. Then he woke up, and prayed.

The following morning, while Mr C was sitting alone outside the house, he heard a voice telling him to go to the mountain. He did as told. There he had a vision of many people, of all races. They were all dressed in white. What fascinated Mr C was that these people had wings, and some of them were ascending to the sky, and another lot was descending from the sky to earth. Then a voice came down to him and told him that he had been called to preach and heal people of all races. While this occurred, these people in white dresses were singing softly. Mr C prayed and he then replied and said that he was shy and thus could not preach to anybody. The voice said that he should not be scared because God had chosen him, and will look after him. He was also warned



that he should not let his patients pay, for this would lead to his death. Mr C stayed at the mountain for three full weeks without food nor drink.

When he eventually went back home, he requested a certain minister to accompany him to church for the first time in his life. When they entered church, all priests and church adherents went into tongues, and further pointed out that Mr C was surrounded by many angels who were dressed in white; something which the priest/minister accompanying him could not notice. The church ministers also said that Mr C must preach for, and heal people, refusal of which would result in him becoming mentally ill. They said that he should wear a blue dress. Drums were beaten and Mr C also talked with tongues. He was then taken to a river where he was allowed to confess all his sins, and then he was baptized.

None of Mr C's relatives was a healer; but a late old man who was staying at Mr C's home was a faith-healer. And before this man died, he did point out to Mr C's father that he would give his powers to Mr C.

Mr C. does have precognitive dreams and when his patients come to him with strange dreams, he offers analyses, after which he may prescribe holy water to be drunk.

#### Ma My.

Ma My. is a faith-healer who also lives at Kwa-Dlangezwa district. Born at Mahlabathini 35 years ago, and a member of the church of Nazareth, she later moved to a district near Empangeni.

While there, she started to have visions in which many people came to her for help. These visions were followed by a dream in which she saw the sun. Around this sun were many stars, and a male person who was wearing a long white dress, with crosses on the back. He appeared to be descending from the sky. In his hand, he had a silver stick. All this time Ma My. had many people around her and this male person instructed them to follow him across a river. They all followed, but Ma My. realized that except for her, others had not managed to walk across that river.

After this dream, a series of other dreams followed, and during these, she saw many people who were coming to her for help. While at church, oneday, she started to talk with tongues. She was baptized for the second time after she had fasted for seven days. The umoya (holy spirit) influenced her in church. Later, however, she established her own practice as a faith-healer, where she used water and prayer to heal people.

Ma My's mother was a diviner, and her father a phropheet Both of her parents come to her in dreams, and inform her about the coming events or people. She also anaylzes her patients' dreams.

Mrs MK

Mrs Mk. is a faith-healer who is 58 years of age, and lives in the district of Kwa-Dlangezwa. She was born at Inkandla, and grew up at Eshowe, where she received her primary education up to Std 6. She belonged to Z.C.C. When still a child, Mrs Mk. used to have dreams about dead people.

At the age of 16 she had a dream in which she saw her late grandmother, who was a diviner while still living. This woman told the subject to go out of her home and preach the word of God. Ma Mk. was also told that she should use water in order to heal people. In addition, she was to establish many church organizations. She then woke up after the message had been apparently delivered. After this dream Ma Mk. left her home and went to stay with many different families, while preaching the word of God. She even reached Swaziland during her endeavour.

When she came back home after twelve months, she established many congregations and it was during this time that she started her profession as a faith-healer. She started to pray for and heal people in church, and then eventually she established her own private practice.

She uses water in effecting diagnosis and treatment of her patients. She also has precognitive dreams and her ancestral grandmother usually comes to her in dreams and tell her what should be done in cases of particular patients.

She sometimes dreams of patients, and some patients would reveal everything about their ailments during dreams; so that by the time they reach her, she already knows about their problems.

Mrs N.

Mrs N was born at the Dlangezwa district, 48 years ago and she was married to a man who lived in the same district. She never attended school but when she married, she stayed at her home to look after her children. She did not belong to any religious domination in her childhood. She later joined Z.C.C. In 1976 Mrs N. a granddaughter of a diviner, experienced a dream in which she saw many people who were dressed in church attire. These people were singing, and some were preaching near the sea. It was at night. Among the church adherents, was a male figure whose face seemed to be surrounded by sun rays. He wore a white dress. All the time, this person's face would be directed to where Mrs N. was standing. However, she was too shy to look back at him and would rather look down. Then this person seemed to be ascending to the sky, with other people who were surrounding him. They were also dressed in white. She heard a voice telling her to follow him. Then she woke up.

After this dream Mrs N voluntarily went to a Zionist church, and was baptized. There, she spoke in tongues, and she was able to reveal the secrets of some people who were there. When she came home, she established herself as a faith-healer who used water and prayer.

She had no serious pre-training symptoms, except that she fasted for seven days before being taken to a river to be baptized.

Doctors: (Izinyanga)

Mr M.

Mr M. is an inyanga who is 52 years of age and stays at Madlamkala reserve. Born at Kwa-Dlangezwa district, and a qualified inyanga who has a certificate of being a practitioner Mr M. belongs to Z.C.C. While he was working at Gingindlovu as a labourer, he started to have a series of prophetic dreams the origin of which he did not understand. In one of these dreams, he saw his late mother who was a diviner, and during this dream, she instructed him to take ash salt, and water, and heal people. At first, he ignored this, but he then started to become ill. He would suffer from stomach ache and usually at about 4 am he would have visions of many people coming to him for help. A female prophet advised him to slaughter a cow for his ancestors. After this was done Mr M. resumed good health and it was then that he started to work as a faith-healer who used salt, ash, and water, at 25 years of age.

While still working as a faith-healer, he started to have pains all over his body. Everything was done to help him, but in vain. When he consulted a certain diviner, he was told that he had ancestral spirits in him, and should thus undergo thwasa process. He then went to Manguzi where he spent seventeen months undergoing thwasa. When he came back home he was able to divine by using bones. His ancestral grandmother does come to him in dreams in order to show him some herbs that are to be used in treating patients. Further, like most other indigenous practitioners, Mr M does have precognitive dreams, and he also analyzes his patients' dreams. In cases where a patient has obscure dreams, Mr M. gives them medicine to be used to vomit, wash, and steam-bath.

Mr K.

Mr K. is an inyanga who lives at Niwe reserve. He is 52 years old and belongs to the Roman Catholic Church. He was born at Barberton where he received all his education up to Std 7. As a child, he looked after his father's cattle, and after leaving school he went to work at one of the industries in Barberton.

In 1956, at the age of 25, he saw his later grandfather in a dream. He instructed Mr K to succeed him as an inyanga. Mr K refused saying that he had no intention of doing such work. But his grandfather told him that he had no choice, as he had already been chosen and if he did not accept this work, he would be severely punished. After this dream, Mr K continued to work in industry, but towards the end of 1957, he became ill. He had stomach problems. He suffered from diarrhoea, but it was not aching. Various medical doctors were consulted, but they could do nothing to help him. He eventually went to Nelspruit for treatment by a certain inyanga. That witchdoctor told him that nothing was seriously wrong with his stomach, but that he had ancestral spirits in him. The only way in which he could be cured was for him to accept his grandfather's spirits. Mr K remained there for two years learning how to use some medicines. To this effect, he was helped by his grandfather who always came to him in dreams. When he left that inyanga, he moved to Zululand.

When patients come to him, he uses his bones in order to effect a diagnosis. He also listens to their dreams. If in other cases, his patients dreams are not clear, he gives them extracts for washing and to induce vomiting. It happens sometimes that he does not know the precise treatment that is to be given to a particular patient. In such instances, before he goes to sleep, he burns incense and calls to his ancestors for help. Consequently, they come to him in dreams and tell him what to do.

Mr K, does have precognitive dreams, that is dreams which foretell the future. His ancestral grandfather, for instance tells him which patient is coming, and what he must do in order to help such a patient.

#### Mr D

Mr D was born at Nongoma 40 years ago. He is an inyanga that lives at Iniwe, and belongs to Christian Apostolic Church of Zion. He grew up at Nongoma where he looked after his father's cattle. At school, he went as far as Std 4, and later obtained work at Richards Bay

While still employed there, he had a dream in which his late grandmother told him that he must go out and heal sick people. He saw these people during his initial dream and Mr D would take them into water to be baptized. They would appear healed after that experience. After this dream, Mr D. became anxious, but he still continued to work at Richards Bay until he became ill. His whole body would be so tired that he had to lie down, unable to do any work. When he consulted a certain prophet, he was told that he had been called to heal people. During this time, his dreams came so frequently that he was sometimes scared of going to sleep. He would see many people in his dreams. They would come to him, asking for help. His late grandmother showed herself for the second time, telling him to go and heal the sick.

Mr D again consulted a faith-healer, who decided to take him to a river to be baptized. There, Mr D spoke with tongues, he was possessed by spirits, and was able to reveal people's secrets. After this he started to work as a healer. In view of his ancestral grandmother's visits, who told him various kinds of medicines, Mr D worked as an inyanga who used water and herbs.

When he divines, he uses bones. His patients are sometimes given holy water to drink, but in serious cases, his grandmother, who was a diviner, comes to him in dreams, and show him what medicines are to be used in order to treat particular illnesses.

He also has precognitive dreams. Sometimes, his patients come to him with dreams that are to be interpreted. In such cases, Mr D is able to effect a patient's diagnosis by means of his dreams and in cases where patients' dreams are obscure or ambiguous, Mr D offers patients medicines to be used to vomit and wash.

Mr Z

Mr Z is an inyanga who also stays at Kwa-Dlangezwa district. He is married, and belongs to the church of Nazareth. He estimates that he is 47 years of age. At the age of about 18 Mr Z obtained

employment in Durban with the South African Railways. While still working there he started to become ill. His sickness was headache. He consulted a number of medical as well as indigenous practitioners, but none of these people were able to help him. It was only when he consulted a certain inyanga at New Castle that he was able to understand the cause of his illness. That inyanga told him that he had ancestral spirits in him, and that Mr Z must go back home and accept these spirits. A goat was sacrificed to the ancestors, and they were asked to tell Mr Z. a course to follow. Then in a dream, an old woman who introduced herself as Mr Z's grandmother, told Mr Z. that she had not planned to kill him, but that she wanted him to work as an inyanga. A variety of herbs was shown to Z. and he was taught how to use these herbs. In addition, he was shown a number of bones that were to be used in divination. After this dream Z. apprenticed himself to the same inyanga where he stayed for a year, being taught various secrets and mysteries of the profession. He started to work as a qualified inyanga in 1954. When he divines he uses bones and his patients do come to him with troubling dreams. He interprets such dreams, and prescribes appropriate treatment. When necessary he induces his patients' dreams by giving them extracts to drink and wash. He also experiences precognitive dreams.

## 4.2 ANALYSIS OF BIOGRAPHICAL DATA

### 4.2.1 Key

The following codes or symbols will be used to refer to the indigenous practitioners:

N = inyanga  
S = isangoma  
U = umthandazi

When referring to izinyanga in sequence, the codes  $N_1$   $N_2$  and so on will be used. The same principle will be applied in the case of izangoma ( $S_1$   $S_2$  etc.) and abathandazi ( $U_1$   $U_2$  etc)

### Quantitative analysis

Tables 4.3.3 to 4.2.5 shows the biographical data of all the practitioners with respect to sex, age, and years of formal education. The religious affiliation of the practitioners is presented in Table 4.2.4. Other biographical data of the practitioners, namely; marital status, certificate of being practitioner, and number of years in full-time practice, are all included in Table 4.2.6.

Pre-training symptoms and training of the practitioners are both shown in Tables 4.2.7 and 4.2.8 respectively.

### 4.2.2 Sex of the practitioner

TABLE 4.2.2 : SEX OF THE PRACTITIONER

Sex of practitioner	N	S	U	Total
Males	4	0	1	5
Females	0	4	3	7
TOTAL	4	4	4	12



Table 4.2.2 reveals that all izangoma were females, all izinyanga were males, whereas three abathandazi were female as contrasted with one male. These findings are usual and traditional in rural areas (Ngubane, 1977).

In their study, Boshier and Castello (1975) also found that izangoma tend to be female while izinyanga are usually male. These traditional sex roles, however, tend to be breaking down in urban areas (Farrand, 1980). Results relating to abathandazi indicated that most practitioners in this group were females. One male umthandazi explained how, as a male, he acquired his profession:

"You see, at home we were all males, and this old man who was a tenant at my home was a faith healer and he had a special liking for me. He had so many clients from all over that even after his death some of them continued to come to my home, but they would be disappointed to find that there was no one to offer them therapy".

The above explanation may well explain that the informant became an umthandazi because there was nobody who could succeed the old man, and the informant was consequently chosen.

#### 4.2.3 Age of the practitioners

TABLE 4.2.3 : AGE OF THE PRACTITIONERS

Age in years	N	S	U	TOTAL
31 to 40	1	2	1	4
41 to 50	1	2	2	5
51 to 60	2	0	1	3
TOTAL	4	4	4	12

With regard to age Table 4.2.3 reveals that the average chronological age for izinyanga and izangoma was 47.75 and 40.25 respectively, whereas that for abathandazi was 45.75. Tests run to investigate differences between the mean ages of the three categories of indigenous practitioners indicated the following:

- i) there was no significant difference between the mean age of izinyanga and izangoma ( $t(df = 6) = 2.48; p > 0.05$ )
- ii) there was no significant differences between the mean ages of izinyanga and abathandazi ( $t(6) = 0.29; p > 0.05$ )
- iii) between izangoma and abathandazi differences were also nonsignificant ( $t(6) = 1.10; p > 0.05$ ).

Although no significant differences with regard to age were found between the three categories of indigenous practitioners, izinyanga were slightly older than both izangoma and abathandazi, because in the present study they had started their profession later. The suggestion that the process of thwasa, in the case of izangoma, emerges as a result of menopause or physiological changes of puberty (Hammond - Tooke, 1962) was not evident in the present study where the pre-training mean age of izangoma interviewed was found to be slightly more than twenty-three years.

Findings in the present study favour the alternative hypothesis i.e. that thwasa is more associated with an existential crisis in living (Farrand 1980)

#### 4.2.4 Practitioners years of formal education

TABLE 4.2.4 PRACTITIONERS' YEARS OF FORMAL EDUCATION

Formal education in years	N	S	U	TOTAL
No school	2	0	2	4
3 to 5 years	1	1	0	2
6 to 8 years	1	3	2	6
TOTAL	4	4	4	12

Reflected in Table 4.2.4 are years of formal education for all the indigenous practitioners interviewed in the present study. In this respect, the table reveals that the highest level of education attained by the practitioners was standard 8. Forty-eight percent of the practitioners received no formal education. With regard to the category of indigenous practitioners, it was found that on the whole, izangoma had attained a higher level of education than both izinyanga and abathandazi.

#### 4.2.5 Practitioners' Religious affiliations

TABLE 4.2.5: PRACTITIONERS' RELIGIOUS AFFILIATIONS

Religious Affiliation	S	N	U	Total
African Independent Church	0	3	4	7
Missionary Church	4	1	0	5
TOTAL	4	4	4	12

While all practitioners adhered to traditional Zulu religion in the sense of ancestor reverence and accompanying rites and rituals, each practitioner in addition, belonged to a more modern formal religious denomination of African Independent Church (Nazareth, Z.C.C, and Apostolic Church of Zion) or Missionary Church (Roman Catholic, Lutheran, and Methodist)..

#### 4.2.6 Other biographical data of the practitioners

TABLE 4.2.5: OTHER BIOGRAPHICAL DATA OF THE  
PRACTITIONERS

Other Biographical data	N	S	U	TOTAL
Certified	4	3	1	8
Married				
Customary marriage	3	0	0	3
Civil marriage	1	4	4	9
Full-time practice	4	4	4	12
Average years in full time practice	25.0	9.5	19.0	

Shown in Table 4.2.6 are the practitioners' other biographical data, namely; marital status, certificate of being a practitioner, full-time practice, and mean length of private practice.

Hundred percent of the practitioners were married. However, with regard to the category of indigenous practitioner, results revealed that seventy-five percent of izinyanga were married through customary laws, which enabled them to marry two or more wives each. This trend was not found in the case of izangoma and abathandazi.

Asked about their multiple marriages these izinyanga pointed out that their ancestors did not really mind if they married more than one spouse each, in view of their traditional custom. It has been pointed out by Lewis (1970) that women may develop thwasa as a way of asserting themselves in unsatisfactory marital relationships. The present study, however, does not support this view, since all izangoma interviewed were happily married and living very satisfactory lives, and showed no signs of deriving any secondary gains from their being practitioners. Moreover, some of these diviners had husbands who were also practitioners. Interesting, is the belief that some of these diviners had their marriages arranged by their ancestors. Mrs M related how her marriage with an inyanga was arranged by the shades in a dream:

" My grandfather visited me in a dream and showed me a very old man whom I was to marry. I refused, but my grandfather insisted that I do as told. He gave me directions of how to get to this man. I did as told

and that is how I met my husband; and except for his age, he was identical to the man I had seen in a dream".

Thus, in general, such marriages took the form of stereotyped dreams in which the dreamer would be shown the person she is to marry, and how she would meet that person.

All practitioners interviewed in the present study were in full-time practice, and the percentage of izinyanga who had certificates issued by the Herbalist Association was hundred. Seventy five percent of izangoma had such certificates, while only twenty-five percent of abathandazi had such certificates. With regard to the practitioners' years of full-time practice, the results indicated that the mean years of full-time practice for izangoma was 9.5; for abathandazi the mean years of full-time practice was 19.0., while that for izinyanga was 25.0.

#### 4.2.7 Practitioners' Pretraining Symptoms

TABLE 4.2.7 PRACTITIONERS' PRETRAINING SYMPTOMS

Pre-training symptoms	S	N	U	TOTAL
Dreams	4	4	4	12
Headaches	3	0	0	3
Madness	3	0	0	3
Pains in feet	1	0	0	1
Visions about dead people	1	0	0	1
Moving objects around body	1	0	0	1
Had Thwasa	4	1	0	5
Bodily pains	2	1	0	3
Violent heart beat	1	0	0	1
Loss of appetite	1	0	0	1
Visions of church people	0	2	0	2
Tiredness and dizziness	0	2	0	2

Table 4.2.7 reveals that hundred percent of the practitioners interviewed in this study had pre-training symptoms which ranged from slight dizziness to feelings of disorientation with respect to memory.

Commonest among izangoma were headaches (75%) loss of eye sight (50%) and general bodily pains (75%). All izangoma had undergone thwasa. The most common pre-training symptoms among the izinyanga group was stomachache (50%) general bodily pains (25%) and tiredness and dizziness (50%). Twenty-five percent of izinyanga had undergone thwasa. In the case of abathandazi, it was found that about seventy-five percent of this group had experienced visions about church people.

As indicated, a more intense form of symptom that emerged in the case of izangoma was headache. Commenting on symptoms of those possessed by a spirit, Krige points out that in cases of where the possessed person is to become a diviner, the spirit will manifest itself by inflicting that person with whatever disease it was that caused its own death (1974)

Thus, if the ancestral spirit died of a headache, the possessed person will also suffer from severe headache. Although a large majority of practitioners in the present study had suffered from various forms of symptoms, none could make out whether their ancestors had suffered from illnesses that affected the practitioners. Further research is needed in this area.

It has been reported that healers who strongly resist their calling by the ancestors temporarily lose eyesight (Schweitzer, 1977). This study supports this view, as two of izangoma who strongly resisted their calls did suffer from a temporary loss of eyesight. Two of izangoma who suffered from loss of personal identity and purpose in life reported these symptoms as "madness". According to Cheetham (1975) such feelings are normal and expected consequence of rapid acculturation and urbanization.

The most important findings, however, as far as the pre-training symptoms of the practitioners is concerned is that one hundred percent of them experienced dreams in which they were called into the office of the practitioner. These results were consistent with reports that for anyone to become an indigenous practitioner, he must have received a specific call from the shades, and this usually takes place during dreams (Berglund, 1976; Farrand, 1980; Krige, 1950; Kiev, 1972; Gelfand, 1964; Ngubane, 1977). These dreams usually took a form in which the ancestor or messenger either instructed the dreamer to go to a particular place to train as a practitioner, or simply showed the dreamer divining bones and various types of medicines that were to be used in treating various patients. Findings that most faith-healers had experienced visions of church people as part of their pre-training symptoms is probably a result of the cult orientation of the abathandazi profession.

#### 4.2.8 Training received by the practitioners

TABLE 4.2.8 : TRAINING RECEIVED BY THE PRACTITIONERS

Training	S	N	U	TOTAL
Fasting	0	0	4	4
Dance, song and ritual	4	0	0	4
Thwasa	4	1	0	5
Learned through dreams	0	2	0	2
Song prayer and ritual	0	0	4	4
Baptism	0	0	4	4
Learned under a qualified practitioner	0	1	0	1

Included in Table 4.2.8 is training administered to all indigenous practitioners interviewed in the present study.

#### Izangoma

The table reveals that all izangoma had undergone thwasa which is the training for those who will become izangoma (Berglund, 1976; Ngubane, 1977; Farrand, 1980; Lee, 1969; Bührmann, 1977 (a); Sundkler, 1961). The novice is usually referred to as an ithwasa. This training was undergone under an experienced or qualified diviner and it took the form of removing the sickness caused by the ancestors, learning how to mix various herbs, how to manipulate the use of divining bones, and various ways of communicating with the ancestors.

For izangoma in the present study, the period of training ranged from twelve months to three years; and after the completion of their training, these izangoma emerged as different individuals who had acquired new potentialities.



Although thwasa condition has been diagnosed as schizophrenia (Lee, 1969), the present study found that it was a form of creative illness which the person who experiences it cannot recover appropriately unless she listens to the voices of the ancestors and becomes what they want her to be. As thwasas, the izangoma from the present study underwent training under an experienced diviner who trained them how to mix the various types of medicines or herbs, how to manipulate the use of divining bones, and various ways of communicating with ancestors in order to divine. Important also during this initiation was the frequency of dreams, during which the ancestors usually visited thwasas in order to reveal some of the medicines that had to be learnt, and to instruct the novices about certain secrets of the profession. While being initiated, two of izangoma from the present study experienced dreams in which they were instructed by their ancestors to catch hold of snakes. These practitioners, individually, reported that they caught snakes in water. Mrs K. related her encounter with a python in this way:

"One of my most fearful moments as a thwasa was when my idlozi (ancestor) instructed me to go and catch a python. When I got there, I went into the water, and a big many coloured snake appeared, and as I tried to catch it, it sprang up, and I also jumped up. When this snake also fell down, I also fell on top of it, and upon recovering my balance I ran away for my life".

According to Mrs K. this experience implied that she could not proceed with her training under that diviner. According to Krige (1950) the initiate must control the animal so that it neither runs away nor hurt anyone. Also important during the training of izangoma was dance, song and ritual. Dance is particularly important for the novice because it excites her shades.

Further, information given by izangoma from the present study was consistent with reports by Krige (1950) that if the neophyte of an ancestral shade is communicated a song in a dream, her feet would become swollen and sore, but the moment she begins to dance, the pain disappears. The initiate therefore sings and dances while the people clap for her, and the ancestral shades are invoked (Krige, 1950). The initiates remained with their trainers until they

were able to reveal divinatory abilities and were thus officially acknowledged as fully-fledged diviners.

### Izinyanga

Of all izinyanga interviewed, one had undergone various stages of 'thwasa' described above. Training received by two of izinyanga took the form of receiving lessons during dreams, in which their guiding ancestors explained in detail how various herbs were to be used, and how divining bones were to be used. The other inyanga who had trained under a qualified inyanga also experienced dreams in which his ancestors instructed him in the mysteries of the profession. His overall training did not differ from that described by Bryant (1917) which consisted mainly of the administration of emetics to him in order to make him free from imperfections, and a course of instruction in the ceremonies and functions of the profession.

### Abathandazi

Training for this group of practitioners ranged from fasting during which a prospective umthandazi abstained from certain types of food, to baptism in which the person was taken either to a river or dam in order to be cleansed of adhering sins, or to a church where another leader, usually a minister, questioned and blessed her or him. In addition, all abathandazi in the present study reported that after their respective ministers had prayed for them while other church members were singing and dancing, they talked in tongues, and this was an indication that the Holy spirit (see Appendix D) was in them.

### 4.3 QUANTITATIVE ANALYSIS OF DREAM DATA

#### 4.3.1 Practitioners'

TABLE 4.3.1: PRACTITIONERS' PERSONAL DREAMS

#### Personal dreams

	FREQUENCY											
	<u>Izinyanga</u>				<u>Izangoma</u>				<u>Abathandazi</u>			
	N <sub>1</sub>	N <sub>2</sub>	N <sub>3</sub>	N <sub>4</sub>	S <sub>1</sub>	S <sub>2</sub>	S <sub>3</sub>	S <sub>4</sub>	U <sub>1</sub>	U <sub>2</sub>	U <sub>3</sub>	U <sub>4</sub>
Number of Words in a dream	94	38	92	84	265	229	181	110	68	146	100	87
<u>CONTENT OF DREAM</u>												
<u>Supernatural Content</u>												
Christian content	0	5	8	0	4	10	0	3	14	23	8	7
Indigenous Zulu Content	11	3	7	10	20	19	24	9	8	0	0	0
Natural Content	8	4	6	0	9	7	1	2	4	7	3	6

Table 4.3.1 refers to the most significant personal dreams of the three categories of practitioners when categorized in terms of natural content, supernatural Christian and supernatural indigenous Zulu content. While this is not specifically indicated in Table 4.3.1 it should be noted that dreams were typically qualitatively of the nature of practitioner's call by an ancestral shade, for example, deceased grandfather or Christian deity.

Overall Chi square analysis of this data (Table 4.3.1) indicated significant differences between the three categories of practitioners and the three categories of dream data ( $\chi^2 = 73.84$ ,  $df = 4$ ,  $p < 0.001$ ).

Further Chi square analysis of this data was performed using 2 x 2 tables (Behr., 1983; Runyon, 1977) in order to explicate and investigate overall differences in more detail. This analysis indicated the following:

- 4.3.1.1 There were no significant differences between the three categories of practitioners with regard to relative amount of natural and supernatural dream content.  
(izinyanga versus izangoma,  $\chi^2 = 3.03$ ,  $df = 1$ ,  $p > 0.05$   
izinyanga versus abathandazi,  $\chi^2 = 0.29$ ,  $df = 1$ ,  $p > 0.05$ ;  
izangoma versus abathandazi,  $\chi^2 = 1.54$ ,  $df = 1$ ,  $p > 0.05$ ).

Clearly though, results are in the hypothesized direction with izinyanga having relatively more natural than supernaturally oriented personal dreams than abathandazi and izangoma respectively. From inspection of Table 4.3.1 relative natural : supernatural dream content ratios of izinyanga, abathandazi and izangoma are 18 : 44, 20 : 60, and 19 : 89 respectively. There are three obvious possible explanations as to why clearer trends did not emerge.

- 4.3.1.1.1 This research specifically focussed on izinyanga who use dreams in their healing methods and it could be hypothesized that as a group they were therefore more supernaturally orientated than the average inyanga.

Further research with a non dream orientated group of izinyanga might clarify this.

4.3.1.1.2 Dreams are by their very nature supernaturally orientated phenomena and rich in symbolic content which could cloud possible differences.

4.3.1.1.3 Traditional distinctions between indigenous healers tend to be breaking down (Farrand, 1980).

4.3.1.2 There were no significant differences between izinyanga and izangoma (the traditional Zulu practitioners) with regard to relative amount of supernatural indigenous Zulu and supernatural Christian symbolic dream content ( $\chi^2 = 1.84$ ,  $df = 1$ ,  $p > 0.05$ ) as expected.

4.3.1.3 Highly significant differences were found between abathandazi on the one hand and both izinyanga and izangoma on the other, with regard to the two different categories of supernatural dream content  
(abathandazi versus izinyanga  
 $\chi^2 = 35.34$ ,  $df = 1$ ,  $p < .001$ ;  
abathandazi versus izangoma  
 $\chi^2 = 65.80$ ,  $df = 1$ ,  $p < .001$ )

This clear unequivocal finding accentuates the influence of Christianity on abathandazi. The converse of this also holds true, that is; that the traditional Zulu practitioners, izinyanga and izangoma remain relatively culture bound with respect to the supernatural content of their personal dreams. On the other hand, it is interesting to note the influence of Christianity on the latter two groups of practitioners as well (see Table 4.3.1) in spite of the relatively rural and traditional area from which the sample was drawn.

Indeed, izinyanga and izangoma in the present study emphasised that they do not view the relationship between God and ancestors as exclusive, but rather there is a close relationship between these two supernatural beings. One isangoma from the present study related this God - ancestor relationship in the following manner:

"There is no sharp dividing line between our ancestors and God. It is people who make this distinction. These two people, idlozi (ancestor) and uNkulunkulu (God) work hand in hand. You see, God does not want anybody to kill another person; the same is true of the ancestors. They do not want us to use harmful medicines for the purpose of killing other people. Idlozi will either punish, or withdraw its power from a person who commits such an act".

Mr Z., an inyanga, related the same subject in the following manner:

"There is uMvelinqangi (God), the creator of everything on earth, and he is the superior person of all. We, izinyanga and all types of indigenous practitioners ask our ancestors to give us something, and the ancestors will turn to God for these things. Who are we, practitioners to communicate directly with uMvelinqangi? Even in the court of law, the accused cannot just communicate with a judge without going through various steps, for example, meeting the policeman, prosecutor, and the like".

It is interesting to note that there is a certain degree of agreement between the latter explanation and some reports given by Sundkler in which "two Christian women could not get children. One husband's prophet was visited by an angel who said that the two women were without children because they had neglected their ancestral spirits; they had to make a sacrifice to the ancestral spirits because the latter were angry. After these women had made the sacrifice, they were able to get children" (1961, p250) Thus, the very root of the matter is that the angel not only brings a message from the ancestral spirits, it is also an ancestral spirit. (see appendix D)

Further, it should be noted that although the abathandazi's dreams were predominantly Christian religious in nature, as proposed by Sundkler (1961), the presence of indigenous Zulu symbols in this group's dream content implies the influence of the ancestors on abathandazi. To this effect, West (1975) has suggested that although the average power of an umthandazi may come ultimately from the Holy spirit, this occurs through the agency of a particular guiding ancestor.

4.3.2 People appearing in dreams  
(e.g. known vs unknown)

TABLE 4.3.2 : PEOPLE APPEARING IN DREAMS

Pople appearing in dreams	S	N	U	TOTAL
Known	4	3	1	8
Unknown	0	1	3	4
TOTAL	4	4	4	12

Table 4.3.2 shows whether the people who communicated messages to the practitioners during their initial dreams were known or unknown to the practitioners. In this regard, the table reveals that of all izangoma interviewed in the present study, the person who appeared and delivered the message to the individual dreamer was known, and was also a relative of the dreamer, usually a grandfather or a grandmother. The table also reveals that three of izinyanga reported that they had been instructed by their grandparents to assume duties of indigenous practitioners. Only one inyanga reported that his messenger was unknown. In the case of abathandazi the table reveals that three practitioners from this group did not know people who appeared in their initial dreams, as contrasted to one who knew the messenger.

This study thus, supports the view that if the dead relative, usually a grandmother or a grandfather, was a practitioner, he or she may pass over the profession to any member of the same lineage (Ngubane, 1977; Hadebe, 1982), and the practitoners, in return, view themselves as the servants of their shades. This is clearly reflected in the fact that all diviners and the majority of izinyanga had either recognised or known their dream messagers, and had recognised them as relatives. In cases of uncertainty the particular ancestor explained in detail who he or she was, and how he was related to the dreamer.

The reason why most faith-healers could not clearly recognise their particular dream messagers is probably due to their cult orientation in which their dreams were more influenced by Holy Spirit than ancestors,

as shown by a higher frequency of Christian symbolism in dreams.

Indeed, the indigenous practitioners denounce their ability and skills as personal talents, but rather they think that such skills and abilities are due to a special spiritual endowment which comes to them from spirits of supernatural beings.

#### 4.3.3 TONE OF VOICES

e.g threatening vs nonthreatening

TABLE 4.3.3 : TONE OF VOICES

Tone of Voices	S	N	U	TOTAL
Threatening	4	3	1	8
Non-threatening	0	1	3	4
Total	4	4	4	12

Table 4.3.3 shows whether the tone of voice of the dream messenger was threatening or nonthreatening. In this regard, the table reveals that in the case of izangoma, the dream messengers spoke in threatening rather than nonthreatening tones. Also in the case of izinyanga, three of them reported that people who appeared in their initial dreams spoke in threatening voices, as contrasted to one inyanga who perceived his dream experience as pleasant. Of abathandazi interviewed, three of them reported that their dream experiences were pleasant. The remaining umthandazi experienced a threatening voice.

The results support reports that dreams experienced by those who would become izinyanga and izangoma are frightening (Berglund, 1976), as all izangoma and the majority of the izinyanga had confirmed that the voices of their messengers were definitely threatening. The tone of their voices is reproachful, and if those chosen to assume duties of indigenous practitioners attempt to defy or refuse to accept the call, they are threatened with ill health. The ancestors make their intentions very clearly known and the dreamer is eventually left with no option but to



accept that call and do as told by the ancestors. Mr K. an inyanga of great repute related how frightening the voice of his grandfather was:

"During my initial dream, my grandfather did not request or negotiate with me to take charge of his bags but he instructed me to succeed him as an inyanga. I blatantly refused, as I had not intention of doing such work; but he told me that I had no choice. If I continued to defy his voice/intention, I was going to be punished severely. Yes, his voice was definitely threatening".

Ma Z. an isangoma, related her experience thus:

"Although we had a good understanding with my brother while he was still alive, encountering him in a dream during my thwasa was not a pleasant experience. Nobody can feel unthreatened if he is told that by refusing to do something she would not live long".

Schweitzer (1977) has also reported that those who attempt to resist the calling of the ancestors are threatening with ill health. On the other hand, dreams experienced by those who would become abathandazi are less frightening in nature, as illustrated by Mr C. who is an umthandazi:

"My messenger was always encouraging and supportive as he frequently explained to me that I should not be afraid since God will always be on my side".

However, it should be emphasised that from a society's point of view, these calls are threatening in the sense of compulsive drive to a higher office in life, and they should be viewed as divining calls rather than threatening calls. Izangoma, for instance, occupy a sacred, unpolluted, priestly roles.

#### 4.4 PRACTITIONERS' ANALYSES OF A CONFEDERATES' DREAM

TABLE 4.4

TABLE 4.4 PRACTITIONERS' ANALYSES OF THE (CONFEDERATE) PATIENT'S DREAM

PRACTITIONERS

	Frequency											
	A. Izinyanga				B. Izangoma				C. Abathandazi			
	N <sub>1</sub>	N <sub>2</sub>	N <sub>3</sub>	N <sub>4</sub>	S <sub>1</sub>	S <sub>2</sub>	S <sub>3</sub>	S <sub>4</sub>	U <sub>1</sub>	U <sub>2</sub>	U <sub>3</sub>	U <sub>4</sub>
<u>CONTENT OF ANALYSIS</u>												
<u>Supernatural content</u>												
Christian	3	1	0	0	1	0	1	1	0	2	3	1
Indigenous Zulu	2	2	1	1	0	2	1	1	1	0	0	0
Natural	2	2	3	2	2	0	3	3	1	5	2	1

Table 4.4 refers to the three categories of practitioners' analyses of the confederate patient's dream with regard to the three categories of dream content. Findings were exactly similar to those reflecting the personal dreams of the practitioners, that is, no significant differences between the three categories of indigenous practitioners with regard to relative natural and supernatural analyses of the patient's dream ( $\chi^2 = 0.38$ ,  $df = 1$ ,  $p > 0.05$ ). Highly significant differences were again found between abathandazi and both izinyanga and izangoma with regard to relative usage of Christian and traditional Zulu supernatural content in their analyses: (abathandazi versus izinyanga,  $\chi^2 = 5.69$ ,  $df = 1$ ;  $p < 0.05$ ) (abathandazi versus izangoma,  $\chi^2 = 4.97$ ,  $df = 1$ ,  $p < 0.05$ ).

This finding again accentuates the relative Christian versus traditional Zulu supernatural orientation of these practitioners. In view of the exactly similar patterns concerning the dream content of the three categories of practitioners with regard to (a) their personal dreams and (b) their analyses of a patient's dream, further research beyond the scope of the present study seems required to investigate this relationship in depth. For example, it seems reasonable to hypothesize that patients' dreams might conceivably be analyzed in terms of individual symbols personally significant to the individual practitioner.

#### 4.5 Inter-practitioner consistency

TABLE 4.5 : INTER-PRACTITIONER CONSISTENCY

Dream analyses	Judge 1	Judge 2	Judge 3
Similar theme	11	11	12
Different theme	1	1	0

Table 4.5 refers to three independent judges' (clinical psychologists) ratings of the practitioners' analyses of the confederate's dream in terms of whether themes expressed were similar or different (see Appendix C for detailed analyses by each indigenous practitioner). Chi square analysis of this data indicated no significant differences between judges :

Judge 1 versus Judge 2,

$\chi^2 = 0$ ,  $df = 1$   $p > 0.05$ ;

Judge 1 versus Judge 3

$\chi^2 = 0.0019$ ,  $df = 1$ ,  $p > 0.05$

Judge 2 versus Judge 3

$\chi^2 = 0.0019$ ,  $df = 1$ ,  $p > 0.05$

For each Chi square value above, contingency coefficients were calculated. These coefficients were either 0 or significantly approaching Zero (0, 0.0089, 0.0089 respectively) which indicated highly significant inter-rater reliability and by inference high inter-practitioner consistency concerning themes of their dream analyses.

## CHAPTER 5 : CONCLUSION

The indigenous practitioners in the present study were specifically chosen as known exponents of the use of dreams in healing. Dreams were found to play a significant role in the personal lives of all practitioners, and could be said to form the cornerstone of their world view.

Content analyses of significant personal dreams revealed differential patterns for the three categories of practitioners. For the traditional Zulu practitioners (Izinyanga and izangoma) dreams with an indigenous traditional Zulu supernatural content were most common, typically in the form of a professional calling by a revered ancestral shade. For the faith healers (abathandazi) dreams with a more supernatural Christian content were more common. Highly similar patterns were found in the content analyses of the three categories of practitioners' analyses of a dream by a confederate patient.

Although the sample of practitioners was drawn from a relatively rural area, considerable overlap between the practitioner was found as also noted by other researchers (Sundkler, 1961; Hadebe, 1982; Farrand, 1980), which reflects both the breaking down of traditional distinctions among practitioners as well as the influence of Christianity, in particular as evident in the African independent church movement, for example conceptualization of ancestral shades and God are not viewed mutually exclusively, but rather as being in close contact.

The twelve practitioners in this study were found to be reliably consistent in their thematic analyses of the same confederate patients' dream as rated by three independent judges.

The role of dreams for indigenous practitioners has a far reaching implication for the science of psychology. It has been shown that in Western psychology dreams have a major role to play in the therapeutic process. Thus, urgent research is needed in this area in order to show that dreams are capable of resolving intra-psychic conflict, and are vital to a holistic and healthy life.

## CHAPTER 6 : SUMMARY

Dreams have always excited man's curiosity and wonder, and there can be little doubt that they have had a most important role in determining some of the deepest and most widespread of his beliefs. From early times it has been held that dreams are not mere accidental occurrences of sleep, but have a definite meaning (Rivers, 1966).

Besides affecting man's belief systems, dreams are inextricably linked to traditional religion (Rivers, 1966)

Hall (1968) defines a dream as :

"...a unique form of behaviour which ordinarily occurs during sleep, and may be the only psychological activity that occurs during sleep. It is involuntary and unintentional in the usual sense of these words; and customarily, it is not accompanied by, and does not eventuate in appropriate, relevant, or purposeful overt activity" (p. 258).

A dream is expressed in the form of hallucinatory imagery that is predominantly visual and is often very vivid and lifelike in nature. It is this hallucinatory experience that constitutes a dream. Various psychologists (e.g Hall, 1953, 1968; Jacobi, 1968; Wolman, 1979) are of the opinion that no other human experience seems to have excited so much interest or so much speculation regarding its cause.

As noted by Lanternari (1966) there has been an increasing tendency in modern societies to consider dreams as indicators of certain unconscious factors in the individual psyche, to be used as scientific and therapeutic tools in psychological, psychiatric, and psychoanalytic diagnosis and treatment. Thus, when in possession of a clever psychologist or psychoanalyst, a dream becomes a basic tool for identifying individual psychic traumas and for the choice of liberating therapy.

In most traditional societies, dreams are ascribed the important value of setting the foundations for an individual's fate through the very symbols they express.

Lanternari (1966, 1975) again points out that a dream is considered, by traditional societies, as capable of establishing a direct relationship between the dreamer and some supernatural beings that are considered to have an independent existence. Thus, through the dream experience, an individual can come into direct contact with what are often traditionally viewed as sacred forces, and he, in turn acquires a creative sacred power.

According to Berglund (1976) the role played by dreams in Zulu thought - patterns is so important that without dreams true and uninterrupted living is not possible, and there is a considerable cause for anxiety when people do not dream.

As a result, dreams have been and are still accorded great mediating and divining roles by the respective shaman and medicine man. In this regard, Lee (1958) points out that for Zulu people dreams are the "royal road to the ancestors" (p. 265), since it is through dreams that the ancestral spirits communicate their approval and disapproval of individual behaviour (Kiev, 1972).

A good case can be made for there being three broad basic non-mutually exclusive categories of indigenous practitioners among Zulu speaking people in South Africa today, (Edwards et al 1983) i.e the traditional doctor (inyanga) who is usually male and typically specializes in natural healing methods, e.g. herbal medicine, the diviner (isangoma) who is traditionally female and operates within an indigenous religious supernatural context as culturally accepted medium with the ancestral shades and the faith healer (umthandazi). The advent of the faith healer is especially associated with the African independent church movement and it has been argued that many of the traditional roles of the isangoma have been assumed by the umthandazi except that she in addition works in a Christian supernatural context (Lee, 1969; West, 1975; Ngubane, 1977; Edwards et al, 1983).

## 6.1 Motivation

There is ample evidence available from literature which indicates that dreams have an essential role to play in the lives of the Zulu indigenous practitioners. This role can be outlined as follows:

### i) Practitioner's Call

Among the Zulus many indigenous practitioners do not start their profession from personal choice (Berglund, 1976; Farrand, 1980). In order to be elected into office, a Zulu indigenous practitioner must have experienced a very definite call into office either from the ancestors, in the case of many traditional diviners and doctors (Ngubane, 1977), or even more directly from God, in the case of a faith-healer (Sundkler 1961). Many such calls are communicated through dreams.

### ii) Healing

In addition to their significance in the personal lives of the indigenous practitioners, dreams are assumed to play an outstanding role in the healing activities of such practitioners. In such cases, the patient is expected to report his or her dream to an indigenous practitioner for analysis. If the patient is unable to produce dreams the practitioner may use a variety of methods (for example, by giving their patients herbal extracts to drink and to apply to their heads and bodies) for inducing dreams in their patients (Bührmann, 1979).

As indicated by Holdstock (1979) and Mkhize (1981) further research is needed in this area in order to ascertain the role that is played by dreams in the lives of the Zulu indigenous practitioners.



## 6.2 Aim of the study

The aim of the present study is:

- 6.2.1 to investigate the role of dreams in the personal lives of Zulu indigenous practitioners and
- 6.2.2 to investigate Zulu indigenous practitioners' methods of dream analysis

## 6.3 Hypotheses

- 6.3.1 The three main categories of indigenous practitioners will differ with regard to the dream content of their most significant personal dreams.
  - 6.3.1.1 Izinyanga will show more natural than supernatural content when compared with both izangoma and abathandazi who will show more supernatural than natural content in their dreams.
  - 6.3.1.2 Izangoma will show more supernatural indigenous Zulu content in their dreams than abathandazi who will show more supernatural Christian religious content in their dreams.
- 6.3.2 The three categories of practitioners will differ with regard to their analysis of the same patient's dream.
  - 6.3.2.1 Izinyanga will analyze the patient's dream from a more natural than supernatural point of view as opposed to izangoma and abathandazi who will analyze the dream from a more supernatural point of view.

6.3.2.2 Izangoma will show more supernatural indigenous Zulu content than izinyanga who will show more natural content

6.3.3 All practitioners will be in significant agreement concerning the theme of the same patient's dream.

#### 6.4 Method

##### 6.4.1 Subjects

In selecting subjects for the present study a list of names of indigenous practitioners in the Ngoye/Kwa-Dlangezwa areas was prepared. From this list, a random sample of twelve indigenous practitioners who used dreams in their diagnostic and treatment methods was selected. Four izinyanga were male, four izangoma were female, while three abathandazi were female as opposed to one male.

##### 6.4.2 Apparatus

Instruments that were used in the collection of data for the present study included a questionnaire, the purpose of which was to serve as a guide during interviews. In addition, a tape-recorder was also used in order to provide the researcher with refresher notes. It should be pointed out, however, that the tape-recorder was used only after trustworthy and cordial relations had been built up with the practitioner concerned.

##### 6.4.3 Procedure of data collection

After the sample had been randomly selected, the next stage involved visits to the individual practitioners. First visits were aimed at establishing rapport with the practitioners. Subsequent visits involved the actual collection of data.

#### 6.4.3.1 The Confederate

A structured dream by a confederate was taken to each indigenous practitioners for analysis ; the main purpose of this being to establish if there was any inter-practitioner consistency, in so far as the analysis of patients' dreams by indigenous practitioners was concerned.

#### 6.4.3.2 Analysis and interpretation

##### 6.4.3.2.1 Content analysis

In the analysis of practitioners' dream data, content analysis was used. As described by Kerlinger (1973) and Bailey (1982) this technique involves taking communications that people have produced and asking questions of the communications. In addition, data was analyzed by means of frequency tables, the chi-square statistic, contingency coefficient and "t-test" as outlined by Siegel (1956). Where small numbers were involved, Chi square analysis, using 2 x 2 table and Yates' correction, were used (Behr, 1983)

Dream data was categorized into three basic categories i.e

- 6.4.3.2.1.1 Natural content i.e empirical content used in a non-symbolic or supernatural sense e.g tree, house.
- 6.4.3.2.1.2 Supernatural indigenous Zulu content e.g ancestors (amadlozi), witches familiar (tokoloshe)
- 6.4.3.2.1.3 Supernatural Christian content e.g Jesus Christ, Angel of the Lord.

##### 6.4.3.2.2 Inter-rater reliability

Three independent judges (all registered clinical psychologists) were asked to rate the 12 practitioners' analyses

of the confederate patients' dream, with regard to whether themes of analyses were similar or different, in order to assess inter-practitioner consistency with regard to dream analyses.

## 6.5 RESULTS AND DISCUSSION

### 6.5.1 Practitioners personal dreams

TABLE 6.5.1 PRACTITIONER'S PERSONAL DREAMS

Dream content	Practitioners		
	Izinyanga (N =4)	Izangoma (N =4)	Abathandazi (N=
Supernatural -Christian	13	17	52
Supernatural Indigenous Zulu	31	72	8
Natural	18	19	20

Table 6.5.1 refers to the most significant personal dreams of the 3 categories of practitioners, when categorized in terms of natural content, supernatural Christian and supernatural indigenous Zulu content. While this is not specifically indicated in Table 6.5.1 it should be noted that dreams were typically qualitatively of the nature of a practitioner's call by an ancestral shade e.g. deceased grandfather or Christian deity.

Overall Chi-square analysis of this data (Table 6.5.1) indicated significant differences between the three categories of practitioners and the three categories of dream data viz; ( $\chi^2 = 73.84$ ,  $df = 4$ ,  $p < .001$ )

Further Chi-square analysis of this data was performed using 2 x2 tables in order to explicate and investigate overall differences in more detail. This analysis indicated that:

- 6.5.1.1 There were no significant differences between the three categories of practitioners with regard to relative amount of natural and supernatural dream content. (izinyanga vs izangoma,  $X^2 = 3.03$ ,  $df = 1$ ,  $p > 0.05$ ; izinyanga vs abathandazi,  $X^2 = 0.29$ ,  $df = 1$ ,  $p > 0.05$ ; izangoma vs abathandazi  $X^2 = 1.54$ ,  $df = 1$ ,  $p > 0.05$ )

Clearly though, results are in the hypothesized direction with izinyanga having relatively more natural than supernatural orientated personal dreams than abathandazi and izangoma respectively. From inspection of Table 6.5.1 relative natural : supernatural dream content ratios for izinyanga abathandazi and izangoma are 18:44 20 : 60 and 19 : 89 respectively.

There are three obvious possible explanations as to why clearer trends did not emerge.

- 6.5.1.1.1 This research specifically focused on izinyanga who use dreams in their healing methods and it could be hypothesized that as a group they were therefore more supernaturally orientated than the average inyanga. Further research with a non dream oriented group of izinyanga might clarify this.
- 6.5.1.1.2 Dreams are by their very nature supernaturally orientated phenomena and rich in symbolic content which could cloud possible differences.
- 6.5.1.1.3 Traditional distinctions between indigenous healers tend to be breaking down (Farrand, 1980).
- 6.5.1.2 There were no significant differences between izinyanga and izangoma (the traditional Zulu practitioners) with regard to relative amount of supernatural indigenous Zulu and supernatural Christian symbols dream content ( $X^2 = 1.84$   $df = 1$ ,  $p > 0.05$ ) as expected.

6.5.1.3 Highly significant differences were found between abathandazi on the one hand, and both izinyanga and izangoma on the other, with regard to the two different categories of supernatural dream content (abathandazi vs izinyanga,  $X^2 = 35.34$   $df = 1$ ,  $p < .001$ ; abathandazi vs izangoma,  $X^2 = 65.80$   $df = 1$ ,  $p < .001$ ) This clear unequivocal finding accentuates the influence of Christianity on abathandazi. The converse of this also holds true, i.e. that the traditional Zulu practitioners, izinyanga and izangoma remain relatively culture bound with respect to the supernatural content of their personal dreams. On the other hand, it is interesting to note the influence of Christianity on the latter two groups of practitioners as well (See Table 6.5.1) in spite of the relatively rural and traditional area from which the sample was drawn.

6.5.2 Practitioners' analyses of a patient's (confederate's) dream

TABLE 6.5.2 PRACTITIONERS ANALYSES OF A PATIENT'S DREAM

Dream content	Practitioners		
	Izinyanga (N =4)	Izangoma (N=4)	Abathandazi (N =4)
Supernatural Christian	4	3	6
Supernatural Indigenous Zulu	4	4	1
Natural	8	8	9

Table 6.5.2 refers to the three categories of practitioners' analyses of the confederate patient's dream with regard to the three categories of dream content. Findings were exactly similar to those reflecting the personal dreams of the practitioners, i.e. no significant differences between the 3 categories of practitioners with regard to relative natural

and supernatural analysis of the patients' dream or between the izinyanga and abathandazi with regard to relative usage of Christian and traditional Zulu supernatural content in their dream analyses. Highly significant differences were again found between abathandazi and both izinyanga and izangoma with regard to relative usage of Christian and traditional Zulu supernatural content in their analyses (Abathandazi vs izinyanga  $\chi^2 = 5.69$ ,  $df = 1$   $P < 0.05$ ; abathandazi vs izangoma,  $\chi^2 = 4.97$   $df = 1$   $p < 0.05$ ) This finding again accentuates the relative Christian vs traditional Zulu supernatural orientation of these practitioners. In view of the exactly similar patterns concerning the dream content of the three categories of practitioners with regard to (a) their personal dreams and (b) their analyses of a patients dream, further research (beyond the scope of the present study) seems required to investigate this relationship in depth. For example, it seems reasonable to hypothesize that patients' dreams might conceivably be analyzed in terms of individual symbols personally significant to the individual practitioner.

### 6.5.3 Inter-practitioner consistency

TABLE 6.5.3 INTER-PRACTITIONER CONSISTENCY

Dream analyses	Judge 1	Judge 2	Judge 3
Similar Theme	11	11	12
Different Theme	1	1	0

Table 6.5.3 refers to three independent judges' (Clinical psychologists) ratings of the practitioners' analyses of the confederate patient's dream in terms of whether themes expressed were similar or different. Chi square analysis of this data indicated no significant differences between judges (Judge 1 vs Judge 2,  $\chi^2 = 0$ ,  $df = 1$   $p > 0.05$ ; judge 1 vs judge 3,  $\chi^2 = 0.0019$   $df = 1$ ,  $p > 0.05$  judge 2 vs judge 3,  $\chi^2 = 0.0019$ ,  $df = 1$ ,  $p > 0.05$ )

The coefficients were either 0 or significantly approaching Zero (0,0089, 0.0089 respectively) which indicated highly significant inter-rater reliability and by inference high inter-practitioner consistency concerning themes of dream analyses.

### CONCLUSION

The indigenous practitioners in the present study were specifically chosen as known exponents of the use of dreams in healing. Dreams were found to play a significant role in the personal lives of all practitioners, and could be said to form the cornerstone of their world view

Content analyses of significant personal dreams revealed differential patterns for the three categories of practitioners. For the traditional Zulu practitioners (izinyanga and izangoma) dreams with an indigenous traditional Zulu supernatural content were most common, typically in the form of a professional calling by a revered ancestral shade. For the faith healers (abathandazi) dreams with a more supernatural Christian content were more common. Highly similar patterns were found in the content analyses of the three categories of practitioners' analyses of a dream by a confederate patient.

Although the sample of practitioners was drawn from a relatively rural area, considerable overlap between the practitioners was found as also noted by other researchers (Sundkler, 1961; Hadebe, 1982; Farrand, 1980) which reflects both the breaking down of traditional distinctions among practitioners as well as the influence of Christianity, in particular as evident in the African independent church movement, for example conceptualization of ancestral shades and God are not viewed mutually exclusively, but rather as being in close contact.

The twelve practitioners in this study were found to be reliably consistent in their thematic analyses of the same confederate patient's dream as rated by three independent judges.

The role of dreams for indigenous practitioners has a far reaching implication for the science of psychology. It has been shown that in Western psychology dreams have a major role to play in the therapeutic process. Thus, urgent research is needed in this area in order to show that dreams are capable of resolving intra-psychic conflict, and are vital to a holistic and healthy life.



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APPENDIX A

INTERVIEW/QUESTIONNAIRE

1. Category of indigenous practitioner, e.g. isangoma
2. Sex of practitioner
3. Place of birth
4. What level of education did you attain?
5. When were you born?
6. To which church do you belong?
7. To which ethnic group do you belong?
8. Are you in full-time or part-time practice?
9. Are you married/single/seperated?
10. How many wives do you have? (where applicable)
11. What did you do before becoming a practitioner?
12. Can you please tell me about yourself before you become a practitioner?
13. Did you suffer from any pre-training symptoms?
14. If yes, what were your symptoms?
15. What sort of training did you receive as a practitioner?
16. Were dreams important during your training?
17. Was any of your relatives a practitoner?
18. When did you start to be a practitioner?
19. Did you undergo thwasa?
20. If so, how long was your thwasa training?
21. Did your ancestors guide you in dreams?
22. Do you sometimes have precognitive dreams?
23. If so, please relate some of the most significant dreams in your life.
24. Do your patients bring their dreams for analysis?
25. Would you please analyse this dream for me?
26. How do you view the relationship between ancestors and God?

APPENDIX B

STRUCTURED DREAM BY A CONFEDERATE

"I was standing on the ground, gazing at a big, beautiful city which was a short distance away from where I was; the beauty which I had never seen before. Then I suddenly noticed that my elder sister, and uncle were standing not far from where I was. Both these relatives are still alive. My sister urgently informed me that my father (who is deceased) wanted to see me, and that he was waiting for me in a car which my sister pointed/showed to me. I then went to the car, but when I got there, I realized with regret that my father was not there. As I went back to where my sister was in order to inform her of my unsuccessful mission, she angrily took my arm and led me to the waiting car. When we got there, she allowed me to open the car front door, but the car speedily shot away so fast that dust was left behind it. The vehicle vanished into the beautiful city. I woke up with a start and found that my whole body was wet with sweat. And even when I was awake, I continued to sweat profusely".

APPENDIX C

ANALYSIS OF A CONFEDERATE'S STRUCTURED DREAM

Practitioner 1

The beautiful city which the dreamer sees in this dream symbolizes his soul leaving the body. The car in this dream is a symbol of a grave. When the dreamer's sister tells him that his father is waiting for him in the car, this means that the father can only show himself to the sister, but his intention was to see the dreamer. Thus, the overall implication of the dream is that the father had come to communicate a certain message to the dreamer, and not to the sister. However, if the dreamer had entered and left in that car, he would not have woken up the following morning; that is, his soul would have left his body towards that beautiful city (heaven). That the doors of the car were closed, implies that the dreamer's father is not free about something (as shown by the dreamer's profuse sweating when he woke up). The reason for this may be that some people had done something in his grave in order that he would be a bad ancestor to his family members.

Practitioner 2

The main implication of this dream is that the patient's father had come to give him luck. This is shown by the presence of the car and the beautiful city. However, something is stopping him from doing this. The dreamer's immediate relatives should have prepared a ritual on his behalf, but they had not done so. And as a result, his father cannot show himself freely (as indicated by the dreamer's sweating). The male and the sister are the people who can see the father, but the latter is not interested in them. On the negative aspect, if the dreamer had entered that car, he would have died since the car would have left with him.

Practitioner 3

The dreamer's father's death was per accident. The reason his father wanted to see him is that he wanted to warn him of a danger that might be coming the patient's way. Such a danger

might be death, as the beautiful city signifies an unknown place (heaven) whereas a car is a symbol of a grave. And if the patient had gone into that car, his soul would have left his body.

#### Practitioner 4

First of all, the reason why such a dream came is because the dreamer's father did not die a natural death. It was per accident, and ever since he died, he has not been free. The family should have performed a ritual of some sort after his death in order to free him. As a result, the father decided to show himself to the patient, but this is not easy. He (the dreamer) is the one who must perform such a ritual for his father so that the former may be able to communicate with him. In return, his father will reward him with something very special.

#### Practitioner 5

The overall implication of this dream is that if the patient had gone into that car, he would have died in his sleep. At the same time, if he had managed to see his father, the latter would have told him something of utmost importance.

#### Practitioner 6

The car in this dream symbolizes a grave, the dreamer's grave. But since the doors of the car are closed, this means that the time has not come for him to die. However, if he had entered the car, he would have joined his father in the grave, that is he would have died. His father had come to tell him that there is at present no danger in the dreamer's way. He will live long.

#### Practitioner 7

His father had come to give him luck, but unfortunately, he was not able to see him. Had the patient seen his father, the latter would have told him something about luck. But at the same time, if the dreamer had entered the car, the vehicle would have fled with him. He would not be living today.

Practitioner 8

This boy should have seen his father. In fact, there is something which his father wants to give or tell him, but something is disturbing him from this. Something should have been done for the father by family members. Had they done that, the father could have shown himself clearly to the patient. Further, if the dreamer had gone into the car, this would have been his death.

Practitioner 9

His father had paid him a visit so that he could tell him that he was looking after him. However, if he had gone into that car, the dreamer would have died.

Practitioner 10

The father wants to communicate a certain message to the dreamer, but there are some obstacles to this, as shown by the patient's profuse sweating when he wakes up. It would have been bad if the dreamer had gone into that car because he would have died in his sleep.

Practitioner 11

This dream means death. It is good that the patient did not go into the car because, had he done that, he would have died.

Practitioner 12

This is not a bad dream. His father visited him only to offer him something, probably luck; but something is blocking him from doing this. However, if he had gone into the car, he would have died.

## APPENDIX D

### SOME CONCEPTIONS OF SPIRIT POSSESSION AMONG THE ZULUS

#### Meaning of Spirit

In order to understand what is meant by spirit, it is important that one examines some ideas regarding the supernatural world. There is a belief that God lives above in heaven together with the Goddess who is often referred to as the "Princess of the sky" (Sibisi, 1975). The spirits of the deceased live below, and they are thus referred to as "those of below" (abaphansi). It is thought that God and the Goddess are remote and therefore they are rarely invoked. The ancestors, on the other hand are more concerned with the everyday lives of the living. The spiritual "world below" is believed to consist of three divisions - that of the unborn spirits, that of the recently deceased spirits, and that of the ancestors (Sibisi, 1975), while the spiritual "world above" is believed to consist of the Holy spirit. Spirit possession is an accepted cult that is part of a complex series of ideas and practices orientated to the recognition of extra-human powers (Beattie and Middleton, 1969). Indigenous practitioners who are spirit mediums are regarded as well integrated respected members of their communities. In South Africa there are three main categories of spirit possession - possession by an alien spirit, possession by an ancestral spirit, and temporary or Holy spirit possession. The main focus of the present study is possession by an ancestral spirit and possession by a Holy spirit.

#### Alien spirit possession

This category of spirit possession includes amandiki and ufufunyane.

#### Indiki possession

The indiki is thought of as the spirit of a deceased person, a spirit which never underwent integration with the body of other spirits (Sibisi, 1975). Bryant (1911) wrote that indiki possession originated in the North and then spread over to Zululand.

Those who are possessed by indiki bark like dogs, speak in strange tongues and move around the country dancing (The Collector 1911). Some informants in the present study reported that indiki was first caused by deaths of people who originally came from countries outside South Africa. These people might become indiki if they died in this country, because their families never knew anything about their deaths and thus could not perform rituals necessary in order to place the spirit in its proper position in the spirit world. As a result, such spirits wandered about and caused illness for the local people. Indiki is believed to reside in the chests of those who are possessed. Ngubane (1977) and Sibisi (1975) both support this view and further point out that indiki is a male spirit who enters a person and cause him to cry in a bellowing voice. Treatment for this possession is usually given by a diviner who was once possessed by indiki, and involves initiation into the indiki cult. During this treatment attempts are made to exorcise the alien spirit and replace it with the male ancestral spirit which would protect the patient from future attacks.

#### Ufufunyane

Ufufunyane or izizwe is thought to be a state of hysteria (Sundkler, 1961) in which a person possessed weeps uncontrollably, throws herself on the ground, tears clothes, and usually attempts suicide. Informants who described this possession all emphasised that a person who is so possessed reacts aggressively to those who attempt calm her. Whereas indiki is contracted by chance, ufufunyane is believed to be caused by witchcraft (Ngubane, 1977; Sibisi, 1975). It is believed that in afflicting ufufunyane, a sorcerer would include soil from various graves, and ants from the graveyard in his harmful concoction. The treatment of ufufunyane usually takes the form of replacing alien spirits with benign ancestral spirits known as amabutho (Ngubane, 1977). However, as Lee (1969; Ngubane, 1977; personal communication with practitioners) point out, ufufunyane spirit possession does not lead to any cult membership, and it does not lead to any diagnostic and healing powers.



### Ancestral spirit possession

The spirits that possess an isangoma are those that have completed the state of spiritual being. They return to this world as ancestors through their daughters (Ngubane, 1977). They do not return through their wives, mothers, or daughters-in-law. According to this belief, an isangoma is possessed mainly by the spirits of her own descent group, not her husband's. As Ngubane (1977) further points out, divination is a woman's thing, and if a man becomes possessed, he becomes a transvestite, as he is playing the role of a daughter rather than that of a son. This belief further suggests that the special and very close contact with the spirits is reserved for women only, as they are the ones who can fulfil the important social role of forming a bridge between the two worlds. Ancestral spirit possession leads to initiation into the ukuthwasa cult. Those who undergo thwasa eventually become izangoma. During possession, the spirits are believed to "ride" on the shoulders of the possessed and to speak and whisper to her.

### Temporary or Holy spirit possession

This form of spirit possession is relatively recent, and is widely found in urban areas during church service of a Zionist or Pentecostal type. Faith-healing in many independent churches takes place during church services, and it is not necessary for the healer to know of any specific complaints of individual patients. Patients are healed through the power of the Holy spirit which act through the agency of the healers, and often of the church congregation as a whole (West, 1975). Possession in this category is not as continuous as with other forms of possession. However, as further pointed out by Sibisi a prophet or faith-healer in such a sect may be thought of as being in continuous contact with the Spirit, in which case his or her role is seen as more or less identical with that of an isangoma (1975).

### Objective analysis

It is clear from the above that different levels of spirit possession can be distinguished - bad spirits and good spirits . Both indiki and ufufunyane possession may be viewed as representing certain dimensions of social relations. In the case of ufufunyane, for instance, it is important to observe that as the world quickly becomes technically sophisticated, one person becomes a threat to another as each compete for jobs, housing and the like; and this results in one's feeling of insecurity, leading one to afflict another person in order to gain better recognition in certain situations. On the other hand, people who are possessed by such good spirits as those of the ancestors and the Holy spirit often belong to the priestly class, for example; diviners, faith-healers or prophets. Looked at in this light, people possessed by ancestral spirits can be seen as playing roles which are set for them by the society for its own benefits.

### The God-ancestor relationship

Another subject which requires attention concerns the relationship that exists between God and the ancestors. While the relationship between these two deities is sometimes conceived as exclusively separate by people in general, the indigenous practitioners in the present study emphasised that there is a close relationship between these two supernatural beings. Although the relationship that exists between the indigenous practitioners and their ancestors is so vital that without the latter, there could be no practitioners, the former group do not worship their ancestors, but rather, there is a "speaking to them, a telling them everything" (Berglund, 1976). In other words, the indigenous practitioners view the ancestors as elders rather than as gods. The greatest influence in the spirit world is wielded by God; and unlike the ancestral spirits, God is remote and is very rarely invoked, and no rituals are directed towards him (Elliott, 1970 ; Ngubane, 1977). In so far as the calling of an umthandazi takes place through a revelation from God but through a particular guiding ancestor (West, 1972), this type of practitioner is similar to an isangoma and inyanga who each receives calls through their guiding ancestors. Indeed, as some informants related, the work of an isangoma when undistorted,

is very Christianized, in the sense that there is nothing an isangoma can do under the direction of a guidance that would defeat the ends of Christianity.