

AFRICAN WORLD-VIEWS

Their Impact on Spiritual Direction, from the Perspective of Healing and Transformation

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THERE HAS BEEN LITTLE RESEARCH into the influence of African world-views on spiritual direction. Often the world-views of African directees may be different from those of their spiritual directors, and these world-views and their influence on African spirituality need to be considered when providing spiritual direction in such a context. This study focuses on the impact of the African world-views of a group of directees on their spiritual well-being, spiritual brokenness and the resolution of spiritual problems. The directees' spiritual well-being was influenced by cultural, spiritual and physical aspects of life. Although spiritual direction's main focus is not the resolution of problems, most of the directees sought spiritual direction because of various problems in their lives. They often defined these problems from the point of view of traditional African beliefs and practices, which increased the likelihood of miscommunication between them and their non-African spiritual directors. A clear distinction was evident between how spiritual problems are managed from a traditional African perspective and from a Western perspective.

Spiritual Direction

The history of spiritual direction is as old as the recorded history of the human race. It can be seen in the Old Testament among the Israelites and in the New Testament in Jesus' relationship with his disciples. Formal spiritual direction seems to have begun primarily with the establishment of monks and monasteries in the desert communities of Egypt, Palestine and Syria. In modern times it usually involves a one-to-one relationship in which a directee seeks spiritual guidance from a spiritual director. It is concerned with the basic relationships that form an integral part of

Christian life, namely one's relationship with God, with the self, with other people and with nature.¹ Owing to the fact that spiritual direction as we know it today developed in a Western cultural context, it is largely informed by a Western view of the world. This Westernised form of spiritual direction is used in many different areas of the world today; however, little has been done to investigate the extent to which it is acceptable and useful among the people of other cultures and societies, who possess very different world-views from those who developed it. The continent of Africa is no exception in this regard.

African World-Views

In many African people's understanding of societal and cosmological relationships there is a strong emphasis on respect for the self, other people and all of nature, especially for the land, trees and water.² African world-views approach existence from the point of view of communal cultures and social structures. This common thread runs through most African cultures and customs despite the impact of Westernisation.³ In such world-views, knowledge is not necessarily based on what is researched and scientifically verified but on the experience of individuals and what they learn from others in their environment, especially from elder members of the community.⁴

The African world-view may be described as:

... an abstraction which encompasses the total way of life of the African society. It is a psychological reality referring to shared constructs, shared patterns of belief, feeling and knowledge which members of the group that subscribe to this reality carry in their minds as a guide for conduct and the definition of reality.⁵

From a philosophical standpoint this world-view is *holistic*, focusing on the whole living organism.⁶ This is particularly evident among tribes such

¹ Chester P. Michael, *An Introduction to Spiritual Direction: A Psychological Approach for Directors and Directees* (New York: Paulist 2007), 8.

² See John S. Mbiti, *African Religions and Philosophy* (London: Heinemann, 1969).

³ Elias Mpofu, 'Majority World Health Care Traditions Intersect Indigenous and Complementary and Alternative Medicine', *International Journal of Disability, Development and Education*, 53/4 (December 2006), 375–380.

⁴ See W. D. Hammond-Tooke, *Rituals and Medicines: Indigenous Healing in South Africa* (Johannesburg: A. D. Donker, 1989).

⁵ Elias Rantlhane Makwe, 'Western and Indigenous Psychiatric Help-Seeking in an Urban African Population', unpublished masters' dissertation, University of the Witwatersrand, South Africa, 1985, 4.

⁶ Gillian Straker, 'Integrating African and Western Healing Practices in South Africa', *American Journal of Psychotherapy*, 48 (Summer 1994), 455–467.



as the San people of Southern Africa and the Maasai people of Kenya, who still keep to their traditional way of life. For these tribespeople, and for many other Africans today, God is seen in every sphere of life. Traditional African people experience and communicate with God in the fields as they grow their crops and look after their animals, in times of happiness and sadness—not just in churches on Sunday. Ancestors, malignant spirits and sorcerers are also part of this African world-view and may be seen as the cause of accidents, sicknesses, deaths and failures, as well as successes of various kinds. The individual is also seen within the context of the collective.⁷ Individual existence does not rest on the principle of individual survival; rather people are connected to their relatives, living and dead, as well as to the natural environment in which they live. Put simply, a person exists because nature and other people exist.

The anthropologist Alfâ Ibrâhîm Sow divides the African world-view into three distinct realms: macrocosmos, mesocosmos and microcosmos.⁸ The *macrocosmos* is where God is encountered. In this domain there is no distinction between the spiritual and the physical, material aspects of life.⁹ Religion is not only a sociological, theological and historical phenomenon, but also a psychological phenomenon located in the minds

⁷ See Alfâ Ibrâhîm Sow, *Anthropological Structures of Madness in Black Africa*, translated by Joyce Diamanti (New York: International UP, 1980) and Mbiti, *African Religions and Philosophy*.

⁸ Sow, *Anthropological Structures of Madness*, 5–7.

⁹ Henning Viljoen, 'African Perspective', in *Personology: From Individual to Ecosystem*, edited by Werner Meyer, Cora Moore and Henning Viljoen (London: Heinemann, 2003), 532, 533.

of human beings.¹⁰ And, according to John S. Mbiti, the day-to-day activities of traditional Africa are also religious activities: he calls Africans 'notoriously religious'.¹¹

The *mesocosmos* is the world of animals and human beings, forests, bushes, trees, rivers, wind, rain, darkness and light. Here conflicts are resolved and events are explained. This is also where the ancestors are to be found. The spirits of the departed ancestors are believed to look after the best interests of their descendants, but can also send them illness and misfortune when they are angered.¹² Today people communicate and relate to the ancestors through anniversary celebrations, tombstone services and other activities such as *mpho ya badimo among* (thanksgiving to the ancestors, among the Sotho-speaking people of South Africa).

The *microcosmos* is the level where collective existence gives room for individuality. This individuality is manifested, for example, in the use of names unique to the individual within the family rather than collective family names.¹³ Among Sotho-speaking people surnames or family names are not normally used to address an individual, but are used when referring to the collective identity of the individual in a particular tribe, clan or extended family. This does not necessarily imply that the person loses individuality, however, since it is evident that psycho-behavioural modalities, values and customs are reinforced by cooperation, collective responsibility and interdependence.¹⁴

Western Spiritual Direction in an African Context

Western spiritual direction was transplanted into Africa, where people had very different approaches to dealing with spiritual issues, strongly influenced by their existing world-views. This process continues to a large extent today. The teaching of philosophy and theology in African universities remains influenced by a Western view of the world, and there are very few institutes dedicated to training spiritual directors in Africa. Furthermore, it is important to remember that spiritual direction, as it is studied and practised in Africa today, is a very recent phenomenon and, although it is developing into a professional discipline, it is still the

¹⁰ See Carl Gustav Jung, *Psychology and Religion*, in *The Collected Works of Carl Jung*, volume 11 (22nd edn; London: Routledge, 1969), 5–8.

¹¹ Mbiti, *African Religions and Philosophy*, 1.

¹² Hammond-Tooke, *Rituals and Medicines*.

¹³ Mbiti, *African Religions and Philosophy*.

¹⁴ Viljoen, 'African Perspective', 529–549.

case that many spiritual directors come from a Western background. Spiritual direction in Africa thus remains heavily influenced by a Western view of the world, and there is evidence to suggest that this does not always fulfil African people's spiritual needs. For instance, it is not a secret that many African Christians who come to church most Sundays at the same time consult traditional healers about the causes of their problems before approaching their priests, ministers or pastors. But although there is reason to believe that Western spiritual direction is not fully adequate to how African people view and experience the world, there has been little empirical research on this issue.

Addressing spiritual problems within the African context raises a number of questions that need answers. This paper reports the findings of a phenomenologically orientated qualitative study that was conducted with a number of groups of people who are part of the spiritual direction process. The aim of the study was to explore spiritual direction in an African context with different groups involved in different ways. The specific objectives included: to examine the types of spiritual problems experienced by African participants; to explore the means by which these are understood and communicated within the spiritual direction process; and to investigate the influence of African traditional beliefs and practices in dealing with spiritual problems.

Methodology

Non-probability, purposive sampling (that is, sampling based on deliberate rather than random selection) was used to choose participants for this study. They included nine trained spiritual directors, forty people who sought spiritual direction (directees) from the current author, eleven priests, five traditional healers and fifteen seminarians. This gave a total sample of eighty participants. All participants came from an African background and ranged in age from fifteen to seventy. Informed consent was sought from them and issues of confidentiality were also discussed.

The approach of the study was phenomenological. This kind of approach focuses on events as the individual experiences them. It examines people's perceptions, perspectives on and understandings of a particular situation.¹⁵ Such an approach was chosen as appropriate to a study attempting to explore the participants' world-views.

¹⁵ See Paul D. Leedy and Jeanne E. Ormrod, *Practical Research: Planning and Design* (Upper Saddle River: Prentice Hall, 2005).

Data were gathered by means of in-depth, semi-structured and interactive interviews:

- *Directees* (seminarians and others) were asked about their reasons for seeking spiritual direction; how their culture and traditions explained their spiritual problems; and to what the problems were attributed. They were also asked how they went about seeking help with their problems and whom they consulted first (clinics, priests or traditional healers).
- *Spiritual directors* were asked to describe the kinds of problems that directees typically report; the causes of these problems; and how the directees go about dealing with them. They were asked about whether they used problem-solving techniques; the extent to which they make referrals; and, lastly, their success rates.
- *Priests* were asked about the issues that people bring to them; how they deal with them; and how they see their role in dealing with spiritual direction in general. They were also asked whether they considered themselves to be spiritual directors.
- *Traditional healers* were asked about the problems people present to them; how they refer to the symptoms; the causes of the problems; how they go about treating them; their success rates; and whether they make referrals to other practitioners.

The method used for analyzing the data was *content analysis*. Content analysis is typically performed on different forms of human communication, including video of human interactions and transcripts of conversations: 'Sometimes content analysis is used when working on narratives such as diaries or journals, or to analyse qualitative responses to open-ended questions or surveys, interviews or focus groups'.¹⁶ Here, it was used to identify common patterns in the participants' descriptions of their spiritual problems. Throughout this process, relevant themes were suggested on the basis of the three study objectives outlined previously. These themes were then grouped into meaningful and relevant categories based on commonalities among them. The objective of this narrative investigation was to interpret the spiritual problems of the participants from an African perspective. The analysis tried to illuminate ways in which traditional

¹⁶ Kobus Maree, *First Steps in Research* (Pretoria: Van Schaik, 2007), 101.

beliefs and practices construct versions of reality that dictate a way of life, and to uncover the ideological assumptions hidden in traditional practices.

Findings

Spiritual Problems in an African Context

The responses of directees were categorized according to five main themes—physical complaints, emotional problems, hallucinations, misfortunes and behavioural symptoms. The participants presented various physical complaints ranging from headaches and neck pains to pain all over the body. One woman said,

The headache moves around my head: in the morning it sits on my forehead, during the day it stands on top of my head and the movement goes on to the right, left and the back of my head.

Whereas another woman explained her physical pains as follows:

I used to be a very active girl; I could hardly sit idle doing nothing. But now I feel tired and weak all the time, can hardly do anything and just gain weight day and night. I have terrible pain on my knees and can hardly walk.

Emotional problems were also commonly reported among participants and included anger, sadness, suicidal ideation and emotional outbursts (cries) that led to various relationship conflicts. One woman said:

Every time I had a knife in my hand, I felt like pushing it through my heart and every time I had medication to take, I felt like taking the whole lot at one go.

Other participants experienced a combination of emotions to the point where they found it difficult to contain them.

I do not know what is happening: one moment I am so angry with everybody for no apparent reason and another moment I find myself crying and want to be on my own all the time. I fear for my anger. The other day I shouted at my grandmother for nothing and I hated myself afterwards.

Another theme that emerged from participants' presenting problems was that of experiences outside an individual's normal mental status. Hearing voices, seeing images of animals and people in their rooms and on the streets, and experiencing flashbacks and nightmares formed part of these experiences.

The pain all over my body sometimes turned into a strange feeling of insects crawling all over my body but nothing physical could be seen. I would scream terribly and no one would see why I am screaming.

Some participants presented with behavioural symptoms, such as sleeplessness and loss of appetite. One woman said:

I could not sleep and eat. I was afraid to be alone anywhere.

A man reported:

When I could not eat, sleep and started losing weight, I knew that I was not well.

Constant tiredness and the inability to do anything were also reported.

Participants talked about traumatic events such as bereavement, rape and the disappearance of loved ones. One woman said,

I felt like killing myself, angry all the time because of sexual and physical abuse by my late husband. My child also died.

Another woman said,

I was raped because ancestors were not happy. My parents did not perform some cultural customs and traditions.

Participants considered all the problems presented above to be of a spiritual and psychological nature. In the majority of cases (Western) medical services were consulted initially; however the treatment provided failed to bring relief. This resulted in participants attributing even the physical complaints to spiritual problems. Generally they experienced the symptoms for months before seeking help, and their social and occupational functioning was seriously impaired.

Understanding and Communicating Spiritual Problems

Within African world-views spiritual problems tend to be defined more inclusively than in the Western perspective, and this was evident from the study sample. Misfortune is frequently understood and defined in the context of spiritual conflicts or disturbed social relations that created an imbalance expressed in the form of a physical or spiritual problem: 'I was raped because my parents did not perform some rituals on me when I was born'. In some instances, participants tended to be vague as to the part of the body afflicted by disease unless prompted to explain further by the spiritual practitioner: 'the headache moves around my head'.

Participants were asked to indicate whether, in their own culture and tradition, there were any explanations as to the causes of the problems they experienced. Traditional beliefs and external influences were both mentioned:

My child died because my parents did not carry out some ritual when she was born.

Neighbours caused my son's disappearance out of jealousy.

In their cultural and traditional explanations participants seemed to embrace a communal rather than an individual approach: the lives of the whole family may be involved in explaining a situation.

My parents did not perform rituals at the scene of my son's accident. That is why my daughter is sick.

In reporting their experiences, participants generally had difficulty finding words in their local languages to distinguish between physical and spiritual problems, which may reflect the fact that often such distinctions are not made. They described their problems in long sentences and gestures, using metaphors and euphemisms to convey their meaning, especially when consulting a spiritual director of a different age or gender. For example, one woman used specific figurative expressions to refer to sexual intercourse and activities, as use of the explicit English words would be considered disrespectful or taboo in her African culture: naming the act to someone inappropriate would be as much forbidden as performing it with such a person. 'After my rape I would refuse my husband blanket sometimes', she said, meaning that she would deny her husband sexual intercourse.

The responses from the directees regarding the types of problems they experienced and how they understood and communicated them were confirmed by the spiritual directors and priests. According to one spiritual director,

I meet clients who complain about pains that have no clear descriptions and attributed to external forces like evil spirits.

Influence of Traditional Beliefs and Practices in Dealing with Spiritual Problems

The results of this study have indicated the crucial role played by traditional beliefs and practices in defining spiritual problems from the perspective of the participants. Most directees indicated that they usually consulted traditional healers at the first appearance of symptoms, and



only when these symptoms did not respond to traditional medication or treatment did they seek the assistance of priests or medical doctors. One woman said:

My mother-in-law took me to a traditional healer but I am still sick. My condition is even worse now.

Traditional healers play an important role in the life of African villages and communities. The healer participants pointed out two main methods by which they manage psychological problems—the use of herbs and the prescription of rituals. One reported:

I use various herbs, rituals; give sick people instructions to carry out, for example abstaining from certain activities and foods.

Some of the traditional healer participants' responses to how they manage the conditions included using,

... incense, traditional herbs and rituals. Other techniques remain secrets and cannot be revealed.

Traditional healers are afforded the utmost respect, often associated with age and gender:

... women's problems are mostly treated by women over sixty years.

Whatever the traditional healer prescribes is therefore never questioned.

The findings of this study suggest that the 'talking therapy' aspect of spiritual direction may not be sufficient for African clients.

What can you do to help me stop having these nightmares? What can you give me to stop these nightmares and flashbacks?

This calls for spiritual direction to be more ritualistic in its approach. Both priests and spiritual directors reported that people generally go them with problems to be solved. These responses are typical of the priests and spiritual directors interviewed:

No one has ever come to me to know more about prayer or God, people come with problems.

Most people bring problems to be solved in spiritual direction.

Since the causes of spiritual problems were generally understood in the context of traditional beliefs, it was often the case that participants' ancestors and other family members formed part of the treatment. Furthermore, and in line with traditional African world-views, participants did not tend to place importance on a personal relationship with God, as they did not view their God as a personal one. This is clearly demonstrated by responses from both directees and traditional healers:

I am not sure what we have done wrong to God.

This is a punishment to the family by the ancestors.

Finally, to underscore the role played by traditional beliefs and practices in relation to spiritual problems, the healer participants stressed how important it was to adhere to traditional practices and to respect tradition.

For some sicknesses, we give people charms to put on their bodies, houses or offices for protection. I use rituals for prevention of other sicknesses. Keeping cultural norms and customs are also ways of prevention. The problem is that young people these days do not know these cultural norms, especially about funerals, giving birth, sexual relationships.

Consequences

A number of key findings emerged from the study described here. Traditional African beliefs and practices played a significant role in defining the spiritual problems of those who sought spiritual direction. Both priests and spiritual directors unanimously agreed that most people simply go to them with problems to be solved. The wide variety of different problems that participants reported as being spiritual or psychological reflected an African understanding of health and well-being in which

The natural and supernatural are inextricably interwoven

no distinction is made between body, mind and soul. From the standpoint of an African world-view, the natural and supernatural are inextricably interwoven, and spirituality and health are strongly connected, to the point where the human body and the soul are not viewed as separate entities. By contrast, Western world-views place value on the laws of cause and effect, linearity, rational thought, objectivity, the belief in a 'universal truth' and the constancy of measurements.¹⁷ This fundamental difference must be taken into consideration when Western spiritual directors are working in an African community.

Another important finding was that directees whose spiritual problems were defined by African traditional beliefs and practices often used language and gestures that did not adequately communicate them to Western spiritual directors or priests, increasing the likelihood of miscommunication. There was a clear distinction between how spiritual and mental problems are understood and managed from an African traditional perspective and from a Western perspective. The Western perspective relies heavily on 'talking therapy', with the aim of empowering the client,¹⁸ whereas the African traditional perspective takes the responsibility for resolving the problem away from the client using (supernatural) rituals and sometimes by including other people in treatment.

Miscommunication between directees and Western spiritual directors is likely to cause problems on a number of levels. It may have a negative impact on the establishment of a rapport between the spiritual director and the directee, which is the first crucial step in building a helpful relationship.¹⁹ The spiritual director may misunderstand the directee's world-view and struggle to come up with a relevant response. Miscommunication and the resultant confusion may lead to directees becoming dissatisfied with the interventions and services provided and discontinuing spiritual direction altogether.

It may be the case that spiritual direction alone is not enough for members of rural African communities such as those who participated in this study. Veneta Lorraine-Poirier, a spiritual director practising in

¹⁷ *Multicultural Counselling Competencies: Individual and Organizational Development*, edited by Derald Wing Sue and others (Thousand Oaks: Sage, 1998).

¹⁸ Viljoen, 'African Perspective'.

¹⁹ Carl Rogers, *Client Centred Therapy: Its Current Practice, Implications, and Theory* (London: Constable, 1987).

the Ignatian tradition, has pointed out that psychological and pastoral counselling deal with people's issues more holistically than does spiritual direction.²⁰ Approaches such as these may be better suited to the kinds of people and problems encountered in the study. Due to the absence of psychologists, psychiatrists and counsellors in many parts of rural Africa, however, the immediate services available to most people are provided by priests, pastors and traditional healers. There is, therefore, a great need to provide spiritual services that are meaningful to these people, irrespective of whether they fall within the normal remit of spiritual direction.

All Western practitioners would benefit from seeking healing methods that account for African family and community values.²¹ African collectivistic values are not very different, for example, from Western ecosystemic approaches to healing.²² Both approaches seek assistance of family members and significant others within directees' communities to help in the healing process. Spiritual directors working with African people would benefit from this kind of training. Western-trained spiritual directors and healers also need to examine their own world-views and cultural biases and identify ways that these may, consciously or unconsciously, interfere with their effectiveness when working with traditional Africans.²³

Means of integrating African culture and belief systems into the spiritual healing process should be explored as far as possible. Incorporating modules on African world-views into the training curriculum of spiritual directors, seminarians and other religious personnel in Africa would be an important step forward. Spiritual direction in the African context should be determined and informed by a systematic body of research on African world-views. There is a need for a clear definition or a precise description of what African spirituality is, so that spiritual direction in an African context could also be clearly defined. At present, African spirituality and spiritual direction in the African context have been given little attention outside the academic literature and have little impact on the vast majority of Africans in rural areas. Further research is

²⁰ Theresa Clement Tisdale, Carrie E. Doehring and Veneta Lorraine-Poirier, 'Three Voices, One Song: A Psychologist, Spiritual Director, and Pastoral Counsellor Share Perspectives on Providing Care', *Journal of Psychology and Theology*, 31/1 (Spring 2003), 52–68.

²¹ Gideon A. J. van Dyk and Matshepo Matoane, 'Ubuntu-Oriented Therapy: Prospects for Counselling Families Affected with HIV/AIDS in Sub-Saharan Africa', *Journal of Psychology in Africa*, 20/2 (October 2010), 327–334.

²² Viljoen, 'African Perspective'.

²³ Andries Stephanus Du Toit, Hanka Dorothee Grobler and Rinie Schenck, *Person-Centred Communication: Theory and Practice* (Cape Town: Oxford UP, 2001).

needed on these issues, which in time should be incorporated into the training of professionals working in the area.

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