THE ROLE OF HERBAL MEDICINE IN MENTAL HEALTH CARE AMONG VATSONGA TRADITIONAL HEALERS

by

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DEDICATION

I dedicate this Mini-Dissertation to my parents (George and Cecilia), my sisters (Obey, Nomasonto, and Delayed), my nieces (Vumbhoni, N'wayitelo, and Xiluva), and my nephews (Mbiki, Nsuku, Muhluri, Ntshembho, and Sipho).

DECLARATION

I hereby declare that **The role of herbal medicine in mental health care among VaTsonga traditional healers** submitted to the University of Limpopo in fulfilment of the requirements for the degree of **Master of Arts in Clinical Psychology**, has not been previously submitted by me for a degree at any other university, that it is my work in design and accomplishment, and that all the material contained therein has been duly acknowledged.

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Mashele Lindeni Glacious Date

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ABSTRACT

Mental disorders are fast becoming a global health concern, with one in eight people living with some form of mental illness. People respond to mental illness in a variety of ways, including the use of professional, religious, and/or traditional interventions. This study explored herbal medicinal products used by Tsonga traditional healers and their psychopharmacological benefits in mental health care. The study has been guided by the qualitative phenomenological research design. A total of seven traditional healers (female = 86%; between 35–88 years of age) were purposively sampled and qualitatively interviewed. The collected data were analysed using Interpretative Phenomenological Analysis (IPA). Several plant species and herbal concoctions were identified as some of the medicinal products used to treat diverse mental health conditions. Some herbs are prescribed therapeutically as sedatives while others are prescribed for the treatment of stress, depression, psychosis, and substance abuse. The findings further reveal that herbal medicinal products are reported to be effective, non-toxic, and without adverse side effects. In conclusion, the study recommends that professionals and traditional healers collaborate in mental health-care research and practice. Collaboration between the two stakeholders could also improve mental health care by enriching training in each field.

Keywords: traditional medicines, traditional herbs, traditional healers, mental illness, indigenous knowledge systems.

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CHAPTER 1: INTRODUCTION

1.1 Background

Life-stressors, including biological factors, often lead to the experience of mental illness, which can be disabling, and persistent, and can affect people's quality of life negatively. Approximately 10.7% of the global population suffers from some form of mental illness (Dattani et al., 2021). This is an increase of 7.4% reported from a longitudinal study that covered the period from 1990 to 2010 (Murray et al., 2013). A further increase is expected due to the current Coronavirus pandemic (Sher, 2020). In South Africa, the 12-month prevalence of mental illness is 16.5% with a lifetime prevalence of 30.3% (Herman et al., 2009). Efforts to address mental ill-health vary, ranging from using psychotropic drugs, psychological counselling, spiritual counselling, and traditional medicines (Sandlana & Mtetwa, 2008; Mufamadi & Sodi, 2010).

Over time, every cultural group has evolved in terms of meeting its people's health care needs. For this reason, traditional medicine has been serving an important function in most African societies (Madzhie et al., 2014). About 48% of black Africans rely on traditional medicines (Mander et al., 2007). In South Africa, particularly, the percentage of black Africans using traditional medication has been estimated at 60%–80% (Le Roux-Kemp, 2010; Scott, 2003; Puckree et al., 2002). The traditional health system is a primary source of health care for a significant portion of the reported percentage (Labys et al., 2016). In Nigeria, between 80% and 90% of the population uses traditional medicine (Balogun, 2021). In contrast, a study by Srinivasan and Sugumar (2017) shows that 30% of the population in India also relies on traditional medicine. The continued use of traditional medicine is attributed to the inability of some people in low- and-middle-income households to access modern medicine, especially in African countries (Adekannbi et al., 2014). Moreover, reports suggest that traditional healers are readily available and easily accessible, and their services are reasonable compared to those of western doctors (Abdullahi, 2011).

Additionally, traditional healers, unlike western doctors, render services that are in alignment with local people's cultural beliefs and practices, that is, their services are holistic, covering the physical, psychological and spiritual dimensions (Sobiecki,

2014; Mander et al., 2007; Maroyi, 2019; Atindanbila & Thompson, 2011; Sandlana & Mtetwa, 2008; Taye, 2009; Scott, 2003; Mander et al., 2007). In contrast, access to mental health-care services in low- to middle-income countries (LMICs) is poor. Issues such as lack of funding, poor infrastructure, lack of human resources, shortages of medicines, and patient-doctor epistemological schisms all stand in the way (Andersson et al., 2013; Field et al., 2020; Schierenbeck et al., 2013). For example, on human resources, in South Africa, reports suggest ratios of 1.52 psychiatrists per 100 000 patients (Janse van Rensburg et al., 2022) and 7.5 psychiatric nurses per 100 000 patients (Jack et al., 2014).

Historically, mental health expenditure is considerably lower when extracted from the health budget: 2.5% in 2005 (Jack et al., 2014), and 5% in the 2016/2017 financial year (Docrat et al., 2019); a significant portion, approximately 50%, goes to psychiatric hospitals. This overreliance on psychiatric hospitals leaves primary mental health care at a disadvantage (Jack et al., 2014). Furthermore, there are reported shortages in medicines and a lack of infrastructure to cater to mental health cases (Docrat et al., 2019). In South Africa, there are 18 beds per 100 000 people (South African College of Applied Psychology, 2019). Consequently, less than 16% of people with mental illness receive quality mental health care services (South African College of Applied Psychology, 2019). This is similar to the trend among other African countries, for example, Nigeria (Nwaopara, 2016).

Given the undesirable situation, including belief system considerations, people have continued to rely on traditional medicine for their mental health-care needs. According to some scholars (name a, Sorsdahl et al., 2010; Le Roux-Kemp, 2010) mental patients' health-seeking pathways have always involved the concurrent use of both systems, with traditional healers often being the first choice of healer, particularly in rural settings. The misconceptions that traditional medicine is not scientific, that traditional healers' methods cannot be trusted, and that only the impoverished use their services are common errors (Gowon & Goon, 2010; Le Roux-Kemp, 2010; Sorsdahl et al., 2009). Evidence, however, suggests that the contrary is true, including that middle to top-class African people use traditional medicines, although in some cases, clandestinely (Mander et al., 2007; Sobiecki, 2014).

Traditional medicine is used for many purposes, which include physical, psychological, spiritual, and socioeconomic reasons (Abdullahi, 2011; Sobiecki, 2014; Mufamadi & Sodi, 2010; Semenya & Potgieter, 2014). Studies on mental health have documented how traditional medicines are used for psychological pain relief (Magwede et al., 2019), including grief and bereavement (Letsosa & Semenya, 2011; Makgahlela & Sodi, 2017; Makgahlela et al., 2021). It is in this regard that, through the Mental Health Action Plan (2013–2030), the World Health Organization (WHO) seeks to champion the integration of traditional healers as stakeholders in mental health care (WHO, 2021).

1.2 Statement of the Problem

Ideally, nations should have implemented mental health care systems integrating science and local people's traditional wisdom over time. Unfortunately, the debates have been about whether traditional healing has anything to offer while elevating modern medicine through funding, research, and training of health providers (Le Roux-Kemp, 2010). In recent years the WHO has recognised the demand for traditional medicine and encourages its member states to consider researching and integrating it into local health-care systems (WHO, 2013; WHO, 2021). In South Africa, the government promotes the use of traditional medicine through the Traditional Health Practitioners Act (Act 35 of 2004) (Republic of South Africa, 2004). Scores of researchers and scholars have also called for its recognition, including the empowerment of traditional health practitioners. However, despite all calls, herbal medicine continues to be undermined and relegated to the periphery (Sandlana & Mtetwa, 2008; Sobiecki, 2014; Le Roux-Kemp, 2010; Abdullahi, 2011; Mutola et al., 2021; Innocent, 2016). Modernists or empiricist scientists are skeptical of its efficacy, hence their lack of research interest in herbal medicines (Atindanbila & Thompson, 2011; Gowon & Goon, 2010).

Consequently, much knowledge about the use and benefits of traditional medicine remains undocumented (Osemene et al., 2011; Adekannbi et al., 2014; Abiolu, 2018; Van Wyk & Moteetee, 2019; le Roux-Kemp, 2010; Mahwasane al., 2013; Semenya & Potgieter, 2014; Audet et al., 2017). This attitude perpetually constitutes missed opportunities to improve many states' health care systems, especially primary health

care systems. In the case of mental health, there are even fewer studies directed toward research that focuses on the herbal medicinal products used by traditional healers due largely to restricted budgets (Sobiecki, 2014; Makgahlela & Sodi, 2017; Sobiecki, 2008; Sandlana & Mtetwa, 2008; Sorsdahl et al. 2010). It is against the background of some of these challenges that this study seeks to explore the use and benefits of traditional medicine in treating mental illness in the rural African community of VaTsonga.

1.3 Purpose of the Study

1.3.1 Aim

The study aimed to explore and describe the role of herbal medicine in mental health care among VaTsonga traditional healers.

1.3.2 Objectives

The objectives of the study were:

i) To identify mental health conditions treated with herbal medicine by healers
ii) To identify traditional herbs used to manage mental health conditions
iii) To describe the perceived mental healing benefits of herbal medicines identified when used in mental health cases.

1.4 Significance of the Study

The study findings were disseminated to increase awareness of the role, that the traditional healing sector plays in mental health care. The study also contributes to the scientific documentation of African indigenous knowledge systems regarding medicinal plants used in traditional medicine. In the long term, the benefit of the study could be a need for the recognition and preservation of important medicinal plants. Ultimately, it is envisaged that such efforts could lead to the integration of traditional medicine into the mainstream South African health system.

1.5 Operational Definition of Concepts

1.5.1 Mental illness

The WHO (2022) defines mental illness as a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour. The disturbance is often accompanied by distress and/or impairment in important areas of functioning, that is, academic, vocational, or social functioning.

1.5.2 Herbal medicine

In this study, herbal medicine is reflected as adapted from the definition of traditional medicine used in the Traditional Health Practitioners Act (Act 35 of 2004), organic substances used in traditional health practice for the diagnosis, and treatment or prevention of mental illness, including the maintenance or restoration of mental health (Republic of South Africa, 2004).

1.5.3 VaTsonga

Xitsonga is an indigenous culture and one of the 11 official languages in South Africa. Xitsonga-speaking people are referred to as Vatsonga. They are predominately found in the Limpopo Province but are present in other provinces across South Africa. They are also found in neighbouring countries such as Mozambique, Swaziland, and Zimbabwe (Mushwana & Chauke, 2015).

1.5.4 Traditional healer

A traditional healer is a person who possesses knowledge of healing practices for physical and mental health. The healing practices are based on their cultural and religious background and involve the use of plants, animals, and mineral substances (Semenya & Potgieter, 2014).

1.6 Outline of the Study Chapters

The study background, the research problem, study aims and objectives, and definitions of terms used in the study are provided in Chapter 1. Chapter 2 presents

existing literature about the subject of the study. Chapter 3 delineates the methods and steps followed in the collection and analysis of the data. The study findings are presented in Chapter 4. Chapter 5 consists of a discussion of the study findings concerning existing literature about the subject of the study. Conclusions, limitations, and recommendations are provided in Chapter 6.

CHAPTER 2: LITERATURE REVIEW

Various studies have documented the critical role played by traditional healers in mental health care including through traditional medicines. This section presents empirical studies, theoretical positions, and controversies surrounding traditional medicine to support the line of argument in the study.

2.1 Herbal Medicine and Mental Illness

Traditional medicine plays an important role in health care in most Asian and African communities. Traditional medicine is defined as “an object or substance used in traditional health practice for— (a) the diagnosis, treatment or prevention of physical or mental illness; or (b) any curative or therapeutic purpose, including the maintenance or restoration of physical or mental health or wellbeing in human beings, but does not include a dependence-producing or dangerous substance or drug” (Traditional Health Practitioners Act; Act 35 of 2004, Republic of South Africa, 2004).

A plethora of literature documents the use of traditional medicine in the management of diverse physical ailments (Jacobo-Herrera et al., 2016; Tchouya et al., 2015; Mirzaie et al., 2020; Caliskan et al., 2017; Andrade et al., 2020) and mental health conditions (Makgahlela & Sodi, 2017; Sarris, 2018; Maroyi, 2019; Zhang & Cheng, 2019; Magwede et al., 2019). In most rural parts of Africa and Asia, traditional medicine takes first preference (Puckree et al., 2002), because traditional healers conceive of and manage health problems holistically; that is, they consider biological, psychological, social, and spiritual factors when treating patients. This is also applicable to mental illness which is conceived of being beyond biological factors. It includes spiritual formulations such as the role of witchcraft, sorcery, or ancestral wrath (Sobiecki, 2008; Madzhie et al., 2014), all of which are ignored in modern medicine (Sandlana & Mtetwa, 2008; Atindanbila & Thompson, 2011; Le Roux-Kemp, 2010). After witnessing over 20 patients per day visiting a traditional healer, some of whom with potentially life-threatening illnesses, Puckree, and colleagues (2002) did remark positively about the vital role played by traditional medicine in South Africa.

Traditional healers, among many other traditional interventions for mental health problems, rely on medicinal herbs prepared to treat distinct symptoms presented by patients (Madzhie et al., 2014). Sometimes herbs are used in combination with other natural products, or patients may even be asked to abstain from certain food and copulation so as not to compromise the efficiency of medicines (Atindanbila & Thompson, 2011). The most desirable is that traditional medicine, unlike psychotropic drugs, is renowned for not having adverse side effects (Karimi et al., 2015; Ismail et al., 2019). Unfortunately, despite its potential contribution to mental health care, over the years traditional medicine has continued to be relegated to the periphery.

2.2 Mental Health Conditions Treated with Herbal Medicine

The literature documented suggests that traditional healers manage a wide range of physical, mental, and spiritual conditions. For instance, Mufamadi and Sodi (2010) have found that Vhavenda traditional healers are treating "*tshipengo*", which is madness in the Venda culture. The condition is characterised by disorganised behaviour and speech, and refusal to take medication. Additionally, some of the symptoms identified include insomnia, talking to oneself, shouting during the night, sweating, verbal aggression, delusions, and staying in one position for long periods. Similarly, Audet and colleagues (2017) have studied *nhlanyi* (madness) among the Tsongas of South Africa. The researchers have established that Tsonga traditional healers identify it through symptoms such as disorganised behaviors like running around and walking naked in public, inappropriate laughter, and counting numbers that do not exist. Mufamadi and Sodi (2010) went on to discover that the Venda healers also manage confusion of the mind. The mental condition is characterized by loss of sense of self, aggressiveness, obsessive cleanliness, violence, refusal to bath, standing in the sun for extended periods, and running around aimlessly.

Traditional healers are also able to identify and treat depression, erectile dysfunction (Semenya & Potgieter, 2014), and epilepsy (Baskind & Birbeck, 2005; Keikelame & Swartz, 2015). Van der Watt and colleagues (2021) lend further support by finding that traditional healers can identify and treat depression and anxiety. Audet and

associates (2017) have uncovered that traditional healers can identify and treat seizure disorders, patients who have lost touch with reality, and substance abuse. In Sorsdahl and colleagues (2010), traditional healers in Mpumalanga have been reported to be able to recognise and treat mental conditions such as schizophrenia, agoraphobia, panic disorder, depression, and somatization disorder. Despite some studies revealing that healers treat a wide range of mental conditions, the bulk of other studies suggests that traditional healers are mostly familiar with psychosis when compared to other conditions such as anxiety and mood disorders (Schierenbeck et al., 2018; Mbwayo et al., 2013; Sorsdahl et al., 2010; Sorsdahl et al., 2010).

Mental illness patients being treated by traditional healers in Nairobi, Kenya, are subjected to a mental illness screening test (The MINI-International Neuropsychiatry Interview). The results of the study have revealed a 7.5% prevalence of schizophrenia, while traditional healers have diagnosed 30%. In addition, the study reveals a 20% prevalence of major depressive episodes in contrast to the 16% diagnosed by traditional healers (Mbwayo et al., 2013). This confirms that traditional healers are more familiar with psychotic disorders than other mental illnesses such as depression.

2.3 Traditional Healers' Conceptualization of Mental Illness

Traditional healers offer causal explanations of mental illness that are culture-specific and in keeping with historical and sociopolitical contexts (Teuton et al., 2007). As such, they are the primary source of mental health care for a significant portion of South Africans.

Ancestral calling to become a traditional healer can manifest as mental illness (Van der Watt et al., 2021; Audet et al., 2017; Shange & Ross, 2022). An individual might present with perceptual disturbance (Van der Zeijst et al., 2020). Mental illness is inflicted on an individual by ancestors as a message to an individual before or during a spirit possession period, "*ukuthwasa*" (Sorsdahl et al., 2010; Mufamadi, 2001). *Ukuthwasa* as the source of mental illness is well documented in the research by van der Zeijst and colleagues (2020) in Kwazulu- Natal. The study focuses on the ancestral calling to become a traditional healer. Twenty participants are selected,

and the sample comprises traditional healers, formal health practitioners, patients, and patient's relatives. Smaller numbers of participant categories are represented, which serves as a limiting factor. Another limitation is that the data is based on secondhand and retrospective accounts. There is therefore a high potential for inaccuracy and bias. Lastly, the researchers are not familiar with the native language (Zulu), and they employ a translator which increases the opportunity for error (van der Zeijst, et al., 2020). A study on ancestral calling and the process of becoming a traditional healer (*Ukuthwasa*), has revealed that receiving the calling may manifest as some form of psychiatric illness, which its understanding may be limited by traditional healers being reluctant to share detailed descriptions of their experiences (Van der Zeijst et al., 2020).

Bewitchment is a common indigenous conceptualisation of mental illness (Baskind & Birbeck, 2005; Sorsdahl et al., 2010; Chilale et al., 2017; Sorsdahl et al., 2010), chiefly in rural communities, and also when mental illness presents among the middle-aged and the elderly as uncovered in a Ugandan study by Shaw and Middleton (2013). Bewitchment could be due to jealousy or disagreement over property or wealth. It can be carried out through poison (*idliso*) or placed so that the victim may step over it (Shaw & Middleton, 2013; Mzimkulu & Simbayi, 2006). Healers from Cape Town report that *Muti* is made of a mixture of soil and ants from a grave (Mzimkulu & Simbayi, 2006). Bewitchment may also be carried out through evil spirits, *amafufunyana* (Shaw & Middleton, 2013). *Amafufunyana* is a Zulu word that refers to evil spirits and is believed to cause mental illness (Keikelame & Swartz, 2015; Sorsdahl et al., 2010). Healers in Mpumalanga profess that *Amafufunyana* is caused by witchcraft (Sorsdahl et al., 2010). Several other sources such as Musyimi and colleagues (2016), Mufamadi (2001), Baskind and Birbeck (2005), have discussed bewitchment as a cause of mental illness. In addition, Venda traditional healers discuss *Thuri*, also known as an animal-like creature, which is believed to be caused by bewitchment. This mental illness is characterised by aggression towards people, delusions, hallucinations, talkativeness, and accusing people of witchcraft (Mufamadi & Sodi, 2010).

Mental illness can be the result of punishment by ancestors due to not fulfilling the wishes of the ancestors (Mufamadi & Sodi, 2010), such as when parents ignore a calling to become traditional healers as reported by Xhosa-speaking healers in Cape

Town (Keikelame & Swartz, 2015). Mental illness may be punishment for moral transgression (Keikelame & Swartz, 2015; Sorsdahl et al., 2010), failure to perform rituals (Sorsdahl et al., 2010), or ignorance of cultural customs (Sorsdahl et al., 2010; Mufamadi, 2001). Mental illness can also serve as a warning or reminder to fulfil ancestral obligations (Mufamadi & Sodi, 2010), or be the result of not observing cultural customs, that is, morning rituals (Shange & Ross 2022).

The Indigenous conceptualisation of mental illness also includes spirit possession (Chilale et al., 2017; Audet et al., 2017). It may be ancestral spirit possession or possession by an evil spirit (Mufamadi & Sodi, 2010). Possession by an evil spirit is perceived as the common form of spirit possession. Participants from the Democratic Republic of the Congo profess that the evil spirit is sent by another person, mostly a neighbour or family member, due to conflict or jealousy (Hecker et al., 2016).

Mental illness is believed to result from biological factors, particularly in urban communities (Shaw & Middleton, 2013). In Cape Town, Xhosa healers report that injuries to the brain, trauma at birth, blockage of the circulatory system, high temperatures, and undiagnosed diabetes and stroke can lead to mental illness (Keikelame & Swartz, 2015). Healers in Nairobi, Kenya believe that mental illness can result from being involved in an accident, high blood pressure that affects the brain, and cerebral malaria (Mbwayo et al., 2013). Venda traditional healers hold that excess water in the brain, sores in the spinal cord, disorders of the stomach, persistent constipation, prolonged periods of lack of sexual intercourse, sleep disturbance, and prolonged use of contraceptives can lead to mental illness (Mufamadi & Sodi, 2010). Various studies (for example, Mufamadi, 2001; Musyimi et al., 2016; Sorsdahl et al., 2010; Baskind & Birbeck, 2005; Keikelame & Swartz, 2015; Shange & Ross 2022) maintain that mental illness can be inherited, that is, an individual can be born with mental illness. Furthermore, sexually transmitted diseases (Mufamadi & Sodi, 2010), and syphilis (Mbwayo et al., 2013), can lead to mental illness. A Venda healer quoted in Mufamadi and Sodi (2010), describes how epileptic fits (epilepsy) force the blood to enter the heart, causing sores that lead to delusions and hallucinations.

Substance abuse has been recognised as a causal factor of mental illness (Sorsdahl et al., 2010), particularly among the youth (Shaw & Middleton, 2013). The

substances acknowledged are dagga, glue (Mufamadi, 2001), cannabis (Shange & Ross 2022), Khat (Musyimi et al., 2016), and alcohol (Musyimi et al., 2016;).

South African traditional healers acknowledge psycho-socioeconomic situations such as thinking too much and emotional problems (Shange & Ross 2022), the experience of physical or emotional abuse (Sorsdahl et al., 2010; Shange & Ross 2022), stressors, and difficulty in dealing with stressors (Mufamadi, 2001), the shock of discovering that one has a chronic illness such as HIV/AIDS (Shange & Ross 2022), having many debts (Mufamadi, 2001), poverty and unemployment (Shange & Ross 2022) as causal factors of mental illness. These indigenous conceptualisations of mental illness influence individuals' choice to consult traditional healers rather than the modern health care system (Chilale et al., 2017), as it is believed that traditional healers have the competency to address this (Sorsdahl et al., 2010).

Although studies such as those (Sorsdahl et al., 2010; Semenya & Potgieter, 2014; Mzimkulu & Simbayi, 2006) are insightful regarding the indigenous conceptualisation and treatment of mental illness, they are limited by the researcher not being a native language speaker. Sorsdahl and colleagues (2010), Mzimkulu and Simbayi (2006), Sodi and colleagues (2011), Makgahlela and Sodi (2017), Audet and colleagues (2017), Mufamadi and Sodi (2010), Semenya and Potgieter (2014), Makgahlela and colleagues (2021), Keikelame and Swartz (2015), van der Zeijst and colleagues (2020), the interviews were conducted in African Languages (Zulu, Xhosa, Siswati, Venda, Northern Sotho), then translated to English which may have negatively affected the results as the data may have been translated with inappropriate substitutions for the original rich material provided by the participants. Also, the researchers were perceived as outsiders which may have led to omissions or distortions (Mufamadi, 2001).

Many of the studies have an imbalance in terms of gender representation. Most participants were males in Mbwayo and colleagues (2013), Semenya and Potgieter (2014), and Mzimkulu and Simbayi (2006). However, most of the participants in Audet and associates (2017), Van der Watt and colleagues (2021), Mahwasane and colleagues (2013), and Hecker and colleagues (2016) were female. Also, most studies (for example, Keikelame & Swartz, 2015; Mufamadi & Sodi, 2010; Sorsdahl

et al., 2010; Mufamadi, 2001; Makgahlela & Sodi, 2017; Mzimkulu & Simbayi, 2006; Shange & Ross 2022) used a small sample size, and the results obtained are not generalisable.

2.4 Traditional Healers' Methods of Diagnosing Mental Illness

Traditional healers use different methods to arrive at a diagnosis for mentally ill patients. Divination is among the methods used by traditional healers across South Africa. Divination is when a traditional healer consults their ancestors (Sorsdahl et al., 2010; Shange & Ross 2022), or God (Van der Watt et al., 2021), to reveal the patient's ailment. Divination is carried out through rituals involving drumming, animal sacrifice, prayer, pouring snuff on the ground, trances, using mirrors, and tossing artifacts such as bones or shells (Gureje et al., 2015). Xhosa healers discuss a divination ritual involving the burning of *impepho* and candles on a mat. This enables traditional healers to connect with their ancestors or the patient's ancestors (van der Watt at al., 2020). The ancestors then inform the traditional healer about the nature of the patient's ailment and how to treat it. This method can also reveal the causal factors of the illness (Mufamadi & Sodi, 2010).

Divination bones are another method used by Venda and Tsonga healers in Limpopo (Sodi et al., 2011), Sotho, Xhosa, and Zulu healers in Gauteng (Shange & Ross 2022), and Xhosa healers in Western Cape (Van der Watt et al., 2021) to diagnose mental illness. The arrangement of the bones once thrown is regarded as being influenced by the ancestors. The traditional healer then interprets them to the clients who are prompted to deny or accept the diagnosis (Mufamadi, 2001). Bones can identify ancestral spirit possession, also if a patient has to be an apprentice in traditional healing. Thus, bones aid in the formulation of and guide the treatment procedure (Mufamadi & Sodi, 2010).

Traditional healers can diagnose mental illness by observing maladaptive behaviour (Van der Watt at al., 2020; Shange & Ross 2022), such as undressing in public, violence, talking randomly, disorganised speech, picking up garbage, isolating oneself from others, self-mutilation, restlessness, wandering away from home, sleeping and hiding in the bushes, lack of care of one's hygiene, and walking for long periods. Traditional healers in Mpumalanga recognise that mental illness impairs a

person's occupational functioning and may lead to loss of employment (Sorsdahl et al., 2010). Other symptoms and behaviour as identified by healers from the Eastern Cape displayed by individuals with mental illness include weight loss, irritability, childlike behaviour, and temper tantrums (Sorsdahl et al., 2010). When the individual is suffering from mental illness due to an ancestral calling to become a traditional healer, they may display behaviour such as going to collect herbs from the bush. Venda healers interpret such behaviour as evidence of seeing and receiving instructions from ancestors as they visit the individual (Mufamadi & Sodi, 2010). History-taking and supporting information from relatives is also used to diagnose mental illness (Shange & Ross 2022).

2.5 How Treatment is Determined

When determining treatment, some healers use divination. Under the guidance of their ancestors, they can identify and prescribe appropriate herbs for mental illness (Shange & Ross 2022). For other traditional healers, treatment is determined after considering the age and gender of the patient, and the cause and severity of the mental illness (Mbwayo et al., 2013).

2.6 Traditional Herbs Used to Manage Mental Health Conditions

Traditional healers in South Africa use approximately 3000 plant species as their sources of herbal medicine (Mahwasane et al., 2013), and use different parts of the plant for making herbal medicines. These choices differ from one traditional healer to the other and among different plant species (Mahwasane et al., 2013). Traditional healers use seeds, fruit, roots, bark, leaves, stems, thorns, pericarps, twigs, tubers, rhizomes, bulbs, and whole plants (Semenya & Potgieter, 2014). According to Mahwasane and colleagues (2013), the most frequently used parts are the roots (44.5%), the leaves (25.9%), the bark (14.8%), the whole plant (11%), and flowers (3.7%). Okello and Ssegawa (2007) also report that roots are the most widely used part. However, to Semenya and Potgieter (2014), leaves are the most commonly used parts, followed by roots, and then bark. Traditional healers may also use different parts of a single plant, or different plant species (Semenya & Potgieter, 2014), for increased efficacy. Plants collected from the wild are reported to be more

effective than cultivated medical plants (Okello & Ssegawa, 2007). Some traditional healers in Mpumalanga Province combine herbal medicines with Dettol® (Sorsdahl et al., 2010). In Limpopo Province, they may combine herbal medicine with salt, cow's milk, and Vaseline® for increased efficacy. Notably, only the Waterberg, Sekhukhune, and Capricorn Districts were represented in the study. Vhembe District and particularly Mopani District were not represented (Semenya & Potgieter, 2014).

Traditional medicine is widely used in Africa. Traditional Healers in Uganda use leaves of *Clematis hirsuta Perr & Guill*, and *Capsicum frutescens* as sources of traditional medicine (Okello & Ssegawa, 2007). To treat depression, traditional healers in South Africa prepare and prescribe herbs derived from *Sceletium tortuosum* (L.). N.E. Brown (*kougoed*) and other *Sceletium* medicinal plants, are said to possess anti-depressive qualities. Zulu traditional healers give patients *Ubulawu* containing Myosotis *Afropalustris* to induce elation and euphoria, improving their mood (Sobiecki, et al, 2008). Venda traditional healers in Limpopo Province boil the roots of *Mukolokote* [*Piliostigma Thonningii (Schumach) Milne-Redhead*] to treat loss of appetite (Mahwasane et al., 2013).

Traditional medicines are also central to managing bereavement in Limpopo Province, South Africa (Makgahlela & Sodi, 2017). Some of the herbs identified for bereavement management in the Northern Sotho community include ***Bolebatša*** and *Tshidi* (Magwede et al., 2019; Makgahlela & Sodi, 2017; Makgahlela et al., 2021). *Lannea schweinfurthii var. stuhlmannii* known as ***Bolebatša*** to the Northern Sotho and as *vhulivhadza* in Venda communities is said to produce psychological pain relief by making bereaved people forget unpleasant memories associated with the passing of a beloved one (Makgahlela & Sodi, 2017; Magwede et al., 2019; Makgahlela et al., 2021). *Tshidi* is reported to ease feelings of grief (Makgahlela & Sodi, 2017).

Traditional healers may be reluctant to share their healing practice knowledge, particularly about their herbal medicine, this serves as a factor in studies of this nature. The reason for this is that they regard knowledge of herbal medicine as a secret and only to be shared among traditional healers (Sorsdahl et al., 2010).

2.7 Preparation of Traditional Medicine

Some Bapedi healers in Limpopo perform rituals for their ancestors before harvesting the plants used for traditional medicine to express gratitude and to ensure that the medicine is effective (Semenya & Potgieter, 2014). Traditional medicines are prepared and administered in a variety of ways. The preparation methods include boiling in water (Mahwasane et al., 2013), pouring a portion of them into boiled water (Magwede et al., 2019; Makgahlela & Sodi, 2017), pounding, macerating, and burning (Gureje et al., 2015). Furthermore, traditional medicine may be prepared through crushing, squeezing, or prescribed raw (Semenya & Potgieter, 2014).

2.8 How Traditional Medicine is Administered

Once prepared, the medicine is administered in a variety of ways. For oral administration, patients may be given the medicine to drink (Sorsdahl et al., 2010; Sodi et al., 2011). The medicine may be added to soft porridge and given to patients to eat (Magwede et al., 2019; Makgahlela & Sodi, 2017; Sodi et al., 2011), or as a raw prescription (Semenya & Potgieter, 2014). When administered nasally, it is through steaming, pouring with water (Shange & Ross 2022), sniffing (Sorsdahl et al., 2010; Gureje et al., 2015), or inhalation as the herbs are burnt (Semenya & Potgieter, 2014; Mufamadi & Sodi, 2010; Mbwayo et al., 2013). Traditional medicines are also administered anally with the use of a bulb syringe. Sometimes traditional medicine is applied on the skin, rubbing or smearing on affected body parts (Semenya & Potgieter, 2014), bathing in the traditional medicine (Sorsdahl et al., 2010; Mbwayo et al., 2013), or through skin incisions (Gureje et al., 2015; Shange & Ross 2022). Also, traditional medicine may be administered as drops into the patients' ears and eyes. This ensures that the treatment reaches the brain (Audet et al., 2017). Some traditional healers in Gauteng discussed the use of an enema to cleanse the body and remove evil intrusions (Shange & Ross 2022). A study by Ismail and associates (2019) in North Sumatra, South-East Asia, indicates that doses are determined concerning the age of the patient.

Traditional medicine can expire as reported by Bapedi traditional healers. Factors that increase the process of expiring include, when the medicine is a liquid includes being exposed to moisture and stored in high temperatures. Expired traditional

medicine is recognised by changes in colour, becoming extremely sour, perhaps coagulating into a paste, or developing an odour. Powdered medicines tend to solidify. Some traditional healers note that overdosing is possible and can be fatal (Semenya & Potgieter, 2014). Incorrect treatment can also be fatal (Mufamadi & Sodi, 2010).

Traditional healers observe certain standards to maintain and protect the efficacy of their medicines. For some Bapedi healers in Limpopo, traditional medicine can only be prepared by a person who has not had sexual intercourse for at least two days. Therefore, most traditional healers prefer to prepare the medicines themselves. After harvesting the herbal plants, some traditional healers do not refill the soil. They believe that refilling the soil makes the harvested herb less effective and may worsen the patient's illness. The bark of a tree facing the East is believed to be the most potent (Semenya & Potgieter, 2014). According to Okello and associated (2007), traditional healers apply safe hygiene practices in the preparation and administration of traditional medicine.

2.9 The Perceived Mental Healing Benefits of Herbal Medicines Identified When Used in Mental Health Cases

Traditional healers use herbal medicines to subdue and sedate mentally ill patients that display aggression or violence (Shange & Ross 2022; Mufamadi & Sodi, 2010). Traditional herbs are believed to help patients regain self-awareness, cleanse the stomach, neutralise the heart that is believed to cause the illness, protect them from evil forces or strengthen the patient physically and mentally. Herbal medicines administered through steaming induce the release of watery mucus and are believed to help patients regain the complexion lost due to mental illness (Mufamadi & Sodi, 2010). Physiological effects such as vomiting, sweating, sneezing, and releasing mucus are perceived as evidence of mental illness leaving the body (Mufamadi, 2001). Nevertheless, as noted by the researcher Mufamadi (2001), the study is not aimed at uncovering the psychological benefits of herbal medicine. In Shange and Ross (2022), vomiting is regarded as a way of ridding the body of any evil substance that may have been ingested.

For better adherence to treatment in most cases, mentally ill patients are asked to

live at the traditional healer's place or visit it regularly for a period between two weeks and a year and a half (Sorsdahl et al., 2010). Venda traditional healers assign domestic tasks to patients as a means of assessing patients' prognoses. Therefore, a patient is considered cured when they can complete the tasks or do the tasks voluntarily and display an increased level of self-care. Relatives are also invited to come and assess the prognosis of the patient (Mufamadi, 2001). Traditional healers in Zambia consider the remission of seizures as a sign that the patient has been cured of epilepsy (Baskind & Birbeck, 2005).

Some VaTsonga traditional healers in Mpumalanga report that mental illness, particularly psychosis, cannot be cured but can be controlled by a stable traditional healer. In this way, they minimize the psychotic symptoms like disorganised behaviour, but the mental illness persists. For others, the possibility of full recovery depends on how long the patient has been suffering from the mental illness (Audet et al., 2017). Nevertheless, traditional medicine is effective in managing mental illness (Van der Watt et al., 2018; Sorketti et al., 2012; Mbwayo et al., 2013). The role played by traditional healers in mental health care should not be underestimated (Havenaar et al., 2008). However, studies such as Mufamadi's (2001) may be limited by relying on the traditional healers' accounts of the effectiveness of traditional medicine due to the inherent bias. Sorsdahl and associates (2010) have uncovered that referral to the modern healthcare system is seldom mentioned and is usually a matter of last resort.

2.10 Prevention of Mental Illness

Traditional herbs are also used for vaccination or prevention of mental illness among Venda healers (Mufamadi, 2001; Mufamadi & Sodi, 2010), Vatsonga healers (Audet et al., 2017), and healers in Zambia (Baskind & Birbeck, 2005) particularly with patients in whom the mental illness is believed to be hereditary (Mufamadi & Sodi, 2010). The vaccination is introduced directly into the bloodstream by cutting and then rubbing it in the incised area after the bleeding has stopped (Madzhie et al., 2014). Traditional healers administer traditional medicine to infants to prevent the development of seizure disorders (Audet et al., 2017). When administered to someone who has recovered from the illness, the purpose is to eliminate the

remnants of the illness and prevent recurrence (Madzhie et al., 2014; Mufamadi & Sodi, 2010).

2.11 Side Effects

Some Bapedi traditional healers report that traditional medicine can have side effects such as dysentery, loss of appetite, and sexual dysfunction. Nonetheless, most traditional healers claim that their medicines do not have side effects (Semenya & Potgieter, 2014). According to Van Wyk and associates (1997), the side effects of traditional medicine are known to more experienced traditional healers.

2.12 Other Methods of Healing

In managing mental illness, traditional healers also use the following healing methods: *Ukuthwasa*, which is training to become a traditional healer (Van der Watt et al., 2021). For other traditional healers, *Ukuthwasa* is the only effective way to treat mental illness (Van der Zeijst et al., 2020; Mufamadi & Sodi, 2010).

Performing rituals is also a method of healing used by traditional healers in managing mental illness (Sorsdahl et al., 2010; Gureje et al., 2015). Traditional healers discuss whipping a patient on the back lightly while instructing the destructive spirit to leave the patient (Mufamadi, 2001), incantations, exorcism (Gureje et al., 2015), *U-phasa* (libations) and *Malombo* which are ritual dances used by Venda traditional healers (Mufamadi & Sodi, 2010).

Other methods include animal sacrifice (Van der Watt et al., 2021; Gureje et al., 2015), prayer (Van der Watt et al., 2021; Gureje et al., 2015), counselling (Mbwayo et al., 2013), prescription of an amulet which is believed to reduce a patient's level of worrying (Bäärnhielm & Ekblad, 2000), and recitation from holy books (Gureje et al., 2015). Furthermore, traditional healers may prescribe physical restraints such as isolation and food restriction (Gureje et al., 2015), or move the patient from their home when it is believed that there are charms that were placed there to bewitch them (Mbwayo et al., 2013).

2.13 Challenges and Controversies Surrounding Traditional Medicine

The World Health Organization has continued to play an important role in promoting interest in traditional medicine and its integration into mainstream health-care systems since 1977 (Le Roux-Kemp, 2010). Despite numerous pronouncements by the WHO over the years (for example, WHO, 2002; WHO, 2013; WHO, 2019; WHO, 2021), traditional medicine continues to receive the least support from policymakers, funders, and persons of the western culture, including those with African origins. In South Africa, the law regulates and supports the use of traditional medicine (Traditional Health Practitioners Act; Act 35 of 2004). However, it remains not fully integrated into the mainstream health care system (Le Roux-Kemp, 2010). Despite several scholars' (for example; Sobiecki, 2008; Sandlana & Mtetwa, 2008; Mutola et al., 2021; Makgahlela et al., 2021) calls for greater recognition of traditional medicine, research, preservation, and adequate integration into the South African health system, not much has been achieved.

Traditional medicine is generally criticised as being unscientific and primitive (Sandlana & Mtetwa, 2008; Gowon & Goon, 2010; Le Roux-Kemp, 2010), mainly due to misperceptions of its disregard for hygiene and lack of dosage in its preparation (Atindanbila & Thompson, 2011). However, traditional medicine has continued for many years without reported cases of negative effects (Okigbo & Mmeka, 2006; Scott, 2003), and has ensured its survival for many generations (Gowon & Goon, 2010).

Traditional herbs may be harmful in cases of misidentification of the plants (Karimi et al., 2015), or when combined with modern ingredients such as methylated spirits (Sorsdahl et al., 2010). However, this is a rare practice. Most traditional medicines are manufactured with natural ingredients. A few plants have been reported to have an adverse effects when consumed (Scott, 2003). Another concern raised, is a lack of scientific proof of safety or toxicity, particularly when consumed at the same time as modern medicines (Atindanbila & Thompson, 2011). Despite the arguments presented, traditional healers maintain confidence in their practices (Sandlana & Mtetwa, 2008). Moreover, they are aware of the negative consequences of prescribing incorrect medicine or dosage (Mufamadi & Sodi, 2010). More celebrated is that traditional herbs are organic as opposed to synthetic drugs which are notorious for producing adverse side effects (Karimi et al., 2015; Arnold, 2013;

Hassen, et al., 2013; Ismail et al., 2019).

Some pharmacists (Thandar et al., 2019; Brijlal et al., 2011), medical professionals (Chauke et al., 2019), and mental health professionals (Liem & Newcombe, 2017), attest to the usefulness of traditional medicine in treating physical and mental illness. Hence, some health professionals have shown interest in expanding their knowledge of the use and benefits of traditional medicine (Thandar et al., 2019; Brijlal et al., 2011). Chauke and colleagues (2019), have also suggested that the training of health professionals should include knowledge of traditional medicine so that they can be aware of what their patients are consuming. Nevertheless, although western-trained health professionals welcome the integration of traditional medicine, they suggest a need for regulation and safety measures to be put in place, also for traditional healers (Chauke et al., 2019). Puckree and company (2002) call for health practitioners to be at the forefront of the integration of traditional medicine into the health system.

Regardless of the criticism directed at traditional medicine, most traditional Africans are comfortable using traditional medicines (Sandlana & Mtetwa, 2008), and believe that mental illness is better managed by traditional healers (Atindanbila & Thompson, 2011) as opposed to converted Christians who show disdain towards it (Masango & Nyasse, 2015; Sandlana & Mtetwa, 2008). This is despite some reports suggesting that some Christian affiliates use herbal medicines covertly (Sandlana & Mtetwa, 2008; Van der Watt et al., 2020). Prejudice against traditional medicines is largely embedded in Africa's colonial and imperial history and the apartheid forces in South Africa, which have over the years associated its practice with backwardness and unscientific witchcraft and have an attitude of undermining African beliefs and cultural practices (Lebaka, 2019).

2.14 Theoretical framework: The Afrocentric perspective

In this study, the researcher applied Afrocentricity as the guiding framework. Molefe Kate Asante is credited with having developed the Afrocentric paradigm (Winters, 1994). Its stern position is that the African people's worldview and culture need to be placed at the centre of any research efforts having to do with African people or their

culture, not overlooking past historical forces that sought to paint Africa as a dark continent (Asante, 2010). Therefore, through this lens, African studies must deconstruct, challenge, and reconstruct Africa while positioning it meaningfully as opposed to the tendency of Eurocentric researchers to misrepresent and distort African experiences from their Eurocentric perspective in their studies (Asante, 2010; Davis, 1991; Stephens, 1989).

To understand the indigenous healing systems, it is of paramount importance to understand the traditional African world view. The African world view comprises the physical and the spiritual realms which are separate but mutually influence one another. The physical realm comprises humans, animals, and plants while the spiritual realm comprises God, gods, and ancestors (Visser & Moleko, 2012). Similar to the biopsychosocial model, the African conceptualisation of mental illness includes spiritual factors (for example, witchcraft, and punishment from ancestors) and physical factors (for example, biological and socioenvironmental factors) as causal factors of mental illness (Mkize, 2003). As such Afrocentric conceptualisation of health and ill-health comprises both the spiritual and physical realms as causal factors. Health is defined as the ability to carry out functions such as work duties, societal roles, and contributing to the community's wellbeing (Gessert et al., 2015). Health is achieved and maintained by keeping ancestors healthy and happy through the performance of rituals and observing cultural norms so that they can protect the living (Laar et al., 2021; Visser & Moleko, 2012). In other words, healing is achieved through restoring harmony between the living and the ancestors. The Afrocentric perspective is suitable for this study as it acknowledges indigenous African conceptualisations and healing methods, as they include both physical and spiritual factors. Furthermore, within this paradigm, phenomena are examined and interpreted from the perspective of African persons (Asante, 1991; Asante, 2010), as was the case with African traditional healers in this study.

CHAPTER 3: RESEARCH METHODOLOGY

This chapter deals with the research approach to the study. The study design and methods adopted for sampling, data collection, and analysis will be presented. In the end, the study quality criteria and ethical considerations observed in the study will be outlined.

3.1 Study Methodology and Design

Methodologically, the study has adopted a qualitative approach, while quantitative research objectively assesses the frequency of phenomena and correlations between phenomena by assigning numeric values to arrive at general conclusions among selected populations (Frambach et al., 2013). Qualitative research is subjective and acknowledges that meaning is socially constructed, that is, realities are influenced by culture and interactions (Grenier & Merriam, 2002), and are therefore unique and cannot be generalised. Indigenous knowledge such as traditional healing is shaped by culture and interactions (Hoppers, 2002). Thus, qualitative research is better adapted for the current study as it allows the researcher to obtain subjective accounts of how Tsonga healers manage mental illness through traditional medicine.

Epistemologically, the phenomenological design was adopted. Epistemology relates to how knowledge is gained, understood, and related to experiences. Phenomenological studies aims to help understand how human subjects, based on their lived experiences, construct meaning, while from the meanings, a phenomenological researcher seeks to describe and interpret participants' experiences to offer new insights into the phenomenon of study (Astalin, 2013). In this study, the researcher sought to gain insight from traditional healers' lived experiences relating to the use of herbal medicine in the management of mental health problems. From this understanding the researcher analysed the experiences, taking into consideration the influence that the healers' worldview and cultural experiences have on their meaning-making process (Creswell et al., 2007).

By describing and interpreting the traditional healers' lived experiences about

traditional healing, the researcher used the hermeneutic phenomenological design. As already defined, phenomenology in research is the study of participants' lived experiences. Hermeneutics, a philosophical stance, investigates the meaning of lived experiences and attaining a sense of understanding (Laverty, 2003). Hermeneutic phenomenology uncovers the description of lived experiences as well as their meaning.

3.2 Sampling and Recruitment Strategy

The researcher employed the snowball sampling method. Through snowball sampling, researchers purposefully identify the first few participants, it could even be one, who possesses certain characteristics, and then, the selected participant(s) is/are asked to identify others who share similar characteristics (Etikan, et al., 2015). People who share the same identity or lived experiences are referred to as a community and communication channels are usually established (Visser & Moleko, 2012). Snowball sampling capitalises on the fact and allows the researcher to elicit other participants from the first participant(s) identified (Parker, et al., 2019). In this study, the researcher identified a Tsonga traditional healer known to him to help kick-start the snowballing process. The participant was asked to refer the researcher to other potential healer participants. The succeeding participant(s) then identified other participants within their networks. The researcher continued sampling participants until data saturation was reached, that is, similar experiences were encountered repeatedly (Fusch & Ness, 2015). The researcher recruited participants who identified themselves and are recognised as traditional healers by the community. Further inclusion criteria were that the traditional healer should have experience in managing mental illness and at least five years' experience as a traditional healer. Exclusion criteria were unwillingness to participate, not being Tsonga-speaking, and not practicing fulltime as a traditional healer.

3.3 Data Collection

The researcher collected data through dialogues and observations. A dialogue interview is a form of interviewing where the researcher engages in a conversation with selected participants, openly and with understanding (Kvale, 2002). When engaging in research on Indigenous Knowledge Systems, elderly persons of African

descent frown upon Western-originated interviews (Wilson et al., 2019). Cultural sensitivity, that is, using the participants' indigenous language is essential to minimize participants' viewing of the researcher as an outsider, which would cause them to be skeptical about fully disclosing their experiences, thereby limiting the study findings (Mufamadi, 2001).

Therefore, dialogues enable the researcher and participants to engage freely on the phenomenon being researched for a prolonged and quality fieldwork process. The dialogues were carried out in Xitsonga, as it is through language and cognition that descriptions are given, and meaning is made from lived experiences (Eatough & Smith, 2017). Also, mental illness may be culturally defined (Burke, 2012). Data were recorded with a digital audio recorder following the consent of participants. The data were then transcribed and translated into English before they were analysed for accessibility by the broader scientific community. Nonetheless, due to the translation from Xitsonga to English, errors such as inappropriate substitutions of the original rich material provided by the healers may have occurred. To mitigate this, that is, to preserve meaning, extracts of phrases in the native language were retained.

3.4 Data Analysis

In line with hermeneutic epistemology, collected data were analysed using Interpretative Phenomenological Analysis (IPA). IPA offers a way of understanding and analysing experiences from the perspective of the study participants (Biggerstaff & Thompson, 2008). This technique complements the Afrocentric framework as it treasures participants' use of language, cultural background, beliefs, and actual experiences. IPA asserts that study participants are experts in the phenomena studied (Biggerstaff & Thompson, 2008). According to the double-hermeneutic principle, research findings, and the interaction between the researcher and participants may influence the meaning of the lived experiences reported (Audet et al, 2014). The influence of the researcher on the study cannot be overlooked. To generate meaningful study findings, the researcher followed a four-step IPA analytical process.

Step 1: Reading and Re-reading the Interview Transcription

In this stage, the researcher started by identifying participants' demographic

information, and went on to read all the transcribed data while noting down observations and emerging thoughts (Biggerstaff & Thompson, 2008). In some instances, where clarity was sought, the researcher went back to listening to audio recordings associated with some of the transcripts. To avoid contaminating the study findings, the researcher has attempted to suspend all preconceptions gained from previously published material on traditional medicine (Tufford & Newman, 2012).

Step 2: Identifying Themes

After reading through the generated transcripts multiple times, the researcher identified and labeled the emergent themes that best captured the participants' knowledge and experience about the study's aim. What this means is that the researcher went through the transcripts associating similar trends in line with the stated objectives. This process also entailed the identification of major and minor themes as reflected in Table 2 in chapter 4 (page 32).

Stage 3: Structuring the Analysis

At this stage, the researcher grouped the themes within their parent categories. Some of the initial thematic labels generated were revised in a way that captures their essence. This process went back and forth until the final themes were identified and labelled. To strengthen the quality of the final analysis, the student researcher also sought guidance and input from the expertise of the supervisor. The researcher took the final themes and went on to tabulate them (see Table 2 on page 32), in an attempt to provide the analysis with an overall structure.

Stage 4: Tabulating Themes in a Summary Table

At this stage, the researcher provided a list of the themes arranged in hierarchical order from the more prominent experiences to the less significant ones. Each theme comprises the researcher's exposition and extracts from the participants' actual statements (Biggerstaff & Thompson, 2008). The generated themes in Table 2 (see page 32) were then used for the presentation of a coherent and cohesive narrative.

Stage 5: Construction of a Cohesive Narrative

A cohesive narrative was then constructed to demonstrate the findings progressively,

starting with how Vatsonga traditional healers define mental illnesses and understand the causes of mental illness. This is followed by their intervention, that is, detailing how they manage mental illness with herbal medicines and the precautions observed. Lastly, the healing benefits are presented along with matters relating to efficacy, side effects, and overdose.

3.5 Quality Criteria

In qualitative research, the researcher and participants can affect research findings (Chowdhury, 2015). Thus, quality criteria are employed as a measure to manage the subjective nature of the research process (Bergman & Coxon, 2005). Lincoln and Guba (1985) are credited with outlining and describing credibility, transferability, dependability, and confirmability as the criteria for ensuring trustworthiness in qualitative research (Korstjens & Moser, 2018). These are standards generally used to ensure rigour in qualitative research (Chowdhury, 2015).

3.5.1 Credibility

Credibility refers to the truth value of research findings (Whittemore et al., 2001) or the extent to which the study findings are believable to others (Frambach et al., 2013), whether the conclusions arrived at are drawn directly from the participants' data and, that the interpretations are accurate and meaningful (Anney, 2015; Kitto et al., 2008). In line with this imperative, the researcher strictly has adhered to the chosen study design and related methods as espoused above. The researcher has read comprehensively about the philosophical aspects about phenomenological research. This was intended to help ground the researcher in the design. Being grounded ensured that operationally, the methods and procedures followed were aligned with the hermeneutic phenomenological research philosophy. For instance, in the field, the researcher used dialogue and sought prolonged engagements with each participant, prolonged engagement with the data (the researcher transcribes the interviews himself) to improve the quality of the data. Observations were also used where the researcher observed some of the patients being treated for mental illness and some of the tools used in the healing practices (for example, *Nhunguvane*, a homemade spherical object with a porcupine quill that serves as a syringe). Negative case analysis was also employed, in which the researcher

searched for evidence within the data that disproved the researcher's analysis (Terrell, 2015).

3.5.2 Transferability

Transferability refers to the applicability of research findings (Korstjens & Moser, 2018). This is the extent to which study findings can be applied in other contexts (Kitto et al., 2008). To facilitate study transferability, the researcher offered a detailed account of the phenomenon studied, and the study population (including inclusion versus exclusion criteria), and detailed account of the adopted methodology of research. Transferability doesn't mean generalisability, but the extent to which the study findings can be exploited in other contexts sharing a similar background as the current population of analysis.

3.5.3 Dependability

Dependability is concerned with the stability of the research findings over time (Halldorsson & Aastrup, 2003). Furthermore, dependability has to do with consistency between the researcher's interpretations and the data collected (Anney, 2015; Frambach et al., 2013). To archive dependability, the researcher observed strict adherence to the research methodology and demonstrated ethical research behaviour during all phases of the study. Also, the student researcher was guided by the more experienced supervisor in all phases of the study, that is, planning, data collection, data analysis, and data presentation, thus providing external auditing (Terrell, 2015).

3.5.4 Confirmability

Confirmability in qualitative research refers to the extent to which interpretations of the study can be verified by other researchers (Anney, 2015), from the research data itself (Halldorsson & Aastrup, 2003). This suggests that the ability to demonstrate study interpretations is derived from participants' data (Anney, 2015), rather than the researcher (Halldorsson & Aastrup, 2003). In short, confirmability refers to the researcher's neutrality (Chowdhury, 2015). In this study, to ensure confirmability, the researcher offered a detailed account of all steps and decisions taken during the research process. The researcher demonstrated how interpretations were arrived at

to show how each analysis was made from the participants' data. Some of the raw data or participant quotations were integrated into the final narrative detailed in the next chapter. All these efforts are intended to strengthen this aspect of qualitative research.

3.6 Ethical Considerations

Ethical considerations should be observed in all studies of human beings (Hallberg, 2013). Adherence to ethical standards helps to maintain study integrity and validity. Ethical considerations include permission to conduct the study, informed consent, confidentiality, anonymity, and the guarantee of the participants' rights and that they will not suffer any harm (Chowdhury, 2015).

3.6.1 Permission to conduct the study

Before the study was conducted, ethical clearance was sought and obtained from the University of Limpopo's Turfloop Research Ethics Committee (TREC/116/2021: PG; See appendix 4).

3.6.2 Informed consent

The researcher informed the participants of the significance, objectives, and nature of the study before asking for acknowledgment of their participation in the study (Hardicre, 2014). The researcher has also informed them of their right to ask for clarification or to withdraw participation at any time during the study. Furthermore, the researcher has sought approval from the healers, and permission to use a voice recorder. Accordingly, participants were given consent forms (see appendix 2a and 2b) to sign as an acknowledgement of their willingness to participate in the study.

3.6.3 Confidentiality

Confidentiality refers to protecting the identities of participants unless permission to disclose is given. Anonymity, that is, the use of pseudonyms was used to ensure confidentiality. In other words, confidentiality refers to presenting study findings in a manner that the participants cannot be identified (Wiles, et al., 2008). To ensure the confidentiality of participants, numbers were used to substitute the names of the

participants. The voice recordings remain in safekeeping and were only listened to by the researcher and the supervisor to prevent anyone from identifying the participants.

3.6.4 Data storage and management

The research data, that is, voice recordings and transcripts, were stored in an external (USB) drive and google drive online platform for safekeeping and easy retrieval (should the need arise) by the researcher.

CHAPTER 4: RESULTS

4.1 Introduction

In this section, traditional healers' conceptualisation of mental illness, herbal treatment of mental illness, and the perceived healing benefits are presented as reflected in the data gathered.

4.1.1 Demographic information of participants

Seven Xitsonga traditional healers have been interviewed for this study. Their demographic information is presented in the table (Table 1) below. Pseudonyms are used to protect the identities of the participants.

Table 1

Participant number	Gender	Age	Years of experience as a traditional healer
1	F	47	22
2	F	35	9
3	F	88	52
4	F	78	43
5	F	67	39
6	M	53	31
7	F	39	16

All participants regard themselves and are acknowledged by the community as traditional healers. Their years of experience as traditional healers range from 9 years to 52 years. Their chronological ages are from 35 years to 88 years. The participants are 6 females and 1 male, they are all Xitsonga-speaking from the Greater Tzaneen Municipality.

4.1.2 Emerging themes

The themes and subthemes emerging from the data are presented in the table (Table 2) below.

Table 2: Themes and subthemes

Main Themes	Subthemes	Minor themes
Identified mental and spiritual conditions treated with herbal medicine	• Madness • Stroke	• Mental exhaustion • *Vuvabyi-byale-tintshaveni*: illness associated with the mountains
Methods used to diagnose mental illness	• Interviewing method • Use of divination bones method • Observation method	
Identified causes of mental illness	• Persistent stress • Genetic inheritance • Substance abuse • Psycho-spiritual explanations	
Traditional herbs used to manage mental health conditions		
Preparation and administration of medicinal herbs	• Inhalation route • Steaming route • Sniffing route • Oral route • Ear and nasal administration routes	• Topical and injection routes
Dosage and precautionary measures considered when administering Traditional medicine		
Identified healing benefits of herbal medicines in mental Illness		
Side effects, toxicity and overdose of herbal medicines		

The effectiveness of Traditional Medicine and patient referrals		

4.2 Identified Mental and Spiritual Conditions Treated with Herbal Medicine

From the results, participants identified several conditions of mental and spiritual nature, which they treat with herbal medicines.

4.2.1 Madness

Madness was identified as another mental illness that is treated with medicinal herbs. Madness was identified in patients who display disorganised behaviour such as showing up naked in public, running around aimlessly, and uncontrolled laughing and singing. Here is what some healers had to say:

> "*When a person has lost his/her mind, we will say this again; mental illnesses we call it madness… where you walk naked, you are always running around for no reason*" (Participant 1, female, 47 years old).

> "*He has smoked weed, he has smoked weed, he has smoked weed… until he starts singing alone. Yes, he starts laughing uncontrollably*" (Participant 5, female, 67 years old).

People who are identified as suffering from madness are said to be frightening as they may also be violent toward others. Such patients report experiencing auditory hallucinations. This is further illustrated as follows:

> "*He/she will think as if people are talking. He/she will hear the sound 'he-he-he'. To whom is he/she responding? Those who are calling him, he/she hears them in his/her head and ears*" (Participant 3, female, 88 years old).

> "…*you will see him starting to run around beating people…*" (Participant 3, female, 88 years old).

> "*Some hear many different sounds, which negatively affect their brains, that is why we pour the mixture in their ears and nostrils; then he/she will stop talking and the visions that they had will disappear*" (Participant 6, male, 53 years old).

Another participant gave another dimension of madness identified as bipolar madness. This type of madness is said to be caused by an immediate stressor and it leads to minor functional impairment as captured below:

> "*Then there is what we call 'Bipolar'. This happens when a person is stressed by something, which then affects your mind so you become a little mad. ndeed,No one has indeed bewitched you, you are not born with the madness, there is usually something that has disturbed you*" (Participant 1, female, 47 years old).

The participating healers discuss madness as a mental illness characterised by disorganised and bizarre behaviour, hallucinations, and significant functional impairment.

4.2.2 Stroke

Stroke was also identified as a type of mental illness. The disorder is associated with bilateral motor impairments and speech problems:

> "*You will find that he/she cannot even walk. As time goes on, he/she is also unable to walk but his/her legs are still unable to carry him and he/she cannot do anything with his/her hands*" (Participant 1, female, 47 years old).

> "*Isn't it possible that you may suffer the left or the right side? Some only suffer the upper part only, others may look good only but the speech is gone and the mouth bends sideways*" (Participant 1, female, 47 years old).

Participant five enumerates further by stating that "*stroke leads to communication and functional disablement*" (Female, 67 years old).

Overall, study participants identified several mental conditions including those of spiritual origin which they manage using medicinal herbs. Also emerging from the data were two minor themes that need further exploration; mental exhaustion and *Vuvabyi-byale-tintshaveni* (Illness associated with the mountains). Mental exhaustion was discussed by Participant 1 as a type of mental condition that is characterised by forgetfulness, disorganised speech, irritability, and disorganised behaviour. This is captured in the extracts below:

> "*This is because most people suffer from forgetfulness… You will find that*

he/she forgets even the most important things. You speak to him/her today, and tomorrow, when you ask him/her, you find that he/she has forgotten it… sometimes, he/she will talk meaningless things. … you will find that he is in a polygamous relationship but does not treat his wives properly. Maybe his wives do not treat him well, then he ends up having a mental illness which makes him lose patience easily. This may make him throw things around… If the person suffers from the tiredness of the mind and not madness, we use certain types of herbs to deal with the tiredness of the mind. (Participant 1, female, 47 years old).

Vuvabyi-byale-tintshaveni, a condition that can be prevented through ritualistic practices for protecting children at an early age; is identified with symptoms in children who are afraid of their shadow, displaying impulsive behaviour that can result in injury, paying unnecessary attention to their body parts and wondering off at night. Participant 6 went at length to describe and highlight symptoms of the condition:

"*...there is an illness that affects children, which is associated with mountains, you find that a child is frightened by his/her own shadow…It is not a psychological problem. It is a sickness of the mountain. In Xitsonga we call it vuvabyi-byale-tintshaveni*. *… he/she can climb the roof of the house only to jump to the ground. … He/she will unnecessarily pay attention to himself/herself. You see him/her playing with his/her eyelashes… waking up and going away at night*" (Participant 6, male, 53 years old).

"*From the time he/she was born, the child was not … Isn't it some people protect the child spiritually ('ku-thusiwa'). …Yes, he/she has not been protected spiritually… when he/she was still young.*" (Participant 6, male, 53 years old).

4.3 Methods Used to Diagnose Mental Illness

Participating healers highlighted a variety of methods used to diagnose mental health problems in patients.

4.3.1 Interviewing method

Some of the healers revealed that they interview patients to find out what they are

suffering from; *"by talking (interviewing) to them, it is possible to notice that there is something wrong with this person. Here is a person, here is a sickness*" (Participant 7, female, 39 years old).

In some cases, family members are also interviewed for collateral information regarding the mental illness:

> "*I then try to find out from his/her family to try to determine his/her problem because we can all see that he/she is suffering from something*" (Participant 1, female, 47 years old).

The participating healers engage with the patient and their family to have a clear picture of the mental illness observed.

4.3.2 Use of divination bones method

Participants highlighted that they also use a spiritual technique for diagnostic purposes, that is, divination bones. Divination bones are either used before interviews or for verification purposes after observation and interviews have been conducted. This is captured in the extract below:

> "*…you can diagnose the illness using this* (making a gesture of throwing bones). *You may tell by his/her looks, but at the end of the day, you need to do this* (again making a gesture of throwing bones)" (Participant 7, female, 39 years old).

> "*After doing the research, I realise that they have not told me everything tangible, then I do my research by throwing bones. Or I can begin by throwing the bones, and after that, I will see that there is something that is troubling him/her…*" (Participant 1, female, 47 years old).

4.3.3 Observation method

It was found that traditional healers also rely on observations for diagnostic purposes:

> "*When he/she begins to eat the pap, he/she won't eat normally like you and me. He/she will eat quickly while saliva is dropping uncontrollably. In this way, I can tell that something is not right with the person*" (Participant 2, female, 35

years old.).

"*You may tell by his/her looks…. Also, by just looking at him/her, you can see the signs, and you can see that there is something wrong with this person. You can see that something is amiss with this person. By talking, it is possible to notice through your eyes that there is something wrong with this person. Here is a person, here is a sickness*" (Participant 7, female, 39 years old).

"*We can diagnose such sicknesses when we see these symptoms in him/her. We diagnose him/her when we see him/her unnecessarily paying attention to himself/herself. He/she will unnecessarily pay attention to himself/herself. You see him/her playing with his/her eyelashes… so you must know that he/she has a problem*" (Participant 6, male, 53 years old).

Traditional healers observe behavioural patterns to identify behavioural disturbances resembling mental illness.

As represented in the findings, the participating healers use divination bones, interviewing the patient and their family, and observing patients to diagnose mental illness.

4.4 Identified Causes of Mental Illness

Several factors were identified as causal explanations of mental illness.

4.4.1 Persistent stress

Leading a stressful life was identified as one factor responsible for mental illness in some cases:

"You can be mad because of stress, where you find that you have a heavy burden, and then you no longer think clearly" (Participant 6, male, 53 years old).

"You will find that he is in a polygamous relationship but does not treat his wives properly. Maybe his wives do not treat him well, then he ends up having mental illness…" (Participant 1, female, 47 years old).

Stress is then recognised as a potential causal factor of mental illness.

4.4.2 Genetic inheritance

Some healers identified genetic inheritance as a potential cause of mental illness as captured here:

> "*This is because there are certain people who inherit the mental illness from family members… It is usually genetic, where you find that in the family, one member is mad; you find that the grandchild is somewhat mad, and the great-grandchild is also somewhat mad. You find that it goes on like that. It is a family sickness*" (Participant 1, female, 47 years old).

> "*…you will find that this thing was inherited from the parents*" (Participant 4, female, 78 years old).

The participants attest to the fact that mental illness is sometimes inherited from parents and family members, thus some people are genetically predisposed to it.

4.4.3 Substance abuse

Some healers reported substance abuse as a potential causal factor in mental illness.

> "*There is this issue with the youth of today, they lose their minds because they smoke weed and glue*" (Participant 4, female, 78 years old).

> "*Some form of madness is caused by smoking weed… He has smoked weed… smoked weed… smoked weed… until he starts singing alone*" (Participant 5, female, 67 years old).

Weed and glue are identified as some of the substances that can lead to mental illness. According to another participant, the accumulation of toxins in the body secondary to substance abuse is behind the development of mental illness in some people:

> "*This is what makes a person go mad, it makes him/her lose his/her mind, even if no one has bewitched him/her. He or she is full of dirt in his/her chest. And the stomach … the dirt is also found in the stomach. Even the odour of a person can be smelled when he/she breathes… you also breathe out bad breath. His/her stomach is filled with rotten substance…So the dirt caused by weed accumulates in his/her chest… The dirt goes on accumulating non-stop until the person's madness gets worse… That is when he/she starts becoming*

mad" (Participant 5, female, 67 years old).

"*The is rot inside… So, if you don't vomit the dirt or induce diarrhea, the time will come when it accumulates, and ascends into your chest"* (Participant 5, female, 67 years old).

Substance abuse is associated with an accumulation of toxins in the body. The implication is that when the substance is continually used, in some cases, the bodycan rid itself of some of the toxins, however, in some cases, the toxins build up in the body which leads to mental illness.

4.4.4 Psycho-spiritual explanations

Several spiritually oriented mental illnesses related to explanations ranging from bewitchment, possession by evil spirits, and possession by ancestral spirits were offered.

Bewitchment: Participants have noted that mental illness can result from an act of witchcraft/bewitchment. Accordingly, those practicing witchcraft use methods such as *Xidyisa* (Literal Translation; LT=being poisoned), an evil spell/curse, and *Ku-nusa-nkondzo* (LT=collection of footprints) to inflict mental illness on unsuspecting victims:

"*Err, if a person has lost his/her mind, this is caused by 'xidyisa', (they have been poisoned with ill-fainted ingredients), he/she has lost his/her mind because he/she is bewitched… they have made him/her step on something (witches trap/curse) or ... Err he/she... they have just collected his/her footprints ('Ku-nusa-nkondzo'; to curse or bewitch him/her)... Take down his/her footprint, and put it there (in a jar)! Then they close it!*" (Participant 3, female, 88 years old).

"*When someone has mental illnesses such as madness, it is because he/she has been bewitched*" (Participant 7, female, 39 years old).

A culturally explained type of mental illness, that is, *mafufunyana,* is a direct result of an act of bewitchment.

"*You can suffer from mental illnesses because you are bewitched which is called 'mafufunyana'*" (Participant 6, male, 53 years old).

Possession by mentally ill ancestral spirits: Some healers have gone on to reveal

how mental illness can result from possession by an ancestral spirit, particularly spirits that may have had mental illness in their past lives. This is captured in the extracts below:

> "*…he/she might be possessed by a mentally ill ancestor! This ancestor manifests in him/her through madness*" (Participant 3, female, 88 years old).

> "*Here at home currently you will find that there is no one else who has a mental illness, the one who had the same problem has passed on, isn't it? So the person who has passed on manifests himself/herself in the one who is alive now*" (Participant 4, female, 78 years old).

Generally, ancestral spirits are believed to have the ability to possess the bodies of their living relatives. However, if one's body is possessed by a spirit that may have suffered from mental illness, the host body might also suffer from mental illness.

Possession by evil spirits: For some healers, some people suffer from mental illness due to being possessed by evil spirits.

> "*So, the mental illness resulting from evil spirits is simple because what we do is simply to chase away the things that trouble you*" (Participant 6, male, 53 years old).

A cultural ritual called *ku-thusiwa* (LT = spiritual protection ritual) is important as it protects people, especially during early development, and helps prevent afflictions by evil spirits. Unfortunately, those for whom this ritual may have not been performed might end up being possessed thus suffering from mental illness. This was exemplified by a 53-year-old male participant:

> "*From the time he/she was born, the child was not protected … Isn't it some people protect the child spiritually 'ku-thusiwa'. When the child grows up, those things come as if he/she has lost his/her mind*…*Yes, he/she has not been protected spiritually… when he/she was still young. Mostly, it is effective in children when they are still young*" (Participant 6, male, 53 years old).

The cultural practice of *ku-thusa* (emotional strengthening) is believed to have a direct link to a childhood disorder referred to as *Vuvabyi-byale-tintshaveni* (LT= illness associated with the mountains). Overall, this finding on mental illness explanations is revealed when participating healers explain mental ill-health in terms

of the biopsychosocial and spiritual factors.

4.5 Traditional Herbs Used to Manage Mental Health Conditions

As reflected in the data, participants identified various herbs that they used in mental health care, among others, *Vurivata* and *Xirhole.* Herbs identified are presented under this theme. For instance, participant one had this to say about Vurivata,

> "*We also give them something that we call 'Vurivata', then we instruct him/her to talk to this thing (holding a piece of the plant near their face) so that his/her memory comes back*" (Participant 1, female, 47 years old).

Concerning Xirhole, Participant 5 reported that she grinds and soaks it in water before it is prescribed patients with mental illness to drink.

> "*I will give you the herb called 'Xirhole'… That's it…. you grind it, and then soak it in water; then you drink it*" (Participant 5, female, 67 years old).

The results also showed that various herbal concoctions are prescribed. Participant 2 highlighted that different species of *Maringo* tree are harvested and prepared for medicinal purposes. The *Maringo* tree was characterised as a tall tree with small leaves and a slippery-looking stem, which is, however, rough. Goat excrement and variously colored *Maringo* trees that have been ground up will be administered by inhalation. The extract below details how the Maringo herbal concoction is prepared for administration:

> "*Then, I will go and take my herbs, I will take 'Maringo', which is red in colour, and another one which is white in colour, and the blue one... and the green one. Then I will mix them, then I will take dung, there is goat dung … That is it, I mix all these things... including 'Maringo'... Then, I grind these things. I grind them until they become sticky. Then, I make him inhale the smoke using hot coals. Once I have steamed him, he will recover. His saliva will come back but he won't recover immediately*" (Participant 2, female, 35 years old).

Another concoction utilised is derived from a combination of several medicinal plants, that is, *Ndzhuva*, *Mbinco*, *Xigavi*, and *Nswuswu*. Participant 2 gave an account of the different medicinal plants used for this type of concoction by saying:

> "*It is 'Ndzhuva' (also, it has green leaves that are smooth and shiny on the*

topside of the leaf)! … we use… 'Mbinco', we use 'Xidavi' (In Sepedi), in Xitsonga it is 'Xigavi' (a tree with many thorns), and 'Nswuswu' (the plant has small leaves)" (Participant 2, female, 35 years old).

Another concoction used is comprised of a mixture of *Nthuguma, Muvhangazi*, *Phinda*, *Nyamama,* and *Chochela Madleni* medicinal plants. The medicinal plants are triturated and mixed with some in-organic materials:

"*I make herbs such as Nthuguma, Muvhangazi, Phinda, Nyamama and Chochela Madleni. These are the ones that I use. Then, I mix with things like … do you know old cassettes and records, isn't it the head is making noise? I mix herbs with these things*" (Participant 1, female, 47 years old).

Participant 3 revealed another concoction of *Mondzo*, *Munga*, *Nthume,* and *Maringu*. This concoction is combined with animal fat:

"*Yes, I use 'Mondzo' (it has green matt leaves, its branches are thick and heavy, also it has small thorns) … and 'Munga' (it has green leaves, it grows tall, however, its branches are fragile, it has matt creamy white stem) as well... And the other one called 'Nthume' (it grows in rivers or wetlands, it grows tall however without branches but long leaves, also it does not bear edible fruit…Then I will go out and look for the fat of all these animals… all these animals. I include them just like that, I will then put in 'Maringu'*" (Participant 3, female, 88 years old).

VaTsonga traditional healers make use of various herbal medicinal products in mental health care. Some medicinal plants are concocted with other products such as goat dung, animal fat, and inorganic substances when treating mental illness. This is further illustrated below:

"*I make herbs such as 'Nthuguma', 'Muvhangazi', 'Phinda', 'Nyamama' and 'Chochela Madleni'. These are the ones that I use. Then, I mix with things like … do you know old cassettes and records, isn't it the head is making noise? I mix herbs with these things*" (Participant 1, female, 47 years old).

"*Then you burn all these at the same time?*" (Researcher).

– "*Yes!*" (Participant 1, female, 47 years old).

"*Then, I will go and take my herbs, I will take 'Maringo' …Then I will mix them, then I will take dung, there is goat dung … I mix all these things... Then, I make him inhale the smoke using hot coals*" (Participant 2, female, 35 years old).

4.6 Preparation and Administration of Medicinal Herbs

The results further showed that roots and leaves are harvested from medicinal plants. The roots and leaves are processed for medicinal purposes and prescribed for patients.

"*I use roots for the majority of the herbs*" (Participant 1, female, 47 years old).

"*We soak them in water… And then we separate the juice from the roots and then give them to drink*" (Participant 6, male, 53 years old).

"*Roots, we use roots and leaves…*" (Participant 7, female, 39 years old).

Most healers highlight the fact that roots are the most potent part of the plant for herbal medicines. Herbs identified are administered through various routes.

4.6.1 Inhalation route

Participating healers discussed inhalation as a method of administering traditional medicine. The herbs are burnt to produce smoke for the patient to inhale nasally. This is well depicted in the extracts below:

"*… we grind them, dry them, dry them so that they are ready to burn… mhmm, to become smoke*" (Participant 6, male, 53 years old).

"*We take hot coals which we mix with the herbs and let the person inhale the smoke.*" (Participant 1, female, 47 years old).

"*I will take 'Maringo', which is red in colour, and another one which is white in colour, and the blue one... and the green one. Then I will mix them, then I will take dung, there is goat dung … I mix all these things... including 'Maringo'... Then, I grind these things. I grind them until they become sticky. Then, I make*

him inhale the smoke using hot coals. Once I have steamed him, he will recover" (Participant 2, female, 35 years old).

"*You need to ensure that he/she inhales the herbs*" (Participant 7, female, 39 years old).

4.6.2 Steaming route

Participants reported steaming as a method of administering traditional medicine. This is captured in the extracts below:

"*We simply make him/her comfortable; there are herbs that we use to steam him/her so that he/she becomes calm*" (Participant 6, male, 53 years old).

"*… then you make the one for steaming…*" (Participant 7, female, 39 years old).

"*…he/she must be steamed*" (Participant 3, female, 88 years old).

4.6.3 Sniffing route

Participants also highlighted sniffing as a method of administering traditional medicine nasally. They claim that the medicine goes directly to the brain as captured in this extract.

"*There is something else that I use, it is green in colour. A person must smell this thing repeatedly for several days*" (Participant 1, female, 47 years old).

"*… they must give him another one for … for… sniffing just like snuff, it will go to his/her brain. Every day, every day, in the evening, in the morning; morning-evening*" (Participant 3, female, 88 years old).

4.6.4 Oral route

Participants revealed that there are traditional medicines that are given to patients to drink or ingest as captured in the extracts below:

"*Within the herbs that I have given you, there are those that I cook, which I then give my patients to drink*" (Participant 1, female, 47 years old).

"*I cook herbs for him, I cook herbs that I put in a bottle, then we give him (to drink)*" (Participant 2, female, 35 years old).

"*Err, some of the herbs are for drinking, we give him/her to drink these herbs*" (Participant 6, male, 53 years old).

"…*then he drinks*…" Participant 3, female, 88 years old

Some herbs are soaked in water before being administered orally in a solution form:

"*We soak them in water, yeah we soak them. And then we separate the juice from the roots and then give them to drink*" (Participant 6, male, 53 years old).

Some herbs are ground and soaked before patients drink them. This is captured in this extract below:

"*Then when you finally get the herbs, I will give you the herb called 'xirhole'… That's it…. you grind it, and then soak it in water; then you drink it*" (Participant 5, female, 67 years old).

In some instances, some herbs are boiled.

"*… you boil herbs for her to drink…*" (Participant 7, female, 39 years old).

This finding highlights that various methods are used for decoction before herbs are administered orally. Some of the ground herbs are mixed with soft porridge for oral administration:

"*… there those that are ground so that they become fine like soft porridge… We will give him herbs mixed with soft porridge for him to eat*" (Participant 2, female, 35 years old).

4.6.5 Ear and nasal administration route

Participant 6 reported that some traditional medicines are administered through the ears and nostrils of patients. This is best captured by the extract below:

"*We soak them in water… And then we separate the juice from the roots … it is this juice that we pour in their ears and nostrils*" (Participant 6, male, 53

years old).

"*…we pour herbs in his/her nostrils and ears*…" (Participant 3, female, 88 years old).

This method of administration was reported to deliver the medicine to the brain and cleanse it as said in the extracts below.

"*Why do we pour the mixture in their ears? Some hear many different sounds, which negatively affect their brains, that is why we pour the mixture in their ears and nostrils; then he/she will stop talking and the visions that they had will disappear*" (Participant 6, male, 53 years old).

"*We pour some of them in their nostrils. Then, when he/she breathes, those things go to the brain, where it will cleanse his/her brain*" (Participant 6, male, 53 years old).

The data depict inhalation and drinking as common ways in which traditional medicine is administered, while methods such as mixing with soft porridge and the ear are less pronounced. Topical and injection routes emerged as minor themes that need further exploration. Participant 1 highlighted how he uses the topical method as follows, "*I also apply some herbs on him/her. I mix Maringo and Swifulani and then apply it on the affected limb*" (Participant 1, female, 47 years old).

For injection purposes, the results showed that healers use *Nhunguvana*, which is a homemade spherical object with a porcupine quill. This instrument is used as some form of a syringe. This method is effective because it introduces herbs directly into the blood stream:

"*… for stroke... for people with stroke, there are things for them... we call them 'Tinhunguvani'… something like a thorn that I own, it is inside this thing with a hole here … then I take this thing and pierce it inside, then I inject his/her affected limb repeatedly… I continue injecting him/her repeatedly while applying some herbs here and there. I mix 'Miringo' and 'Swifulani' …*" (Participant 1, female, 47 years old).

Nevertheless, the preparation and administration of traditional medicine consist of structured and deliberate procedures maintained and respected by traditional healers.

4.7 Dosage and Precautionary Measures Considered when Administering Traditional Medicine

Traditional healers observed caution when determining dosages, and in other aspects of preparing traditional medicine. The determinants of dosage noted are the severity of the illness, the patient's prognosis, the patient's tolerance to the medication, and the use of divination bones.

> "*When we see that you are too ill, I can add the dosage so that your body gets the herbs as quickly as possible. This is because we don't measure the dosage the same way, it depends on how the body responds to the treatment. Some of my herbs may be somewhat bitter. When you are unable to finish half a cup of herbs, then I know that I must reduce the dosage and increase the times of taking the medication. I do this so that you will be able to drink it*" (Participant 1, female, 47 years old).
>
> "*We first throw the bones to determine the dosage*" (Participant 2, female, 35 years old).

Participating healers discussed how they struggle to determine dosages for patients, particularly patients treated as outpatients, as they may become overzealous for recovery and overdose. This is well elaborated in the extracts below:

> "*So you see, this is where we are unable to compete with western medicine because we are not able to measure our things. This is the issue with doses … but if we can improve on this, and then find a specific place where we do our things, through the assistance of western medicine, then we will be able to work well and help many people*" (Participant 6, male, 53 years old).
>
> "*This is the problem that we have in African medicine, in African Traditional Medicine. Er, our problem is the dosage … we are not able to…. We can measure it for you. But when you go home, because you are in a hurry to recover as soon as possible, you then decide to take an overdose. The herbs begin to work wrongly in your body…*" (Participant 6, male, 53 years old).
>
> "*… we cook and give it to you in 2 litres so that you drink little by little until you*

finish it, but because you want to recover as soon as possible, you drink the whole half litre or the whole cup; now you become drunk" (Participant 3, female, 88 years old).

To mitigate the dosage challenges, Participant 7 gets actively involved in the administration of traditional medicine. Traditional medicine is believed to be very potent, and it is administered in less concentrated forms.

"*I do the dose myself. Isn't they need to be physically present here at home? You need to do it for him/her, you boil herbs for drinking for him/her to drink, then you make the one for steaming. Whatever you want, you need to do it for them, be hands-on. Ensure that everything runs smoothly*" (Participant 7, female, 39 years old).

"*We use a teaspoon or half a teaspoon because some herbs should not be given in huge quantities. So, you need to ensure that you have a proper dose of herbs because you don't use one herb. A teaspoon is too much, because he/she needs a dose of this herb, a dose of that herb, and so on. Yes, you need a proper dose, the correct dose*" (Participant 7, female, 39 years old).

There are certain precautions taken by traditional healers in the management of mental illness. *Ku-Chilafala* (LT= spiritual dirtiness) caused by having sexual intercourse, disqualifies people from handling traditional medicine. Furthermore, sexual activity is forbidden *E-ndhumbheni* (LT= House where traditional healers practice), so are women during menstruation, and sexually active individuals. *E-ndhumbheni* is considered a secret place.

"*Yes, even according to church or traditional conventions, they say there is what they call Ku-Chilafala* (spiritual dirtiness)*. Once we say that a person has a dirty spirit, we no longer allow him/her to hold or touch anything, or I don't allow him to touch my things. This is because I know that he/she is dirty spiritually. But as for me, the people that I am* (currently) *treating here, even if they are dirty spiritually, I allow them to touch my things, there is a way in which we deal with it; except outsiders, since they cannot tell me that* (when last they had sexual intercourse) … (Participant 1, female, 47 years old).

"*Things like that are there, just like you, let us say you have a wife; you can't sleep with your wife 'E-ndhumbheni'. And when you have a wife, you cannot*

enter 'E-ndhumbheni', I can't send you 'E-ndhumbheni' all the time. When a woman is menstruating, she is not allowed to enter 'E-ndhumbheni'" (Participant 2, female, 35 years old).

To ensure the efficacy of their Herbs, some participants prepare the medicine themselves or ask their pupils. On the other hand, some participants opt to buy herbs that are not easily accessible.

> *"Uhm, I prepare all my herbs, or my pupils make them. I don't send outsiders. As I won't ask you where you slept yesterday*" (Participant 1, female, 47 years old).
>
> "*I go and dig them myself when they are around the corner. When someone comes around to sell them, I buy them*" (Participant 2, female, 35 years old).

Herbs that grow naturally in the wild are believed to be more potent as discussed by participant 4:

> "*… the herbs that we use are not the type that we use a hoe to go and plough… We use the ones planted by God. We just dig the ones planted by God in the forest, there is nowhere where we planted them…*" (Participant 4, female, 78 years old).

Patients are treated differently depending on the cause or source of the mental illness, that is, whether the illness is due to witchcraft or ancestral possession. For the latter, they also strive to appease the patient's ancestors or incorporate ancestral herbs. This is captured in the extracts below:

> "*Here at home currently you will find that there is no one else who has lost their mind, the one who had the same problem has passed on, isn't it? So the person who has passed on manifests himself/herself on the one who is alive now. So when I cure this one, I must do so differently from the one... who was bewitched… I must cure him/her differently and… follow his ancestor*" (Participant 4, female, 78 years old).
>
> "*I must focus on finding out how I will cure the one who was bewitched, I must know how I must cure him/her which will make him/her recover because he/she has been bewitched. The one who suffers from mental illness resulting from ancestors of the family, he too, I must see how to cure him/her to please*

his/her ancestors so that they do not trouble him/her" (Participant 4, female, 78 years old).

"*When you cure a person like that, you must mix ancestral herbs. It won't take two days. You will then see that he/she is recovering*" (Participant 3, female, 88 years old).

Lack of caution makes the medicine to become less effective and may have adverse consequences.

4.8 Identified Healing Benefits of Herbal Medicines in Mental Illness

Healing may occur through the release of bodily material like vomiting. Participant 1 reported that they use herbs that induce sneezing as captured below.

"*I also give him/her other herbs that enable him/her to sneeze*" (Participant 1, female, 47 years old).

Xirhole is used to induce vomiting 'dirt' that is presumed to be the cause of mental illness.

"*Then when you finally get the herbs, I will give you the herb called 'Xirhole'… you grind it, and then soak it in water; then you drink it. The herb can cleanse a person very nicely, it will cleanse him/her again and again… then you will vomit again and again… You can fill 9 kg… you will feel that these substances are bitter like "nka-nka"* (an indigenous green vegetable commonly served with pap) *or some types of green vegetables. It is frightening …. and comes in large quantities. These things make a person not feel well all the time. It is this dirt inside the stomach*" (Participant 5, female, 67 years old).

Participant 3 discussed the nasal release of foam from the brain, the foam is regrettably believed to have caused the mental illness.

"… we pour herbs in his/her nostrils and ears, and then he drinks it Yes, he/she must be steamed. Yes, they must steam him/her, inhale it, and then exhale foam. Yes, it is the foam that makes him/her lose his/her mind… It must come out through the nostrils… all of it. Yes, once it has come out, that is all…" (Participant 3, female, 88 years old).

Participating healers interpret the release of bodily material as method of healing.

Patients' recovery is routinely assessed during the treatment.

> "*This can even take the whole month while treating the same illness as long as it is a mental disease; he/she will also be telling me 'yes, today I am feeling better'…*" (Participant 1, female, 47 years old).
>
> "*… you can also see for yourself whether or not this person is getting better…*" (Participant 1, female, 47 years old),
>
> "*The mouth starts recovering first … this is a sign that this person is responding to the treatment that you are giving him/her. Then, he/she ends up being able to speak again. I have already told you that this thing is a two-way process, the mouth may recover first but still unable to speak. Even when he/she has recovered, the mouth may not be able to allow him/her to speak… or he/she may be able to speak and see, … without recovering, you may find that the muscles of his/her mouth are not working*" (Participant 1, female, 47 years old).

Participants assess the effectiveness of their treatment by assessing whether the patients are improving. Discussed as evidence of recovery the cessation of symptoms, emotional stability, and cessation of perceptual disturbance.

> "*Then, I make him inhale the smoke using hot coals. Once I have steamed him, he will recover. He will start recovering but he won't recover in full immediately*" (Participant 2, female, 35 years old).
>
> "*You can judge by the way the patient looks once he/she has started using the herbs if he/she is responding well to the treatment*" (Participant 7, female, 39 years old).
>
> "*Yes, he/she is no longer frightened by his/her own shadow. He/she will sleep peacefully without being afraid of waking up and going away at night*" (Participant 6, male, 53 years old).
>
> "*For a person who is easily angered, the recovery can be observed when he/she is explaining their emotions. Yes, you will hear him/her say: 'you see now… do you see what this person is doing to me. Look at this person (they*

are making me angry).' They complain too much when they recover… he/she will say: 'do you see him/her. Yes, when I do something to him/her, you will then say I am no good. He/she came in here and wronged me'" (Participant 1, female, 47 years old).

"*There are mixtures that we make, which we pour in their ears. Why do we pour the mixture into their ears? Some hear many different sounds, which negatively affect their brains, that is why we pour the mixture in their ears and nostrils; then he/she will stop talking and the visions that they had will cease… he/she starts talking about reasonable things. He/she no longer 'hallucinates'*" (Participant 6, male, 53 years old).

Participant number 6 critiques the use of restraining measures, that is, chaining of patients. He laments the management of aggressive patients through the administration of sedative herbal medicines.

"*… we don't fasten him with chains! We don't fasten him with chains … there are herbs that we use to steam him/her so that he/she becomes calm… Our 'injection' is to steam him/her using this mixture, and from there, he/she will calm down, and then we will be able to help him/her*" (Participant 6, male, 53 years old).

Participating healers display caution and rigour when treating mental illnesses believed to have a genetic cause.

"*… there are times when we become aggressive in our treatment of the disease, we then inject him/her so that the disease must never come again… This is because certain people inherit the mental illness from family members*" (Participant 1, female, 47 years old).

"*There are those who are born with the disease naturally. With these, you must be very careful the way you treat them because you can treat them, only for the disease to come back again. After all, the disease is in the blood. Yes, you need to control the disease so that it does not come back*" (Participant 6, male, 53 years old).

As documented, the benefits of traditional medicine include illness prevention.

4.9 Side Effects, Toxicity, and Overdose of Herbal Medicines

The study documents diverse views regarding issues of herbal medicinal side effects, toxicity, and overdose. Most participants believe that traditional medicine does not have adverse effects apart from participant 2 as captured in these extracts:

> "*They don't have side-effects; they don't have side-effects*" (Participant 6, male, 53 years old).
>
> "*The herbs have no side-effects as far as I am concerned*" (Participant 7, female, 39 years old).
>
> "*… as far I am concerned, they have neither side effects nor overdose*" (Participant 1, female, 47 years old).
>
> "*I trust my herbs; we don't know any allergy in our herbs, and you won't go to the hospital*" (Participant 1, female, 47 years old).
>
> "*Some people react well to the treatment, but it happens that others don't… Sometimes, the person will come back, let's say he/she was taking treatment for menstrual pain, when I have given her the treatment to drink, she may come back and say: my menstrual pain is over, or now I am bleeding like this… it is no longer coming out looking light. That is the end of it, I will then give her another treatment … then they get well*" (Participant 2, female, 35 years old).

The observed effect of overdose is drunkenness as captured in the extract below.

> "*Yes, this is where things go wrong. The patient has not followed my instructions. That is why in western medicine, they put the medicine in a small bottle and also give you a teaspoon where they instruct you to drink the medicine three times a day. So, with us, we cook and give it to you in 2 litres so that you drink little by little until you finish it, but because you want to recover as soon as possible, you drink the whole half litre or the whole cup; now you become drunk*" (Participant 6, male, 53 years old).

The data depicts that traditional medicine is highly acclaimed by traditional healers.

4.10 The Effectiveness of Traditional Medicine and Patient Referrals

Participating healers proclaimed that traditional medicine is very effective in treating mental illness, so they do not give monthly prescriptions, but rather once-off treatment. This is captured in the extract below.

> "*In African traditional medicine and healing, there is no chronic (illness), we don't have chronic (illness). When we treat you, it's a once-off and there is no treatment in a bottle that I will keep on giving you for the rest of your life. Once I cure you, it is a once-off! Yeah*" (Participant 6, male, 53 years old).

Participant 1 expresses that they only refer violent patients to the western health care system. However, she believes that traditional medicine is better suited than western medicine in treating mental illness. This is captured in the extract below.

> "*They have accommodation. They can bring him under control, and then he/she will come back. When he/she has come back, then I can cure him/her so that the illness does not return*" (Participant 1, female, 47 years old).

Referral to more experienced traditional healers is done when a traditional healer is unable to treat certain illnesses.

> "*When you have given a patient some treatment when you notice that one of the herbs is not effective, you need to look for an alternative herb. There are many types of herbs. Otherwise, you need to consult other traditional healers. You need to tell him/her, "' Doctor' I have a patient who suffers from this or that, how can I help him/her?" You need to check others as well; they will help you with ideas, as long as your patient can recover*" (Participant 7, female, 39 years old).

Participants refer patients to the western health system for sedation. However, for further treatment and management, after they realize they cannot cure certain patients, they refer to fellow traditional healers.

CHAPTER 5: DISCUSSION

This chapter discusses research findings concerning the existing literature and the Afrocentric paradigm. The study implications for clinical practice, policy, and the research community will be detailed. Study limitations and recommendations are also highlighted.

5.1 Description and Diagnosis of Mental Illness

The present study has sought to explore and identify VaTsonga traditional healers' role in mental health care. For the healers, herbal medicine is understood to be useful in the management of diverse mental health conditions (that is, madness and stroke). Madness (LT= "*ku-penga*") is identified through symptoms such as auditory hallucinations, and aggressive and disorganised behaviour. Similar findings have been reported in an earlier study by Audet and colleagues (2017) with Tsonga traditional healers in the Mpumalanga province whereby "*hlanyi*" (LT= madness) has been identified through disorganised behaviour such as running around aimlessly, walking naked in public, and laughing inappropriately. Similar descriptions have also been offered by Venda healers, who indigenously call madness *tshipengo*, and it presents with symptoms such as insomnia, talking to oneself, shouting during the night, sweating, verbal aggression, delusions, and staying in one position for a long period (Mufamadi & Sodi, 2010). As in previous studies, in this study, traditional healers seem more familiar with madness or psychotic illness compared to other conditions (Schierenbeck et al., 2018; Mbwayo et al., 2013; Sorsdahl et al., 2010; Sorsdahl et al., 2010). Nonetheless, it is evident that indigenous healers are aware of and deal with a wide range of mental illnesses.

Mental exhaustion and a psychospiritual illness referred to as *Vuvabyi-byale-tintshaveni* (LT = illness associated with the mountains) emerged as findings that warrant further exploration. Mental exhaustion as a condition is characterised by forgetfulness, disorganised speech, irritability, and disorganised behaviour. Mufamadi and Sodi (2010), noted that traditional healers also deal with mental conditions of a spiritual origin. *Vuvabyi-byale-tintshaven* is a psychospiritual illness in which children may present with impulsive and risky behaviour, wondering off at night, paying unnecessary attention to their body parts, and fear of one's own

shadow. As far as the researcher is concerned, this is the first study to report on this psychospiritual condition. This finding exemplifies the Afrocentric conceptualisation of mental illness which acknowledges both physical and spiritual causes of illness (Laar et al., 2021; Visser & Moleko, 2012; Mkize, 2003).

Mental illness diagnosis also emerged as an important subtheme in this study. To arrive at a clinical diagnosis of a mental illness, VaTsonga healers employ interviews and observation. Interviews would be with the presenting patient and family members for collateral information. As was reported previously, patient observation emerges as the key method used by healers when diagnosing mental illness (Mufamadi, 2001; van der Watt at al., 2020; Sorsdahl et al., 2010; Sorsdahl et al., 2010; Shange & Ross 2022; Sodi et al., 2011). However, to ascertain the diagnosis and underlying causal factors, a spiritual diagnostic method, that is, divination bones is employed. Similar findings were reported by Van der Watt and associates (2021) among Xhosa healers in Western Cape and by Mufamadi (2001) among Venda healers. Divination bones are bone fragments that may sometimes include shell artifacts used by traditional healers to communicate with a deity that is, God or ancestors, for help with patient diagnosis and treatment planning (Gureje et al., 2015; Mufamadi & Sodi, 2010; Shange & Ross 2022). Contrasted with past studies, consultations with God (Van der Watt et al., 2021) or the ancestors (Sorsdahl et al., 2010; Van der Watt et al., 2021; Mufamadi & Sodi, 2010; Van der Watt et al., 2020) or ritual performances such as burning of *impepho* common among Xhosa traditional healers (Van der Watt at al., 2020) was not specifically reported as a diagnostic procedure in the current study.

5.2 Etiology of Mental illness

Several factors (persistent stress, substance abuse, spiritual issues, et cetera) were offered as possible explanations for the development of mental health problems. Substance abuse, for instance, was associated with the accumulation of toxins in the body leading to the experience of mental illness. Substance abuse is a well-known cause of mental illness within the traditional healers' community (Sorsdahl et al., 2010; Sorsdahl et al., 2010; Mufamadi, 2001; Mufamadi & Sodi, 2010; Musyimi et al., 2016; Shange & Ross 2022), particularly among the youth (Shaw & Middleton,

2013).

Psychospiritual explanations are also offered as causal factors of mental illness. A novel form of bewitchment, *Ku-nusa-nkondzo* (LT= collection of footprints) was uncovered. This is a spell, which involves collecting an unsuspecting victim's footprints, which are concocted with some herbs, and put in a jar; consequently inflicting mental illness on victims. Another form of bewitchment method carried out is through *Xidyisa* (LT= being poisoned). Xhosa traditional healers call it *idliso* (Mzimkulu & Simbayi, 2006). Psycho-spiritual causes of mental illness are not recognised by Eurocentric ideologies, such as in contemporary medicine. Unfortunately, patients with such culturally nuanced aetiological explanations are often dismissed and receive no assistance for their conceptualisations are uncritically perceived as uncivilized and unscientific. This is unfortunate, for the conception of an illness will always be shaped by people's belief systems and cultural practices (Sobiecki, 2014). For instance, in the African belief, as evident in this study, some illnesses are explained in terms of possession by spirits, ritual performance violations/*ku-thusiwa*, abandonment by ancestors, or attacks by evil forces (Chilale et al., 2017; Audet et al., 2017; Hecker et al., 2016; Shange & Ross 2022; Sorsdahl et al., 2010; Sodi et al., 2011). Mafufunyana is another type of mental illness directly caused by bewitchment, that is, it is the product, not the causal factor as was previously thought (Keikelame & Swartz, 2015; Sorsdahl et al., 2010; Shaw & Middleton, 2013). This may be an indication of disparity in the understanding of this condition among researchers when studying indigenous cultures.

It is evident that spiritually oriented explanations of mental illness, and bewitchment, in particular, arebeing recognised as a heavily embedded cultural explanation of mental illness among black South Africans (Baskind & Birbeck, 2005; Shaw & Middleton, 2013; Sorsdahl et al., 2010; Mufamadi & Sodi, 2010; Chilale et al., 2017; Sorsdahl et al., 2010; Mzimkulu & Simbayi, 2006; Shange & Ross 2022). Some researchers and scholars have argued that it is because of such cultural nuances associated with mental illness that some black Africans continue to consult with traditional healers (Le Roux-Kemp, 2010; Scott, 2003; Puckree et al., 2002; Labys et al., 2016).

5.3 Traditional Medicines for Treating Mental Illnesses

Traditional healers rely on a wide range of medicinal products for the management of mental health conditions. In this study, *vurivata* and *xirhole* emerge as some of the common medicinal herbs used. *Vurivata* is found to be useful with memory-related problems. Nonetheless, the present findings contradict existing literature which suggests that the use of the same medicinal herb is to make people forget (Makgahlela & Sodi, 2017; Magwede et al., 2019; Makgahlela et al., 2021; Hutchings, et al., 1996). In the current study, the herb is used to help patients regain their memory, while in existing literature it has been uncovered that among the Northern Sotho, *Bolebatša* as they call it, is used when managing bereavement, to make people forget about the painful memories associated with the loss of their loved ones (Makgahlela & Sodi, 2017; Makgahlela et al., 2021). The inconsistency regarding the use of *Vurivata*, could be due to differences among geographic regions, cultural diversity, or just that the current study participants were referring to a different plant species. Nonetheless, a further inquiry into the origin of the inconsistent use of *Vurivata* is an area to consider for future studies.

Herbal concoctions such as the *Ndzhuva*, *Mbinco*, *Xigavi*, and *Nswuswu* are also used in the management of mental illness. Medicinal herbs or concoctions of herbs used in the management of a wide range of mental and physical ailments have been reported in botanical studies (Kotina et al., 2017; Magwede et al., 2019; Van Wyk, 2020; Van Wyk et al., 2019; Ribeiro et al., 2010). Sobiecki has long observed that *Sceletium tortuosum* (L.). N.E. Brown (*kougoed*) and other *Sceletium* medicinal plants are used by Zulu healers to treat depression.

Notably, for some of the concoctions non-herbal ingredients, that is, goat dung and animal fat are some of the ingredients used in the concoctions. This is not a unique practice as it has previously been documented by Semenya and Potgieter (2014). Some healers in Limpopo Province also add salt and cows' milk.

Although traditional healers share some of the herbs they use, they do so reluctantly. This is also professed by Sorsdahl and company (2010), that the knowledge of herbal medicine is secretive and only shared among traditional healers. Therefore, this is a limitation in studies that focus on traditional medicine and requires researchers to be mindful of their methods of data collection.

5.4 Administration and Prescription of Medicinal Plants

Herbal medicines, onceprepared, are administered via a wide-range of routes (Makgahlela & Sodi, 2017; Sorsdahl et al., 2010; Sodi et al., 2011; Mufamadi & Sodi, 2010; Magwede et al., 2019; Semenya & Potgieter, 2014; Mbwayo et al., 2013; Gureje, et al., 2015; Shange & Ross, 2022). In this study, routes of administration vary from inhalation, steaming, sniffing, topical application, drinking, and so forth. Similarly, traditional healers in Mpumalanga administer some of the herbs through the eyes and the ears (Audet et al., 2017). New to this study is the injection method of administering traditional medicine with a *Nhunguvana* (a homemade spherical object with a porcupine quill that serves as a syringe). This method is candpracticed less often and gives rise to concerns about blood-transmitted diseases such as Human Immunodeficiency Virus. Nonetheless, most traditional healers have adequate knowledge about the methods of transmission of HIV, so the reuse of skin- penetrating tools such as razor blades without sterilization is seldom cpracticed (Peltzer et al., 2006).

5.5 The Healing Mechanisms Associated with Herbal Medicines

Understanding that the accumulation of toxins in the body can cause mental illness, traditional healers employ several methods intended to detox the body. Consequently, the release of white foam from the brain, sneezing, and vomiting of “dirt” from the stomach are interpreted as evidence of the illness leaving the patient. Similar findings were reported among Venda traditional healers whereby toxins are released by inducing watery mucus, vomiting, sweating, and sneezing (Mufamadi & Sodi, 2010; Mufamadi, 2001). Ultimately, cessation of symptoms, emotional stability, and cessation of perceptual disturbance isis indicated as healing benefits of traditional medicine. To assess patients’ recovery and readiness to return as functional members of society, traditional healers give the patients tasks to do. Patients that complete their tasks with minimal supervision are said to be cured (Mufamadi, 2001).

Seemingly, the use of physical restraints is discouraged. Healers use herbal medicine to sedate aggressive patients, however, herbal medicines are used for the

same benefit among the Venda, Zulu, Xhosa, and Sotho healers (Mufamadi & Sodi, 2010; Shange & Ross 2022). Also emerging from the study is the prevention of mental illness that is believed to have a genetic origin through herbal medicines. This is a common practice among traditional healers as it is well documented inthe literature (for example, Baskind & Birbeck, 2005; Audet et al., 2017; Madzhie et al., 2014). Traditional healers seem well-equipped to manage mental illness. Patient referrals to traditional healers for traditional medicine should be explored.

Diverse views regarding side effects, toxicity, and overdose are encountered. As in Semenya and Potgieter (2014), most healers proclaim herbal medicine to be without side effects. A participant in the current study reveals that overdose leads to drunkenness. Bapedi healers discuss side effects such as dysentery, loss of appetite, and sexual dysfunction (Semenya & Potgieter, 2014). This suggests that some herbs may be having some adverse effects as proclaimed by Karimi and company (2015) and Ismail and colleagues (2019). The misconception of traditional medicine being unsafe may be due to distortions perpetuated by Eurocentric literature. In clinical practice, patients should not be discouraged when they express the desire to consult traditional healers, as traditional medicine may be relatively safe.

A plethora of literature supports that traditional medicine is effective in treating mental illness (Van der Watt et al., 2018; Sorketti et al., 2012; Mbwayo et al., 2013). However, it remains not fully integrated into the South African health care system (Le Roux-Kemp, 2010), despite recommendations by the WHO (WHO, 2002; WHO, 2013; WHO, 2019; WHO, 2021). As already advocated by researchers (for example, Le Roux-Kemp, 2010; Sobiecki, 2008; Sandlana & Mtetwa, 2008), traditional medicine warrants greater recognition, more research, and proper integration into the South African health system.

5.6 Chapter Summary

Traditional healers are well accustomed to psychotic illness and psychospiritual illnesses that are culturally defined, that is, *Vuvabyi-byale-tintshaveni* (LT = illness that is associated with the mountains). Single herb species, combinations of different herb species, and sometimes non-herbal ingredients are used as sources of traditional medicine. There is no consensus regarding the side effects of traditional

medicine, although studies suggest that it is effective in treating mental illness.

5.7 Implications of Study Findings

5.7.1 Implications of the research

The study adds to the knowledge of healing practices among traditional healers, including a novel finding such as *Vuvabyi-byale-tintshaveni* (LT= illness associated with the mountains). Future studies may further explore such novel findings. It is difficult to relate the medicinal plants that emerge in the study to existing literature. Commonly, when medicinal plants are studied, the focus is on their botanic properties (for example, Kotina et al., 2017; Magwede et al., 2019; Van Wyk, 2020; Van Wyk et al., 2019; Ribeiro et al., 2010). More studies are needed, focusing on brain interaction sites and the pharmacological properties of the herbs.

5.7.2 Implications for policy

This study continues to shed a positive light on traditional medicine in managing illness. The continued use of traditional medicine and its effectiveness is documented in the current study and other studies such as that of Van der Watt and associates (2018), Sorketti and colleagues (2012), Mbwayo and colleagues (2013). These studies highlight the need for adequate integration of traditional medicine in mainstream health care systems, and traditional medicine must be regulated to increase health-care service efficiency as advocated by the WHO (WHO, 2019).

5.7.3 Implications for practice

The study offers cultural explanations of mental illness, and it portrays traditional medicine as effective in treating mental illness. It, therefore, increases clinicians' knowledge and understanding of mental illness in addition to the largely Eurocentric knowledge gained in training and serves to sharpen clinicians' cultural competency. Lastly, with traditional medicine being effective in treating mental illness and without substantial side effects, clinicians should not hinder patients' wishes to consult traditional healers.

5.8 Study Limitations

In this study, the interviews have been carried out in Xitsonga. The data has been translated into English which decreases the richness of the study findings. The richness of the data may be compromised due to translation errors such as incorrect substitutions and omissions. The participants are seven traditional healers, which is a small sample size. No general conclusions can be made from this study. The gender representation is one-sided, 1:6, male to female. The study only includes traditional healers as participants, creating bias regarding the emerging effectiveness of traditional medicine, as the accounts of treated patients have not been explored. Finally, only single interviews have been carried out with each participant.

5.9 Recommendations

Due to the small sample size, duplication of the study is recommended, also across other VaTsonga regions such as Giyani Municipality or Malamulele Municipality. Future studies may further explore novel findings such as, "*Vuvabyi- byale-tintshaveni*" (LT= illness associated with the mountains). Moreover, the botanical properties of emerging medicinal plants need to be explored as well as other medicinal uses. For a better grasp of the effectiveness of traditional medicine, patient accounts should be included.

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APPENDICES

Appendix 1a: English Interview Guide

Objectives	Questions to elicit responses
• To identify mental health conditions treated with herbal medicine	• Please share with me the range of mental illnesses you can treat with herbal medicines. • Do the medicines treat mental illness or alleviate the symptoms?
• To identify traditional herbs used to manage mental health conditions.	• What plants do you use as sources of herbs? • Which parts of the plants are extracted (roots, leaves, bark, or fruit)? • Please share with me how you prepare and administer the medicine. • How do you determine the dosages?
• To describe the mental healing benefits of herbal medicines identified when used in mental health cases.	• Please share with me the expected psychopharmacological effects of the herbal medicines you prescribe for patients. • Does herbal medicine have the same effect on all patients? • What are the expected side effects?

Appendix 1b: Xitsonga Interview Guide

Objectives	Questions to elicit responses
• Ku lavisisa vuvabyi bya miehleketo lebyi byi tshungukekaku hi mirhi ya xintu.	• Ndzi kombela mi ndzi angulela tinxaka ta mavabyi ya mihleketo lawa mi kotaku ku ma tshungula hi mirhi ya xintu. • Xana mirhi leyi ya xinto ya swikota ku xa tshungula vuvabyi bya miehleketo hi ku hetiseka kumbe yo kota ntsena ku antswisa swikoweto?
• Ku lavisisa mirhi ya xintu leyi yi tirhisiwaku ku antswisa vuvabyi bya miehleketo.	• Xana mi tirhisa swimilana swihi ku kuma mimirhi? • Xana mi tirhisa dhawu yihi eka ximilani (kungava kuri rimitsu, makamba, rihlanguti, kumbe mihandzu)? • Mi nga ndzi avela ndlela leyi lulamiselaka kumbe ku sweka no yi hundzisa eka vavabyi? • Xana mi wu tivisa ku yini mpimento?
• Ku hlamusela hi laha mirhi ya xintu yi pfunaka ha kona ka vuvabyi bya miehleketo.	• Ndzi kombela mi ndzi hlamusela ku cinca loku ku languteriwaka e ka vavabyi hi tlero ra rihanyu ra miehleketo. • Xana mirhi leyi yiva na switandzhaku swo fana eka vavabyi hinkwavo? • Xana hi swihi switandzhaku leswi swi nga languteriwaka?

Appendix 2a: Participant Informed Consent Letter

Department of Psychology
Limpopo (Turfloop Campus)
Bag X1106
Sovenga
0727
Date: 24 August 2020

Dear participant

Thank you for demonstrating interest in this study that focuses on the role of herbal medicine in mental health care among VaTsonga traditional healers. This study seeks to investigate the herbal medicine you prescribe for mental illness and its psychopharmacological benefits.

Your responses to this individual interview will remain strictly confidential. The researcher will not attempt to identify you with your responses to the interview questions or disclose your name as a participant in the study. Please be advised that participating in this study is voluntary and that you have the right to withdraw your participation at any time.

Kindly answer all the questions and reflect on your knowledge and experiences. Your participation in this study is very important. Thank you for your time.

Sincerely

…… ……
Mr. Mashele Lindeni Date
Masters Student

…… ……
Dr. M Makgahlela Date
Supervisor

Appendix 2b: Participant Informed Consent Letter (Xitsonga Version)

Papila ra Mpfumelelo

Department of Psychology
Limpopo (Turfloop Campus)

Bag X1106
Sovenga
0727
Date: 24 August 2020

Eka Munghenelwa

Ndza khensa ku va mi kombisile ku tsakela ka n'wina eka ndzavisiso lowu kongomisiweke ka ndzima leyi yi tlangiwaka hi mirhi ya xintu eka vuvabyi bya mihleketo xikarhi ka ti n'anga ta Vatsonga. Xikongomelo xa ndzavisiso i ku kumisisa mirhi ya xintu leyi miyi pimanyetaka eka vavabyi va mihleketo xikanwe na leswi yi va pfanaka xiswona.

Tinhlamulo na mavonelo ya wena eka nhlokisiso lowu swi ta tshama swi ri xihundla. Mulavisisi a nge pfuki a boxile vito ra wena tanihi un'wana wa vanghenelwa endzavisisweni lowu. Tivani leswaku ku nghenela eka ndzavisiso lowu swiya hi ku tsakela ka n'wina naswona mi nga tintshuxa nkarhi wun'wana ni wun'wana.

Mi komberiwa ku hlamula swivutiso hinkwaswo ni ku kombisa vutivi na ntokoto wa n'wina hi ku hetiseka. Ku hoxa ka n'wina xandla eka ndzavisiso lowu i swa nkoka swinene. Ndza khensa swinene nkarhi wa wena.

Wa n'wina

…… ……
Mr Mashele Lindeni Siku
Masters Student

…… ……
Prof. M Makgahlela Siku
Supervisor

Appendix 3a: Participant Informed Consent Form

I……..…… (Participant's name) hereby consent to participate in the research study titled, "the role of herbal medicine in mental health care among Vatsonga traditional healers**"**. The interviews are conducted by Mr. Mashele Lindeni who is researching under the supervision of Dr. M. Makgahlela.

The purpose of the study was adequately explained to me. By identifying details will be treated as confidential. The following checklist was elaborated.

My participation is voluntary

I can/may withdraw at any given time

There is no penalty for my

withdrawal

I am permitted to request clarification throughout the interview

I can/may express my discomfort at any time

A tape recorder will be utilised for interview purposes only

Signature ……..

Date ……...

Appendix 3b: Participant Informed Consent Form (Xitsonga Version)

Fomo ya mpfumelelo (Consent form)

Mina…….…… (Vito ra Munghenelwa) ndzi pfumelelana n ku nghenela ndzavisiso lowu kongomisiweke eka ndzima leyi yi tlangiwaka hi mirhi ya xintu eka vuvabyi bya mihleketo xikarhi ka ti n'anga ta Vatsonga. Nhlokisiso wu ta fambisiwa hi Mashele Lindeni loyi a endlaku ndzavisiso lowu hansi ka Dokodela Mpsanyana Makgahlela.

Swikongomelo swa ndzavisiso lowu ndzi hlamuseriwile hi vuenti. Vuxokoxoko bya vu mina byi ta va xihundla. Nongonoko lowu landzelaka wu hlamuseriwile ku enerisa.

Ndzi hoxa xandla hi ku tinyikela ehandle ka nsusumeto ☐

Ndzi nga tintshuxa nkarhi wun'wani na wun'wani ☐

Ku tintshuxa ka mina a swi nge vi na switandzhaku swo biha ☐

Ndza pfumeleriwa ku kombela hlamuseriwa kahle nkarhi wun'wana na wunwana ☐

Ndzi nga kombisa ku vilela loku ndzi nga vaka na kona nkarhi wun'wana na wun'wana. ☐

Vu kandziyisi bya rito by inga tirhisiwa, ntsena eka nhlokisiso lowu. ☐

Nsayino ……..

Siku ……...

Appendix 4: Ethical Clearance

University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email:anastasia.ngobe@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE

ETHICS CLEARANCE CERTIFICATE

MEETING: **27 July 2021**

PROJECT NUMBER: **TREC/116/2021:**

PG PROJECT:

Title:	The role of herbal medicine in mental health care among VaTsonga traditional healers
Researcher:	LG Mashele
Supervisor:	Dr. MW Makgahlela
Co-Supervisor/s:	N/A
School:	Social Sciences
Degree:	Master of Arts in Clinical Psychology

PROF P MASOKO
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) **This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.**

ii) **Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.**

iii) **PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.**

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