Indigenous healing in South Africa: A neglected potential

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The incidence of indigenous healing, recognition of the spiritual and emotional dimension in the lives of our population, lack of 'professionally' qualified mental health workers, inadequacy of imposing Western approaches on other cultures, proven effectiveness of nonprofessional workers in the mental health area, shortcomings in and disenchantment with Western models of healing and the holistic nature of indigenous healing compel cognisance. The similarity between certain Western approaches, such as that of Jung, and indigenous healing, development in brain research, humanistic and transpersonal psychology, arguments by the World Health Organization (WHO), and the call to integrate indigenous and Western approaches to healing, necessitates a closer look at the area. South African academics and professionals have urged for the recognition of indigenous healing in order to provide a comprehensive mental health service. It is felt that indigenous healing can teach us and offer unique opportunities in the applied and research aspects of psychology.
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Die erkenning van die geestelike en emosionele dimensie in die lewes van ons bevolking, die gebrek aan 'professioneel' gekwalifiseerde geestesgesondheidswerkers, die ontoereikendheid van Westerse benaderings wat op ander kulture afgedwing word, die bewese effektiwiteit van nie-professionele werkers op die terrein van geestesgesondheid, en die enersydse tekortkominge van en ontnugtering oor Westerse 'modelle' van genesing en die andersydse holistiese aard van 'inheemse' genesing, dwing aandag. Die ooreenkoms tussen sommige Westerse benaderings, soos dié van Jung en 'inheemse' genesing, ontwikkelings in breinnavorsing, in humanistiese en transpersoonlike sielkunde, uitsprake van die Wêreld Gesondheidsorganisasie en die beroep om Westerse en 'inheemse' benaderings tot genesing te integreer, vereis eweneens aandag. Suid-Afrikaanse akademici en professionele mense het 'n beroep gedoen om erkenning van 'inheemse' genesing met die oog op die daarstelling van 'n omvattende geestesgesondheidsdiens. Daar word gevoel dat ons kan leer uit 'inheemse' genesing en dat dit geleenthede skep vir navorsing oor en toepassing van die sielkunde.
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Although the white population of South Africa are increasingly affirming their belongingness to Africa, they still are somewhat schizophrenic in their attitudes toward the continent. While they consider themselves physically one with the land, they continue to maintain a world-view which is more in keeping with a European orientation.

The inability of the white inhabitants to become fully integrated into the African subcontinent undoubtedly has had some far-reaching consequences. For one thing, it has been responsible for the neglect of one of the greatest sources of human potential existing in the country. I am referring to indigenous healing, the work carried out by those individuals so often called witchdoctors, *izangoma* or *amaggira*.

At this stage of the development of our country, the neglect and avoidance of indigenous healing border on professional irresponsibility, not only within the applied framework of community health, but also within the academic world of information processing, theory building and research.

Although indigenous healing is as old as the civilization of Africa, and at the present time adhered to by countless numbers of individuals, people in the helping professions and academic community know next-to-nothing about it and acknowledge it even less. I believe there are a number of compelling reasons why we, in the psychological community especially, should take note of indigenous healing. Perhaps the most important reason of all is related to the inextricable relationship which exists between indigenous healing and the emotional and spiritual dimension of being.

Recognition of emotional needs and spiritual values

While there has been increasing awareness and concern regarding various political and physical aspects of the life and work of the black population of South Africa, there has, as yet, been little recognition of certain other issues which are of as vital concern. I am especially referring to two issues. The one concerns the lack of recognition of the needs of the black population who experience problems in living of an emotional and interpersonal nature. The emotional and interpersonal aspect is of such im-

portance because illness and misfortune in Africa are typically explained in terms of bad interpersonal relations.

Already of sizable scope this concern is bound to take on added dimensions with the ever expanding urbanization of our black population. One index of the increased emotional turmoil among urbanized blacks is the incidence of psychosomatic illness among them. Not only hypertension, but duodenal ulcertation has increased markedly (Seedat 1974).

In addition, Cheetham (1975) mentions a large number of world-renowned people who have pointed out that acculturation and the meeting of diverse cultures have adverse effects and give rise to an ever increasing incidence of psychiatric illness. Lambo (1964) has stated 'that psychiatric disorders would increase steadily in the populations of Africa consequent upon great social and economic changes' (p. 257). Without a doubt the unique political situation pertaining to South Africa is bound to add to the adverse effect which prevails under ordinary conditions of acculturation.

The other, inextricably related concern, refers to the lack of recognition of the spiritual dimension in the lives of the majority of our black population. Although emotional and spiritual concerns are not as tangible and concrete, as for instance, lack of housing, these less tangible factors nevertheless form the very core of our essential humanness. Recognition of a person or a people in terms of spiritual and emotional values are key issues in determining the quality of an individual or group's existence. Nietzsche once said: 'He who has a why to live for, can bear with almost any how.'

It is safe to assume that spiritual values and belief systems will play an ever increasing role in the lives of that segment of the black population most adversely affected emotionally by the political superstructure. Support for this assumption derives from the ever increasing number of indigenous healers in townships like Soweto. They regard the growing incidence of indigenous healing as a manifestation of the lack of official recognition of the spiritual dimension in their lives. It is the way in which the ancestral spirits call attention to an unrecognized dimension in the lives of their 'children'.

Not only has there been a lack of recognition of the emotional and spiritual domains, but there has been active suppression of centuries old therapeutic procedures and spiritual values. Practitioners of indigenous healing — the derisively named witchdoctors who have included sorcerers, herbalists, diviners and spiritual healers — have been treated as obstacles to good health care.

However, suppression by colonial and Western scientific powers of indigenous healing approaches have not yet succeeded and is not likely to succeed in destroying the belief of the people in their own unique approach toward healing. On the basis of 200 interviews which were conducted under the auspices of the Soweto Society for Marriage and Family Life during 1977, it was evident that the majority of people in Soweto still believed in the power of indigenous healers and indigenous remedies. At the basis of this trust is the belief in the nature and causes of illness, as Cheetham (1975) reported recently. He found that two-thirds of the patients in one ward of King Edward VIII Hospital in Durban believed that their ailments were due to sorcerers, or to spells cast by sorcerers, at the instigation of those who did not like them. These are matters the indigenous healer is qualified to deal with.

The indigenous healer is not only psychologist, physician and priest, but he or she is also the tribal historian. Equally important is the role indigenous healers play in maintaining social stability. Since indigenous healing fulfils such a pervasive role in black society, perhaps the first and most important reason why we have to recognize indigenous healing is that in so doing we will not only be able to do something about the emotional needs of the majority of black inhabitants of South Africa, but we will also afford the black population the ultimate respect for the spiritual dimension of their lives.

Lack of 'professional' mental health personnel

If the pervasive influence of indigenous healing in the lives of so many of our people is the most important and overriding reason why we have to acknowledge its importance, there are also a number of other compelling reasons why we need to take a closer look at indigenous healing and healers. Thus, a second reason for paying attention to indigenous healing is that there is only one registered black clinical psychologist in the Republic of South Africa. There are no black counselling psychologists or psychiatrists.

Inadequacy of Western approaches applied to other cultures

Thirdly, even in the completely unlikely event of there ever being sufficient numbers of Western trained mental health personnel, it is doubtful that these professionals would ever be able to satisfy the emotional needs of the people. Western techniques are, with a few exceptions, culturally too different to offer a psychological approach toward healing that would be meaningful for the majority of South Africans. As Kiev (1972) has pointed out, the traditional model of psychology has not been applicable to developing societies. Furthermore Collomb (1975) remarked that Western trained black personnel tend to be perceived as strangers within their own society. Other workers have come to similar conclusions (Giorgis & Helms 1978).

In addition, if there is one fact which we know after decades of research on psychotherapeutic effectiveness, it is that counselling and psychotherapy are most effective when there is the greatest cultural and personal similarity between healer and healed. Therapeutic effectiveness is directly related to the extent to which the counsellor's value system coincides with that of the client.

And yet, we are so hesitant to apply the cognitive knowledge in the mental health field. Even some local anthropologists still impose their Westernized world-view on indigenous healing and healers (Hammond-Tooke 1977).

One of the worst examples of ethnocentrism and lack of respect for different cultures must be laid at the door of Carothers (1951). He wrote that 'the native African in his culture is remarkably like the lobotomized Westerner and in some ways like a traditional psychopath in his inability to see individual acts as part of a whole situation, in his frenzied anxiety and in the relative lack of mental ills'.

Lambo (1971), one of Africa's most respected psychiatrists, has expressed himself forcefully against such ethnocentric thinking. He described the reluctance to accept and respect the framework of indigenous cultures as the unfortunate effect of the moral arrogance of nineteenth and twentieth-century Europe in setting up its civilizations as the standard by which all others are to be measured (see Cheetham 1975).

The social sciences have also come under attack from a variety of other national and international sources for being primarily oriented toward the white, Western world (Abdi 1975; Horton 1967; Hsu 1973). The soul-searching among social scientists coincides with a small but significant move toward a more open-minded approach in the perception and descriptions of other cultures among psychologists in the Western world. The *American Psychologist* (November 1977), for instance, has recently devoted a special issue to concerns of an international nature.

Nonprofessional effectiveness

Fourthly, it is a well-established fact in psychology that nonprofessionals are at least as efficient, and in many cases more efficient than their professional counterparts in the delivery of psychological services (Sobey 1970). In the only study of its kind in South Africa, Robbertze (1976) of the University of Pretoria rated the therapeutic efficacy of indigenous healers as being superior to that of psychiatrists, psychotherapists or medical doctors in the treatment of certain conditions. The findings of Robbertze are in agreement with those of people elsewhere who have compared indigenous and Western approaches to healing. For instance, Wittkower and Dubriel (1971) concluded that procedures adopted by indigenous healers in the milieu in which they operate, are often more effective than so-called scientific procedures.

Wintrop and Wittkower (1966) attributed the advantage of the indigenous or prophet healer in Liberia over the scientifically trained psychiatrist to several factors. They described these as the similarity in belief system between patient and healer, the high prestige of the indigenous healer, the potency of some herbs administered, the detection of the supernatural cause of the illness and the promise to counteract it, the symbolic function of some ceremonies and ritual procedures, as well as the physical sacrifices which are required to calm and expel evil spirits.

Additional shortcomings of Western models of healing

Fifthly, Western approaches fail in a number of respects from providing an optimal health care service. So, for instance, does the nature of its service enhance the person's alienation from society. Indigenous healing, on the other hand, is inextricably woven into the fabric of community life. Gardner (1978) stated that 'there are no asylums where people are put away; no hospitals hundreds of miles from home' (p.7).

Neither do indigenous healing systems carry the stigma of being labelled as 'mentally ill' or 'mentally retarded' in order to be treated. On the contrary, the condition of *ukuthwasa* which would in all likelihood be stigmatized as a debilitating schizophrenic condition by Western approaches, is considered to contain the germ of great spiritual wisdom and healing power. In fact, Western approaches have failed to address themselves to conditions, such as *ukuthwasa*, which do not have a generally recognized counterpart in Western culture.

Holistic nature of indigenous healing

Related to the important first point, is another reason why indigenous healing merits a closer look. As Dreyer Kruger (1974) has put it, the indigenous healer is part of an undivided world in which ancestor, dream, plant, animal and other people all belong together. The holistic nature of indigenous healing is very much in keeping with recent developments in psychology, and interestingly enough with the rediscovered ideas of that great South African scientist and statesman, Gen. J.C. Smuts.

Not only is the holistic nature of indigenous healing in keeping with the ideas expressed by Gen. Smuts, but it is also in accordance with the world-wide trend toward holistic health, as well as developments in humanistic and transpersonal psychology, the 'third' and 'fourth' forces of psychology respectively. It is especially with respect to the spiritual dimension that there is a great deal of commonality between indigenous healing and the newer developments in psychology.

Indigenous healing and Jungian approach

The resurgence of interest in the work of Carl Jung calls for an urgent look at the principles and practices underlying indigenous healing. It is essentially Jung's work with dreams, his process of individuation, and his concepts of the collective unconscious and archetypes which share a great deal of commonality with the principles underlying indigenous healing. Jung was of the opinion that the unconscious could flow in, quite of its own accord, when the rational and conscious mind was only directed to a slight degree. He claimed that this was in fact what happens with indigenous peoples who are so much less rational than their counterparts in the industrialized world (Jung 1960).

Recent brain research and indigenous healing

A further reason for looking at indigenous healing is closely related to modern advances in brain research. Recent work done with respect to the vertical (MacLean 1970) and lateral (Wittrock 1977) organization of the brain has indicated the importance of the nonverbal consciousness of the right hemisphere and of the areas buried deep inside the brain. While the left hemisphere is primarily responsible for our thinking which is of linear, logical, sequential and analytical nature, right hemispheric thinking is primarily of an intuitive and holistic nature.

If Western civilization is dominated by left hemispheric consciousness, African civilization is dominated by right hemispheric consciousness. Perhaps the indigenous healers are the clearest proponents of right hemisphere dominance.

Senghor, the poet president of Senegal, has said that 'classical Europe presents us with a civilization of discursive reason; classical Africa with a civilization of intuitive reason' (see Buhrmann 1977 p. 465).

Well-known psychologists, like Carl Rogers (see

Holdstock & Rogers 1977), and that greatest of South African writer-psychologists, Laurens van der Post (1975) have for decades now, urged Westernized people to take cognizance of their own intuitive abilities and to respect the intuitive thinking abilities of the people in Africa.

It is their intuitive or organismic wisdom that people in the fields of Humanistic and Transpersonal psychology are endeavouring to actualize, for in order to become fully human we need to develop both halves of our brain.

Economic implications of indigenous healing

Economic considerations serve as a very practical reason why we need to take a closer look at indigenous healing. The applications of high-cost Westernized approaches, such as residential hospitalization, one-to-one psychotherapy and the use of highly qualified academic experts are economically wasteful, simply because they do not represent the most efficient means of treating indigenous populations.

Gardner (1978) stated that although 'minority groups utilized on a per person basis a considerably greater proportion of the health care dollar' (p.3), they were not being effectively treated by the health care delivery systems. Although his conclusions are based on American data, the same is undoubtedly true in South Africa.

One of the biggest economic advantages of indigenous healing is that the treatment of emotionally disturbed people often consists of training the emotionally disturbed to become mental health help agents. Thus someone who could have been a perpetual liability to the state becomes a distinct economic asset.

The economic implications of indigenous healing is indeed vast. A paper which the present author has addressed exclusively to this aspect has recently been read at a conference on the Economics of Health Care in Southern Africa (Holdstock 1978). Economic factors pervade all aspects of indigenous healing, from diagnosis and treatment to training of indigenous healers. During this time of high rates of unemployment among the black sector of the population, indigenous healing provides valuable career opportunities for a large number of people. Not only are there thousands of indigenous healers in Soweto, but there are large numbers in the white suburbs as well.

Consumer disenchantment

The growing discontent in many Western countries amongst consumers and consumer-oriented professionals in the health field is another reason for taking a look at indigenous healing. Ivan Illich (1977) opens his searing critique and uncompromising analysis of contemporary medicine with the statement that 'The medical establishment has become a major threat to health. The disabling impact of professional control over medicine has reached the proportions of an epidemic' (p.11). On the very next page he continues, 'A crisis of confidence in modern medicine is upon us' (p.12). Substantiated by evidence and far-reaching arguments, Illich continued, page by page, to cast doubt on the value of the mechanistic philosophy underlying health care.

In place of the growing disenchantment, healing approaches which can best be regarded as holistic, are emerging. There is a growing interest in alternative health care practices (e.g. acupuncture, nutrition, yoga, herbalism), which take cognizance of the whole person, the bodily, emotional, spiritual and cognitive aspects.

Indigenous healing practices in the Americas

The concern of a comprehensive health care service, coupled with a concern with minority group delivery systems which developed after World War II in the United States, led the way toward consideration of indigenous healing in the Americas amongst American Indians, Puerto Ricans, Mexicans and American blacks (see Gardner 1978).

Recognition by the World Health Organization

The growing concern for a comprehensive health care service culminated recently in the call by the Director-general of the World Health Organizatioin (WHO), Dr Halfdan Mahler, for greater recognition of indigenous healing practices and medicines. Indigenous healers form the essential core of primary health workers for nine-tenths of the two billion rural dwellers in Third World countries.

There is also a particular WHO interest in seeking collaboration with indigenous healers in mental health programmes. Over the past four years Professor Ravi Kapur of the National Institute of Mental Health in India has been using — and educating — local healers successfully in a mental health programme (*The Sunday Times* London 13 August 1978).

Official recognition in Africa

Yet another reason, related to the previous two, is the increasing recognition of indigenous healers in other countries in Africa. In Swaziland they are to be given the same professional status as Western-trained doctors; in Zambia it has been suggested that they should be invited to work alongside junior doctors in hospitals; and in Nigeria plans are afoot to build a school of traditional medicine and a leading hospital in the capital Lagos (Fadaka 1978). In fact, Lambo (1971) has implemented a mental health programme in Nigeria in which paraprofessionals (*viz.* Ju-Ju medicine men) deliver mental health services.

Support in Southern Africa

In South Africa several prominent psychologists and psychiatrists have expressed a similar concern for recognition of indigenous healing. Among these people have been Dr Vera Buhrmann, psychiatrist at the Red Cross Hospital in Cape Town; Professor R.W.S. Cheetham, Head of the Department of Psychiatry at the University of Natal; Professor J.M. Gardner, Head of the Applied Division of Psychology at the University of the Witwatersrand; Professor T.M.D. Kruger, Head of the Department of Psychology, Rhodes University; Professor A.G. le Roux, Head of the Department of Psychology, University of the North; and Professor J.H. Robbertze, Department of Psychology, Pretoria University.

All of these persons have pointed out the shortcomings in the prevailing mental health approaches in South Africa toward the diagnosis and treatment of black persons who are emotionally disturbed. These psychologists and psychiatrists appealed that greater use be made of the

skills of indigenous healers in the treatment of persons who could benefit from their services (Buhrmann 1977a,b; Cheetham 1975; Gardner 1978; Kruger 1974; Le Roux 1973; Robbertze 1976). Strangely, academics and other professionals on the Witwatersrand have been absent in their involvement in this area.

Indigenous healing can teach us a great deal

Not only do we need to incorporate indigenous healers in the mental health network as help agents, but the present author is convinced that Western approaches in mental health have a great deal to learn from the principles and practices of indigenous healing (e.g., community participation in treatment; use of dreams; disregard for labelling people; respect for the potential of the person even if that person is 'sick'; holistic approach to healing; lack of emphasis on techniques and apparatus; incorporation of music and dance in the therapeutic process; importance of ritual — a return to the small and seemingly unimportant aspects of living; close interpersonal relationship between healer and patient, etc.).

Practical implications

Accepting indigenous healing as a valid profession opens up a host of things that need doing. These can conveniently be divided into applied and research aspects.

Applied aspects

Community service

The skill and know-how of indigenous healers can be utilized much more effectively in aid of community mental health than has been done thus far. They can be incorporated as part of the personnel at mental as well as general hospitals. Even if they are only used to advise professionals with a Westernized approach about relevant customs and traditions, they would be used one hundred per cent more effectively than has been done thus far.

Since prevention is more effective than cure in combating the incidence of all forms of disablement, indigenous healers can be employed by business organizations to serve as counsellors for employees who wish to consult them. It is interesting that the Chamber of Mines is at the moment investigating possibilities for incorporating indigenous healers in the treatment of persons with emotional difficulties. The employment of indigenous healers in industry could have far-reaching consequences in a wide varity of respects.

Indigenous healers could also be incorporated in already-existing community mental health services, such as the Soweto Society for Marriage and Family Life and the Council of Voluntary Social Services for Black Communities.

As a matter of fact, the Soweto Society for Marriage and Family Life has already begun investigations in this regard and established contact with indigenous healers. However, due to a lack of funds the start that has been made had to be terminated.

In the liaison with established institutions and organizations, indigenous healers can, as a start, be consulted on a part-time basis. This would enable employment of healers of different orientations, e.g., *umdawu, nguni, ndiki* to serve the needs of different groups of people.

Establishment of an indigenous healing community

An ideal long-term goal to work toward is the establishment of a community catering exclusively for every aspect of indigenous healing, as has been the aim in Lagos, Nigeria. In California there is a definite move among psychologists in private practice to offer their services as a live-in community. This trend is noticeable among Rogerian- and Jungian-oriented professionals alike.

Such a healing community or town can serve as a resource centre where all the skills and knowledge of the most knowledgeable healers can be pooled. It is only if we begin to think innovatively that we will be able to do something constructive about our neglected mental health effort among the black population of South Africa.

Training of people operating within African and Western perspectives

Several indigenous healers have expressed the need for some standardization in their training. Pooling of the resources of different healers in a community centre can go a long way toward realizing such an ideal.

Other aspects of training which need attention are the introduction of indigenous healers to Western therapeutic procedures as well as the introduction of Western-oriented professionals to indigenous healing practices. These two aims can undoubtedly be accomplished best by increased contact between mental health workers of both orientations.

Organizing workshops and conferences where people from the different orientations can share and discuss their respective approaches is one way to create an opportunity for dialogue. Workshops of one, two or three day duration can be organized around central themes, such as the use of dreams, therapeutic intervention, etc. Western approaches can be explained, demonstrated, and films shown to the indigenous healers. In turn they can be invited to discuss their approach. I know of a number of indigenous healers who would welcome such an opportunity. A recent conference on indigenous healing at the University of the Witwatersrand attested to the willingness of indigenous healers to share aspects of their life and work. Whether professional people operating within the Western world would be similarly inclined is an open question.

As has already been suggested by some people, the curriculum of our universities should incorporate courses relevant to indigenous healing. At the University of the Witwatersrand a small step in this direction has been taken. In this regard it is interesting to note that the authors of a recent article in the *American Psychologist* (Giorgis & Helms 1978) recommended the 'internationalization' of psychology training programmes if the field is to avoid becoming the study of Western human behaviour only.

Coordination of umbrella bodies

At present there are several bodies in existence which are trying to coordinate the activities of indigenous healers, such as the New Era Dingaka Association, The National Dingaka Association, The African Medical Research Institute's Association and the Bantu Herbal Company of

South Africa. It would be highly beneficial if these bodies and their regional and national conferences could be coordinated to provide them with some bargaining power in their dealings with various other agencies.

Documentation of cultural values

There are so many aspects of indigenous healing which has never been documented. This needs to be done if we want to preserve some of the most exciting uniqueness of our country. It is especially the various ceremonies carried out during the training and graduation of indigenous healers, as well as divination and treatment procedures, which need to be preserved on film. The rich variety of songs which form an integral part of indigenous healing, is an equally neglected aspect which requires documentation.

Research aspects

Treatment variables

The two main aspects of indigenous healing which need investigation relate to *process variables* (how change comes about) and *outcome variables* (what changes take place). Process variables can again be subdivided into those relating to the patients or clients, the therapist or healer and those pertaining to the relationship between healer and client. With respect to the therapist variables interest is to be directed more towards what the indigenous healer *does* than what he or she is. In similar vein we need to investigate the ongoing process of the relationship between healer and client.

Special attention needs to be given to the techniques which are being used in the treatment process. Included among these techniques are the use of dreams, music, dance, ritual and ceremonies, as well as the use of emetics and other cleansing agents. As can be expected, a great deal of research can be done on any one of these techniques. For instance, the effect of various herbs on the qualitative and quantitative nature of dreams needs to be investigated. The content of the dreams of both healer and client, as well as the way in which dreams are being analyzed and used during treatment, need to be explored.

Also of special interest is the various divination or diagnostic procedures and techniques, especially throwing of the bones. Although there is such a parallel between throwing of the bones and projective techniques the academic and professional world has completely ignored investigating the meaning of bone-throwing.

Outcome variables

Although the study of the changes which take place during indigenous healing is bound to be even more complicated than during Western psychotherapy, it is imperative that a start be made to investigate the effects of indigenous healing. Absolutely nothing has been done in this regard up till now. Questions that need answering relate to *inter alia* the effectiveness of indigenous healers with different orientations, the nature and prognosis of treating certain ailments and a comparison of indigenous and Western practices as well as urban and rural practices.

There are indeed so many aspects of indigenous healing to be researched that it can become the life task of a whole team of people. In complementing the applied aspects of indigenous healing with a thorough research programme it would indeed be possible to work towards a fully professional integration of indigenous healing into the area of mental health.

An aim of research in the area of indigenous healing ought to be utilization of black persons during all facets of the research. In so doing research in the area will provide an added bonus, the development of research skills among black people in the social sciences, hitherto an area where little opportunity existed for employment.

And finally:

> If there is any primary rule of science, it is, in my opinion, acceptance of the obligation to acknowledge and describe all of reality, all that exists, everything that is the case. Before all else, science must be comprehensive and all-inclusive. It must accept within its jurisdiction even that which it cannot understand or explain, that . . . which cannot be measured, predicted, controlled or ordered (Maslow, 1966, p. 158).

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