SWATI TRADITIONAL HEALERS' CONCEPTUALISATION OF CAUSES AND TREATMENT OF MENTAL ILLNESS

BY

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DISSERTATION

SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

in

Psychology

in the

FACULTY OF HUMANITIES

(School of Social Sciences)

Department of Psychology

at the

UNIVERSITY OF LIMPOPO

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2015

DECLARATION

I declare that **SWATI TRADITIONAL HEALERS' CONCEPTUALISATION OF CAUSES AND TREATMENT OF MENTAL ILLNESS** hereby submitted to the University of Limpopo as fulfilment for Master of Arts Degree in Psychology has not been previously submitted by me for a degree at any other university, that it is my own work in design and execution, and that all the material contained therein has been duly acknowledged.

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NGOBE ANASTASIA JULIA (MS) **DATE**

ACKNOWLEDGEMENTS

Above all I would like to thank the Almighty God for his love and graciousness that saw me through this study.

No dissertation was ever completed by the researcher alone. This one is no exception as well. I would like to express my gratitude to the following people for their respective contributions to this dissertation:

- A special thanks to my supervisor, Prof Tholene Sodi for his patience, guidance and for the knowledge he passed on to me throughout. Even when I dragged my feet, he continuously made time for me. I thank him for his invaluable assistance.
- My co-supervisor Dr I. Ramokgopa who suggested the initial topic. I thank him for his respective contributions.
- Mabila Thandiwe, Maseko Constance Nacky , Ndinisa J.H. , Sambo Mmeli James, Shongwe Deliwe , Khoza Ntombizodwa Constance, Nsingwane Timothy, Shongwe Glory Magwaza, Mahlalela Piet as well as Nkosi John, for sharing their knowledge with me. Without them the study wouldn't have been possible.
- Sphamandla Aubrey Dlamini and Nomfundo Abigail Madonsela who assisted with translations.
- Moretsele Maria Nuna for taking her time accompanying me around Kanyamazane.
- My family and friends for their love, support and encouragement.
- Thanks to everyone who assisted. I feel like the puzzle was not going to be completed without your pieces of knowledge, support, and encouragement. I am forever grateful. May God bless you all!

DEDICATION

I would like to dedicate this work to my late maternal grandmother (Marry Nana Ngobe) who groomed me well and directed me to right paths. She will forever hold a special place in my heart.

ABSTRACT

The role of indigenous healers in managing various conditions of ill-health has been studied and debated. Studies have revealed that the majority of the population in South Africa use traditional health care to treat various mental conditions. Studies have also revealed that traditional medicine plays an important role in primary health care in many countries.

The aim of the study was to explore Swati traditional healers' conceptualization of the causes and treatment methods of mental illness in Kanyamazane Township in Mpumalanga Province, South Africa. A phenomenological research method was used in the present study. Ten (10) traditional healers, six (6) female and four (4) male, who were selected through purposive sampling method participated in the study. Semi structured personal interviews were conducted with the traditional healers. The interviews were conducted in siSwati and later translated to English. The main themes that emerged were grouped under the following 3 main topics: conceptualisation and types of mental illness; causes of mental illness; and, treatment of mental illness.

The traditional healers identified and described a number of mental illnesses that could be identified by their behavioural symptoms and thought disruptions. These include: depressive conditions, addictions, psychotic illnesses, adjustment disorders and genetic mental illnesses. Mental illness was perceived to be caused by a number of factors that, among others, include the following: supernatural powers such as witchcraft, spirit possession, intrusion of objects, evil mechanisation, improper use of traditional medicine, disregarding ancestors and cultural customs as well invitation by ancestors to become a traditional healer, substance abuse, genetic predisposition, life stressors, social conditions, and injuries to the head, Cleansing the patient of evil spirits through washing, steaming, induced vomiting, casting out evil and herbal medication were some of the methods that were found to be commonly used to treat mental illness. The study found that the theory underlying traditional healing is essentially similar, and that traditional healers utilise a culturally coherent and holistic approach in dealing with health and illness.

TABLE OF CONTENTS

CHAPTER 1

INTRODUCTION

Mental disorders are universal problems that pose a huge burden for populations, patients and their families worldwide (Thornicroft, Semrau, Alem, Drake, Ito, Mari, McGeorge & Thara, 2011). The suffering and burden in terms of disability and costs for individuals, families and societies due to mental illness are staggering (World Health Organization, 2003).Throughout the world, there is an increasing awareness of mental illness as a significant cause of morbidity **(**Kabir**,** Iliyasu**,** Abubakar, & Aliyu, 2004). Butcher, Mineka and Hooley (2010) emphasized that there is considerable variation in the way different cultures describe psychological distress. Sorsdahl, Flisher, Wilson and Stein (2010) asserted that one way of examining the role of culture in psychiatric disorders is to bring forth the explanatory models of traditional healers.

Although social science research continues to advance a greater understanding of the African traditional approaches to mental illness, limited work has been done on Swati speaking traditional healers on the causes and treatment methods of mental illness. This study explores this aspect of indigenous thought. Although the study focused on Swati participants, it is hoped that the findings will pertain to many other Southern African ethnic groups who share similar indigenous knowledge systems.

1.1 Background to the study

The World Health Organization (WHO) estimates that more than 450 million people across the globe suffer from mental illnesses. Mental illness leads to higher morbidity and mortality rates. WHO (2003) indicates that about one in five South Africans suffers from a mental disorder severe enough to negatively affect their lives significantly. Studies revealed that the most prevalent forms of mental disorders are anxiety disorders, rated highest at (8.1%) followed by substance use disorders (5.8%) and mood disorders (4.5%) (Medical Research Council**,** 2008).

According to Louw (2004) a dual healthcare system (one based on traditional medicine and the other one on Western medical practice) exists in South Africa. Although many people suffering from mental disorders in South Africa have a

propensity to utilize western health-care systems, several studies have shown that traditional health practitioners play an important role in addressing the mental health care needs of many South Africans by offering culturally appropriate treatment (Nattrass, 2005; Freeman, Lee, & Vivian, 1994; Mbanga, Niehaus, & Mzamo, 2002). It is estimated that between 60% and 80% of people consult a traditional healer before going to a primary health care practitioner (Truter, 2007). In the past, traditional healers practiced secretively in South Africa (Xaba, 2002). Currently the use of indigenous healers has been formalized with the promulgation of the Traditional Health Practitioners Act Number 22 of 2007 (Government Gazette, 2008). The recognition of traditional healers was an important step (Matomela, 2004), towards upholding a medical system that has been a part of African cultural life for centuries (Moagi, 2009).

1.2 Motivation for the study

Historical evidence supports the argument that mental illness is a universal phenomenon that has consistently occurred throughout history and continues to afflict humankind (Agbayani-Siewert, Takeuchi & Pangan, 1999). Traditional healers form an integral part of the lifestyle of the African people and they are highly regarded by their communities, as they are the custodians of the African belief system (Van Huyssteen, Reddy, Nadasen, Naidoo, Boschmans, McCartney & Van de Venter, 2004). They provide a popular and accessible service across the African continent, yet little is known of the characteristics or mental health status of those using these services (Ngoma, Prince, & Mann, 2003). The capacity of traditional approaches to mental health, and dealing with the well being of populations in the developing world has been comprised by the incorporation of a limited model of scientific knowledge into administrative structures of social health provision (Urbasch, 2002).Their success in dealing with psychological problems is accepted by many, however, the evidence is anecdotal, and many myths abound their abilities and functioning, which need further scrutiny (Kale, 1995).

According to Sorsdahl et al. (2010) it is important for the South African public to be informed about the practices of healers in relation to mental health care. Ngoma et al. (2003) further stated that it would certainly be advantageous to know more of their approaches to these cases in terms of their formulation, management and the

treatment methods. Few studies have been conducted in South Africa investigating traditional healers' perceptions of, and approach to, the treatment of mental illness (Sorsdahl et al., 2010).

Transformations such as the official recognition of indigenous healers, including the acknowledgement of their role in the treatment of diseases has motivated the researcher in the current study to explore the conceptualisation of Swati traditional healers regarding the causes and treatment methods for mental illness. The precise focus on the Swati is motivated by the observation that most studies exploring traditional healing practices regarding mental disorders in South Africa have tended to mostly consider Zulu, Xhosa, Pedi and Venda groups, whereas limited scholarly attention is given to the Swati ethnic group. Based on the relatively few studies done on the subject matter, the present study endeavored on addressing the gap by focusing on what Swati traditional healers understand to be the cause and treatment methods of mental illness.

1.3 Aim of the study.

The aim of the study was to explore Swati traditional healers' conceptualisation of the causes and treatment of mental illness.

1.4 Objectives of the Study

- To investigate the types of mental illness as conceived by Swati traditional healers.
- To investigate what Swati traditional healers conceive as the cause of mental illness.
- To explore intervention methods that Swati traditional healers use to treat patients presenting with mental illness.

1.5 Key research questions

- What do Swati traditional healers understand to be the types of mental illness?
- What do Swati traditional healers regard as the causes of mental illness?
- What intervention methods do Swati traditional healers use to treat patients presenting with mental illness?

1.6 Operational definition of concepts

- **Mental illness:** Refers to all of the diagnosable mental disorders. Mental disorders are characterized by abnormalities in thinking, feelings, or behaviors**.** Butcher et al. (2010) assert that mental illness is conceptualized as a clinically significant behaviour or psychological syndrome that is associated with distress or disability. In the present study the concepts mental illness and mental disorder will be carry the same meaning.
- **Swati:** Is one of the African languages of the Nguni Group. Swati is closely related to Xhosa, Zulu and Ndebele, but is a separate language and one of South Africa's eleven official languages.
- **Traditional healer**: In the South African context, a traditional healer is someone who possesses the gifts of receiving spiritual guidance from the ancestral world, it is assumed that an individual who has these powers, is someone selected by the ancestors from a historical family background that has a powerful ancestral lineage (Moagi, 2009). Traditional healers also engage in indigenous medical practice (Xaba, 2002).
- Traditional healers in siSwati are known as *tinyanga tesintfu/belaphi besintfu*. In the present study, the concepts traditional healer and indigenous healer will carry the same meaning. According to Green and Makhubu 1984, there are two basic types of traditional healers amongst the Swati: the diviner *(Sangoma/ inyanga)* and the herbalist *(Lugedla, inyanga yemitsi).* However each tends to have a specialized function. The **diviner (*Sangoma/inyanga):*** is a traditional healer who has been called to the profession by an ancestor-sent illness believed to be untreatable by modern or traditional medicine. Submission to the calling is regarded as the only way to survive or find relief from the illness. They possesses the bone throwing skill *("kushaya ematsambo")* used to determine the cause of the sickness. After several throws when the bones fall into different patterns, the "*sangoma*" will scrutinize them and then spell out a clear message in lyrical siSwati. Their main function is divination; however, most diviners also treat patients with herbal and other traditional medicines (Green & Makhubu, 1984). The **herbalist *(Lugedla, inyanga yemitsi):*** is a traditional healer who is said to choose their profession, although, they may also inherit the skills from their families. Herbalists do not divine, though, they make diagnosis on the basis of

physical or mental symptoms and they tend to be more concerned with medicine and with the function of the human body (Green & Makhubu ,1984).

CHAPTER 2

LITERATURE REVIEW

The purpose of the literature review is to establish what is known regarding the topic of interest. The work of a researcher should be built on the works of others (Burns & Grove, 1997). The following will be looked into, namely: global trends of mental illness, mental illness in South Africa as well as treatment of mental illness in the South African context which encompasses the Western approaches to mental illness and African traditional approaches to mental illness.

2.1 Global trends of mental illness

Africa, especially south of the Sahara is a large continent prone to strife (Okasha, 2002). Compelling evidence shows that a large proportion of the global health burden is due to mental disorders, and this proportion is projected to rise in many African countries (Okasha, 2002; Malvárez, 2008). In 2001, the World Health Organization (WHO) released a report estimating that approximately 1 in 4 people, or 450 million people, have a mental illness and that mental illness accounted for 4 of the top 10 leading causes of disability worldwide. Mental suffering affects individuals, families, groups and populations with severe consequences for society. Mental illness is a highly prevalent, life-threatening disease that affects millions of people all around the world. It does not discriminate, and it strikes people of all ethnic groups and economic brackets.

Global mental health challenges sit at the frontiers of health care worldwide. The frequency of mental health disorders is increasing, and represents a large portion of the global burden of human disease. There are many impeding forces in delivering mental health care globally. The knowledge of what mental health and its diseased states are, limits the ability to seek appropriate care. Providing health care in the global community is the greatest frontier in modern medicine and the challenge is most profound in the field of mental health. Delivering evidence based medical care to the world community is a global priority and a fundamental human equity. The fiscal and human resources for providing health care and specifically mental health care are limited as the priorities of medical care are many (McInnis, Merajver, 2011).

A study conducted in 2010, revealed that mental and substance use disorders accounted for 183.9 million disability adjusted life years (95% UI 153.5 million– 216.7 million), or 7.4% (6·2–8·6) of all disability adjusted life years worldwide. Such disorders accounted for 8.6 million years lived with disability (6.5 million–12·1 million; 0·5% [0·4–0·7] of all years of life lost to premature mortality and 175.3 million years lived with disability (144.5 million–207.8 million; 22·9% [18·6–27·2] of all years lived with disability). Mental and substance use disorders were the leading cause of years lived with disability worldwide. Depressive disorders accounted for 40·5% (31·7–49·2) disability adjusted life years of caused by mental and substance use disorders, with anxiety disorders accounting for 14·6% (11·2–18·4), illicit drug use disorders for 10·9% (8·9–13·2), alcohol use disorders for 9·6% (7·7–11·8), schizophrenia for 7·4% (5·0–9·8), bipolar disorder for 7·0% (4·4–10·3), pervasive developmental disorders for 4·2% (3·2–5·3), childhood behavioural disorders for 3·4% (2·2–4·7), and eating disorders for 1·2% (0·9–1·5). The burden of mental and substance use disorders increased by 37·6% between 1990 and 2010, which for most disorders was driven by population growth and ageing (Whiteford, Degenhardt, Rehm, Baxter, Ferrari, Erskine, Charlson, Norman, Flaxman, Johns, Burstein, Murray & Vos, 2013).

A plethora of studies revealed that there is a large cadre of traditional healers who are in fact the primary health care providers for mental health and that their services are sought by all strata of the global community. According to McInnis and Merajver (2011) traditional healers and other cultural leaders have provided care to their communities since ancient times. Furthermore, it was found that global communities utilize resources that are available to them for all aspects of their lives, including medical health care.

Studies revealed that the role of the traditional healer in health care is debated (but frequently ignored) in many countries and societies. South Africa was the first to pass a precise legislation that supports and governs the practices of the traditional healer, an unusual and hopefully pioneering move towards understanding the role of the traditional healer and harnessing their impact towards positive outcomes (Department of Health, 2004).

Engaging traditional healers and community health workers in the identification and management of mental health disorders is a very strong potential opportunity for task shifting care in mental health. In doing so, it will be necessary to study the concept of

mental health literacy of traditional healers and health workers in a process of mutual alignment of purpose founded on evidence based research (McInnis, Merajver, 2011).

2.2 Mental illness in South Africa

Mental illness is a reality exerting a significant negative social and economical pressure on the South African society. The World Health Organization's World Health Report 2001 estimates that one out of every five South Africans is adversely affected by mental disorders to such an extent that it exerts a major influence on his/her life. Around 450 million people worldwide currently suffer from mental disorders. In addition, it is reported that more or less 25% of all patients visiting general practitioners actually suffer from one or another mental disorder and not from a medical condition. A recent epidemiological study in South Africa identified prevalence rates of common mental disorders to be 16.5% of the population (WHO, 2009).

Studies indicate that 3% of the population is affected by a severe mental illness and that 90% of those affected are untreated (WHO, 2009). A national survey conducted by the South African Stress and Health Study revealed that the most prevalent lifetime mental disorders in South Africa are alcohol abuse (11.4%), major depression (9.8%), and agoraphobia or fear of open spaces (9.8%) (WHO, 2009).Studies conducted locally, revealed that mental disorder is quite prevalent in South Africa. As many as one in six South Africans suffer from anxiety, depression or substance-use problems, according to statistics released by the South African Depression and Anxiety Group (SADAG). Furthermore, research reveals that over 40% of people living with HIV in South Africa have a diagnosable mental disorder. A study conducted by the University of Cape Town's Department of Psychiatry and Mental Health indicates that, in low-income and informal settlements surrounding Cape Town, one in three women suffers from postnatal depression, while research from rural KwaZulu-Natal shows that 41% of pregnant women are depressed – more than three times higher than the prevalence in developed countries (South African College of Applied Psychology, 2013).

Prior 1997, mental health care in South Africa was mainly institutionalized. Following the 1997 White Paper, mental health care system was transformed. More emphasis is now on a comprehensive mental health care planned and coordinated at the

national, provincial, district and community levels, integrated with other health services (Department of Health, 2007). Subsequently the Mental Health Care Act no 17 of 2002 was promulgated, which enshrined the human rights of people living with mental disorders, and set up mechanisms such as Mental Health Review Boards, to protect and uphold those rights (Lund, Petersen, Kleintje & Bhana, 2012).

2.3 Treatment of mental illness in the South African context

As pointed out earlier, a dual healthcare system exists in South Africa. These systems of health care will be briefly presented here below.

2.3.1 Western approaches to mental illness

There are several different types of medical drugs available to treat mental illnesses. Some of the most commonly used are antidepressants, anti-anxiety, anti-psychotic, mood stabilizing, and stimulant medications (Mental Health Centre, 2005). In most cases, the treatment of mental illness in South Africa is given by general practitioners. In some relatively fewer cases psychiatrists (medical doctors who specialize in the diagnosis and treatment of mental illness), clinical psychologists, social workers, and nurse specialists do provide mental health services. The best treatment for mental illnesses is provided by a multi-disciplinary medical team which includes medical practitioners, psychologists, nurses, and occupational therapists to address the varied needs of the ill individual. Treatment may include medication, psychotherapy as well as individual or group counselling and support (WHO, 2009).

There are roughly 22 psychiatric hospitals in South Africa and 36 psychiatric wards in general hospitals (Tromp, Dolley, Laganparsad & Goveneder, 2014). Mental health services are delivered broadly at primary, secondary and tertiary levels in South Africa. Primary care deals with management for people with severe mental disorders such as schizophrenia and bipolar mood disorder. It also deals with symptom management through provision of follow-up medication. Once patients are stabilized they are discharged to the community, and referred to primary care clinics, which they are expected to attend to receive medication and monitoring of their mental health status on ongoing basis. Secondary care is concerned with psychotropic medication, usually available in general hospital for inpatient psychiatric units and outpatient facilities. Tertiary care is the revolving door patterns of care, in

which mental health care users who are discharged from tertiary facilities are frequently re-admitted due to inadequate care in the community (Lund, Petersen, Kleintje & Bhana, 2012). Other programmes offered as part of mental health care include: rehabilitation programmes, which deals with the provision of practical support and guidance. The goal of psychiatric rehabilitation is to help the individuals with mental illness to develop the emotional, social and intellectual skills needed to live, learn and work in the community with the least professional support. The first strategy is individual-centered and aims at developing the patient's skills in interacting with the stressful environment. The second strategy is ecological and directed towards developing environmental recourses to reduce the potential stressor (Rossler, 2006).

The Western approach to illness is based on the principles of science, technology, clinical analysis and the environment. Diseases are often associated with the physical body. The Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases, (ICD-l0) are utilised as guidelines for diagnosing and treating disorders.

2.3.2 African traditional approaches to mental illness

Traditional healers hold an esteemed and powerful position in southern African societies. Their role is that of physician, counselor, psychiatrist and priest (Mufamadi & Sodi, 2010). People visit a traditional healer for problems ranging from social dilemmas to major medical illnesses. They therefore, have a role to play in building the health system in South Africa. In a country where the needs are great and the resources inadequate, traditional healers can play an important and valuable role in helping communities to improve their health and quality of life (Truter, 2007). Moletsane (2004) asserts that treatment varies among cultures and that different cultures have different techniques of treating their patients. He further postulated that most people in certain cultures believe in seeking treatment from their religious leaders/ priests or traditional healers. Among African traditional healers, rituals are linked to the maintenance or restoration of well-being in the whole community. The healers use various methods to establish the causes of the various conditions that their clients present them with. Diagnostic procedures might vary due to factors like the healer's preference and the nature of the training received by the latter (Ngoma et

al., 2003). Traditional healers do not all perform the same functions, nor do they all fall into the same category. Each of them has their own field of expertise, with their own methods of diagnosis and their own, particular medicine. Although each type has its distinctive features, their roles do overlap considerably.

2.4 Theoretical perspectives

This section looks at three popular psychological theories on mental illness, namely the psychodynamic, cognitive behavioural and socio-cultural theories. In the last part of the section, a theoretical framework for the present study is presented.

2.4.1 Psychodynamic theory of mental illness

The psychodynamic perspective maintains that the unconscious dynamics within the individual such as inner forces, conflict, or the movement of instinctual energy influence the way people behave (Wade & Tavris, 2006). The psychodynamic perspective is mostly centered on inner conflicts and how such conflicts affect human development. Sigmund Freud originated the general basis of this belief by suggesting that inner conflicts normally arise from childhood and can lead to mental illness. In the context of this theory, it could therefore be argued that mental illness could be a result of conflicts arising from intrapsychic forces.

2.4.2 Cognitive-behavioral theory of mental illness

The cognitive-behavioural approach views psychological disturbances as partly the result of faulty thought patterns and partly the results of faulty learning and environmental experiences (Mash & Wolfe, 2010). The major goal of cognitive-behavioral treatment is to identify maladaptive cognitions and replace them with more adaptive ones, to teach people to use both cognitive and behavioural coping strategies in specific situations, and to also help them to regulate their own behaviour (Mash & Wolfe, 2010). It could therefore be argued that mental illness could be explained by cognitive behaviour theorists as a result of faulty thought patterns and faulty learning.

2.4.3 Sociocultural theory of mental illness

Sociocultural theories see mental illness as a product of social, cultural or familial factors that generate stressors that could precipitate mental illness. The higher rates

of mental disorders are usually found in poor inner city areas and in those of low socio economic status, than in higher socio economic classes. These stressors are associated with unemployment, poor education levels, crime and poverty. Having to endure these stressors may trigger symptoms of illness in vulnerable people. There is a general belief across most theoretical perspectives on mental illness that characteristics of the family are important in making and individual vulnerable to mental illness. Some approaches suggest that the risk factor within families for the development of mental illness lies in the way parents and children communicate. Abnormal behaviour may develop where communications is ambiguous and acts to double bind the child (Nevid, Rathus, & Greene, 2006; Graham, 2008). In the context of this theory, it could therefore be argued that mental illness is a result of some distorted socio-cultural factors.

2.4.4 Theoretical framework: the Afrocentric perspective

Chipfakacha (1994) posits that all cultures have disease theory systems which include attributional concepts to explain illness causality. According to Mabunda (2001) disease and illness are common to all human societies. However, the types of diseases that occur, the ways they are diagnosed and treated depend on how people regard them, according to him these varies from one society to another. Therefore to adequately understand the aspect of mental illness one needs to understand the cosmological assumptions that shape the cultural values perceptions of people, particularly with regard to notions of cause and effect. The researcher will be guided by Afrocentric theoretical framework in the present study. The Afrocentric perspective examines topics with the eye of African people as subjects of historical experiences. It seeks to re-locate the African person as an agent in human history in an effort to eliminate the illusion of the fringes (Asante, 2003).

In comparison to Western populations, African patients may be more likely to attribute illness to a spiritual or social cause rather than a physiological or scientific cause. For many Africans, the cause of disease relates to conflict and tension between good/evil and harmony/ disharmony (Chipfakacha, 1994). Mental disorders are often perceived as a source of misfortune whereby ancestors and witches are believed to have a crucial role in bringing them about. Such disorders may be viewed in terms of magical, social, physical and religious causes, but rarely as diseases

within the Western biomedical paradigm (Ngoma et al., 2003). The Afrocentric perspective is consequently considered a suitable theoretical framework for the present study, as the aim of the study is to ascertain the perception of Swati speaking traditional healers toward mental disorders, specifically regarding the cause of the illness and treatment methods.

CHAPTER 3

METHODOLOGY

3.1 Introduction

This chapter discusses the methodology of the study. Research methodology considers and explains the logic behind research methods and techniques (Welman, Kruger & Mitchell, 2005). This section will outline the ways in which the research has been carried out, these includes; research design, sampling and setting, research instrument, data collection, data analysis as well as ethical considerations .

3.2 Research design

The study was exploratory in nature, since there are no known studies exploring the subject matter. Exploratory research is conducted into an issue or problem where there are few or no earlier studies to refer to (Bless, Higson-Smith & Kagee, 2006). The study was executed using a qualitative research method. Qualitative researchers aim to gather an in-depth understanding of human behaviour and the reasons that govern such behaviour. This means that the research method of a qualitative study differs from that of a study that starts with an understanding to be tested, where often the hypothesis literally dictates the form, quantity, and scope of required data. This sort of design preempts other ways of looking at the research question. A phenomenological method of inquiry was used to understand and describe mental illness as perceived by Swati traditional healers. Phenomenology is concerned with the study of experience from the perspective of the individual. The purpose of the phenomenological approach is to illuminate the specific, to identify phenomena through how they are perceived by the actors in a situation (Bless et al., 2006).

3.3 Sampling and setting

Snowball and purposive sampling were used to select the participants. In purposive sampling, the researcher selects a participant due to good evidence that he/she is representative of the total population (Calmorin & Calmorin, 2008). According Faugier and Sergeant (1997) snowball sampling refers to a non-probability sampling

recruitment technique, whereby research participants are asked to assist researchers in identifying other potential subjects that is, people with similar trait of interest or those who meet the criteria of the research. A non- probability sampling is a technique where the samples are gathered in a process that does not give all individuals in the population equal chances of being selected.

Based on these two sampling strategies (that is snowball and purposive sampling), the researcher started by contacting a well-known traditional healer, after interviewing that healer, he/she was asked to suggest a name of another healer known to him/her who also specializes in the study field. This procedure was followed with all the other healers who were interviewed until data saturation occurred, meaning when additional analysis of the data brought redundancy and revealed no new information (Morse, 1995). Both male (n=4) and female (n=6) traditional healers were utilized in the study. Kruger 1988 (as cited in Mufamadi & Sodi, 2010) emphasized the following guidelines for conducting a phenomenological study (a) Participants should have had an experience related to the phenomenon to be investigated; and (b) Participants should speak the same language as the researcher, since this would limit the possible loss of subtle semantic nuances resulting from translating textual material from one language to another.

The study sample comprised of 10 traditional healers who were drawn from Kanyamazane Township in Nelspruit (Mpumalanga Province). Kanyamazane is a township situated roughly 30km east of Nelspruit (Mbombela) the capital city of Mpumalanga province. It was established in 1978 as a labour reserve, and was also zoned to fall within the Kangwane homeland (a traditional homeland which was created for the Swati people who were not residing in Swaziland). Hence, Kanyamazane is dominated by Swati speaking individuals. According to recent census results by statistics South Africa, Kanyamazane population is composed of 1653 males and 18058 females and the total population amounts to 34593 (Statistics South Africa, 2011).

3.4 Research instrument

Semi structured personal interviews were conducted with the traditional healers to gather in-depth information. A semi-structured interview is a verbal interchange where one person, the interviewer, attempts to elicit information from another person by asking questions. Although the interviewer prepares a list of predetermined questions, semi structured interviews unfold in a conversational manner offering participants the chance to explore issues they feel are important (Longhust, 2010).The researcher probed more where there was a need for clarity. Constructed questions related to traditional healers' perception of the types of mental illness, including the causes and treatment of those conditions.

3.5 Data collection

Interviews were conducted in the places convenient to the traditional healers. All interviews were conducted in siSwati which is the first language of the researcher to accommodate participants. The duration of each interview ranged from one to two hours. The interviews were audiotaped to advance data capturing and later transcribed to make sense of the narrative data.

3.6 Data analysis

Protocols were translated from siSwati to English. The translated protocols were analysed in terms of the four phases of phenomenological explication, namely:

3.6.1 Sense of the whole

During this phase the text was read several times in order to understand the language of the subjects and to get a sense of the interview as a whole, before attempting to break it into parts.

3.6.2 Discrimination of natural meaning units (NMUs)

The researcher in the current study broke down texts into naturally occurring meaning units that allowed easy management and analysis. During this process, the researcher listed the data available, performed some editing and eliminated data that seemed overwhelming and unmanageable.

3.6.3 Transformation of natural meaning units into psychologically expressed themes

The researcher in the current study reflected on the natural meaning units, which were still in siSwati. The researcher then reflected on the imagined possibilities found in each central theme and left out those that fail to withstand criticism. Emerging themes were identified and categorized into the psychological themes, namely; conceptualisation and types of mental illness, causes of mental illness as well as treatment of mental illness.

3.6.4 Synthesis of emerging themes into a consistent psychological structure

This was divided into two steps; firstly all the central themes were synthesized so that they communicate the psychological insight contained. Secondly, a description of the phenomena under investigation was developed by putting together the psychological insights contained (Kruger, 1988). Finally data obtained was reported in text form.

3.7 Validity and reliability

Patton (2002) stated that validity and reliability are two factors which any qualitative researcher should be concerned about while designing a study, analysing results and judging the quality of the study. Validity determines whether the research truly measures that which it was intended to measure or how truthful the research results are (Joppe, 2000). To determine validity, the researcher in the current study asked a series of questions and looked for the answers in the research of others. In this study, the participants ‘conceptualisation of mental illness were recorded, not distorted or made up. Given that the protocols were recorded in Swati and later translated to English, the challenges of translation, for example, omitting some of the expressions of the participants could be considered a threat to this descriptive validity. Descriptive validity refers to the factual accuracy of the account as reported by the researcher (Thomson, 2011). Another form of validity considered in this study was interpretive validity. According to Maxwell (1992) interpretive validity is the extent to which the research accounts are grounded in the language of the people studied and rely as much as possible on their own words and concepts. This study relied heavily on Swati language and the concepts of the participants. Two Swati

translators were requested to compare the transcripts to achieve more reliable data. Double-checking of translation was crucial as far as matters pertaining to interpretative validity. Interpretive validity captures how well the researcher reports the participants' meaning of events, objects and/or behaviours. The key here is that the interpretations are not based on the researcher's perspective but that of the participant. Interpretive validity is inherently a matter of inference from the words and actions of participants in the situations studied (Maxwell, 1992).

Reliability is the degree to which a measuring instrument consistently measures whatever it measures (Leedy & Ormrod, 2005). The participants expressed their understanding of mental illness within indigenous worldviews in the same way, and this indicated the reliability of the data collected.

3.8 Ethical considerations

The protection of research participants is of high priority, as such, it is fundamental that their rights be confined. In this study, ethical issues taken into consideration were: informed consent, confidentiality, respect, anonymity and discontinuance. Before conducting the study, ethical clearance was requested from the University of Limpopo's ethics committee. After obtaining ethical approval, the researcher commenced with data collection.

3.8.1 Permission to conduct the study

Prior to commencement of data collection, the researcher obtained permission from the ethics committee of the University of Limpopo (see Appendix 4).

3.8.2 Informed Consent

Participants have a right to know what the research is about, how it will affect them, the risk and benefits of participation, and the fact that they have the right to decline to participate if they choose to do so (Bless et al., 2006). Before the interviews commenced, each participant was assigned an informed concern form (see appendix: 3 A & B). Participants were fully informed of their rights to refuse and/or terminate the interview at any time (see appendix: 2 A & B).

3.8.3 Confidentiality

Information provided by participants, particularly sensitive and personal information, should be protected and made unavailable to anyone other than the researcher, thus data collected from participants should be kept under secure conditions (Bless et al., 2006). In this study participants were ensured that the right to self- determination and full disclosure will be respected. This was ensured by providing all the information about the study so that participants could decide whether to participate or not without incurring any penalties or prejudicial treatment. No person was forced to participate.

3.8.4 Respect

Every participant was treated with respect and dignity, their rights were protected and the study did not impose any physical harm to them.

3.8.5 Anonymity

The principle of anonymity is linked to confidentiality (Bless et al., 2006). To ensure anonymity, fabricated names were given to each healer.

3.8.6 Discontinuance

Participants must be given assurance that they are free to discontinue at any time without being required to offer an explanation, thus at any time in the conduct of the research project if a participants decides for any reason that he/she would like to stop, this should be respected (Bless et al., 2006). Participants were assured that they were not compelled to continue with the study if they felt uncomfortable.

CHAPTER 4

RESULTS

4.1 Introduction

This chapter discusses the findings of the study, firstly the demographic profile of participants. This will be followed by phenomenological explication of the protocols obtained from traditional healers. The following themes identified will be presented: a). Conceptualisation and types of mental illness, b). Causes of mental illness, and c). Treatment of mental illness. The chapter will conclude by giving a summary of the results of the study.

4.2 Demographic profile of participants

Table 1 Demographic details

Name	Healer speciality	Residential area	Age group	Gender	No of years as a healer
1.Sbongile Mawele	Diviner *(Sangoma, inyanga)*	Kanyamazane	35-50	Female	>10
2.Simpiwe Fakude	Diviner *(Sangoma,inyanga)*	Kanyamazane	35-50	Female	>10
3.Gugulethu Maziya	Diviner *(Sangoma,inyanga)*	Kanyamazane	35-50	Female	>10
4.Nomusa Khoza	Diviner *(Sangoma,inyanga)*	Kanyamazane	70-75	Female	>30
5.Tanele Malinga	Diviner *(Sangoma,inyanga)*	Kanyamazane	35-40	Female	>10
6.Sifiso Gwebu	Herbalist *(Lugedla/*inyanga yemitsi)	Kanyamazane	50-65	Male	>20

7.Thando Mnisi	Diviner *(Sangoma,inyanga*)	Kanyamazane	40-45	Female	>10
8.Bafana Dlamini	Herbalist *(Lugedla/*inyanga yemitsi)	Kanyamazane	50-75	Male	>20
9.Sipho Vuma	Diviner *(Sangoma,inyanga)*	Kanyamazane	60-75	Male	>30
10.Zakhele Myeni	Herbalist *(Lugedla* inyanga yemitsi*)*	Kanyamazane	60-75	Male	>30

*Fabricated names were assigned to healers for anonymity.

The above table illustrates demographical information of the traditional healers that were interviewed. All participants were drawn from Kanyamazane Township around Nelspruit in Mpumalanga Province.

The majority of the traditional healers were female at (60%) and (40%) were male. The sample of healers consisted of more diviners than herbalists. There were seven diviners (70%) whereby six (60%) of them were female while only one (10%) was male, three (30%) of the participants were herbalists and they were all male. All the traditional healers who participated in the study were Swati speaking and over the age of thirty (30) and had been practicing for more than 10 years.

4.3 Phenomenological descriptions by the traditional healers

4.3.1 Conceptualisation and types of mental illness

4.3.1.1 Conceptualisation of mental illness

Mental illness was commonly defined as distortions in thought pattern and behaviour whereby an individual loses contact with reality. Every healer used their own set of words to describe mental illness. However their conceptualization overlaps and seems to be culturally defined. The following quotations from the interviews substantiate their conceptualisation:

"Mental illness is madness (Kuhlanya)." ***[Participant no 3]***

*"Mental illness has various forms; however, the disturbed people execute various acts. "**[Participant no1]***

*"When a person is mentally ill they lose touch with reality, it's like their state of mind becomes confused." **[Participant no 2]***

Symptoms presented by mentally ill patients were understood to be predominantly behavioural. Displaying antisocial behaviours like sexual misconduct, shouting, screaming, crying, singing and laughing uncontrollably, stealing openly, self-mutilation, wandering around aimlessly, eating and smearing dirt, wearing or collecting trash, sleeping and hiding in the bushes, saying senseless things, and confusion were identified as factors denoting mental illness.

*"A mentally ill person can be identified through their actions; they usually roam around, collecting trash."**[Participant no 8]***

The study revealed that a mentally disturbed person can be self-injurious and dangerous to others. However, Swati traditional healers firmly believe that those who are disturbed because they have a calling to become traditional healers are absolutely harmless. These are corroborated by the statement below:

*"A person whose mental disorder has been inflicted by ancestors does not usually offend people; they can do all the crazy staff except offending people**." [Participant no 3]***

4.3.1.2 Types of mental illness

The study identified genetic, depressive and anxiety disorders, addiction disorders, psychotic disorders, as well as adjustment disorder to be the most prevalent forms of mental illness. Below an outline of types of mental illness as construed by Swati traditional healers are given.

i). <u>Genetic (*Kwemvelo*)</u>: Participants believe that genes can play a role in the development of mental illness. Below is how they articulated their views.

"Parents who are mentally ill can pass it on to their offsprings; however this is not always the case because some mentally ill people do give birth to healthy babies."
[Participant no 2]

"Some people are born that way, we call such a person (Sidalwa) .They may have a confused state of mind accompanied by talking alone and often neglect personal hygiene, however some may be neat and very respectful." **[Participant no 7]**

Participants believe that people whose mental illness is due to genetic predisposition can be treated but cannot be cured. The statement is supported by the quotation below:

"When a person is born that way, such mental illness can never be cured either the traditional way or the western." **[Participant no 1]**

ii). <u>Depressive and anxiety disorders</u>: Depression was articulated to be a dominant type of mental illness. According to healers, people that had exceeded normal sadness or grief have a propensity to have severe symptoms and functional disabilities. Losing a loved one, undesirable family issues as well as exclusion in one's family were seen as factors that can trigger mental illness. According to findings, when a person feels isolated they may lack interest interacting with people, it can also provoke feelings of worthlessness which in turn may strain their brain cells leading to bizarre behaviour.

"Thinking a lot about issues you don't have control over can make you sick, because you will do it over and over again, but the fact remains that you cannot change what happened." **[Participant no 8]**

"Excessive worry can definitely cause mind disturbances". **[Participant no 3]**

iii). <u>Anxiety disorders</u>: The study revealed that abnormal anxiety levels can trigger mental illness. Study findings indicate that, children exposed to early adverse experiences are at increased risk for the development of anxiety disorders.

"Abused women or children run a risk of developing anxiety." **[Participant no 2]**

"Abused individuals sometimes get frightened even in the absence of the abuser." **[Participant no 9]**

"Frequently abused children seem to be always on guard, even in the absence of the abuser the victims may often feel like they are hearing voices of the abuser." **[Participant no 5]**

iv). <u>Psychotic illness (*kuhlanya*)</u>: Psychotic disorders where identified as severe mental disorders that cause abnormal thinking and perceptions. According to the findings, people with psychoses lose touch with reality. Delusions and hallucinations were identified as the main symptoms that accompany psychotic illness. Madness (*kuhlanya*) was identified as a severe type of mental illness. According to participants a mad person can be identified through their behaviour. They may roam around aimlessly wearing or collecting trash, eating and smearing dirt.

"A mad person has distortions in the mind (atipheleli tonke)."**[Participant no7]**

"These people usually pick up things in the streets and neglect personal hygiene." **[Participant no 4]**

"Mentally ill people often talk alone as if they are having a conversation with someone." **[Participant no 10]**

"One patient I saw used to claim that he was the greatest king of the Swati clan." **[Participant no 4]**

"Some of the mad people carry out sex misconducts (Batsandza ematsansi)." **[Participant no 8]**

"Sometimes those people can mutilate themselves."**[Participant no 9]**

v). <u>Substance abuse (Tidzakamiva)</u>: Study findings reveal that the toxic effects of substances can mimic mental illness. The participants were of the idea that taking drugs and other toxic substances can disturb brain functions leading to mental disturbances. Below is how they articulated their views.

*"Smoking dagga excessively can result into mental illness."**[Participant no1]***

"Alcohol can induce mental illness." ***[Participant no 8]***

vi). <u>Adjustment disorders</u>: According to the healers going through a stressful life event can trigger stress, bad feelings, sadness or hopelessness and some physical symptoms. Findings reveal that failing to cope with such grief can lead to severe mental distortions.

"One type of mental illness is when one fails to adjust to the loss of someone whom they were too attached to, for an example losing a mother or partner." **[Participant no1]**

"Loss can change a person's entire life; some people fail to deal with their pain which may lead to mental illness." ***[Participant no 3]***

"A person who does not receive proper bereavement counselling can develop mental illness." ***[Participant no 7]***

4.3.2 Causes of mental illness

The study revealed that factors such as worry, fear, and emotional distress can precipitate mental illness. Causes of mental illness have been clustered into four groups, namely: supernatural, socio-cultural, psychological, as well as biological, each domain encompasses various causative factors of mental illness.

4.3.2.1 <u>Supernatural factors</u>

i). <u>Ancestral calling (*Lubito*)</u>: Findings revealed that some mental illness can be a sign of ancestral calling usually accompanied by seeing dead people, snakes, trees, rivers, cows, goats and late elders during dreams. According to some of the participants, usually a person who has a calling dreams about late elders from his/her family. If one dreams about late elders who are not within the family, then it cannot be a calling but some evil machination (*umtsebulu*).

"Some people have a calling from their ancestors to become traditional healers, neglecting the calling can lead to mental illness." **[Participant no 10]**

"If you have a calling, you usually communicate with late elders from your family during your dreams. It is highly impossible to see a stranger or late neighbour; such may mean witches want to possess your soul (Umtsebulu)." **[Participant no 5]**

Participants believe that a person who is disturbed because he/she has a calling can behave foolishly but hardly commit offences. The following extracts illustrate this:

"*They do not steal from people or insult people."* ***[Participant no 8]***

"People who are sick due to calling are usually harmless .If violent then it's usually witchcraft." ***[Participant no 6]***

ii). <u>Witchcraft and sorcery (*Butsakatsi*)</u>*:*** The study revealed that causes of mental illness are closely related to supernatural powers. According to findings, supernatural powers can cause misfortunes and illness. These could be a consequence of acts committed by the patient or his/her family or due to actions of other persons who used supernatural means to inflict misfortune. The study revealed that jealousy can drive relatives, neighbours or friends to use supernatural powers to inflict illness through witchcraft and such can be done as a result of jealousy at the success of the victim. A person's soul can be temporality held by witches and ancestors can call a person to become a traditional healer by inflicting mental illness. The study revealed that witches possess some evil forces that may cause disease and misfortune. The following extract demonstrates this:

"If a person has stolen property from another person, the victim can revenge using witchcraft and inflict the offender with mental disturbance." ***[Participant no 9]***

iii). <u>Intrusion of objects (*Kufakwa tilwane ne sidliso*)</u>: Participants emphasised that witches (*Batsakatsi*) can cause illness in a number of ways, they can intrude evil spirits or items such as animals (*Tilwane*) and poison, through their evil ways to make a person mentally disturbed.

"Food poisoning (Isidliso) is a common cruel act applied by heartless people to disturb the minds of others." ***[Participant no 5]***

"Cruel people can put poison in somebody's food, beer or scatter muti around his/her environment to make them ill." ***[Participant no 6]***

iv). <u>Soul loss (*Umtsebulo*)</u>: According to findings, witches have the power to possess a person's soul, making them go crazy. Participants reported that, when a person's soul is claimed, they become weak and dim-witted during the day. The findings revealed that if the soul departs from the body on more than minor excursions during sleep, it may cause mental illness. This is then believed to be the works of witchcraft, as reflected in the following extract by one participant:

"*Witches may cause a person's soul to depart from their body during sleep, if not detected early the person can sleep permanently."* **[Participant no 2]**

4.3.2.2 Sociocultural factors

i). Jealousy (*Umona*): The study revealed that jealousy can drive people to do cruel things. Jealous people can curse; intrude objects as well as use evil rituals to manipulate the belongings of the intended victim; they can also administer poisons in food or beer. The participants articulated that not every person will appreciate another person's success even family or neighbours can plot evil against his/her success.

"When a person is jealous (Umona), for instance, if a child is smart at school and has a classmate who is not, because of jealousy the incompetent child might inform his/her parents. If the parents are cruel they can make a means to bewitch the other/child so that the child can lose focus at school, the inflicted child's behaviour may range from dropping marks--being truant- dropping out of school-roaming around- neglecting personal hygiene and being delinquent which are evident signs of mental disturbance." **[Participant no 2]**

"Neighbours can sometimes get jealous because they cannot compete with you." **[Participant no 9]**

*"Not everyone can appreciate your success even people from your family can make a means to see you go down."****[*****Participant no 7]**

"Mesabe umuntfu (be careful of people)*, they can laugh with you but busy plotting evil against you."****[Participant no 8]***

Harsh social conditions, breach of customs, abuse as well as maternal age was identified as socio-cultural contributes of mental illness. The idea that disease is retribution for the violation of moral injunction or taboos appears to be fairly common among the Swati traditional healers that were interviewed. The following extracts corroborate this.

ii). Harsh social conditions (*Kuhlupheka*): Social stressors such as poverty, lack of employment, and family disruptions can lead to the development of mental illness.

*"Living in poverty has detrimental effects which can lead to mental illness."**[Participants no, 1, 2, 8 and 10]***

"Divorce can lead to depression, which can lead to serious mental illness. I have seen a patient who had such a problem." **[Participant no 10]**

iii). <u>Breach of customs (*Kulahla emasiko*)</u>: According to findings, if one disregards his or her cultural mores they can be affected mentally. This is called *(Tindzaka* or *Mafulatsa)*. *Mafulatsa* can sometimes be misdiagnosed because of comirbit symptoms with other illnesses such as gonorrhoea. According to Swati traditional healers, *mafulatsa* can only be treated via the African way *(Sintfu),* the western way can only worsen the situation. Below quotes delineate the healer's explanations.

" We are Africans, even when we can try to modernize our lives, our culture is part of us, our ancestors lived by culture who are we to defy it." ***[Participant no 10]***

"Illness due to neglecting moral standards and cultural mores is called (Bukhulu)." ***[Participant no 2]***

*"If one is deceased in the family a particular period must be completed mourning, if one goes against the 'don'ts' of that period then the ancestors can inflict an illness on that person either mentally or physically. For an example, having a sexual intercourse on a recently dead person's bed is taboo (Kuyatila/Kuyahlola. "**[Participant no 7]***

iii). <u>Domestic violence (*Ludlame emakhaya*)</u>: Study findings revealed that abuse; either emotional or physical can trigger mental illness. The following extracts reflect this:

*"Children, who are repeatedly abused, raped as well as those who might have lost a parent/s at an early age can develop mental illness."**[Participant no 9]***

*"Domestic violence can lead to mental illness; many women are disturbed because they experienced severe abuse by their husbands." [**Participant no 6]***

4.3.2.3 Psychological factors

i). Thinking a lot (*Kucabanga kakhulu*): According to findings, thinking a lot can interfere with one's brain and behaviour. It can disturb brain functions causing messages not being properly transmitted through the brain, resulting to symptoms of mental illness like talking alone. According to the participants, suicide is a common outcome for people with untreated mental disorders.

"In some cases, stress associated with HIV and AIDS, such as discovering one's status may come as a shock resulting in the person being indenial which can result in mental illness." **[Participant no 3]**

ii). Bereavement (*Kushonelwa)*: Findings revealed that losing a loved one is one of the most stressful life event, and if one does not receive proper bereavement counselling mental illness can be triggered .

"Death of a loved one (Kushonelwa), for an example, if one was too attached to their mother and suddenly the mother passes away, they can have difficulty adjusting leading to mental disturbances." **[Participant no 5]**

"A child that lost a parent/s at an early age might encounter problems later in life." **[Participant no 7]**

iii). Extensive studying (*Kufundza kakhulu*): Excessive studying according to participants was stressed as a contributory factor to the development of mental illness. According to findings, studying too much can strain the brain leading to mal-functioning.

"Sometimes extensive reading or studying can distort one's mental state, the brain gets strained until it cannot take it anymore." **[Participant no 2]**

iv). Emotional abuse (*Kuhlukumeteka emoyeni*)*:* The study revealed that exposure to emotional abuse plays a significant role in the development and exacerbation of mental disorders. Findings emphasized that emotional abuse can lead to varying degrees of mental problems from low self esteem, depression, destructive behaviours and phobias.

*"Intimate partner violence can cause the victim to be disturbed emotionally."**[Participant no 4]***

"A child that is always shouted at can develop mental illness." **[Participant no 10]**

"When a person is frequently abused verbally, criticized or intimidated they can be disturbed psychologically." **[Participant no 7]**

4.3.2.4 Biological factors

Biological causes of mental illness included substance abuse (especially dagga and alcohol), head injuries, and other medical conditions such as: epilepsy, HIV/AIDS, stroke, high blood pressure as well as inheritance, prenatal and maternal issues and old age. Mental illness was also thought to run in families.

i). Substance abuse: According to participants, mental illness is common amongst drug addicts and alcoholics. It was believed that some drugs can alter chemicals in the brains causing dysfunction. The following extracts confirm what has been articulated:

"Excessive use of substances, such as dagga and alcohol consumption can lead to mental illness, because dagga is too strong for the brain, it can make you go mad." **[Participant no 1]**

"Incorrect use and mixture of traditional medicine (umutsi) can lead to mental illness, because the medication can be too strong for a person." **[Participant no 6]**

ii). Prenatal issues and maternal age: The study revealed that substance abuse, exposure to intimate partner violence or coercion, improper diet as well as giving birth at a later stage can contribute to mental illness. According to participants increased maternal age is linked to a variety of birth related complications. The extracts below delineate the statement above:

"*Taking drugs or alcohol consumption during pregnancy may affect the unborn baby, leading to mental disturbances throughout the child's life*." **[Participant no 2]**

"Improper diet during pregnancy can lead to mental illness; a child may have brain malformations since they may lack proper nourishment." **[Participant no 7]**

"Abused pregnant mothers run a risk of giving birth to disturbed children." **[Participant no 10]**

"Giving birth at a later age (Kutala Sewukhulile), is not good because bones become inflexible with age, the child can sustain injuries while passing the birth canal leading to injuries in that head causing mental disturbance." **[Participant no 5]**

iii). Head injuries (*Kulimala enhloko*) : Findings from the current study revealed that people who sustain head injuries during car accidents ,assaults or falls, may experience alteration in brain functions. The following quotes support the statement above.

"Head injuries due to car accidents are dominant causes of mental illness". **[Participant no 1]**

"Excessive falls during childhood can disturb the mind because the brain is still fragile, when a child falls continuously bagging the head on the ground they can develop serious mental illness." **[Participant no 7]**

"Physical abuse causing injuries to one's head can cause mental illness." **[Participant no 10]**

iv). Other general medical conditions: Findings revealed that other medical conditions such as high blood pressure, epilepsy and stroke may increase the risk of one acquiring serious mental illness.

Stroke (Sifulane) can cause mental illness because blood cannot move properly disturbing brain functions." **[Participant no 1]**

*"Continuous epileptic fits (Sifo sokuwa/sifo le sikhulu) can also lead to mental illness."**[Participant no 2]***

"High blood pressure (sifo senhlitiyo), excessive blood can lead to mental illness." ***[Participant no 2]***

v). Inheritance (*Lufuto*): There was a common believe among participants that some people have a genetic predisposition to mental illness. Family history of mental illness, repeating generational patterns were articulated to have a strong linkage to mental illness.

"Being born in a family which has a history of mental illness makes one predisposed to it as well." **[Participant no 3]**

"Mental illness can be passed on from one generation to another as long as the stains of a fault have not been cleared. In cases like that, rites must be performed to impede transmission." **[Participant no 6]**

vi). Old age (*Kuguga*): It was found in the current study that, as people get older they are more likely to develop mental illnesses such as: memory loss, speech deficits and disturbed thinking. The abstracts below delineate what was articulate by participants.

*"Old age can affect one's mental ability."****[Participant no 9]***

"Some people lose it when they reach old age, they usually mumble, when you ask them something they may give a response that is totally unrelated to what you have asked (Baya hhema)." **[Participant no 3]**

"Old age arouses some state of confusion, that's why elderly people usually say senseless things." **[Participant no 8]**

4.3.3 Treatment of mental illness

Findings revealed that different treatment methods are followed depending on the illness that one present with, these entails that patients are treated on the basis of what has caused their illness. The study revealed that treatment could include cleansing the patient of evil spirits through steaming, burning herbs, enema administering, induced vomiting, traditional incisions, performing rituals and traditional medicine. Other measures utilized include divination of bones, sedation, assessment, referral, and supervision, rehabilitation, offering sacrifices to gods, initiation, traditional dances and bringing back the lost soul. Findings also revealed that a person who became mentally ill because of stealing could plead with the owner and compensate for the stolen goods.

Findings also revealed that divination through bones directs the way in which a person must be treated. Healers also observe a patient's condition before they can commence treatment. Assessment according to them comprises a combination of information, observing the patient, using divination bones and noting physical

symptoms reported by patients or family member. Referral is also made where applicable. Most of the traditional healers reported that ancestors play a role in transferring indigenous knowledge to them so that they can be able to collect the right herbs and species when treating patients. Some of them stated that ancestors reveal the locations of plants in the wild during dreams.

Most of the healers did not want to divulge information regarding the plants and methods they use, as they considered their knowledge of herbs and practices to be inherently secretive. One healer emphasized that divulging such information can temp other people to collect the plants on their own from the wild and use them inappropriately which can lead to loss of lives. Healers reported that there was no western medical treatment available that would treat a person who has offended ancestors; the person is compelled to make peace with the ancestors. Healers also stated that a person who is invited to become traditional healers will only recover once they have accepted the calling and completed their training. Below an outline of the methods used by traditional healers when dealing with mentally ill patients is given.

4.3.3 .1 Divination through bones (*Kuphengula nge tinhlola*)

The study findings revealed that deeper meaning of traditional healing centres on ancestor reverence.

"*When a person is brought to my compound, initially I throw bones (Kuphengula nge Tinhlola) for obtaining instructions from ancestors*." **[Participant no 1]**

"Ancestors lead to an appropriate treatment course of action to follow." ***[Participant*** **no 3]**

4.3.3.2 Sedation (*Kudzambisa simo sebudlwangudlwangu emuntfwini*): Findings revealed that some patients are violent and destructive. Most healers reported that they utilize traditional medicine to calm patient's prior commencing therapy.

"*Some patients have to be sedated in order to prevent them from hurting themselves or others, because some can be violent."* **[Participant no1]**

"Violent or destructive patients are sedated through the use of herbs (umutsi) in order to commence therapy, you can never deal with a violent patient (Umuntfu lo nebudlwangudlwangu)." **[Participant no 7]**

4.3.3.3 Assessment (*Kuhlola*): According to the traditional healers interviewed, assessment is essential, either through observation or throwing of bones. To them, it is a way of finding out about the root causes of the problem, and how the patient should be treated. In some cases, family members are also questioned to obtain a full description of the current concerns and a history of the illness. This is usually done on patients who cannot articulate their problems.

"I observe the patient's behaviour first; his/her actions will direct me as to how bad the illness is." **[Participant no 8]**

"You cannot assume but must seek instruction from ancestors." ***[Participant no 1]***

4.3.3.4 Supervision *(Kugadza)*: Traditional healers stressed that sometimes a patient has to stay with them so they could monitor their healing progress. They also stressed that letting the patients out of sight can tempt them to go astray deviating from the "don'ts" of therapy, which might anger ancestors leading to more ailments, the patient being uncured or death. Patients are usually released after they have completed treatment.

"Some patients must be kept in the shrine for some days for closer observation." **[Participant no2]**

"The patient usually stays with me until their treatment course is complete."
[Participant no 7]
"I must monitor the treatment progress. That is why my patients must stay with me."
[Participant no 1]

4.3.3 .5 Traditional incisions (*Kugata*): Findings revealed that in some cases, the patient's body is incised to allow the causative force to leave the body.

"*The dirty blood must come out, to complete the healing process, which is why sometimes I incise patients*." **[Participant no 8]**

4.3.3 .6 Steaming (*Kufutsa*): According to participants steaming is believed to bath the body and eliminate evil intrusions.

"Mixtures of medicinal herbs are boiled, the steam is inhaled, and the body is bathed, it's a therapy to cleanse out all intrusions". **[Participant no 10]**

4.3.3 .7 Traditional medicine (*Timbita*): Traditional healers use traditional medicines which is usually a combination of herbs and roots from plants and animal extracts.

"After a person has undergone the other treatment methods the patient is given medication (timbita)". **[Participant no 1]**

4.3.3.8 Burning herbs (*Libaso):* Herb burning was articulated to be useful in the treatment of illness .It was emphasized to create harmony and peace, purifying, cleansing, protection of physical and spiritual bodies and banishment of evil intrusions. It was also said to awaken dysfunctional brain senses.

"The patient has to sniff some burned herbs called (Mampumula) through the nose, through sniffing; the medication goes straight to the brain awakening brain senses." **[Participant no 1]**

"In some cases the patient is also made to inhale the smoke of some burned herbs it's a form of a ritual to strengthen the patient and cast out evil spirits." **[Participant no 5]**

"The patient will have to inhale burned herbs (Mthimulisa), If the person does not sneeze it means the illness is severe, I then go for traditional sweeping (Kufemba) with a bushy tail which is meant to strengthen the patient." **[Participant no 2]**

4.3.3 .9 Beating drums (*Tigubhu*): Drumming was articulated as an important part of summoning the ancestors. Findings reveal that drums are sometimes beaten for the patient, according to the traditional healers the activity is usually done to help in reconstruction of the patient's physical, social and spiritual environments, and communicating with his/her ancestors.

"*Sometimes drums are beaten for ancestors to take possession and communicate directly with the patient; they may provide specific information about the problems of the patient."* **[Participant no 1]**

"When divination of bones has confirmed that a patient is being possessed by ancestors, drums (tigubhu) are usually beaten for that person, in order to support the ancestors of the patient so that they can speak out and give direction." **[Participant no 7]**

4.3.3.10 Initiation *(Kwetfwasa)*: According to the traditional healers, those presenting with mental illness which is due to invitation to become a traditional healer will only recover once they have accepted the calling and completed their training. The following extracts illustrate this:

"*For one to appease the ancestors they must undergo training."* **[Participant no 8]**

"*Failure to respond to the calling will result in further illness until the person concedes and goes to be trained."* **[Participant no 6]**

"*During training the trainee must abstain from sexual contact and must live under strict conditions".* **[Participant no 9]**

4.3.3.11 Enema administering (*Kucatseka*): Healers articulated that in some instances, an enema must be administered to patients, an enema according to them functions to cleanse out evil intrusions.

"With children an enema is administered to wash out evil spirits." **[Participant no 2]**

4.3.3.12 Induced vomiting (*Kuphalatisa*): The findings revealed that some medicine (*imbita*) is used to induce vomiting *(ku phalata*), by vomiting, the evil intrusions will be cleansed away.

"In case of food poisoning (isidliso), a mixture of herbs is administered to Induced vomiting to cleanse away the evil intrusions." **[Participant no 6]**

4.3.3.13 Bringing back the lost soul (*Kubuyisa umuntfu emtsebuleni*): Some traditional healers interviewed, claimed to have the ability to utilise their healing powers to bring back a lost soul.

"In some cases like umtsebulo (soul loss), *the patient is taken to the bush , to be called out loud to bring him/her back to reality. After that, the client is then steamed, and strengthened (Uyaciniswa) by the use of traditional medicine (umutsi)."* **[Participant no 6]**

4.3.3.14 <u>Offering sacrifices (Kuhlabela labaphansi/kuphahla):</u> Traditional healers articulated that some aliments can be cured trough the performance of some rituals. Some of the rites involve animal sacrifices. According to participants the rituals may positively influence the mental health of the individual.

"A goat must be slaughtered to appease the ancestors. For instance, if a person has not shown good conduct, they have to make peace with their ancestors." **[Participant no 3]**

4.3.3.15 <u>Rehabilitation (Kubuyiswa endleleni):</u> Rehabilitation according to the healers is helpful to patients especially those who experienced substance induced mental illness. Certain techniques are used to assist them so that they can learn more adaptive ways of behaviour. Traditional medicine is also used to eliminate the addiction problems.

"Patients that got sick as a result of alcohol and drug abuse are kept in my place for rehabilitation". **[Participant no 5]**

"Certain techniques are used when dealing with a dagga addict. Some herbs are fused in the addict's tea ,sometime the herbs must be smoked together with the dagga, same applies to alcohol addict's drops of some liquid form medicating is poured into their beer". **[Participant no 6]**

4.3.3.16 <u>Reconciliation and compensation *(Kubuyisana*):</u> Victims are sometimes compensated so that they can break the curse, if the victim is deceased or the family members refuse to break the curse, then it becomes a challenge.

"A person who has stolen property of another person and was bewitched as a result must be reconciled with the victim that is, if the victim is still alive, these is done usually to appease the victim." **[Participant no 7]**

4.3.3.17 <u>Referral *(Kuchutjelwa embili*)</u>: Most healers explained that they sometimes refer their patients to relevant people who can address their needs.

According to their perceptions every illness requires different intervention. Some illnesses can only be treated by Western doctors while others are only treatable by indigenous healers.

" As we specialize in different fields, when I feel like I cannot handle a patient I refer them to a relevant healer that has expertise on problems that the patient present with, we are like western medical doctors, some deal with women issues while some deal with bones ,so do we, our practices differ ." **[Participant no 8]**

"Since I do not have the screening tool for some illnesses I refer my patients to the doctors for medical examination, they will come back to me with the feedback I will then commence treatment." **[Participant no 2]**

"Some problems need the intervention of social helpers; I make sure that I also give my patients relevant information." **[Participant no 7]**

"Healers undergo different types of training, when a person has a calling, they cannot just go to any traditional trainer (Gobela), and the trainee must go to a healer that is in line with the ancestor's demands. Going to a wrong traditional trainer can be useless; when my field of specialization is contradictory to the demands of the patient I refer the patient to a relevant healer." **[Participant no 6]**

The study revealed that traditional treatment does help patients and that there is however some illnesses that are challenging to deal with, illnesses that traditional healers alone cannot deal with and illnesses that can never be cured. The correct use of traditional medicine was also stressed out. The quotations below delineate the above statement.

"Treatment does help patients even the severely challenged can be cured, however if a person was born that way it becomes a challenge." **[Participant no 6]**

"Some illness can be treated while some cannot, depending on the cause of the illness. People who have been bewitched can recover, however some can be ill until they die." **[Participant no 8]**

"Most metal illnesses are treated, but if the patient was bewitched because he/she has murdered or raped someone and the victim revenged causing the offender to be mentally ill, then it is not easy to treat such a patient. It is dangerous to help such a

person because in some cases attempting to help might result in loss of lives either of the healer, the offender or family members of the perpetrator, I cannot risk that." ***[Participant no 6]***

"There are some illnesses that healers cannot treat alone and medical doctors need to intervene for instance if one has high blood pressure traditional healers do not have the screening tools to check the severity." **[Participant no 2]**

"Patients must be given correct treatment because incorrect treatment might lead to other problems such as death." **[Participant no 6]**

4.4 Summary of the results

The sample was composed of ten (10) participants aged between 35 and 75 years, who are traditional healers residing at Nelspruit in Mpumalanga province and have been practicing for roughly 10 years and above. All the participants were drawn from Kanyamazane Township and are Swati-speaking. Findings of this study revealed that participants have varying conceptualizations concerning the nature, cause and treatment of mental illness. Every healer used their own set of words to describe mental illness. However their conceptualization overlaps considerably and seems to be culturally defined.

Traditional healers were quite confident about the services they provide. They believe that traditional treatment does help patients even when there are however some illnesses that are challenging to deal with. The study found that there are various factors contributing to mental illness, such as: Witchcraft, genes and family history, alcohol and drug abuse, life experiences, such as poverty, stress or abuse, traumatic brain injuries, a mother's exposure to toxic chemicals while pregnant, as well as other serious medical conditions. The causes of mental disorders were understood to be generally complex and varying amongst individuals. It has been found that biological, psychological and environmental factors can contribute to the development and progression of mental illness. Most of the healers did not want to divulge information regarding the medicine and methods they use, as they considered their knowledge to be inherently secretive.

CHAPTER 5

DISCUSSION OF FINDINGS

5.1 Introduction

This chapter presents and discusses the findings of the study in relation to the literature review and other related information. It also reviews the contribution of the study in terms of the aims set out in chapter 1. These findings will be discussed according to the emerging themes identified in the previous chapter. The findings will also be discussed in terms of their implications for psychological theories on themes that emerged.

5.2 Emerging themes

5.2.1 Conceptualisation and types of mental illness

Mental illness was understood to have many forms that manifest in terms of behavioral symptoms and thought disruptions. Mental illness was commonly defined as distortions in thought pattern and behaviour whereby an individual losses contact with reality. Executing antisocial behaviours saying senseless things and confusion were identified as factors denoting mental illness.

The study identified genetic, depressive and anxiety disorders, addiction disorders, psychotic disorders, as well as adjustment disorders to be the most prevalent forms of mental disorders. The study further revealed that a mentally disturbed person can be self-injurious and dangerous to others. Swati traditional healers believe that those who are disturbed because they have a calling to become traditional healers are harmless.

The findings from the present study are consistent with findings of previous studies. For example, a study by Mufamadi and Sodi (2010) and Sorsdahl, et al. (2010) found that traditional healers are highly consulted as primary care givers, they were also found to hold multiple exploratory models of mental illness whereby psychotic illness is usually used as an exemplar of mental illness. Similar findings were arrived at in other studies that focused on African countries (Gelfand, 1967; Ngoma, Prince & Mann, 2003; Teuton, Dowrick & Bentall, 2007).

5.2.2 Causes of mental illness

Supernatural powers such as witchcraft, spirit possession, intrusion of objects, evil mechanisation, improper use of traditional medicine, disregarding ancestors and cultural customs , substance abuse ,genetic predisposition , jealousy, life stressors and other social conditions ,injuries to the head and invitation by ancestors to become a traditional healer were articulated. Inherited and genetic factors, drug abuse (especially dagga), other medical conditions such as: Epilepsy, stroke, high blood pressure, as well as old age where identified as causal factors of mental illness.

The study revealed that substance abuse can lead to, depression, anxiety, psychosis, and antisocial behavior. Alcoholism and dagga usage especially, were found to be associated with several mental illnesses. According to Koob (2000) heavy alcohol use directly affects brain function and alters various brain chemical (i.e., neurotransmitter) and hormonal systems known to be involved in the development of many common mental disorders (e.g., mood and anxiety disorders). Heredity was stressed as one of the contributory factors to mental illness. Previous studies support the notion that mental illness runs in families and that the transmission of risk is due to heredity. Family, twin and adoption studies have also shown that, for schizophrenia, autism, manic depressive illness, major depression, attention deficit hyperactivity disorder, panic disorder and other mental illnesses (Hyman, 2000).

Finding revealed that harsh social conditions such as poverty, lack of employment, and family disruptions are factors contributing to the development of mental illness. According to the social causation hypothesis, conditions of poverty increase the risk of mental illness through heightened stress, social exclusion, decreased social capital, malnutrition, and increased obstetric risks, violence, and trauma, (Flisher, Lund & Funk, 2007: Lund, Breen, Flisher, et al. 2010). Conversely, according to the social selection or social drift hypothesis, people with mental illness are at increased risk of drifting into or remaining in poverty through increased health expenditure, reduced productivity, stigma, and loss of employment and associated earnings (Saraceno, Levav & Kohn , 2005).

The study revealed that infants born to mothers who abuse alcohol and drugs during pregnancy can develop mental illness. According to Burd and Wilson (2004) prenatal exposure to alcohol and drugs can influence embryological and fatal development, resulting in a range of functional deficits and structural malformations. Findings also identified maternal malnutrition to be a contributory factor in mental illness. This notion is supported by studies of brain development. Cockburn (2003) postulated that certain essential nutrients are needed during pregnancy to complete cell membrane formation. Prenatal malnutrition results in a range of cerebral dysfunction including intellectual disabilities reduced learning ability, attention deficits, mental health disorders, and malformations that may persist throughout (Gordon, 1997; Neugebauer, Hoek & Susser, 1999). The current study revealed that advanced maternal age could be a risk factor for a variety of birth related conditions. Research findings revealed that women who are 40 years old run a risk of giving birth to children later diagnosed with autism and the chance is 50% higher than that of women between 25 and 29 years old (Live Science, 2010). Other studies revealed that older mothers are at a greater risk of having babies with severe birth defects caused by abnormalities of the baby's chromosomes (Baldwin & Nord, 1984). Eden (2006) posits that, although Down syndrome babies may be born to mothers of any age, they are more frequently born to older mothers

Findings of the current study revealed that, head injuries can affect brain functions. Kolb and Wishaw (2009) postulated that, head injuries cause direct damage to the brain: by disturbing blood supply; inducing bleeding, leading to increased intracranial pressure; opening the brain infection, and by producing the scarring of brain tissue. Brain injury is common result of auto mobile and industrial accidents, falls during sports or accidental falling. Traumatic brain injury patients usually manifest at least one of the following symptoms: loss of memory for events before or after the event (retrograde or anterograde amnesia); alteration in mental state or loss of consciousness, brain-related physical symptoms and posttraumatic cognitive deficits (Kolb & Wishaw, 2009).The findings revealed that other general medical conditions can contribute to the development of mental illness. Kolb and Wishaw (2009) emphasized that , although some specific medical conditions have classically been associated with mental syndromes, a much larger number of general medical

conditions have been associated with mental syndromes in case reports and small studies.

Old age was also found to be a causal factor of mental illness. It is estimated that 20% of people age 55 years or older experience some type of mental health concern. The most common conditions include anxiety, severe cognitive impairment, and mood disorders such as: depression or bipolar disorder (American Association of Geriatric Psychiatry, 2008).

5.2.3 Treatment of mental disorders

Different treatment methods are followed depending on the illness one present with and patients are treated on the basis of what has caused their illness. Findings revealed that treatment could include cleansing the patient of evil spirits through washing, steaming, induced vomiting, inhaling herbs, offering sacrifices to gods , incising out dirty blood, performing certain rituals and herbal medication. Findings also revealed that a person who became mentally ill because of stealing could plead with the owner and compensate for the stolen goods.

According to Berg (2003) the deeper meaning of much traditional healing centres on ancestor reverence. Findings revealed that divination of bones directs the way in which a person must be treated. Healers also observe a patient‘s condition before they can commence .It was also discovered that family members of patients are also questioned sometimes about the history of the patient’s presenting problem and referral is also made where applicable. The study also revealed that traditional treatment does help patients and that there is however some illnesses that are challenging to deal with, illnesses that traditional healers alone cannot deal with and illnesses that can never be cured. The correct use of traditional medicine was also stressed out.

WHO (2009) defined African traditional psychotherapy as a sum total of knowledge and skills which psychotherapists in a particular ethnic group possess, and which enable them to handle both social and health problems affecting people in their respective communities.

Findings from the current study revealed that traditional treatment is contrasted with the approach taken by western medicine. The biomedical model views mental illness

to be fundamentally biological in origin, and psychopathology as essentially homogeneous with only superficial variations in presentation across peoples (Thakkera & Warde, 1998). Mental illness is linked to an individualist ideology where mental illness is diagnosed and treated as something purely individual. On the other hand traditional healers use a holistic approach. They deal with the complete person and provide treatment for physical, psychological, spiritual and social symptoms. Therapy is aimed at harmonizing the patient with their environment through neutralizing sorcery, appeasing ancestors or directly manipulating the environment. While biomedics rely on the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases, (ICD-l0) for diagnosing and treating disorders, African traditional healers utilize practical experience and observation handed down from generation to generation. These finding are consistent with numerous studies, for example, (Mufamadi & Sodi 2010; WHO, 2009; Truter, 2007; Mbanga et al., 2002).

Tsala-Tsala (1997) postulated that misdiagnosis of a client occurs frequently when a therapist work with clients from a culture different from theirs. He further states that is important for therapists to be aware of the cultural difference when dealing with people of cultures different from their own. Other studies also reported that therapists rely heavily on Western therapeutic methods to guide their practice and to conceptualize problems that clients present in mental health settings (Sue, 1998). It was found that, most techniques are derived from counselling approaches developed by and for white Western clients. These approaches according to the findings may not be applicable to clients from different racial, ethnic, and cultural backgrounds (Sue, Zane, Hall & Berger, 2009).

Preceding studies found that Western models have some limitations when applied to special populations and cultural groups. It has also been revealed that those Western counselling theories often result in ineffective outcomes for clients from diverse cultural background (Hall & Marimba, 2001). Understanding cultural influences of mental illness is critical for accurately diagnosing and effectively treating culturally diverse clinical population. This becomes increasingly urgent as society becomes more global and multicultural. Examining such differences would advance our understanding of pathological process (Jilec, 1995).

The study found that African traditional healing is intertwined with culture. Sam and Moreira (2012) postulated that culture should be seen as an inherent part of mental illness. They also emphasized that culture does not just influence mental health and illness but it is an essential part of it. Indeed, to understand mental illness is to understand culture and understanding culture makes mental illness comprehensible. Sam and Moreira (2012) are of the idea that in the Western world, mental illness is conceptualized from a bio-medical model that is independent of culture. The study also revealed that traditional healers observe the situation of the patient. They also take patient history from patients and sometimes from family members, to recognize signs and symptoms of illness. This notion is also supported by existing studies. For example, Nicotera, Nobile, Bianco and Pavia (2006) have suggested that history taking is a vital component of patient assessment.

5.3 Implications for theory

5.3.1 Psychodynamic theory of mental illness

The psychodynamic perspective maintains that the unconscious dynamics within the individual such as inner forces, conflict, or the movement of instinctual energy influence the way people behave (Wade & Tavris, 2006). The psychodynamic perspective is mostly centered on inner conflicts and how such conflicts affect human development. Sigmund Freud originated the general basis of this belief by suggesting that inner conflicts normally arise from childhood and can lead to mental illness. In the context of this theory, it could therefore be argued that mental illness could be a result of conflicts arising from intrapsychic forces.

Findings from the present study suggest that abused children have a propensity to suffer mental illness. According to the findings, some mental illnesses may be triggered by psychological trauma suffered as a child, such as severe emotional, physical, or sexual abuse as well as early loss of a parent. Consequently the findings of the study are in line with the psychodynamic model of mental illness, it is evident from the findings of the current study that indeed mental illness may come about from repressed emotions and thoughts from experiences in the past, usually in childhood.

5.3.2 Cognitive-behavioural theory of mental illness

The cognitive-behavioural approach views psychological disturbances as partly the result of faulty thought patterns and partly the results of faulty learning and environmental experiences (Mash & Wolfe, 2010).

Findings from the current study are in line with the rationale of the cognitive behavioral approach of mental illness. The study revealed that using distorted coping mechanisms can lead to mental illness.

The study revealed that people often get disturbed because they fail to adjust to new situations in life, for instance, dealing with the loss of a loved one. Undesirable circumstances can provoke feelings of worthless. Individual can develop maladaptive ways of behaving and thinking, such as social withdrawal and resorting to substance abuse and alcohol consumption, when these defense mechanisms go wrong, serious mental illnesses can be aroused.

5.3.3 Socio-cultural theory of mental illness

Sociocultural theories perceive mental illness as a product of social, cultural or familial factors that generate stressors that could precipitate mental illness. Marsella and Yamada (2000) are of the view that mental illness is very much rooted in one's culture, poverty and helplessness.

Findings from the study have revealed that, stressful social conditions such as harsh economic and social conditions, poverty, lack of employment, and family disruptions as well as domestic violence, can cause mental illness. According to the findings of the present study, having to endure these stressors may trigger symptoms of illness.

A large body of evidence demonstrate the association between poverty and common mental disorders, for example, a meta-analysis of five cross–sectional surveys carried out in Brazil, Chile, India, and Zimbabwe of people who sought treatment in primary care and the community, examining the economic risk factors for and common mental disorders, found a consistent and significant relation between low income countries and risk of and common mental disorders. Similarly, a population based study from Indonesia revealed that people with less education and fewer

material possessions in the community were more likely to suffer from depression (Friedman, 2004).

Research findings illustrate a potentially important contribution by sociocultural factors to mental illness (Beiser, 2003). Characteristics of the family are important in making an individual vulnerable to mental illness. The disturbed family life experienced by individuals and internal difficulties that are central to psychopathology. The sociocultural model posits that abnormal behaviour may develop where communications is ambiguous and acts to double bind the child. This is consistent with findings from the current study. Participants mentioned that, children that are always shouted at can develop mental illness.

Neglecting moral standards and cultural mores were also identified as leading causes of mental illness. Graetz and McAllister (1994) are of the idea that, mental illness can be attributed to contagion from contact with a particular object, substance or person and mystical retribution arising from acts that violate some taboos or moral injunction. Therefore, the findings of the present study support the notion of the sociocultural theory that mental illness is a product of dysfunctional social, cultural or familial factors that generate stressors precipitating mental illness.

CHAPTER 6

SUMMARY AND CONCLUSION

6.1 Summary

Firstly, mental disorders were understood to have many forms. Symptoms presented by a mentally ill patient were understood to be predominantly behavioural. Secondly, the study identified genetic, depressive and anxiety disorders, addiction disorders, psychotic disorders, as well as adjustment disorder to be the most prevalent forms of mental illness. Thirdly, the study revealed that causes of mental illness were attributed to multiple causes including, supernatural powers, harsh social conditions, genetic factors, other general medical conditions and the idea that disease could be a result of retribution for the violation of moral injunction or taboos. Steaming, burning herbs, enema administering, induced vomiting, traditional incisions, performing rituals and traditional medicine were common ways used when treating patients.

Consistent with previous findings (Mahwasane, Middleton & Boaduo, 2013; Semenya & Potgieter, 2014) it was found in the present study that ancestors play a role in transferring indigenous knowledge to traditional healers. Ancestors may also reveal the locations of plants and relevant species during dreams, so that healers may prepare the right traditional medicine for treating patients. Additionally the study revealed that knowledge of herbs and methods of practice are inherently secretive.

Conceptualisation of the causes and treatment methods of mental illness as explained by Swati traditional healers is fairly common to findings from studies conducted amongst other African groups such as, the Zulu (Mkhize, 2003; Ngubane, 1977; Washington, 2010), Xhosa (Cocks & Moller, 2002; Cheethams & Cheethams, 1976), Venda (Mufamadi & Sodi, 2010) and Pedi ethnic group (Semenya & Potgieter, 2014).

6.2 Limitations of the study

Several limitations of this study must be considered when interpreting findings. Firstly, translating the interview data from Swati to English might have led to

omissions or inappropriate substitutions of the original rich material provided by the participants.

Secondly, this study relied only on the traditional healers' personal conceptualisation of mental illness, causes and the treatment methods followed when dealing with mentally ill patients. Other people (for example, patients) were not interviewed and as such, the present study gave a one-sided interpretation of the phenomenon.

Thirdly, the present study did not consider other areas such as assessing patients to evaluate the efficacy of the treatment methods, as such, could be seen as exploratory in nature, pointing to areas that need further research.

Lastly, the results of this study cannot be generalized to the larger South African population since the study was conducted on a limited sample of Swati traditional healers practicing in Kanyamazane Township in Nelspruit, Mpumalanga. If other communities in the province were included, the scope would have been broadened.

6.3 Contributions and recommendations

Despite the limitations reflected above, this study has contributed to the understanding of traditional healers and mental illness in South Africa. Furthermore, it has shed some light on mental illness from an African cultural perspective. It has also delineated concepts, causes and treatment of mental illness as understood by traditional healers practicing in South Africa. The study also contributes to the existing literature on culture and mental illness, including the emerging field of African psychology. Studies revealed that the majority of South Africans consult traditional healers e.g. (Truter, 2007: Sorsdahl,et al.,2012). According to Swartz (2002) current understanding of mental illness are rooted in Western paradigms and fail to incorporate indigenous understandings. Understanding the psychological depth of these practices is important so that a respectful relationship between Western-trained professionals and traditional healers can develop (Berg, 2003).

The following recommendations are made:

- Since there is a dearth of research concerning the patient's subjective experiences in utilizing traditional treatment, further research is needed to

assess patients on the efficacy of the treatment methods utilized by traditional healers. These will provide greater insight to the approaches of traditional healers.

- Further research is also needed to explore how Africans conceptualise and respond to mental disorders.

- There is a need for South African health workers to adopt a cross-cultural approach to mental health.
- It is also important for both the traditional healers and medical providers to engage and learn from each other.

- Strategies aimed at integrating traditional healers and medical caregivers should be implemented. Such strategies could benefit everyone, most importantly the patients.

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APPENDICES

Appendix 1(a): Interview guide

1. What do you understand to be the types of mental illness?

2. What do you regard as the causes of mental illness?

3. What intervention methods do you use to treat patients presenting with mental illness?

Appendix 1(b): Imibuto yelucwaningo

1. Ngekuvisisa kwakho ngutiphi tinhlobo tekugula noma kutsikameteka kwengconvo?

2. Ngekucabanga kwakho yini lokubangela kugula noma kutsikameteka kwengcondvo?

3. Ngutiphi tindlela lotisebentisako kusita umuntfu logula noma lotsikameteke ngekwengcondvo?

Appendix 2 (a): Participant Consent Letter

Department of Psychology
University of Limpopo (Turfloop Campus)
Private Bag X1106
Sovenga
0727
Date:

Dear Participant

Thank you for showing interest in this study that focuses on perceived causes and treatment methods of mental illness among Swati traditional healers.

Your response to this interview will remain strictly confidential. Be assured that everything discussed during the interview will be kept strictly confidential and your name will not be disclosed. Please note that your participation in this study is voluntary and that you have the right to terminate your participation at any time.

Please answer all the questions as honest as possible. Your participation in this research is very important. Thank you for your time and cooperation.

Yours Truly

……. …….

Ngobe A.J Date

Masters Student

Appendix 2(b): Incwadzi yalonesifiso sekutibandzakanya

Litiko letengcondvo
Inyuvesi yaseLimpopo
Private Bag X1106
Sovenga
0727
Lusuku:

Lotibandzakanyako

Sibonga kukhomba umdlandla ekutibandzakanyeni nalesifundvo lesimayelana nembangela futsi netindlela tekwelapha kugula noma kutsikameteka kwengcondvo ngembono webelaphi besintfu besiSwati.

Timpendvulo takho kulolucociswano titawuba yimfihlo. Uyacinisekiswa kutsi konke lokukhulunywe lapha kutawuba yimfihlo futsi ligama lakho angeke livetwe nakumunye umuntfu. Sicela wati kutsi lokutibandzakanya kwakho kulesifundvo awukaphoceleleki kantsi futsi unelilungelo lekuyekela noma sikhatsini.

Sicela uphendvule yonke imibuto ngekutsembeka. Kutibandzakanya kwakho kulolucwaningo kubalulekile kakhulu. Sibonga sikhatsi nelubambiswano lwakho.

Ngimi lotitfobako

Ngobe A.J Lusuku……..

Appendix3 (a): Consent Form to be signed by the Participant

Consent Form

I…… hereby agree to participate in a masters research study that focuses on perceived causes and treatment methods of mental illness among Swati traditional healers.

The purpose of this study has been fully explained to me. I further understand that I am participating freely and without being forced in any way to do so. I also understand that I can terminate my participation in this study at any point should I not want to continue and that decision will not affect me negatively in any way.

I understand that this is a research project, whose purpose is not necessarily to benefit me personally. I understand that my details as they appear in this form will not be linked to the interview scheduled and that my answers will remain confidential.

Signature ……

Date……..

Appendix 3(b): Lifomu lekutibopha kwalonesifiso sekutibandzakanya

Mine……..…….ngiyavuma kutibandzakanya nalolucwaningo lolumayelana nemibangela futsi netindlela tekwelapha kugula noma kutsikameteka kwengcondvo ngembono webelaphi besintfu besiSwati.

Injongo yalesifundvo seyichaziwe kabanti kimi. Ngiyavisisa kabanti kutsi ngitatibandzakanya ngekutsandza kwami kantsi futsi ngaphandle kwekuphocelel eka. Ngiyavisisa kutsi nginelilungelo lekuyekela kutibandzakanya nalesifundvo noma kunini nangabe sengingasafuni kantsi futsi leso sincumo ngeke sangifaka enkingeni.

Ngiyavisisa kutsi lolucwaningo injongo yalo akusiko kutsi kuvune mine. Ngiyavisisa kutsi imininingwane yami njengoba ibhaliwe angeke ivetwe futsi iyimfihlo.

Lotibophako……

Lusuku……

Appendix 4: Ethical clearance

University of Limpopo
Research Development and Administration Department
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 2212, Fax: (015) 268 2306, Email:noko.monene@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEECLEARANCE CERTIFICATE

MEETING:	**04 September 2013**
PROJECT NUMBER:	**TREC/FHM/45/2013: PG**
PROJECT:	
Title:	Swati Traditional Healers' conceptualization of causes and treatment of mental illness.
Researcher:	Ms AJ Ngobe
Supervisor:	Prof T Sodi
Co-Supervisor:	Dr IM Ramokgopa
Department:	Psychology
School:	Social Sciences
Degree:	Masters in Psychology

PROF TAB MASHEGO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031.**

Note:

i) **Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.**

ii) **The budget for the research will be considered separately from the protocol.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Finding solutions for Africa