

**AN EXPLORATION OF METHODS USED BY SHONA
SPEAKING TRADITIONAL HEALTH PRACTITIONERS IN THE
PREVENTION OF MENTAL ILLNESS**

by

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DEDICATION

This dissertation is dedicated to my mother, Siena Grace Samuriwo and brother, Shingirayi Samuriwo for giving me a robust academic foundation that sustains me to this day. Thank you for the motivation and continued support!

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- ❖ I would like to acknowledge the National Research Foundation (NRF) UKZN Indigenous Knowledge Systems (IKS) bursary for funding this study.

DECLARATION

I declare that the mini-dissertation '**AN EXPLORATION OF METHODS USED BY SHONA SPEAKING TRADITIONAL HEALTH PRACTITIONERS IN THE PREVENTION OF MENTAL ILLNESS**' hereby submitted to the University of Limpopo, for the degree Master of Arts in Clinical Psychology has not previously been submitted by me for a degree at this or any other university; that it is my work in design and in execution, and that all material contained herein has been duly acknowledged.

SAMURIWO K. P.

DATE

ABSTRACT

Studies by the World Health Organisation have shown that mental illness is an international health concern across the globe, with one in four people (25%) suffering from mental disorders in both developed and developing countries. In many African countries traditional health practitioners are the health care providers of choice for individuals, families and communities. The aim of this study was to explore methods used by Shona speaking traditional health practitioners in the prevention of mental illness in Bulawayo, Zimbabwe.

A qualitative research design was used in the present study. Ten Shona speaking traditional health practitioners (male=9; female=1) were selected through purposive sampling and requested to participate in the study. Data was collected using semi-structured interviews and analysed through thematic content analysis.

It was found that traditional healers tend to commonly understand and conceptualise mental illness in terms of the causes instead attaching nosological labels to these conditions. The findings of the study also show that most of the traditional health practitioners interviewed had similar methods of preventing mental illness both in families and individuals. Culture was found to be central in shaping how the traditional health practitioners understand and prevent mental illness. Ancestors were found to be pivotal in specifically determining the methods to prevent mental illness for each client. The study is concluded by recommending closer collaboration between the dominant Western health care system and traditional healing in order to improve mental health care provision in Zimbabwe.

TABLE OF CONTENTS

DEDICATION	i
ACKNOWLEDGEMENTS	ii
DECLARATION	iii
ABSTRACT	iv
TABLE OF CONTENTS	v
APPENDICES	ix
LIST OF TABLES AND FIGURES	x
LIST OF ABBREVIATIONS AND ACRONYMS	xi
GLOSSARY	xii
CHAPTER 1	1
ORIENTATION TO THE STUDY	1
1.1 Introduction and background.....	1
1.2 Research problem.....	2
1.3 Aim of the study.....	2
1.4 Objectives of the study.....	3
1.5 Significance of the study.....	3
1.6 Operational definition of concepts.....	3
1.6.1 Mental illness.....	3
1.6.2 Traditional health practitioner/traditional healer.....	3
1.6.3 Shona.....	4
1.6.4 Prevention.....	4
1.7 Outline of the dissertation.....	4
CHAPTER 2	6
LITERATURE REVIEW	6
2.1 Introduction.....	6

2.2 Prevalence of mental illness in Zimbabwe.....	6
2.3 Mental illness amongst the Shona people.....	6
2.4 Traditional healing.....	7
2.5 Western perspectives on mental illness.....	10
2.5.1 <i>Causes of mental illness</i>	10
2.5.2 <i>Treatment of mental illness</i>	11
2.5.3 <i>Preventive methods</i>	11
2.6 African traditional perspectives on mental illness.....	13
2.6.1 <i>Notions of mental illness</i>	13
2.6.2 <i>Types of mental illness</i>	13
2.6.3 <i>Causes of mental illness</i>	14
2.6.4 <i>Treatment of mental illness</i>	15
2.6.5 <i>Preventive methods</i>	15
2.7. Theoretical framework	17
2.7.1 <i>The Afrocentric perspective</i>	17
2.7.2 <i>Afrocentricity and mental illness prevention</i>	18
2.8 Summary.....	19
CHAPTER 3.....	20
RESEARCH METHODOLOGY.....	20
3.1 Introduction.....	20
3.2 Study area.....	20
3.2.1 <i>Demographic information</i>	20
3.2.2 <i>Economic status</i>	20
3.2.3 <i>Activity and labour-force activity</i>	21
3.2.4 <i>Education and literacy</i>	21
3.3 Research design.....	23
3.4 Sampling and setting.....	23

3.5 Data collection.....	24
3.6 Data analysis.....	24
3.7 Quality criteria.....	25
3.7.1 <i>Credibility</i>	26
3.7.2 <i>Confirmability</i>	26
3.7.3 <i>Transferability</i>	26
3.7.4 <i>Dependability</i>	26
3.7.5 <i>Trustworthiness</i>	26
3.8 Ethical considerations.....	27
3.8.1 <i>Permission to conduct the study</i>	27
3.8.2 <i>Informed consent</i>	27
3.8.3 <i>Confidentiality and anonymity</i>	27
3.8.4 <i>Respect</i>	27
3.9 Summary.....	28
CHAPTER 4.....	29
PRESENTATION AND ANALYSIS OF FINDINGS.....	29
4.1 Introduction.....	29
4.2 Demographic profile of the participants.....	29
4.3 Emerging themes.....	30
4.4 Types of mental illness commonly encountered by traditional health practitioners.....	31
4.4.1 <i>Criteria used to categorise mental illness</i>	32
4.4.2 <i>Types of preventive methods known and used by Shona traditional health practitioners</i>	33
4.4.3 <i>Ascertaining possible methods of harm to a client</i>	35
4.4.4 <i>Preventive methods for individuals who have never been mentally ill</i>	37
4.4.5 <i>Preventive methods for families who have never been mentally ill</i>	38
4.4.7 <i>Guidelines to selection of preventive methods</i>	41

4.5 Summary.....	42
CHAPTER 5.....	43
DISCUSSION OF FINDINGS.....	43
5.1 Introduction.....	43
5.2 Emerging themes.....	43
<i>5.2.1 Types of mental illness commonly encountered by traditional health practitioners.....</i>	<i>43</i>
<i>5.2.2 Criteria used to categorise mental illness.....</i>	<i>44</i>
<i>5.2.3 Types of preventive methods known and used by Shona traditional health practitioners.....</i>	<i>45</i>
<i>5.2.4 Preventive methods for individuals and or families who have never been mentally ill.....</i>	<i>46</i>
<i>5.2.5 Methods used to prevent the re-occurrence of mental illness.....</i>	<i>47</i>
<i>5.2.6 Ascertaining possible methods of harm to a client.....</i>	<i>48</i>
5.3 Implications for theory.....	49
CHAPTER 6	50
SUMMARY AND CONCLUSION.....	50
6.1 Summary of the findings.....	50
6.2 Limitations of the study	51
6.3 Recommendations.....	51
7. REFERENCES.....	52
APPENDICES.....	61
Appendix 1(a): Interview guide (English version).....	61
Appendix 1(b): Interview guide (Shona version).....	61
Appendix 2: A letter to Zimbabwe Research Council to seek permission to conduct the study.....	62
Appendix 3a: Participant’s consent letter and form (English version)	63
Appendix 3b: Participant’s Consent letter and Form (Shona version).....	64

Appendix 4a: Consent form to participate in a research study to be signed by participant (English version).....65

Appendix 4b: Consent form to participate in a research study to be signed by participant (Shona version).....66

Appendix 5: Ethical clearance letter.....67

Appendix 6: Letter of permission from the Zimbabwe National Traditional Healers Association.....68

Appendix 7: Letter of permission from the Zimbabwe Research Council....69

LIST OF TABLES AND FIGURES

Table 1 Demographics

Table 2 Themes and subthemes

Figure 1: Geographical location of Bulawayo. Source: Zimbabwe Department of the Surveyor General (2016).

Figure 2: Map of Bulawayo city. Source: Zimbabwe Department of the Surveyor General (2016).

LIST OF ABBREVIATIONS AND ACRONYMS

WHO	World Health Organisation
ZINATHA	Zimbabwe National Traditional Healers Association
ZimStats	Zimbabwe National Statistics Agency

GLOSSARY

Benzi refers to a mad person.

Fuza/rema is used in reference to a person with this condition of low mental capacity.

Hoko refers to a traditional form of peg that is buried at each corner of a house with herbs in it.

Inyamazana is a traditional herb.

Izinyanga/ n'anga are traditional health practitioners, also known as traditional healers.

Kana mwedzi urimutete refers to certain times in the lunar circle.

Kufuta\kufutira refers to inhaling steam whilst under a blanket.

Kuhaka means to hook onto something.

Kupenga refers to madness.

Kupenga kwemamhepo is used to describe madness caused by evil spirits.

Kupenga kwengozi is used to describe madness caused by a curse.

Kupenga kwekuroyiwa refers to madness caused by one being bewitched.

Kupuma denotes the actions of chasing away evil spirits.

Kurasira is when an animal is used to cleanse one of evil spirit. This is done in the bush where the evil spirits are left behind.

Kurogua/kutupiwa means to be bewitched.

Kuromba refers to the process of seeking means to bewitch someone

Kutema nyora/kucheka nyora is when a traditional healer makes an incision on the skin wide enough to allow for herbs to be applied inside.

Kutsigira is to strengthen an individual.

Mapenzi refers to mentally ill people.

Mbvamaropa is a traditional herb.

Mherengera mumba refers to when a person experiences mild mental illness at certain times in the lunar circle.

Miko is process of tying knots onto a rope. Each knot on the rope represents the mental state of client.

Moto is a spiritually prepared black powder.

Mpofana is a traditional herb.

Mukama masano is a traditional herb.

Muriyashato is a traditional herb.

Muti refers to traditional herbs.

Ngozi is the curse or bad omen that befalls someone after a wrong deed.

Nhova is the soft spot on a baby's head (fontanel).

Nyenga is a type of bird.

Pfipfa is a traditional herb.

Pfundira is a traditional herb.

Rauwolfia is a type of plant.

Sangoma denotes a diviner who is the most senior traditional healer.

Tsumburi is a traditional herb.

Zvikwakwane is when herbs are put into bottles and buried at each corner of the house.

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 Introduction and background

Mental illness is an international health concern across the globe, with one in four people (25%) suffering from mental disorders in both developed and developing countries (World Health Organisation, 2011). In the United States of America, Canada, and Western Europe, mental illness ranks first among illnesses that result in disability (Walton, 2010; World Health Organisation, 2011). Some studies have suggested that individuals in the developing countries are twice as likely to suffer from common mental health disorders, as compared to individuals from the wealthy nations (Gureje & Alem, 2000; Patel & Kleinman, 2003). Some of these mental health problems have been attributed to armed conflicts in countries like Somalia, Ethiopia, Sudan, Rwanda and the Democratic Republic of Congo (Njenga, Ngauithi & Kang'ethe, 2006; Gureje & Alem, 2000). In South Africa, it has been estimated that one third (more than seventeen million) of the population suffer from mental illness (Chiumia & van Wyk, 2014). A similar trend on the prevalence of mental illness has also been noted in Zimbabwe (Tarvinga, 2015; Prince, Patel, Sexena, Maj, Maselko, Phillips & Rahman, 2007; Ciesla, 2011).

With low budgets, coupled with the acute shortage of Western trained mental health professionals, many governments in the developing countries, including those in sub-Saharan Africa, cannot afford to provide adequate mental health services to those in need (Atindanbila & Thompson, 2011). In many of these countries, traditional health practitioners are the health care providers of choice for individuals, families and communities (Sordahl, Fisher, Wilson & Stein, 2010). Some studies have even suggested that up to 80% of people in most African and other developing countries consult traditional health practitioners at some point in their lives (Atindanbila & Thompson, 2011; Chavhunduka, 2001). In Zimbabwe, for example, patients have been reported to be showing preference for traditional medication or healing before or instead of seeking help in the formal health care system (Heather, Duffy & Sharer, 2012). Similar observations have been made in

other African countries like South Africa (Sordahl et al., 2010), Ghana (Quinn, 2007), Kenya (Mbwayo, Ndetei, Mutiso & Khasakhala, 2013) and Nigeria (Ogbebor, 2011).

1.2 Research problem

A number of studies have indicated that traditional health practitioners diagnose and treat diseases based on the symptoms presented by their patients as they do not have access to laboratory results to guide their diagnostic and treatment procedures (Semenya, Potgieter & Erasmus, 2012; Dlamini, 2006). The therapeutic intervention of the traditional health practitioner is directed at the patient, not only as an individual, but as an integral part of his/her family and environment (Dlamini, 2006). Herbal medication is the most common therapeutic method used by traditional health practitioners. Herbal remedies are considered not only to have healing abilities but symbolic and spiritual (Abdullahi, 2011). Diagnostic procedures common among most traditional health practitioners across the world involve complex repetitive rituals that involve complex social negotiations and interactions (Dlamini, 2006).

Whilst there are some studies that have looked at the diagnostic, treatment and preventive methods by some African traditional health practitioners, the researcher is not aware of studies that have investigated the methods used by this group of health care providers in the prevention of mental illness in Zimbabwean communities. It is this paucity of literature on this subject that motivated the researcher in the current study to explore the preventive measures used by traditional health practitioners in Zimbabwe to prevent mental illness. Specifically, the study focused on exploring the methods used by Shona traditional health practitioners in the prevention of mental illness.

1.3 Aim of the study

The aim of this study was to explore methods used by Shona traditional health practitioners in the prevention of mental illness.

1.4 Objectives of the study

- To understand and describe the types of mental illness that are identified and treated by Shona traditional health practitioners.
- To identify and document the methods that traditional health practitioners use to prevent mental illness in their clients.

1.5 Significance of the study

This study has provided important information on the prevention of mental illness by traditional health practitioners in communities in Zimbabwe. This study has also brought to light information that could contribute to efforts aimed at gaining knowledge on culturally based approaches to mental illness that could be integrated into current health policies and methods of dealing with mental illness. This information could be used in the development and expansion of the emerging fields of African and cultural psychology through its new insight on this particular aspect of mental illness that was previously not explored. A study of this nature would contribute towards efforts aimed at developing culturally relevant conceptual frameworks for mental illness. The study would contribute towards the expansion of our understanding of the potential role that traditional health practitioners can play in mental health care provision in developing countries like Zimbabwe.

1.6 Operational definition of concepts

1.6.1 Mental illness

In many parts of Africa, mental illness is understood to be present when an individual shows behavioural signs and symptoms that are perceived to deviate from the traditional social norms (Mufamadi, & Sodi, 2010). In the context of the present study, mental illness is understood to mean madness. It is when a person behaves in a manner that is socially unacceptable as though their bodies have been inhabited by another entity and become disoriented to who they are.

1.6.2 Traditional health practitioner/traditional healer

Is someone who is recognised by the community in which he or she lives as a competent to provide health care by giving vegetable, animal, and mineral substances and certain other methods based on the social, cultural and religious backgrounds as

well as the prevailing knowledge, attitudes and beliefs regarding physical, mental and social well-being and the causation of disease and disability in the community (World Health Organisation, 2013). In the context of the present study, a traditional health practitioner is understood to mean someone known in their area of residence as being able to diagnose, treat and prevent illnesses under the guidance of ancestral spirits. The two terms will be used interchangeably throughout this study.

1.6.3 Shona

Shona is a culture and one of the indigenous languages of Zimbabwe. It is one of the official languages in the country dominant in the Northern, Eastern and Central parts of Zimbabwe.

1.6.4 Prevention

According to Mosby medical dictionary (2009) prevention refers to actions directed to preventing illness and promoting health to reduce the need for secondary or tertiary health care. Prevention includes such nursing actions as assessment, including disease risk; application of prescribed measures, such as immunisation; health teaching; early diagnosis and treatment; and recognition of disability limitations and rehabilitation potential. In acute care nursing many interventions are simultaneously therapeutic and preventive. In the context of the present study, prevention will be understood to mean measures taken or put in place to stop the occurrence or re-occurrence of mental illness within an individual or family. This is done through an assessment to determine possible causes for the occurrence of a mental illness and thereafter strengthening an individual both internally and externally using herbs and cleansing rituals.

1.7 Outline of the dissertation

Chapter 1 provides a brief summary of the study, the aim, objectives, significance and operational definitions of concepts used in the study. Chapter 2 is a review of the literature on preventive methods used by traditional health practitioners in dealing with mental illness. Chapter 3 provides a discussion of the research methodology that was used in this study. Chapter 4 consists of presentation of findings and analysis of data. In Chapter 5, the results of the study are discussed in the context of existing literature

and conclusions are presented. A summary of the findings and recommendations are provided in Chapter 6.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter begins with a brief review of literature on the prevalence of mental illness in Zimbabwe. Thereafter literature on mental illness among Shona people will be explored. The researcher will also provide a review of the literature on indigenous knowledge systems, followed by a presentation of literature on Western perspectives on mental illness. African traditional perspectives on mental illness will also be explored. The theoretical framework which guided the researcher in the present study will also be presented, followed by concluding remarks in the last section of this chapter.

2.2 Prevalence of mental illness in Zimbabwe

According to the World Health Organisation (WHO), some 1, 3 million people in Zimbabwe suffer from mental illness. Given the psychosocial challenges associated with Zimbabwe's political and economic environment, the prevalence of depression and other common mental disorders may be even greater than that of other low-income countries (Flisher et al., 2007). According to Anand (2015), a survey conducted by Industrial Psychology Consultants in Zimbabwe reflected that; 27, 3% of the working population is experiencing depression symptoms, 18, 3% of the working population experiences anxiety symptoms and 33,4% of the working population in Zimbabwe experience somatisation. In Zimbabwe, it has been estimated that common mental disorders accounted for about 15.7% of the disease burden (Patel & Kleinman, 2003).

2.3 Mental illness amongst the Shona people

According to Muchinako, Mabvurira and Chinyenze (2013), the Shona people have an understanding similar to Western views on what mental illness is. For example, the terms '*kupenga*' (mental illness) and '*benz'i* (a mad person) are the main commonly used definitive terms. Studies by Muchinako et al. (2013) suggest that mental illness is known and understood to affect the brain of the affected person in such a way that

the person will behave in a way that disregards social and cultural norms and values of behaviour. According to Shoko (2007), in the Shona society mental illness is recognised as the disease that affects the brain or mind to such an extent that the affected individual becomes incapacitated to function in a normal way. The Shona society views mental illness as occurring on a continuum, ideally every person suffers some degree of mental illness at some point in life (Muchinako et al., 2013).

The Shona people deal with illness in a number of ways. First it has to be established what caused the illness, then ways to deal with the illness are explored. The Shona people traditionally utilised the services of the traditional healer to diagnose and treat illnesses (including mental illnesses). The traditional healer plays a central and integral part in Shona religion which is linked to the prevention and treatment of disease. Muchinako et al. (2013) suggest that in seeking the causes of mental illness, and other illnesses, the Shona people do it as a family because there is belief that a disease affecting one family member is likely to affect all the other family members hence the need for a family approach to finding a solution to the illness. For the genuine traditionalist Shona person, no diagnosis of disease is complete without a spiritual diagnosis and treatment (Shoko, 2007).

2.4 Traditional healing

In the developing world, traditional healing is a common term. In Africa, traditional healing provides affordable treatment for poor people. For developing world, up to 80% of the population depend on traditional healing to help meet their healthcare needs. As a result, traditional healers are an important source of psychiatric support in many parts of the world, including Africa (Ae-Ngibise, Cooper, Adiibokah, Lund & Doku, 2010). The healing includes the use of herbs. Many traditional healers use herbs and a wide range of herbs is used for treatment purposes. A plant known as '*rauwolfia*' which contains psychiatric medicinal properties is common in some African countries such as Kenya. This plant is found as an ornamental plant in many parts of Kenya and Tanzania, especially around the Mt Kilimanjaro area where it also grows in the wild. It is known for the treatment of 'madness' or mental illness regardless of the cause or type (Mbwayo et al., 2013).

According to WHO it is difficult to assign one definition to the broad range of characteristics and elements of traditional healing, but that a working definition is essential. It thus concludes that traditional healing includes diverse health practices, approaches, knowledge and beliefs incorporating plant, animal and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness (Crouch, Elliot, Lemmens, & Charland, 2001). According to Truter (2007), traditional healers are the first professionals contacted for mental illness in many parts of Africa. This is largely because they are sufficient in numbers in the communities, they are accepted, they do home visits, they do not stigmatise mental illness and they have been demonstrated to see many people with mental disorders.

The terms traditional and Western medicines and practitioners are frequently used. With the use of these terms, they are awkward, politically-loaded and rather unhelpful in describing the principles, philosophy and practices they represent. It is problematical to assign sensitive and precise definitions to these terms, while no synonyms are readily available. One of the definitions given for 'African Traditional Medicine' by the WHO. Richter (2003) asserts that traditional healing can be defined as the sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental, or societal imbalance, and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing.

Furthermore, Western medicine is often contrasted with the approach taken by traditional health practitioners as described above. Richter (2003) is of the view that the term Western medicine is usually associated with diseases of the physical body only, and are based on the principles of science, technology, knowledge and clinical analysis developed in Northern America and Western Europe. Traditional healing and traditional healers form part of a broader field of study classified by medical anthropologists as ethno-medicine traditional healers from African indigenous groups and with strong spiritual components.

It is important to note that traditional healers are divided into two categories namely those that serve the role of diviner-diagnostician (or diviner-mediums) and those who are healers (or herbalists) (Maiello, 2008). The diviner provides a diagnosis usually

through spiritual means, while the herbalist chooses and applies relevant remedies. Colonial powers and structures have played an overpowering role in changing the cultural landscape and practices of traditional healers and their patients and have disrupted the distinction between diviners and herbalists.

In South Africa, most people associate traditional healing with the herbs, remedies (or *muti*) and advice imparted by *sangomas* or *izinyanga* (Prince et al., 2007). In recent years there has been increased attention placed on addressing mental health needs in resource-poor settings (Institute of Medicine of the Nation Academies. (2013). Amongst a plethora of policy and service-related recommendations, a call has been issued by prominent mental health researchers and practitioners to better harness valuable local resources for the provision of mental health care (Gureje & Lasebikan, 2006; Horton, 2007). In Ghana, like in many African countries, healing systems for mental health problems are pluralistic, with both traditional and 'conventional' biomedical theories and practices existing side by side (Puckree, Mkhize, Mgobhozi & Lin, 2002).

Traditional healing systems still play a significant role in help-seeking behaviour for the mentally ill on the continent, despite advances in Western-style psychiatric services (Quinn, 2007). Furthermore, with the influx of modern Pentecostal Churches, many more people seek healing and deliverance in Christian 'prayer camps' and healing centres.

Faith healers or pastors are religious leaders who base their treatment on the powers of God to heal sickness (Quinn, 2007). The major difference between traditional and faith healers in treatment practices is that faith healers pour libation (sacrifice to the gods) to the 'small gods' at the shrines and also use herbs for treatment of mental disorders, whilst pastors employ prayers, fasting and the sprinkling of holy water as the major means of treating diseases (Puckree et al., 2002). The two healing groups however believe in the common practice of confession of sins as an integral part of the healing process (Puckree et al., 2002). Given the widespread presence and use of traditional healers in Africa, various agencies and governments have taken steps to improve the status of traditional healing systems and promote wider collaboration between them and biomedical services.

2.5 Western perspectives on mental illness

2.5.1 Causes of mental illness

Western psychology and psychiatry have developed many theories to explain the causes of mental illness. These, among others, include the psychodynamic theories, cognitive behavioural theories and the humanistic existential theories. Psychodynamic theories assume that mental illness is a result of unconscious psychological conflicts originating in childhood (Myers, 2006). For example, Sigmund Freud (the main proponent of the psychodynamic theory) suggested that both normal and abnormal functioning is motivated by irrational drives (which are sexual in nature) and determined by childhood experiences. He further suggested that mental illness is caused by the imbalance in the structure of personality (namely, the id, ego and the superego). Mental illness arises when the ego is too weak to manage conflict between the id and the superego more effectively (Freud, 1940).

The cognitive behavioural theory on the other hand suggests that an individual's behaviour is determined by one's thoughts and feelings (McLeod, 2014). This suggests that negative and unrealistic thoughts can cause distress and result in problems. The cognitive behavioural theory posits that abnormality stems from faulty cognitions about others, our world and us. This faulty thinking may be through cognitive deficiencies or cognitive distortions. These cognitions cause distortions in the way we see things. If our mental representations are inaccurate or our ways of reasoning are inadequate then our emotions and behaviour may become disordered becomes skewed, which in turn has a negative impact on the actions they take (McLeod, 2014).

The humanistic existential theory brought in a new perspective, suggesting that the study of psychology should focus not just on the purely mechanistic aspects of cognition, nor purely on the impact of environment on behaviour, but on the particulars of human experience (Olson, 2013). A human being is more than just a sum of his or her parts. He or she should be viewed holistically, not reductively. A person's behaviour is influenced by his or her environment. Social interactions are vital in the development of a human being. People are aware of their existence, and use their past experiences to inform their present and future behaviour (Olson, 2013).

2.5.2 Treatment of mental illness

In Western oriented health care systems, psychotherapy is the most common form of psychological treatment for mental illness (Horn, 2004). Psychotherapy explores thoughts, feelings, and behaviours, and seeks to improve an individual's well-being. Psychotherapy paired with medication is the most effective way to promote recovery (Horn, 2004). In a minority of cases, hospitalization may be necessary so that an individual can be closely monitored, accurately diagnosed or have medications adjusted when his or her mental illness temporarily worsens (Institute of Medicine of the National Academies, 2013). Studies have also found that support groups play a significant role in the promotion of mental health (Doebbeling, 2015). This is a group meeting where members guide each other towards the shared goal of recovery. Support groups are often comprised of non-professionals, but peers that have suffered from similar experiences (Gibbons, 2015; Montgomery, 2002).

2.5.3 Preventive methods

There are three major methods that are used in the prevention of mental illness (American Psychological Association, 2014). These are: primary, secondary and tertiary methods. Preventive interventions work by focusing on reducing risk factors and enhancing protective factors associated with mental ill-health. Prevention practices have emerged in a variety of settings, including programs for selected at-risk populations (such as children and youth in the child welfare system), school-based interventions, interventions in primary care settings, and community services designed to address a broad array of mental health needs and populations (Institute of Medicine of the National Academies, 2013; Duncan, Bowman, Pillay & Roos, 2007). Primary prevention also includes the collaborative design and delivery of strengths-based health promotion and environmental improvement strategies (Nelson & Prilleltensky, 2004; Duncan et al., 2007; Coyne, 2004).

Secondary prevention aims to identify and treat at the earliest possible moment so as to reduce the length and severity of disorder. By way of early detection, it promotes growth-enhancing programs that are geared to reduce problems before they become severe. It is a treatment based strategy that strives to make available more services to the community (Murray, Perkins & Perkins, 2005). Secondary prevention can also be taken as early intervention. Tertiary prevention strives to minimize the degree and

severity of disability by preventing relapses among recovered patients. It endeavours to ensure that ex-patients are offered maximum support for rehabilitation and re-integration into the community. It attempts to reduce obstacles that may hinder the full participation of ex-patients in the occupational and social life of the community (Jacob, 2008). Recent evidence demonstrated the efficacy and cost-effectiveness of psychological and pharmacological interventions for common mental disorders in developing countries, which need to be adopted by health policy-makers.

According to Saxena, Jane-Ilopis, and Hosman (2006), preventive strategies are usually directed against risk factors and therefore need to be implemented at specific periods before the onset of the disorder in order to be maximally effective. However, once the disorder has developed, it is still possible to reduce its severity, course, duration, and associated disability by taking preventive measures throughout the course of the disorder (WHO, 2004). Another way of conceptualising prevention strategies identified by Saxena, et al. (2006) is based on a risk-benefit point of view, which is the risk to an individual of getting a disease against the cost, risk, and discomfort of the preventive strategy. Saxena, et al. (2006) suggested the following three categories of primary prevention:

- ❖ Universal prevention: targets the general public or a whole population group that has not been identified on the basis of increased risk.
- ❖ Selective prevention: targets individuals or subgroups of the population whose risk of developing a mental disorder is significantly higher than average, as evidenced by biological, psychological or social risk factors.
- ❖ Indicated prevention: targets high-risk people who are identified as having minimal but detectable signs or symptoms foreshadowing mental disorder or biological markers indicating predisposition for mental disorder, but who do not meet diagnostic criteria for disorder at that time.

Specific preventive interventions to increase resilience in children and adolescents through parenting and early interventions, and programmes for children at risk for mental disorders such as those who have a mentally ill parent or have suffered parental loss or family disruption, have also shown to increase mental well-being and decrease depressive symptoms and the onset of depressive disorders (Saxena, et al., 2006). Preventive interventions that address malleable determinants, including

disease-specific as well as more generic risk and protective factors, which are those common to several mental health problems and disorders may generate a broad spectrum of preventive effects (Jane-Llopis, Katsching, & McDaid, 2006; Ingram, & Prince, 2000).

2.6 African traditional perspectives on mental illness

2.6.1 Notions of mental illness

In many parts of Africa, mental illness is understood to be present when an individual shows behavioural signs and symptoms that are perceived to deviate from the traditional social norms (Mufamadi, & Sodi, 2010). Cultural and religious factors often influence beliefs about the origins and nature of mental illness (Abdullah & Brown, 2011). From an African perspective, the symptoms are not seen as the problem (Mpofu, 2006). Many indigenous cultures in Africa believe that human beings are comprised of two closely intertwined realities or dimensions. The biological body is the physical reality while the spiritual body is the non-physical reality which is often referred to as the mental component of a person (Bojuwoye, 2013; Machinga, 2011).

2.6.2 Types of mental illness

Studies by Muchinako, et al. (2013), suggest that The Shona have several classifications of mental illness, with the most common ones including:

- ❖ The violent type that attack and injure or destroy anyone or anything in their path, most commonly these are referred to as '*mapenzi*'. Often these people are found or kept in chains or strong restraining ropes intended to control the violent behaviour. Restraining them is also intended to keep them from wandering off and creating problems for themselves and their families
- ❖ The non-violent persons who talk to themselves, can crack jokes and laugh about them on their own. These persons often wander from place to place. They are unaware of dangers they may be exposed to and do not or cannot care about their own health, safety and security.
- ❖ The passive persons who may be slow to learn or understand simple processes in life, for example, if one is putting on warm clothing in the morning because it

is cold. For this type of passive mental illness, the Shona use the terms 'fuza' and 'rema' in reference to a person with this condition of low mental capacity.

- ❖ Where person experiences mild mental illness at certain times in the lunar circle (*kana mwedzi uri mutete*), this is tolerated and it is termed '*mhengera mumba*'. The affected person may experience periods of abnormal behaviour lasting a few days but can function, that is, can play their social roles, even though not at the optimum expected levels.

2.6.3 Causes of mental illness

Although there are cross-cultural and ethnic differences in Africa, there is nonetheless a general belief that both physical and mental diseases originate from various external causes such as a "breach of a taboo or customs, disturbances in social relations, hostile ancestral spirits, spirit possession, demoniacal possession, evil machination and intrusion of objects, natural causes and affliction by God or ancestors (Abdullah & Brown, 2011; Carpenter-Song et al., 2010). In some African communities, biology alone does not explain disease causation, because an illness is seen as a social phenomenon (Njenga, 2007). Consequently, any form of illness is of significance for the whole family and immediate community members' (Mittner, 2011). The African traditional healers generally locate the cause and treatment of psychological distress within the community (Mzimkulu & Simabyi, 2006).

Imbalance of chemicals in the brain has also been seen as a cause for some illness (Abdullah & Brown, 2011). Many socioeconomic factors as well may contribute to mental health such as, disease, political unrest, violence, and any kind of addiction. In Southeast Africa many people have developed post-traumatic stress disorder relating to genocide, civil war, tribal clashes, and refugee situations. For example, a study by (Njenga, Nguithi & Kang'ethe, 2006) found that a significant section of the population in countries like Rwanda and Uganda have high levels of post-traumatic stress disorder due to conflicts, genocide, and other crimes against humanity.

According to Mzimkulu and Simabyi (2006) psychosis occurs due to supernatural factors such as witchcraft and spirit possession which are brought in by family relatives due to jealousy. Psychosis occurs to intelligent highly functioning individuals and/or angered ancestors who withdraw their protection if the family of an individual does not perform certain rituals or has committed an immoral act.

2.6.4 Treatment of mental illness

Traditional healers are often instrumental in treating mental illness (Horn, 2004). Studies conducted by Abbo (2011) show that traditional healers could recognize symptoms of severe illness but that they expressed strong belief in supernatural factors as ultimate causes of mental illness and this influenced the treatments they gave. Traditional healers treat psychosis with various methods that include herbs, appeasing the spirits and divination depending on the perceived cause. Counselling is also a popular method of treatment (Mbwayo et al., 2013). Other traditional healers would move to the patient's home to help him/her remove certain items which the traditional healer claims had been used to bewitch the patient (Mbwayo et al., 2013).

2.6.5 Preventive methods

Mental health promotion and prevention interventions for at risk populations hold potential for breaking the cycle of poverty and mental ill-health, through addressing the social determinants of poor mental health and supporting the realization of people's potential in the face of risk (Petersen, Bhana, Flisher, Swartz, Richter, 2010; Petersen et al., 2010). In a study conducted by Mufamadi and Sodi (2010), it was found that traditional healers use a wide band of curative and preventive interventions that address the patient's problems at both physical and psychological levels. At a psychological level, traditional healers were found to use rituals and other symbols to treat and prevent mental illness in their patients. In some cases, patients would be given some charms and/or medicines that are believed to have protective powers against some evil forces. Such protective interventions are believed to be therapeutic for patients. The preventive interventions of the traditional healers focus on both the patient and his or her broader social environment which is made out of people, animals, crops, houses and all entities within the parameters of the homestead.

Mental illness can also be prevented either after birth or after the treatment of mental illness. After the treatment of mental illness, a patient is given herbs that prevent the illness from re-attacking the patient (Madhize & Mashamba, 2014). When using preventive medicine, the client is made to believe that witchcraft practice is responsible for their condition and people who envy him or her are the cause of the problems. The client is then taught avoidance behaviour to reduce the anxiety by not coming face to face with the enemy or can be given some charms, amulets, talismans to wear for

protection against any further evil forces, enemies or bewitchment during treatment and after discharge from the treatment centre (Atindanbila & Thompson, 2011).

According to White (2015), if the diviner or the traditional healer perceives the cause of the mental illness to be an attack from evil spirits, the person would be protected by the use of a talisman, charm, '*moto*' (spiritually prepared black powder) for body marks, amulets, and a spiritual bath to prevent the evil spirits from returning. These are rites aimed at driving off evil and dangerous powers, spirits or elements in preventing the mental illness from occurring again. Their function is to eliminate the evils or dangers that may have already taken root in a family or community (White, 2015).

A study by Insoll (2010), revealed that in some cases herbs are prepared for curative and preventive measures. The person will bathe with these herbs at specific times for a number of days. Sometimes an animal can be slaughtered and the blood would be poured on the head and foot of the sick person; the blood poured on the sick person serves as a way of cleansing. This practice is common among the Ewes communities in Ghana (Insoll, 2010). According to Westerlund (2006), some traditional healers in Kumasi in the case of mental illnesses that had been caused by an invocation of a curse or violation of taboos, the traditional healer appeases the ancestors, spirits or the gods. This is done by either sacrificing an animal or by pouring of libation. After the rituals, these articles are sometimes left at the required place to rot, or they are sometimes thrown into a river as required by the god or spirits (White, 2015; Insoll, 2010).

According to White (2015), if the mental illness was discovered to have occurred as a result of impolite behaviour a method of counselling is used to curb re-occurrences. The person is advised to be of good behaviour going forth. According to African traditional belief, good behaviour includes following and practicing values and behaviour established by society and culture, participation in religious rituals and practices, and proper respect for family, neighbours and community (Westerlund, 2006). Failure to follow these behavioural guidelines often results in the good spirits withdrawing their blessing and protection and, therefore, opening doors for illness, death, drought and other misfortunes.

2.7. Theoretical framework

2.7.1 *The Afrocentric perspective*

In this study, the researcher employed the Afrocentric perspective. The Afrocentric perspective (also referred to as Afrocentricity) examines topics through a lens 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). The perspective views the manifestations of all forms of ill health as a result of conflicts between the patient and other individuals, dead or alive, spirits, and the non-material forces that pervade society (Mkhize, 2003). Bojuwoye and Sodi (2010) asserted that each society is unique and has its own way of conceptualizing and describing the various forms of illness. In Africa, people interact with one another not on the basis of how things are, but how they perceive them. Tillman (2002) is of the view that culturally sensitive research focuses on addressing specific knowledge, world views, share orientation based on cultural and historical experience, and specific behaviours which determine cultural distinctiveness. This is in line with the use of Afrocentric theory to understand phenomenon within the African context, (Sliep, 2009). In the present study the researcher opted to use the Afrocentric perspective as a lens through which to explore preventive methods used by traditional healers because this would assist in understanding and describing this culturally informed practice from an African perspective.

The Afrocentric theory was propounded by Molefi Asante in the 1980s as a systematic challenge to Western epistemology. It developed in the African American cultural landscape as a set of principles that account for the understanding of an African sense of wholeness in addressing the life and experience of people of African descent in America, in the African continent, and all over the world. The Afrocentric theory emerged from the Afrocentric paradigm which deals with the aspects of African identity from the perspective of African people. This concept has been termed “Afrocentricity” by Molefe Asante in an effort to convey the profound need for African people to be re-located historically, economically, socially, politically, and philosophically (Mkabela, 2005).

Afrocentricity developed as a growing scholarly idea in the 1980s as a large number of African American and African scholars adopted an Afrocentric orientation to data.

The paradigm is generally opposed to theories that alienate Africans in the periphery of human thought and experience. It became a paradigm that advocates for the idea that African people should possess a sense of agency for them to gain sanity. In the 1960s a group of African American academics in the Black Studies departments that had just been formed at universities started formulating new ways of analysing information. Most often, these new ways were regarded as viewing information from a black perspective not the common white perspective of most information which had always been in existence in the American academy (Mkabela, 2005).

The Afrocentric perspective is a revolutionary shift in scholarship and it is believed to be an adjustment to black disorientation and lack of agency. Afrocentrism seeks to answer the question: What would African people do if there were no white people? This implies that, what natural responses would occur in the relationships, attitudes toward the environment and kinship patterns among other aspects of life for African people had there not been any intervention of colonialism or enslavement? In that light, Afrocentricity places the fundamental role of the African subject within the context of African history and in so doing eliminating Europe from the heart of the African reality. Hence, Afrocentricity is evidently a revolutionary idea since it studies numerous aspects of life which comprise of ideas, concepts, personalities, and political and economic processes placing black people as subjects rather than objects. Moreover, as a paradigm, Afrocentricity emphasises the significance of the African, that is, black ideals, values, culture and history which are of paramount importance in African culture (Tilloston, 2013; Tillman, 2002).

2.7.2 Afrocentricity and mental illness prevention

The present study adopted the Afrocentric paradigm to understand methods used by Shona-speaking traditional health practitioners to prevent mental illness. This paradigm was found to be useful in this study as it assisted in understanding and describing mental illness prevention from the perspective of the Africans themselves. Asante (1993) argues that Afrocentricity has a significant impact on the manner in which Africans view their identity and way of doing things such as farming practices and other indigenous practices they employ in their day to day lives. It has implications for indigenous African culture since it locates research from an African viewpoint and creates Africa's own intellectual perspective. It provides methods and practices that

African people could use for making sense of their everyday experience in an indigenous African's point-of-view (Mkabela, 2005).

2.8 Summary

This chapter provided literature reviewed on various perspectives of mental illness. Various aspects were covered. These include prevalence of mental illness in Zimbabwe, traditional healing, Western perspectives on mental illness, causes and treatment of mental illness as well as the African perspective of mental illness. The chapter also discussed the Afrocentricity theory and how it relates to the prevention of mental illness from an African perspective.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter focuses on the methodology used in the study. It gives an outline of the research design, the procedure that was followed and the process of data collection and analysis. Issues relating to quality criteria, as well as ethical aspects taken into consideration during the data collection process are also discussed.

3.2 Study area

The researcher chose Bulawayo as the research site because this is the hometown and area of residence for the researcher. It was also chosen as a research site as there is limited literature available on the preventive methods used by Shona traditional healers in this part of Zimbabwe.

3.2.1 Demographic information

Bulawayo is the second largest city in Zimbabwe after the capital Harare, with an estimated population of 653,337 in 2012 (Zimbabwe National Statistics Agency, 2012). Bulawayo Metropolitan Province is located in the south west of the country. It is Zimbabwe's second largest city and has five districts which are Bulawayo Central, Imbizo, Khami, Mzilikazi and Reigate. It is divided into 29 wards and the wards are made up of several residential areas. Politically the city is divided into twelve House of Assembly constituencies. The capital of Matabeleland North is now Lupane, as Bulawayo is a standalone province. The majority of the Bulawayo's population belongs to the Ndebele ethnic and language group (Ranger, 2010).

3.2.2 Economic status

Bulawayo has long been known as the industrial hub of Zimbabwe (Ranger, 2010). It has a large manufacturing presence, and large industries. However, some of these companies have either moved operations to Harare or no longer exist altogether which has crippled Bulawayo's economy. The city still contains most of what remains of Zimbabwe's heavy industry and food processing capability including a Thermal Power Station which resumed operations in February 2011 (ZimStats, 2012). Bulawayo has for the past ten years seen a huge drop in service delivery and an increase in

unemployment due to the number of resignations of people seeking better prospects across the border. However, with the introduction of the multi-currency system in 2009, a new approach is seen by investors in the city who admire the already-available infrastructure and the huge workforce and Bulawayo as great prospects for the future and is set to once again contribute greatly to the economy of Zimbabwe.

3.2.3 Activity and labour-force activity

According to Zimstats (2012) an estimated 66% of Bulawayo's population consists of people at least 15 years old and around 60% of this population was in the labour force. The proportion of those in the labour force who were unemployed was about 28 %. Almost 1 % of children age 10-14 years were economically active. For persons aged 15 years and above, Bulawayo Province had a total of 189 697 employed persons and 71 491 persons who reported that they were unemployed. Within the unemployed category there were almost equal proportions of males and females. Bulawayo Province had a total of 221898 children age 10-14 years. 0.5% of these children (719children) were economically active (ZimStats, 2012).

3.2.4 Education and literacy

About 10% of the population aged 3 to 24 years had never been to school. However, 89% of these were below 6 years of age and many of them likely to start school later. 58% of the population was currently attending school. The proportion of the population aged 3-24 years that had left school at the census time was 32%. Highest level of education completed in Bulawayo province 64% of the population aged 3 years and above had completed secondary and above level of education (ZimStats, 2012). Literacy for the 2012 population census, the population age at least 15 years who had completed at least grade 3 was classified as literate. 96% of those age 15 years and above in the province were literate. As expected the literacy rate declined with increasing age, confirming that the older generation were relatively disadvantaged with regard to education.



Figure 1: Geographical location of Bulwayo. Source: Zimbabwe Department of the Surveyor General (2016).



Figure 2: Map of Bulawayo city. Source: Zimbabwe Department of the Surveyor General (2016).

3.3 Research design

This was a qualitative study that employed an exploratory research design. The exploratory research design investigates the nature of a phenomenon, the manner of existence, and related factors as well as features in order to gain further information on the situation. Exploratory research is done to increase the researcher's awareness on the phenomenon and provides valuable information for further investigations and usually asks the "how" questions (Babbie, 2008).

3.4 Sampling and setting

A sample of ten participants who are traditional health practitioners was selected by the researcher amongst the traditional health practitioners known in their communities to be experts in the management of mental illness. These participants were selected through purposive sampling, whereby the researcher approached the Zimbabwe National Traditional Healers Association (ZINATHA) and identified ten traditional health practitioners who engage in preventive practices (see Appendix 6 for the letter of permission). The first ten traditional health practitioners suggested by ZINATHA were approached and requested to participate in the study. Of these ten, the researcher was only able to conduct interviews with four traditional health practitioners.

The researcher then approached ZINATHA for further suggestions of traditional health practitioners and was given a list of eight traditional health practitioners. The researcher was able to conduct interviews with six of the eight suggested traditional health practitioners to reach the anticipated sample of ten. The choice of ten traditional health practitioners was in accordance with Mason's (2010) recommendation that samples in qualitative research must be large enough to ensure that most of the important perceptions are uncovered. The researcher in the present study is of the view that a sample of ten participants enabled her to gather sufficient data.

3.5 Data collection

Semi structured personal interviews were conducted with the traditional health practitioners to gather in-depth information (see Appendix 1a Interview guide – English version and Appendix 1b Interview guide – Shona version). A semi-structured interview is a verbal interchange where one person, the interviewer, attempts to elicit information from another person by asking questions (Longhust, 2010). All interviews were conducted in Shona which is the first language of the researcher. Interviews were conducted in the places convenient to the traditional health practitioners and lasted for approximately 30-60 minutes. These interviews were audio recorded for later use by the researcher during data analysis and interpretation, with the permission of the participants. Before conducting each interview, the researcher explained that the interview was to be unstructured and probing questions would be determined by the information they provided. Field notes were also made during interview to counter loss of valuable information. Data collected was transcribed and translated verbatim from Shona into English. The researcher was cautious not to distort meanings in the process of translating.

3.6 Data analysis

Data collected was analysed through thematic content analysis. Braun and Clarke (2006) define thematic content analysis as a method used for identifying, analysing and reporting patterns in the data. Thematic content analysis proceeded through breaking the information collected into themes emerging from the data. The following steps as suggested by Braun and Clarke (2006) were followed during data analysis;

Phase 1: Familiarising oneself with the data / Transcription of verbal data

The initial stage involved close reading of the transcript a number of times. All texts where the data were recorded was read more than once. The researcher listened to the audio-tapes and read all recorded material. By reading the texts again and again, the researcher became familiar with what was found in the texts as well as the kind of interpretations that were likely to be supported by the data.

Phase 2: Generating initial codes

The aim of this stage was to identify trends and patterns developing from the data collected. These trends and patterns were then coded and classified into different categories. This entailed marking different sections of the data as being instances of, or relevant to, one or more of the themes and considering how different codes may combine to form an overarching theme.

Phase 3: Searching and reviewing themes

This is the converse of a top-down approach where one would use readily made categories and simply look for instances fitting into the categories. The researcher aimed to formulate a concise phrase at a slightly higher level of abstraction which referred to a more psychological conceptualisation. Nevertheless, this was still grounded in the particular detail of the participant's account.

Phase 4: Searching, Defining and naming themes

This Stage consisted of transforming notes into emerging themes. The researcher looked for the themes common to most or all of the interviews as well as the individual variations. This was done through looking for connections between emerging themes, grouping them together according to conceptual similarities, and providing each cluster with a descriptive label. A final list comprised numerous themes and sub-themes.

Phase 5: Interpreting and compiling information

The final step of data analysis involved the researcher putting together the interpretations in a written account of the portent studied. The analysis and interpretation of the data was guided by the focus and theoretical constructs of the Afrocentric theory. This approach served as the main guide to extracting and organizing the information obtained from the Shona traditional health practitioners.

3.7 Quality criteria

The following quality criteria as recommended by Tracy (2010) guided the researcher in the present study:

3.7.1 Credibility

This is the alternative to internal validity, in which the goal is to demonstrate that the inquiry will be conducted in such a manner as to ensure that the subject is accurately identified and information to be acquired will be accurately described (Denscombe, 2007). Similarly, in the present study, the researcher approached ZINATHA to identify known participants who are experts in the field of interest and all data gathered was audio-recorded so as to be used when analysing the data collected.

3.7.2 Confirmability

The concept of conformability captures the traditional concept of objectivity as applied in qualitative research. This emphasizes the need to ask whether or not the findings of the study could be confirmed by another researcher. Confirmability questions how the research findings are supported by the data collected (Mikes, 2011). In the present study, confirmability was ensured by approaching ten different traditional health practitioners. These traditional health practitioners may not have had similar views though they were talking about the same phenomenon, which is the prevention of mental illness.

3.7.3 Transferability

Transferability refers to the degree to which the results of qualitative research can be generalized or transferred to other contexts or settings (Trochim, 2010). In the present study, the researcher ensured transferability by structuring the questionnaire in such a manner that those questions and results obtained from them could be applicable in similar investigations in the future.

3.7.4 Dependability

Dependability ensures that the research findings are consistent and could be repeated (Mikes, 2011). The researcher in the present study ensured this by audio-recording the interviews as well as taking down field notes during the entire data collection process.

3.7.5 Trustworthiness

This entails ensuring the results of the research are believable (Shenton, 2004; Trochim, 2010). The trustworthiness of the results of the present study were ensured by triangulating the data collection sources. In this regard the semi-structured interviews and field notes were used as a guide when compiling the research report.

This ensured that no other irrelevant literature was included and only the important aspects and data gathered were used.

3.8 Ethical considerations

3.8.1 Permission to conduct the study

Prior to commencement of the research, the researcher sought ethical clearance from the university's Research Ethics Committee and from Zimbabwe Research Council. (See Appendix 7: Letter of approval by Zimbabwe Research Council and Appendix 5: Ethical clearance letter).

3.8.2 Informed consent

Individual permission was sought from all the participants. The researcher explained the purpose and significance of the study, and potential benefits to the respondents. The researcher informed the participants that taking part in this research was voluntary, and required their consent. Before the interviews commenced, the participants were asked to give their written informed consent (See Appendix 3a entitled Participant's Consent letter and Form– English and Appendix 3b entitled Participant's Consent letter and Form – Shona, Appendix 4a entitled Consent form to participate in a study to be signed by participant – English version and Appendix 4b Consent form to participate in a study to be signed by participant – Shona version).

3.8.3 Confidentiality and anonymity

The researcher maintained confidentiality by ensuring that the information given was not divulged. The principle of anonymity is linked to confidentiality (Bless & Hughson-Smith, 2000). In this study to ensure anonymity, participant's data was not associated with their names or any other identifier.

3.8.4 Respect

The researcher ensured that all research participants were treated with respect and dignity, and their rights protected by ensuring that they were not used simply as a means to achieve research objectives, but to benefit from the knowledge derived from the study.

3.9 Summary

In this chapter, the researcher discussed the methodology that was used in conducting the study. A qualitative method was used to collect data. The study sample consisted of 10 traditional health practitioners known in their communities to be experts in the management of mental illness. The participants were all interviewed in their places of practice within Bulawayo. Data collected was analysed using thematic content analysis. Quality measures and ethical aspects were taken into consideration throughout the study.

CHAPTER 4

PRESENTATION AND ANALYSIS OF FINDINGS

4.1 Introduction

In this chapter the results of the study are presented. The section presents the demographic profile of the participants firstly, then the themes that have emerged from the thematic content analysis of the data. The following themes will be presented: a) types of mental illness commonly encountered by traditional health practitioners, b) various types of preventive methods known of and used by traditional health practitioners, c) prevention of mental illness in individuals and families who have never suffered from mental illness, d) methods used to prevent the re-occurrence of mental illness. The chapter concludes with a summary of the study findings.

4.2 Demographic profile of the participants

Table 1: Demographics

Participants	Gender	Age	Years of practising	Area/ Suburb	Marital status
Participant 1	Male	36	15	New Magwegwe	Married
Participant 2	Male	28	08	Cowdray Park	Married
Participant 3	Male	28	06	Nketa 9	Married
Participant 4	Male	83	53	Old Luveve	Married
Participant 5	Male	48	15	Nketa 8	Married
Participant 6	Male	62	37	Cowdray Park	Married
Participant 7	Male	33	13	Emakhandeni	Married
Participant 8	Male	61	33	Makokoba	Married
Participant 9	Male	69	34	Mpopoma	Married
Participant 10	Female	45	26	Njube	Married

Table 1 above illustrates the demographic profile of the participants that were interviewed. The participants were drawn from various suburbs in Bulawayo namely Cowdray Park, Emakhandeni, Makokoba, Mpopoma, Nketa 8, Nketa 9, New Magwegwe, Njube, Old Luveve. Nine participants were male and one was female. The

participants were traditional health practitioners known to be specialising in the treatment of mental illness. The ages of the participants ranged between 28 and 83 years. The number of years of practising as traditional health practitioners ranged from 06 to 53 years. The participants in the study were all Shona speaking and married.

4.3 Emerging themes

The emerging themes and subthemes are presented in a tabular form as reflected in Table 2 below. A detailed narrative presentation of each theme and subtheme will also be given.

Table 2: Themes and subthemes

	Main Theme	Subtheme
1.	Types of mental illness commonly encountered by traditional health practitioners (4.4.1)	Criteria used to categorise mental illness (4.4.1.)
2.	Types of preventive methods known and used by traditional health practitioner (4.4.2)	Ascertaining possible methods of harm to a client (4.4.2.1)
3	Preventive methods for individuals who have never been mentally ill (4.4.3)	Preventive methods for families who have never been mentally ill (4.4.3.1)
4	Methods used to prevent the re-occurrence of mental illness (4.4.4)	Guidelines to selection of preventive methods (4.4.4.1)

4.4 Types of mental illness commonly encountered by traditional health practitioners

Most of the participants in this study were able to describe the types of mental illness they commonly encounter not by name but rather according to the cause thereof. For some participants' types of mental illness were also categorised according to the symptom presentation of the individual. However, one participant described the types categorically according to their names. This is reflected in the extracts below:

"I differentiate the types of mental illness according to their causes. We have no specific names for the illnesses." (Participant 1, male, 36 years).

"The presenting symptoms of that person also assist in differentiating the illness although we do not have specific names, if is due to evil spirits we simply just call it madness caused by evil spirits 'kupenga kwemamhepo' " (Participant 2, male, 28 years).

"The types of mental illness we encounter do not have a name per say. It is all just madness and we differentiate according to the actions of the individual and the causes of that illness." (Participant 6, male, 62 years).

"There are three types of mental illness. The first type is called 'pfundira' this is when a person is born with that mental illness. The second type is 'ngozi' whereby maybe in that person's lineage someone should have committed a serious offence and there are evil spirits wandering around maybe from someone who was murdered and this would require compensation. The third one is the most common, this of people who use goblins (kuromba)." (Participant 8, male, 61 years).

"We have no names for the different types but we normally refer to mental illness as 'madness' but we differentiate according to the causes and that is what determines the treatment and the prevention of a re-occurrence thereof." (Participant 9, male, 69 years).

The above extracts demonstrate that a majority of the traditional health practitioners concurred on the types of mental illness they encounter though most of them could not give them a specific name. In essence, they generalised the types of mental illness as 'madness' that is caused by either evil spirits or natural causes. However, one participant categorically named the types of mental illnesses he encounters such as 'pfundira', 'ngozi' and 'kuomba'. The researcher took note of the way in which the participant explained these types of mental illness and how this was in line with those who described them without naming them. This implies that the participants all encounter the same types of mental illness though some do not have specific names for them.

4.4.1 Criteria used to categorise mental illness

All the participants in this study used causes of mental illness to categorise the types of mental illnesses they encounter. The major causes mentioned by the participants included, being bewitched, being possessed by ancestral spirits and natural causes. This is illustrated by the extracts below:

“Firstly in this area it is usually those who have been bewitched through medicine, stealing a shadow, clothing items, hair or menstrual blood from females. The witches also use the blood of a rabid dog or a bird called a ‘nyenganyenga’. It could also be they are being used by other people or bewitched because of stealing. In other cases, it is due to natural causes when something gets disturbed in the brain and this person starts behaving abnormally. There are also those who get diseases such as Syphilis, at times if untreated it gets to the brain and causes ‘madness’ “(Participant 1, male, 36 years).

“One type that has recently emerged is that of mental illness occurring in people who are infected with the Human Immunodeficiency Virus (HIV) and have just started on antiretroviral drugs (ARV’s)” (Participant 2, male, 28 years).

“One other type is that which results from motor vehicle accidents or pedestrian accidents and the injuries affect the brain” (Participant 3, male, 28 years).

“Another type is that of young children having bad company in which they decide to steal from other people and then get bewitched” (Participant 4, male, 83 years).

“The other type is when that individual has done wrong unto another and that person seeks revenge on the wrong doer. The most common type that I encounter is that of people who have been bewitched” (Participant 8, male, 61 years).

“The most common one is that wherein the individual has been possessed by evil spirits” (Participant 9, male, 69 years).

“The most common type that I encounter is that of people who have been bewitched by people they have wronged or ill-wishers who may not want that person to succeed in life” (Participant 10, female, 45 years).

The current study demonstrated that traditional healers tend to understand and describe mental illness in terms of causes instead of giving nosological labels and categories to these conditions.

4.4.2 Types of preventive methods known and used by Shona traditional health practitioners

Most of the participants had knowledge of and used similar methods of preventing mental illness. However, three participants had other individual preventive methods they used not mentioned by the other participants. The methods that these participants mentioned include methods known as ‘*kutsigira*’ meaning strengthening the person, ‘*kutema nyora*’ that is inflicting cuts on a person’s body to apply some herbs as well as applying some medicine on the child’s ‘*nhowa*’ (fontanel). Three participants provided information on methods that were not similar to the other participants though they were aimed at a common goal. These methods include taking a person’s shadow

and hiding it to prevent witches from finding it, applying herbs onto clothes. Here is what the participants had to say,

“Another method of prevention I use is ‘kutsigira’ meaning support. I take that person to where my herbs are and cut ‘kutema nyora’ their whole body such that wherever they are no harm can fall upon them” (Participant 1, male, 36 years).

“In such instances the child is bathed and their ‘nhowa’ is closed with a mixture of herbs such as what we call ‘mpofana” (Participant 4, male, 83 years).

“After this I then go through a process of strengthening that person and this can only be done through ‘kucheka nyora’. This is because my method of preventing mental illness is conjoined with applying some medicine on the child’s ‘nhowa’ I will then give the parents a combination of herbs to have the baby drink, eat in porridge and bath with” (Participant 5, male, 48 years).

“I have herbs called ‘pfipfa’ and ‘tsumburi’ that is cooked together with the bark and milk of a tree called ‘mukama masano’. The individual will then eat and drink this mixture. Others use ‘mbvamaropa’ and ‘muriyashato’, these assist in preventing the build-up of foam in the brain which is what lies behind mental illness. Another method is that of ‘kucheka nyora’ and putting in a preventive herb mixture into those cuts” (Participant 7, male, 33 years).

“These are those such as me mixing different herbs into a cigarette for that person to smoke, herbs to be mixed into porridge and eaten and some that they chew on and this process is not to take more than fourteen days. For children and young adults who are still growing, I have herbs that I give to the parents to put into their porridge and eat and herbs that I put into them after I ‘kucheka nyora” (Participant 8, male, 61 years).

“Lastly the most effective method which the last thing to ensure maximum protection is ‘kucheka nyora’” (Participant 10, female, 45 years).

“I then take the person’s shadow and hide it such that when the witch looks for that shadow to use to bewitch that person they cannot find it” (Participant 1, male, 36 years).

“I go to herbal chemists and get herbs with which I pray and mix into the water. I also use a method called ‘miko’ in which I use a red or white cloth or rope and the person is asked to tie five knots each representing one of his or her five senses” (Participant 3, male, 28 years).

“I dress in this garment and speak unto that person as they touch my garment that no mental illness should fall upon them. Even if the person is not physically present, I would just require their name and totem and speak unto that person” (Participant 6, male, 62 years).

The current study has demonstrated that there is no single method of preventing mental illness that all traditional health practitioners subscribe to. Each participant had methods unique to them and these methods are selected according to the needs of the client. Despite this some methods were found to be common to the traditional healers although execution differed. These are methods such as ‘*kucheka nyora*’ which most of the traditional healers believed to be the most effective preventive method as it provided internal protection. However, three of the participants used uncommon methods but which still served the purpose of preventing mental illness. For most of the participants, prevention was also a common practice with children. This is done through the use of herbs which protect the fontanel (the vulnerable part of a child usually targeted by evil spirits).

4.4.3 Ascertaining possible methods of harm to a client

Most of the participants reported that their methods of prevention depend upon the initial cause of the mental illness. It is the cause that would determine which approach the traditional healer would take in assisting the client. No one prevention method is

prescribed for mental illness but are rather tailored to suit the presentation of the client. Below are the narrations of the respondents.

“Firstly, I ascertain what sort of entity after this person in order to know how best to prevent its attack” (Participant 1, male, 36 years).

“Firstly what I do is to ascertain what sort of prevention method to use with that person because at times that person maybe feeling something is about to go wrong with them or they will be in the beginning phase of mental illness so the prevention methods thereof would differ. This information is provided to me through the spirits I consult but I normally work with water” (Participant 3, male, 28 years).

“After this my ancestors will then show the possible factors that could cause mental illness with this person such as unsettled spirits within the family and how severe the illness would be. After this my ancestors will then show the possible factors that could cause mental illness with this person such as unsettled spirits within the family and how severe the illness would be” (Participant 8, male, 61 years).

“After this my ancestors will then show the possible factors that could cause mental illness with this person such as unsettled spirits within the family and how severe the illness would be” (Participant 10, female, 45 years).

The current study has revealed that traditional health practitioners under investigation have strikingly similar ways of ascertaining what sort of prevention methods they should use with a particular person. Most of the participants agreed that the initial phase of treatment involves ascertaining the possible ways that their client could be attacked and the severity of the mental illness thereof. For nine the participants it is their ancestors that guide this process. The traditional healers consult with their ancestors to show them the imminent harm that befalls their client. For most of the participants, the ancestors were contacted through communication via water or the throwing of bones. After having been shown the method of imminent harm, these same

ancestors provide the exact preventive method that should be used for each individual or family. In essence, it is the ancestors who determine the kind of treatment that a particular client should get.

4.4.4 Preventive methods for individuals who have never been mentally ill

Some participants revealed methods that are used to prevent mental illness on individuals who have never been mentally ill. These methods included 'kucheka nora'. Some of the participants had this to say:

"For individuals I practice 'kucheka nora' on and put a mixture of herbs into these cuts and use their shadows" (Participant 1, male, 36 years).

"Firstly each individual would be given some porridge that has been cooked with herbs to eat" (Participant 2, male, 28 years).

"I give them water to bath with and tie 'miko' onto them. For the 'miko' I use a black cloth that will be spoken onto. After being spoken onto the individual will then take that black cloth and throw it away or bury it underground and return home. Upon returning home I give them a white cloth that I would have prayed over, this cloth will make them pure and untouchable. This cloth is mixed with milk and they then bath with this milk and drink the rest. This is to prevent the evil spirits from entering their bodies. I also have an oil that I give to them to 'spread the smoke' to keep the evil spirits away" (Participant 3, male, 28 years).

". I do this by giving them herbs to put in their porridge, bath them and then 'kucheka nyora' but the most effective for me is to have them consume the herbs" (Participant 5, male, 48 years).

For both families and individuals, I have herbs called 'pfipfa' and 'tsumburi' that is cooked together with the bark and milk of a tree called 'mukama masano'. The individual will then eat and drink this mixture" (Participant 7, male, 33 years).

"It is done through 'kucheka nyora' and getting herbs into the blood stream and also through feeding them herbs as they grow to protect them" (Participant 8, male, 61 years).

The current study has revealed that there are various methods that are used to prevent mental illness on individuals who have never been mentally ill. This suggests that the methods used on individuals are mostly different from those used on families. For some of the participants 'kucheka nyora' was the most effective method of prevention as herbs are applied directly into the blood stream. Other traditional health practitioners preferred the use of herbs. These herbs are used for consumption or for bathing. Specially made oils are used mixed together with these herbs to be used externally as a lotion. However, one of the participants had a method unique to him, which is that of 'miko'. This participant makes use of a rope with knots tied onto it representing each of the senses to prevent mental illness.

4.4.5 Preventive methods for families who have never been mentally ill

Participants also provided preventive methods for families that have never been mentally ill. Most of them disclosed that they give parents some herbs to take with them to exact birth place of that individual and take sand from there, mix it together with the herbs in a bottle and call out their names and recite whatever they are hoping for. Also some would give each individual some porridge that would have been cooked with herbs. This is what the participants had to say:

"I give the parents some herbs to take with them to exact birth place of that individual and take sand from there, mix it together with the herbs in a bottle and call out their names and recite whatever they are hoping for. I also practice 'kutsigira' that is support a family's homestead. To do this I surround the homestead using 'hoko' pegs and dig holes at each corner of the house and one in the middle of the yard. There after I put hot ash in the holes and then herbs on top and fill up the holes" (Participant 1, male, 36 years).

"Firstly each individual would be given some porridge that has been cooked with herbs to eat. Thereafter I will dig holes at each corner of the house and bury some herbs there" (Participant 2, male, 28 years).

"I do this by giving them herbs to put in their porridge, bath them and then 'kucheka nyora' but the most effective for me is to have them consume the herbs. Together with this I will go to their homestead and do what I call 'kupuma'

that is chasing away evil spirits. This is where I take a leafy branch and dip in a mixture of herbs and spray it all over the house. I then put pegs 'hoko' or what we call 'zvikwakwane', this is taking herbs and putting it into bottles and bury it by each corner of the house" (Participant 5, male, 48 years).

"I normally advice and counsel families or individuals to stay away from drinking and smoking excessively as this is the most common cause for mental illness" (Participant 4, male, 83 years).

"With those individuals or families that do come, I give them water to bath with and tie 'miko' onto them. For the 'miko' I use a black cloth that will be spoken onto" (Participant 3, male, 28 years).

"When they come to consult, I dress in my garment and ask the person (s) to speak out their wishes as they touch my garment" (Participant 6, male, 62 years).

This study has revealed that apart from preventive methods for individuals there are preventive methods for families that have never been mentally ill. Traditional health practitioners disclosed that they give parents some herbs to take with them to exact birth place of that individual and take sand from there, mix it together with the herbs in a bottle and call out their names and recite whatever they are hoping for. Another of the preventive methods for families is that of protecting the homestead and its inhabitants. 'hoko' and 'zvikwakwane' are placed in holes dug at each corner of the house. Others are placed at points of entry and any other place of choice by the client. This serve to ward off any potential threats or evil spirits. Herbs are also used and consumed in porridge and drinks. One participant had a method distinctive to him. This traditional healer uses cloths or ropes to tie knots and in so doing tying the senses of that person to remain intact and functional.

4.4.6 Methods used to prevent the re-occurrence of mental illness

A majority of participants revealed that they have methods that they use to prevent re-occurrence of mental illness. The methods that were presented by the participants include a process known as 'kufutira/kufuta' where herbs ('inyamazana') are placed into boiling water and that person placed over the steam and covered with a blanket

so they breathe it in. Another method reported by the participants is strengthening the client through prayers as well as digging a hole and put in herbs and then fill up the hole. The extracts below provide the participants explanations.

“The individual goes through a process of ‘kufutira/kufuta’ where herbs (‘inyamazana’) are placed into boiling water and that person placed over the steam and covered with a blanket so they breathe it in and then they bath again after ‘kufutira’ (Participant 2, male, 28 years).

“Firstly, what I do is to strengthen that person. This is done through prayers. I practice ‘kufutira’ on the person with prayers. After ‘kufutira’ I then make a rope for him or her that they will tie around their waists and others on the wrist” (Participant 3, male, 28 years).

“We would dig a hole and put in herbs and then fill up the hole. This branch is broken into half and soaked in a mixture of herbs either using hot or cold water. The stick is then used to beat the person on the head, chest and each side of their body” (Participant 4, male, 83 years).

“To prevent a re-occurrence, I take the person to the bush where we do what we call ‘kurasirira’ that is throwing away items. The person will dig a hole in which they will bath with a mixture of herbs and then fill up and cover the hole there after” (Participant 5, male, 48 years).

“Another of preventing a re-occurrence is by sending whatever evil entity back to the sender. This is done through a process called ‘kuhaka’ which is between my ancestral advisers and i. The evil spirit ‘ngozi’ is hooked and it comes into me and speaks through my body as the family asks whatever questions it may have for that evil spirit” (Participant 7, male, 33 years).

“Alternatively I would light a fire and burn some herbs on it and then use the warm briquettes to rub on that person. Thereafter I give them herbs to be mixed into porridge and eaten. Lastly I would mix together herbs that I put into them after I practice ‘kucheka nyora” (Participant 8, male, 61 years).

“I have herbs that I give them to mix with their porridge and eat. To further strengthen them I practice ‘kucheka nyora’ which gives greater protection and will ultimately stop any re-occurrence” (Participant 9, male, 69 years).

The current study has revealed that there are various methods that are used to prevent the re-occurrence of mental illness by traditional health practitioners. The methods that were presented by the participants are in form of process known as ‘kufutira/kufuta’ among many other methods presented by the practitioners.

4.4.7 Guidelines to selection of preventive methods

Most participants revealed several guidelines to the selection of preventive methods. These guidelines include ascertaining how the mental illness was stopped. They also check to see what caused the mental illness and how it was treated as this informs the preventive methods to be used. Below are the extracts from participants.

“Prevention of this sort is done immediately after treating someone of that mental illness and the method depends upon the cause of the initial mental illness” (Participant 1, male, 36 years).

“The first thing to do is to ascertain how that illness stopped and then I proceed from there” (Participant 8, male, 61 years).

“Initially I check to see what caused the mental illness and how it was treated as this would guide how I prevent it from occurring again” (Participant 10, female, 45 years).

The current study has established that there are several guidelines used to select preventive methods by traditional health practitioners. These guidelines which include ascertaining how illness stopped and what caused the mental illness as well as how it was treated have proved to be used by a majority of traditional health practitioners.

4.5 Summary

This chapter presented the results of the study. These results were presented in in form of various themes and subthemes. The main themes include types of mental illness commonly encountered by traditional health practitioners, criteria used to categorise mental illness, types of preventive methods known and used by traditional health practitioners and guidelines to selection of preventive methods.

CHAPTER 5

DISCUSSION OF FINDINGS

5.1 Introduction

This chapter provides a discussion of the study findings, conclusions and recommendations suggested by the researcher. The discussion comprises of the study sample and the major themes that erupted from the study. These themes include: types of mental illnesses commonly encountered by traditional health practitioners, types of preventive methods known and used by traditional health practitioners, preventive methods for individuals who have never been mentally ill and methods used to prevent the re-occurrence of mental illness.

5.2 Emerging themes

5.2.1 Types of mental illness commonly encountered by traditional health practitioners

Most of the participants in the current study were able to describe the types of mental illness they commonly encounter not by name but rather according to its cause. For some participants, the types of mental illness were also categorised according to the symptom presentation of the individual. Generally, most participants described mental illness as ‘madness’. The participants’ description of mental illness is in line with the findings of Mbwayo et al. (2013) study which found that traditional healers could recognize certain mental disorders. In the study most mental illnesses were associated with psychosis and in most cases the only obvious mental illness which could be easily detected from the behaviour of the patient was “madness”.

For all the participants the most common type of mental illness was that of one being bewitched. This was followed by the ‘*ngozi*’ type, the type wherein one is possessed by demons or hostile ancestral spirits. One participant had specific names for the types of mental illness but rather according to cause than generic Western names. The participant had three types namely, ‘*pfundira*’, ‘*ngozi*’ and ‘*kuromba*’. This concurs with the view of Muchinako et al. (2013), who through their studies also found three types of mental illness among the Shona people: violent, non-violent, passive and the mild mental illness (‘*mhengerera mumba*’). This suggests that in the African context mental

illnesses are not usually referred to by specific names. Rather, patients' conditions are generalised as being mad.

5.2.2 Criteria used to categorise mental illness

All the participants in this study used causes of mental illness to categorise the types of mental illnesses they encounter. The major causes mentioned by the participants included, being bewitched, being possessed by ancestral spirits. This finding relates to Mbwayo et al. (2013)'s finding that traditional healers' belief that mental illnesses have a variety of causes which include possession by the evil spirits; being bewitched (also known as '*Kurogua*', '*kutupiwa*'); can be within the family/inherited; substance and alcohol abuse; displeasing the ancestors; being cursed; or even being involved in an accident.

This finding lends support to the study by Muchinako et al. (2013) which suggested mental illness is generally known among the Shona people as '*kupenga*'. According to their study, mental illness is classified or named according to its cause and the behavioural output of that individual. Muchinako et al. (2013) found three distinct types of mental illness, namely, the violent type, the non-violent type and the passive type. This is consistent with the reports of one of the participants who named the types of mental illness as '*kupenga kwemamhepo*,' '*kupenga kwengozi*' or '*kupenga kwekuroyiwa*' as per cause. This suggests that in the African context mental illnesses are not usually referred to by specific names. Rather, patients' conditions are generalised as being mad.

The traditional healers had common attributes to the causes of mental illness which they use to categorise the mental illness. The most common of these causes were: being bewitched, '*ngozi*', '*kuromba*', angry ancestral spirits, and demon or spirit possession. This is in line with the findings of studies by (Abdullah & Brown, 2011; Carpenter-Song et al., 2010), which identified similar causes of mental illness. This suggests that in African culture mental illness is attributed to similar causes. However, some traditional healers also identified natural causes for mental illness, some of which they reported to be new but did not occur as often. These were natural events such as the side effects of treatment drugs for Human Immunodeficiency Virus (HIV). Another participant identified effects on the brain resulting from motor vehicle

accidents or other trauma to the brain. III- behaviours such as drug addiction were also named by one of the participants as being the cause of mental illness, as it affects the chemical balance of the brain.

Conversely, none of the traditional healers identified political unrest, violence, wars or socio-economic implications as causing mental illness. This is in contrast to the findings of (Njenga et al., 2006) who found this to be a major cause of mental illness in African countries such as Uganda and Rwanda.

This view is also supported by White (2015) who asserts that there are several ways traditional Africans explain or understand the causes of disease such as mental illness. The first point of contact is the view that such disease is often caused by attacks from evil or bad spirits. Some also believe that when the ancestors are not treated well, they could punish people with mental illness. Therefore, the current study established that unlike in the Western world where there are specific names for mental illnesses, the African perspective suggests that mental illnesses are named according to categories they fall under.

5.2.3 Types of preventive methods known and used by Shona traditional health practitioners

There are a variety of methods used by traditional healers across Africa ranging from the use of herbs and animals to the use of charms and talismans. Most of the participants had knowledge of and used similar methods of preventing mental illness. The methods that these participants mentioned include methods known as '*kutsigira*' meaning strengthening the person, '*kutema nyora*' that is applying herbs into cuts made on the body as well as applying some herbs on a child's '*nhowa*' (fontanel). Participants in this study also had in common the use of herbs. These herbs are used for consumption, smoking or externally as lotion. The herbs are mixed into porridge, water or milk to be consumed for a certain period of time at certain times of the day. They are also mixed with oils to be applied on the body as specified by the healer. Mufamadi and Sodi (2010) were of similar views as their study revealed that traditional healers had a wide band of curative and preventive interventions.

Mental illness can be prevented soon after the birth of a child and after the treatment of a mental illness. Some of the participants indicated that they have methods used specifically for prevention of mental illness in children. These include applying herbs onto the baby's fontanel as this is the entry point for evil spirits. For those who have been mentally ill, herbs and rituals such as cleansing ceremonies are conducted to appease the ancestors. Preventive methods are also focused on both the client and their social environment including people, houses and homesteads. This was something most traditional healers used particularly with the homesteads where '*hoko*' and '*zvikwakwane*' are used to protect homesteads and the inhabitants.

However, a few of the participants had other individual preventive methods they used not mentioned by the other participants. They gave remarks that were not similar to other traditional healers, though they were aimed at a common goal. These methods include using the client's shadow, applying store bought herbs onto clothes, '*miko*' and '*kufutira*' and counselling. One participant indicated that one of his most effective preventive method is that of taking the client's shadow and hiding it. This is done in order to keep away witches. Counselling was for one of the participants, the main method of prevention. This finding is in agreement with the WHO Traditional Medicine Strategy (2002) which suggests that prevention of mental illness include diverse health practices, approaches, knowledge and beliefs incorporating plant, animal and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness.

5.2.4 Preventive methods for individuals and or families who have never been mentally ill

Preventive methods are not solely focused on individuals but their families and environments as well. The current study has revealed that there are various methods that are used to prevent mental illness on individuals and families who have never been mentally ill. This suggests that the methods used on individuals are not entirely different from those used on families. For some of the participants '*kucheka nyora*' was the most effective method of prevention as herbs are applied directly into the blood stream. This together with the use of herbs ensures maximum protection as they

enter into the body and therefore protecting the client from harm that attacks the inner body. These herbs are used for consumption or for bathing. Specially made oils are used mixed together with these herbs to be used externally as a lotion, serving as a form of double protection as the client is protected both internally and externally.

Nevertheless, one of the participants had a method exclusive to him, which is that of '*miko*'. This participant makes use of a rope with knots tied onto it representing each of the senses to prevent mental illness. The tying of the knots serves to keep each of the senses intact, and this cannot be disturbed by any evil. This study has revealed that apart from preventive methods for individuals there are preventive methods for families that have never been mentally ill. Methods such as applying a mixture of herbs to the fontanel of a baby and consuming herbs in porridge are used to prevent mental illness in children, as indicated by some of the participants. This goes hand in hand with a study by Madhize and Mashamba (2014) that yielded similar results.

Traditional health practitioners disclosed that they give parents some herbs to take with them to exact birth place of that individual and take sand from there, mix it together with the herbs in a bottle and call out their names and recite whatever they are hoping for. These families are also given herbs that they consume. Apart from protecting the family members, measures are also put in place to protect the homesteads. Bottles with mixtures of herbs are placed at certain points around the house such as entry points. This prevents any evil spirit from entering their house. This is line with findings by White (2015); Insoll (2010) that various methods are used to protect individuals and their families.

5.2.5 Methods used to prevent the re-occurrence of mental illness

A majority of participants revealed that they have methods that they use to prevent re-occurrence of mental illness. The methods that were presented by the participants include a process known as '*kufutira/kufuta*' where herbs ('*inyamazana*') are placed into boiling water and that person placed over the steam and covered with a blanket so they breathe it in. Another method reported by the participants is strengthening the client through prayers. '*Kurasira*' which is a process of washing away all the evil from oneself, is one used by some of the traditional health practitioners. During this process,

the clients dig holes and ash away the evil into that hole and fill up the hole. The client will then return home having left behind whatever evil was attacking them.

The researcher was however unable to find supporting literature on the prevention of re-occurrence of mental illness in Africa. For example, Mamah et al. (2013); Mbuya et al. (2013) assert that traditional health practitioners provide medicine, skills and practices based on the theories, beliefs and experiences indigenous to different cultures with the overall objective of preventing mental illnesses. Alas, prevention of reoccurrence of mental illness is not evident from other writers. This suggests that prevention of re-occurrence of mental illness should be unique to generally Zimbabwean traditional health practitioners and specifically Shona traditional health practitioners from Bulawayo.

5.2.6 Ascertaining possible methods of harm to a client

The traditional doctor (*n'anga*) plays a central and integral part in Shona religion which is linked to the prevention and treatment of disease. The belief is that there is always some supernatural influence involved in the day to day lives of the Shona people. The current study has revealed that the traditional health practitioners under investigation have strikingly similar ways of ascertaining what sort of prevention methods they should use with a particular person. Most of the participants agreed that the initial phase of prevention involves ascertaining the possible ways that their client could be attacked and the severity of the mental illness thereof. For nine the participants it is their ancestors that guide them this process.

The traditional healers consult with their ancestors to show them the imminent harm that befalls their client. For most of the participants, the ancestors were contacted through communication via water, mirrors or the throwing of bones. After having been shown the method of imminent harm, these same ancestors provide the exact preventive method that should be used for each individual or family. For example, for some of the participants, the ancestors could reveal that the client could be attacked by hostile ancestors as a result of '*ngozi*' due to misdeeds by past family members. In such cases it would be imperative that a ritual be performed to appease the ancestors. This is done through the slaughtering of an animal and offering it to the ancestors and

smearing the animal's blood onto the client. Similar methods were revealed in a study by Insoll (2010) in Ghana. In essence, it is the ancestors who determine the kind of treatment that a particular client should get.

5.3 Implications for theory

In line with the Afrocentric perspective, the present study located traditional healers at the centre by permitting them to describe, in their own words, their understanding of the types of mental illness and its prevention. The traditional healers were at the core of information gathering as they gave accounts of and explained methods they know of use in the prevention on mental illness and its re-occurrence. This coincides with the Afrocentric framework which calls for Africans to be the centre of defining and explaining phenomenon that affect them.

This study revealed that the types of mental illness are culturally defined according to their causes. Preventive methods are also culturally prescribed through communication with ancestors. This was illustrated by the traditional healers' common view that spiritual factors influence the diagnosis, treatment and prevention of mental illness and the associated conditions of ill health. Traditional healers are of the view that spiritual factors, are also involved in causing, maintaining and treating mental illness. Based on these annotations, it can be concluded that traditional healers are vital and a key resource in the provision of mental health care in Zimbabwe.

CHAPTER 6

SUMMARY AND CONCLUSION

6.1 Summary of the findings

The aim of this study was to explore methods used by Shona traditional health practitioners in the prevention of mental illness. The objectives of the study were (a) to understand and describe the types of mental illness that are identified and treated by Shona traditional health practitioners, (b) to identify and document the methods that traditional health practitioners use to prevent mental illness in their clients. A qualitative research approach was used in the study. A total of ten traditional health practitioners (male=9; female=1) were selected using purposive sampling to participate in the study.

The study revealed that traditional health practitioners tend to describe the causes of mental illness instead of giving nosological labels and categories to these conditions. In that regard, the major causes discovered in the current study include, being bewitched, being possessed by ancestral spirits and natural causes. Furthermore, the current study also revealed that there are common methods of preventing mental illness used by traditional health practitioners in Zimbabwe. The methods include: '*kutsigira*' (meaning strengthening the person); '*kutema nyora*' (that is, inflicting cuts on a person's body and applying some herbs); and, '*nhowa*' (applying some medicine on the child's fontanel). Other methods found to be used by traditional health practitioners include: taking a person's shadow and hiding it to prevent witches from finding it; applying herbs onto clothes. The study revealed that these are common practices used by traditional health practitioners to prevent mental illness in Zimbabwe.

The study also concludes that there are various methods used by traditional health practitioners to prevent re-occurrence of mental illness. One common method that was found to be used is known as '*kufutira/kufuta*', this entails the use of steam bath. The method is practiced to ensure that when treated, the mental illness will never return again.

6.2 Limitations of the study

The following limitations were identified in this study:

- The sample size was very small. Therefore, the sample cannot be considered to be representative of all the traditional health practitioners in Bulawayo. Therefore, the results of the present study cannot be generalised beyond this study.
- The original material provided by the participants may have been altered or substituted due to the translation of data from Shona to English.
- Nine of the participants were male, with only one female. This suggests that the male voice in terms of prevention of mental illness in this Shona community may have been overrepresented.
- There was limited literature to refer to with regard to the prevention of the re-occurrence of mental illness by traditional health practitioners.

6.3 Recommendations

Based on the above findings, the following recommendations are made;

- More studies using larger samples should be undertaken before conclusive generalisations can be made on the methods used by Shona speaking traditional health practitioners in preventing mental illness.
- Future studies might need to involve more female traditional healers so as to obtain a balanced gender view on mental illness and the associated illnesses
- Closer collaboration between the dominant Western health care system and traditional healing should be encouraged in order to improve mental health care provision in Zimbabwe.

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APPENDICES

Appendix 1(a): Interview guide (English version)

1. Can you share with me the types of mental illnesses you most commonly encounter in your work as a traditional health practitioner in this area?
2. Kindly share with me the different types of prevention methods that you know of and use?
3. For those who have never suffered from mental illness, what measures do you put in place to ensure that these individuals or families remain free from this condition?
4. Which methods do you use to ensure that those who have previously suffered from mental illness are not attacked again by the same illness?

Appendix 1(b): Interview guide (Shona version)

1. Mungandiudzewo here mhando dzezvirwere zvepfungwa dzamunowanzo sangana nadzo mukurapa kwenyu munharaunda ino?
2. Munganditsanangurirewo here mando dzekudzivirira dzamunoziva kana dzamunoshandisa?
3. Munodzivirira sei kurwara kwepfungwa pamnhu kana kuti kumhuri?
4. Munodzivirira sei kurwara kwepfungwa pamunhu kumunhu akambrwara kumashure?

Appendix 2: A letter to Zimbabwe Research Council to seek permission to conduct the study

Department of Psychology

University of Limpopo

Private Bag X1106

Sovenga

0727

Date_____

Dear Sir/Madam

My name is Kuwandandishe Priscilla Samuriwo; i am a Postgraduate student (Masters) at the University of Limpopo in South Africa. I am proposing to conduct a research study which focuses on the preventative methods of mental illness used by Shona traditional health practitioners in Bulawayo, Zimbabwe. The aim of this study is to explore preventative methods of mental illness by Shona traditional health practitioners.

The study process will involve interaction with ten traditional healers within Bulawayo.

Kind regards

.....

Samuriwo K. P.

Masters Student

.....

Prof. T. Sodi

Supervisor

.....

Date

.....

Date

Appendix 3a: Participant’s consent letter and form (English version)

Department of Psychology

University of Limpopo

Private Bag X1106

Sovenga

0727

Date _____

Dear Participant

Thank you for showing interest in this study that focuses on the preventative methods of mental illness used by traditional health practitioners in Bulawayo, Zimbabwe.

Your responses to this interview will remain strictly confidential. Please note that you are participating in this study out of your own will and you have the right to withdraw from participating at any time should you wish to do so.

Kindly answer all the questions as honestly as possible. Your participation in this study is very important. Thank you for your time and cooperation.

Kind regards

.....

Samuriwo K. P.

Masters Student

.....

Prof. T. Sodi

Supervisor

.....

Date

.....

Date

Appendix 3b: Participant’s Consent letter and Form (Shona version)

Department of Psychology

University of Limpopo

Private Bag X1106

Sovenga

0727

Zuva_____

Wadiwa Mupinduri wetsvagiridzo

Ndinokutendai nekuratidza chido mutsvakiridzo inotsvaga kuziva nzira dzekudzivirira zvirwere zvepfungwa nevarapi vechivanhu muno muBulawayo munyika yeZimbabwe.

Zvese zvamuchataura mukupindura mubvunzo yetsvagiridzo ino zvichachengetedzwa zvikuru kuti pasawane vamwe vangazvione. Ari kuita tsvagiridzo ino achaona kuti haanyore zvinhu zvingaite kuti aninani zvake azive kuti zvirimuno zvakabva kunaani. Hapana zita remunhu arimutsvagiridzo ino richataurwa kunaani nani zvake. Ndino kumbirisa kuti muzive kuti muri kupinda mutsvagiridzo ino nekuda kwenyu pasina kumanikidzwa. Makasununguka kubuda pamunenge madira.

Ndino kumbira kuti mupindure mibvunzo yese ichatevera zvakatendeka. Kuve mupinduri wetsvagiridzo iyi kwenyu kwakakosha zvikuru kwandiri. Ndino kutendai nekuda kwenguva yamandipa nerubatsiro rwamandipa.

Akavimbika

.....

Samuriwo K. P.

Muzvinafundo achiri kudzidzira

.....

Prof. T. Sodi

Mudzidzisi

.....

Zuva

.....

Zuva

Appendix 4a: Consent form to participate in a research study to be signed by participant (English version)

Consent form

I _____ hereby agree to participate in a Masters research project that focuses on the preventative methods of mental illness used by traditional health practitioners in Bulawayo, Zimbabwe.

The researcher has explained fully the purpose of this study to me. I 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 wish to do so and that this 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 consent form will not be linked to the interview schedule and that my answers will remain confidential.

Signature: _____

Date: _____

Appendix 4b: Consent form to participate in a research study to be signed by participant (Shona version)

Chibvumirano

Ini _____ ndabvuma kuve mumwe wevanhu vachange vachipindura mutsvagiridzo yedanho rana mazvikokota vetsagiridzo inotsvaga kuziva mhando dzekudzivirira kurwara kwepfungwa dzinoshandiswa nen'anga dzechishona muno muBulawayo munyika yeZimbabwe.

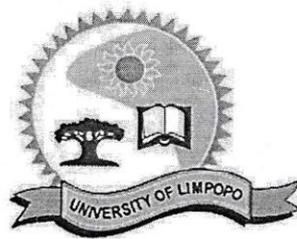
Chinangwa chetsvagiridzo inochatsanangurwa kwandiri zvizere. Ndanzwisisa kuti ndiri kupinda mutsvagiridzo ino nekuda kwenyu pasina kumanikidzwa, uye ndakasununguka kubuda pandinenge ndadira. Zvakare sarudzo yekubuda mutsvagiridzo ino haina zvimhingamupini zvingauye nekudakwayo.

Ndanzwisisa kuti tsvagiridzo ino haizi ine chinangwa chekundibatsira pahupenyu hwangu ndega. Ndanzwisisa kuti zita rangu nezvimwe zvandapa hazvisi kuzoshandiswa kuti vanhu vazive kuti zviri mutsvagiridzo zvapihwa nani. Mhinduro dzangu dzichagara dzisina kusungirirwa pazita rangu.

Signature: _____

Zuva: _____

Appendix 5: Ethical clearance letter



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

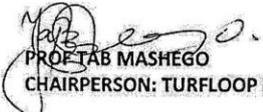
TURFLOOP RESEARCH ETHICS COMMITTEE CLEARANCE CERTIFICATE

MEETING: 05 November 2015

PROJECT NUMBER: TREC/185/2015: PG

PROJECT:

Title: An exploration of methods used by Shona speaking traditional Health Practitioners in the prevention of mental illness
Researcher: Ms KP Samuriwo
Supervisor: Prof T Sodi
Co-Supervisor: N/A
Department: Psychology
School: Social Sciences
Degree: Masters in Clinical 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

Appendix 6: Letter of permission from the Zimbabwe National Traditional Healers Association

Zimbabwe National Traditional Healers Association

Suite 503D 5th Floor

Clothing Industry Pension Fund Centre

Corner Jason Moyo Street and 9th Avenue

Bulawayo

Zimbabwe

09 March 2016

RE: LETTER OF PERMISSION

To whom it may concern

This letter serves to confirm that Kuwandandishe Priscilla Samuriwo, a student at the University of Limpopo has been given permission by the Zimbabwe National Traditional Healers Association (ZINATHA), to contact ten traditional health practitioners in Bulawayo in order to carry out her proposed research. The association will provide her with a list of ten traditional health practitioners who are registered as dealing with prevention of mental illness.

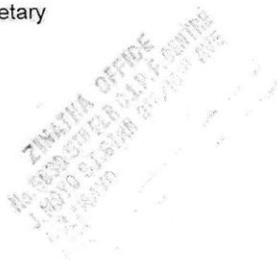
Yours sincerely

Matabeleland Province secretary

Lorraine Singo



Signature of Lorraine Singo



ZINATHA OFFICE
SUITE 503D 5th FLOOR
CLOTHING INDUSTRY PENSION FUND CENTRE
CORNER JASON MOYO STREET AND 9th AVENUE
BULAWAYO

Appendix 7: letter of permission from the Zimbabwe Research Council.

Telephone: 791 792 791193
Telefax: (263) - 4 - 790715
E-mail: mrcz@mrcz.org.zw
Website: <http://www.mrcz.org.zw>



Medical Research Council of Zimbabwe
Josiah Tongogara - Mazoe Street
P. O. Box CY 573
Causeway
Harare

APPROVAL

REF: MRCZ/B/950

06 June 2016

K P Samurwo
10 beryl Drive
Burnside
Bulawayo

RE:- An exploration of methods used by Shona speaking traditional health practitioners in the prevention of mental illness

Thank you for the application for review of Research Activity that you submitted to the Medical Research Council of Zimbabwe (MRCZ). Please be advised that the Medical Research Council of Zimbabwe has **reviewed** and **approved** your application to conduct the above titled study.

This approval is based on the review and approval of the following documents that were submitted to MRCZ for review:-

- Study proposal
- Informed Consent forms (English and Shona)
- Data Collection Tools (English and Shona)

APPROVAL NUMBER : MRCZ/B/950

This number should be used on all correspondence, consent forms and documents as appropriate.

- TYPE OF MEETING** : Expedited
- EFFECTIVE APPROVAL DATE** : 06 June 2016
- EXPIRATION DATE** : 05 June 2017

After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the MRCZ Offices should be submitted three months before the expiration date for continuing review.

• **SERIOUS ADVERSE EVENT REPORTING:** All serious problems having to do with subject safety must be reported to the Institutional Ethical Review Committee (IERC) as well as the MRCZ within 3 working days using standard forms obtainable from the MRCZ Offices or website.

• **MODIFICATIONS:** Prior MRCZ and IERC approval using standard forms obtainable from the MRCZ Offices is required before implementing any changes in the Protocol (including changes in the consent documents).

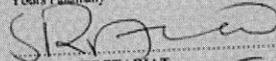
• **TERMINATION OF STUDY:** On termination of a study, a report has to be submitted to the MRCZ using standard forms obtainable from the MRCZ Offices or website.

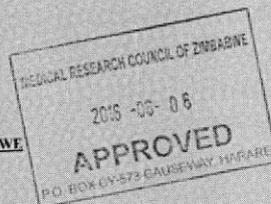
• **QUESTIONS:** Please contact the MRCZ on Telephone No. (04) 791792, 791193 or by e-mail on mrcz@mrcz.org.zw

Other

- Please be reminded to send in copies of your research results for our records as well as for Health Research Database.
- You're also encouraged to submit electronic copies of your publications in peer-reviewed journals that may emanate from this study.

Yours Faithfully


MRCZ SECRETARIAT
FOR CHAIRPERSON
MEDICAL RESEARCH COUNCIL OF ZIMBABWE



PROMOTING THE ETHICAL CONDUCT OF HEALTH RESEARCH