Master of education Thesis

Title:

THE AFRICAN PERSPECTIVE ON ANTI-SOCIAL BEHAVIOUR: A CASE STUDY OF TRADITIONAL HEALERS' PERCEPTION ON ANCESTRAL CALLING

SCEBO MCEDI KUNENE

214584567

2016

DECLARATION

I...SEBO KUMALO declare that this dissertation is my own work and has not been submitted previously for any degree at any university.

Signature _____

Date ___09/10/2015___

I...................the candidate supervisor hereby agrees to the submission of this dissertation.

Supervisor _____

Date _____

DEDICATION

I dedicate this dissertation to my beloved son Scebiso 'The bed bug'. He gave me the reason to push on when everything seemed to be falling apart. Indeed, he has been my source of inspiration. May God keep us together forever boy.

ACKNOWLEDGEMENTS

I would like to thank God for giving me the strength and wisdom while working on this dissertation. It has been not an easy journey without my dedicated, humble and understanding supervisor Mr Patric Mweli. Thank you for your guidance on this study. I would also like to thank the whole administration at the University of KwaZulu Natal (UKZN) who have been patient and gave me the much needed support for the completion of the study. My special acknowledgement goes to my family, especial my mother who has been a pillar of strength during the study period. May God keep her alive and stronger forever. The list is endless. May God bless you all for your contributions on the study.

TABLE OF CONTENTS

CHAPTER 1: BACKGROUND OF THE STUDY   PAGE

CHAPTER 2: REVIEW OF LITERATURE

CHAPTER 3: THEORETICAL FRAMEWORK

CHAPTER 4: RESEARCH METHODOLOGY

PART ONE

CHAPTER 6: DISCUSSIONS OF STUDY'S DATA FINDINGS

List of Figures   **Pages**

ABSTRACT

The study seeks to explore the African perception towards anti-social behaviour through traditional healers as case study. The study focuses on African's knowledge and understanding of anti-social behavior development. The causes and healing of anti-social behavior has been explained along the African's context.

Traditional healers were selected in the four regions (Hhohho, Manzini, Lubombo and Shiselweni) of Swaziland using the purposive sampling. They were five traditional healers from each region. Focus group discussions were held with traditional healers in each region and later an in-depth interview was conducted with each traditional healer. Mixed research method has been applied in the study. Both qualitative and quantitative analysis approach has been used in the research in exploring how traditional healers deal with anti-social behavior.

The study concluded that traditional healers are consulted for mental disorders by members of the community. They are able to recognize some mental disorders, particularly those relating to psychosis. Their traditional healing approach is very effective; however there is a great need for improving their working environments and system of referral when then cannot deal with some other complications which comes with anti-social behavior. Traditional and Western healing interventions of anti-social behavior should complement each other.

Background of the study

Chapter 1

1.0 Introduction

Health has always been a concern for all human societies since the beginning of history. The World Health Organisation (2007) has noted that there are two healthcare systems in the world: the western and traditional medicine. The subject of traditional medicine has been heavily contested in medical studies in the last few decades. African traditional healing has existed and been used as a solution to African health issues from ancient times. The ancestral divination system has been a pillar in the healing practice of traditional healers; however, most psychologists when explaining the development of anti-social behaviour have not explored this system. As a result, there is gap in the explanation of the behaviour because African ancestral divination system has been neglected by westerners and explained it out of African context. Therefore, this chapter explores the background of African ancestral divination systems and western healing on anti-social behaviour with their psychotherapy approaches. It also covers the problem statement of the study, research hypothesis, limitations of the study and definitions of key words used in the study.

1.1 Background

Jacobs (2013) mentioned that, during the colonial period, the arrival of Western medicine had a negative impact n traditional African medicine. For instance, ancestral medicine was viewed as inferior and therefore was stigmatised and marginalised. As a result, the development of this branch of African knowledge was hindered for a long time. In some extreme cases, traditional African medicine practice was completely banned. In that process, the explanation of illnesses such as anti-social behaviour along the traditional context was also affected because traditional healing was banned.

Therefore, Western interpretation of anti-social behaviour was chosen over traditional healing in the explanation of anti-social behaviour. This has resulted in a gap in explaining the development of anti-social behaviour in the African environment. Magwaza (2014) mentioned that there is great need to have African psychology as opposed to psychology in Africa.

Coster (2014) quoated Pinket (1950), Brown (1937) and James (1965) who have been considered as pioneers of Western psychology. They had designed a 'universal' tool for articulating any psychological behaviour along their western subscriptions, which has resulted to a contradiction between the western and African approach to the explanation of anti-social behaviour development.

Moreover, there were two or three early black psychologists which Coster (2014) also quoted. These were Sumner (1917) Prosser (1933) and Williams (1976) who were advocating for the recognition of African psychology in their African environment perspective. However, their efforts were thwarted because they could not explain their stand on African psychology scientifically. They did try to study African –American's violent behaviour in relation to their ancestral lineage. Their behaviour was traced back to their forefathers, which western approach has failed to apply when studying their behaviour.

The rise of African centred psychology has resulted into the questioning of articulating African social problems through the western paradigm in African environment. Utsey (2014) indicated that black psychologists were not recognised for the past decade by western psychologists. Consequently, the African ancestral divination system was not being considered as possible cause and having direct influence towards the development of anti-social behaviour. This has resulted to a missing 'puzzle' in the interpretation of the behaviour.

In America, only the American Psychological Association (APA) psychological perceptions were accepted and applied even on black Americans, which proved to be incompatible with African traditional way of healing due to their socio-cultural diversity.

Cultural diversity has contributed to the gap and explanation of the anti-social development. Ancestral divination systems have been practised from the early Africans. It was a well-developed institution, which was capable of solving all social problems, including psychosis. Marl (2007) explained that one major difference between traditional Western approach in dealing with anti-social behaviour, is the way of viewing illnesses and their treatments. As a result, it was not easy to find focus or common ground between traditional and western healers due to cultural diversity.

Africans based their healing approach of anti-social behaviour on socio-cultural background yet Westerners relied on the history of patients through considering bio psycho-social factors, which excluded cultural factor as cause of anti-social behaviour. Furthermore, Marl (2007), observed that traditional healing takes a holistic approach in dealing with anti-social behaviour, which is based on the premise of interconnectedness with ancestors and indigenous herbalism. Therefore, it was not possible to understand anti-social behaviour development without exploring social interactions within cultural perspective.

African ancestral divination systems had been used as a solution to African health problems. In 1950, Father Apolinaris who was a missionary in South Africa advised Dr. Kohler who came to South Africa as a mission doctor that, "the sooner you find out where you stand with our Bantu, the better your medical practice among them (Schimleck, 2009; p38)." What Father Apolinaris meant was that it was important for Dr Kohler to understand the socio-cultural background of the Bantu for the holistic effectiveness of his medication. He also warned him that Africans live in a world of their own. Their socio-cultural background could not be articulated by westerners; however, it was important for white physicians to establish patient relation with African culture for successful treatment. The relationship would enable white physicians to deeply screen the social background of their African patients.

Father Apolinaris further advised Dr Kohler to be content with being the last resort in addressing health problems among the Bantu because they had their own competent way of solving social problems. They would consult their own medical experts, the diviner/sangoma, before coming to him (Schimleck, 2009).

Gumede (1990) insisted on that each school of healing should understand the working of one another. Medical practitioners need to understand their strengths and limitations in the practise of medicine. Westerners' need to know more about the input of the traditional healers with regards to mental illnesses such as anti-social behaviour. The socio-cultural approach of traditional healers towards the healing of anti-social behaviour has been considered as inferior and incompetent by westerners.

The discrimination of African scholars of psychology, even abroad (USA) has been politicised. The black psychologist movement in 1968 gave birth to the Association of Black Psychologists (ABP) in San Francisco. The Association of Black Psychology was born in the social, cultural and political vortex of the civil rights and black power movements occurring in the United States. The unending struggle of black people from Africa to captivity and enslavement in the early America led to the unification of black Americans against every element of discrimination, even in the psychological aspect.

The ABPs was formed as a national organisation free and independent from the American Psychological Association (APA). They advocated for the articulation of psychology through socio-cultural perspective of blacks living in the USA.

In Africa, the Forum of African Psychology (FAP) was officially established in 2009 by a group of concerned African scholars and practitioners. The intention of FAP was to deal with psychological analysis and its application to African realities, culture, philosophies and epistemologies. In the last few decades, the relevance of traditional western psychology has been questioned of its discriminative and incomplete nature when dealing with African behaviour's development. Western psychology fails to offer alternative ways of understanding people in their traditional contexts. It is on this basis that Higgs (2007) argues for the inclusion of indigenous African epistemology that originates from African philosophy with a distinctive African epistemic and identity in dealing with African psychology for a holistic interpretation of psychosis.

1.2 Western approach towards anti-social behaviour

The western psychiatry excludes the African ancestral divination systems when explaining the development of anti-social behaviour. Smith (2009) states that anti-social behaviour is a psychotic disorder that primarily affects thought and behaviour and Obasi (2009) describes it as the study of human behaviour and mental disturbance. Anti-social behaviour is characterised by behaviours such as delusions, hallucinations, disorganised speech and disorganised or abnormal lifestyle, such as doing things which are against the norms of the society. Obasi and Smith (2009) concur with the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, 4th Edition (DSM IV) which describes anti-social behaviour as a mental illness.

It has elements of anxiety, hallucination, depression, self-isolation, disillusions, and disorganisation of life. Old Western psychologists such as Peek (1978), Middleton (1963), Smith (1962), Donald (1966) and Friedman (1988) agree that the causes of anti-social behaviour are unknown. They all have drawn their explanations of antisocial behaviour from the biological, environmental and psychological factors, excluding the ancestral calling as possible cause. Furthermore, they stated that biological factors could include genetics, prenatal damage, infections, exposure to toxins, brain defects or injuries, chemical imbalances, and substance abuse.

Environmental and psychological factors such as emotional stress, physical or sexual abuse, loss of a significant loved one, neglect and being unable to relate to others complement each other and result to anti-social behaviour.

Vega (1999) and Bloor (1978) observed that, the western approach to healing of anti-social behaviour only focuses on psychotropic medication which aims to mitigate symptoms such as visual and auditory hallucinations, suicidal ideation, anxiety and depression. In contrast, the African ancestral divination system offers explanation on the cause and healing of the behaviour through traditional diviners.

Thus, the western approach becomes incompetent with Africans because it does not accommodate the scanning of cultural background of psycho patients as traditional healers practiced. Cultural lifestyle contributes to health wellbeing of a society.

The Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM IV) categorizes mental behaviour phenomenological within a biopsychic-social framework, as stated above by Vega (1999), whereas the African indigenous healers categorize it according to the meaning of the behaviour in relationship with the socio-cultural background.

This meaning is usually interpreted in the context of relationship with the ancestors as divine source for any disease. African traditional healing then uses an intuitive approach within the ancestral spirits interpretation, which has existed among Africans since time immemorial to articulate anti-social behaviour, whereas western medicine uses an evidence based approach that only focuses on the history of patients' illnesses.

African scholars like Gumede (1990) had criticized the stereotype attitude of western medicine, which is based on the germ theory. The Western germ theory states that there is a casual organism for every disease. Enteric fever follows an invasion by bacillus typhusis, amoebic dysentery is caused by entamoeba histolytica, bilharzia is caused by schistosoma haematobium, etc. In each case cited above, the disease follows when there is a breach of the natural defences of the body and encourages the insurgence of germs in the body. African custom and tradition does not know the germ theory. Mbiti (1990) stated that diseases are believed to be a man-made phenomenon through the agency or they may follow a visitation from the ancestral spirit as a calling or punishment for failure to fulfil certain obligatory customary rite due to the departed as elaborated in the following paragraph.

1.3 The African approach towards anti-social behaviour

African's explain the development of anti-social behaviour within the African ancestral divination systems. As mentioned by Gumede (1990), African's daily life is a 'gift' from the ancestors. They control every part of their lives, including health and spiritual issues. Therefore, by excluding the

ancestral divination system when articulating the development of the behaviour would be out of context among Africans. There would be always a missing 'puzzle' when explaining the behaviour, which can be filled through exploring African traditional healing and ancestral system.

Traditional Africans hold the ancestors as the closest link the physically living have with the spirit world. "The living-dead are bilingual; they speak the language of men, with whom they lived until 'recently', and they speak the language of the spirits and of God. They are the 'spirits' with which African peoples are most concerned: it is through the living-dead that the spirit world becomes personal to men. They are still part of their human families, and people have personal memories of them". (Mbiti, 1990; p82). Africans believe that the ancestors are essentially benevolent spirits. They return to their human families from time to time and share meals with them, however, symbolically. They know and have interest in what is going on in their families.

According to Battiste and Henderson (2000), there is no uniform approach or generic label assigned to the origin of traditional healing. Rather, it is an acknowledgment of the geographic and cultural diversity within Indigenous African knowledge. The examination of traditional healing includes articulating an Indigenous knowledge approach to understanding what traditional ancestral calling is and why it historically existed outside dominant institutions, biomedical models, and Eurocentric paradigms. As defined in the Report on the Protection of Heritage of Indigenous People (2007), "Indigenous knowledge is a complete knowledge system with its own epistemology, philosophy, and scientific and logical validity, which can only be understood by means of pedagogy traditionally employed by the people themselves"

According to Hull (2007), traditional healing originated from central Africa (the Sahara). From there, the art of healing was disseminated northward and southward. The Sahara is the largest tropical and climatic desert in the world with an area of 3 320 000 square miles.
This is where traditional healers sourced their herbs and have revelations from ancestors on the direction of their social lifestyle, which includes the deep understanding of illnesses. Anti-social behaviour was no exception. As Wade (2001) observed African lives in all three tenses: the past, present and the future. The past is represented by the ancestors, which control the lives of the present generation. Ancestral spirits may cause diseases as corrective measure for wrong behaviour, which is distasteful to the family, the tribe, and the memory of the ancestral spirits.

According to the World Health Organisation (2008), traditional medicine and healers are difficult concepts to describe and define in all inclusive terminology due to their extreme complexity and the wide variation among the different traditional healthcare systems practiced globally. However, the WHO has defined a traditional healer as a person who is regarded by the community in which she or he lives in as capable of providing healthcare by using plant or vegetable, animal or mineral substances as well as certain practices based on social, cultural or religious traditions. These abilities also encompass the suitable application of the knowledge, attitudes and beliefs that are prevalent in the specific community regarding physical, spiritual and social wellbeing, including the causes of disease and disability.

Kim (2000) observed that there is interdependence between an African and his ancestral spirits. The living and the dead have duty toward each other. Hence, good health or ill-health is regarded as a result of a delicate and intricate balance between a man's family and his relationship with ancestral spirits. Good health and good fortune are a rich reward for good behaviour and constant sacrifice to the ancestral spirits. Kim (2000) also mentioned that ill-health, such as mental sickness, was a punishment for sins of commission and omission or just a painful reminder to render unto Caesar that which belongs to Caesar.

Ancestors want to be honoured and respected through making sacrifices. Watt (1932) cited by Gumede (1990) mentioned that the size and value of the sacrificial beast depended on the status and reason for the sacrifice. Cattle and goats make good sacrifice for cleansing of strange diseases that may have plagued the family. Therefore, family members who have been diagnosed with anti-social behaviour make sacrifices to the ancestors for their cleansing.

It is essential that the ox be killed with a spear so that it bellows in its dying moments. The bellowing is an indication that the ancestors are approving through the sacrificial beast. There are three basic requirements of a proper sacrifice. There must be a correctly chosen beast, brewed beer, and frankincense. Without all these conditions fulfilled, the sacrifice would have not been properly done. Furthermore, The African community is basically sacred, rather than secular, and surrounded

by several religious forms and symbols with ancestral guide.Frederick. They never worship objects such as stones, sun, cows, etc even in the Sahara, as the westerners practiced.

However, they believed in someone, a supreme being they worshipped without seeing. This 'someone' had been capable of protecting them from every sickness, such as hallucination, depression and illusions. The very same 'someone' could punish them with the same diseases when disobeyed.

As the Swazis say:

> He came, he created all things on earth; men, women, trees, forest, etc and then left. Where he came from, we don't know. Saibai! Siyakholwa! (We don't ask. We believe). He is also powerful. He can raise thunder, lightning, hail and storm. He could unleash death as easily as he gave life. He could bring catastrophe and joy to man. He sometimes manifests himself to his people in visions and dreams. He is far away, removed from everyday welfare of the people. He only intervened when necessary, especial during the attack of his people by illnesses. This is our great ancestor.

The above statement by Swazis demonstrates that Africans articulate anti-social behaviour in a socio-cultural perspective that recognizes divine source as a cause and healer of every disease. Wade (2001) observed that the ancestral divination system played a pivotal role in African culture. It assumed a central position in the attempt of understanding African people. Therefore, to side-line their culture, only made them lose their identity, uniqueness and individualism and made it difficult to understand antisocial behaviour in the environment of Africans.

Furthermore, Holdstock (2000) noted that social evaluations operate as powerful forces that influence behaviour. Individuals' feel obligated to act or behave in accordance with the existing norms and social expectations of a community. It is the society that determines what a person may be permitted or expected to do and how he/she would behave. The full development of an individual leads to social expectations, which that individual should live up to. Therefore, ancestral

10

belief is part of African culture. It could be a mistake to analyse anti-social behaviour without exploring the ancestral divine source, which is an existing belief in Africa.

Irwin (2000) mentioned that traditional healers, in their daily work, attempt to describe explain and predict what would happen to an individual or family life in accordance to their social background even before issuing their medication. Hence, the bio-medical science which is practiced by the westerners simply depends on history from patients and previous biological history without addressing the whole family according to their cultural norms.

Traditional healers gather relevant information from their clients through observations and culture related questions, then they explain what that data means. They then apply the collected knowledge to promote the welfare of their clients. Msibi (2006) concurs with Gumede (1990) that sometimes psychosis could be brought about by ancestors to the living and they need to be addressed along the African socio-cultural paradigm.

Shoko (2012) noted that delusions, hallucination and depression, which are core signs of antisocial disorder could emanate from socio-cultural background in Africa. The African environment is cultural oriented, and cultural practices would affect and influence social wellbeing of the people. In one way or the other, lifestyle would be reflected on socio-cultural background. Moreover, Mamba (2003) mentioned that anti-social behaviour is caused by ancestral calling, which is part of the African socio-cultural practices.

Furthermore, Mamba (2003) also elaborated that the characteristics of anti-social behaviour such as visual and auditory hallucinations are when ancestors try to communicate with the chosen person, however that person would not be understood because he/she had not been initiated to the ancestral rituals.

Scott (1976) who is a clinical psychologist mentioned that he would usually recommend psychotherapy for hallucinating, delusion and depressed patients. According to Mamba (2001), these patients have to be initiated and perform ancestral rituals to articulate the ancestors so that they could speak in a language that could be understood by everyone, while in the process the hallucination is being healed. Mamba (2003, p.59) stated that "an individual is a product of his or

her environment", meaning that, if your environment is culturally oriented, and then cultural practices would affect and influence your social and health wellbeing. His statement agrees with Middleton (1963) that in one way or the other; lifestyle would always be reflected in social background and influence health wellbeing.

According to the Maseko (2012) point of view, characteristics of anti-social behaviour such as visual and auditory hallucinations is when ancestors try to communicate with the chosen person, however that person would not be understood because he/she has not been initiated to the ancestral rituals. This perception is echoed by Willoughby (1928) who observed that, 'African lives in all three tenses, which are the past, the present and the future'. African traditional healers offer their anti-social behaviour clients the opportunity to critically examine the question, "who am I" in line with their socio-cultural background, such as the ancestral divine source, which is perceived by Africans as a cause of anti-social behaviour.

The direction of African's clinical inquiry is not limited simply to the consideration of genetics, the immediate influence of environment such as family, neighbourhood, personality, cognitive style, and learning as the western approach would do, but it extends beyond these factors to include reflection on the ancestral divine source. This is in the social point of view that ancestral calling could cause anti-social behaviour through bringing delusions, hallucinations and disorganised or abnormal lifestyle to the client. Dlamini (2005) stated that it was very disturbing that Africans applied the Western healing intervention on someone diagnosed with anti-social behaviour since Africans were unique and culturally inclined. He stated that an African paradigm and understanding should be used on someone who is diagnosed with anti-social behaviour.

Furthermore, Magagula (2001) argued that anti-social behaviour was related to ancestral calling and its healing intervention should be within the African paradigm. However, he did not elaborate in the healing intervention and how Africans perceived anti-social behaviour, hence this study intends to fill this gap by exploring traditional healers' perception of anti-social behaviour and ancestral calling. Holdstock (2000) concluded that nothing exists in isolation and life is sacred and is connected to the natural world that is imbued with power, which is connected to ancestors. This

could not be understood and explained in the western principles. His statement suggests that there is a strong connection between the dead and the living. Further that, the ancestors has the ability to control life of the living.

1.4 Problem statement

African behaviour has been misunderstood within western psychology because it has been explained out of context [African context]. This has also impacted on psychotherapy where solutions to anti-social behaviour have been drawn using Western principles and totally misinterpreting the behaviour. Anti-social behaviour, which is affecting Africans, has been defined in the western paradigm whereas this socio-cultural problem should be defined and dealt with in African perspective. Western approaches to the understanding of psychology have failed to find the cause(s) of this behaviour (Peek & Phillip, 1991). They have only based their explanation on biological, environmental and psychological factors while excluding the African ancestral divination system as causes of antisocial behaviour, which has led to a gap in the explanation on the development of the behaviour.

The Africans cultural oriented approach has been overlooked by the Eurocentric researchers when dealing with anti-social behaviour thus applying western approach such as psychotherapy and cognitive therapy, which has resulted to the poor combating of anti-social behaviour in Africa. As Dlamini (2005) quoted in Maukaa (2002) posits that, Africans have the ability and knowledge to solve their own social problems. However, their ability has been clouded by the articulation of psychological disorders through the western approach in their social background.

On another note, Mkhonza (1999) explored the relationship between cultural practices such as ancestral rituals and psychological disorders, but failed to provide an in-depth knowledge and African perceptions towards anti-social behaviour as caused by ancestral calling and within the African paradigm. Therefore, this study tends to fill that gap.

In addition, Mkhonza (1999) recommended that it is crucial and urgent that alternative health care systems other than the western model be explored. Traditional healing is playing a bigger role in

13

medical care services with or without the licence to practise like western doctors. They could not be ruled out by the fact that traditional medicine could not be explained scientifically. According to Haggard (1960), over 80% of black patients visit traditional healers before coming to doctors and hospitals. There are no records available for those patients who are restored to good health by the traditional healer without visiting the hospital or medical practitioner.

Magagula (2001) agreed with Holdstock (2000) and Haggard (1960) that African social problems such as anti-social behaviour emanate from the African background and culture, which could not be understood in western perspective. They recognise that everything is interconnected, such as ancestors to living. This interconnection takes into cognizance people who were in this world before our existence, our ancestors. They bless, protect us and guide our ways. Disturbance in the above state causes ill health which warrants traditional ways of helping and healing.

1.5 Rationale of the study

The study intends to explain anti-social behaviour development within the African ancestral divination system, which has been ignored by western psychologist as possible causes and healing approach of the behaviour. Anti-social behaviour is a great concern among Africans. However, there has been an existing gap and contradiction in the explanation on the development of the behaviour. Therefore, there is a great need to explore and bring evidence that the African ancestral divination system could cause anti-social behaviour and also provide some healing measures on the behaviour.

Anti-social behaviour has the power of affecting the social and psychological well-being of an individual. This behaviour has symptoms of hallucination, disillusion, self-isolation, life-disorganisation, substance abuse, depression, anxiety and homicides, which have never been explained within the African ancestral divination systems. For the past decades, western healing approaches have been used when dealing with these anti-social behaviour symptoms, which have proven to be incompatible with Africans due to socio-cultural diversity (Peek and Phillip, 1991). However, western approach to the understanding of psychology has failed to find the cause(s) of this behaviour (Peek & Phillip 1991). They have only based their explanation on biological,

environmental and psychological factors as causes of anti-social behaviour. They have also applied their western oriented healing interventions to Africa, which turned to be incompatible with Africans.

Africans articulate anti-social behaviour through the socio-cultural perspective which embraces divination systems or ancestors as a divine source. They have the potential of protecting and cursing. Their cursing could be in the form of hallucination, disillusion, depression, anxiety and sometimes, homicides. Collectively, these are anti-social behaviour symptoms. So, there is an existing contradiction between the African and western schools of medicine in understanding the causes and healing of anti-social behaviour.

The study seeks to explore African ancestral orientation in socio-cultural dimension as causes of anti-social behaviour. Western psychologists have tried the social aspect without giving attention to the cultural aspect as causes of anti-social behaviour. Banks (2000) who is a western psychologist explained that anti-social behaviour could be explained through genetics of a family.

However, the limitation of his approach was excluding the African ancestral divination systems as causes of anti-social behaviour. It is not surprising though since Banks (2000) was a western psychologist. He does not understand the complexities of African socio-cultural lifestyle. As Holdstock (2000) noted, western psychologist would never understand African lifestyle as long as they consider it inferior.

Therefore, the importance of the research is to explore the African perspective on antisocial disorder, based on the ancestral divination systems and traditional healing.

Research questions

➢ How do traditional healers understand by anti-social behaviour?

➢ What are the causes of anti-social behaviour within an African perspective?

➢ What are the healing intervention strategies used by traditional healers on anti-social behaviour?

1.6 Research objectives

- ➢ To explore what traditional healers understand by anti-social behaviour.
- ➢ To explore what are the causes of anti-social behaviour within the African perspective.
- ➢ To explore Afro-centric healing intervention towards anti-social behaviour.

1.7 Definition of key words

- o **Traditional healer**

The WHO, however, has defined a traditional healer as a person who is regarded by the community in which she or he lives in as capable of providing healthcare by using plant or vegetable, animal or mineral substances as well as certain practices based on social, cultural or religious traditions.

- o **Ancestors**

Ancestor is a noun that refers to the dead people in a family. It can be forefathers and parents.

- o **Kwetfwasa**

Kwetfwasa is a verb that describes the process of being initiated to the ancestors.

- o **Kuphahla**

This is a noun that refers to the process of communicating and honouring the dead through performing certain rituals.

- o **Kufemba**

Kufemba is a verb that describes the process of articulating ancestral spirits by a diviner.

o **Society**

Society is a noun that refers to people with same customs and laws living together in a community (*Oxford Dictionary*).

o Culture

Culture is a noun that refers to customs, beliefs, art, and way of life and social organisation of a group (*Oxford Dictionary*).

o Ventriloquists (Abalozi)

These are diviners who use bones, sticks, and palms and thumb when consulted.

o Umathunga(knipha natalensis)

This is a hallucinating concoction which is made out of pulverised roots and the infusion is made with hot water to extract the juice.

1.8 Outline of the coming chapters

The study will consist of six chapters. In this chapter, the study discusses historical background of African ancestral divination systems with traditional healing and the western psychological approach of African mental health problems such as anti-social behaviour. It also covers the problem statement of the study, limitations of the study and definitions of key words used in the study.

Chapter three of the study explores the body of literature on the research topic, while Chapter three discusses the ecological theoretical framework used in the research. The mixed research methodology (qualitative and quantitative) used in the research has been analysed in Chapter four.

Chapter five focuses on the analysis of collected data . Finally, the research conclusion and recommendations are in Chapter six.

Chapter 2

Review of Literature

2.0 Introduction

The body of knowledge on the development of anti-social behaviour in Africa has been presented along the western paradigm for the past decades. African's ancestral divination systems ability and contributions in healing and their psychotherapy approaches has been over looked when dealing with anti-social behaviour development. This has resulted to a gap and contradictions in the healing and psychotherapy approaches between Western and African psychologists on anti-social

behaviour, which this study tends to fill through exploring African ancestral divination systems. Therefore, this chapter will discuss the body of knowledge on anti-social behaviour as perceived by the African traditional healers.

2.1 Western and African cultural diversity

Cultural diversity between Africans and Western has been ignored when dealing with anti-social behaviour development, as a result, Western culture has been used as a universal tool for explaining and healing of anti-social behaviour development. Thus contradiction between the two cultures existed for decades. It is unfortunate that most Western seasoned researchers, such as Karp (1991), Kegan (1986) and Pinket (1975) have not explored the African socio-cultural aspect when studying anti-social behaviour development in African-Americans, specifically, the ancestral divination. It plays a major role in the development of anti-social behaviour. Gumede (1990) emphasised that an inclusive approach is very important when dealing with the development of anti-social behaviour.

The interpretation of anti-social behaviour development along the western parameters has pushed African psychologists to advocate for the interpretation of psychology along the African's socio-cultural experience. This study has adopted this approach in exploring traditional healers' of anti-social behaviour and ancestral calling, as Magwaza (2014) mentioned that psychology should be interpreted along the Africans 'roots', which embraces the African ancestry. It is evident that only the Western psychological approaches are used in the psychological body of knowledge to explain anti-social behaviour development among Africans yet it is incomplete without exploring their ancestral divination.

In this regard Magwaza's (2014) argues that it is high time to have African psychology as opposed to Western psychology in Africa. Considering these remarks, this study intends encouraging African scholars to pursue African solutions such as the ancestral divination on psychological

needs which Westerners have failed to explore for a holistic approach in the healing of anti-social behaviour development.

A vast body of knowledge that interprets psychosis has been streamed and interpreted along the Western experience and ideologies, even in the African environment, yet they have their own ways of dealing with psychosis, which has been overlooked by most Western psychologists. As a result, the western healing approach on psychosis has been in-effective when applied on Africans. It is on these grounds that the research tends to explore the influence of ancestral divination systems in the development of anti-social behaviour. The African divination system is the missing 'puzzle' in the explanation of anti-social behaviour development among Africans.

Tangible evidence in studies done by Johnson (1994), Kasee (1995) and Knight (2001) who were studying African-Americans social behaviour, which was connected to their violent behaviour proved that there are socio-cultural influences, linked genetically (ancestral) contribute to their violent behaviour but have not explored traditional healers' understanding of anti-social behaviour within Swaziland context, which the researcher will explore in this study.

However, most American psychologists such as, Wolfgang (2001), Jilek (2001) and West (1993) still dispute that ancestors could contribute to any psychosis development, since there is no scientific and laboratories explanations of ancestral systems. Consequently, understanding African anti-social behaviour is limited to the western psychological explanations and does not reflect African realities. Hence, this situation hinders the development of an effective African psychological tool to measure and explain this behaviour.

Moreover, the African explanation of antisocial development has been given an inferior status and regarded as incompetent for healing this disorder. This has led Western psychologists to impose their ideologies, which are based on their experiences even on Africans when dealing with anti-social behaviour without considering cultural diversity between the Westerners and Africans.

Some deep understanding of African ancestral divination system is very important when explaining the development of anti-social behaviour. Holdstock (2000) explains that African socio-cultural lifestyle is so complicated to be understood by western psychologists unless they take Father Apolinaris' (missionary in South Africa) warning to Dr Kohler (western doctor) that he must first learn the Bantu culture before applying his western approach of healing. His statement meant that there is valuable information, which Dr Kohler could get and use from studying the socio-cultural lifestyle of the Africans, especially the ancestral divination system which has been used to solve social problems such as the development of anti-social behaviour (Dlamini, 2005).

Western psychologist's study on the development of anti-social behaviour is based on psychological, biological and environmental factors. It has been noted that western psychologists when providing therapy for psychopathology and interpreting the disorder have excluded socio-cultural aspect, which includes the ancestral divination. This is because western psychologists do not understand the complexity of African culture, which embraces the ancestors as a source of life, sickness and where means to understand anti-social behaviour is rooted (Conco, 1975).

The study will explain how the African divination system contributes to the development of anti-social behaviour by exploring the interpretation of the behaviour based on Swaziland traditional healers' context. The relevance of the study is based on the premise that African anti-social behaviour development could not be analysed holistically when neglecting the socio-cultural lifestyle of Africans. Moreover, contradiction and confusion would exist if the African anti-social behaviour is articulated only along the Western parameters because of cultural diversity.

Banks (2006) noted that an African's life is explained along their past experiences, which are genetically and spiritually (ancestors) connected. Africans believe that the development of anti-social behaviour is connected to the past and present social influences and interactions. Hence, Banks (2006) states that every individual is a product of his/her social environment.

The aforementioned observation concurs with Bronfenbrenner's (1975) theory of ecological systems that behaviour develops through social interaction, thus the westerns stereotypes and definitions could not explain the African anti-social behavioural development comprehensively out of their social lifestyle context.

2.2 The Afro-centric knowledge on anti-social behaviour

Africans interpret anti-social behaviour along the socio-cultural paradigm. Their understanding of African ancestral divination systems is used when interpreting the development of anti-social behaviour. Karp (1991) mentioned that the rising social problems throughout Africa, which do not consider religion, sex, and status of an individual can be efficiently responded through consulting a diviner, which is a shortcoming for Western psychological researchers because they only rely on the scientific and laboratories explanations of behaviour development. This is because their culture excludes the ancestral divination systems.

Traditional divination systems are not new among Africans in solving social issues. Diviners play a major role in health issues in African societies. Karp (1991) observations agreed with Peek (2000) when he pointed out that the traditional divination systems are not simply closed ideologies that are founded on magic and religious beliefs as labelled by the westerners but are dynamic and reliable social systems of knowledge. Therefore, if the ancestral divination systems are not incorporated in the body of knowledge on the development of antisocial behaviour, there would always be an existing gap between the African and western ideologies in the healing of the disorder.

African ancestors provide guidance and influence daily life. The dead (our ancestors) are regarded as the divine source (emadloti). They provide protection, cures and guidance to the living. They choose their favourite to communicate through to the living. They would bring sufferings, such as hallucination, disillusions, life 'disintegration' and self-isolation if their commands have not been obeyed. The abovementioned sufferings are generally known as anti-social behaviour symptoms in western culture, however, they are not viewed as being possibly caused by ancestors, which this study tends to correct.

Africans understand the development of anti-social behaviour through the socio-cultural background. Mamba (2003) observed that the cultural background includes cultural values and beliefs, which are very important components for an African's survival. He argued that these components also influence the development of behaviour. In contrast, western values, culture and beliefs are different from Africans; therefore, they could not be used as a universal tool of explaining anti-social behaviour development.

Banks (2006) pointed out that reflective social decisions could not be made in vacuum when dealing with social background issues, as Westerners practiced, but social knowledge and understanding are necessary components for interpreting anti-social behaviour development among Africans because they view culture as integral to their lives; culture makes them to be.

African ancestral divination systems must assume a central position in the attempt of understanding anti-social behaviour development. Gumede (1990) who quoted Smith (1962) and Ngubane (1977) observed that ancestral divination plays a pivotal role in African culture and health issues. Therefore to sideline their culture and ancestral divination system, only makes them to lose their identity, uniqueness and individualism and makes it difficult to understand anti-social behaviour in the environment of Africans.

Negative attitude of Western psychologists towards African indigenous ways of dealing with anti-social behaviour development has led to incompetent healing strategies of this behaviour. The western healing approach on the disorder is based on their experiences, which are different from Africans. As a result, Africans' response to the healing of the behaviour is notably very slow. Mbiti (1990) observed that most modernized Africans, who prefer the western practices when dealing with social problems, always face some serious challenges because there would be always some contradictions between the applications of these two approaches. They ended up mixing western medication with traditional healing, which uses different approaches.

Ancestral belief is part of African culture. It could be a mistake to analyse anti-social behaviour development without exploring their ancestral divine source and traditional healing, which have

been in existence and practiced by Africans since time immemorial. As noted by Wade (2001), social evaluations operate powerful forces, which influence behaviour development. Individuals' feel obligated to act or behave in accordance to the existing social expectations.

The society determines what a person may be permitted or expected to do and how he would behave. Ancestral divination systems have been part of African societies since ancient times. Therefore, by ignoring African ancestral divination systems and traditional healing when studying the development of anti-social behaviour would result in an incomplete healing approach of the behaviour.

Different types of traditional healers all work together in the healing of anti-social behaviour. They work together in the healing of delusion, hallucination, disorganisation and depression through performing ancestral rituals, which have been negatively questioned by westerners and limit their healing effectiveness on antisocial behaviour in the process. There are three types of traditional healers, as analysed by Mashiri (2014). These are the traditional medical practitioner (TMP), spirit medium (SM) and traditional medical practitioner spirit medium (TMPSM). However, their contributions in the healing of anti-social behaviour have not been given their deserved recognition by westerners.

The neglecting of African ancestral divination system by Westerners as a discipline of study has been a limitation in the study of anti-social behaviour development. Holdstock (2000) mentioned that African psychology should be viewed in the context of multiculturalism, which brings light and understanding to psychological behaviour development, such as anti-social behaviour. Maseko (2004) mentioned that ancestral spirits would always haunt someone chosen by the ancestors. This means that, unless that person undertook initiation and performed ancestral rituals, would always suffer from anti-social behaviour.

His observation makes the western approaches such as psychotherapy, cognitive therapy and psychometric tests less effective in healing Africans with this behaviour. Therefore, only African

approach can heal anti-social behaviour completely through the ritual initiations. He accuses mainstream psychologists of neglecting the possibilities that Africans may have psychological healing dimensions that are unique and valid such as the ancestral initiations.

Somni and Sandlana(2014) quoted Holdstock, (2000) who said that most western theorists and practices have undermined the richness of African indigenous cultural practices that have been in existence from time immemorial, as a result, a gap has been opened in understanding psychology in an African parameters.

Furthermore, Western ignorance concerning African values has led to the development of a negative attitude towards African cultural ways of dealing with anti-social behaviour. Thus Africans' ability to solve their social problems is clouded (Sogolo, 1997). This research will explore the ability of African knowledge in dealing with anti-social behaviour as opposed to western approaches, which have proved to be ineffective when applied to Africans.

2.3 The African ancestral healing dimension on anti-social behaviour development

African traditional healers diagnose psychosis differently from the western healing. They base their healing on socio-cultural background through using ancestral divination processes, (as discussed below). However, the western healing approach on antisocial behaviour is through analysing patients' history in relation to their biological and environmental factors without considering important factors, such as patient's socio-cultural background that influences behaviour development (Kegan, 2002).

There are several healing interventions which are used by traditional healers on antisocial behaviour development, which have not been explored by westerners when dealing with the development of anti-social behaviour. Traditional healers use indigenous healing interventions, such as; kwetfwasiswa '*being initiated to the ancestors*'; kuphahla '*performing special rituals for the ancestors*' and kufemba '*articulating the spirits that causes anti-social behaviour*'.

25

Kim (2000) quoted Callaway (1854) who was a missionary in Natal and had an interest in recording Zulu customs and language. In his publication 'The religious system of the Amazulu', he observed that there are three types of Zulu diviners with different approaches of healing anti-social behaviour. These are the Amathambo *'those who use bones'*, izinyanga zesithupa *'thumbs doctor'* and Amabukula *'who uses sticks'*.

Callaway's findings concur with Mashiri (2014) study of traditional healers of Zimbabwe. She discovered that there were also three different types of traditional healers with different gifts of healing. These are the traditional medical practitioner (TMP), spirit medium (SM) and traditional medical practitioner spirit medium (TMPSM).
However, they all work together in the healing of delusion, hallucination, disorganisation and depression. The SM and the TMPSM are assisted by their ancestors and use the power of listening, observing and experiencing to come up with their diagnosis.

Hull (2007) also pointed out that the Amathambo diviners 'those *who use bones'* are gifted in the kwetfwasisa *'initiation to the ancestors'* healing approach of anti-social behaviour. The izinyanga zesithupha *'doctors of thumb'* apply kuphahla *'communicating and honouring the ancestors'* in the healing of antisocial clients. Amabukula *'those who uses sticks'* use the Kufemba *'articulating ancestral spirits'* approach in the healing.

Looking at the following African ancestral divination systems approach on the healing of anti-social behaviour development discussed below, which have not been explored by western psychologists when dealing with the healing of the behaviour.

2.3.1 The process of Kutfwasisa 'initiated to the ancestors' conducted by the Amathambo diviners in healing anti-social behaviour

Africans would always seek for diviner's services when attacked by hallucination, depression, hearing weird voices and seeing non-existing creatures. The diviner would consult the ancestors through throwing and reading bones after thoroughly shaken his basket.Magagula (2001) who is

an Amathambo diviner describes the process of kutfwasisa '*initiating to the ancestors*' as the reconnection ritual between the dead and the living. The diviner uses animal bones, which each of them has an assigned meaning. Banks (2006) agrees with Magagula (2001) that these bones are cultural artefacts that are collected according to behaviour of that animal.

The art of collecting bones demonstrates knowledge and foundation of African's world view and social harmony. The bones are cast and the diviner interprets their arrangement. They will give details on the causes and medications to be used when initiating the antisocial patient to the ancestor.

Jacobs (2013) describes bones divination as detailed and important in the healing of anti-social behaviour such as, hallucinations and delusions. Jacobs also observed that the 'Bantu mind' has invented an extremely comprehensive and responsive divination system of understanding and healing anti-social behaviour. He observed that the art of bone-throwing is by no means child's play.

Kim (2000) explains that the diviner would read and interpret bones for a client with anti-social behaviour like a man who has lost his cattle, having found a footprint, he would return again and again to it, till he succeeds in connecting it with the illness of the client. The diviner goes beyond his client's responses and reveals the unknown. Through the diviner, the ancestors reveal the source of the behaviour, such as hallucinations and disillusions.

The ancestors would then give directives on how they want the initiating process to be conducted. Dlamini (2005) mentioned that usually the process would take between four to five months, depending on the progress of the client. Breyer (2000) noted that the duration of the ancestral initiating process is more or less similar to psychotherapy in the western approach of healing anti-social behaviour, which also relies on the response of the patients' to psychotherapy sessions. These sessions could last up to five months or more.

There are four stages of the ancestral initiation process for the healing of anti-social behaviour development in the ancestral divination system, which has not been considered by western

psychologist as possible healing interventions for the behaviour. These are; introduction to the ancestral world; articulation of spirits; learning traditional medicine and healing; re-integration of the client to the community.

Stage 1; Introduction to the ancestral world

This is the first stage whereby the client would be taught the general language that is used by traditional healers, such as the greeting 'thokoza gogo'. The client is introduced to the ancestral lifestyle. Ancestral dress-code is also taught at this stage.

Gumede (1991) quoted by Dlamini (2005) stated that the colours on the traditional healer's '*emahiya*' symbolize the different ancestral spirits possessing the healer. It could be male ancestral spirits which are associated with anger; therefore, that traditional healer would always be wearing red '*lihiya*'. Female ancestral spirits usually demand white and baby blue colours. They are regarded as spirits of peace. At this stage the hallucination, disillusion and self-isolation have not been healed but the diviner has used impepho 'burning incense' to stabilize the patient's wellbeing.

Stage 2; Articulation of ancestral spirits

The client would take instructions direct from the ancestors. The second stage involves the articulation of the ancestral spirits that possess the client. The hallucinations and the disillusions are viewed as the language of the ancestral spirits, which westerners interpret as mental instability. Grills (2006) stated that sometimes the hallucination could be auditory or visual. Therefore, the client would be taught how to observe and listen to these voices and interpret the unclear visions after understanding their way of communicating.

It would no longer be hallucinations or disillusions, but it would be clear messages and visions from the ancestors because the client had been positioned as a diviner to understand the world of the non-living. The patient would take instructions from the ancestors and follow them as instructed.

Stage 3; Learning traditional medicine and healing

In the third stage, the client begins to learn traditional medicine and healing. Dlamini (2005) noted that ancestors would bring knowledge of the traditional medicine through dreams and visions. Western psychologists, such as Stchelk (1978), view these dreams and visions as delusions. The client would wake up and mix all the herbs as instructed in the dream.

The diviner only contributes about 30% of the learning of traditional medicine and healing. The main responsibility of the diviner is to guide the client in articulating his/her ancestral spirits. It is the duty of the patient's ancestors to teach him/her on their preference in medicine and healing style. Some other ancestors would want their diviner to use healing 'muti' only and not killing concoctions.

Stage 4; Re-integration of the trainee to the community 'Litjembe'

This is the final stage of the initiation. The patient is brought back to the community without hallucination or disillusions. There would be a ceremony to thank the ancestors for healing the patient. He/she would be introduced to his/her family and community. There would be no signs of anti-social behaviour but a mediator of the living and the dead. The client would resume his/her normal mental stability and sometimes the client would begin to practice traditional healing.

2.3.2 The process of kuphahla *'honouring and communicating with ancestors'* conducted by izinyanga zesithupha *'doctors of thumb'* in healing anti-social behaviour

Honouring and communicating with ancestors (Kuphahla) is another African ancestral process used by traditional healers on the healing of anti-social behaviour development, which has not been considered by western psychologists when dealing with the behaviour. Thonga (1927) defines the process of 'kuphahla' as a ritual of honouring and communicating with ancestors. The diviner acts as a mediator between the ancestors and the affected clients. Ancestors can cause disorganisation of life and depression to the living. These are symptoms of anti-social behaviour, which would compel people to seek ancestral intervention through a diviner.

29

Magagula (2001) who is an inyanga yesithupha '*a doctor of thumb*' has observed that anti-social patients in both urban and rural areas would come and seek his services in mediating between them and their ancestors. Most of his patients would complain about their life being disorganised. They fell sick now and again, having nightmares and disillusions, always find themselves in quarrels or they cannot get jobs.

Patients who have been attacked by anti-social behaviour are taken to their ancestors grave-sides by a diviner and literally talk to the ancestors about the plight of his/her client. The diviner would then ask the ancestors to restore life-stability to his client. Magagula (2001) explained that, as a diviner, he has the ability to observe and listen to ancestors.

Therefore, he would negotiate for total deliverance of his clients from self-isolation, depression and disorganisation of life. His clients would come back after almost two months with testimonies that everything would be getting back on track. There would be no more depression and their lives moving toward the better.

2.3.3 The kufemba '*articulating of ancestral spirits*' conducted by Amabukula '*use of sticks*' diviners in healing anti-social behaviour

Articulating of ancestral spirits 'Kufemba' is another anti-social behaviour's healing intervention in the African ancestral divination system, which has not been considered by western psychologists in healing of the behaviour's development.

Maseko (2014) quoted in an article published in a newspaper (Times of Swaziland; Thursday; p. 29, 2000) testifies in court where a diviner has been charged for character defamation. The diviner makes some allegations through the process of kufemba '*articulating of ancestral spirits*' that his anti-social client has been bewitched by his neighbour, that's why he is hallucinating and having nightmares. During the trial, Maseko (2014) was asked to explain the process and the accuracy of kufemba '*articulating of ancestral spirits*' in healing anti-social behaviour.

He explained that 'Kufemba' is the process where his client's ancestral spirits possesses a diviner. As a diviner, his client ancestral spirits would communicate through him because he would understand their language. The spirits would use him as a 'vehicle' to communicate with the client. Ancestral spirits would explain the causes of the illness and healing intervention.

Once the spirits have finished with the revelations, the diviner would come back to his/her senses without knowing anything that had been said or discussed. The client would then inform the diviner on what the ancestors have said about the illness. So, the client would follow the ancestral revelations to heal the hallucination and disillusions.

In conclusion, the western psychologists have not explored these three socio-cultural practices of 'kutfwasisa', 'kuphahla' and 'kufemba' as viable healing processes of anti-social behaviour. Their healing approach, which is based on bio-medical science, simply depends on history of patients and previous biological history without exploring the African ancestral divination system according to their cultural norms and environment.

Moreover, it has been proven that is virtually impossible to discuss social interaction, self-identity and cognitive process in an African context without the consideration of divination. As Peek and Phillip (1991) stated, there is no aspect of life that is not touched by divination because we are connected to the non-living (ancestors) who influence our daily life through a chosen diviner.

The Westerners have granted ancestral divination system only marginal status in human affairs and presumed it to be magical in nature. Banks (2006) also argued that the European tradition tends to characterize the diviner as a charismatic charlatan that is forcing others through clever manipulation of knowledge by inappropriate, credulous and ancient-ridden people, which is not true. Mbiti (1990) mentioned that diviners are men and women of exceptional wisdom and high personal character in the African society.

2.4 African understanding on the causes of anti-social behaviour

There is a notable gap in the understanding of causes of anti-social behaviour development between Africans and western psychologist, which resulted to the poor response in healing approach of the behaviour among Africans. The ancestral calling, community expectations and witchcraft are believed to be a cause of anti-social behaviour according to the African perspective. Contrastingly, Western culture does not embrace the ancestral divination, extended community values and witchcraft as possible causes of anti-social behaviour. They only explain the causes of anti-social behaviour scientifically, which has been elaborated in the next sub-heading. Therefore, the causes of anti-social behaviour have been interpreted out of African context by the westerners.

2.4.1 Ancestral calling as a cause of anti-social behaviour

Ancestral calling to traditional healing causes anti-social behaviour development. Ancestors would choose their favourite individual to use in communicating with the living (Maseko, 2014). Sometimes that individual would resist the calling due to different reasons, such as being a Christian or young age. The ancestral spirits would force their way to that person through hallucination, depression, self-isolation, delusions and disorganisation of life.

The chosen person would develop the abovementioned signs of anti-social behaviour. The candidate would never get peace unless the ancestor's demands are obeyed. Holdstock (2000) identified several precepts that include; nothing exists in isolation, which means that there is a divine source, which is the ancestors. They influence behaviour and lifestyle in their own way. He also stated that the natural world is imbued with power beyond that which can be understood by western logic. These precepts concur with the Bronfenbrenner theory of Ecological systems that behaviour development is a result of a socio-cultural background.

2.4.2 Witchcraft as a cause of anti-social behaviour

The development of anti-social behaviour could also be caused by witchcraft. Middleton (1976) who was studying witchcraft and sorcery in East Africa stated that hallucination, disillusions and

depression could result from witchcraft. He explained that, witchdoctors used the spirits of 'Abelozi' to force a woman into marriage. These spirits would cause the woman to hallucinate, be disillusioned and depressed. She would run around, shouting the name of the person who has sent the spirits of 'Abelozi' to her.

Witchdoctors in their evil pursuit mostly use these spirits. Therefore, she would be taken to that person to neutralize the spirits and he would get an opportunity to propose love to her.

2.4.3 Community expectations as a cause of anti-social behaviour

Africans have a well-developed social value system (Thonga, 1999). These values are so sensitive, such that an individual could find himself devalued by other people in the community because of certain characteristics. According to the Zulu tradition, you are not a man enough if you have not been circumcised. No matter how old you could be, a young boy could call you inkwenkwe *'young boy'*.

He would accept their judgments, which de-value him and discover that his drive for social acceptance, status and prestige are thwarted. As a result, he becomes emotionally depressed, self-isolated, and hope-less. These anti-social symptoms would push him to react defensively or offensively to meet this unsatisfactory situation.

2.5 The western understanding on the cause of anti-social behaviour.

There is still on-going research on the development of anti-social behaviour. Vega (1999) who analysed the western perception towards the real causes of schizophrenia observed that it was very unfortunate that the causes of psychological disorders are not known. However, there are several factors and hypotheses on the causes of these disorders. These are biological, environmental and psychological factors.

It is notable that the western understanding has not included the ancestral calling and witchcraft as possible causes on the development of anti-social behaviour, which narrows their 'net' in designing a universal tool for understanding the behaviour development among Africans.

Therefore, the following paragraphs discuss these factors as explanation of the causes of anti-social behaviour in a western perspective.

2.5.1 Biological factors explanation as a cause of anti-social behaviour

Biological factors consist of anything physical that could cause adverse effects on a person's mental health. This includes genetics, prenatal damage, infections, exposure to toxins, brain defects or injuries, chemical imbalances, and substance abuse. Coster (2014) stated that many professionals believe that the sole cause of anti-social behaviour is based upon the biology of the brain and the nervous system. Look at the following explanations on how biological factors could cause anti-social behaviour.

Genetics

Knight (2001) observed that mental disorder could be genetic. Anti-social behaviour could be traced on generational genes within a family. However, the reliability of identifying the specific genetic susceptibility to anti-social behaviours has proven difficult. When studying family history, the researcher found some resemblance in behaviour within the family. It is very common that if one of the family members was once infected with epilepsy, it would re-infect another family member within the lineage.

Prenatal damage

Any damage that occurs to a foetus while still in its mother's womb is considered prenatal damage. If the pregnant mother uses drugs or alcohol or is exposed to illnesses or infections then mental disorders could develop in the foetus. Coster (2014) also observed that environmental events surrounding pregnancy and birth have been linked to an increased development of mental illness of the offspring.

These include maternal exposure to serious psychological stress or trauma, conditions of famine, birth complications, infections, and exposure to alcohol or cocaine. Such factors have been hypothesized to have been causes of anti-social behaviour.

Infection, Disease and Toxins

A number of psychiatric disorders have often been linked with viruses. Coban (1992) observed that poor general health had been found among individuals with severe mental illnesses, thought to be due to direct and indirect factors including diet, bacterial infections, substance use, exercise levels, effects of medications, socioeconomic disadvantages, lowered help-seeking or treatment adherence, or poorer healthcare provision.

Lyme (1978) study of diseases caused by a deer tick, and related toxins, has expanded the link between bacterial infections and mental illness. The research shows that infections and exposure to toxins, such as streptococcus causes dementia. The infections or toxins trigger a change in the brain chemistry, which could develop into a mental disorder.

Injury and Brain Defects

Any damage to the brain could cause mental disorder. The brain is the control system for the nervous system and the rest of the body. Without it the body cannot function properly. Traumatic brain injury results to higher rates of mood, psychotic, and substance abuse disorders. Therefore, anti-social behaviour could be caused by injury and brain defects. These defects, due to head injury, could result to depression and delusions

Chemical Imbalances

Chemical imbalances could be viewed as disorders of the brain circuits. If there is damage to the neurotransmitters in the brain, then mental disorders could develop. Mental disorders, possibly associated with chemical imbalances, are depression in anti-social behaviour.

Substance Abuse

Coban (1992) mentioned that substance abuse, especially long-term abuse, could cause multiple mental disorders. Alcoholism is linked to depression. The abuse of drugs such as; cannabis, alcohol and caffeine trigger anti-social behaviour. Illicit drugs have the ability to stimulate particular parts of the brain which could affect proper function of the brain and possibly result to hallucination, depression and self-isolation.

Coban (1992) also observed that cannabis had been found to worsen depression and lessen an individual's motivation. Alcohol has the potential to damage "white matter" in the brain which affects thinking and memory.

2.5.2 Environmental factors explanation as causes of anti-social behaviour

Friedman (1988) observed that the term "environment" is very loosely defined when it comes to mental illnesses. Unlike biological and psychological causes, environmental causes are stressors that individuals deal with in everyday life. These stressors range from financial issues to having a low self-esteem.

However, environmental causes are more psychologically based thus making them more closely related. Events that evoke feelings of loss or damage are most likely to cause anti-social behaviour to develop in an individual. Environmental factors include but not limited a dysfunctional home life, poor relationships with others, substance abuse, not meeting social expectations, low self-esteem and poverty.

Friedman (1988) mentioned childhood abuse, trauma, violence or neglect, social isolation, loneliness or discrimination, the death of someone close, stress, homelessness or poor housing, social disadvantage, poverty or debt, unemployment, caring for a family member or friend, significant trauma as an adult, such as military combat, and being involved in a serious accident or being the victim of a violent crime as possibilities triggering an episode of mental illness such as; anti-social behaviour. Look at the following explanations on how the environmental factors cause anti-social disorder.

Life events emotional stress

It is reported that treatment at childhood and adulthood, including sexual abuse, physical abuse, emotional abuse, domestic violence and bullying, had been linked to the development of anti-social behaviours, through a complex interaction of societal, family, psychological and biological factors.

Negative or stressful life events more generally have been implicated in the development of a range of disorders, including mood and depression disorders. The main risks appear to be from a cumulative combination of such experiences over time, although exposure to a single major trauma can sometimes lead to psychopathology, including post-traumatic stress disorder.

Poor parenting, abuse and neglect

Poor parenting was found to be a risk factor for depression and depression. Donald (1966) pointed out that, separation or bereavement in families, and childhood trauma, were found to be risk factors for development of anti-social disorder. He stated that neglect is a type of maltreatment related to the failure to provide needed age-appropriate care, supervision and protection. It is not to be confused with abuse, which, in this context, is defined as any action that intentionally harms or injures another person. Neglect often happens during childhood by the parents or caretakers. Oftentimes, parents who are guilty of neglect were also neglected as children. The long-term effects of neglect could result to anti-social behaviour.

Relationships

Jacobs (2013) mentioned that relationship issues had been consistently linked to the development of anti-social behaviour with continuing debate on the relative impact of the home environment or work/school and peer groups. Issues with parenting skills or parental depression or other problems may be a risk factor. Parental divorce appears to be an increasing risk factor to the development of anti-social behaviour. Early social deprivation or lack of on-going harmonious, secure, committed relationships, have been also implicated in the development of mental disorders.

Johnson (1994) stated that losing a loved one, especially at an early age could have lasting effects on an individual. The individual may feel fear, guilt, anger or loneliness. This could drive a person into solitude and depression. They may turn to alcohol and drugs to cope with their feelings.

Social Expectations and Esteem

How individuals view themselves ultimately determines who they are, their abilities and what they could be. Having both a low self-esteem as well as high self-esteem could be detrimental to an individual's mental health (Scot, 2003).

A person's self-esteem plays a much larger role in his/her overall happiness and quality of life. Poor self-esteem, could result in aggression, violence, self-deprecating behaviour and anxiety.

Poverty

Studies show that there is a direct correlation between poverty and mental illness. It is evident that the lower the socio-economic status of an individual, the higher the risks of a mental illness. Impoverished people are actually two to three times more likely to develop mental illnesses than those of a higher economic class. These families must deal with economic stressors like unemployment and lack of affordable housing, which could lead to mental health disorders.

According to findings, there is a strong association between poverty and substance abuse. Substance abuse only perpetuates a continuous cycle. It could make it extremely difficult for individuals to find and keep jobs. As stated earlier, both financial problems and substance abuse could cause mental illnesses to develop.

2.5.3 Psychological factors explanation as causes of anti-social behaviour

Some clinicians such as Mormond (1998) and Mitz (1983) believe that psychological characteristics alone can cause mental disorders. Others speculate that a mix of social and psychological factors could explain abnormal behaviour.

In many examples, environmental and psychological triggers complement one another resulting in emotional stress, which in turn activates a mental illness, such as anti-social behaviour. Each person is unique in how they would react to psychological stressors. What may break one person may have little to no effect on another.

Psychological stressors, which could trigger mental illness, are as follows: emotional, physical or sexual abuse, loss of a significant loved one, neglect and being unable to relate to others. Emotional detachment is viewed as the major psychological factor that causes anti-social behaviour.

Emotional detachment

The inability to relate to others is also known as emotional detachment. Emotional detachment makes it difficult for an individual to empathize with others or to share their own feelings. An emotionally detached person may try to rationalize or apply logic to a situation to which there is no logical explanation.

These individuals tend to stress the importance of their independence and may be a bit neurotic. Oftentimes, the inability to relate to others stems from a traumatic event which could lead to the development of anti-social behaviour. In a nutshell, it is clear that ancestral calling and witchcraft have not been included as causes of anti-social behaviour development by western psychologists. This has created a gap in the understanding of the behaviour since it is articulated out of the African environment.

2.6 Conclusion

In conclusion, this chapter has demonstrated the body of knowledge on the development of anti-social disorder. The gap and contradictions between African and western approaches on the causes of anti-social and healing interventions has been discussed. This chapter has also proven beyond reason that there is a piece of the 'puzzle' missing in the articulation of anti-social behaviour development between Africans and western psychologists.

We have observed that Africans articulate anti-social behaviour from a socio-cultural perspective, which embraces ancestral divination. African ancestral divination systems have been discussed through the following sub-headings: traditional healer's knowledge of anti-social behaviour; the indigenous healing intervention strategies; the African understanding on the causes of anti-social behaviour; and the western understanding on the causes of anti-social behaviour development.

Moreover, the westerners' use of biological, psychological and environmental factors in understanding and explaining anti-social behaviour development has been discussed in this chapter. The western approach has excluded the African ancestral divination systems as a cause of anti-social behaviour development, which led to a gap in the healing and explanation of anti-social behaviour.

Chapter 3

THEORETICAL FRAMEWORK

3.0 Introduction

The study of African perspective towards anti-social behaviour will be conducted within the ecological systems theoretical framework. This theory supports the African's perception of articulating anti-social behaviour in socio-cultural perspective (Gumede, 1990).

The behaviour is defined along the African lifestyle (socially) in a given environment (Grills,2006). Therefore, the ecological systems' theory will provide proper guidelines for the study because its focus is on the relationship between environment and organism (living; non-living) on behaviour development.

An ecological approach to human behaviour development is not new. Bronfenbrenner (1975) is considered as one of the pioneers of ecological interpretation of human behaviour development in relation to environment. Such an approach has been advocated by Baker and Wright (1975) and their colleagues at the University of Kansas for the past decades in their social researches.

Some other multi-disciplinary group of scientists such as Peter (1992) and Jock (2000) used the ecological systems framework as an emerging theory when analysing personality behaviour. Jock (2000) also used the 'new' theoretical framework in understanding bi-polar behaviour. Jaimes

(1992) brought the same kind of principles on better understanding of psychological controls and regulations.

The ecological theory's aim is to build a body of theory that would guide researchers towards better understanding of the processes of behaviour development in a natural approach. This theory also aims to give answers to some of many social questions, which have not been answered through using other scientific theories, such as the ancestral dimension as a source of anti-social behaviour among Africans.

The ecological systems theory demonstrates a proper appreciation of the nature and scope of the real natural environment, which actually affect the development of behaviour (Jaimes, 1992). Jaimes (1992) also observed that a theoretical frame work that does justice to complexities of human development would have to be based, not just on laboratory studies of the processes that man has in common with animals of many levels, but on the realities of uniquely human behaviour as it occurs and develops in the natural environment.

Peter (1992) emphasises on the importance of analysing behaviour through understanding the natural environment. He observed that understanding behaviour in the natural settings of everyday social lifestyle of Africans is a necessary condition for understanding behaviour development in special settings, such as the laboratories.

Hull (2007) agrees with Peter's (1992) statement by observing that the only way of analysing African social behaviour development could be possible, only through analysing their social and cultural set up. He further stated that social background and cultural practices would always have a direct influence toward behaviour development. He noted that behaviours such as anti-social development were not an exception.

Therefore, the ecological theory recommends more dependence on direct, sustained naturalistic observation of human behaviour. Hull (2007) also criticised investigators who use short-cut methods of understanding human behaviour, that are based upon verbal expression and traditionalists' investigative location, which so often is the experimental laboratories.

This chapter will discuss the relevance of ecological systems theory in analysing African socio-cultural perspective towards anti-social behaviour.

3.1 Definition of ecological systems theory

Ecologist like Lux (2000) and Lyon (1996) defined ecological systems as a scientific study of the relationship between the living organisms with each other and with their environment.
The science of eco-systems focuses on the inter-relations of biotic communities with their living and non-living environment. It is concerned with the dynamic interactions between the individuals, populations and the species which constitutes the community of living organisms in a given natural environment.

Peter (1992) added on ecologist's definition by observing that the interactions are studied in the exchange of materials between the living and the non-living parts of the system. It is in this point of view that most African psychological scholars such as, Gumede (1990) and Quinton (2001) argued that the non-living in the ecological system include the ancestors, which also share materials or information with the living.

The material and the information could be shared through dreams, visions and sickness such as hallucination. As it has been discussed in the literature review, the dreams, visions and the hallucination could come as a warning from the ancestors to the living. They may want to be honoured by the living, but those are the only possible ways of communicating with the living.

Quinton (2001) also pointed out that it is more on the order of a general view of nature, an orientation, a set of beliefs, value assumptions and principles that lead one to approach the issues of human behaviour in a distinctive way through considering the environmental influence. His observation agrees with Pickok (1978) that behaviour development could be influenced by set of community beliefs, such as ancestral practice and also set of traditional values.

Bijou and Baer's (1971) definition of ecological behaviour, explains the socio-cultural African perspective of anti-social behaviour when they mentioned that, behaviour is controlled by the characteristics, which have been inherited from nature. Ambrose (1976) concurs with them when he observed that inheritance could be traced back from early man existence. They worship their gods, which were responsible for their health and prosperity. If these gods are not obeyed, they bring curses and ill-healthy to the community. Therefore, the present African generation inherited this practice.

3.2 The ecological systems theory and anti-social behaviour development.

The ecological theory is seeking to understand human behaviour development through understanding and analysing the human relation with the environment. As Grills (2006) stated, the social perspective analysis of anti-social behaviour is along the lifestyle of the Africans in a given environment. Thus, this study is focusing on the socio-cultural perspective of Africans towards anti-social behaviour.

This theory also connects individual psychological development to social context and the systems within it, such as friends, neighbours, and the community as a whole. It also provides us with a theoretical framework for understanding why the general challenges of development cannot be separated from the challenges of social issues and special need, which are all inevitably interconnected.

As mentioned by Quinton (2001), lifestyle could include; general view of nature, culture, a set of beliefs, values assumptions and principles that lead one to approach the issues of human behaviour in a distinctive way through considering the environmental influence.

Shoko (2012) observed that, it is through transactions with the environment that a person stays alive, grows and develops behavioural capabilities. The environment provides people with different kinds of material and information necessary for living and behaving.

Quinton (2001) cited by Gumede (1990) mentioned that the environment offers early man with few options of surviving. It provided him with hunting and farming grounds. Therefore early men were forced to 'experiment' with the available plants for healing medicine. Even in the spiritual aspect, Africans created their gods to fulfil their spiritual needs.

Rank (1961) noted that every human being is born with a spiritual need. Africans perform rituals to honour their gods. Thus, it is very possible for Africans to articulate the development of anti-social behaviour along their cultural and social practices.

Eziju (2014) noted that the sharing of material and information between the non-living and the living is interactive. People both seek to shape and are shaped by their environments in their daily lifestyle. Cultural and social practices could be determined by the environment. For instance, western environment or community does not embrace ancestral beliefs.

Moreover, environments must be understood as nested sets of contingencies that are ranging from stimuli to larger cultural patterns. Bronfenbrenner (1979) agrees that, these sets of nested contingencies could not be accurately understood without knowledge of the contexts or the environment in which they occur.

It has been observed that formal learning theories such as ethnography, reinforce and discriminative (Hilgard & Bower, 1996) have given major emphasis to the environment only, in shaping human behaviour without recognizing that living organism and the environment are inter-dependant.

Therefore, the following paragraphs will explain the African perception that the development of anti-social behaviour could be explained and understood along the socio-cultural parameters in relation to the environment. Knight (2001) observed that there are basically three possible men and environment relations that could influence behaviour in human development. His observations are as follows;

3.2.1 Man is reducible to the environment

This relation is based on the metaphysical assumption of the primacy of the material world. That is, thought and action of man is attached to the environment. Human behaviour development is a 'shaping' process in which the environment is the shaping agent and man's behaviour is the object to be shaped. In this relation, the development of behaviour could not be noticed. However, human changes are explained without noticing that the environment is in control.

This relation explains that the environment could have an influence to living organisms without being noticed. Knight (2001) pointed out that the ignorance on environmental control could result to different beliefs. Some other people do not believe in ancestral influence in their daily lives, therefore they won't accept and understand when one of them shows some signs of anti-social behaviour as a calling from the ancestral world.

Knight (2001) also elaborates that the relation itself reflects the image, which is sometimes blurred in the sense that the function of the environment in man is not being noticed. The environment effect is only noticed at the later stage of the behaviour development when some signs such as hallucination for anti-social behaviour begin to appear.

MacFadden (1991) emphasises that any entity, which includes man, is to be understood according to the analytic ideal of reducing complex variable processes like, thinking, wishing, willing, perceiving to responses that would be helpful to find the forces, which form the complexities. It has been observed that the forces are from the environment. Thus it could be detrimental to analyse any behaviour without considering the role play by environment in behaviour development.

MacFadden (1991) also quoted Allport (1978) and Bowers (1979) with their 'situationism' approach in explaining ecological perspective which is generated by the 'man and environment relation' quoted Mackurk (1977) when explaining that man is understood to be reducible to the environment.

The situationism perspective is characterised by traditional learning theories, social learning theories and operant theories, which follow the structures that ultimately all behaviour is to be considered a function of the environment. These theories emphasise that human behaviour is directly or indirectly influenced by the environment.

Therefore, behaviour should be explained in relation to the environment. Allport (1978) and Bowers' (1979) observation means that even anti-social behaviour, should be understood along the influence of the environment.

Lewis (1988) also explains that human situation should be considered when interpreting behaviour development. He mentioned that the situationism concept explains behaviour development like anti-social behaviour, as a simple reflection of earlier environmental attachment.

This explanation by Lewis (1988) agrees with the evolution theory, which attaches early man development to the environment. Evolutionists explain that the environment controlled early man behaviour. Social and cultural practices were determined by environment convenience. Gumede (1990) stated that early man practiced hunting to demonstrate hero-ship and become popular among women when they proved to be the best hunter. Therefore, the practice of hunting became a cultural and social lifestyle among early African men due to the community that supports and encourages the practice.

Dlamini (2005) concurs with Lewis (1988) when explaining the ancestral calling of a traditional healer in a family set up, in relation to the environment. He mentioned that when the community, which is the environment where the family lives, embraces cultural practices such as ancestral belief, there would be a situation whereby the ancestors would choose a family member to practice traditional healing. During that process, signs of anti-social behaviour, such as; hallucinating, self-isolation and depression would manifest to the chosen candidate.

It is in this point of view, as Lewis (1988) pointed out that the study of African perspective towards anti-social behaviour should be conducted along the ecological systems theory explanation of human behaviour development. MacFadden (1991) stated that "the environment produce stimulus feedback when responded to". The stimulus feedback is called ecological reinforce, which is the

environment. The nature of the environment guarantees reinforcement for ecological behaviour". Briefly, this statement by this ecologist means that the environment is a 'construction' of a man. It determines the behaviour of man in a certain environment.

Look at the following relation of man and the environment below, which demonstrates that man is not independent from the environment, which influences behaviour development.

3.2.2 Environment reducible to man

The second categorical relation between man and the environment is that in which the environment is reducible to man. That is, what is commonly called the environment is held to be itself merely a construction of man. The assumption here is that man is not an independent material substance but rather consists of universal forms or ideas, which constitute man's nature.

This relation reflects the rationalists and idealist philosophy of Plato who advocated that the environment defines man socially. He hypothesises that environment influences the social lifestyle of man. This includes a set of beliefs, hobbies, feelings and decisions. Although Plato's assumptions have not led to a specific well-formed ecological perspective, but its influence has been used by Lux (2000) recent defence of idealist position as the position, which best accounts for the facts of language development.

Therefore, this relation of environment reducible to man demonstrates that environment 'dictates' to man. The environment defines human behaviour development. The environment controls man's feelings, beliefs, lifestyle, etc. For instance, if the community does not frown upon child abuse, there would be a high rate of child abuse cases in that environment. Like when crime and violent is not condoned in community, there would be more cases of violence and abuse because that is what the community or environment breed. Kegan (2002) makes an example of a child that is living with a family where violence is the order of the day. He explains that the environment of the child where he grows up would shape his behaviour and accept that violence is an acceptable

way of life. The environment has shaped the character where the child is living. He also makes a contrast of a child that grows up in a Christian family. He noted that it was highly possible for the child to embrace Christian values because of the environment.

3.2.3 Man and environment as independent systems

The third categorical relation is that in which two independent systems, which are man and the environment, reciprocally interact and exert formative influences on each other. The assumptive base of this relation is opposed to both static material reality (man is reducible to the environment) and static reality of inherent forms (Environment reducible to man). This relation means that there would be no environment for behaviour development without human beings and there would be no behaviour development in human beings without an environment. So this system is both important for behaviour development. Therefore, organism (human) and the environment could not be applied separately when studying human behaviour development.

Wade (2001) pointed out that, one of the central conceptual issues of behavioural ecology is the transactional character of organism and environment systems. Studying behaviour by its self is always short-sighted because behaviour development points two ways or relates in two directions, which is the organism and the environment. Behaviour represents the coming to terms that occurs in organism and environmental systems as a final product. This observation means that from an individual behaviour, you could also articulate the environment, which 'produced' that person. Thus, Wade (2001) noted that, ecologist would argue that we must study behaviour and environments units rather than behaviour units only as scientists would do in laboratories.

Wade (2001) further explains that, without that perspective of studying both organism and environment, the bits and pieces we are studying so frequently in experiments and which we think so indiscriminately in psychotherapy, behaviour modification and behavioural pharmacology are all abstractions that have lost much of their scientific and practical usefulness. This is because they are separated from the contextual inter-dependencies of everyday life.

Furthermore, Hull (2007) pointed out that the disadvantage of abstracting bits and pieces while studying behaviour as mentioned by Wade (2001), could create unintended effects in the ecological systems with which the behaviours are linked.

He also observed that even when we look at the performance for diagnostic judgments and assessments of how well a person is doing, we might be misled if we restrict our judgments to behaviour alone rather than behaviour-environment units.

3.3 Levels of environments and behaviour development

Bronfenbrenner (1975) observed that there are different environments for behaviour development. He noted that each environment supports different development of behaviours. All these levels of behaviour development, as analysed in the Bronfenbrenner ecological systems theory complement each other in analysing the development of behaviour in relation to environmental influences. The different environment levels includes; micro system, mesosystem, exosystem, macro system and chronosystem. The mesosystem and chronosystem environment influences the unique socio-cultural development among Africans such as; culture and lifestyle among neighbours, family and friends.

The mesosystem and chronosystem environmental levels of the ecological systems focus on social and cultural interactions between organisms and the environment. These are the levels where culture and social lifestyle determines and influences behaviour development. Clarke (1976) mentioned that human beings need to meet biological and social needs in order to survive, and nature endowed humans with a basic toolkit composed of abilities, dispositions, and preferences in order to meet those needs.

Meeting those needs, and ultimate survival, however, is dependent on the degree to which people could adapt to their specific environments, that is, apply their basic tools to the problems posed to them by the specific environments in which they exist.

Different environments introduce different problems that humans must deal with-adapt to-in order to survive. Fortunately, humans need not reinvent the wheel to create entirely new solutions to the problems of survival posed by their environments in each cycle of life; these solutions are environmental adaptations and form the basis of culture.

In my view, therefore, culture is the set of ways that emerges when a group uses the basic tools inherent in its members to address the problems presented by the larger ecological context in which the group exists in order to meet biological needs and social motives. Culture is a solution to the problem of how to survive, given the problems in the environment, the physical and social needs that must be addressed with the tools available in the African setting.

The following paragraphs discuss how chronosystem and mesosystem levels of environments in the ecological systems theory influence culture and social lifestyle into behaviour development such as anti-social behaviour.

3.3.1 Chronosystem environmental level and cultural belief

Cultural belief is found in the chronosystem environment in the ecological systems theory. This level of environment explains the connections between the environment and culture of a society into behaviour development. People who live in the same environment tend to develop the same cultural practices, as supported by the community.

3.3.2 The effects of culture on anti-social behaviour

Irwin (2000) noted that environment influences culture, which turned to be instrumental in behaviour development. Different communities have different cultures, which have been influenced by the environment. A society, which embraces cultural beliefs such as ancestral practice, would 'produce' a community that is affected by anti-social behaviour (Junoid, 1971). The behaviour becomes the end result of cultural influence. Thus, hallucinations, nightmares and visions would occur during ancestral calling process, which results to anti-social behaviour development.

Jacobs (2013) also noted that human behaviour is affected both by genetic inheritance and by experience in a given environment. The ways in which people develop are shaped by cultural experience and circumstances within the context of their inherited genetics, which are from one ancestral generation to another.

Jacobs (2013) also observed that human behaviour varies from culture to culture and from time period to time period in given environments. Every social group has generally accepted ranges of behaviour for its members, with perhaps some specific standards for subgroups, such as adults and children, females and males.

Unusual behaviours may be considered either merely amusing, or distasteful, or criminally punishable in some environments. Some normal behaviour in one culture may be considered unacceptable in another. For example, aggressively competitive behaviour is considered rude in highly cooperative cultures. Conversely, in some subcultures of a highly competitive society, such as that of the United States, a lack of interest in competition may be regarded as being out of step. Although the world has a wide diversity of cultural traditions, some kinds of behaviour (such as incest, violence against kin, theft, and rape) are considered unacceptable in almost all of them.

Each person is born into cultural setting such as, family, community, social class, language, religion and eventually develops many social connections. Furthermore, culturally induced behaviour patterns, such as speech patterns, body language, and forms of humour, become so deeply imbedded in the human mind that they often operate without the individuals themselves being fully aware of them as explained by Johnsn (2014). Every culture includes a somewhat different web of patterns and meanings in a given environment.

Within a large society, there may be many groups, with distinctly different subcultures associated with region, ethnic origin, or social class. If a single culture is dominant in a large region, its values may be considered correct and may be promoted.

Fair or unfair, desirable or undesirable, social distinctions are a salient part of almost every culture. The form of the distinctions vary with place and time, sometimes including rigid castes, sometimes tribal or clan hierarchies, sometimes a more flexible social class. Class distinctions are made chiefly on the basis of wealth, education, and occupation, but they are also likely to be associated

with other sub-cultural differences, such as dress, dialect, and attitudes toward school and work, which could result to development of anti-social behaviour.

The culture of language, diet, tastes, and interests influences how the society would perceive the social world. Moreover, class affects what pressures and opportunities people would experience and therefore affects what paths their lives are likely to take, which includes schooling, occupation, marriage, and standard of living. Still, many people live lives differently from the norm for their class.

Dlamini (2005) noted that throughout most of human history, people have been almost certain to live and die in the class into which they were born. The times of greatest upward mobility have occurred when a society has been undertaking new enterprises (for example, in territory or technology) and thus has needed more people in higher-class occupations. In some parts of the world today, increasing numbers of people are escaping from poverty through economic or educational opportunity, while in other parts, increasing numbers are being impoverished.

Irwin (2000) observed that different settings are associated with different cultural meanings and these differences influence behaviour. Being in public, for example, is different from being in private, and individuals regulate their behaviours much more in public than in private.

The regulating effect of public settings may be because being in public is associated with the cognitive representation that others have knowledge of oneself and could make causal attributions and judgments about oneself (Baumeister, 2005; Tomasello, 1999). Thus, people watch what they do because they are concerned about how they would be judged by others in a community.

3.3.3 The mesosystem environment level and Family as a social entity

The mesosystem environment level of the ecological systems theory uses the family unity in analysing social lifestyle. Behaviour development starts to develop from the day to day lifestyle practices. Grills (2006) gave an inclusive definition to family. She stated that family includes persons who are related by blood, marriage, or adoption with common goals. These people are

also interdependent and committed to each other. Humans are inherently social, as such; survive by taking advantage of the power of the group (family).

Groups create solutions to the problems posed by their environments in order to address biological needs and social motives. Anti-social behaviour development is caused by social interaction. This social interaction is the immediate environment in which a person is operating, such as the family, friends and neighbourhood. Social life-style of a family, friends and neighbours influence each other. Dlamini (2005) observed that most of his clients have a history in ancestral calling and traditional healing practicing in their families.

When a family member dies, ancestral spirits would choose one in the same family to continue with the legacy. However, when they manifest themselves, they show some signs of being anti-social. These signs are not limited to hallucinating, self-isolation, delusions but also with failure in making relationship with neighbours and friends. Thus, these signs are referred to as anti-social behaviour. The development of intelligence is another dimension that explains the ecological systems on how it affects human behaviour development at family level.

Evidence suggests that family environmental factors may have an effect upon childhood intelligence development. The American Psychological Association's report "Intelligence: Known's and Unknowns" (1995) states that there is no doubt that normal child development requires a certain minimum level of responsible care. Here, environment is playing a role in what is believed to be genetic (intelligence) but it was found that severely deprived, neglectful, or abusive environments have highly negative effects on many aspects of children's intellect development.

However, the role of family experience contributes immensely in the intelligence development of a child. Therefore, from the intelligence development point of view, it has been noted that the environment also plays a pivotal role in developing intelligence as in the case of developing anti-social behaviour.

3.4 The ecological systems and the African Paradigm Model

Kambon (1998) formulated the African paradigm model. This model utilizes traditional African philosophical-cultural values, beliefs and behavioural norms for formulating and constructing the psychological traits, dispositions and behavioural patterns that are used to represent normal and natural personality as distinguished from maladaptive, abnormal and dysfunctional personality that could have been resulted from anti-social behaviour.

Grills (2006) also used the model when analysing Kenyan' traditional healers lifestyle, which concurs with the ecological systems theory. She noted that behaviour comes from a 'source', which is a divine source. Africans consider the divine source as ancestors. She explains that ancestors operate in the soul and body of human beings in a given social environment. Their operations in the body and soul begin to manifests.

Human beings become aware of ancestral operations when anti-social behaviour symptoms began to manifest. These symptoms include hallucination, self-isolation, disillusion and disintegration of life. As a result, anti-social behaviour develops. Have a look at the following model below as constructed by Grills (2006) which illustrates that behaviour is from a divine source that operates in a social environment and manifest itself in a form of behaviour, such an anti-social behaviour.

African Paradigm Model constructed by Grills (2006, p 89)

Source	Social environment	Manifestation	Behaviour
Ancestral divine→	Soul and body	→ Awareness	
		→ Cognition	→ Anti-social disorder
		→ Consciousness	

The above model demonstrates that human beings (soul and body) operate in a social environment as stated by the ecological systems. Ancestral divine influences human being (body and soul) into an anti-social behaviour. The presence of the ancestors in the body and soul begin to manifests itself through hallucinations, visions and self-isolation, which turn to be anti-social behaviour.

Thus, this model clearly explains the African perception of articulating anti-social behaviour along the social environmental paradigm as demonstrated by the above model. It indicates that indeed there are some ancestral spirits, which control the body and soul of an individual and they could be manifested through the behaviour of that individual in a social environment.

Omark (1987) observed that the African Paradigm model approach is closely related to the evolution theory, which was advocated by ethnologist and anthropologist. He noted that all these approaches in interpreting behaviour development include environmental influences towards behaviour development.

Look at the following sub-title which Omark (1987) justifies Africans perception of articulating anti-social development behaviour along the socio-cultural parameters. He used the evolution theory in relation to the environment to explain Africans ancestral belief and behaviour development.

3.5 Ecological factors and the evolutionary theory

Ormark (1987) mentioned that the dynamic interdependency between the developing organism (human beings) and its environment is used in the evolutionary model. Such a model assumes that factors which operated on the ancestors of organisms could prove to be important in explaining the organism current behaviour. His observation concurs with Gumede (1990) when he mentioned that genetic historical consideration could not be ignored when interpreting human behaviour. The ancestral belief has been existing since time immemorial among Africans (Holdstock, 2000). Thus, it could not be ignored when interpreting the development of anti-social behaviour.

The evolution approach attests to the fact that ancestors have been in existence for some time. Anthropologists have proven this fact by digging human skeletons and fossil tools, which were proven to be gods for ancient Africans (Devoire, 1968). The gods were worshipped by Africans. They were divine source. They punished with curses and mental disorders if they were not obeyed. People would hallucinate, self-isolation and experience nightmares when they disobeyed the gods.

The evolutionary approach clearly explains Africans' point of view in analyzing anti-social behaviour and supports the ecological theory in the sense that evolutionists investigate more or less genetically related organisms that still exist in the environment in which early man existed.

This approach explains the society formation which is characterized by social lifestyle that influences behaviour development. Evolutionary theory makes inferences about early man's social behaviour based on the current behaviour of living organism. Living organism behaviour is being examined through considering behaviour, which is presumed to have been performed by early man. Since early man was generally assumed to be hunters, this led to the examination of the social behaviour due to the concentration or high volume of fossil tools used for hunting and the skeletal remains of people.

Miller (1996) explains that, ancient Africans who disobeyed their gods and being cursed with mental disabilities would be killed and buried at the same spot. Archaeologists would explain the societal structures by digging and analyses the volume of skeletons in that environment. It is in

this understanding from the historical ancient society, which drives Africans to interpret anti-social behaviour development along the social life-style perspective.

3.6 Conclusion

In conclusion, this chapter demonstrated how anti-social behaviour development could be analysed and interpreted in the parameters of the ecological systems. This theory supports the African's perception of articulating anti-social behaviour in socio-cultural perspective. The behaviour is defined along the African cultural lifestyle in a given environment.
The chapter has also given evidence that the ecological systems approach to human behaviour development is not new. Bronfenbrenner (1975) is considered as one of the pioneers of ecological interpretation of human behaviour development in relation to environment. Such an approach has been advocated by Baker and Wright (1975) and their colleagues at the University of Kansas for the past decades in their social researches.

As stated in the introduction, the ecological theory's aim is to build a body of theory that would guide researchers towards better understanding of the processes of behaviour development in a natural approach. This theory also aims to give answers to some of many social questions, which have not been answered through using other scientific theories, such as the ancestral dimension as a source of anti-social behaviour among Africans.

The ecological systems theory demonstrates a proper appreciation of the nature and scope of the real natural environment which actually affect the development of behaviour (Ambrose, 1976). The evolutionary theory has also supported the ecological system in analysing behaviour development. Omark (1987) justifies African's perception of articulating anti-social development behaviour along the socio-cultural parameters. He used the evolution theory in relation to the environment to explain Africans ancestral belief and anti-social behaviour development.

The African paradigm model, which was formulated by Kambon (1998) has also been discussed in relation to environment. This model utilizes traditional African philosophical-cultural values, beliefs and behavioural norms for formulating and constructing the psychological traits,

dispositions and behavioural patterns that are used to represent normal and natural personality as distinguished from maladaptive, abnormal and dysfunctional personality that could have been resulted from anti-social behaviour.

Grills (2006) also used the model when analysing Kenyan' traditional healers life style, which concurs with the ecological systems theory. She noted that behaviour comes from a 'source' which is a divine source. Africans consider the divine source as ancestors. She explains that ancestors operate in the soul and body of human beings in a given social environment. Their operations in the body and soul begin to manifests. Therefore, the ecological systems' theory would provide proper guideline for the study because its focus is on the relationship between environment and organism (living; non-living) on behaviour development.

Chapter 4

Research methodology

4.0 Introduction

This chapter introduces the mixed research strategy and techniques applied in this the study. The first part of the research approach discusses quantitative technique used in the study. It also unpacks the questionnaire as data collection tool of this approach and analysed using SPPS. The second part focuses the qualitative research technique. Focus group discussions, participant observation and scheduled interviews have been used as data collection tools of the qualitative approach. Then, the data has been analysed thematically. This chapter also discusses the embedded design of the mixed research method. Priority, timing, data collection and analysis as well as the level of integration between the two approaches have also been covered in this chapter. It is also defines the scope and limitations of each research design, and its relevancy in answering the research questions for this study.

4.1 Definition of mixed research method

Mixed methods research is an approach which combines quantitative and qualitative research methods in the same research inquiry (Venkatesh, 2013). Such method will help to develop rich insights into understanding the traditional healer's perceptions towards anti-social behaviour which cannot be fully understood using only a quantitative or a qualitative method.

The researcher opted for this research method for the purpose of triangulation and greater validity in the study. Bryan (1990) mentioned that quantitative and qualitative research might be combined to triangulate findings. This method also provides completeness to the research. Bryan (1990) also argued that the researcher can bring together a more comprehensive account of

the area of inquiry in which he or she is interested if both quantitative and qualitative research are employed.

PART ONE

4.2 Qualitative research approach

The philosophical assumptions guiding this research on traditional healers' perceptions of anti-social behaviour development come from the qualitative research approach which explains reality as socially constructed. Merriam (2009) explain that qualitative researchers are interested in understanding the meaning people have constructed, that is, how people make sense of their world and the experiences they have in the world. Her explanation was based on the qualitative research purpose and its focus. However, some authors such as, Parkinson and Drislane (2011) emphasize on the epistemological stance which explain that qualitative research approach use methods such as participant observation or case studies which result in a narrative and descriptive account of a setting or practice.

The common factor in the above explanations is that, qualitative research approach seeks to understand the meaning which people have constructed and make sense of their world through their experiences. The researcher wants to explore traditional healer's perceptions of the development of anti-social behaviour. As noted in chapter 2 of the study, the body of literature explains that Africans understand the development of anti-social behaviour along the ancestral divination system parameters which explain the behaviour from ancestral calling's point of view.

The above paragraph explains that qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive and material practices such as the ancestral divination practice which makes the world visible. These practices transform the world (Patton, 2002). The researcher will 'turn' the world of traditional healers into a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them. (Denzin, 2000). Qualitative approach aims to gather an in-depth understanding of human behaviour and the reasons that govern such behaviour. Jeff (2001) observed that we can understand events only when they are situated in their social context where behaviour and identity develops. Qualitative approach

has the ability to cover these events because it allows the researcher to be part of the people being studied. The researcher will follow up and observe these events such as the performance of ancestral rituals on anti-social behaviour patients.

Jeff (2001) also cited researchers such as Forster (1992), Ngwenyama (1991), Ngwenyama and Lee (1997) who assumed that social reality is historically constituted and that it is produced and reproduced by people. Their assumption proved that human behaviour (anti-social behaviour) can be a unit of study in consideration of their social life and history. Hence, qualitative approach will help to penetrate the frame which traditional healers operate through studying their social life style, such as culture, values and their own general views of the world to have their insight on their perceptions regarding the development of anti-social behaviour and ancestral calling.

In a nutshell, the researcher will use qualitative and quantitative mixed research approach in explaining the traditional healers' perception on the development of anti-social behaviour since its focus in understanding people perceptions in their settings. Bryan (1990) also mentioned that qualitative study seeks to describe the social world through analysing culture and behaviour of humans from the point of view of those being studied.

Research design

4.3 Qualitative case study

The research has adopted a qualitative case study approach in explaining the traditional healer's perceptions towards the development of ant-social behaviour. A qualitative case study examines a phenomenon within its real-life context (Ryan & Bernard, 2000). The researcher seeks to explore traditional healers' ancestral divination systems in their explanation of anti-social behaviour development. Therefore a qualitative case study will enable the researcher to collect data on or about a single traditional healer, group, and their ancestral calling initiation events.
Dexheimer-Pharris, (2011) mentioned that the primary purpose of the case study is to understand the unique operations of studied units; hence the researcher is exploring the traditional healers' unique ways of dealing with anti-social behaviour development. Case studies represent the large

population and findings in the study will be used to apply to other psychological cases and contexts (Parkinson & Drislane, 2011). The researcher will use in-depth unstructured interviews which will explore their unique aspects of traditional healers when dealing with anti-social behaviour development in the qualitative case study.

Hebert and Beardsley (2001) observed that implications of a case study approach for qualitative data collection and analysis are several. First, participants in the case study should be selected for their unique properties, such as experience in traditional healing. Hence, it is the case's special attributes that are of interest.

Moreover, qualitative case studies focuses largely on defining case features and the differences they exhibit from other individuals/events in the larger population. The traditional healing practice is one feature which distinguishes the case study group from the larger population. As mentioned above, the knowledge gained from this case study will be applied to the larger population.

4.4 Data collection

The selection of data will use different methods, such as un-structured interviews, observation, focus groups which form the major data collection strategies for this qualitative research. According to Guba and Hunter (2003), the uses of different methods compensate limitations and exploits respective benefits which strengthen validity.

4.4.1 Un-structured interviews

Interviews are a widely used tool to access people's experiences and their inner perceptions, attitudes, and feelings of reality. The decision to use unstructured interviews as a data collection

method is governed by both the researcher's epistemology and the study's objectives. The researcher use unstructured interviews due to the insight from constructivist point of view on social reality and correspondingly design studies within an interpretive research paradigm. They believe that, to make sense of a study participant's world, researchers must approach it through the participant's own perspective and in the participant's own terms (Denzin,2000)

Interviews can be divided into three categories: structured interviews, semi-structured interviews, and unstructured interviews (Fontana & Frey, 2005). The researcher will use un-structured interviews when collecting information from the traditional healers.

The unstructured interview technique, which will be used by the researcher, was developed in the disciplines of anthropology and sociology as a method to elicit people's social realities. They are several definitions of un-structured interviews. Minichiello et al. (1990) defined them as interviews in which neither the question nor the answer categories are predetermined. Instead, they rely on social interaction between the researcher and the informant.

Punch (1998) also described unstructured interviews as a way to understand the complex behaviour of people without imposing any prior categorization, which might limit the field of inquiry. Patton (2002) definition describes unstructured interviews as a natural extension of participant observation, because they so often occur as part of on-going to provide minimal guidance and allow considerable flexibility for the interviewees.

While the definitions are not the same, there is more agreement about the basic characteristics of unstructured interviews. The researcher comes to the interview with no predefined theoretical framework, and thus no hypotheses and questions about the social realities under investigation. Rather, the researcher will have conversations with interviewees and generates questions in response to the interviewees' narration.
Consequently, each unstructured interview might generate data with different structures and patterns. The intention of an unstructured interview is to expose the researcher to unanticipated themes and to help him or her to develop a better understanding of the interviewees' social reality from the interviewees' perspectives (Morgan, 1998).

Therefore, unstructured interviews will break the traditional healers' operations framework and allow the informants to ramble and move away from the purpose of the study, since it is not easy to 'operate in the lifestyle' of traditional healers because their ancestral calling demands confidentiality and sacredness, as observed by Mahlangu (2000). However, the researcher will reach the data which defines the traditional healer's perspective on the development of anti-social behaviour. Moreover, Measor (1985) stated that he always go along with rambling for a while, but he tries to make note about what is missed and cover it in the next interview.

Just because unstructured interviews don't use predefined questions, it does not mean that they are random and non-directive. Unstructured interviews cannot be started without detailed knowledge and preparation, if you hope to achieve deep insights into people's lives (Patton, 2002). The researcher will keep in mind the study's purpose and the general scope of the issues that he or she would like to discuss in the interview (Fife, 2005). The researcher's control over the conversation will be minimal, but nevertheless the researcher will try to encourage the interviewees to relate experiences and perspectives that are relevant to the problems of interest to the researcher.

4.4.2 Participant Observation

Participant observation will be used to collect data from the traditional healers. The researcher will participate and observe their day-day activities. They are various definitions of participant observation. Marshall and Rossman (1989) define observation as the systematic description of events, behaviours, and artifacts in the social setting chosen for study.

The observations will enable the researcher to describe existing traditional healers perceptions on anti-social behaviour situations using the five senses (hear, touch, smell, sight and taste). Thereafter, the researcher will provide a 'written photograph' of the situation under study (Erladson, Harris, Sipper & Allen, 1993).

Demunck (1998) describe participant observation as the primary method used by anthropologists doing fieldwork. Fieldwork involves active looking, improving memory, informal interviewing, writing detailed field notes, and perhaps most importantly, patience.

Moreover, Dewalt and Dewalt (2002) defines participant observation as the process which enable researchers to learn about the activities of the people under study in the natural setting through observing and participating in those activities. It provides the context for development of sampling guidelines and interview guides (Dewalt & Dewalt, 2002). Schensul and Lecompte (1999) also define participant observation as the process of learning through exposure to or involvement in the day-to-day or routine activities of participants in the researcher setting.

As noted by Finn (2003), these definitions cited by the above aforementioned authors in the observation process means that the researcher will be part of the traditional healers to the extent that the members themselves include the observers in the activity and turn to observe for information about how the group is operating. He also indicates that it is at this point, when members begin to ask the observer questions about the group and when they begin to include the observer in the 'gossip,' that it is time to leave the field. This process he describes of becoming a part of the community, while observing their behaviours and activities, is called participant observation.

As a participant observer, the researcher will have an open, non-judgmental attitude, interested in learning more about others, aware of the propensity for feeling culture shock and for making mistakes (the majority of which can be overcome), being a careful observer and a good listener, and being open to the unexpected in what is learned. Dewalt and Dewalt (1998) classified these features as good characteristics of a participant observer.

The participants' observation method will be useful to the study in a variety of ways. It will provide the researcher with ways to check for nonverbal expression of feelings, determine on who interacts with whom, grasp how participants communicate with each other, and check for how much time is spent on various activities (Schmuck, 1997).

Participant observation also allows researchers to check definitions of terms that participants use in interviews, observe events that informants may be unable or unwilling to share when doing so would be impolitic, impolite, or insensitive, and observe situations informants have described in interviews, thereby making them aware of distortions or inaccuracies in description provided by the informants. (Marshall & Rossman, 1995). This will brings holistic understanding of the research objectives.

Dewalt and Dewalt (1998) believe that the goal for design of research using participant observation as a method is to develop a holistic understanding of the phenomena under study that is as objective and accurate as possible given the limitations of the method. They suggest that participant observation be used as a way to increase the validity of the study, as observations may help the researcher to have a better understanding of the context and phenomenon under study.

4.4.3 Focus groups

Focus group interview is one of the valuable tools for collecting qualitative data. According to Wisker (2001), the use of focus interview is highly desirable for obtaining information based on emotions, feelings, experiences, sensitive issues, insider experience, privileged insights and experiences which this study tends to explore in the traditional healers case study. Krueger (2000) aslo observed that focus group provides a more natural environment than that of individual interview because participants are influencing and influenced by others- just as they are in real life.

Focus group interview aims at collecting high-quality data in a social context (Patton, 2002), which primarily help to understand a specific problem from the viewpoint of the participants in the research. It also provides a rich and detailed set of data about perceptions, thoughts, feelings and impressions of people in their own words (Stewart & Shamdasani, 1990). The focus groups will be beneficial since the researcher intends to find out the traditional healers understanding and experiences about anti-social behaviour development and reasons behind their particular pattern of thinking.

A focus group is comprised of individuals with certain characteristics who focus discussions on a given issue (Anderson, 1990). The researcher will have four groups of traditional healers coming from the four regions of Swaziland. According to Denscombe (2007), focus group consists of a small group of people, usually between six and nine in number, who are brought together by a trained moderator (the researcher) to explore attitudes and perceptions, feelings and ideas about a topic. A focus group interview provides a setting for the relatively homogeneous group to reflect on the questions asked by the interviewer.

The focus groups will discuss the following unstructured topics.

1.   The association of hallucination and ancestral spirits.
2.   The disorganization in life of someone who has been chosen by ancestors
3.   Delusions in anti-social client which are regarded as visions from ancestors.
4.   The causes of anti-social disorder.
5.   The healing of anti-social client through ancestral rituals and initiations.
6.   Ancestral calling.

These topics are designed to bring to the surface the perception of the traditional healers on anti-social disorder development. They will also bring the differences and contradictions between their replies which will strengthen validity of the study. The group discussions will be recorded and few key notes will be taken.

4.5 Data analysis method

Thematic data analysis approach will be used to analyse the data of the research. It is the most common form of analysis in qualitative research. Thematic data analysis emphasizes on pinpointing, examining, coding and recording patterns (themes) within collected data. Themes are patterns across data sets that are important to the description of a phenomenon and are associated to a specific research question (Dey, 2004). Therefore, themes will be developed from the data

collected from traditional healers. These themes will be divided and into main themes and sub-themes to become categories for analysis.

The researcher will use codes to categorize the themes and sub-themes in the collected data. Coding refers to the creation of categories in relation to data. It is the grouping together of different instances of data under an umbrella term that can enable them to be regarded as 'of the same type' (Denzin, 2000). Thematic analysis will be performed through the process of coding in six phases to create established and meaningful patterns in the data. These phases are; familiarization with data, generating initial codes, searching for themes among codes, reviewing themes, defining and naming themes, and producing the final report of the study.

The codes will then be interpreted through comparing of theme frequencies, identifying theme co-occurrence, and graphically displaying relationships between different themes in the data. Kardorff (2004) stated that researchers should consider thematic analysis as a very useful method in capturing the intricacies of meaning within a data set. This is reflective in thematic analysis because the process consists of reading transcripts, identifying possible themes, comparing and contrasting themes, and building theoretical models.

The researcher chose this method of analysing data because it focuses on the human experiences subjectively and addresses questions about people's perspectives and experiences (Harden 2004). The study seeks to surface the African perception towards anti-social disorder through traditional healer's experiences. Therefore thematic analysis will be ideal for this study since this approach emphasizes on the participants' perceptions, feelings and experiences as the paramount object of study.

Boyatzis (1998) observed that thematic analyses require more involvement and interpretation from the researcher. The analysing of data moves beyond counting explicit words or phrases and focuses on identifying and describing both implicit and explicit ideas within the data which are themes. They are defined as a level of patterned responses or meaning from the data that is related to the research questions.

The researcher will consider patterned responses from the traditional healers on the following research questions to formulate themes.

- How do traditional healers understand by anti-social behaviour and ancestral calling?
- What are the causes of anti-social behaviour within an African perspective?
- What intervention strategies do indigenous African use towards treating anti-social behaviour?

These developed themes on the research questions will eventually provide a bigger picture of the African perspective towards anti-social disorder.

The thematic data analysis will be done by following the trends in the patterns that emerged in the course of the research. One fundamental tenet of the sociology is that there is no one inevitable way of developing social artifacts (Yin, 1994). Therefore, when interviewing respondents, the researcher will be transcribing and listening for narratives and develop unforeseen themes from the data.

Moreover, Cresswell (1997) observed that unforeseen themes will identify the explicit and surface meaning of the data as presented by the traditional healers. The researcher will not look beyond what the traditional healers have said or wrote to represent a rich description of the entire data. In the process, themes will be constructed to identify underlying ideas, patterns, and assumptions of the traditional healers.

This requires much interpretation of the data, since the study will apply unstructured interviews in data collection which allows rambleness of the interviewees (McIntyre, 2008). The researcher will focus on the specific area of interest across the majority of the data set. The area of interest will be the traditional healer's perception towards anti-social behaviour.

4.6 Limitations of qualitative research design

o **High chances of being subjective**

When conducting qualitative research, it is generally accepted that researchers should interact directly and intensively with the subjects of their research over a period of time. Qualitative approach has the ability to cover events because it allows the researcher to be part of the people being studied.

The researcher follows up and participates in these events such as the performance of ancestral rituals on anti-social behaviour patients. In the process of 'living' with the study units (traditional healers), the researcher might develop interests and begin to be biased and take sides, thus resulting in subjectivity. To avoid being exposed to subjectivity, the researcher will stick on the objectives of the study.

o **Informant's tight schedule**

Since the qualitative research approach demand more time with informants, this can be a challenge because traditional healers are always busy with their clients. Some of them can be brought in while the interview or group discussions are still in progress, as a result, focus and continuity of the study can be disturbed. The researcher will make prior arrangements with the traditional healers and conduct interviews on their recommended time. This will be helpful in getting the best attention of the traditional healers.

o **Access to their sacred places**

As a participant observer, the researcher will need to have first-hand information and participate in the ancestral rituals. However, most traditional healers keep their places for healing as sacred and confidential. Therefore, it is going to be a challenge to convince them that the researcher will also need to observe the performance of healing rituals for someone who is diagnosed with anti-

social disorder. However, the objectives of the proposed project will be clearly explained to the traditional healers and the importance of observing the whole process.

- ○ **Biasness**

Informant bias may be introduced in the study by factors such as fatigue, motivation or anxiety, duration of recall, mood, attention span, state of health of the traditional healers due to their tight schedule. However, to overcome this biasness, the researcher will conduct repeated interviews at different times and in different setting which suits the participants and then compare the results.

- ○ **Informant's flexibility with information**

Another limitation of the study could be that junior traditional healers may behave differently under differing social circumstances, for example, when alone with the informant on a one-on-one interview and during group's interview. However incentives will be given to encourage the participants.

- ○ **Building trust with informant**

Confidentiality will be the most concern of the traditional healers. Therefore, building a trust-relationship with the traditional healers and staying in that setting for a long period of time to convince them will be a challenge. However, the objectives of the study will be discussed with them and that a high level of confidentiality will be ensured by the researcher.

PART TWO

4.7 Quantitative research approach

Sinks (2006) defines quantitative research as the systematic empirical investigation of observable phenomena via statistical, mathematical or computational techniques. The objective of quantitative

research is to develop and employ mathematical models, theories and/or hypotheses pertaining to phenomena. Martinez (2001) observed that the process of measurement is central to quantitative research because it provides the fundamental connection between empirical observation and mathematical expression of quantitative relationships. Quantitative data is any data that is in numerical form such as statistics, percentages. Therefore researcher will analyses the data with the help of SPSS software.. The researcher is hoping that the numbers will yield an unbiased result that can be generalized to some larger population.

4.8 Data collection tool

The data will be collected using a semi-structured questionnaire. Martinez (2001) defines questionnaire as a tool for collecting and recording information about a particular issue of interest. It is mainly made up of a list of questions, but should also include clear instructions and space for answers or administrative details. Richman (1999) mentioned that semi- questionnaires permit a wide range of responses, of, perhaps, a more cognitively dispassionate nature. Therefore, they will be helpful in obtaining direct responses from traditional healers about their understandings, conceptions, beliefs, and attitudes on anti-social behaviour.

The researcher will design the questionnaire with a definite purpose which is related to the objectives of the research, and be clear from the outset to the traditional healers on how the findings will be used. Potman (1998) mentioned that respondents need to be aware of the purpose of the research wherever possible, and should be told how and when they will receive feedback on the findings.

4.9 Data analysis

The collected data will be analysed with the aid of SPSS package. The findings will then be presented in the form of pie charts. The responses of the traditional healers to the questions will be categorized as strongly agree, agree, strongly disagree, disagree and indifferent.

4.10 Limitations of the quantitative approach

o **Faulty questionnaire design**

Sometimes the design of questionnaires in quantitative research approach can be faulty. As a result, the use of this tool can give the wrong picture of the study; hence it has generated the wrong information. The researcher would be very careful when designing the questionnaire for the traditional healers. Questions will be structured to generate answers to the study questions.

o **Biased questionnaire and design wording.**

Questionnaires can be influenced by the researchers' feelings and understandings on the study which might result to biasness when designing the questionnaire. The wording in the questionnaire can be also a challenge. Wrong wording can lead to uncomfortability to the respondents, thus, they can withhold their responses. Sometimes when the wording is wrong, respondent can give irrelevant answers to the study. The researcher will be neutral and use proper wording when designing the questionnaire. Traditional healers will be assisted in interpreting the questions using language which they understand.

4.11 The integration level and mixing design of the two approaches

The qualitative and the quantitative methods will collect data separately. The qualitative will use focus groups, semi-structured interviews and participant observation tools for collecting the data. The quantitative approach will use questionnaire as data collection tool. Then the interaction level of the two approaches will be at data analysis.
Priority will be given to the qualitative data because the study is a case study. The quantitative approach has been added to give a broad picture and answer the questions of the study with aid of statistics. The two approaches will be mixed together using the convergent mixing design procedures as discussed below.

4.12 The convergent mixing design

Morse (1991) observed that the purpose of convergent design is to obtain different but complementary data on the same topic for better understanding of the research problem.First, the researcher will collect both quantitative data and qualitative data about the traditional healers' perception towards anti-social behaviour. These two types of data collection will be collected concurrently but separately. They also typically have equal importance for addressing the study's research questions.

Second, the researcher will then analyse the two data sets separately and independently from each other using the SPSS for quantitative data and thematic analysis for qualitative data. Once the two sets of initial results are in hand, the researcher will then merge the results at data analysis and interpretation level.

The merging will include directly comparing the separate results in answering the questions of the study. In the final step, the researcher will interprets to what extent and in what ways the two sets of results converge, diverge from each other, relate to each other, and combine to create a better understanding in response to the study's overall purpose.

4.13 Research site

The study will be done in Swaziland. Traditional healers will be chosen from the four regions of Swaziland. These are the Lubombo, Hhohho, Shiselweni and Lubombo regions. Purposive sampling will be used in selecting the key informants based on their experience in traditional healing. The researcher decided to select the key informants in each region of the country for credibility and validity of the study.

In Swaziland most traditional healers preferred the Lubombo (low-veld) region because that is where most of the plants/trees are found for their medicine. Traditional healers' who are found in this region are considered as most powerful and most respected in as far as ancestral calling initiation is concerned. However, in the other regions, traditional healers have their own different

expertise on performing ancestral calling rituals. Therefore, having a sample or representation for each region will ensure credibility and validity of the study.

It is has been noted that the lowveld also supports the lifestyle of traditional healers with the good grazing land. It is good for farming and keeping livestock which they are very important in performing ancestral rituals. Africans believe that whenever they communicate with the ancestors, they need to slaughter a cow or a goat and dedicate the blood to the ancestors. The people who are taken to traditional healers to fulfil ancestral calling usually stay at traditional healer homestead for a period of 6 months. They usually work in the fields to get food and also look after the livestock which is used for their initiation.

4.14 Sampling procedure

Purposive sampling

The research will use purposive sampling to select traditional healers as key informants in the study. Purposeful sampling is a technique widely used in qualitative research for the identification and selection of information-rich cases for the most effective use of limited resources (Patton, 2002).

This involves identifying and selecting individuals or groups of individuals that are especially knowledgeable about or experienced with a phenomenon of interest (Cresswell 1997). Therefore, the researcher will select 20 knowledgeable traditional healers with experience in traditional healing for the research. Each region will have 5 representations. There are four regions in total.

In addition to knowledge and experience, Bernard (2002) emphasizes on the importance of availability and willingness to participate, and the ability to communicate experiences and opinions in an articulate, expressive, and reflective manner when selecting informants. Moreover, Morse (1991) noted that the willingness to participate, and the ability to communicate experiences in

purposive qualitative sampling methods maximize efficiency and validity in a study. Nevertheless, sampling must be consistent with the aims and assumptions of the research.

The goal of purposive sampling is not to randomly select units from a population to create a sample with the intention of making generalizations from that sample to the units of interest. This is the general intent of research that is guided by a qualitative research design (Johnson,1994). The main goal of purposive sampling is to focus on particular characteristics of studied units (traditional healers) that are of interest, which will best enable the researcher to answer the research questions.

Purposive sampling represents a group of targeted informants (Miles & Huberman, 1994). It is known as selective or subjective sampling, which relies on the judgment of the researcher when it comes to selecting the units such as the traditional healers, events and pieces of data which will be studied.

Qualitative purposive sampling method is, for the most part, intended to achieve depth of understanding of the informants, that why it will be used on selecting the traditional healers. Patton (2002) mentioned that purposive qualitative methods place primary emphasis on saturation such as; obtaining a comprehensive understanding by continuing to sample until no new substantive information is acquired from the selected target group.

The sample being studied is not representative of the population, but for researchers pursuing qualitative, this is not considered to be a weakness (Padgett, 2008). Rather, it is a choice of the researcher on the purpose of the study. For example, the study will use homogeneous purposive sampling, so the traditional healers will be selected based on their having similar traditional healing characteristics because such characteristics are of particular interest to the researcher.

4.15 Data sources

Data collection will be done through both secondary and primary sources. Primary data sources included key informants in the case study. Traditional healers constitute the key informants of the study.

Secondary data sources will cover publications, Journals, social documents, and annual psychiatric health reports. Secondary data covered different sources and provided essential responses during interviews. Mitev (2000a, 2000b), and Silva and Backhouse (1997) have illustrated through the Socrate and London Ambulance Services case studies the benefit of examining written secondary sources as research material, which provides a multitude of interpretations in preparation for the interviews.

Secondary data also help to cross-check official information, learn about major events, social historical decisions and main players and roles in the field. They also support the exploring of responses which are relevant to the study during interviews

4.16 Ethical consideration

The consideration of ethics in qualitative researches is meant for safeguarding research participants' interests. Research ethics deals primarily with the interaction between researchers and the people being studied. Feldman (1995) suggested that qualitative researchers, like anyone conducting research with people, should undergo formal research ethics training. The researcher should agree with participants on the standards for research ethics to ensure that the researcher will explicitly consider the needs and concerns of the people being study (Nyamongo, 2001).

Traditional healers' identity will be protected during the study and the researcher will provide good environment for the informants to participate in the study. In the process, trust will be established between the researcher and the traditional healers.

The researchers will consider the following ethical principles when conducting the study;

Respect for the participants

The researcher will demonstrate high level of respect to the traditional healers. Respect for participants requires a commitment to ensuring the autonomy of research participants, and, where autonomy may be diminished; to protect people from exploitation of their vulnerability (Mays, 2007). The dignity of all research participants will be respected. Pope (2000) mentioned that adherence to this principle ensures that people will not be used simply as a means to achieve research objectives but also to be empowered in the process.

Beneficence

Beneficence requires a commitment to minimizing the risks associated with research, including psychological and social risks, and maximizing the benefits that accrue to research participants (Khan, 2012). Traditional healers will be given a clear picture on the objectives of the study and how they are going to benefit through participating in the research. This will include the sharing of knowledge between the traditional healers from the different regions on the cause and healing of anti-social behaviour.

Fairness

Fairness requires a commitment to ensuring a fair distribution of the risks and benefits resulting from research. Those who take on the burdens of research participation should share in the benefits of the knowledge gained. Or, to put it another way, the people who are expected to benefit from the knowledge should be the ones who are asked to participate (Hawking & Mlodinow, 2010). Therefore, traditional healers who participated will have access to the results of the study.

Informed consent

Informed consent is a mechanism for ensuring that people understand what it means to participate in a particular research study so they can decide in a conscious, deliberate way whether they want to participate (Schensul 2009). Informed consent is one of the most important tools for ensuring respect for persons during research. Hence, traditional healers will be informed on the purpose of the study, how confidentiality will be protected and their expectations will be discussed before data collection begins.

Protection of confidentiality

Qualitative research is conversational, it is important for data collectors to maintain clear boundaries between what they are told by participants and what they tell to participants. Conversation is a social act that requires give and take (Grbich, 2007). He also noted that qualitative researchers "take" a lot of information from participants and therefore can feel a strong need to "give" similar information in return. People also enjoy talking about what they hear and learn and researchers are no different (Denzin, 2000).

It may be tempting to pass along seemingly inconsequential information from one participant to another – for example, a funny statement or some news that appears to be common knowledge. Jane (2007) warned that researchers should not do it. People can become upset and untrusting about even seemingly trivial comments being shared, especially if they have divulged very personal information and grow concerned that you will divulge more. So, the researcher will be secretive.

4.17 Conclusion

In conclusion, the chapter has discussed the research strategy and techniques applied in the study. The study has adopted the mixed research approach. Both the qualitative and quantitative approach has been discussed. The level of integration and mixing design has also been covered in this chapter.

The chapter also defines the scope and limitations of each research design. The research design has been unpacked and an account on how participants were selected, how data sources are used, how data will be collected and analysed have been discussed. Thematic analysis was also discussed as a perfect approach for analysing collected qualitative data and also the SPSS has been used for analysing quantitative data The researcher has also discussed the limitations of each research approach. Lastly, the chapter discussed data collection tools such as; focus groups, unstructured interviews and participant observation and questionnaire. Ethical consideration in qualitative and quantitative research has also been covered in this chapter.

CHAPTER 5

DATA PRESANTATION AND ANALYSES

5.0 Introduction

This chapter presents and analyses the data collected from traditional healers. The data is presented in two parts. The first part presents quantitative data which has been collected using a questionnaire tool. The second part presents qualitative which has been collected using in-depth and unstructured interviews, focus group and participant observation tools. The data was collected from twenty (20) traditional healers from the four regions of Swaziland.

The analysis of data from responses of traditional healers on their perception on anti-social behaviour has been discussed within the framework of ecological systems theory which has been also discussed in chapter three of the study. As stated in chapter three, this theory explains behaviour development within socio-cultural perimeters in relation to the environment. Wade (2000) noted that every human being's behaviour is a product of an environment. African ancestral divination system has been institutionalised in the African environment; hence the ecological systems theory can clearly explain the development of anti-social behaviour with the African environment.

The purpose of the research is for answering the following question
- How do traditional healers understand by anti-social behaviour and ancestral calling?
- What are the causes of anti-social behaviour within an African perspective?
- What intervention strategies do traditional healers use towards treating anti-social behaviour?

PART ONE

5.1 Qualitative data

Merriam (2009) explain that qualitative researchers are interested in understanding the meaning people have constructed, that is, how people make sense of their world and the experiences they have in the world. Therefore, the following qualitative data was collected during focus groups discussions, semi-structured interviews and group participants' observation.

The researcher used simple thematic analysis to generate themes from the data in answering the three main questions of the study. The data was then analysed thematically. Themes are patterns across data sets that are important to the description of a phenomenon and are associated to a specific research question. The themes become the categories for analysis (Chiboku, 2003). The in-depth interviews, focus groups and participant observations which were data collecting tools have been useful in bringing out new hidden themes in the study. Grills (2006) mentioned that in-depth and unstructured interviews would bring up and add hidden themes in a qualitative study. During the process of collecting data, both main themes and hidden themes which are key in answering the questions of the study were generated. There were three main groups of themes answering each of the research questions.

5.2 Data from focus group discussions

Topic 1: Traditional healers' understanding of anti-social behaviour development.

The responses of the traditional healers during the group discussions demonstrated that traditional healers have their own knowledge and unique way (ancestral divination system) of explaining the development of anti-social behaviour. Traditional healer 'A' mentioned that "the ancestral divination system has never been explored or considered by the Western school of psychology when explaining anti-social behaviour and its competency has been over looked"

The focus group discussions with traditional healers demonstrated that Africans have competent knowledge on anti-social behaviour development. Their knowledge is based on the ancestral divination system known as Amadlozi. These are the ancestral spirits of the departed ones. Sometimes they are known as Abaphansi (those from down underground). These are the people who are constant in touch with their families. It is mandatory to continually make sacrifices to the dead to maintain good healthy and friendship with the departed.

Their explanation of the behaviour development is based on their experience and relationship with their environment where they are living. Traditional healer 'B' mentioned that "ancestral divination has been used by our fore-fathers in solving their health and social issues effectively, and then who are we to ignore our ancestors who bring life and dead to us."

This statement concurs with the theory of ecological systems that behaviour can be interpreted along human experiences and environmental factors. The environment of the traditional healers embraces the culture of divination system and as a result, anti-social behaviour is interpreted along the environmental factors and their past experiences.

Some traditional healers boasted, "Sometimes some of our clients would start at the hospital before seeking our services because the Western approach of the diagnosis of the behaviour had failed, since we are being flooded by anti-social clients who have started at hospitals." Traditional healers have viable and competent knowledge in dealing with anti-social behaviour.

Traditional healers gave evidence and cases of anti-social behaviour where they were able to notice some signs of the behaviour on their clients and provided effective intervention. "One of my clients was brought to me chained and he was hallucinating, I realized that he suffering from anti-social behaviour after throwing my bones," one traditional healer stated.

Even though their interpretation and knowledge of the behaviour is based on socio-cultural perspective, their approach cannot be ruled out on the basis that it could not be tested scientifically as Western psychologist would argue yet it is effective.

The traditional healers also discussed the importance of experience and exposure in the knowledge and understanding of the behaviour's development. The most senior traditional healers, who have more experience in the field, demonstrated great knowledge and understanding of anti-social behaviour. Moreover, it has also been stated that most of the traditional healers share expertise in traditional healing.

Junior traditional healers would always consult with their seniors when faced with challenges in their practice. Their seniors, who have initiated them to the traditional healing, are always there to assist and provide more knowledge in their practice. Therefore, even in the case of anti-social behaviour, they always consult with their seniors for better and effective ways of dealing with the behaviour.

In addition, the traditional healers mentioned that if the relationship is broken with the departed, unacceptable human behaviours such as anti-social could attack the living. This statement also demonstrates the relationship between the living and the environment as discussed in the ecological systems theory.

Topic 2

Traditional healers' understanding on the causes of anti-social behaviour

"The practice of ancestral divination systems has been institutionalised within the African environment. Ancestral calling spirits can cause anti-social. It has been part of African culture since the ancient times". These were remarks of the first traditional healer who responded on this topic. The traditional healers mentioned that ancestors could choose their candidates into ancestral calling and there is punishment if the calling is being neglected. The punishment could be in the form of hallucination, self-isolation, depression and delusion, which is called anti-social behaviour collectively.

The perception of the traditional healers on the development of anti-social behaviour is not a 'lost' thought since the ecological systems theory agreed that, environment can influence behaviour development.

As it has been aforementioned above, ancestral divination systems has been institutionalised within the African environment. Therefore, ancestral calling spirits can cause anti-social behaviour because it is within the African environment and cultural practices.

Topic 3

Africans' indigenous traditional healing intervention is effective on anti-social behaviour.

During group discussions, traditional healers have cited different ways of effectively administering traditional medicines to an anti-social client. These include Isichocho (an infusion). This is a fresh mixture of roots, barks and leaves which are crushed together and mixed with cold water. The Impeko (decoction). It is prepared as an infusion but the mixture is boiled or heated up to a boil only. Some poisonous medicines such as umhlonhlo (Bolusanthus specious Harm) are first burnt into a powder and the (insiti) powder is mixed with milk to remove the noxious parts of the medicine. Kufutsa (steaming), wherein medicine for hallucination is put in the pot and boiled. The patient would be covered with a blanket and steamed up.

Ingato (body incision). The traditional healer would make some incisions on the body of an anti-social client. The respondents consider this healing method as an oldest means of administering medicine. The 'muti' goes directly into the blood stream at the site of the illness. They consider this method as kujova (injection hysteria).

The traditional healers provided an endless list of ways on effectively administering traditional healing on anti-social behaviour clients. This has demonstrated their knowledge, competency and efficiency in their healing of anti-social behaviour.

It has been noted that traditional healers' knowledge in traditional healing is mostly supported by the environment where they live. The vegetation of the environment provides traditional healers with more options on the choice of mixing their herbs. There are different types of indigenous trees which are found in their environment which are used to treat anti-social behaviour. Therefore, the environment influences their healing ability of anti-social behaviour. This demonstrates the relationship between the traditional healers and the environment as discussed deeply in the ecological systems theory.

Topic 4

Anti-social behaviour as a curse from ancestors

Traditional healer 'C' mentioned that, "Ancestral spirits make their presence felt through illness. After the death of the head of a family, the customary ceremonial rites of a memorial service 'kubuyisa' must be performed." This custom is universal in Southern Africa (Nkhosi, 2012). If this duty towards the ancestral spirits is neglected, there would be visitation through sickness and diseases. Usually, a diviner would be consulted and he would confirm that the spirits of the departed are issuing a polite reminder on their customary rites are overdue.

It has been noted that, traditional healers believes in their ancestral supreme god who has power to bring and protects its own people from illnesses. The supreme god is worshipped. Religious issues are also part of the ecological system. The attachment of human beings spiritually can lead to behaviour interpretation along their spiritual contexts (Kegan, 2002). Therefore, the traditional healers have drawn their knowledge and explanations of anti-social behaviour from their religious orientation (ancestral) which is permitted by their environment.

Topic 5

Traditional healers screen anti-social behaviour patients' background and the nature of the behaviour through throwing bones

"We mastered the art of throwing bones like our names, this proves that we are competent in dealing with anti-social behaviour" one traditional healer boasted. He claimed that they know the composition, characteristics and meaning attached to each bone and the lie of the bone in relations to others. Bones of animals, birds and humans are used. Human bones used are the small bones of fingers and toes. They are mixed with roots and barks of specially chosen trees.

The animal bones, roots and barks are from the environment where they live. The environment provides the traditional healers with every tool to deal with the development of anti-social behaviour. As stated above, there is great relationship between the environment and traditional healers.

A group of traditional healers' agreed that "when visited by anti-social behaviour clients, we would take bones and sing the praises of clients ancestral spirits and throw down all the bones. The client's ancestral spirits would talk through the way the bones lie when screening their client's background". The spirits would then tell the traditional healer the facts of the cause and give directions on the diagnosis of the behaviour.

Pinket (2000) argued that the weakness of western psychology in explaining the development of anti-social behaviour is to ignore their patients' historical background, which includes their ancestors. The art of throwing bones distinguishes the African approach on the behaviour from the Western psychologist in the healing of anti-social behaviour.

5.3 Semi-structured interview discussions

What is the relationship between hallucination in anti-social behaviour and ancestral calling?

Traditional healers defined hallucination as communication between ancestors and their chosen candidate. They also agreed that hallucination in anti-social is recognized as the wanderings of a person talking to the ancestors. One traditional healer emphasised that "During these frequent wanderings, the spirit of the living meets the spirits of the departed. The spirit of the living consults and talks to the spirit of his/her fore-fathers. However, if the living does not understand the language of the departed, the communication would be unclear visions and auditory voices, which are called hallucination in anti-social behaviour, yet ancestors are trying to talk to that person".

Bronfenbrenner (1975) in his analysis of behaviour along environmental parameters mentioned that cultural belief can be influential in explaining behaviour development. Hence, the traditional healers used cultural practices within their environment to explain anti-social behaviour development. Since the environment embraces ancestral divination, they explain hallucination in anti-social behaviour as caused by ancestral calling.

Grills (2006) observation concurs with the traditional healers when he mentioned that hallucination is viewed as the language of the ancestral spirits, which westerns interpret as mental instability. Sometimes the hallucination could be auditory or visual. During the initiation period the client is taught how to observe and listen to these voices and interpret the unclear visions.

Is self-isolation in anti-social behaviour, could cause by ancestral calling when neglected?

One group during interviews mentioned that, "Our ancestors choose their candidate for the legacy of traditional healing and that person would always isolate him/herself. That person withdraws from close friends and family to give full attention to the ancestral calling. He/she would always spend time alone meditating on the calling."

They also mentioned that during self-isolation, the novice is doing mental exercises so that he/she could be able to 'travel' faraway into ancestral world in day-dreaming and get into communion with ancestral spirits. As a result, many have self-imposed celibacy. They find that they could not mix their calling with family life.

Their explanation on the causes of self-isolation in anti-social behaviour still connects to their environment where ancestral system has been institutionalised. The traditional healers mentioned that it is common for someone with the ancestral calling to be on 'vacation' with the ancestors. "That person will be withdrawn from other people and spend most of the time with the ancestors spiritually and emotionally.

Is depression a result of ancestral calling in anti-social behaviour?

Traditional healers explain the feeling of depression in anti-social behaviour as caused by ancestral spirits. One group of traditional healers agreed that "if the spirits are ignored, they could cause much depression and sometimes result in suicides." Therefore, ancestors would use depression for their presence and commands to be noticed.

Is a delusion a result of ancestral calling in anti-social behaviour?

According to the traditional healers, delusion is another symptom of anti-social behaviour, which results from neglecting ancestral calling. They mentioned that delusion is more or less similar to hallucination.

However, with delusions, the ancestral spirits are very angry that are being ignored. They 'twist' the mental state of their candidate to a point whereby he/she could be declared as lunatic or mental disable.

How African traditional healing approach can be compared to western healing approach on anti-social behaviour on Africans?

"Our traditional healing approach on anti-social behaviour is more compatible with Africans as opposed to Western healing approach," one traditional healer responded. They argued that most of their anti-social behaviour clients start from hospitals before seeking their traditional healing assistance. These clients would undergo psycho-therapy by qualified Western psychologist but the symptoms of anti-social would still remain, yet when traditional healers start to apply their traditional medicine and performing ancestral rituals on their clients, their anti-social behaviour symptoms disappear. Mbiti (1990) agreed with the traditional healers observations.

Do western psychological practitioners consider the traditional healing approach on anti-social behaviour?

The traditional healers agreed with most authors in the literature review, as they are of the view that traditional healing approach on anti-social behaviour has been ignored by western psychological practitioners. They mentioned that this was due to the fact that traditional healing cannot be explained scientifically in laboratories as compared to western healing of the behaviour.

5.4 Participant Observations

During participant observation, the researcher was following and participating on the rituals and ceremonies for healing anti-social behaviour. These observed rituals include being initiated to the ancestors 'kutfwasisa,' articulating ancestral spirits 'kufemba' and pleading with the ancestors 'kuphahla.'

Performing 'kuphahla' (pleading with ancestors) ritual.

The process of 'Kuphahla' was one of the traditional ancestral rituals, which was used to heal anti-social behaviour. They define this process as a ritual of honouring and communicating with ancestors. The diviner acts as a mediator between the ancestors and the affected clients. The traditional healers mentioned that patients who have been attacked by anti-social behaviour are taken to the grave-side of their ancestors by a diviner and literally talk to the ancestors about the plight of his/her client. They would ask the ancestors to restore life-stability to his client.

Kufemba (articulating the ancestors) ritual.

'Kufemba' is another observed healing intervention which the traditional healers perfomed for the healing of anti-social behaviour. As observed, 'Kufemba' is the process when a diviner is possessed by his client's ancestral spirits. As a diviner, his client ancestral spirits would communicate through him because he would understand their language. The spirits would use him as a 'vehicle' to communicate with the client. Ancestral spirits would explain the causes of the illness and healing intervention.

Once the spirits have finished with the revelations, the diviner would come back to his/her senses without knowing anything that has been said or discussed. The client would then inform the diviner on what the ancestors have said about the illness. So, the client would follow the ancestral revelations to heal the hallucination and disillusions.

Kuftwasisa (initiated to the ancestors) ritual.

Even though the ritual of being initiated to the ancestors takes about two to three years, the researcher had access to the school of kutfwasisa 'initiated to the ancestors' and observed the process with individuals who were in different stages of the initiation. It is a ritual of reconnecting the dead and the living. Anti-social behaviour would be fully healed once the ritual has been completed,

PART TWO

5.5 Quantitative data

Sinks (1999) mentioned that the objective of quantitative research is to develop and employ mathematical models, theories and/or hypotheses pertaining to phenomena. Therefore, the researcher will present the data collected with questionnaire from traditional healer's with the aid of SPSS package. Martinez (2001) observed that the process of measurement is central to quantitative research because it provides the fundamental connection between empirical observation and mathematical expression of quantitative relationships.

The different responses were quantified in a form of pie-charts in each generated theme. Traditional healer's responses were categorised as; strongly agree, agree, indefinite, disagree and strongly disagree which were followed by justification of their answers. The following paragraphs present raw traditional healers responses on the questionnaire.

5. 6 Traditional healer's knowledge on anti-social behaviour

Figure 5.6.1 Traditional healers' have competent knowledge on anti-social behaviour development.
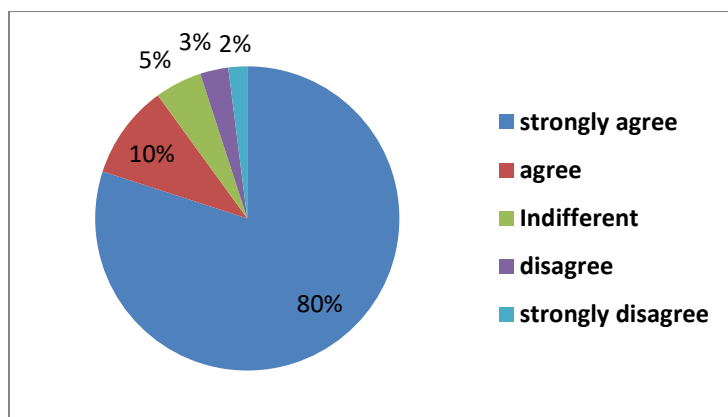
The researcher wanted to know if traditional healers' have competent knowledge on the development of anti-social behaviour. **Figure 5.6.1** show that eighty per cent of the respondents strongly agreed that Africans have competent knowledge on anti-social behaviour development. However, ten per cent of the respondents agreed, five per cent were indifferent, three per cent disagreed and two per cent strongly disagreed. Their knowledge is based on the ancestral divination system known as 'Amadlozi' (ancestral divination system). These are the ancestral spirits of the departed ones. Sometimes they are known as Abaphansi (those from down underground). In addition, one traditional healer mentioned that "if the relationship is broken with the departed, unacceptable human behaviours such as hallucination and depression could attack the living."

These people are constantly in touch with their families. The traditional healers stated that it is mandatory to continually make sacrifices to the dead to maintain good healthy and friendship with the departed. They were three per cent who disagreed and two per cent who strongly disagreed on this question. They stated that Africans traditional healing has not reached the stage of being considered as a fully-fledged dimension of healing anti-social behaviour.

Figure 5.6.2 Anti-social behaviour can be caused by ancestral calling spirits.
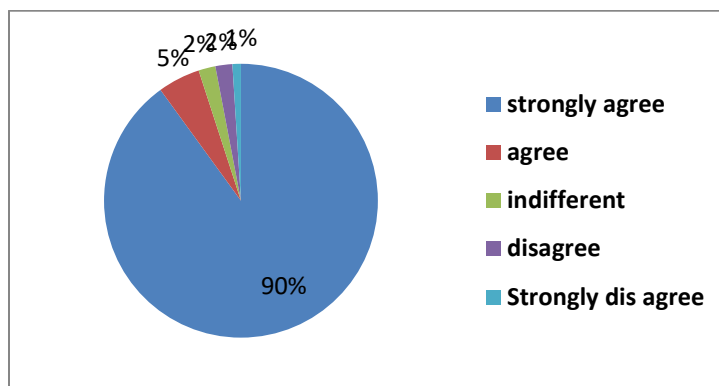
The researcher wanted to find out from the respondents if ancestral calling spirits causes anti-social behaviour. Figure 5.6.2 shows that ninety per cent of the respondents strongly agreed that ancestral calling causes anti-social behaviour development.

The traditional healers mentioned that ancestors could choose their candidates into ancestral calling and there is punishment if the calling is being neglected. The punishment could be in the form of hallucination, self-isolation, depression and delusion, which is called anti-social behaviour collectively.

There were five per cent of the respondents who just agreed on the theme, two per cent were indifferent, two per cent also disagreed and one per cent strongly disagree that anti-social behaviour development is caused by ancestral calling. One traditional healer argued that "ancestors are supposed to protect us; they will never punish their children with illnesses such as anti-social behaviour."

Figure 5.6.3 Traditional healing intervention effective on anti-social behaviour?
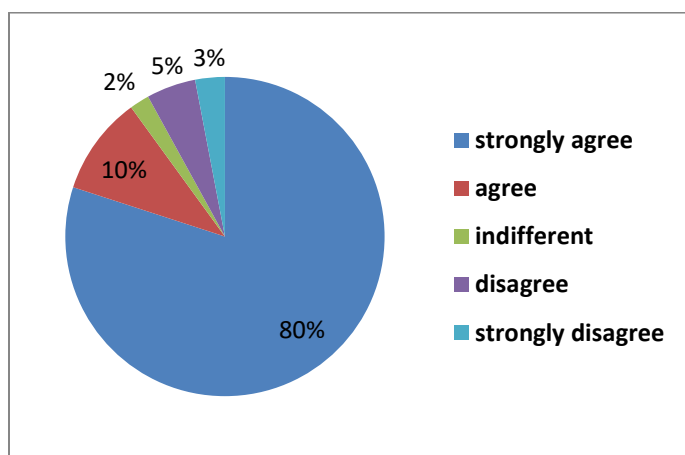
Respondents in **figure 5.6.3** were asked if traditional healing intervention on anti-social behaviour was effective to heal the disorder. As demonstrated in the figure above, eighty per cent of the respondents strongly agreed that Africans' indigenous traditional healing is effective on the healing of anti-social behaviour. Traditional healers have cited different ways of effectively administering traditional medicines to an anti-social client. These include Isichocho (an infusion). This is a fresh mixture of roots, barks and leaves which are crushed together and mixed with cold water. The Impeko (decoction). It is prepared as an infusion but the mixture is boiled or heated up to a boil only.

Some poisonous medicines such as umhlonhlo (Bolusanthus specious Harm) are first burnt into a powder and the (insiti) powder is mixed with milk to remove the noxious parts of the medicine. Kufutsa (steaming), medicine for hallucination is put in the pot and boiled. The patient would be covered with a blanket and steamed up.

Ingato (body incision). The traditional healer would make some incisions on the body of an anti-social client. The respondents consider this healing method as an oldest means of administering medicine. The 'muti' goes directly into the blood stream at the site of the illness. They consider this method as kujova (injection hysteria).

The **figure 5.6.3** also shows that ten per cent of the respondents just agreed on the question and three per cent were indifferent. However, five per cent disagreed that Africans indigenous traditional healing intervention is effective on the healing of anti-social behaviour development and also two per cent strongly disagreed on the question mostly because some of the traditional healers do not have not adequate knowledge on traditional healing in general.

Figure 5.6.4 Ancestors punish anyone who disobeys ancestral calling with anti-social behaviour.
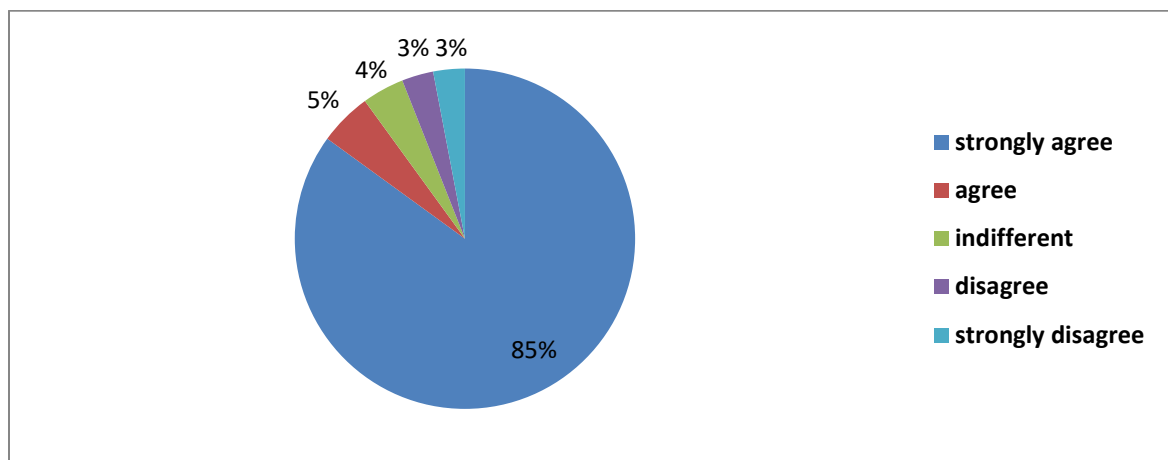
In Figure 5.6.4, the researcher wanted to know if ancestors could punish anyone who disobeys ancestral calling with anti-social behaviour. The figure above shows that eighty five per cent of the respondents strongly agreed and five per cent only agreed.

During the group discussions, traditional healers mentioned that ancestral spirits also make their presence felt through illness. After the death of the head of a family, the customary ceremonial rites of a memorial service 'kubuyisa' must be performed. This custom is universal in Southern Africa (Nkhosi, 2012).

If this duty towards the ancestral spirits is neglected, there would be visitation through sickness and diseases. Usually, a diviner would be consulted and he would confirm that the spirits of the departed are issuing a polite reminder on their customary rites are overdue.

Moreover, three per cent of the respondents disagreed and another three strongly disagreed with the hypothesis because they are of the view that ancestors should only provide protection other than punishment to the living even if they are disobeyed.

Figure 5.6.5 Traditional healers can screen anti-social behaviour patients' background and the nature of the behaviour through throwing bones.
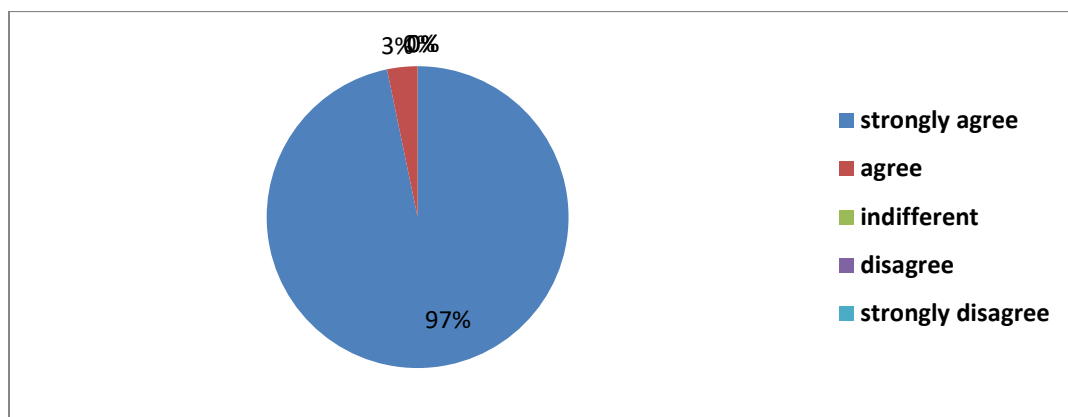
Figure 5.6.5 shows that ninety seven per cent of the respondents strongly agreed that traditional healers can successfully screen anti-social behaviour patient's background and the nature of the behaviour through throwing bones. The traditional healers stated that they have mastered the art of throwing bones like their names.

They know the composition, characteristics and meaning attached to each bone and the lie of the bone in relations to others. "We use bones of animals, birds and humans," they claimed. Human bones used are the small bones of fingers and toes. They are mixed with roots and barks of specially chosen trees.

When visited by anti-social behaviour clients, the traditional healer would take bones and sing the praises of their ancestral spirits and throw down all the bones. The ancestral spirits would talk to the diviner through the way the bones lie when screening their client's background. The spirits would then tell the traditional healer the facts of the cause and give directions on the diagnosis of the behaviour. There were three per cent who only agreed on the question. Moreover, there were no respondents who were indifferent, disagreed and strongly disagreed.

5.7 Traditional healers' interpretation on causes and symptoms of anti-social behaviour.

Figure 5.7.1 Hallucination in anti-social behaviour is when ancestors communicate with their chosen one.
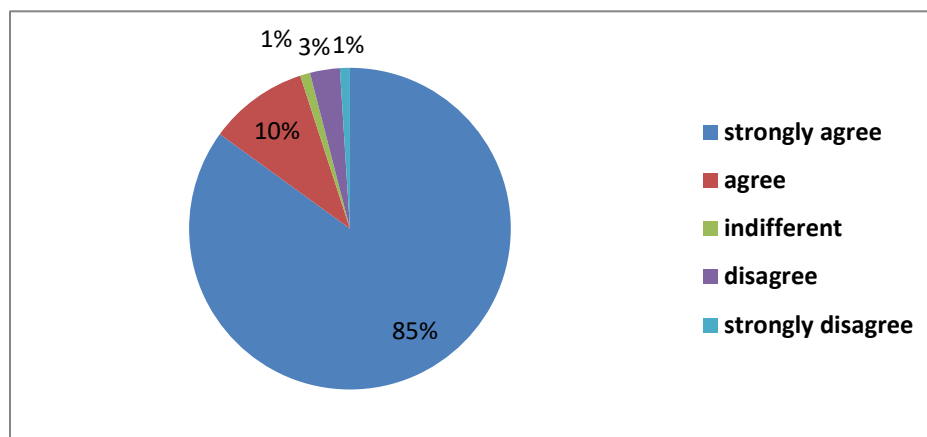
The researcher wanted to know if hallucination in anti-social behaviour is when ancestors communicate with their chosen one. **Figure 5.7.1** shows that eighty five per cent of the respondents who strongly agreed with the theme. According to the traditional healers, hallucination in anti-social is recognized as the wanderings of a person talking to the ancestors. During these frequent wanderings, the spirit of the living meets the spirits of the departed.

The spirit of the living consults and talks to the spirit of his/her fore-fathers. However, if the living does not understand the language of the departed, the communication would be unclear visions and auditory voices, which are called hallucination in anti-social behaviour, yet ancestors are trying to talk to that person.

Grills (2006) observation concurs with the traditional healers when he mentioned that hallucination is viewed as the language of the ancestral spirits, which westerns interpret as mental instability. Sometimes the hallucination could be auditory or visual. During the initiation period the client is taught how to observe and listen to these voices and interpret the unclear visions. However, three per cent of the respondents disagreed and one per cent strongly disagreed, citing reasons such as witchcraft, which might cause hallucination.

Figure 5.7.2 Self-isolation as anti-social behaviour symptom can be a result of ancestral calling when neglected.
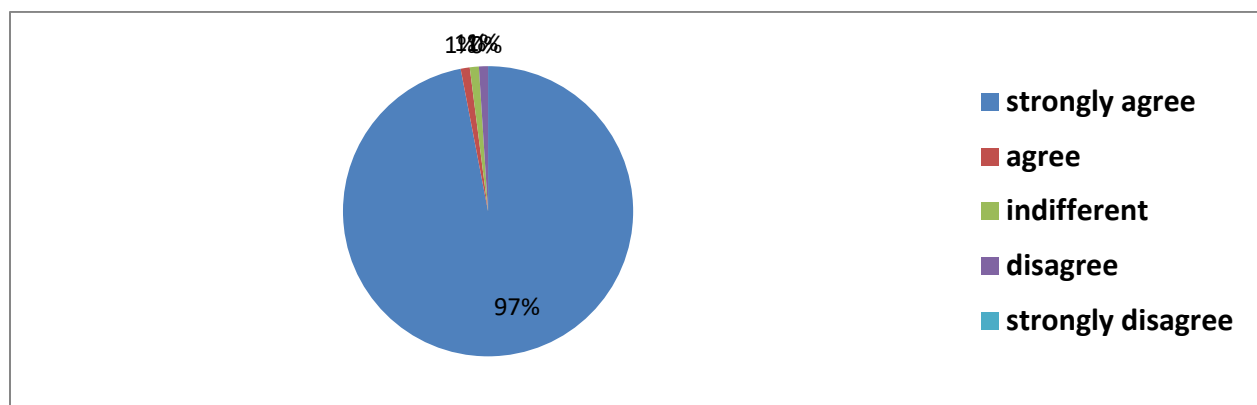
In figure 5.7.2, ninety seven per cent of the respondents strongly agreed that ancestral calling could result to illusions and self-isolation when neglected and one per cent just agreed. Traditional healers stated that when ancestors choose their candidate for the legacy of traditional healing and that person would always isolate him/her. "That person withdraws from close friends and family to give full attention to the ancestral calling. He/she would always spend time alone meditating on the calling", they argued.

98

They also mentioned that during self-isolation, the novice is doing mental exercises so that he/she could be able to 'travel' faraway into ancestral world in day-dreaming and get into communion with ancestral spirits. As a result, many have self-imposed celibacy. They find that they could not mix their calling with family life. One per cent of the respondents strongly disagreed with the hypothesis by arguing that self-isolation could be a result of personal problems. Therefore, staying alone would give much time for self-reflection.

Figure 5.7.3 Depression as anti-social behaviour symptoms could be a result of ancestral calling.
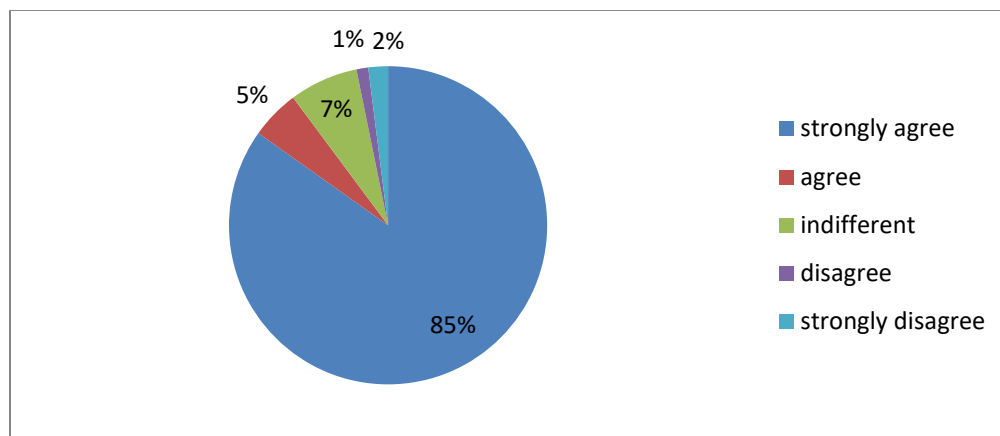
In Figure 5.7.3, the researcher wanted to know if depression as anti-social behaviour symptom can be a result of ancestral calling. Eighty five per cent of the traditional healers strongly agreed that depression can be a result of ancestral calling. Traditional healers explain the feeling of depression in anti-social behaviour as caused by ancestral spirits. They mentioned that, if the spirits are ignored, they could cause much depression and sometimes result in suicides.. However, there were seven per cent of the respondents who were indifferent. Moreover, one per cent disagreed and two per cent strongly disagreed on the theme by citing family problems, which might cause depression other than ancestral calling.

Figure 5.7.4 Delusions as anti-social behaviour symptom could be a result of ancestral calling.
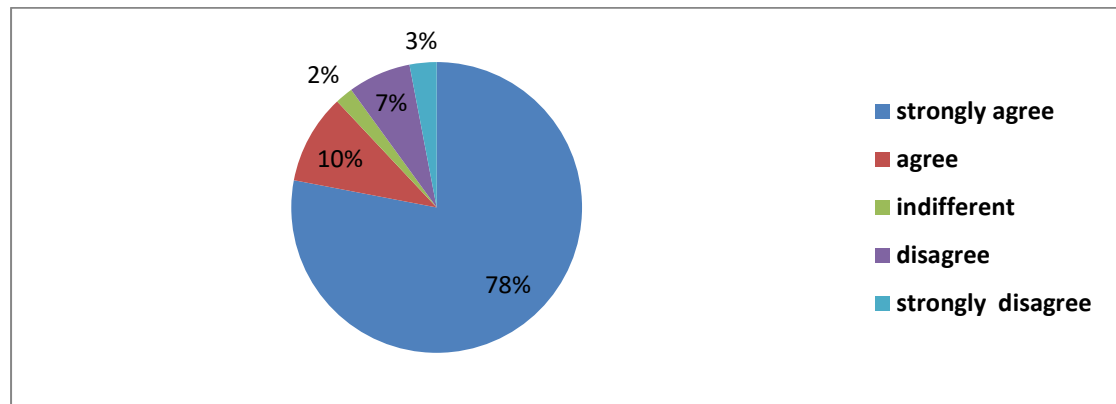
Figure 5.7.4 shows that seventy eight per cent of the respondents strongly agreed that delusions as anti-social behaviour symptom could be a result of ancestral calling and ten per cent only agreed. According to the traditional healers, delusion is another symptom of anti-social behaviour, which results from neglecting ancestral calling. They mentioned that delusion is more or less similar to hallucination. However, with delusions, the ancestral spirits are very angry that are being ignored. They 'twist' the mental state of their candidate to a point whereby he/she could be declared as lunatic or mental disable.

However, seven per cent disagreed and three per cent strongly disagreed with the question on that delusions could be a result of ancestral calling. They argued that witchcraft can result to delusions other than ancestral calling.

5.8 Traditional healing intervention in anti-social behaviour

Figure 5.8.1 Traditional healing approach on anti-social behaviour has been ignored by western psychological practitioners.
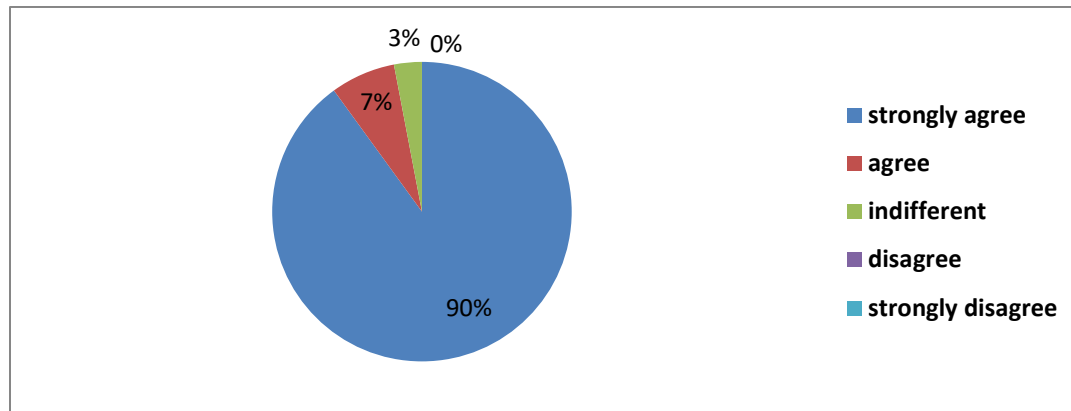
The researcher wanted to 'check' the relationship between the traditional healers and western psychologists on their approach towards anti-social behaviour. Figure **5.8.1** shows that ninety per cent of the respondents strongly agreed that western psychological practitioners have ignored traditional healing approach on anti-social behaviour. The traditional healers mentioned that their traditional healing practice has been discriminated and ignored by western psychologists. "It is amazing why western psychologists shun our traditional practice because some of them seek our services at night", one traditional healer claimed.

They mentioned that this was because traditional healing cannot be explained scientifically in laboratories as compared to western healing of the behaviour. Moreover, three per cent were indifferent on the hypothesis. There were no respondents who disagreed or strongly disagreed on the question.

Figure 5.8.2: African traditional healing approach on anti-social behaviour is more compatible with Africans as opposed to Western healing approach.
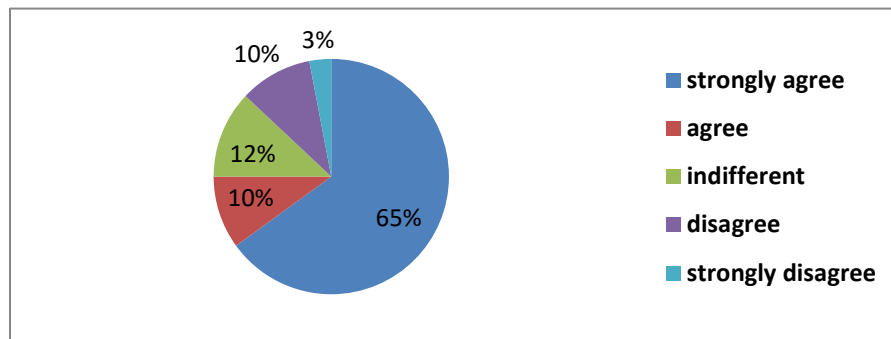
The researcher wanted to find out from the respondents if Western healing approach on anti-social behaviour is on effective on Africans. The traditional healer's responses are presented in the above chart. **Figure 5.8.2** shows that sixty five per cent of the respondents' strongly agreed with the theme. Traditional healers mentioned that African traditional healing approach on anti-social behaviour is more compatible with Africans as opposed to Western healing approach. They argued that most of their anti-social behaviour clients start from hospitals before seeking their traditional healing assistance.

One group of traditional healers mentioned that, "These clients would undergo psycho-therapy by qualified Western psychologist but the symptoms of anti-social would still remain, yet when we start applying our traditional medicine and performing ancestral rituals to clients, anti-social behaviour symptoms disappear." Mbiti (1990) agreed with the traditional healers observations. Twelve per cent were indifferent. There were ten per cent of the informants who disagreed with the theme and three per cent strongly disagreed because they are not familiar with the Western healing approach.

Figure 5.8.3: Performing ancestral rituals (kuphahla) can be used heal anti-social behaviour.
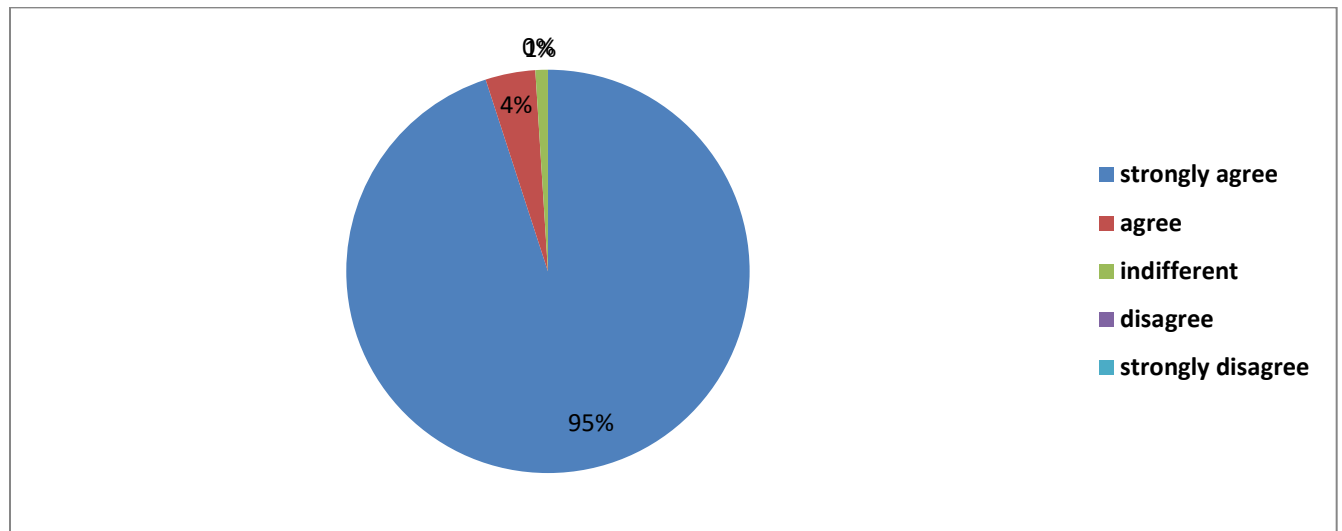
Figure 5.8.3 shows that ninety five per cent of the respondents strongly agreed that performing ancestral rituals could completely heal anti-social behaviour development. During the in-depth interview with the traditional healers, the process of 'Kuphahla' was one of the traditional ancestral rituals, which could be used to heal anti-social behaviour. They define this process as a ritual of honouring and communicating with ancestors.

The diviner acts as a mediator between the ancestors and the affected clients. The traditional healers mentioned that patients who have been attacked by anti-social behaviour are taken to the grave-side of their ancestors by a diviner and literally talk to the ancestors about the plight of his/her client. They would ask the ancestors to restore life-stability to his client. Only four per cent just agreed and one per cent was indifferent on the hypothesis. Moreover, there were no respondents who disagreed and strongly disagreed with the theme.

Figure 5.8.4 Kufemba (articulating the ancestors) process can heal anti-social behaviour.
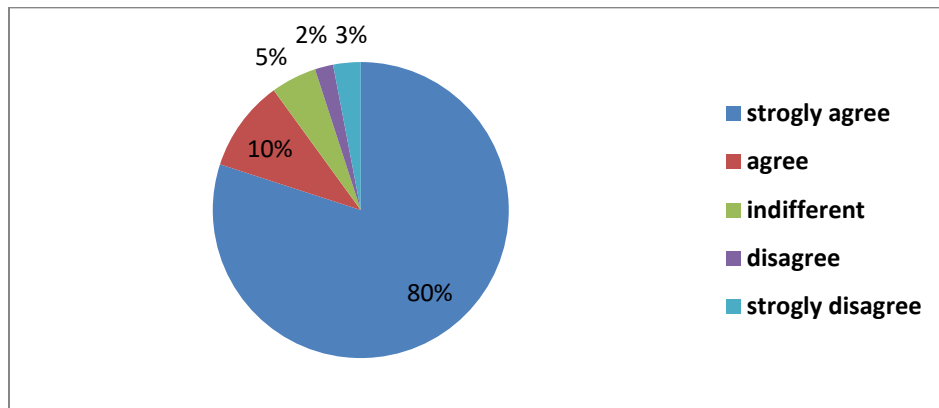
The researcher wanted to know if the process of Kufemba (articulating the ancestors) could heal anti-social behaviour. **Figure 5.8.4** shows that eighty per cent of the respondents strongly agreed, with ten percent who just agreed that Kufemba (articulating of the ancestors) could heal anti-social behaviour. 'Kufemba' is another healing intervention, which the traditional healers mentioned as important intervention in the healing of anti-social behaviour during the group discussion. They explained that 'Kufemba' is the process when a diviner is possessed by his client's ancestral spirits. As a diviner, his client ancestral spirits would communicate through him because he would understand their language. The spirits would use him as a 'vehicle' to communicate with the client. Ancestral spirits would explain the causes of the illness and healing intervention.

Once the spirits have finished with the revelations, the diviner would come back to his/her senses without knowing anything that has been said or discussed. The client would then inform the diviner on what the ancestors have said about the illness. So, the client would follow the ancestral revelations to heal the hallucination and delusions.

They were five per cent who were indifferent. However, two per cent of the respondents disagreed with the hypothesis and three per cent strongly disagreed because this method has some potential of misleading. The clients might never be sure if his/here are talking or the diviner is just speaking his/her mind.

Figure 5.8.5 Kuftwasa (initiated to the ancestors) process can heal anti-social behaviour.
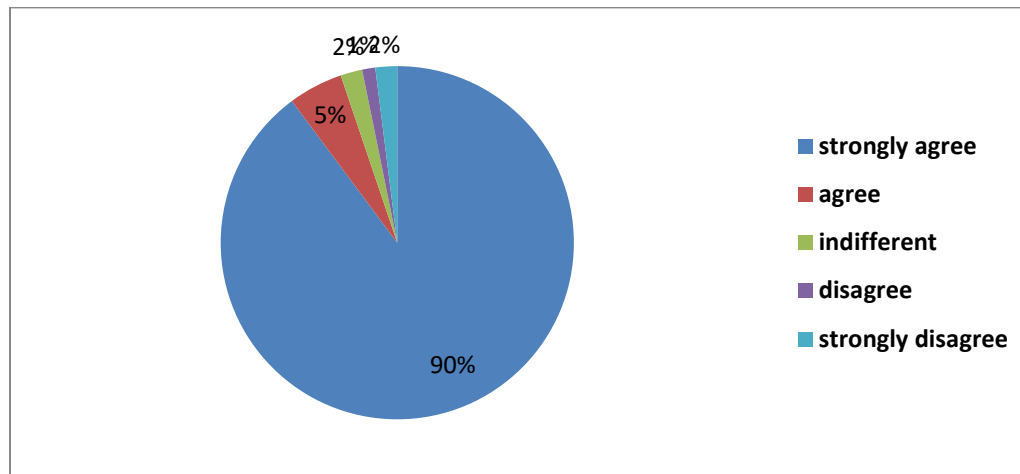
The researcher also asks if the process of 'kutfwasa' can heal anti-social behaviour. **Figure 5.8.5** shows that ninety percent of the respondents strongly agreed that the process of Kuftwasa (initiated to the ancestors) could heal anti-social behaviour. The last traditional healing approach, which was discussed with the traditional healers in the healing of anti-social behaviour, is known as 'Kutfwasa' (initiated to the ancestors). Traditional healers define the process of kutfwasisa '*initiating to the ancestors*' as the reconnection ritual between the dead and the living.

There were five per cent who just agreed and two per cent were indifferent. Moreover, one per cent of the respondents disagreed and two per cent strongly disagreed with the hypothesis, citing that, sometimes 'kutfwasa' could be a choice of an individual with an interest of learning traditional healing other that being compelled by ancestral calling.

5.9 Conclusion

This chapter presented qualitative and quantitative data collected from traditional healers. This data was collected using depth and semi-structured interviews, participant's observation, focus groups discussion and questionnaire. The qualitative data has been presented and analysed in the form of themes and an SPSS has been used for the quantitative data in answering the questions of the study.

They were several themes which were generated in answering each research question. These tools of data collection which have been aforementioned also generated some hidden themes from the collected data which were of great significance in answering the questions of the study. Chapters six of the study presents conclusion and recommendations which are based on the presented data from qualitative and quantitative approach concurrently.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIOS ON DATA FINDINGS

6.0 Introduction

This chapter presents conclusions and recommendations on the study based on findings from collected and analysed data. Both qualitative and quantitative data has been combined together in answering the questions of the study and themes were generated from the data.

6.1 What is traditional healers' knowledge on anti-social behaviour?

The following themes directly give clarity and answers to the study question on what do traditional healers understand about anti-social behaviour. The findings on this question demonstrated that traditional healers have adequate knowledge and competency in dealing with anti-social behaviour as illustrated in the themes below. There is an average of ninety five per cent of the respondents who agreed that traditional healers have deep understanding and knowledge of anti-social behaviour in the discussed themes.

The findings have been discussed within the ecological system theory parameters. Southwick (1977) defined ecological systems as a scientific study of the relationship between the living organisms with each other and with their environment. The science of eco-systems focuses on the inter-relations of biotic communities with their living and non-living environment. It is concerned with the dynamic interactions between the individuals, populations and the species which constitutes the community of living organisms in a given natural environment.

Finding 1; Traditional healers' have competent knowledge on anti-social behaviour development.

The responses of the traditional healers during the group discussions and deep interviews based on the above generated theme have demonstrated that traditional healers have their own knowledge and unique way (ancestral divination system) of explaining the development of anti-social behaviour. The ancestral divination system has never been explored or considered by the Western school of psychology when explaining anti-social behaviour.

The focus interviews with traditional healers demonstrated that Africans have competent knowledge on anti-social behaviour development. Their knowledge is based on the ancestral divination system known as Amadlozi. These are the ancestral spirits of the departed ones. Sometimes they are known as Abaphansi (those from down underground). These are the people who are constant in touch with their families. It is mandatory to continually make sacrifices to the dead to maintain good healthy and friendship with the departed.

Their explanation of the behaviour development is based on their experience and relationship with their environment where they are living. One traditional healer mentioned that "ancestral divination has been used by our fore-fathers in solving their health and social issues effectively, and then who are we to ignore our ancestors who bring life and dead to us."

This statement concurs with the theory of ecological systems that behaviour can be interpreted along human experiences and environmental factors. The environment of the traditional healers embraces the culture of divination system and as a result, anti-social behaviour is interpreted along the environmental factors and their past experiences.

It has been noted that the average figure of the traditional healers' responses on the knowledge and understanding of anti-social behaviour is above ninety five per cent across. This figure clearly demonstrates that Africans are not ignorant on the development of anti-social behaviour.

Some traditional healers boasted, "Sometimes some of our clients would start at the hospital before seeking our services because the Western approach of the diagnosis of the behaviour had failed, since we are being flooded by anti-social clients who have started at hospitals." Traditional healers have viable and competent knowledge.

Traditional healers gave evidence and cases of anti-social behaviour where they were able to notice some signs of the behaviour on their clients and provided effective intervention. "One of my clients was brought to me chained and he was hallucinating, I realized that he suffering from anti-social behaviour after throwing my bones," one traditional healer stated. The researcher has concluded that the traditional healers' ability of recognizing anti-social systems means that they have adequate knowledge on the behaviour.

Even though their interpretation and knowledge of the behaviour is based on socio-cultural perspective, their approach cannot be ruled out on the basis that it could not be tested scientifically as Western psychologist would argue yet it is effective.

It had been also noted that an average of seven per cent of the respondents were indifferent or would disagree with some of the theme. The researcher picked up some variation in the knowledge and understanding of the behaviour among the traditional healers. Most of the traditional healers in this group were of the age between 20-40 and less than six (6) years in the practice of traditional healing. Therefore, the researcher noted the importance of experience and exposure in the knowledge and understanding of the behaviour's development. The most senior traditional healers, who have more experience in the field, demonstrated great knowledge and understanding of anti-social behaviour. Moreover, it has also been noted that most of the traditional healers share expertise in traditional healing.

Junior traditional healers would always consult with their seniors when faced with challenges in their practice. Their seniors, who have initiated them to the traditional healing, are always there to assist and provide more knowledge in their practice. Therefore, even in the case of anti-social behaviour, they always consult with their seniors for better and effective ways of dealing with the behaviour.

In addition, the traditional healers mentioned that if the relationship is broken with the departed, unacceptable human behaviours such as anti-social could attack the living. This statement also demonstrates the relationship between the living and the environment as discussed in the ecological systems theory. Figure 5.6.1 shows that eighty per cent of the respondents strongly agreed that Africans have competent knowledge on anti-social behaviour development. However, ten per cent of the respondents just agreed and five per cent were indifferent. It is notable that the five per cent of the respondent who were indifferent were between the ages of 20-30 and this age limit of the traditional healers' demonstrated little knowledge on anti-social behaviour development.

They were three per cent of traditional healers' who disagreed and two per cent who strongly disagreed on this finding. They stated that Africans traditional healing has not reached the stage of being considered as a fully-fledged dimension of healing anti-social behaviour.

Finding 2; Anti-social behaviour is caused by ancestral calling spirits.

"The practice of ancestral divination systems has been institutionalised within the African environment. It has been part of African culture since the ancient times". These were remarks of the first traditional healer who responded on the above generated theme. The results of the respondents in Figure 5.6.2 shows that ninety per cent of the respondents strongly agreed that anti-social behaviour development is caused by ancestral calling. The traditional healers mentioned that ancestors could choose their candidates into ancestral calling and there is punishment if the calling is being neglected.

The punishment could be in the form of hallucination, self-isolation, depression and delusion, which is called anti-social behaviour collectively. The perception of the traditional healers on the development of anti-social behaviour is not a 'lost' thought since the ecological systems theory agreed that, environment can influence behaviour development.

110

As it has been aforementioned above, ancestral divination systems has been institutionalised within the African environment. Therefore, ancestral calling spirits can cause anti-social behaviour because it is within the African environment and cultural practices.

There were five per cent of the respondents who just agreed on the theme, two per cent were indifferent, two per cent also disagreed and one per cent strongly disagree that anti-social behaviour development is caused by ancestral calling. These observations suggested a strong influence of perceptions on cultural and environmental background on the participants' knowledge regarding the causes of the disorder.

Finding 3; Africans' indigenous traditional healing intervention is effective on anti-social behaviour.

As mentioned during focus group discussions, traditional healers have cited different ways of effectively administering traditional medicines to an anti-social client.
These include Isichocho (an infusion). This is a fresh mixture of roots, barks and leaves which are crushed together and mixed with cold water.

The Impeko (decoction). It is prepared as an infusion but the mixture is boiled or heated up to a boil only. Some poisonous medicines such as umhlonhlo (Bolusanthus specious Harm) are first burnt into a powder and the (insiti) powder is mixed with milk to remove the noxious parts of the medicine. Kufutsa (steaming), medicine for hallucination is put in the pot and boiled. The patient would be covered with a blanket and steamed up.

Ingato (body incision). The traditional healer would make some incisions on the body of an anti-social client. The respondents consider this healing method as an oldest means of administering medicine. The 'muti' goes directly into the blood stream at the site of the illness. They consider this method as kujova (injection hysteria).

111

The traditional healers provided an endless list of ways on effectively administering traditional healing on anti-social behaviour clients. This has demonstrated their knowledge, competency and efficiency in their healing of anti-social behaviour.

It has been noted that traditional healers' knowledge in traditional healing is mostly supported by the environment where they live. The vegetation of the environment provides traditional healers with more options on the choice of mixing their herbs. There are different types of indigenous trees which are found in their environment which are used to cure anti-social behaviour. Therefore, the environment influences their healing ability of anti-social behaviour. This demonstrates the relationship between the traditional healers and the environment as discussed deeply in the ecological systems theory.

It has been demonstrated in **figure 5.6.3** that indeed Africans indigenous traditional healing intervention is effective on anti-social behaviour. The results of the traditional healers responses in **figure 5.6.3** shows that eighty per cent of the respondents strongly agreed that Africans' indigenous traditional healing is effective on the healing of anti-social behaviour.

The **figure 5.6.3** also shows that ten per cent of the respondents just agreed on the theme and three per cent were indifferent. However, five per cent disagreed that Africans indigenous traditional healing intervention is effective on the healing of anti-social behaviour development and also two per cent strongly disagreed on the theme mostly because some of the traditional healers do not have not adequate knowledge on traditional healing in general.

Finding 4; Ancestors could punish anyone who disobeys ancestral calling with anti-social behaviour

One traditional mentioned that, "Ancestral spirits make their presence felt through illness. After the death of the head of a family, the customary ceremonial rites of a memorial service 'kubuyisa' must be performed." This custom is universal in Southern Africa (Nkhosi, 2012).

If this duty towards the ancestral spirits is neglected, there would be visitation through sickness and diseases. Usually, a diviner would be consulted and he would confirm that the spirits of the departed are issuing a polite reminder on their customary rites are overdue.

It has been noted that, traditional healers believes in their ancestral supreme god who have power to bring and protects its own people from illnesses. The supreme god is worshipped. Religious issues are also part of the ecological system. The attachment of human beings spiritually can lead to behaviour interpretation along their spiritual contexts (Kegan, 2005). Therefore, the traditional healers have drawn their knowledge and explanations of anti-social behaviour from their religious orientation (ancestral) which is permitted by their environment.

Figure 5.6.4, shows that eighty five per cent of the respondents strongly agreed and five per cent only agreed. There were four per cent who were indifferent. Moreover, three per cent of the respondents disagreed and another three strongly disagreed with the hypothesis because they are of the view that ancestors should only provide protection other than punishment to the living even if they are disobeyed.

Finding 5; Traditional healers screen anti-social behaviour patients' background and the nature of the behaviour through throwing bones

The responses from the traditional healers' shows that ninety seven per cent in **figure 5.6.5** strongly agreed on the theme prove that Africans have competent ways of dealing with anti-social behaviour. "We mastered the art of throwing bones like our names," one healer boasted. He claimed that they know the composition, characteristics and meaning attached to each bone and the lie of the bone in relations to others. Bones of animals, birds and humans are used. Human bones used are the small bones of fingers and toes. They are mixed with roots and barks of specially chosen trees.

The animal bones, roots and barks are from the environment where they live. The environment provides the traditional healers with every tool to deal with the development of anti-social behaviour. As stated above, there is great relationship between the environment and traditional healers.

A group of traditional healers' agreed that "when visited by anti-social behaviour clients, we would take bones and sing the praises of clients ancestral spirits and throw down all the bones. The client's ancestral spirits would talk through the way the bones lie when screening their client's background". The spirits would then tell the traditional healer the facts of the cause and give directions on the diagnosis of the behaviour. Pinket (2000) argued that the weakness of western psychology in explaining the development of anti-social behaviour is to ignore their patients' historical background, which includes their ancestors.

The art of throwing bones distinguishes the African approach on the behaviour from the Western psychologist in the healing of anti-social behaviour. Respondents in **Figure 5.6.5** shows that ninety seven per cent of the respondents strongly agreed that traditional healers could successfully screen anti-social behaviour patient's background and the nature of the behaviour through throwing bones.

6.2 What do traditional healers understand on causes and symptoms of anti-social behaviour?

The following findings are answering what the traditional healers understanding on the causes of anti-social behaviour. Hallucination, depression, self-isolation and delusion are known symptoms of anti-social behaviour as discussed by Pinkent (2000). Therefore, these findings explain causes of the symptoms of anti-social behaviour within the understanding of the traditional healers. There is an average of ninety six per cent of the traditional healers who agreed that these symptoms of anti-social behaviour are caused by ancestral calling. The findings have been also explained in relation to the traditional healers' natural environment. Traditional healers explain every illness along the ancestral divination system which exists in their cultural environment. Ancestors can punish and communicate with the living through illnesses when neglected.

Finding 1; Hallucination in anti-social behaviour is when ancestors communicate with their chosen one.

As mentioned above during data collection, traditional healers agreed that hallucination in anti-social is recognized as the wanderings of a person talking to the ancestors. One traditional healer emphasised that "During these frequent wanderings, the spirit of the living meets the spirits of the departed. The spirit of the living consults and talks to the spirit of his/her fore-fathers. However, if the living does not understand the language of the departed, the communication would be unclear visions and auditory voices, which are called hallucination in anti-social behaviour, yet ancestors are trying to talk to that person".

Bronfenbrenner (1975) in his analysis of behaviour along environmental parameters mentioned that cultural belief can be influential in explaining behaviour development. Hence, the traditional healers used cultural practices within their environment to explain anti-social behaviour development. Since the environment embraces ancestral divination, they explain hallucination in anti-social behaviour as caused by ancestral calling.

Grills (2006) observation concurs with the traditional healers when he mentioned that hallucination is viewed as the language of the ancestral spirits, which westerns interpret as mental instability. Sometimes the hallucination could be auditory or visual. During the initiation period the client is taught how to observe and listen to these voices and interpret the unclear visions.

Figure 5.7.1 shows that they were eighty five per cent of the respondents who strongly agreed that hallucination is caused by ancestral calling when neglected. Moreover, three per cent of the respondents disagreed and one per cent strongly disagreed, citing reasons such as witchcraft, which might cause hallucination.

They gave evidence whereby hallucination medicine was used for proposing love. The spirits of 'Amafuunyana' are commissioned by man to a woman whom he is courting. Once they attack her,

she would start calling the name of her suitor. Her family would eventually take her to him resulting in the hallucination subsiding.

They would then believe that they were meant to be together as husband and wife. According to their argument, the hallucination has nothing to do with ancestral calling. However, the eighty five per cent of respondents who strongly agreed with the theme confirm that indeed hallucination in anti-social behaviour is when ancestors communicate with their chosen one.

Findings 2; Self-isolation in anti-social behaviour is a result of ancestral calling when neglected.

One group during focus interviews mentioned that, "Our ancestors choose their candidate for the legacy of traditional healing and that person would always isolate him/herself. That person withdraws from close friends and family to give full attention to the ancestral calling. He/she would always spend time alone meditating on the calling."

They also mentioned that during self-isolation, the novice is doing mental exercises so that he/she could be able to 'travel' faraway into ancestral world in day-dreaming and get into communion with ancestral spirits. As a result, many have self-imposed celibacy. They find that they could not mix their calling with family life.

Their explanation on the causes of self-isolation in anti-social behaviour still connects to their environment where ancestral system has been institutionalised. The traditional healers mentioned that it is common for someone with the ancestral calling to be on 'vacation' with the ancestors. "That person will be withdrawn from other people and spend most of the time with the ancestors spiritually and emotionally.

The results of the respondents proved that self-isolation in anti-social behaviour could be a result of ancestral calling when neglected. **In figure 5.7.2**, there were ninety seven per cent of the respondents who strongly agreed that ancestral calling could result to self-isolation when neglected

and one per cent just agreed. Also another one per cent was indifferent and another one per cent disagreed. One per cent of the respondents strongly disagreed with the theme by arguing that self-isolation could be a result of personal problems. Therefore, staying alone would give much time for self-reflection.

Finding 3; Depression in anti-social behaviour could be a result of ancestral calling.

Traditional healers explain the feeling of depression in anti-social behaviour as caused by ancestral spirits. One group of traditional healers agreed that "if the spirits are ignored, they could cause much depression and sometimes result in suicides." **In Figure 5.7.3,** there were eighty five per cent of the respondents who strongly agreed that depression in anti-social behaviour could be a result of ancestral calling and five per cent only agreed. However, there were seven per cent of the respondents who were indifferent. Moreover, one per cent disagreed and two per cent strongly disagreed on the hypothesis by citing family problems, which might cause depression other than ancestral calling.

Findings 4: Delusions in anti-social behaviour could be a result of ancestral calling

According to the traditional healers, delusion is another symptom of anti-social behaviour, which results from neglecting ancestral calling. They mentioned that delusion is more or less similar to hallucination. However, with delusions, the ancestral spirits are very angry that are being ignored. They 'twist' the mental state of their candidate to a point whereby he/she could be declared as lunatic or mental disable.

Figure 5.7.4 shows that seventy eight per cent of the respondents strongly agreed that delusions as anti-social behaviour symptom could be a result of ancestral calling and ten per cent only agreed. There were two per cent who were indifferent.

However, seven per cent disagreed and three per cent strongly disagreed with the theme that delusions could be a result of ancestral calling. The cited that delusion which is a mental stability illnesses could be causes by varies factors such as substance and alcohol abuses. Witch craft was also mentioned as a possible cause of delusions.

In a nut-shell, the average figure of traditional healers who agreed on the above discussed generated themes were ninety six per cent. They overwhelmingly agreed that ancestors could punish a person when the ancestral calling is being neglected. They could punish with sickness such as hallucination, depression, delusion and self-isolation.

The traditional healers gave evidence when some of their clients would visit them and seek their services with these symptoms. During their screening through throwing of the bones, they realized that their clients would have a calling, which is being neglected thus resulting in anti-social behaviour.

6.3 What is the traditional healing intervention in anti-social behaviour?

The findings of traditional healing intervention in anti-social behaviour have been discussed below. These findings answer the last question of the study on what are the traditional healing interventions in anti-social behaviour. The findings which answer this question have been also discussed along the ecological systems theory which guides the study. The traditional healers' explanations of their interventions in the healing of anti-social behaviour are also connected to their natural environment as discussed by Brofenbrenner (1975). They understand that, their environment which embraces traditional healing would decide and bring solutions to their social problems. Their healing approach of anti-social behaviour is guided by the principles of the ancestors.

These interventions such as kutfwasisa (initiated to the ancestors), kuphahla (offering sacrifices to the ancestors) and kufemba (articulating the ancestral spirits) are different ways of pleasing the ancestors for healing anti-social behaviour.

It has been noted during the discussions that traditional healers would always consult their ancestors on the appropriate healing approach of their anti-social clients. Their healing is not conducted randomly on their clients. Most of the diviners agreed that they throw bones and read them carefully as instructions from their ancestors. Thereafter, they would be given the direction on the healing procedures to follow. In most cases, the ancestors would suggest Kweftwasisa

(initiated to the ancestors), Kuphadla (offering sacrifices to the ancestors) and also Kufemba (articulation of ancestors).

The traditional healers agreed that all these healing interventions of anti-social behaviour are effective in the healing of the behaviour if they have been approved by the client's ancestors. For instance, ancestors could direct traditional healers to perform the Kwetfwasisa (initiated to the ancestors) for full recovery from anti-social behaviour.

Finding 1: Performing 'kuphahla' (pleading with ancestors) could be used heal anti-social behaviour.

During the in-depth interview with the traditional healers, the process of 'Kuphahla' was one of the traditional ancestral rituals, which could be used to heal anti-social behaviour. They define this process as a ritual of honouring and communicating with ancestors. The diviner acts as a mediator between the ancestors and the affected clients.
The traditional healers mentioned that patients who have been attacked by anti-social behaviour are taken to the grave-side of their ancestors by a diviner and literally talk to the ancestors about the plight of his/her client. They would ask the ancestors to restore life-stability to his client.

Figure 5.8.1 show that ninety five per cent of the respondents strongly agreed that performing ancestral rituals could completely heal anti-social behaviour development. Only four per cent just agreed and one per cent was indifferent on the hypothesis. Moreover, there were no respondents who disagreed and strongly disagreed with the theme.

Finding 2: Kufemba (articulating the ancestors) process can heal anti-social behaviour

'Kufemba' is another healing intervention, which the traditional healers mentioned as important intervention in the healing of anti-social behaviour during the group discussion. They explained that 'Kufemba' is the process when a diviner is possessed by his client's ancestral spirits. As a

diviner, his client ancestral spirits would communicate through him because he would understand their language. The spirits would use him as a 'vehicle' to communicate with the client. Ancestral spirits would explain the causes of the illness and healing intervention.

Once the spirits have finished with the revelations, the diviner would come back to his/her senses without knowing anything that has been said or discussed. The client would then inform the diviner on what the ancestors have said about the illness. So, the client would follow the ancestral revelations to heal the hallucination and disillusions.

Figure 5.8.2 shows that eighty per cent of the respondents strongly agreed, with 10% who just agreed on that Kufemba (articulating of the ancestors) could heal anti-social behaviour. There were five per cent who were indifferent. However, two per cent of the respondents disagreed with the theme and three per cent strongly disagreed. They stated that 'kufemba' alone could not completely heal anti-social behaviour.

Findings 3: Kuftwasisa (initiated to the ancestors) process can heal anti-social behaviour.

The last traditional healing approach, which was discussed with the traditional healers in the healing of anti-social behaviour, is known as 'Kutfwasa' (initiated to the ancestors). They define the process of kutfwasisa '*initiating to the ancestors*' as the reconnection ritual between the dead and the living.

Magagula (2001) also came with the same definition. They also mentioned that there are four stages of the *kutfwasisa* (ancestral initiation) process for the healing of anti-social behaviour. These are; Introduction to the ancestral world; Articulation of spirits; Learning traditional medicine and healing; Re-integration of the client to the community. Anti-social behaviour would be healed once these stages are completed.

Figure 5.8.3 shows that ninety per cent of the respondents strongly agreed that the process of *'Kuftwasa'* could heal anti-social behaviour. There were five per cent who just agreed and two per cent were indifferent. Moreover, one per cent of the respondents disagreed and two per cent strongly disagreed with the theme, citing that, sometimes '*kutfwasa*' could be a choice of an individual with an interest of learning traditional healing other that being compelled by ancestral calling.

Findings 4: Traditional healing approach on anti-social behaviour has been ignored by western psychological practitioners

The respondents in the study agreed with most authors in the literature review, as they are of the view that traditional healing approach on anti-social behaviour has been ignored by western psychological practitioners. They mentioned that this was due to the fact that traditional healing cannot be explained scientifically in laboratories as compared to western healing of the behaviour.

Figure 5.8.4 shows that ninety per cent of the respondents strongly agreed that traditional healing approach on anti-social behaviour has been ignored by western psychological practitioners on discrimination reasons. There were seven per cent of the respondents who just agreed on the theme. Moreover, three per cent were indifferent on the hypothesis. There were no respondents who disagreed or strongly disagreed on the hypothesis.

Finding 5; African traditional healing approach on anti-social behaviour is more compatible with Africans as opposed to Western healing approach.

Respondents in the study mentioned that African traditional healing approach on anti-social behaviour is more compatible with Africans as opposed to Western healing approach. They argued that most of their anti-social behaviour clients start from hospitals before seeking their traditional healing assistance. These clients would undergo psycho-therapy by qualified Western psychologist but the symptoms of anti-social would still remain, yet when traditional healers start to apply their

traditional medicine and performing ancestral rituals on their clients, their anti-social behaviour symptoms disappear. Mbiti (2007) agreed with the traditional healers observations.

Figure 5.8.5 shows that sixty five per cent of the respondents' strongly agreed to the hypothesis. However, ten per cent of the respondents just agreed and twelve per cent were indifferent. The figure also shows that ten per cent of the respondents were indifferent. There were ten per cent of the informants who disagreed with the hypothesis and three per cent strongly disagreed because they are not familiar with the Western healing approach

The constant responses and explanations of the traditional healers on the healing of anti-social behaviour suggest that all these healing interventions are competent and effective on the healing of the behaviour. There were ninety two per cent in average of traditional healers who agreed that these indigenous healing interventions of anti-social behaviour are effective. However, there were also eight per cent of the respondents who differed from the other traditional healers.

They argued that being initiated to ancestors could be a choice of an individual with an interest of learning traditional healing and earning a living other than being compelled by ancestral calling. They also argue that 'kufemba' alone could not completely heal anti-social behaviour. It has been noted that all the traditional healers agreed that 'kuphahla' was the most effective and reliable healing approach of anti-social behaviour.

6.4 Recommendations

6.4.1 Traditional healers understanding of anti-social disorder.

As discussed in Chapter 5, we have observed that traditional healers understand and explain the development of anti-social behaviour along the ancestral divination system. During the profound interview with the traditional healers, it was mentioned that the ancestral divination system had been there since time immemorial. It had been used to solve most of African social problems and health issues. The results from the respondents show that Africans have their own unique way of

understanding and explaining the behaviour. Therefore, Africans' indigenous knowledge and explanation of anti-social behaviour could not be ignored for a holistic approach in the healing of the behaviour.

It is recommended that the traditional healers' explanation of the behaviour based on the ancestral divination system as opposed to the scientific Western approach should not be discriminated or considered as inferior. As Gumede (1990) noted that the two apparently contradictory explanation approaches of anti-social systems are complementary. Western healing could be more effective if it could also understand the role and competency of traditional healing in anti-social behaviour.

Each school of practice, either traditional or western should understand its limitations in the explanations of anti-social behaviour. The western school of medical practice should acknowledge that Africans are unique and they could not completely understand the 'world' of the Africans. Their explanation of the world is based on social context, which was also observed by Pinket (2000). Africans connect the past to the present for the future. Ancestral belief has a significant importance in the life of Africans. According to the traditional healers, ancestors give life and death. They could also give anti-social behaviour as a corrective measure or reminder to the living if neglected.

Therefore, imposing western psychological therapies on Africans without understanding their point of view in their explanations of the behaviour, would have some negative effects on the explanation and designing of 'tools' in the healing of anti-social behaviour.

6.4.2 The cause of anti-social behaviour within the African perspective

The discussions have revealed that ancestral calling is the main cause of anti-social behaviour among Africans. Ancestors punish with hallucination, depression, self-isolation and delusion when they are neglected. It has been noted that Africans consult with traditional healers after consulting with doctors. It emerged during the research that traditional healers are extensively patronized and have a large clientele and therefore could not be ignored. Instead they should be engaged

constructively to promote better understanding of mental illnesses, diagnosis, and possible referral, while at the same time discouraging harmful practices.

The ancestral divination system has existed for the past decades in Africa. It has been used and proven by Africans as being competitive in dealing with social and health issues. As Gumede (2000) stated, it would be ignorant to discriminate it. Western psychologists have to find some positive ways of incorporating the divination system into the modern healing approach of anti-social behaviour for holistic explanation and understanding of the behaviour.

6.4.3 Afro-centric healing intervention on anti-social behaviour?

Traditional healers recognize mental illnesses though in a limited way. This would suggest that there is need to improve their skills in the recognition of mental illnesses as there is high co-morbidity between physical and mental illnesses among their clients. Traditional healers also need to ensure safety of the treatment modalities when herbs are used for treatment. There is a great need for traditional healers to be educated on the importance of having their herbs tested in a reputable laboratory like Swaziland Medical Research Institute, which conducts such tests in Swaziland.

It has been noted that traditional healers are not averse to cooperation with formal health facilities and therefore are willing to, and do in fact, refer. Efforts should be made to create a channel of increased referrals between healers and the health services. Healers should be empowered through constructive and positive engagement as well as supportive supervision through continuous education on the various psychiatric disorders and their manifestations.

6.5 Opportunities of future research

The study of African perspective towards anti-social behaviour has opened some future opportunities of studying on other behaviours and explaining them within African parameters. For instance, future studies could explore the relation between witchcraft and hallucination. During

group discussions and interviews, the traditional healers were mostly interested in the witchcraft discussion.

As much as most traditional healers provide healing with their herbs, some have herbs for killing. The very same hallucination, which they heal on anti-social clients could be 'made' in the form of spirits and commissioned to kill someone. Therefore, researchers with an interest of exploring the 'world' of African explanations of behaviours could take up this study.

Another field of study, which has been provoked by this research could be exploring fully on how self-isolation is associated with ancestral calling as opposed to self-reflecting. The majority of the respondents in this research have agreed that self-isolation is a result of ancestral calling. However, some of the respondents argued that self-reflecting and personal problems could result to self-isolation.

References

Ambrose, G (1976). *Time and myth*. New York: Dome Dome Press.

Anderson, G. 1990). *Quasi-Experimentation: Design and Analysis Issues for Field Settings,* Boston: Houghton Mifflin Company.

Banks, C. (2006). *Qualitative research methodology*. Toronto: Son & Son Publ.

Bernard, A. (2002). *Environmental Ethics*. Philadelpha: Temple University Press.

Battiste, C. and Handerson, H. (2006). *The Beliefs of the Elders, Codes of Ethics for Indigenous Medicine of the Colombian Amazon*. Putumayo: UMIYAC. Publ.

Bijou, Y. and Baer, M. (1971). *Medicine and Magic of the MaShona*, Cape Town: Juta.

Breyer, R. (2000). *Development of psychology and society*. Lagos: Macmillan Press.

Bryan, G. (1990). *Human constructing living systems*. Cabin Lane: IDEALS Inco.

Bloor, C. (1978). *Morden Society*. North Sidney: Allen Publishers.

Corbin, J. & Strauss, A. (1990). *Grounded theory research: Procedure, canons and evaluative criteria.* New-York: Sage.

Coster, R.(2014). *Trail to Heaven: Knowledge and Narrative in a Northern Native Community.* Iowa City: University of Iowa Press.

Corban, C. (1992). *Theories of Personality*. London: Oxford Press.

Conco , B. (1975). *Social Casuality*, London: Allan and Unwin inco.

Cuba, F. and Hunter, T. (2003). *Human ethnology*. London: Cambridge Press.

Clarke, T. (1976). *African Medical Handbook*, Cape Town: African Bookman.

Cresswell, J. (1997). *Designing and Conducting Mixed Methods Research,* Thousand Oaks, CA: Sage Publications.

Dlamini, S. (2005). *Traditional healing*. Swaziana bulletin, pp 142-179.

Denzin, N.K. (2005). The research act: *A theoretical introduction to sociological methods. Chicago:* Aldine Publishing Co.

Dlamini, J. (2005). *History of Traditional healing in Swaziland*. Nairobi: SDL inco.

Dexheimer-Pharris, R. (2011). *From religion to philosophy*. New-York: Harper and Row Publishers.

Dey, V. (2004). *Critical Realism: Essential Readings*, London: Routledge.

Denscombe, V. (2007). *Behaviour development and the Environment*. Boston: University of Texas Press.

Demunck,B. (1998). "Teaching Mixed Methods Research: Practices, Dilemmas, and Challenges," in *Handbook of Mixed Methods in Social and Behavioral Research*. Thousand Oaks, CA: Sage Publications.

Dewalt and Dewalt, F. (2002). *Designing and Conducting Mixed Methods Research,* Thousand Oaks, CA: Sage Publications.

Donald, M. (1966). *Modern healing and Traditional healing*. London: Rouledge.

Eziju. C.(2014). African Traditional Religious and the promotion of community living in Africa. Lagos: City Press.

(Erladson, G.Harris,R. Sipper & Allen,Q. (1993). *Explaining Society: Critical Realism in the Social Sciences*. London: Routledge.

Feldman, R. (1995). "Relative Importance of Evaluation Criteria for Enterprise Systems: A Conjoint Study," *Information Systems Journal* (16:3), pp. 237-

Foster, K. (1992). *Essentials of psychological testing*. New York: Herper and Raw Publishers.

Friedman, S. (1988). *Psychology perspective on behavior*. New-York: John Wiley.

Fife, R. (2005). "Internet-Based Information Systems Use in Organizations: An Information

Studies Perspective," *Information Systems Journal* (13:2), pp. 113-132. London: Oxford Press.

Grills, J. (2006). *Strategies for Psychological Survival & Wellness*. New-York: New York press.

Gumede, B. (1990). *Traditional healing in Rhodesia*. London: Mowbrays inco.

Guba, M. and Hunter, C. (2003). Qualitative Units. New York: NY university Press.

Grills, C. (2006). *African Centered Psychology Strategies for Psychological Survival & Wellness*. Washington DC: David Campell Publishers.

Grbich,T. (2007). "Is Mixed Methods Social Inquiry a Distinctive Methodology?" *Journal of Mixed Methods Research* (2:1), pp. 7-21.

Harden, F. (2004). *Systems and theories in Psychology*. San Diego: MacGraw-Hill Book company.

Holdstock, T. (2000). *Re-examining psychology, critical perspective and African insights*. New York: Press House.

Hunt, P. (1980). *How to get along*. New York: Cambridge University Press.

Hull,C. (2007) *Mitakuye Oyasin: "We Are All Related."* Denver: Bear inco.

Irwin, J.(2000). *Teachings From the Longhouse*. Don Mills, Ontario: Stoddart.

Jamisn &West, B. (1993). *Through the Prism of black psychology*. San-Francisco: Methuan London House.

Jane, H.(2007). "Leadership Effectiveness in Global Virtual Teams," *Journal of Management Information Systems* (18:3), pp. 7-40.

Jacobs, F. (2013). *Forward Cultural Diversity and the Politics of Knowledge*. In *Indigenous Knowledges In Global Contexts*. Toronto: University of Toronto Press.

Johnson, S (1994). *The Book of Elders: The Life Stories & Wisdom of Great American Indians*. New York: Harper San Francisco.

Jeff, M. (2001). *Qualitative studies*, Cape Town: Oxford University Press.

Jock, C. (2000). Native American Spirituality for Sale: Sacred Knowledge in the Consumer Age.London: Oxford Publishers.

Karp, R. (1991). *Philosophy of mind*. Oxford: Blackwell Publishers.

Kambon, R. (1998). *Zionism and Faith-Healing in Rhodesia: Aspects of African Independent Churches*, The Hague: Mouton Press.

Kasee, C. (1995). *Identity, Recovery, and Religious Imperialism*. London: B.B publ.
.
Kegan, C. (2002). *The study of Afro-American violent behaviour*. London: Trubner & co.ltd.

Kardorff, Z. (2004). *Handbook of Information Systems Research*. Hershey, PA: Idea Group Publishing,
Kanski, J. (2003). *A systematic approach*. Butterworth: Heinemann.

Khosa, T. (2014, September). How Sangomas treat and perceive psychosis. Presented at the FPA international conference (p 22). Durban: University of Kwazulu Natal.

Knight, D.(2001). *The Seven Fires Teachings of the Bear Clan As Recounted by Dr. Danny Musqua*. Saskatchewan: Many Worlds Publishing.

Kim. S.(2000). *Decolonizing Methodologies Research and Indigenous Peoples*. London & New York: Zed Books Ltd.

Krueger, N, (2007). *The Way of the Pipe Aboriginal Spirituality and Symbolic Healing in Canadian Prisons*. Peterborough, Ontario: Broadview Press.

Long, G. (2014, September). *A history of psychology in Africa (p18). Presented at the FPA international conference.* Durban: University of Kwazulu Natal.

Lincoln, Y. & Guba, G. (1985). *Naturalistic inquiry*. Beverly Hills: Sage.

Lews, Q. (1988). *A catalogue of the ways people grow*. New York: Ballantine book inco.

Lyne, K. (1978). *Behaviour and mind at large*. New York: Praeger inco.

Lux, K. (2001). *Medicine That Walks Disease, Medicine, and Canadian Plains Native People, 1880-1940*. Toronto: University of Toronto Press.

Lyon, S.(1996). *Encyclopedia of Native American Healing*. New York-London: W.W. Norton & Company.

Magwaza, L. (2014, September). *From Psychology in Africa to African Psychology* (p.2). Presented at the FPA international conference. Durban University of Kwazulu Natal.

Matoane, (2014, September). *Why a psychology that is indigenous to Africa? From context, to meaning, to identity* (p7). Presented at the FPA international conference. Durban: University Kwazulu Natal.

Nkhosi, C. (2012). *History of Traditiona healing. Matsapha*: Macmilan.

Khan, D.(2012). "E-Government Information Systems: Evaluation-Led Design for Public Value and Client Trust," *European Journal of Information Systems* (16:2), pp. 134-148.

Marshall,F. and Rossman, D. (1989). *The Research Act*, New York: McGraw-Hill.

Magagula, V. (2001). *Concern for others; A new psychology of conscience and morality*. New York: Green world Press.

Mauuka, M. (2002). *New clothes for old souls*. London: Heritage Foundation.

Marl, G.(2007). Protection of heritage of indegenious people. New York: Caster publ.

Mkhondza, H. (1999). *Ways of Growth*. New York: Viking Press.

Myers, G. (1992). *Social Psychology*. Michigan: MacGraw-Hill.

McFadden, S.(1991). *Profiles in Wisdom Native Elders Speak About the Earth.* Santa Fe: Bear & Company Publishing.

Mbiti, J. (1990). *African religious and philosophy*. Doubleday: Heinemann.

Maseko, N. (2014, January 11). *Tangoma Today*. Times of Swaziland, pp5.

Middleton, J. (1976). *Reading in mythology and symbolism*. Boston: University of Texas Press.

Msibi, B.(2006, March 7). *Articulating ancestral spirits*. The Mirror, pp23.

Mamba, S. (2003). *Human development*. New York: Collier Macmillan Publishers.

Mashiri, H. (2014). *Human development; A life span perspective*. Boston: Allyn and Bacon Inco.

Maseko, J. (2004). *Traditional practices in Swaziland*. Matsapha: Macmillan Publ.

Magagula, S.(2001). *Traditional healing in the four regions of Swaziland*. Macmillan: Matsapha.

Mamba, B. (2003). *The magic years*. New York: Charles Scribers' sons inco.

Myers, Y. (1992). *Human as self-constructing living systems*. Pennsylumnia: IDEALS Inco.

Merriam, F. (2009). *Perception through experience*. London: Barnes and Noble Inco.

Mahlangu, G. (2000). *The History of Traditional healing in Swaziland*. Matsapha: Macmillan Publ.

Mife, Z. (1983). *John Searle and his critics*. Oxford: Blackwell inco.

Miller, G. (1996). *Traditional Healers and the Shona Patient*, Gweru: Mambo Press.

Mormond, V. (1998). *Misery of black magic man.* Oxford: University Press.

Morse, R. (1991). *Work Redesign*. Reading, MA: Addison-Wesley.

(McIntyre, P. (2008). *Mixed Methods in Social Inquiry.* San Francisco: Jossey-Bass.

Nyamongo, C. (2001). *Traditional healing in Zimbabwe*. Toronto: Toronto Press.

Ngwenyama, S. (1991). Situation cognition and coherence in personality. New York: Cambridge University Press.

Ngubane, H. (1977). *Body and mind in Zulu medicine. London*: Academic Press.

Norman, K. & lincolin, S. (Eds.). (2005). *Designing Qualitative research (2nd eds.).* New-York:Cambell publication.

Omark, K. (1987). *Expressing the Sacred: An Introduction to the Phenomenology of Religion*, Harare: University of Zimbabwe Publications.

Parkinson, M. & Drislane, P. (2011). *Cultural diversity.* New-Jersey: John Wiley and Sons Inco.

Patton, D. (2002). *Early experience*. Los Angeles: Charles Thomas Publishers.

Peter, S. (1992). *Wisdom of the Elders*. Toronto: Stoddart Publishing Co. Ltd.

Peek, M. & Phillip, J.(1991). *African Divination systems: ways of knowing*. Bloomington: Indiana University Press.

Pervin, L. (1980). *Personality theory assessment and research*. Toronto: John Wiley and sons.

Ponty, M & Smith, C. (2005). *Phenomenology of perception*. London: Routledg Publ.

Pickock, T. (1978). Eplaining attitudes. Ahmrest: Oxfrod University.

Pinket, W. (2000). "The User-Developer Communication Process: A Critical Case Study," *Information Systems Journal* (13:1), pp. 37-68.

Quinton, V. (2001). *Control of human behaviour*. Michigan: Scot, Foresman and company.

Rank, M.(1961). *Human nature*. London: Harvard University Press.

Rabothata, (2014, September). *History of African Psychology stream* (p15). Presented at the FPA international conference. Durban: University of Kwazulu Natal.

Ryan, A & Bernard, L. (2000). *Ensuring quality in qualitative research*. New-York: Cambell publication.
Spector, E.(1981). *Research design, Qualitative, quantitative and research methods approaches*.New-York: Sage Publication inc.

Scot, W. (2003). *Early experience and behavior*. Springfield: Charles Thomas Publ.

Shlomit, C. (2000). *Africa's Psychology. A Critical Perspective*. A Review of T. Len Holdstock's Re-examining Psychology. Critical Perspectives and African Insights www.radicalpsychology.org/vol4-1/holdstock_review.http.

Schmuck, E. 1997). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (2nd ed.), Thousand Oaks, CA: Sage Publications.

Shoko, T. (2011). Shona Traditional Religion and Medical Practices: Methodological approaches to Religious Phenomena. Capetwn: Juta.

Singer, J. (1991). *Personality and Psychotherapy: theory, practice and research*. New York: Open University Press.

Strauss, A. & Corbin, J. (1990). *Basics of qualitative research.* Newbury Park CA: Sage Publ.

Somni, M. and Sandlana, G.(2014). *Theories of Development*. Chicago: Holt, Rinehart and Winston, Inco.

Sogolo, C. (1997). *Human growth and development of personality*. Sydney: Pengarmon Press.
Schimleck, B. (2009). *Zvinorwadza: Being a Patient in the Religious and Medical Plurality of the Mberengwa District*, Frankfurt am Main: Peter Lang.

Smith, M. (1962). *Sociology*. New York: MacGraw-Hill.

Stewart, S. & Shamdasani, T. (1990). *Advances in Mixed Methods Research*. London: Sage Publications.Thwala, M.G. (2004, May). *Traditional healing against modern healing*. Presented at the University of Swaziland: Kwaluseni campus.

Trawly, Y. (1976). *Lifespan development*. Madrid: Longman.

Utsey, M. (2014). *Self-knowledge*. New York: University Press.

Vega, T. (1999). *Individual development and social experience*. London: George Allen and Unwin Press.

Ventakesh, H. (2013). A dynamic theory of personality. Madrid: Macmillan Publishing co. inco.

Wade, M. (2001). *Those Who Know: Profiles of Alberta's Native Elders*. Edmonton: NeWest Press.

Wisker, D. (2001). *Many Tender Ties": Women in Fur-Trade Society, 1670-1870*. Norman: University of Oklahoma Press

Wolfgang, G. (2001). *Cultural factors in psychiatric disorders*. Vancouver Co: Toronto.

Woolfolk E (1994). *Educational psychology.* California: Prentice hall.

Wolfgang, B. (2001), Jilek, A. (2001) and West, J. (1993). *Qualitative designs*. New York: W.W Norton & Company.

Weiss, M. (1997). *Explanatory Model Interview Catalogue (EMIC): Framework for comparative study of illness*. New York: Sage Publ.

Yin,T. (1994. "Rigor in Information Systems Positivist Case Research: Current Practices, Trends, and Recommendations," *MIS Quarterly* (27:4), pp. 597-636.

APPENDIX 1

Focus Group Interview
Schedule

Thanks for your time to meet me today. My name is Scebo Kunene. I would request you to talk about your knowledge on traditional healer's perception towards anti-social behavior. Our discussion session should take less about an hour to 90 minutes. I will be tape-recording the session because I don't want to miss any of your comments. Although I will be taking some notes during the session, I can't possibly write fast enough to get it all down. Because we're on tape, please be sure to speak up so that we don't miss your comments. All responses will be kept confidential. This means that your discussion will not be shared with anybody except the supervisor of this project and I will ensure that any information we include in our report does not identify you as the respondent. Remember, you don't have to talk about anything you don't want to and you may end the interview at any time.

Signature: _____   Date: _____

TOPICS

1. **Africans have competent knowledge on anti-social behaviour development.**
2. **Anti-social behaviour is caused by ancestral calling spirits.**
3. **Africans' indigenous traditional healing intervention is effective on anti-social behaviour.**
4. **Ancestors could punish anyone who disobeys ancestral calling with anti-social behaviour**
5. **Traditional healers screen anti-social behaviour patients background and the nature of the behaviour through throwing bones.**

Are there any issues that you would like to discuss that I have not covered in the subject of anti-social behavior?

Appendix 2

Participant observation

The researcher will observe and collect data on the following traditional healers' rituals on the healing of anti-social behavior.

1. **The process of initiation to the ancestors 'Kutfwasisa'**
2. **The process of pleading with the ancestors 'Kuphahla'**
3. **The process of articulating ancestral spirits 'kufemba'**
4. **General practice of traditional healing**

Appendix 3

Semi-structured interview

Thanks for your time to meet me today. My name is Scebo Kunene. I would request you to talk about your knowledge on traditional healer's perception towards anti-social behavior. Our discussion session should take less about an hour to 90 minutes. I will be tape-recording the session because I don't want to miss any of your comments. Although I will be taking some notes during the session, I can't possibly write fast enough to get it all down. Because we're on tape, please be sure to speak up so that we don't miss your comments. All responses will be kept confidential. This means that your discussion will not be shared with anybody except the supervisor of this project and I will ensure that any information we include in our report does not identify you as the respondent. Remember, you don't have to talk about anything you don't want to and you may end the interview at any time.

Interview questions

1. **What is the relationship between hallucination in anti-social behaviour and ancestral calling?**
2. **Is self-isolation in anti-social behaviour caused by ancestral calling when neglected?**
3. **How can ancestral calling cause depression?**
4. **How can ancestral calling cause delusions?**
5. **How African traditional healing approach can be compared to western healing approach on anti-social behaviour on Africans?**
6. **Are Western psychological practitioners use traditional healing approaches on anti-social behaviour?**

Are there any issues that you would like to discuss that I have not covered in the subject of anti-social behavior?

Thank you for your participation.

Appendix 4

<div align="center">

QUESTIONNAIRE

</div>

Thanks for your time to meet me today. My name is Scebo Kunene. I would request you to talk about your knowledge on traditional healer's perception towards anti-social behavior. Our discussion session should take less about an hour to 90 minutes. I will be tape-recording the session because I don't want to miss any of your comments. Although I will be taking some notes during the session, I can't possibly write fast enough to get it all down. Because we're on tape, please be sure to speak up so that we don't miss your comments. All responses will be kept confidential. This means that your discussion will not be shared with anybody except the supervisor of this project and I will ensure that any information we include in our report does not identify you as the respondent. Remember, you don't have to talk about anything you don't want to and you may end the interview at any time.

Questions

1. **Does traditional have competent knowledge on anti-social behaviour development?**

   …………………………………………………………………..

   ....

2. **Anti-social behaviour can be caused by ancestral calling spirits?**

   ………………………………………………………………………………………

   ……………………………………………………………………………………….

3. **Does traditional healing intervention effective on anti-social behaviour?**

   ………………………………………………………………………………………

   ………………………………………………………………………………………

4. **Can ancestors punish anyone who disobeys ancestral calling with anti-social behaviour?**

   ………………………………………………………………………………………

   ………………………………………………………………………………………

5. **Can traditional healers screen anti-social behaviour patients' background and the nature of the behaviour through throwing bones?**

<div align="center">

139

</div>

....

....

6. **Is it true that hallucination in anti-social behaviour is when ancestors communicate with their chosen one?**

....

....

7. **Self-isolation as anti-social behaviour symptom can be a result of ancestral calling when neglected?**

....

....

8. **Depression as anti-social behaviour symptoms could be a result of ancestral calling?**

....

....

9. **Delusions as anti-social behaviour symptom could be a result of ancestral calling?**

....

....

10. **Does traditional healing approach on anti-social behaviour has been ignored by western psychological practitioners?**

....

....

11. **Does African traditional healing approach on anti-social behaviour is more compatible with Africans as opposed to Western healing approach?**

....

....

12. **Performing ancestral rituals (kuphahla) can be used heal anti-social behaviour?**

....

....

13. **Kufemba (articulating the ancestors) process can heal anti-social behaviour?**

....

....

14. Kuftwasa (initiated to the ancestors) process can heal anti-social behaviour?

....

....

Are there any issues that you would like to discuss that I have not covered in the subject of anti-social behavior?

Thank you for your participation.

Appendix 5

College of Humanities,
University of KwaZulu-Natal,
Edgewood Campus,

Dear Participant

INFORMED CONSENT LETTER

My name is **Scebo kunene**. I am a Master of Educational psychology candidate studying at the University of KwaZulu-Natal, Edgewood College campus, South Africa. I am interested in learning about traditional healers perspective towards anti-social behavior. I am interested in asking you to share your knowledge on how you perceive anti-social behavior as caused by ancestral calling and the traditional healing intervention of the behavior.

> **Please note that:**
> - **Your confidentiality is guaranteed as your inputs will not be attributed to you in person, but reported only as a population member opinion.**
> - **The interview may last for about 2 hours and may be split depending on your preference.**
> - **Any information given by you cannot be used against you, and the collected data will be used for purposes of this research only.**
> - **Data will be stored in secure storage and destroyed after 5 years.**
> - **You have a choice to participate, not participate or stop participating in the research. You will not be penalized for taking such an action.**
> - **Your involvement is purely for academic purposes only, and there are no financial benefits involved.**
> - **If you are willing to be interviewed, please indicate (by ticking as applicable) whether or not you are willing to allow the interview to be recorded by the following equipment:**

	willing	Not willing
Audio equipment		
Photographic equipment		
Video equipment		

I can be contacted at:

Cell No: +268 769 59141   Email : scebokunene@gmail.com

My supervisor is Mr. P. Mweli who is located at the School of Applied Human Sciences, Edgewood College Campus of the University of KwaZulu-Natal. Contact details: email mwelip@ukzn.ac.za Phone number: 031-2603549

You may also contact the Research Office through:

P. Mohun

HSSREC Research Office,

Tel: 031 260 4557 E-mail: mohunp@ukzn.ac.za

DECLARATION

I…………………………………………………………………… (full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

SIGNATURE OF PARTICIPANT   DATE

…………………………………   …………………………………

I also Consent that the session during the Focus Group be audio-recorded

SIGNATURE OF PARTICIPANT   **DATE**

………………………………   ………………………………

Appendix 6   **Letter from editor**

The Times

OF SWAZILAND

Advertising and Editorial Office: 407 Sheffield Road, Industrial Sites, Mbabane, Swaziland
Published by: African Echo (Pty) Ltd. P.O. Box 156, Mbabane. Telephone 2404 1560/1/2/3 Fax: 2404 2436.
United Kingdom Representative: Colin Turner (Trade Press) Ltd., 122 Shaftesbury Ave., London W1V 8HA England.

06 October 2015

TO WHOM IT MAY CONCERN

This is to attest that I have read through and edited dissertation entitled; 'THE AFRICAN PERSEPECTIVE TOWARDS ANTI-SOCIAL DISORDER' as presented by Seebo M. Kunene. I have worked for the Times Group of Companies for over 19 years and currently hold the position of Swazi News Editor, a position I have held for the past three years.
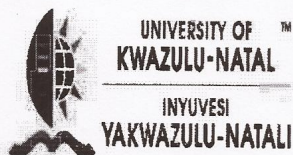
I have previously also held the positions of Assistant Editor for the Times daily publication, News Editor and Business Editor. I trust that this work will meet your standards for an academic award.

Best regards,

Phephisalive C. Khoza
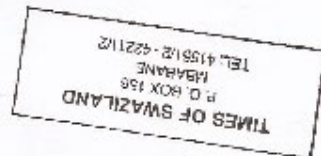
Appendix 7 Ethical Clearance

UNIVERSITY OF ™
KWAZULU-NATAL

INYUVESI
YAKWAZULU-NATALI

26 August 2015

Mr Scebo M Kunene 214584567
School of Education
Edgewood Campus

Dear Mr Kunene

Protocol reference number: HSS/0196/015M
Project title: The African perspective towards anti-social disorder: A case study of traditional healers' perception of anti-social behaviour and ancestral calling.

Expedited Approval

In response to your application dated 24 March 2015, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted FULL APPROVAL.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

....
Dr Shenuka Singh (Chair)

/px

cc Supervisor: Mr P Mweli
cc Academic Leader Research: Professor P Morojele
cc School Administrators: Ms B Bhengu, Ms PW Ndimande, Ms T Khumalo & Mr SN Mthembu

146