



Interpretative Reflections on Nomzi's Story

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Abstract

In this, the second of two papers, three interpretative investigations are undertaken of Nomzi's story (presented in the first paper) of her troubled childhood, her dreams of ancestors calling her to become an igqirha (isiXhosa traditional healer), her training by experienced healers, various rituals that were performed at different stages of her life, and her eventual graduation as an igqirha at the age of 61. The narrative cannot be understood apart from the framework of the isiXhosa traditional understanding of intwaso, the initiatory illness, the role of the ancestors, and the manner in which clairvoyant abilities of divination and healing are developed under their guidance. Nomzi's account, however, reflects a considerable modification of the tradition, several features of which she does not seem to understand herself. From a clinical psychological perspective, Nomzi's behavioural disturbances in childhood, as well as her lifelong suspiciousness and paranoia, can be understood as a consequence of an unstable childhood in which there was no secure attachment, nor any adult guidance on emotional regulation of the kind needed to form the basis of a stable adult personality. From the perspective of transpersonal psychology, it seems likely that Nomzi was endowed with a degree of natural clairvoyance, but her development as a healer was impaired by displacement of her paranoid ideation into the role of witch-finder, and her chronic social alienation.

This is the second of two papers. Booï and Edwards (2014) presented Nomzi's story, the life history narrative of "Nomzi Hlathi" (pseudonym), a Xhosa *igqirha* (traditional healer). This paper provides interpretative reflections on it. While the narrative is, as Booï and Edwards observed, very descriptive, it does not comprise the sort of thick description that phenomenological researchers would normally seek to work with. However, despite, and even because of, its somewhat telegraphic nature, it is a rich story which invites interpretation.

As Booï and Edwards (2014) suggested, there are three discourses that are particularly pertinent in drawing out a deeper understanding of Nomzi's experiences and life story. The first is the framework of Xhosa tradition and cosmology within which

Nomzi herself was fully located. Most of her accounts of her experiences cannot be understood without an understanding of these Xhosa traditions. For this reason, we begin with this perspective. The second is the frame of reference of a clinical psychologist assessing an individual with disturbances of cognition, emotion and behaviour, all of which are prominent in Nomzi's narrative. The third is the perspective of transpersonal psychology with its interest in shamanic healers across the world, as was discussed in the introduction to the first paper. Within each of these interpretative frameworks we will draw out significant themes which, taken together, will allow us to achieve what a phenomenological approach would have us do – to look between the cracks of the explicit story and see deeper into the meanings and process of Nomzi's life.

Nomzi: A Xhosa Cultural Narrative

First and foremost, Nomzi's story must be understood from within her own cultural context, in which there is a detailed understanding of what it means to be called and trained as an *igqirha*. It is material with this focus that takes up the greater part of the narrative. The life and world of the Xhosa *amagqirha*, and the categories within which they understand their experience, have been described by Schweitzer (1977, 1983), Buhrmann (1986), Hirst (1990, 1997) and, in this journal, Hirst (2005). The narrative tells how, through the course of a troubled life full of distressing and often painful situations and incidents, Nomzi did indeed "emerge as a healer", as the Xhosa term *intwaso* implies. Nomzi presents us with a success story. As we shall see, the reality may be less straightforward than that. In presenting her narrative to Boozi, a Xhosa-speaking female, Nomzi would have expected her to read between the lines in terms of the meaning of various incidents for the trajectory of her development as a healer. Perhaps, in certain instances, a few appropriate nods and winks were sufficient to convey what was implied about the deeper aspects of her experience omitted from the explicit discourse. This is not so say that Nomzi is deliberately misrepresenting what happened. Her construction and telling are crafted unwittingly within her lifeworld, based on her own understanding of her life course as it unfolded year by year. We can make sense of this by identifying five interlocking themes that recur throughout the narrative.

Theme 1 – *Intwaso: the healing illness*

The first theme is the idea of the healing illness. In Xhosa this is *intwaso*, a process that, if carefully attended to with proper guidance, can lead to graduating as a proficient *igqirha* – that is, a diviner or clairvoyant healer. From this perspective, illness and behavioural disturbances are understood not just as misfortunes, but as signs that the process of *intwaso* is under way. What appears as an illness is an affliction through which the individual is called to develop as a healer. Thus, at the age of 14, Nomzi becomes severely ill and is taken to a number of healers, none of whom provide a clear diagnosis or treatment. One of them had a method of intuiting what was wrong with her which involved seeing words appearing on a candlelit paper, a technique she would report using herself much later on in life. She becomes enuretic, loses her appetite and loses weight. Later, she wanders between her two parental homesteads like a vagrant, sleeping and eating her food outside with the animals, at one point with dogs, one of whom is purported to be dangerous. Socially, her behaviour is disturbed and she has repeated outbreaks of aggression. On one occasion, she flies

into an uncontrolled rage and severely scratches another girl, and, on another, as a young teacher trainee, she wakes the other trainees in the dormitory as she shouts and boxes the air violently while dreaming. For Nomzi these are not shameful or even terrible events. As she tells them, they are evidence that she was on the path of *intwaso* from childhood on. These afflictions continue through her life as signs of her calling until, at the age of 61, she is having difficulty walking and understands this as a warning that she is ignoring the call and must engage with it once again.

Theme 2 – *The intentional activity of ancestors*

Traditionally, the *intwaso* process does not happen at random. It is initiated by a spiritual call that comes from deceased family members (*abahlekazi*) who have chosen the individuals and point the way as to what must be done to enable them to develop their healing gifts. Thus, on two occasions, her grandmother, having beaten Nomzi as a punishment after she had acted on her clairvoyant intuitions, is in turn punished by an ancestor by having swollen hands the next day. Nomzi's story is replete with *amathongo*, special dreams that bring communications from the *abahlekazi*. These include dreams of people in old-fashioned clothes who are often identified as particular deceased relatives. When Mambhele appears on the scene, she explicitly confirms that Nomzi belongs to the *abahlekazi* and must be guided as to how to respond to their call. She also has dreams of animals – a striped cat, and a brown and gold cat – and is told that these are *izilozekhaya* (representing ancestors). Real animals may also be *izilozekhaya*, such as the dogs among whom she sleeps, or swallows flying overhead.

An important motif is the training of the future *igqirha* by the *AbantuBomlambo* in the river. It is believed that the ancestors live under the water and that trainees must go into the river and spend time with them in order to undergo training. Nomzi accordingly describes dreams as a teenager in which she is under the river. She describes being frightened by a frog she sees on a shop counter, aware, perhaps, that, in oral tradition, the frog (*isele*) is the messenger of the *AbantuBomlambo* responsible for calling healers to the river (Hirst, 1997). Then, after she had trained as a teacher and was being mentored by Mamjwarha, she describes the incidents in which she is nearly swept away by the river, incidents so frightening that she develops a phobia of rivers and water. It seems probable that she had one or more dangerous encounters with water rushing down a very full river which she had to cross over stepping stones. Such incidents happen regularly in rural areas when rivers are in flood. But, for Nomzi, this is indicative

of the ancestors making a grab at her, so that they can take her under the water and provide her with further training.

This part of the story is left hanging. Mamjwarha just makes a joke of it and does not seem perturbed that her trainee has not literally gone to train under the river. This ambiguity in the cultural belief system remains. Is going under the river merely symbolic, something that can appear in dreams or maybe visionary states? Sometimes rituals for initiates do involve immersion in a river in a way that can be actually life threatening, but this did not happen to Nomzi. Is it suggested to the reader that this can happen literally as a way of evoking respect for the challenges of the *intwaso* process? Whatever the answer, the final ritual, decades later, at which Nomzi becomes an *igqirha* takes place beside the river, "because I was supposed to have trained in the river". It includes symbolic acts of giving to the people under the river, and the fact that she never went under river literally does not prevent this graduation ritual from taking place.

Theme 3 – Ritual acts (*amasiko*)

Rituals are used among the Xhosa to mark rites of passage for family members as well as to address illnesses, difficulties and misfortunes. There are also specific rituals involved for those going through the *intwaso* process, culminating in the *imfukamo* ritual described at the end of the narrative. Rituals often include the slaughtering of a goat or cow (sometimes one with particular specified markings) and the making of specific body ornaments such as the *intsimbiemhlophe*, *isiyaca* and *intambo* Nomzi describes. One role of rituals is to honour, even placate, the ancestors, who, if they are neglected, may visit misfortune on the family. So the first *intambo* ritual takes place while Nomzi is still a teenager and is initiated by her father, who had dreamed that his grandfather had spoken to him, instructing him to carry out the ritual. During the ritual she herself has dreams of Green and Ndaleni, who say they are her great-grandfathers and tell her that there is work for her to do, implying her *intwaso* calling and future work as an *igqirha*.

Theme 4 – Proficiency with *muti*

The third theme is proficiency in the use of *muti*. This term is used for preparations, usually made from herbs, but sometimes from animal (or even human) parts that are used to heal afflictions (or malevolently cause them). It is one of the abilities of the *amagqirha* that they can clairvoyantly know what plants can help what illnesses. So dreams or waking visions of particular plants, and of how to use them, are an

important aspect of their experience. From early in the process, Nomzi describes herself as having a natural affinity for learning about plants from other people and receives guidance in dreams about plants to use and how to prepare them. The *isilawus* she makes, a white froth made by whisking water in which plants have been soaked, is a regular feature of the practice of the *igqirha*. So her reports of being guided in dreams to collect specific plants, or make specific *muti* from them, is further documentation of her *intwaso* process under the guidance of the *abahlekazi*.

However, some *muti* preparations can be used to harm other people magically, and this is a form of witchcraft that accomplished *amagqirha* can clairvoyantly detect. They can also recommend and provide *muti* that can act as a charm to provide protection against such malicious attacks.

Early in the narrative we thus learn that, as a teenager and at the beginning of her *intwaso* process, Nomzi was strongly affected by individuals carrying harmful *muti*, and could detect and warn others about them. However, nowhere in the narrative is there any suggestion that Nomzi's physical ailments or emotional and behavioural problems are the result of being bewitched herself. Instead, these afflictions are understood to occur because she has *intwaso* and has been called by the *abahlekazi*, a message that is clearly conveyed by Mambhele, and also, later, Mamjwarha.

Theme 5 – Clairvoyance

Clairvoyance, the paranormal ability to foresee events in the future or know about things that are not immediately present and available to the senses, is central to the practice of the *amagqirha*. It is the ability to divine, or paranormally intuit, the nature of clients' problems without being told these, that gives them credibility. So, right at the beginning of the *intwaso* process, Nomzi describes her clairvoyant ability to detect people who are practising witchcraft and carrying *muti* with which they can harm others, or which they are using to protect themselves. This is a particular application of her clairvoyant ability on which Nomzi particularly prides herself, and she describes one incident after another of this nature. Again, while still a teenager, she detects a baboon in someone's room, with the clear implication that the person was active in using witchcraft to do harm. Several years later, she detects a woman with a rat and another with a lizard, in each case with the implication that these creatures were being used for witchcraft. She also sees a person who is accompanied by *utikoloshe*, a malevolent spirit invisible to most people.

But Nomzi's clairvoyance is not confined to witchcraft. On several occasions, she foresees what rituals need to be performed. She also describes an occasion where she accurately foresees an examination paper in a dream, and claims that the matron at her training college used to ask her about her dreams in order to get tips for which horses to bet on. This implies that the matron had recognized her clairvoyant ability and was trying to profit by it. There is a later incident when Nomzi clairvoyantly identifies a thief who has stolen a spade.

Conclusions: Deconstructing the Narrative

To have a story to tell, to be able to articulate experiences in words, is part and parcel of the healer's art, the ongoing therapy associated with becoming a Southern Nguni healer and practising as one. That involves not so much eradicating a misfortune, as if it were something out of place, but managing it. Like other such narratives, Nomzi's story traces her life trajectory in highly contextualized subjective detail, idiomatic language and expressive speech that "plays modulations on the keyboard of acquired meanings" (Merleau-Ponty, 1945/1962, p. 186). The healer's narrative in the Southern Nguni genre, which Nomzi's story exemplifies, directs the attention of listeners to the various insights it has to reveal. Narratives alter consciousness, arousing and evoking emotional responses in the listeners that inadvertently teach us as much about ourselves as they do about the narrator(s). Being embedded in the interactional setting that arises between narrator and listener in the dilated moment in which the tale unfolds, the narrative constitutes a social relationship in which the medium is the message.

In the Xhosa tradition, as understood by fully-fledged practising Southern Nguni healers, there is a rich and detailed set of rules with respect to what rituals are required at different stages of a person's life, in response to specific problems or misfortunes, or for the stages of the *intwaso* process. From this perspective, the processes involved in Nomzi's call and training fall far short of what would traditionally have been required, and there is evidence of her not understanding the traditional meaning of important elements. For example, ironically, the chacma baboon (*imfene*) is the favoured sacred wild animal of the diviners initiated at the river, who wear a baboon skin hat (*isidlokolo*) as part of their regalia. It is not something used to cause harm. Nomzi describes a rather haphazard process of training, spread over years and decades, that contrasts with the traditional practice where the *umkhwetha* would live at the kraal of a training *igqirha* for months or even years. These are some of several of features of the story that reflect the ways in which Xhosa traditions seem to have

adapted and changed from the older practices, whose function seems not to have been fully understood by Nomzi herself, nor presumably by Mambhele and Mamjwarha, the two *amagqirha* involved in her training.

The picture of Nomzi that emerges is somewhat typical of an *umkhwetha* whose parents and family were not traditionalists or even healers but practising Christians. Clearly, her parents intended her to become a schoolteacher, rather than an *igqirha*, and were not themselves grounded in Xhosa tradition. So Nomzi receives her knowledge of the tradition piecemeal and often in a derivative form that distorts the original considerably. Although some *amasiko* were performed for Nomzi over a period of time, these are substantially abbreviated from what is required traditionally, and often occur as part of the treatment for her somatic complaints. Nomzi seems to be forever catching up on rituals that have been omitted, with little consideration being given to the correct order in which rituals have to be performed.

Her vision of a white goat without a blemish that must be slaughtered for her alludes to the traditional ritual conducted at the birth of a new baby, where a white goat is brought to the doorway of the confinement hut where mother and infant are secluded, and is then slaughtered. Perhaps her urinating on the goatskin during the consultation with the homeopath as a child was a sign that this ritual still needed to be performed. Nor is there any specific mention of her having passed through the *intonjane* ritual, performed for females at puberty. Yet, traditionally, no candidate could seek induction as a healer without the *intonjane* having been performed (Hirst, 1990, p. 89 ff.; 1997, p. 219). There is also confusion about her relationship to the *Abantu-Bomlambo*. Traditionally, trainees would seek training in the river because they had ancestors who were *amagqirha* trained in the river. Yet the impression is gained that Nomzi does not know of any actual ancestors who were *amagqirha*, let alone *amagqirha* trained in the river tradition. It is unlikely that any *mkwetha* from a family grounded in that tradition would develop the intense fear of water reported by Nomzi.

She describes two dreams that seem to portray a distortion of traditional rituals. In the one, her ancestors Green and Ndaleneni appear wearing khaki clothes, which are traditionally worn by boys who have been through the circumcision ritual and become men. This is followed by another in which the ancestors wear grey blankets, implying that they are attending a ritual. So the dreams seem to be in the wrong order, in that the first implies that the ritual is completed, and the second that it is still taking place,

or is about to take place. Another conflation of traditional rituals occurs right at the end of the story. Nomzi is suffering from swollen legs and has difficulty walking. She describes the *intlwayelelo* ritual, which is the appropriate treatment for swollen limbs, in which various offerings are made at the river to the *AbantuBomlambo* (Hirst 1997, p. 237; 2005, p. 3). This ritual is also the opening phase of the induction of a healer, and afterwards Nomzi sees herself as having being initiated as a healer in the river tradition (others are called to train in the forest or the grassland). Although these rituals are similar in form, they differ markedly in intent. There is another divergence from tradition, according to which the *intlwayelelo* should have been performed first, before any slaughtering, to beg pardon from the ancestors for ritual neglect. However, in Nomzi's initiation, the positions of the first and last are reversed, somewhat like the dreams about Green and Ndaleni. We do not know whether Nomzi herself conflated the traditional treatment she received for her swollen legs with the process of being initiated as a healer, or whether this conflation originated with Mamjwarha, who seems to have been directing the process. Nomzi, however, clearly saw this as her graduation ceremony, and her licence to practise openly as an *igqirha*.

From the narrative, it is not clear whether Nomzi herself is aware of the significance within the tradition of some of symbolic events she describes. This seems to be the case with respect to the omitted birth ritual, discussed above. Another example is the two crabs she sees while in the ritual hut. Traditionally, these symbolize her great-grandfathers on the paternal and maternal sides, and their appearance suggests that the *umkhapho* and *umbuyiso* mortuary rituals were not performed for them, presumably because they were Christians and were no longer following the traditional ways (Hirst, 2005, p. 6). In such cases, a ritual can be performed in which an ox is slaughtered to honour all ancestors for whom traditional rites were neglected. However, Nomzi seems to be unaware of this.

We may ask whether her claim is true that one of the *AbantuBomlambo* appeared and took the offerings that were floated on the river and then disappeared into the river with them. The latter is neither a delusion nor a confabulation: it is merely a feature of idiomatic speech. Southern Nguni speak of the offerings being made to the *AbantuBomlambo*. So, when the offerings are put into the river, the *AbantuBomlambo* obviously take them. Finally, it is not clear whether Nomzi herself understands the meaning of some of the symbolic experiences she has.

In conclusion, then, from within the Xhosa tradition,

Nomzi's story does not describe a process of calling, initiation and graduation that is very grounded or complete. Rather, there is a somewhat haphazard trajectory which Nomzi does not seem to fully understand herself. The emphasis on witch-finding, and her alienation of her friends and community, are also at odds with the nature of Xhosa *amagqirha*, who achieve respect and standing in their communities because of their capacity to connect with and understand the community members – a point to which we will return in the next section.

Nomzi: A Clinical Psychological Perspective

A clinical psychological assessment is concerned with identifying disturbances of cognition, emotion and behaviour and understanding their causes in terms of predisposing, precipitating and maintaining factors (Edwards & Young, 2013). The aim is to develop a case formulation that incorporates an understanding of the causes of the problematic experiences. This, in turn, provides a guide to developing a plan for management and treatment. Nomzi's story includes many instances of somatic distress as well as disturbances of emotion, cognition and behaviour, along with a range of paradoxical experiences. How might these problems have been understood by a clinical psychologist had she been assessed by one at various stages of her life?

Nomzi's narrative is characterized by a distinct lack of awareness of the emotional impact of interpersonal events in particular, and explicit articulation of such personal meanings in the context in which she was raised is markedly absent. This way of presenting oneself, in which the deeper aspects of experiences within familial relations and socialization practices are routinely unacknowledged is referred to as a restricted speech code by Bernstein (1971) and Douglas (1975). This is of particular interest to phenomenological psychology with its concern for the truth of lived experience hidden behind explicit discourse. In clinical practice, too, psychologists are aware that, in conducting a psychological assessment, they are looking to understand aspects of experience that their clients may be largely or wholly unaware of. Hence the longstanding fascination and engagement with the concept of the unconscious (Edwards & Jacobs, 2003). Many clients do not present as "psychologically minded", and a restricted speech code is thus not confined to people who have only limited exposure to Western culture and values (Parsons & Wakeley, 1991).

When important emotions are not acknowledged, individuals display a variety of responses, emotional, behavioural and, in particular, somatic. In Europe, in the late nineteenth century, for example, a set of

responses that were classified as “hysteria” was widely described. It has long been recognized that the manner in which such unacknowledged distress is channelled and expressed is culturally conditioned. Many cultures have familiar “idioms of distress” that, while concealing the nature of the underlying emotions, provide a means of expressing and making sense of them. Attributions of spirit possession and contact with ancestral spirits often form part of such expressions (de Jong & Reis, 2010; Kleinman, 1991; Nichter, 1981, 2010; Van Duijl, Nijenhuis, Komproe, Gernaat, & de Jong, 2010). Donald and Hlongwane (1989) discuss how psychologists can take cultural factors like these into account in such cases and, along with separating out factors of relevance to their role as psychologists, envisage how they can work alongside *amagqirha* in a complementary manner.

Family context of her clinical presentation at age 14

Nomzi’s first account of significant problems is at the age of 14. She reports being “very ill”. Her body felt sore, she lost her appetite and lost weight. She became enuretic, for which she was mocked by other children with whom she presumably shared a room or bed, so that she slept on the floor. There are episodes of intense distress which look like anxiety as she either freezes or trembles and becomes very fearful and suspicious of strangers. Had she been taken to a psychologist at this stage, instead of to “Dr Sher”, it would have been noted that her family life had been seriously disrupted. Two years previously, she and her siblings had been summarily separated from their parents, who lived and worked in Cape Town, and moved to their maternal grandmother’s home in Queenstown, 1,000 kilometers away in the Eastern Cape. Before the move, life would have been hard for a child in a family of six children living in District Six in Cape Town in the 1940s. Now, her parents had also been through an acrimonious divorce, following her father’s infidelity and prior to his moving in permanently with his new partner. After the divorce, her father arrived and removed Nomzi and her two brothers back to Cape Town to live with him. All this suggests that her parents’ marriage had been in trouble for some time. The fact that her father abducted her back to Cape Town is evidence of the intensity of the conflict between the parents. The children, however, appear to get no meaningful help in coming to terms with the psychological impact.

From a psychological perspective, then, Nomzi experienced severe disruptions in important attachment relationships in a context where her experience was routinely invalidated by the adults around her. This was bound to have a significant impact on the development of her personality and sense of self (Sroufe, 2005). Nomzi describes these

events with little evident emotion, and there is no suggestion that she was given much explanation of what was going on, or that any of the adults in her life appreciated the emotional significance of these events for a child. Child-rearing practices were characterized by strictness and punitiveness. Both parents and grandparents display a marked absence of empathy and insight into her experiential world, with the result that Nomzi herself has no capacity to understand or articulate her emotions. The fact that her grandmother used corporal punishment to address Nomzi’s distressed state shows that she too had no understanding of the emotional impact of these separations and disruptions, or indeed of any of the needs of a young teenager. The same can be said of Nomzi’s father, whose summary abduction of her does not seem to have involved any consultation with Nomzi herself.

The emergence of a paranoid system

This is the background to the somatization and paranoia Nomzi describes. She experiences anxiety approaching panic whenever an elderly female visitor turns up unsolicitedly at her grandmother’s home. The confusion and fear she feels evokes paranoid ideation. The old woman must be a witch with harmful charms. Her grandmother simply gives her a beating, providing further evidence for the inability of adult caretakers to reflectively empathize with children. So, already as a young teenager, she began to appropriate the culturally available idiom of distress, as she saw herself as able to detect harmful witches and witchcraft, something that would evolve into a career. Soon, her witch-finding radar is working overtime. Her playmates eventually fall under her witchcraft lens. A potent overcompensation system develops. The lost, deserted child now has access to a meaningful source of gratification. She can vent her aggression simply by accusing others of being witches, and revels in the attention she receives from doing this. Engaging in these accusations gives her a sense of power, and the attribution of that power to her ancestors compounds the inflation. Sadly, it compounds her alienation from family and peers. Her experience of other children laughing at her, her sleeping on a sack rather than a bed to get away from them, show just how deep is the alienation and humiliation she feels. A pattern is set up of relating to others with hostile attacks and withdrawal that will remain with her all her life.

Might a psychologist have been able to help Nomzi at this stage? Reinecke (1992) describes a ten-year-old boy in the USA in a very different cultural context who showed a similar pattern of paranoid ideation, hostility associated with intolerance of others and entitled self-aggrandisement, with resultant alienation

from peers and severe depression. The depression remitted, and the child made a good adjustment to his peer group following 22 individual sessions of an empathic approach using cognitive therapy, supplemented by psycho-education and feedback to his parents, who were motivated to work with the treatment plan. Any attempt to treat Nomzi in this way might have been more challenging, given that her parents were divorced, her home situation was unstable, and the adults in her life (whether mother or father or grandmother) might have been less receptive to a psychological understanding of the roots of Nomzi's problems. When working with children, the presence of a committed, caring relative who provides a stable base and supports the treatment process is usually regarded as essential (Leibowitz-Levy, 2005; MacDermott, 2005). Nevertheless, Nomzi might have benefitted from a pragmatic approach along the lines suggested by Donald and Hlongwane (1989).

Nomzi, of course, did not receive any attention of this sort and, at training college, there are further examples of her difficulty in forming relationships with peers, her deep mistrust, and her vulnerability to exploding into rageful attacks (as she does when she scratches a peer and draws blood). Expectations of being attacked and an enraged response also occur in her dreams. She describes one incident after another of intuitions about evil individuals seeking to do her harm. In several of these, she believes she has evidence that people were practising witchcraft.

There are several incidents that might also suggest a preoccupation with fears related to her emerging sexuality. One woman has an ampoule of *muti* between her breasts, two have familiars apparently tucked up their vaginas: the one a white rat, the other a lizard. There is also the paradoxical story of the pantyhose. She hears a voice telling her that they have been stolen by someone who wants to bewitch them. However, soon afterwards she finds them lying there. While she tells us that they were taken and that the ancestors returned them, it is equally probable that they were there all the time.

There is a similar inconsistency in the narrative when she tells how, at age 24, she ran away from home to visit her father in Cape Town. She believes that losing her suitcase at the railway station is a punishment from the ancestors. In fact, it is clear from the story she tells that she had merely mislaid it, and her father was able to find it for her the next day. It seems probable that she became confused while being in a strange crowded place due to mixed emotions: anxiety and guilt being most prominent. The emotional turmoil she must have been experiencing is evident from the fact that, having gone all the way to Cape Town to see her father, she

felt so distressed staying with him that she wanted to leave right away, but was afraid to ask him for money for the fare and so resorted to stealing it.

Meanwhile, she has repeated dreams of people behaving maliciously towards her, and comes to believe that, if any item of her clothing gets into the wrong hands, it could be used by someone to bewitch her. This pattern of suspiciousness continues when, at the age of 28, following another separation from her grandmother, she is working as a teacher. She is irritable and rude, despises the other teachers and avoids them. Nor does her paranoia resolve when she has retired and become an *igqirha*. She continues to perceive people as being hostile and jealous of her, and believes that they try to borrow things from her like sugar, tea, bread and money in order to bewitch them.

Her fear of water

A striking feature of Nomzi's narrative is her view of the *abahlekazi*. As personalities they seem to be remote, cold and punitive. She does not convey any sense of them as benign, caring beings calling her to a dignified profession. Again and again, they are portrayed as persecutory figures, who seem to have limited empathy for her predicaments. This reflects her experience of human relationships in the family. She grew up feeling lonely, ashamed, insecure, mistrustful and hostile. This is the context in which she is terrified by the understanding that her training must include time with her ancestors under the river. Her fear of flowing rivers (which expresses itself in a nightmare) seems to have been the direct result of one or more incidents where she did get into difficulty crossing the Thyume river. The ambiguity of this aspect of Xhosa tradition must have exacerbated her fear. As an *umkhwetha* she must have wondered what was really required of her by the *AbantuBomlambo*, and images of being called under the water must have terrified her.

Diagnostic considerations

Finally, we turn a diagnostic lens onto Nomzi's behaviour. As a teenager, she appears to have had a conversion disorder – somatic symptoms that are not due to a medical condition but to unrecognized emotional distress that she cannot express. But, soon after this, she becomes clinically depressed and, if seen by a health professional as a teenager, would certainly have been given a diagnosis of major depressive disorder. However, more pervasive is the clinical picture of a paranoid condition, characterized by suspiciousness and hostility, that easily satisfies the criteria for Paranoid Personality Disorder (or Delusional Disorder, Persecutory Type) in the DSM

system (American Psychiatric Association, 2013). Although there is abundant evidence of delusions (about people behaving maliciously towards her) and hallucinations, most of the time they do not seem to disrupt her ability to function, and she completes her education and works as a teacher.

Self-promotion and self-healing in the story

For the *amagqirha* to tell their story in a way that presents them as having overcome challenges and difficulties and successfully graduated as a healer is, itself, part of what Hirst (1990) calls “the healer’s art”. It is a tale that gives the authors a dignified identity both in their own eyes as well as in those of the listener. This is a significant achievement, for many *amagqirha* have emerged, like Nomzi, from a troubled and marginalized situation in the community at large (O’Connell, 1982). Yet Nomzi’s narrative is hardly a spiritual biography. It is, in fact, quite self-centred and replete with examples of unabashed self-promotion and paranoid ideation. For example, she goes to considerable lengths to emphasize her extraordinary prescience in detecting witches, a somewhat dubious talent considering that, in contemporary South Africa, people accused of witchcraft, in some cases elderly women and men, are doused with gasoline, set alight and left to die excruciating deaths.

The healing function of rituals

Finally, from a psychological perspective, the rituals Nomzi describes seem to have played a beneficial role in her life. After the very first one, while still a teenager, she reported that her energy returned and her depression seemed to have remitted. From a systemic point of view, the activities involved in performing a ritual convey a number of implicit messages that might have served to counteract the implicit view of herself she had acquired growing up in such a disrupted family situation. Her fundamental self-schemas represent her as being unloved and insignificant, and as having to deal with adults who were punitive, unreliable and unpredictable and could not be trusted to understand or care about her. By contrast, the ritual conducted when she was still a teenager conveys a very different message. Her mother and father both come all the way from Cape Town and join with other adult family members, prayers are made to the ancestors, traditional practices, including the making of the *intambo* necklace, are carried out, and a specially selected goat is slaughtered in her honour, on which the participants can feed. All this conveys the message that she belongs, that she is valued, that she is part of a family, and that her own life is part of a tradition that spans generations.

The rituals give her life meaning and contribute to shaping her self-understanding in terms of the traditional concepts of *intwaso* and the call of the *abahlekazi*. But they never resolve her paranoia. As Laubscher (1937) observed, the various social representations associated with the healer’s calling can be used as an idiomatic medium to express various emotional problems, but these are not necessarily resolved through ritual performance. In the traditional context, the training *igqirha*, who has intensive ongoing engagement with trainees, can guide the timing and process of rituals to meet the needs of each developmental stage. Only in such circumstances are rituals likely to be truly transformational.

Conclusions

So the view from clinical psychology provides a contrasting lens on Nomzi’s story. We see a child raised in very insecure circumstances with a disrupted family life, who feels lost, uncared for and mistrustful, and whose behaviour becomes increasingly paranoid and hostile. With no-one to help her identify and name the powerful and conflicting emotions evoked by her deep insecurity and her treatment by her parents and other caretakers, she is stuck with verbal expression at the level of “restricted code” and channels her self-understanding into the detailed and available cultural narrative of the call of the *abahlekazi*. This provides her with expression through culturally sanctioned idioms of distress, as well as hope for the future through the healing trajectory of the *intwaso* process and, finally, through the ongoing development of the heroic narrative of the story leading to her final graduation. This provides a stabilizing and unifying theme to her identity and self-understanding, and a sense of playing a valuable role in the community, something rather at odds with her evident paranoia. However, it does not lead to any resolution of her fundamental interpersonal schemas, which remain characterized by mistrust and alienation from others right through to the end of her life.

Nomzi: A Transpersonal Perspective

The understanding within transpersonal psychology of the development of a shaman, as described in many cultures, was laid out in the introduction to the first paper, which contains the narrative of Nomzi’s story (Booi & Edwards, 2014). There are four central themes of this understanding which can be used to interrogate Nomzi’s narrative. Each of these will be stated as a general principle, and evidence sought within the narrative as to whether Nomzi exemplifies that principle.

1. Shamans have gifts of paranormal ability that they can develop and use to help and heal (see, for example, Manning 2003)

Do we have evidence in the narrative that Nomzi has paranormal abilities? There are several examples where Nomzi makes such claims explicitly or implicitly. On one occasion, she dreams of an examination paper and tells us that she accurately foresaw what the questions would be. On another, she tells us that a hostel matron regularly asked her to tell her her dreams in the apparent belief that they contained predictions that would help her with betting. On another, she dreamed of the house with two rondavels where Mambhele lived, and when she arrived there it corresponded with what she saw in the dream. She also regularly dreamed about plants that were significant for healing and then went to find them and cultivated them. On one occasion, she not only successfully identified the culprit who had stolen a spade, but knew where it had been hidden. She also implies that she can intuit what is wrong with the people who consult her, but she does not give any specific examples. Of course, we have no way of evaluating these claims in terms of their veracity, but, if we give her the benefit of the doubt, Nomzi does seem to meet this criterion, as she does have regular experiences of clairvoyance and intuition. However, the extent to which these are used in healing is not elaborated in her narrative.

2. The development of these healing gifts involves a transformational journey for the shaman which typically involves experiences in altered states of consciousness and may be arduous and difficult

In the Xhosa tradition, this is the process of *intwaso* and the steps taken under the guidance of an experienced *igqirha* to guide the transformational journey to its conclusion, where the initiate finally emerges as a healer. Unfortunately, however, Nomzi provides very little information that would enable us to evaluate the extent to which she underwent a significant process of personality transformation. She describes difficulties in the form of emotional and behavioural disturbances, but these seem to be evidence that transformation is needed, not that it has taken place. There is evidence that she is still withdrawn, alienated and paranoid right to the end of her life, which suggests that no significant transformation of her underlying sense of self has occurred at all. Her panicky experiences at the river, where she feared that she was going to be swept away, do not seem to be transformational experiences in altered states, but simply real fears of drowning, perhaps exacerbated by the myth of *ukuthwetyulwa*, that ancestors may seize one and take one under the river by force.

With respect to altered states of consciousness, Nomzi reports dreams and waking visions, many of which include information and symbols relevant to the *intwaso* journey. But there are few accounts of her experience of altered states during her training or during rituals (which are also designed to alter consciousness), although the vision of the crabs in the ritual hut is perhaps an exception. Nomzi's story, then, provides little insight into the psychological dimensions of her unfolding experience. This is in stark contrast to the narrative of Howard Everest in the USA (as reported by Lukoff and Everest, 1985) or, in South Africa, that of Credo Mutwa (1996), the Zulu *isangoma*. Disappointingly, therefore, there is limited information about this aspect of the process, which was of particular interest at the start of the research, and what information there is does not clearly document a transformational journey.

3. The transformational journey may take an archetypal form with specific features related to the archetype

Transpersonal psychologists have argued that, in addition to the personal memories held by individuals, there is a collective memory system independent of individual minds. According to this theory, systems of belief and practice result in the formation of a memory field that encodes features of the collective experience. An early articulation of this theory in terms of its relevance to psychotherapy was Jung's (1936) concept of the collective unconscious, which he postulated when he encountered psychotic patients who were experiencing ancient symbols that they could never have encountered and known about from personal experience. He used the term "archetype" to refer to such collective formations. More recently, the theory has been integrated with contemporary research in biology by Sheldrake (2012). Such a theory is needed if we are to explain the phenomenon regularly reported by Grof (1988, 1998) of individuals in altered states of consciousness who experience features of the transformational journey of a cultural and spiritual tradition in which they have not been socialized or trained. Recently, Bache (2008) has invoked the theory to explain such apparent field effects in the educational setting, particularly in his own work as an educator.

The relevance of this for Nomzi is that her narrative reveals ongoing engagement with the details of the Xhosa tradition of the call by the *abahlekazi* and the *intwaso* journey. We have no way of knowing what conscious knowledge of or training in these traditions she was exposed to as a child and teenager. However, her descriptions of her dreams of various ancestors and of healing plants and of the house where Mambhele lived would all be consistent with the view

that she had engaged with the collective memory of Xhosa tradition despite her having had little or no formal training. Some incidents, such as her urinating on the white goat skin at Dr Sher's, or the ritual significance of the clothes worn by the ancestors of whom she dreams, or the dreams of rituals that have been neglected, or her vision of the crabs at the final ritual, point to her having information about the Xhosa tradition that she could not have been conscious of or learned from her own life experience.

4. Others experience shamans as gifted and experience healing in clear and unexpected ways

Unfortunately we don't have much information about Nomzi's practice as an *igqirha*, how sought out she was, or how her clients experienced her ministrations. Indeed, given the detail with which she describes her role as a witch-finder, and the numerous incidents she reports related to that, the absence of information about her current practice is striking. The only information we have is that she can tell individuals what rituals need to be performed, can help pregnant women whose labour was delayed or difficult (which she automatically attributes to witchcraft) and that she has healed people (but with no further detail). One wonders about her reputation in the community given that, in practising as an *igqirha*, she acknowledged that she alienated her friends by making accusations of witchcraft, a repeat of the longstanding pattern of paranoid behaviour that characterized her whole life.

Conclusions

Each of the three lenses we have employed above provides important insights into the nature of Nomzi's experience and of the paradoxes inherent in it. We cannot begin to understand her without knowing about the cultural traditions in which her life was embedded and in terms of which she understood it herself. Yet Nomzi herself did not seem to be fully aware of many details of these traditions, and there is evidence that many of them have been conflated or

simplified in the course of time and distance from their traditional sources. The perspective from clinical psychology, enriched by an understanding of how idioms of distress emerge in cultural contexts where the significance of human experience is not acknowledged, also provided insight into how, in the face of a disrupted childhood and family life, she channelled her unspoken emotions into the trajectory of the *intwaso* story and her identity as a witch-finder. This lens also helps us to understand how, at the end of her life, she could display such obvious paranoia, alienating many of those around her, while living as a healer in the community. Finally, the transpersonal lens suggests that, despite the obvious limitations, Nomzi's life exhibits genuine elements of the process of the shamanic transformational journey, but these are so intertwined with unresolved personal issues that we do not get any sense of the authoritativeness or stature that can characterize shamans who have been through a more systematic and engaged transformational process.

So the hermeneutic exploration does take us more deeply into Nomzi's lifeworld and does explicate psychological aspects of her experience that are not explicit in the narrative. Yet each perspective leaves us with more questions. How much of her cultural knowledge did she learn explicitly, and how much came spontaneously through dreams? Might she have been open to understanding her relational experience in psychological terms, especially earlier in her life, if she had encountered someone with an empathic and caring presence? And might Nomzi's shamanic gifts have been more fully realized had she been able to receive some corrective experiences to change her paranoid interpersonal schemas? Of course, these questions will not help Nomzi, whose life is now over. But her story and these reflections on it may be of value to those working at the cultural interface between African traditional healing and psychology in an evolving situation where both are changing in response to the meeting of cultures and the ever shifting currents of social change.

Referencing Format

Edwards, D. J. A., Hirst, M., & Booi, B. N. (2014). Interpretative reflections on Nomzi's story. *Indo-Pacific Journal of Phenomenology*, 14(2), 13 pp. doi: 10.2989/IPJP.2014.14.2.4.1243

Acknowledgements

1. The authors would like to thank "Nomzi Hlathi" for her willingness to share her story in such detail, as well as "Sandile" for willingly providing collateral information.
2. This research was supported by grants to the first author from the Research Committee at Rhodes University and the National Research Foundation.

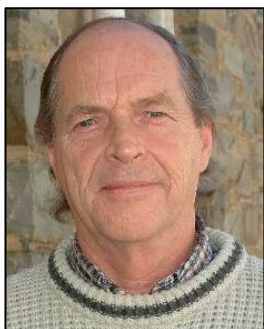
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David Edwards has been a Clinical Psychologist and practising therapist for over thirty years. He is a founding fellow of the Academy of Cognitive Therapy, having trained in the mid-1980s at Beck's Centre for Cognitive Therapy in Philadelphia, where he attended seminars with Jeffrey Young, the developer of schema therapy. In addition to an enduring interest in psychotherapy integration and experiential training in a variety of humanistic and transpersonal approaches, he is certified as a schema therapist and schema therapy trainer with the International Society of Schema Therapy (ISST). Until his recent retirement as a Professor of Psychology at Rhodes University, he provided professional training and supervision in cognitive therapy for two decades.



Over a long career, Professor Edwards has published some 70 academic articles and book chapters, several of which focus on the use of imagery methods in psychotherapy. He has had a longstanding interest in transpersonal psychology and the shamanistic perspective on psychotherapy, and has done experiential training in this area with Stanislav Grof. Professor Edwards is first author of *Conscious and Unconscious*, in the series "Core Concepts in Psychotherapy" (McGraw Hill), a book that includes chapters on cognitive therapy and transpersonal psychology. His research for this book gave rise to two papers published in this journal in 2003 and 2005.

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Dr Hirst has collaborated with botanists and scientists researching Xhosa medicines at Rhodes University and the Nelson Mandela Metropolitan University, and has published several articles on South African psychotropic plants. He has also delivered papers at two international conferences in Germany and contributed to the production of ethnographic film documentaries dealing with Xhosa song and dance and traditional rituals. In addition, Dr Hirst has regularly shared his knowledge through presentations to members of the public during the Grahamstown Festival Winter School, and to academic and professional audiences including medical practitioners, students of counselling and clinical psychology, as well as final year anthropology students at the University of Johannesburg, where he presented a course on the anthropology of the body, focusing on Xhosa traditional healing.

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References

- American Psychiatric Association. (2013). *DSM-5: Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: American Psychiatric Association.
- Bache, C. M. (2008). *The living classroom: Teaching and collective consciousness*. Albany, NY: SUNY Press.
- Bernstein, D. (1971). *Class, codes and control: Volume 1. Theoretical studies towards a sociology of language*. London, UK: Routledge & Kegan Paul.
- Booi, B. N. (2004). *Three perspectives on ukuthwasa: The view from traditional beliefs, Western psychiatry and transpersonal psychology* (Unpublished master's thesis). Rhodes University, Grahamstown, South Africa. Available at http://eprints.ru.ac.za_175_1_booi-ma
- Booi, B. N., & Edwards, D. J. A. (2014). Becoming a Xhosa healer: Nomzi's story. *Indo-Pacific Journal of Phenomenology*, 14(2), 12 pp. doi: 10.2989/IPJP.2014.14.2.3.1242
- Buhrmann, M. V. (1986). *Living in two worlds: Communication between a white healer and her black counterparts*. Wilmette, IL: Chiron.
- de Jong, J., & Reis, R. (2010). Kiyang-yang, a West-African postwar idiom of distress. *Culture, Medicine and Psychiatry*, 34(2), 301-321.
- Donald, D. R., & Hlongwane, M. M. (1989). Issues in the integration of traditional African healing and western counselling in school psychological practice: Three case studies. *School Psychology International*, 10(4), 243-249.
- Douglas, M. (1975). Humans speak. In M. Douglas (Ed.), *Implicit meanings: Essays in anthropology* (pp. 173-180). London, UK: Routledge & Kegan Paul.
- Edwards, D. J. A., & Jacobs, M. D. (2003). *Conscious and unconscious*. Maidenhead, UK: Open University/McGraw Hill.
- Edwards, D. J. A., & Young, C. (2013). Assessment in routine clinical and counselling settings. In S. Laher & K. Cockcroft (Eds.), *Psychological assessment in South Africa: Research and applications* (pp. 320-335). Johannesburg, South Africa: Wits University Press.
- Grof, S. (1988). *The adventure of self-discovery: Dimensions of consciousness and new perspectives in psychotherapy and inner exploration*. Albany, NY: SUNY Press.
- Grof, S. (1998). *The cosmic game: Explorations of the frontiers of human consciousness*. Albany, NY: SUNY Press.
- Hirst, M. (1990). *The healer's art: Cape Nguni diviners in the townships of Grahamstown* (Unpublished doctoral dissertation). Rhodes University, Grahamstown, South Africa.
- Hirst, M. (1997). A river of metaphors: Interpreting the Xhosa diviner's myth. In P. McAllister (Ed.), *Culture and the commonplace: Anthropological essays in honour of David Hammond-Tooke* (pp. 217-250). Johannesburg, South Africa: Witwatersrand University Press.
- Hirst, M. (2005). Dreams and medicines: The perspective of Xhosa diviners and novices in the Eastern Cape, South Africa. *Indo-Pacific Journal of Phenomenology*, 5(2), 1-22.
- Jung, C. G. (1936). The concept of the collective unconscious. In *The collected works of C. G. Jung: Vol. 9(1). The archetypes and the collective unconscious* (pp. 42-53). London, UK: Routledge & Kegan Paul.
- Kleinman, A. (1991). *Rethinking psychiatry: From cultural category to personal experience*. New York, NY: Free Press.

- Laubscher, B. J. F. (1937). *Sex, custom and psychopathology: A study of South African pagan natives*. London, UK: Routledge & Kegan Paul.
- Leibowitz-Levy, S. (2005). The role of brief term interventions with South African child trauma survivors. *Journal of Psychology in Africa, 15*(2), 155-163.
- Lukoff, D., & Everest, H. C. (1985). The myths in mental illness. *Journal of Transpersonal Psychology, 17*(2), 123-153.
- MacDermott, R. (2005). The great arch of unimagined bridges: Integrative play therapy with an abused child. *Journal of Psychology in Africa, 15*(2), 165-175.
- Manning, M. (2003). *One foot in the stars: The story of an extraordinary healer*. London, UK: Piatkus.
- Merleau-Ponty, M. (1962). *Phenomenology of perception* (C. Smith, Trans.). London, UK: Routledge & Kegan Paul. (Original work published 1945)
- Mutwa, V. C. (1996). *Song of the stars: The lore of a Zulu shaman* (S. Larsen, Ed.). Barrytown, NY: Station Hill Openings.
- Nichter, M. (1981). Idioms of distress: Alternatives in the expression of psychosocial distress. A case study from South India. *Culture, Medicine and Psychiatry, 5*(4), 379-408.
- Nichter, M. (2010). Idioms of distress revisited. *Culture, Medicine and Psychiatry, 34*(2), 401-416.
- O'Connell, M. C. (1982). Spirit possession and role stress among the Xesibe of Eastern Transkei. *Ethnology, 21*(1), 21-37.
- Parsons, C. D. F., & Wakeley, P. (1991). Idioms of distress: Somatic responses to distress in everyday life. *Culture, Medicine and Psychiatry, 15*(1), 111-132.
- Reinecke, M. (1992). Childhood depression. In A. Freeman & F. Dattilio (Eds.), *Comprehensive casebook of cognitive therapy* (pp. 147-158). New York, NY: Plenum.
- Schweitzer, R. D. (1977). *Categories of experience amongst the Xhosa: A psychological study* (Unpublished master's thesis). Rhodes University, Grahamstown, South Africa.
- Schweitzer, R. D. (1983). *A phenomenological explication of dream interpretation among rural and urban Nguni people* (Unpublished doctoral dissertation). Rhodes University, Grahamstown, South Africa.
- Sheldrake, R. (2012). *The presence of the past: Morphic resonance and the memory of nature* (Rev. ed.). Rochester, VT: Park Street Press.
- Sroufe, L. A. (2005). Attachment and development: A prospective, longitudinal study from birth to adulthood. *Attachment and Human Development, 7*(4), 349-367. doi:10.1080/14616730500365928
- van Duijl, M., Nijenhuis, E., Komproe, I. H., Gernaat, H. B. P. E., & de Jong, J. (2010). Dissociative symptoms and reported trauma among patients with spirit possession and matched healthy controls in Uganda. *Culture, Medicine and Psychiatry, 34*(2), 380-400. doi:10.1007/s11013-010-9171-1