

The Split-Ego Experience of Africans: *Ubuntu* Therapy as a Healing Alternative

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Countries of a multicultural nature, such as South Africa, tend to experience challenges whenever psychotherapy is involved, because most training in psychotherapy is based on Western and European models of illness, health, and healing. Applying the Western- and European-based principles of illness and health to non-Western or non-European clients tends to result in conflict, which is explored in this article. Most African communities operate on the principle of ubuntu, a concept that broadly refers to communality, oneness, cooperation, and sharing. The article proposes an alternative psychotherapy called ubuntu therapy that is based on the ubuntu concept and is aimed at incorporating the African culture into psychotherapy. This article explores the values and traditions inherent in the ubuntu concept and their influence on the conceptualization of mental health problems. On the basis of these values, a model of conducting ubuntu therapy is presented.

Africa is a continent that comprises a diversity of cultures, and this is evidenced by the different cultural practices that prevail in many of its countries. South Africa has 11 official languages, which translate into the different ethnic cultures found in that country. Research acknowledges the dynamic nature of culture (Matsumoto, 1997), and many of Africa's countries have been affected by colonization. From the process of colonization,

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the cultures have become diluted; hence, one very rarely encounters a pure, traditional African culture.

Practicing psychotherapy within such diverse settings has its challenges. One such challenge involves dealing with clients who present with conflict in their life that results from cultural clashes—mostly because they are not practicing one pure culture. This article is based on our experiences working with clients who encounter culture clashes in their everyday life. One author of this article (M. C. Nefale) experienced this conflict herself during her clinical training as a psychotherapist, and the other (G. A. J. Van Dyk) had the opportunity to observe and analyze the process of cultural conflict in a workshop that was conducted during the Third World Congress for Psychotherapy, held in December 2000 in Cameroon. The workshop was facilitated by Alfred Pritz, chairman of the World Council for Psychotherapy, and the primary participants were honors and masters students in psychology from the universities around Yaounde in Cameroon.

The following themes emerged from this workshop:

1. the role and credibility of psychotherapy in the traditional ethnic communities in Cameroon;
2. different opinions within the group about the significance of psychotherapy for the traditional Cameroon citizen;
3. conflict between the more individualistic values of psychotherapy and traditional healing and community values;
4. A split-ego experience within a section of the students who defend psychotherapy and run the risk of being rejected by the traditional group—especially when they come in conflict with traditional and religious community values and boundaries.

These themes are not specific to this group of psychology students in Cameroon; they also form part of the concerns and conflicts of clients coming from most African communities with multicultural experiences.

The split-ego experience we refer to was characterized by high levels of anxiety and resistance; fear of rejection; intense conflict between ambivalent feelings of loyalty and disloyalty, trust and distrust, group cohesion and separation-individuation need; and diffused versus rigid group borders about psychotherapy (more individualistic) and the traditional community (with its communalistic values). It was evident that the young psychotherapists (with a strong community background) had developed different insights and needs through their contact with psychotherapy, but they experienced intense anxiety and fear of rejection by their community if they chose to follow psychotherapy only. Thus, for most Africans the community plays a significant role.

Berg (1999, p. 79) explained the individual's interaction with the environment on various levels as follows (the content of these levels may differ from culture to culture):

1. *Microsystem* refers to the person's living environment, consisting of those persons and organizations with whom the most intimate and frequent contact occurs.
2. The *mesosystem* is created by the interactions among elements of the microsystem—for example, the schools, churches, employers, and neighbors—that may exclude certain people because of language or ethnic group.
3. The *exosystem* may involve aspects outside the individual's immediate contacts that still influence him or her. These may be the family member's workplace, institutions in the community (e.g., health facilities), extended family members, friends, and social clubs.
4. The *macrosystem* represents a fluid type of influence in that it focuses on specific cultural and societal values, habits, laws, and socioeconomic and political systems.

The “split world” of the young African psychotherapists and their clients led to a “split healing” model for Africa. The split that exists between individualistic and communalistic values led to a more individualistic psychotherapeutic model and a communalistic traditional healing model. Madu (1997, p. 10) gave more detail about the two healing models for Africa and also explained why the latter is more appropriate for Africa than the former. About traditional healing as a model, he wrote the following:

Many traditional oriented Africans, when they have a health/emotional problem, go to a traditional healer.

- Traditionally Africans believe that sickness (especially, one of an emotional or psychological nature) originates as a punishment from the gods for evil.
- Africans can only get rid of the punishment through traditional sacrifice.
- The expectations of Africans, as clients, are passive or dependent.
- Traditional healers work with the client and their family—not on an individualistic basis.
- Traditional healers work with the gods and ancestors in the healing process.

Conversely, formal psychotherapy is still struggling, as a healing model, to gain ground in Africa (Madu, 1997). Davison and Neale (1996) referred to psychotherapy as a primarily verbal means of helping troubled individuals, families, or groups to change their thoughts, feelings, and behavior to reduce stress and achieve greater life satisfaction. Meier, Minirth, and Wichern (1984) saw the patient

who reports for psychotherapy as being in relation to God (or a god), to himself or herself, and to other people. Possible reasons why formal psychotherapy has struggled for prominence in Africa are as follows:

1. The cost of training in psychotherapy is exorbitant.
2. Many clients are very inconsistent in keeping appointments.
3. Traditionally, isolating oneself for the purpose of a particular meeting (psychotherapy session) is seen as a resentful act.
4. The expectations of clients are passive or dependent.
5. Very often, a psychotherapist has a belief system that is totally different from that of his or her clients in Africa.
6. Clients normally do not “work” in sessions but only tell their story and listen.
7. The multilinguistic nature of many countries in Africa creates a barrier to the practice of therapy. (In Cameroon there are 251 ethnic groups with language differences; South Africa has 11 official languages.)
8. Many clients do not know what psychotherapy is all about or when one needs such therapy.

Regarding this background, there are very prominent differences and opposites between the two healing models for Africa.

DUALISM IN CULTURE

Matsumoto (1996, p. 16) defined culture as the set of attitudes, values, beliefs, and behaviors that are shared by a group of people but different for each individual and are communicated from one generation to the next. According to this definition, culture is not rooted in biology, is not race, and is not nationality. Matsumoto further described the dualism in culture with the well-known dimensions of individualism and collectivism. Individualism–collectivism refers to the degree to which a culture encourages, fosters, and facilitates the needs, wishes, desires, and values of an autonomous and unique self over those of a group.

Van der Walt (1997, p. 31) described the two dimensions with more specific characteristics. He noted that communalism can be described as putting the community first, then the individual (i.e., I am because we are). Its elements are as follows:

1. A high regard for the group elevates it above the individual.
2. Dependence on other people is important.
3. Group pressure is strong.

4. Individual initiative is not appreciated—good human relations are a priority.
5. Cooperation is crucial.
6. Duties toward the community are emphasized.
7. Values such as friendliness, helpfulness, hospitality, patience, and brotherhood are highly regarded.

Individualism can be described as putting the individual first, then the community (we are because I am). Its elements are as follows:

1. A high regard for the individual elevates it above the group.
2. Individual independence is important.
3. The opinion of the group is not so important.
4. Individual initiative is highly regarded—personal achievement is more important than attention to the community.
5. Competition is an integral part of the culture.
6. The rights of the individual are stressed.
7. Values such as formality, independence, and self-sufficiency are highly regarded.

Both dimensions of culture are encountered among different groups in different parts of the world to different degrees. The grading of communalistic and individualistic cultures may range from very weak and passive to very strong and active. In Africa, the communalistic culture has already started to change, because culture is dynamic (Matsumoto, 1997), it is learned, and Africans and their culture are changing. However, there are still groups of Africans with rigid boundaries in their communalistic culture who reject change and show inflexible forms of ethnocentrism. The presence of communalist and individualistic approaches in African culture contributes to the split-ego experience of young psychotherapists and their clients in Africa.

SPLIT EGO AS A THEORY

The split-ego experience is possibly founded in the opposites of communalism versus individualism, traditional healing versus psychotherapy, and traditional African values versus a globalized concept of values interacting within a traditional African family or cultural system characterized by rigid boundaries. Miglionico and Novellino (1998) defined splitting as the coexistence, within the self or the ego, of two opposing attitudes that are neither integrated nor integratable. Brook (2001) wrote that the splitting of the ego causes the splitting of attitudes. The splitting of attitudes around a subject or theme causes an intrapsychic conflict between the id

(pleasure principle) and the ego (reality principle) characterized by fear, anger, uncertainty, and doubt.

Freud (in his 1938 work, "Splitting of the Ego in the Defensive Process") called an oscillation between acknowledging and denying (e.g., the African psychotherapist oscillating between traditional healing and psychotherapy) a *splitting of the ego* (Brook, 2001). Gabbard (1990) wrote that splitting, as a mechanism, is an unconscious process that actively separates contradictory feelings, self-representations, or object representations from one another. Levant (1984) was of the opinion that the double bind theory presents occasionally in the communication process of a system in which one of the members reacts with split-ego experiences. Bateson (1969, cited in Levant, 1984) regarded the following as of importance in the double bind theory in the understanding of the split-ego experience of young African psychotherapists and their clients:

1. There must be two or more persons involved (the psychotherapist and the traditional family or group), one of whom is designated as the victim.
2. A primary negative injunction, such as "Do not do that" (i.e., the psychotherapist joins the individualistic values of psychotherapy) or "We [traditional family] will punish you" must be present.
3. There must be a secondary negative injunction, also reinforced by threats of punishment or signals that threaten survival (one of the themes in the Cameroon experiences was that the young psychotherapists feared that they would not survive after rejection by the traditional family or group).
4. There must be a tertiary negative injunction that forbids the victim (psychotherapy) from leaving the field (group). One of the masters students in psychology in Cameroon was the daughter of a priest in a traditional church. She expressed an unwillingness to withdraw from her traditional family to become and practice as a psychotherapist. She believed that the only way to become a psychologist was to join the values and rules of her father and his family, with permission of the family (which might not be possible).

This discussion gives better insight into the themes, alluded to earlier, that result from the split-ego experience and double bind of the group of young African psychotherapists and their clients. We saw from their reactions and symptoms of anxiety, fear of rejection, and resistance to change that this double bind world could be destructive for them. Perhaps *ubuntu* therapy can become an alternative healing model for them.

UBUNTU AS AFRICAN PHILOSOPHY

Ubuntu indicates an inner state of complete humanization (Mnyandu, 1997, pp. 77–78). *Umntu* is regarded as the centerpiece of existence and the primary concern of the Creator (Tixo) in all creations. The *umuntu* or human being not only is the representative of God in creation but also shares in divine being. Among the people of Africa, *ubuntu* is considered to be the most important quality of *umuntu*, being the quintessence of authentic human existence. *Umntu* is therefore, by its very nature, unique and God's special creation. According to the African world view, *umuntu* is composed of the following essential elements (Mnyandu, 1997):

1. *umzimba* (body, form, flesh),
2. *umoya* (breath, air, life),
3. *umphefomulo* (shadow, spirit, soul),
4. *amandla* (vitality, strength, force, energy),
5. *inhliziyo* (heart as the seat of emotions),
6. *umgrondo* (head or brain, intellect),
7. *ubuvime* (language, speaking), and
8. *ubuntu* (humanness).

Kamwangamalu (1999) explained the morphology of *ubuntu*, a Nguni term that translates as personhood or humanness. Kamwangamalu was of the opinion that the concept of *ubuntu* is also found in many African languages—for instance, *botho* in Northern Sotho (South Africa), *umundu* in Kikuyu (Kenya), *bumuntu* in Kisukuma (Tanzania), *vumuntu* in shiTsonga (Mozambique), and *bomoto* in Bobangia (Democratic Republic of Congo) and Gikwese (Angola).

Ubuntu is based on the philosophy and world view that emphasizes collectiveness and interdependence. This is even reflected in some of the African idioms that assert that “*motho ke motho ka batho*” or “*umuntu ngu muntu nga bantu*” (Northern Sotho and Zulu languages in South Africa; both mean, “I am because we are”). This world view implies that human nature is defined as an interdependent, inseparable whole. Mbiti (1969) pointed out a strong emphasis within this world view on kinship; it controls relationships and regulates and determines interpersonal behavior. He defined this kinship as taking place horizontally, to include all the living in a particular society, as well as vertically, to include the dead and those not yet born. Ancestors, therefore, form an inherent part of the daily functioning of the African people (Van Dyk, 2001). The living spirits of the dead (i.e., ancestors) are seen to have the power to bring good health, wealth, illness, and even misfortune to the living (Mbiti, 1969). This leads to a sense

of oneness between the visible and the invisible, among human beings, nature, and God or gods.

Sociolinguistically, *ubuntu* is a multidimensional concept that represents the core values of African ontologies (Kamwangamalu, 1999; Mbigi, 1995) and, thus, a value system that governs societies across the African continent by

1. respect for any human being;
2. respect for human dignity and human life; and
3. collective sharedness, obedience, humility, solidarity, caring, hospitality, interdependence, and communalism.

There are three dimensions in the philosophy of *ubuntu*. First, God is, in the sense of *ubuntu*, conceived and perceived as the uncreated creator who breathed life in all people, thus giving to people their humanity. This is God-centered humanity, the living God, not God as a postulate or a scientific principle (Teffo, 1998). Ancestors are also perceived as capable of providing people with their humanity. The philosophy of *ubuntu* can contribute profusely to an awareness of the purpose and meaning of life.

Second, on an intrapsychic level, *ubuntu* is not merely positive human qualities but the very human essence itself, which enables human beings to become *abantu*, or humanized beings. The absence of *ubuntu* leads to intrapsychic tension, conflicts, frustration, and, as a result, the disintegration of basic human relationships (Mnyandu, 1997).

Third, on an interpersonal level, the ideal person has the virtues of sharing and compassion; has a social-interpersonal commitment to share with others; and is judged regarding his or her relationship with others in terms of kindness, good character, generosity, hard work, discipline, honor, respect, and ability to live in harmony (Teffo, 1996). *Ubuntu* is thus the essence of the *umuntu* human being; it is based in God and ancestors, intrapsychically moored in people, and operationalized in interpersonal relations and in communalism. *Ubuntu*, as philosophical concept, is a powerful source of healing for the people of Africa, who are torn among their God and ancestors, themselves (intrapsychic), their community (interpersonal), and their values and philosophy (psychotherapy or traditional healing).

UBUNTU THERAPY AS AN INTEGRATIVE APPROACH

Most of the psychotherapy training in South Africa and in most parts of Africa is based on Western conceptualizations of illness, and, subsequently, techniques that are Western in origin are employed to resolve problems of a psychological nature. The *ubuntu* model of psychotherapy

that we propose embraces these Western theories and techniques and attempts to adapt them to the African clients' unique situation and context, often calling for an integrated approach to psychotherapy. Gold (1991; cited in Peltzer, 2001) agreed that such an approach appreciates the disparities that exist between non-Western patients and the Western patients for whom these approaches were developed. According to Butollo (2000), psychotherapy seems to increasingly adopt an approach that borrows theoretical concepts and techniques from different therapeutic paradigms. This assertion is backed by models of psychotherapy that have been presented by a number of other researchers (see Fisch, 2001). In his discussion of these various models and their position with respect to the different forms of integrative psychotherapy, Fisch (2001) reflected on the tension between assimilative and accommodative integration. He seems to have advocated for assimilative forms of integrative psychotherapy, for which we also argue in the present article. A closer look at the dimensions, process, and techniques of *ubuntu* therapy, as outlined below, gives an indication of the client-centered approach and acknowledgment of differentness that exists in pluralistic cultures such as in South Africa. Fisch referred to the Carere-Comes model as believing that "any true therapy requires the therapist to neutralize 'every personal, theoretical, and ideological presupposition' and to have the capacity to be a-theoretical when the clinical situation requires it" (p. 119). By using the concept of the mismatch syndrome, the *ubuntu* psychotherapist attempts to neutralize personal presuppositions about clients and seeks to understand clients from their own world view. Lazarus and Messer (1991; cited in Fisch, 2001) further argued that an assimilative integrative approach recognizes the multiple interpretations of experiences that are legitimate, desirable, and unavoidable. By using the "burning platform" technique, eclectic approaches, and art, as we describe in detail, the *ubuntu* psychotherapist acknowledges the multiplicity of experiences that are expressed by his or her clients who practice the *ubuntu* philosophy. This is an attempt to adapt the technique to fit with the client's unique situation or problem instead of forcing the client to fit in with the technique.

Zöller (1997; cited in Madu, Baguma, & Pritz, 1997) wrote that "the conflict between 'Western' and 'traditional' methods of treatment is, in my opinion a waste of resources; they rather should complement one another" (p. 205). For an *ubuntu* therapist, it should not be necessary to choose between psychotherapy and traditional healing; the therapist should apply his or her field of expertise with confidence and refer those patients with different needs.

With regard to this context, Mbigi (1997) wrote that "the approach of traditional healers to the care of their patients was a multidisciplinary one" (p. 130). Within *ubuntu* values and the treatment model of traditional

healers, references to other disciplines are a well-known practice. Thus, the *ubuntu* therapist can become part of the holistic, multidisciplinary healing team for his or her patients in Africa. It is possible for the (African) therapist to avoid the confrontation of making a choice between Western and traditional methods of treatment and, subsequently, prevent the split-ego experience and facilitate a preventive program with his or her patients.

Dimensions of *Ubuntu* Therapy

Why is *ubuntu* therapy appropriate for Africa? From Dakar in Senegal to Addis-Ababa in Ethiopia and from Cairo in Egypt to Pretoria in South Africa, one finds evidence of *ubuntu*. One must admit, though, that as a result of contact with Western cultures, communalism is perhaps not as much practiced in urban Africa as it is in rural Africa (Kamwangamalu, 1999). Matsumoto (1997) wrote that "changes in culture will continue to occur; culture is not a static, fixed entity. We know that cultures change over time; the changes we witness today in Europe, Russia, Asia, and in America speak to this fact" (p. 117).

The pillars of *ubuntu* therapy are good human relations and the belief in the Almighty (Saule, 1998). The different dimensions or levels in the process of *ubuntu* therapy are as follows.

1. The person, family, group, or community is seen in relationship with the Almighty, Creator, or God (Tixo) and ancestors (i.e., psycho-theological level). The therapist must determine whether the relationship is characterized by happiness, guilt, resentment, anger, dependency, rejection, belief, or disbelief. This is an important dimension to deal with in the *ubuntu* therapeutic process.
2. The therapist must explore the person, family, group, or community's intrarerelationship (i.e., intrapsychic level), which is characterized by feelings ranging from low self-image, low levels of self-confidence, dependency, threatened feelings, anxiety, anger, and self-destructive feelings to resentment against the self and low levels of ego power. These can be the psychodynamics of psychological or psychiatric problems in African culture that prevent the *umuntu* from fully living out their *ubuntu* in the community. Through the process of *ubuntu* therapy, the *umuntu* must heal, must reach their full potential of *ubuntu* as human beings, because their roots are in the Almighty Creator. Through this healing process Africans can develop a collective consciousness that is empowering and not inferior to Western or European culture (Mbigi, 1995; Teffo, 1996).
3. The therapist must also explore the person, family, group, or com-

munity's interrelationship (i.e., interpersonal level), which can be characterized by rejection, resistance to change, power struggle, interdependence, or rigid borders around the family or group system. On this level, *ubuntu* therapy can heal the unfinished business of the past and the destructive interactions among members of the group, promoting the values of respect for fellow human beings. The communal value of *ubuntu* (therapy) assists in the building of good interpersonal relationships and, subsequently, leads to an increase in human value, dignity, and trust, thereby enhancing social harmony and cohesion.

The Aim of *Ubuntu* Therapy

The aim of *ubuntu* therapy is to address clients' conflicts at the psychotheological, intrapsychic, and interpersonal dimensions of their life, in accordance with *ubuntu* values. Mnyandu (1997) wrote that the person who possesses the greater degree of *ubuntu* is greatly praised as being caring, humble, thoughtful, considerate, understanding, wise, godly, generous, hospitable, mature, virtuous, and blessed. Conversely, the absence of *ubuntu* leads to tension, conflicts, frustration, and the disintegration of basic human relationships and community.

The Process of *Ubuntu* Therapy

Madu (1997) wrote that African clients come to therapy to tell their "story." The focus of the *ubuntu* therapist should be to analyze the client's story and determine whether the problem lies on a psychotheological, intrapsychic, or interpersonal level. The therapist should then decide, with the consent of the patient, whether the problem should be addressed at an individual, family, group, or community level. We present a case study to illustrate the application of this process.

Case Illustration

A 20-year-old Black African female university student consulted a psychotherapist because she was experiencing conflict with her family. Her parents lived in a rural area in South Africa, about 800 km from the university where she was studying. She described her parents as practicing purely African, traditional culture, whereas she saw herself as identifying

more with the Western way of doing things. Her parents instructed her to be involved in a ceremony in which she had to perform some rituals for her ancestors because they were not happy with her modern way of life. This created conflict within the patient, because she did not believe in the rituals and did not want to perform them. She was afraid to go back home during the coming university holidays for fear that her family would reject her. The patient had one older and one younger brother and two younger sisters. Her older brother was wrapped up in his own issues and did not understand what her problem was. The other siblings were too young to understand her situation.

Insight

The first thing the *ubuntu* therapist needs to do is to listen to the client telling his or her story, with the aim of understanding the levels at which the client is experiencing the conflict. In this particular case, the client was experiencing conflict both at an intrapsychic and at an interpersonal level. The *ubuntu* therapist explored these levels with the client in an attempt to instill insight into her understanding of her own situation. The therapist also educated the client regarding the various levels that can be affected and pointed out the levels that were specific to her situation. The therapist helped the client to realize that she was experiencing an internal conflict as a result of a clash between her parents' culture and her own culture, which led to the interpersonal conflict that existed between herself and her parents.

Mismatch Syndrome

Ramirez (1999) used the term *mismatch syndrome* to describe a feeling of "differentness" by members who feel pressured by their family, group, or community to conform. This is another issue that the *ubuntu* therapist addresses with his or her clients. Such a syndrome, according to Ramirez, instills feelings of loneliness, hopelessness, and anger, and, very often, the client feels misunderstood. The role of the *ubuntu* therapist in the case study we presented was to highlight the mismatch between the client's parents' purely African, traditional culture and her hybrid, Western, modernized culture. The therapist explored these feelings of differentness, loneliness, anger, and being misunderstood and contextualized them for the client.

Ego Empowerment

It is clear from the above processes that the *ubuntu* therapist was engaged in a process of empowering the client's ego functioning, to enable her to deal with the conflict she was experiencing. This is particularly important because it allowed the client to adjust to her own developmental phase, wherein she had to move from the familiar and known to the strange and unknown. However, this process can be very challenging, especially within the *ubuntu* philosophy. According to purely African, traditional culture, the individual is seen as interconnected with and interdependent on his or her family. Mbiti (1969) explained this in terms of the phrase, "I am, because we are; and since we are, therefore I am" (p. 108). Therefore, it is particularly important during this process for the *ubuntu* therapist to explore with the client the dynamic nature of culture and the split-ego experience that exists within the client in this regard. Also especially important in this context is the exploration of the communalism-individualism dualism that leads to the split-ego experience within the client. *Ubuntu* values that involve obedience and respect are also important to explore, especially their relationship with the mismatch syndrome and the client's experienced conflict. Through this process the client is assisted to understand his or her own intrapsychic dynamics and allowed to decide whether he or she wants to continue individual therapy or would like the family to join him or her.

Systemic Approach

Irrespective of the modality within which *ubuntu* therapy takes place—be it individual, family, or group—the role of the *ubuntu* therapist is to sensitize the client to the various boundaries found within every system—its rules, roles, and hierarchy. This approach clearly embraces the systemic way of conducting psychotherapy. Ideally, because of the interconnectedness and interdependent nature of the *ubuntu*, therapy should be conducted with the whole family. However, this is not always possible, as was the case with the client in the example we have given because of the distance between herself and her parents. In such instances, it is imperative for the therapist at least to invite the parents for three or four sessions, in which the therapist facilitates the restoration of balance and homeostasis within the family boundaries, roles, and rules. Sometimes it becomes necessary for the therapist to link up with the family's traditional healer or an important figure within the family to allow for this process of restoration.

Unfinished Business

Usually, during this process of restoring balance and homeostasis within the family system, it becomes necessary to face and deal with some unfinished business from the past. The unfinished business usually comes to the fore when the various levels of conflict are explored and the mismatch syndrome is identified for the client. Unfinished business can include feelings of resentment by some family members toward others because of the perception that those family members lack respect for their culture and their fellow human values of collective sharedness, obedience, solidarity, caring, and so forth. The *ubuntu* therapist assists the client in deciding on the best way of dealing with this unfinished business. Depending on the chosen technique, the therapist might feel the need to refer the client to the traditional healer, especially if the unfinished business is connected to the psychotheological level—where it concerns making peace with the client's ancestors.

Ubuntu Therapeutic Techniques

During the different phases in the process of *ubuntu* therapy, the therapist can help the family, group, or community to deal with its conflict at the psychotheological, intrapsychic, and interpersonal levels through the use of various techniques. These technique include any of the following.

Telling the story is a well-known African technique in which the client gets the opportunity to talk about his or her problems from his or her own perspective. Through the use of this technique, the *ubuntu* therapist is able to analyze the client's situation to determine the levels at which the client is experiencing conflict. Rectifications according to *ubuntu* values can restore an experience of total humanness and joy.

Another technique is the *life script*. One's life script is usually formed very early in life, when one learns that, for psychological or physiological survival, one has to behave in a certain way in one's family, community, or culture (Corey, 1982). Life scripts include parental messages that one has incorporated and the decisions one has made in response to these conjunctions. In the case of the client in the case study we have presented, the *ubuntu* therapist's role was to help her map out her own life script—on the basis of the story she told—instilling insight into her problem and life situation by illustrating the mismatch syndrome that existed in her life. The *ubuntu* therapist then assists the client in writing a new life script, in the context of his or her existing life situation, using the *ubuntu* philosophy and values. This ideally allows the client to heal on the dimension on which stress, anxiety, or conflict is experienced.

Burning platform is a therapeutic technique that takes care of unfinished business. This technique allows clients (who can be the individual, family, group, or community) to come to grips with their shadows and the depth of their guilt, anger, and frustration against God and their ancestors, themselves, or fellow group members (Mbigi, 1995). The unfinished business, which is also referred to as the corpse shadow theory, allows for the process of burning the past before renewal and formation of a new life script, vision, or relationship that embraces *ubuntu* values (Mbigi, 1995). These burning platforms (e.g., dancing around a fire, singing, clapping hands)—which can be done literally or symbolically, depending on whether the *ubuntu* therapist feels comfortable using these techniques—help the client to acknowledge that the rules of survival are changing and facilitate the learning of the new survival rules. In the case of the client in the case study, the technique was implemented symbolically through the use of images that represented the burning of the platform, in accordance with the client's modern way of life. She had to bury her feelings of anger and resentment toward her parents and culture by coming to realize that a gap existed between her and her parents and that no one was to blame for it. She also realized that the gap was a product of her belonging to a different generation than her parents and was also being influenced by Westernization. By also realizing the dynamic nature of culture, the client was able to come to terms with her feelings and even bury some of them.

Another therapeutic technique is *dancing*. *Mandala* can be used in the handling of trauma, which is suppressed in the subconscious mind of the patient (Buhrman, 1996). Buhrman also used these Jungian concepts to explain these concentric circles as indications of the universal *mandala*, which serves as an integrating process. The heterogeneity of the group appears to open each person to the range of experiences and perspectives and to maximize the exploration and resolution of problems.

Eclectic approaches can be used in instances when such a need arises. This largely depends on the type of problem experienced and the level of conflict between various cultures. Traditional techniques, such as the *malopo* dance of Sodi (1997; cited in Madu et al., 1997) and African grief therapy of Nwoye (1997; cited in Madu, Baguma, & Pritz, 1998), embrace the *ubuntu* philosophy and are appropriate to embody *ubuntu* within clients.

Art is indigenous to African culture and can therefore be readily incorporated into the therapeutic milieu. The use of clay, paint, drawing, music, acting, and dance can be a healing way of handling the emotions that accompany psychotheological, intrapsychic, and interpersonal conflict within clients. Clients can draw their family using circles to explain family dynamics, or the *ubuntu* therapist can use circles to illustrate the family dynamics to the client, family, or group. The circles are used to illustrate

power struggles, destructive practices, and structural aspects that oppose *ubuntu* principles in the family, group, or community context.

UBUNTU THERAPY AS A HEALING ALTERNATIVE

The concept of multicultural counseling and therapy (MCT) was developed in the United States because of an increased influx in the diversity of the American population, which included African Americans, Asians, Caucasians–Europeans, Hispanics–Latinos, and Native Americans (Arrendondo et al., 1996; Sue & Sue, 1999). This led to a call for the acknowledgment of difference and its inclusion in psychotherapy training and practice. Ruiz and Vontress (1988; cited in Gladding, 1996) believed that MCT is an approach that recognizes and affirms general human qualities, individual uniqueness, and the influence of culture on people's development. In this regard, Arrendondo (1998) offered an operational definition of multicultural counseling competencies as "preparation and practice that integrates multicultural and culture-specific awareness, knowledge and skills into counseling interaction" (p. 592).

In (South) Africa, most psychotherapy training programs are based on the Western and European models of conceptualizing health and ill health. This practice has the potential to create challenges for psychotherapists practicing within African cultures, because their notion of what is mental ill health might not fit in with their African client's notion of ill health. As Horney (1937; cited in Ramirez, 1999) pointed out,

One can diagnose a broken leg without knowing the cultural background of the patient, but one would run a great risk in calling an Indian psychotic because he told us that he had visions in which he believed. In this particular culture of these Indians, the experience of visions and hallucinations is regarded as a special gift, a blessing from the spirits. (p. 15)

This clearly illustrate the possibility that psychotherapists trained in Western and European models can either misdiagnose or find it difficult to retain their clients in therapy because of their varied world views.

It is for the above reasons that *ubuntu* therapy was developed as a healing alternative for the *abantu* of Africa. Two other models were developed in Africa in an attempt to recognize and include African culture within the psychotherapeutic milieu. One model is harmony restoration therapy, which was developed by Ebigbo, Oluka, Ezenwa, Obidigbo, and Okwaraji (1995). The model attempts to provide treatment through the use of native African concepts of illness, which occur through a break in harmony between an individual and his or her animate and inanimate world (Ebigbo et al., 1995). The other model, *meseron* therapy, was devel-

oped by Awaritefe (1995). *Meseron* originates from Urhobo and is an expression that means *I refuse* (Awaritefe, 1995). According to Awaritefe, the Urhobos possess a strong belief that words are powerful and, once spoken, have the ability to become effectual. It was against this background that Awaritefe developed this model to embrace the beliefs of the Urhobos in a psychotherapeutic milieu.

It is important to remember that *ubuntu* therapy was developed for the client who is struggling with conflict that arises because of the evolving nature of culture and the tension between purely African, traditional culture and a hybrid, Western, modernized culture. This is what makes *ubuntu* therapy different from both harmony restoration therapy and *meseron* therapy. Although all of them are based on the recognition and inclusion of other cultures within the psychotherapeutic milieu, *ubuntu* therapy has moved beyond that process by recognizing the simultaneous existence of one or more cultures within an individual, which leads to tension and, therefore, psychological problems.

The *ubuntu* therapist, therefore, needs to be aware and in control of the conflicting cultural dilemmas before he or she can intervene with the patient. For the therapist to recognize this, he or she should be cognizant of Van der Walt's (1997) assertion that "the grading of communalistic and individualistic cultures may range from very weak and passive to very strong and active" (p. 47) and of the fact that culture is dynamic and constantly changing (Matsumoto, 1997). To avoid a split-ego experience of choosing between communalism and individualism in himself or herself and in the patient, the therapist should apply the values of the *ubuntu* therapy model to point out the conflict or tension for the client.

In the words of Saule (1998),

Ubuntu is clearly a democratic philosophy of life which puts the human being at the center. It contains the injunction that the purpose of life for each and every person is to realize the promise of being human. Ubuntu philosophy grants the person the right to pursue and realize the promise of being human. (p. 5)

Ubuntu therapy can make a difference, because *ubuntu* is "the Soul of African society" (Mnyandu, 1997, p. 77).

CONCLUSION

Ubuntu therapy synergizes in many ways with the Western therapeutic approaches. For instance, during the insight phase (a well-known phase in the Western individualistic approach), the individual, family, or group's life script could be changed to a new life script that embraces the *ubuntu*

philosophy to assist in the healing process. Thus, if Western therapists are trained in the philosophy of *ubuntu* to understand the process and, especially, the unique therapeutic techniques (e.g., burning platform, dancing *mandala*, the *malopo* dance), they can apply these methods to their knowledge and skills in psychotherapy. This will enhance the awareness of a multicultural therapy practice and collaboration within a multidisciplinary team, and clients could also be referred to traditional healers if this is preferred or necessary.

This article contributes to psychotherapists' awareness of the changes in culture and cultural values in Africa and in the rest of the world, as well as the associated intrapsychic, interpersonal, and group conflict. The value of this article is that it can enrich psychologists and therapists all over the world with the *ubuntu* philosophy and the distinctive techniques, content, and processes, which could tie in well with the Western individual, group, or family approaches. The article makes a further contribution by offering *ubuntu* therapy as a therapeutic model for Africa that could be a compromise between normal psychotherapy and traditional healing.

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