Masekitlana: Indigenous Stone Play and Dynamic Assessment as Therapeutic Techniques for Children Affected By HIV/AIDS in South Africa

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ABSTRACT The purpose of the study was to investigate how and whether Masekitlana, a traditional Sotho form of narrative play, would be appropriate in the therapy of Zulu-speaking children affected by HIV/AIDS in South Africa. If appropriate, the researchers hoped to inform new knowledge and therapeutic techniques in indigenous contexts. A single system research design was used with an interpretive focus and mixed qualitative and quantitative methodology. Standard of care therapy was followed by Masekitlana intervention therapy with effects measured by the Roberts-2 Test. The findings indicated that standard of care therapy and to a greater extent Masekitlana therapy allowed participants to express traumatic life incidents. As the development of Masekitlana has been informed by typical stone play of African children, participants felt able to express African beliefs such as ancestral guidance, protective spirits, bewitchment, and talking animals. Masekitlana appeared to be a useful technique for child therapy in indigenous settings.

INTRODUCTION

Counseling and psychotherapy have traditionally been conceptualized in Western, individualistic terms (Naidoo 1996) to the detriment of contextualized, community-oriented indigenous forms of theory and practice. Western culture often dominates over African culture and the result is that African indigenous knowledge is marginalized and even 'rendered invisible' (Mkhize 2004: 32). Western psychology tends not to understand the essential identity of individuals from other cultures and how they conceptualize their lives (Marsella 2013). South Africa has a particular historical and sociopolitical context and therefore psychological services need to accommodate diversity, multicultural contexts and globalization (Johnston 2015). Research needs to address and observe behaviors reflective of the traditional, philosophical, educational and artistic heritage of people in the context within which they live (Barnhardt et al. 2005).

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Indigenous Knowledge Systems (IKS), in the African context, could be considered by psychologists as a primary source of knowledge, as it demonstrates how people interact with their natural world and how they express and ritualize their beliefs. Indigenous knowledge gives psychologists a background from which to reflect on the resilience and self-reliance of indigenous people (Barnhardt et al. 2005). As opposed to Western epistemology, indigenous knowledge is pragmatic and mystical and has a particularly emotional effect on indigenous people (Estes 1992). This way of looking at the psychological needs of indigenous cultures has been called 'indigenization from within' whereby forms of psychological therapy develop out of particular experiences of people in indigenous cultures (Pe-Pu et al. 2000). This points towards indigenous psychological investigation being empirically researched and problem-oriented rather than method-oriented (which is Western psychological methodology) (Sandlana et al. 2008).

Masekitlana Indigenous Therapy

Historically, in South Africa, IKS have been partly ignored due to South Africa's political history of suppression of human rights based on race and culture and partly from accelerating globalization (Department of Science and Technol-

ogy 2011). The interest in IKS is also partly due to the fact that researchers and practitioners are questioning whether Western knowledge has universal validity (Ngulube et al. 2007). The call for a Black Psychology and an Afrocentric perspective to psychology has arisen from the feeling that Western, European and American psychology is insensitive to the needs of Black people (Naidoo 1996).

With an emerging focus on contexts, the promotion of child mental health requires that children are viewed from their perspective in the social context in which they are developing (Earls et al. 2008). To be effective, methods of helping should be specifically tailored to children's backgrounds, historical contexts and traditional behavior repertoires, and therefore, how and why they behave in certain contexts is important to understand (Earls et al. 2008). Furthermore, it is important in child therapy to capture the children's own positive sense of agency rather than using programs and interventions based on perceived vulnerabilities (Earls et al. 2008). Observing children functioning naturally in their own environments might provide more authentic information than subjecting children inexperienced in taking psychological tests to tests whose local validity is unproven (Foxcroft 2002).

In creating an indigenous form of narrative play, understanding how children typically talk during therapy became an important part of the present study. Children appear to conduct a personal dialogue while playing, whether spoken aloud or in their thinking. They talk to themselves about what has been going on in their worlds. So when they are encouraged to talk, their words express their internalized socialized selves (Mkhize 2004). Children use the concept of parody whereby they playfully, chaotically, energetically and joyously use or abuse the dominant language forms of their culture. This appears to free their minds and spirits (Bakhtin 2008). Storytelling for traumatized children is essentially healing in that it helps them find meaning in their trauma and gain control over their lives (Lamwaka 2004). Listening to others' stories and sharing their stories with others are activities through which children may make sense of their inner world and the world around them (Ryokai et al. 1999). The life stories, which AIDS-affected children[1] tell helps them make sense of their history, distance themselves from this histo-ry and move forward freely into better futures (Abels-Eber 2000).

In that play is an important part of a child's development and adaptive functioning, it becomes an essential part of their healing from trauma. Both Piaget in 1962 and Vygotsky in 1978, as described in McCune's (1998) commentary on child development, recognized the special role of symbolic play in the child's development. Pretend play uses symbolic objects representing parts of the children's lives. Children can gain control over their lives by manipulating these objects to create new meanings and better realities than past traumatic periods. Therefore, pretend play fits under the umbrella of the positive psychology movement. Goldstein et al. (2000-2001) confirm in their research how expression of negative affect and the use of fantasy in pretend play helped control impulsive aggressive behaviors in children as it encouraged imagination, creativity and divergent thinking. Therefore, implementing knowledge of pretend play processes in therapy or prevention interventions may lead to more optimal functioning in children (Pearson et al. 2008).

In an African setting, stones that children play with may symbolically represent their emotions, experiences and people in their lives (Kekae-Moletsane 2008). An indigenous narrative stone game of ancient Sotho origin called Masekitlana was used effectively as an assessment and therapeutic medium for traumatized children (Kekae-Moletsane 2008; John 2012). Kekae-Moletsane (2008) describes how Masekitlana enables a form of storytelling, which involves the whole mind and body of children as they talk about their concerns while playing or manipulating stones.

Objectives of the Study

As Masekitlana has already proven to be effective in an environment where children were of Sotho origin and culture, the researchers' aim in the current study was to ascertain whether Masekitlana could be equally effective as a form of therapy with children of Zulu origin and culture. Researchers were also interested in the way their participants would respond to Masekitlana and the meanings they would construct from their life experiences when they were playing with Masekitlana. The researchers hoped that Masekitlana would encourage their participants

to describe their traumatic life stories while banging stones together or using stones in different ways to create symbolic life objects. By empirically researching Masekitlana, the researchers hoped that the question of how new knowledge on the use of Masekitlana in therapy would inform literature and research on the relevance, irrelevance or partial relevance of indigenous knowledge in therapy. In this way, the study might assist in emphasizing relevance and usefulness of a typically African narrative and symbolic form of play therapy in indigenous settings. Children could be authentically helped, within the framework of their culture, to heal from their traumatic circumstances. Researchers hoped to prove that the therapeutic significance of Masekitlana could be a significant addition to the body of indigenous knowledge in South African.

The researchers hoped to encourage further studies on the use of Masekitlana in other indigenous and cultural settings with other indigenous language groups. The effective use of the Roberts-2 test with dynamic questioning techniques could enlighten psychologists as to the availability of an assessment measure with ethnic pictures familiar to African children and that resonates with storytelling abilities of African children. An objective in using the single system methodology was to demonstrate how Masekitlana could be incorporated as an alternative or additional form of therapy along the course of therapies already being offered by psychologists to their clients. In this way, practitioners could research how Masekitlana compares with their existing psychological practice and standard of care. This could provide motivation for further interesting comparative studies on indigenous versus Western forms of therapy and assessment, or an integration of both.

METHODOLOGY

Sample

Four children affected by HIV/AIDS[2] and between the ages of 8 and 12 years were *purposively* and *conveniently* selected by social workers from two children's homes in Durban, KwaZulu-Natal. Children were either living with HIV or had experienced poverty and trauma as a result of family members dying from AIDS related conditions. These children attended an HIV clinic in McCord Hospital, Durban and lived in children's homes within a convenient five-kilometer distance from the hospital where the main researcher worked. The sample included three males and one female. Children were Zulu-speaking. The sample was *representative* in that it was assumed that what was being observed in the sample of participants would also be observed in the larger or target population. The sample was a *non-probability* sample in that the odds of selecting a particular individual are not known, as they would be in a probability sample. The researchers did not know the population size or all members of the universal target population.

Research Design

A single-system research design applying qualitative and quantitative approaches to examine a single system (a participant) at various stages of therapy was utilized. Different phases of therapy involved three sessions of standard of care therapy called 'baseline' phase, followed by the 'intervention' phase consisting of three sessions of Masekitlana therapy, and ending in a repeat 'baseline' phase of one session to measure long-term effects after an interval of two months. At the different phases of therapy, repeated measures using the Roberts-2 test were administered on each participant. This was to monitor at regular time intervals whether changes in the problem or in the participants' mental or emotional functioning had occurred prior to or after the 'treatment' of Masekitlana was 'administered'. Comparing pre- and post-test effects of Masekitlana on the participants became the control measure. Therefore, participants produced their own control measures.

Single-system design can fit into normal practice as it compares standard of care practice with an intervention of choice for research purposes (Strydom 2005a). It is considered rigorous, routinized and more methodically bound than the case study approach (Strydom 2005b) but retains the case study approach of investigating holistic, discrete items (such as the life of one participant). Therefore, description can be deep and rich, and concerned with real life meanings and events (Pole 2000).

Quantitative indications of adaptive functioning in the lives of the participants were analyzed from the Roberts-2 Test results and were

reflected in graphic form without using formal statistical analysis. Because no control group or statistical analysis was done in this design, this methodology has sometimes been termed 'quasi-experimental' (Strydom 2005a). Qualitative methods of thematic content analysis were applied whereby the narrative of the participants were read and reread looking out for patterns and common ideas that repeated themselves and that reflected the contexts within which the children lived. Particular notice was taken of narrative expressions that reflected traditional African rituals and beliefs and how these intersected or were interspersed amongst expressions of more universal or Western values, experiences and needs. These were then clustered into main themes and sub-themes. Final presentation of the data involved an interpretive description of the themes and sub-themes, as they expressed the participants' subjective realities in the context of their lives. Presentation included quotations from participants to indicate the typical content of the themes.

Participants (who will be called by their chosen pseudonyms) lived in children's homes but their family homes were located in a variety of different environments to which three of the participants returned in their holidays. Hlonipho lived with HIV and was an orphaned child whose mother and father had died and who, before he was moved to the children's home, had lived in a rural environment where he was exposed to traditional beliefs. Senzo lived with HIV and spent his holidays with his paternal grandmother in a peri-urban environment. His mother was absent and his father only recently had accepted Senzo as his own child because Senzo's facial features had started to resemble his father's. Nana had suffered sexual abuse in her home environment where her mother was a frequently absent sex worker. Mandla was placed in the children's home for bad behavior in his own home environment where he was frequently exposed to violent social behavior.

Data gathered also included interviews of participants' caregivers as well as researcher observations, field notes and a self-reflecting researcher journal.

Procedure

Standard of care therapy involved therapeutic discussion while participants depicted their feelings in the form of drawing different facial expressions in a large drawn heart, and they molded clay into shapes of their choice. Masekitlana intervention therapy involved narrative play with stones whereby participants were told that they could play with a pile of stones in any way while they were talking. In this study, Masekitlana was used as an individual form of therapy although originally Masekitlana was played by ancient Sotho children who sat in a circle with one child sitting in the middle banging stones together while talking about life challenges. This center child was allowed to dominate the conversation as he held the stones, which he banged harder when he was angry and softer when he felt better. Children in the circle were allowed to ask him questions about his life, make comments to assist him or even cry in sympathy with his hardships. In this study, the children in the circle were replaced by a Zulu-speaking therapist but single participants still held and manipulated the stones according to intensity of sentiments and what symbols or real life objects they wanted to project into the stones.

Narratives of participants undergoing both forms of therapy were measured using a scale called the Roberts-2 Test (Roberts 2005)[3]. This scale enables qualitative measuring of participants' emotional and social understandings as expressed by their narratives. In administering the Roberts-2 Test, participants were asked to relate stories around 14 picture cards depicting typical family and peer group scenes. The test version featured Black children to be relevant to the context of this study. A form of dynamic questioning was used based on research by Matthews et al. (2009), and Moletsane (2004). This entailed a form of 'mediation', which involved further questioning and prompting on what the participants were saying. Questions like, *'and what happened next?', 'so how did that person feel about that?'* and *'what did they say next?'* were directed at participants as they described the pictures. The aforementioned researchers found that deviation from conventional methods of questioning revealed authentic data and deeper and richer culturally relevant data (Moletsane 2004).

On each participant, the Roberts-2 Test was administered before and after standard of care (baseline A) therapy, after Masekitlana (intervention therapy), and at a follow-up stage (baseline B) two months after intervention therapy

was completed. Based on numbers of responses of participants reflecting certain social perceptions, graphs were compiled through simple point and percentage systems, according to Roberts-2 Test Manual criteria.

Ethical Considerations

The first author and primary researcher had an 'ethical responsibility to the participants and to the discipline of science to report accurately and honestly' (Strydom 2005c:56), to inform the participants and co-researchers of the goals and purpose of the research, to obtain informed consent from all participating parties, to avoid any harmful effects on the participants in the form of emotional discomfort by supporting them at all times, by respecting their dignity and by advocating on their behalf where they did not possess the power and resources to do so. Violation of privacy and confidentiality was avoided by giving the participants pseudonyms of their choice in any written records of the narratives. In videoed material, effort was made to film below head level.

Criteria used to ensure trustworthiness and quality of the study included plausibility, credibility, transferability, dependability and confirmability. When significant adults in the participants' lives heard about the themes and narratives of the participants, they conferred that this was their understanding of the participants' lives, and the data appeared to reflect the participants' actual lives and hence was plausible. Participants felt that their narratives were understood and presented correctly, as the therapist was of the same culture group as the participants, cultural sensitivity was ensured and the data was considered credible. The sample size was small and participants were of a certain age and culture so generalizing and transferability to other environments would need to be proven. Accurate reporting was adhered to in that all themes were supported by participant quotations and narrative that did quite satisfy the aim of the study was reported on. Unintended consequences of the intervention were also reported hence ensuring dependability. Measuring results in two different ways, qualitatively and quantitatively, helped confirm the researchers' stated claims concerning the outcomes of Masekitlana. However, another check on confirmability would be if other psychologists conducted

similar research and confirmed the accuracy of the reported results of this study.

RESULTS

In order to gain insight into how the use of Masekitlana in the study context could inform new knowledge on therapeutic techniques, the researchers asked the questions of how Zulu-speaking children living with and affected by HIV/AIDS responded to Masekitlana and what meanings they constructed from their experiences while playing Masekitlana. Both quantitative and qualitative analysis yielded rich contextual meanings from participants' narratives.

Qualitative Results

Several themes emerged during Masekitlana play therapy, including expression of African belief systems alongside belief in Christianity, relationship needs in particular around family, conflict with peers, schooling difficulties, and desire for future careers. Researchers also identified internal processes such as suppression, denial and misidentification of emotions at certain times, and at other times, insight into their emotions and an amount of expressed resilience and moral authority over their lives.

African Traditional Beliefs

Using Masekitlana, participants framed their experiences in the context of traditional African beliefs. Masekitlana appeared to 'revitalize (their) cultural memory' (Ratele 2003: 114). They used the stones as symbolic objects or metaphors to represent their challenges. These symbols reflected typical African beliefs in spirits, ancestors and animals with human characteristics (animism).

Two of the participants were HIV positive although they never mentioned the word 'HIV' or their HIV status. Masekitlana was the first form of African therapy that had been offered to them to help them cope with their circumstances. As a result, their terminology in describing themselves reflected an externalized African perspective of disease rather than a Western biomedical perspective of organic breakdown.

Participants' externalization of disease and trauma demonstrated how African people have a need to ask the "how", "why" and "by whom"

questions around misfortune and trauma (Buhrmann 1984). Hlonipho expressed the fact that he would not obtain employment when he grew up, as he was *'smelly'*. This might have reflected the African belief that children whose parents have died from disease and those who have been abused are considered "polluted" in the African sense as a result of a prolonged period of living with their sick parents (Ngubane 1977).

By being excluded from their indigenous environments, the participants were not able to observe *ukuzila* or withdrawal from society, which is a ritual of "pollution cleansing" (Ngubane 1977). Under other circumstances, their state of "pollution" might have involved being treated by herbal "black" medicine and then wearing red and white clothes and beads to effect transformation (Ngubane 1977). Instead, the participants of the current study had only been offered Western medical care, in the form of anti-retroviral medication, and Western legal processes against the perpetrators of sexual abuse. Senzo was admitted to hospital for HIV treatment during the course of the study. After being discharged, he described want he perceived as a snake that had put its whole mouth over his head, perhaps, in a way, describing his experience in hospital.

Nana who had been sexually abused described a protective spirit or ghost that came out at night and guarded her in the children's home. She said, *'My ghost is very big…when it is not sleeping, it gets sent to go and hit that other person at night…when I say 'ha', it's nice to sleep, it comes back'*. During the study, her friends had called her out of a session with the therapist and had hit her on her back for not hanging up her washing. She felt that they were jealous at her being included in the study. Her reaction to their behavior was to run away from the home to her grandmother the next day but she was returned the day after. Despite having a protective ghost, Nana's fear in both environments was externalized to the metaphor of suffocating snakes when she said, *'She dreamt about the snake, a big snake which has eight heads… The snake was eating her… The snake ate her and it only left the head…then, another snake showed up and that snake had 50 heads…the snake swallowed her whole head in its mouth…this is the end of the story'*.

Nana also related what Ngubane (1977) would describe as a "night sorcerer" who visited her neighbors and put *muthi* or "black" medicine into their food, resulting in the death of a mother and daughter. She said, *'Your neighbors can* thakathi *(bewitch) you…they put some* muthi *(African medicine) on their food another aunty she ate that food…then she says it is nice and the next day she died…my friend was also sick and they took her to the hospital and at the end of the day she died'*.

When, in 2008, the cyclonic winds blew down homesteads in Embo, a rural area inland of Durban, KwaZulu-Natal, causing the death of two young children, one of the researchers was told by an elderly resident there that it was due to a large snake coming out of the earth to punish the youngsters of the community for their unruly ways and their disrespect for their elders.

During Masekitlana, participants described experiences and effects of ancestral guidance. Hlonipho described a green talking snake that came to tell him that his ancestors were calling his sick mother to go back to her family, *'There was a snake that used to come in and sit on her (his mother's) bed… I think it was alerting her that she needs to go back home… It opened its mouth and it talked… I heard it on my ears…. My dad told us to leave it because maybe the ancestors were telling my mother that she needs to do Zulu rituals…we didn't pay attention and my mother died'*. In the African framework, illness and 'misfortune are often interpreted as being brought on by a relationship breakup with the ancestors' (Maiello 2008: 225) where parents have angered the ancestors, resulting in the misfortune of their children (Ngubane 1977). Hlonipho's regret at not listening to the green snake telling him as the only son to go home to do rituals for his dying mother indicated how he was adversely affected by not doing so. In African narrative, the 'soul (of man) goes on to a higher plane of existence by reincarnating into a reptile, the red and green mamba in particular being carriers of the souls of recently departed persons' (Mutwa 1998: 601). Hlonipho revealed how the same green snake came back to berate him for not heeding his warning about his mother's death. This showed how traditional African rituals form an important growing up function in the lives of children and must become part of therapeutic understanding.

Christian Beliefs

Alongside participants talking about spirits, ancestors and animism (animals coming alive in

human form), they also talked about their Christian beliefs. This demonstrated how African people can believe in the influence of the spirits of their ancestors whilst at the same time having a strong faith in God and Christianity and its effect on their everyday lives. Senzo described how, '*You know when you are quiet you are talking in your heart... It's God who says speak with your heart*' and '*Then you get sick, and then the Lord comes and says do you want to rest...then you die*'.

Need for Family

The participants had been removed from their family environments due to violence, death of parents, abandonment by parents and sexual abuse. Along with expressing a longing for their families and regret over having been abandoned, they tended to idealize their mothers (even in the face of evidence of neglect) and spoke often about the part that their grandmothers were playing in their lives. Senzo stated whimsically that, '*I miss home... I miss my grandmother...then I tell her I love her*' and '*It is my mother*' (who is the most important person in his life even though she was no longer around) and Hlonipho said with unfounded hope (as his mother had died) that, '*His mother is health-filled*' (in response to picture of mother hugging boy). Participants felt disempowered in that they were not well informed in the children's homes as to the reasons for their placement there and the arrangements during holidays for them to return to their own homes. Hlonipho appeared sad when he described that '*I don't know where he* (the priest who took him in) *went…the last time he said he is coming to fetch me but he didn't arrive...and I don't know why*' and '*I was young, I don't know*' (why he came to the home).

Conflict in Children's Homes and Personal Solutions

Participants' expressions of anger appeared to be in relation to conflict and physical fighting incidents. Mandla described how '*They* (the other boys in the Home) *hit me then I stabbed them...with a comb*' and '*when a person starts on me swearing then I will kick*'. Participants expressed a need to be guided by older people who would reduce conflict in their lives and would dictate structure and discipline that is normally communicated in families. Life in the Children's Homes did not appear to be easy for participants. Failing parents who could intervene in conflict, participants had to be their own source of strength. As a result, participants appeared to show remarkable strength of character and resilience in their lives, and expressed a form of self-control and moral authority over their lives and the behavior of others.

Hlonipho expressed skills of conflict resolution when he stated, '*If it happens that I get angry, I would be able to stop it... If it happens that I feel like breaking a chair, I can just stop it and put it down again... Your mind can tell you to stop*'. Through these statements, he was describing 'negative contrast experiences' (Johnson-Hill 1998), which entailed awareness that there was another way of being or dealing with situations. Participants actively thinking about and expressing what was wrong in their lives, was a form of 'reflective resistance, which provided the impetus to resist the source of (their) discontent (and), which contained the seeds for change and exploration of alternatives to present suffering' (Johnson-Hill 1998).

As opposed to Hlonipho's experiences, Mandla embraced violence as a solution to his problems. His community appeared to be a very violent environment and a certain amount of acceptance of violence appeared to provide a source of resilience for him. Malinda et al. (2012: 319) corroborate this in their study of street youth when they state that 'at-risk youth often use what society labels as "problematic" pathways to resilience' and that, 'although these coping mechanisms may be labeled socially "unacceptable" or "maladaptive", they must be taken into consideration, as resilience can be hidden in alternative, marginal, and destructive behaviors'.

Future Career Choices

In the face of possible disempowerment in the Children's Homes and perhaps as a result of witnessing violent incidents in their lives, participants expressed goals to have future careers characterized by law and order such as in the police force. Mandla reflected his environment in his statement, '*I want to carry a gun... If someone hits me then I kill them... I changed my mind... I want to be a boxer... You fight for money... I'll go rob... I will have lots of guns with my*

partners... I will carry one until I am dead'. Senzo also wanted to become a policeman and claimed, '*I shoot people... I do what other police do, I hit them... I will be a policeman... I will come here (to Children's Home) and tell those who are naughty to go to the police station... I will make them sit in jail'*.

Difficulties with Schooling

All participants appeared to be fearful or resentful of authorities and conditions within their schools. Nana was affronted by her teachers and told the therapist, '*It's that today I got hit... It's unfair that they hit us with a pipe... (She would prefer to be hit with a stick...) You can just see the pipe... It even broke on me'*. Participants often expressed fear that they would not have the right equipment for school, or would not be able to do their homework or would fail at school.

Suppression of and Insight into Trauma

It was clear that all participants found it difficult to express their emotions to the therapist in the form of tears or overt anger although their descriptions of the picture cards during Masekitlana gave indications of intense emotions, and in two of the patients, marked emotional increase during Masekitlana. Hlonipho had been sodomized in the company of his father. He had contracted HIV and then was in hospital when his mother died, and on being discharged a year later, was never able to find his father or any other member of his family. Yet he did not want to elaborate on his sadness, '*I don't want to keep on thinking about it... I just leave it... I don't want to tell anyone... I keep quiet'*. However, he appeared to have the insight that unexpressed anger was not desirable. Hlonipho's response to one of the picture cards was, '*I am always angry'*, '*There was something that was bothering him... He kept it in his mind until he got too angry'* and '*Then they fight and fight... Then they go home and do the wrong thing (in anger/acting out)... They take paint and paint the wall'*. Hlonipho's and Senzo's and to a lesser extent Nana's emotional indicators for depression, anxiety and rejection showed an increase after Masekitlana, so it was presumed that the intervention therapy enabled them to express their emotions more freely than before the intervention.

Universal Values and Desires

Although participants were able to express their traditional African perceptions, they also eagerly described their need for American designer clothes, their hopes to own cars and their enjoyment of American television programs and singers from overseas. Senzo described with great pride his material plans for a future with his grandmother, '*I help her cross the road and when I grow up I will buy her a house and I will drive a car'*.

Quantitative Results

Quantitative measures using the Roberts-2 Test were used to act as corollary for researchers' impressions as to the effectiveness of Masekitlana.

Mandla's results on the Roberts-2 Test could not be analyzed, as he was extremely reluctant to talk about the pictures. He appeared oppositional and had experienced learning problems. He indicated that it was too difficult for him to interpret the picture cards. Hence, quantitative results were only received from Hlonipho, Senzo and Nana.

From the quantitative differences as measured by the Roberts-2 Test, Masekitlana appeared to have more noticeable effects on the participants than standard of care therapy. There were some disappointing results however in that some measures indicating improvements in participant perception of social behavior appeared to have depleted by follow up. Living in Children's Homes might be perceived as a hopeless situation for some children. Even though forms of therapies are offered on occasion, the support of researchers in some cases is withdrawn when the research project is complete.

Quantitative comparisons between standard of care therapy and Masekitlana therapy were read with caution as the results after Masekitlana might have been cumulatively based on the positive foundations laid by standard of care therapy. Therefore, it was not possible to draw firm statistical conclusions.

Resolution Scales

Table 1 shows Hlonipho's increasing adaptive understanding of behavior. Hlonipho expressed complex and elaborated ways of under-

Table 1: Hlonipho's Resolution Scales on Roberts-2 Test

	Baseline	Standard of care	Masekitlana	Follow up
Simple closure	70	0	0	0
Realistic positive	10	13	0	20
Constructive resolution	20	50	20	20
Constructive feelings	0	25	40	0
Elaborated insight	0	0	40	20

standing his life experiences after Masekitlana intervention therapy which was not the case after standard of care therapy. His baseline score (before any intervention) was 70 percent for Simple Closure solutions 0 for Elaborated Insight explanations whereas after Masekitlana, his Simple Closure score was 0 and his Elaborated Insight score was 40 percent.

These scales indicate in participants a progressively more complex understanding of problems and a progressively more adaptive conceptualization of problem solving. Scores are a percentage of 100.

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Simple closure indicates an elementary outcome with a simple or abrupt ending such as 'then everything is good'

Realistic positive indicates a realistic conclusion to a problem but without description of process such as 'he was naughty so he was beaten up'

Constructive resolution indicates some process issues are thought about but feelings are not addressed such as 'dad grounded me because I was not supposed to fight'

Constructive feelings indicates more feelings are described as a constructive solution is achieved such as 'dad grounded me because I achieved bad marks, and, as I need to do better at school and I understand my dad's feelings, I will work harder at my marks in future'

Elaborated insight indicates the process of a constructive solution is fully elaborated with both feelings and insight expressed such as 'my dad was never encouraged by his parents so when I failed my test he felt he had to punish me out of kindness and so his patterns of learning were not repeated. I realized that I could not continue to only study the night before exams and I looked forward to impressing both my teachers and my parents in the new term'.

The face value results from analysis of Roberts-2 measures after Masekitlana therapy showed how all three participants' understandings of their own behavior and that of people around them became more complex and more adaptable to their environments. They developed a greater and deeper understanding of challenges within their lives. They were able to describe how conflicts arose, how they were perpetuated and how they could be solved. Hlonipho's results are indicated in table form (Table 1). Senzo demonstrated a deepening understanding of problems up to the forty percent level of constructive thinking (with feelings) during Masekitlana and achieved a forty percent elaboration of problem understanding at follow-up phase. Nana achieved a high level (60%) of simple constructive understandings with Masekitlana and a lower level of elaborated understanding (24%) at follow-up period.

Atypical Categories

Masekitlana appeared to aid Hlonipho and Senzo in reducing atypical responses (for instance, excessively violent interpretation of picture cards), and both their scores reduced from 5 at baseline to 2 at follow-up.

Available Resources Scales

Masekitlana made a marked difference to Hlonipo's scores and a lesser but adequate difference to Senzo's scores on scales relating to how they used their own resources and the support of others (after Masekitlana, Hlonipho scored 80% on a scale indicating he could rely on his own resources to help himself, Senzo indicated a 50% score on a scale indicating feeling positive in interacting with others and feeling their support). However, Senzo's feelings had depleted by follow-up. Nana appeared to be using various forms of resources with higher results after standard of care therapy (70% on scale indicating she could rely on her own resources and 56% that others could support her, and a

feeling of support reduced to 32% after Mase-kitlana and a knowing that others would help her was at 32% after Masekitlana). These are not high scores but could reflect the negative effect on her of the incident with her peers, which occurred after Masekitlana.

Limit Setting Scales

All three participants gained confidence in limit setting, which is knowing that there were adequate rules and discipline to support them on a day-to-day basis (at follow-up, Hlonipho scored 80%, Senzo scored 72% and Nana scored 42%). Unfortunately, Nana at the last follow-up session, demonstrated a surprisingly high number (43%) of maladaptive responses. Perhaps these oppositional expressions were a foil to her discussing her sexual abuse or indicated freedom at being able to express rebellion against and dissatisfaction at being institutionalized for an act perpetrated against her.

Emotional Scales (Anxiety and Depression)

Two of the participants' anxiety, depression and rejection scores increased as therapy progressed culminating in the highest scores overall after Masekitlana intervention (Table 2).

Increased Emotional Indicators

Table 2 indicates how participants' emotions increased with Masekitlana therapy. In Table 2, on a point system from 0 to 120, Hlonipho's increase of anxiety with standard of care therapy was 9 points and with Masekitlana 21 points. The anxiety level had stabilized by two month follow up session. Senzo's anxiety levels increased by 20 points as a result of standard of care therapy and by 41 points with Masekitlana. It stabilized thereafter. Nana showed a lowering of anxiety, 11 points lower from baseline with standard of care therapy, 9 points with Masekit-

Table 2: Anxiety levels of participants as therapy progressed

	Baseline	Standard of care	Maseki-tlana	Follow up
Hlonipha	30	39	60	60
Senzo	39	59	100	100
Nana	86	75	66	58

lana and a further lowering of 8 points at follow up.

The researchers felt that increased emotions during Masekitlana indicated that participants had been repressing their emotions and were now able to express them openly as a result of this form of therapy. This could be a possible risk that other researchers need to be aware of. Participants were offered on-going counselling once the research ended. Hlonipho and Senzo chose to attend counselling at the Psychology department of the HIV clinic where the primary researcher worked. Soon after completion of the study, Mandla absconded from his Children's Home and so was not able to attend therapy.

DISCUSSION

Since the 1970s there has been a call for psychological knowledge and practices to be used in 'other-than-Western contexts' (Sher et al. 2015). Researchers have drawn attention to a 'missing link in the Western paradigm to psychopathology and treatment that makes it unable to deal decisively with certain illness presentations of the Black African client' (Nwoye 2015). Psychological methods needed for indigenous populations might not be tools in a conventional sense (Eskell-Blokland 2005).

Masekitlana is a narrative stone game, which is different from normally accepted forms of projective and narrative therapy, and which appeared to be appropriate for the context of this study. Playing with stones as African children do outside their homes, looking at ethnic pictures and telling stories about their lives seemed to resonate well with the participants and gave good insight into how psychological practices modeled out of or arising from indigenous ways might inform new knowledge on therapeutic 'techniques' in indigenous contexts. Watching children happily engage with the stones in this study addressed those cultural aspects of play that have not been given enough attention in research (Byers 1998).

Quantitative measures using the Roberts-2 Test indicated that participants developed more adaptive behavioral repertoires and understandings after Masekitlana therapy. Their emotions were heightened but this was not considered a negative finding from an intervention the participants felt familiar enough with to talk freely about their concerns. Masekitlana had already

been researched and tested on Sotho-speaking children and this research found that it had equally positive effects on Zulu-speaking participants.

The responses of the participants and the meanings they constructed from their experiences while playing Masekitlana informed the researchers on the relevance of indigenous knowledge in therapy. Participants often described their illnesses and challenges in symbolic and metaphoric ways. A talking snake warned Hlonipho about his mother's death. Nana's fears were symbolized in snakes with many heads suffocating her. However, she was protected at night by a friendly ghost. Her neighbors however died from being bewitched (*umthakhati*) by black medicine ('muthi'). A big snake put its whole mouth around Senzo's head. Storytelling in the African tradition is rich with cultural images, symbols and metaphor. If forms of therapy do not allow or encourage children to express their lives in African symbolic forms, an essential part of an African child might be rendered invisible. Therapy can then only be experienced by African children as a partial healing act.

In Western mindsets, participants' awareness of the presence in their lives of talking snakes, ghosts, ancestral spirits and bewitchment might be considered paranormal or magical. However, in African cultures, the human being is believed to have many senses beyond the five known to the Western world (Mutwa 1998). This discrepancy in sensate experiencing between an African person and a Western person might enable an African child to be in touch with an extra psychic reality beyond what the Western mind is trained into, is able to sense or is able to assess using universally accepted psychological techniques. This might be an important insight into indigenous psychological therapy as a psychologist with some knowledge of the spiritual beliefs of African indigenous clients could explore and interpret the client's narrative with sensitivity.

Snake images expressed by participants were typical examples of African concepts of animism whereby the 'world is a community of living organisms and everything has a consciousness and a soul, and this includes insects, animals, plants, trees, rivers and mountains' (Kruger et al. 2007: 333). Certain African people, especially initiates undergoing training to become spiritual healers (*izangoma*), are 'expected to experience the manifestation of animals in thinking,

dreams and visions' (Buhrmann 1984: 84). The primary researcher was ambivalent as to whether to refer the participants of the current study to traditional African healers such as spiritual healers, prayer healers (*abathandazi*) or herbal healers (*izinyanga*) rather than therapists in the hospital clinic who were from another culture. She discussed this with guardians in the Children's Homes who decided that it was logistically practical for the children to attend the hospital clinic. This might not have been the appropriate and relevant form of referral and other psychologists researching this topic might follow the route of traditional healers or an integration of both.

In that Masekitlana is a narrative and projective form of therapy, children were able to unselfconsciously express conflicting thoughts and values, which Mkhize (2004) describes as a 'dialogical process of conflicting and complementary voices,' which is part of identity formation in children. In the intensity of negative participant expression, it was as if the stones and the banging together of them were talking. Nana enjoyed how her ghost would terrorize her peers but would be protective of her. Senzo wanted to be a policeman to restore order but he also wanted to lock up his peers in jail. Mandla wanted to stab and kill people when he was older particularly in the area where his family lived and he saw such incidents happening on the pavement outside his house. This un-childlike negativity might be a reflection of crime and the sociopolitical climate of South Africa. Although this cannot be called typically African indigenous in character or reflective of the Zulu nation, it might be something that is typically indigenous to South Africa.

Of importance was that participants were able to describe the behaviors they did not approve of and that they felt responsible to change. They appeared to be creating a form of 'moral authority' (Johnson-Hill 1998). Perhaps Masekitlana led to a remembering of African codes of behavior and a need to live in community or 'ubuntu'. Their discussions reflected a positive assimilation of the attributes of the other as well as the negation of the attributes of the other, so as to say, 'I am…because I am not' (Hayes 2000: 45). Hlonipho stated, 'I am in this environment but I do not have to tolerate bullying'.

Besides the expressions reflecting African customs and beliefs, participants' also spoke like

children from other environments and other parts of the world. The stones represented people in everyday scenes or a timeline of life. Participants described difficulties with homework and unusually strict and physically punitive teachers. Participants longed for cars and designer clothes and enjoyed watching American television programs and overseas singers. They mentioned going to church and believing in God. This mixing of traditional African with the everyday, global, modern world concerns of most children in urban settings demonstrated what Mkhize (2004) calls 'cultural in-betweenity'. Children have one foot in one world and another foot in another. This needs to be taken into account when developing and introducing therapies of an indigenous nature. Purist intent and a concentration on indigenous alone might not be relevant to today's children due to globalization, television, cellular phones, computers and social networking. Perhaps an integration of different models needs to be considered.

The researchers felt that Dynamic Assessment, involving mediating, questioning and prompting (Matthews and Bouwer 2009), engaged more fully the participants. It might have induced them to reveal their authentic realities beyond what standardized tests normally indicate. Capitalizing on storytelling, which is a culturally embedded form of expression by people of African origin and culture, rather than more conventional methods of questioning, appeared to unlock the projective potential residing within the participants. Masekitlana appeared to be as effective for Zulu-speaking children as it has been proven to be for Sotho-speaking children.

Masekitlana might inform the body of indigenous knowledge systems in that it appeared to enliven in the participants their innate knowledge and expression of African belief systems and intuitions. In particular they were able to describe their trauma and illnesses through quite a different lens from Western biomedical. At the same time, Masekitlana therapy did not suppress the participants' expression of their Western and universal values and aspirations. Masekitlana might therefore form part of a body of knowledge that bridges the gap between Western and indigenous forms of psychological therapy and ways of viewing psychopathology in people of African origin and culture.

CONCLUSION

In this study, the meanings that children constructed out of their lives during Masekitlana and how they responded to Masekitlana gave an insight into how forms of therapy might be developed from beliefs and customs within indigenous population. Masekitlana arose from an ancient Sotho narrative game and can therefore be considered an African asset that developed from natural products (stones) and the creative storytelling abilities of children within an indigenous culture. The study effectively extended this traditional narrative game into the therapeutic context proving the value of indigenous knowledge in the field of psychology. Masekitlana might therefore be added to the body of indigenous knowledge and therapy in South Africa in that it revealed how Zulu children interpreted their lives through typical African symbolism, metaphor and animism.

All over the world and in South Africa, there has been a significant trend to overthrow that which is perceived to be colonial, Western and dominant over indigenous cultures. However, this study has highlighted how children do not only consist of their indigenous, traditional roots but also have interests in modern cultures, Western materialism and what social media brings to them. The researchers have therefore come to the conclusion that an integration of indigenous and modern paradigms is necessary in the development of therapeutic techniques for children who move between their indigenous and their urban global worlds.

RECOMMENDATIONS

Indigenous forms of assessment and therapy are recommended in order to produce culturally appropriate and valid results when working with indigenous populations. South Africa has a particular historical and social context against which psychologists are encouraged to investigate therapies using methods and cultural perceptions from within diverse African cultures rather than indiscriminately using universal and Western methods. These should be empirically and practically developed so they feel familiar to indigenous children and adults alike.

In order to do this, students could be encouraged to immerse themselves in indigenous populations with a view to absorbing and glean-

ing what traditionally heals people and what forms of conflict resolution can be learnt from past and present cultural ways. Therapies and assessment methods, if they can be considered methods at all, can then be created from within indigenous groups. They might just be ways of being or thinking that can be tapped and made part of the body of IKS. Curricula in universities could be adjusted to reflect the needs of indigenous populations. There could be a subject taught called Indigenous Psychology. A large majority of indigenous African children live in low resourced environments. Therefore, resource-simple forms of therapy like Masekitlana could be encouraged.

As participants of this study also expressed typically Western or global needs and interests, such as Western clothing, television programs and motor cars, an integration of modern and traditional, Western and indigenous forms of therapy might be advisable. One of the purposes of this study was to encourage psychologists to understand different ways of thinking, behavior and achieving psychological healing in indigenous populations and groups who are culturally different from that of the psychologist. However, the researchers caution psychologists not to discard or exclude entirely their own clinical judgment.

LIMITATIONS

As four case studies (single systems) are not a large enough number to make generalizations, further work with Masekitlana could contribute to the body of indigenous psychology. Case studies only encompassed children within a limited age range, living in Children's Homes as opposed to families and affected psychologically by a specific physical condition. An enlargement of inclusion criteria could lend more credibility to this study. Research on group work and other language groups might also increase the generalizability of the effectiveness of Masekitlana. The interventions were conducted in Zulu. It is questionable whether the same results would have been obtained if English had been the medium of discussion. This form of indigenous therapy might therefore be slightly restrictive and best utilized with psychologists and clients speaking in their own indigenous African language.

SUGGESTIONS FOR FURTHER STUDY

Further research using Masekitlana in different environments to this study, considering group work and with different African languages and indigenous cultures is recommended.

NOTES

1   Children affected by HIV/AIDS are children who have been exposed to HIV/AIDS by having family members living with or deceased as a result of HIV/AIDS and their lives being affected in some way, such as relocation to Children's Homes.

2   Two of the participants were living with HIV and the other two were placed in Children's Homes as a result of the social consequences of HIV/AIDS on their families, such as unemployment resulting in poverty, violence and sexual abuse.

3   The Roberts-2 personality test, devised by G. E. Roberts (2005) is an updated and improved version of the Roberts Apperception Test for Children (Roberts, 1982) and consists of picture card scenarios of families and peer groups in everyday situations. The test measures social adaptability and emotional levels in children between ages 8 and 15 years.

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