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A GROUP OF TRADITIONAL HEALERS’ PERCEPTIONS OF AND APPROACHES TO THE TREATMENT OF MENTAL ILLNESS

Abstract

This study sought to investigate a group of traditional healers’ perceptions of and approaches to the treatment of mental illness. Eight traditional healers from the Venda community were interviewed with the view of understanding their approaches to the treatment of mental illness. The interviews were audio-taped, transcribed and translated into English. The protocols were analyzed in terms of the four phases of phenomenological explication as recommended by Giorgi (1985) and Kruger (1988). It is interesting to note that the ‘call’ to become a healer was perceived by traditional healers who participated in this study as one of the causes of mental illness. It was also found that divination and a physical examination are the most popular diagnostic strategies employed by traditional healers. Treatment mostly takes two forms, namely herbal medication and psychological or ritualistic interventions. Lastly it was found that the successful completion of domestic tasks was widely used by the traditional healers interviewed to assess the patient’s progress.

Introduction

Traditional healing is an integral part of South African society. This healing system is said to be effective in healing illness in both its mental and physical manifestations. Traditional healers are in a unique position to understand and heal the illness of their patients because they have a thorough knowledge and understanding of the history of their patients and they also share similar customs and beliefs.

Several studies have indicated that traditional healers are effective in the milieu in which they operate (Harmer, 1990; Walsh, 1990). For example, in a study of patients that were seen by shamans (traditional healers) in Taiwan, Kleinman and Sung (1979) found that ten of the twelve cases treated by these health care providers rated themselves as cured. Kleinman and Sung suggested the following reasons for the effectiveness of the traditional healers. Firstly, the traditional healer’s view of the disease is usually more in line with the patient’s beliefs than is the Western medical conception of disease. Secondly, the traditional healer treats both the “invading ghost” (disease), as well as the symptoms and the psychosocial problems (illness) produced by the disease. Thirdly, healing includes two interrelated functions: (a) providing effective control of the disease and illness manifestations, and (b) attributing personal and social meaning to the experience of being ill in a particular cultural setting.

However, other authors have dismissed traditional healing as unhealthy and dangerous. Motlana, (Freeman and Motsei 92) condemned traditional healing as superstitious, “meaningless pseudo-psychological mumbo-jumbo, by dangerous charlatans”. It is also argued that traditional medicine is made from bizarre ingredients. Bourdillon (1989) in his study reported that several women informed him that they were instructed to collect menstrual secretions, debris from underarms, vomit and dirt from under the nails to be mixed with certain herbs by the traditional healer in order to make a
concoction that will be put in the husband’s food to improve the marriage relationship. Claims such as these have created a decidedly negative impression of traditional healing. Other people would also argue that traditional healing depends on “magical ideas” and that there is no proof that their medicines are effective in treating the ailments they are used for. Indeed, it is often claimed that some of the medicines can actually be detrimental to the patients. Moreover traditional healing is perceived as diametrically opposed to the clinical procedures and logical thought sequences of the Western medicine. Sodi (1996) found that traditional healers do not have an official and universal system to determine qualifications. Despite these misgivings, others authors have argued that Western science can be viewed as a symbolic system, and as such, shares critical features of logic closure and discontinuities with African cosmologies and therefore, deserves to be judged in a parallel way, (Yoder 156).

In South Africa, there are a number of studies that have also investigated traditional healing as practiced in various Indigenous African communities (Buhrman 1556). In a study of the psychological relevance of traditional healers in the Zulu community, Mkhwanzani (1989) found that the three therapeutic conditions of empathy, warmth and genuineness as identified by Carl Rogers (1957) are present in varying degrees in the clinical practice of an Isangoma (traditional healer). Mkhwanzani maintained that besides being persuasive, charismatic, self-confident, directive and authoritative, the traditional healer is empathic, genuine and able to display controlled warmth towards his or her clients. In a phenomenological study of Indigenous healing in a Northern Sotho community, Sodi (1998) found that traditional healers attach culturally congruent labels to clusters of physical and psychological symptoms presented by their clients. Sodi maintained that traditional healers have evolved a nosological system that helps them to understand, classify and label clusters of symptoms that are a source of distress to their patients. The traditional healer communicates these diagnostic labels in a language that is understandable and consistent with the patient’s cultural worldview. Whilst the studies by Mkhwanzani (1989), Sodi (1998) and a few others have provided useful insights on the psychological relevance of traditional healing in the Nguni and Sotho-Tswana communities, there are very few such comparable studies that have focused on traditional healing in other Indigenous African communities of South Africa. It is against this background that the aims and objectives of the present study have evolved.

**Aims and Objectives of the Study**

In the present study, the researcher’s aim was to investigate Venda’s traditional healers treatment of mental illness (Venda forms part of the now disbanded home lands in the far North region of South Africa). Specifically, the objectives of the study were the following:

- To identify what traditional healers perceive as mental illness.
- To determine what traditional healers regard as the causes of mental illness.
- To identify diagnostic methods that traditional healers use in order to establish the causes of mental illness.
- To assess specific intervention methods that traditional healers use in helping clients who present with mental illness.
To determine how traditional healers judge the success or failure of their intervention methods.

Significance of the Study

It is hoped that this study will (a) help Western trained practitioners to better understand traditional healing as an alternative health care system that is utilized by a large section of South Africans; (b) contribute new insights to current debates on whether or not traditional healers in South Africa should be officially recognized as health care providers; and (c) deepen social scientists’ understanding of the role of culture in mental health.

Design

In the collection of data, a qualitative method of design was adopted. According to Berg (1995) qualitative researchers are mainly interested in how humans arrange themselves and their settings and how inhabitants of these settings make sense of their surroundings through symbols, rituals, social structures and social roles. Qualitative researchers also share the understandings and perceptions of others and explore how people structure and give meaning to their daily life. Mouton and Marais (1992) argue that a major distinguishing characteristic of qualitative research is that the researcher attempts to understand people in terms of their own definition of the world. In view of the above arguments, as well as the fact that the present study dealt with the meaning systems associated with traditional healing, it should be obvious why a qualitative approach was deemed most appropriate for the study. Specifically, a phenomenological method of inquiry was decided upon.

Valle (1998) maintains that phenomenology has to do with the day-to-day living of the people and further seeks to understand a phenomenon in its pure essence, prior to any reflective interpretation. Phenomenology also offers descriptive structural analyses of any lived experience and describes qualities of being. Phenomenologists are also concerned with understanding social and psychological phenomena from the perspectives of the persons involved in the study (Huysamen, 1994). It was in view of the above factors that, for the purpose of the present study, this method of inquiry was selected.

Sampling

For the purpose of the study, a selection of traditional healers from the Greater Nzhelele area and the Greater Thohoyandou Municipality was made. These two areas are part of the now disbanded Venda homeland. Born and bred in the Nzhelele area and now studying in the Thohoyandou area, the researcher is familiar with both the language and culture of the inhabitants of the two areas. Against the above factors, the two areas were considered to be reasonable research sites for the present study.

Having identified the research sites, the researcher moved to consider the items of sampling. In accordance with Kruger (1988) suggestions, the following guidelines for conducting a phenomenological study were followed in choosing the participants: (a) participants should have had an experience related to the phenomenon to be investigated. (b) participants should speak the same language as the researcher, since this will limit the possible loss of subtle semantic nuances resulting from translating textual material from
The four phases are briefly discussed hereunder:

The eight Venda speaking traditional healers who participated in this study were thus selected on the basis of the above considerations. The purposive method of sampling was used as recommended by Miller (1975). The researcher contacted a well-known traditional healer who resides in the same village as she. After interviewing this healer the researcher then asked him to suggest a name of another healer known to him who also specializes in treating mental illness. This procedure was followed with all the other healers who were interviewed. It can thus be argued that the sample comprises traditional healers who were reported by their own colleagues to be experts in the treatment of mental illness.

**Procedure**

The researcher firstly informed the subjects about the purpose of her interviews with them. In order to establish rapport, the healers were told that their names had been suggested by their own colleagues (thus mentioning the name of the healer(s) who recommended them as experts in the field of mental illness and thus making them suitable subjects for the research). Two interviews were conducted with each healer. The duration of the interviews ranged from one to two hours each.

**Interviews**

The interviews were conducted in Tshivenda. The researcher transcribed the audio taped interviews. Two independent translators subjected the protocols to translation. The first independent translator was asked to translate the protocols from Tshivenda to English. The second independent translator was requested to translate the protocols back to Tshivenda. The protocols were read again to ensure that objectivity was maintained and that there was no loss of information due to the process of translation. Since the interviews were unstructured, the researcher only introduced the theme and motivated the subjects to participate spontaneously as is recommended by Schrunink (1988).

**Data analysis**

The translated protocols were analyzed in terms of the four phases of phenomenological explication that are recommended by Giorgi (1985) and Kruger (1988). The four phases are briefly discussed hereunder:

1. Sense of the whole: During this phase the text is read several times in order to understand the language of the subjects.
2. Discrimination of natural meaning units (NMUs): This phase involves the breaking down of the text into naturally occurring meaning units that will be easily managed and analyzed.
3. Transformation of NMUs into psychologically expressed themes: The researcher reflects on the NMUs, which are still in the ordinary language of the subject. A related activity is that of imaginative variation whereby the researcher reflects on the imagined possibilities found in each central theme and leaves out those that fail to withstand criticism.
4. Synthesis of emerging themes into a consistent psychological structure: Kruger (1988) divides this into two steps. In the first step, all the central themes are
synthesized so that they communicate the psychological insight contained. During the second step a description of the phenomena under investigation would be developed by putting together the psychological insights contained.

Perceived causes and symptoms of mental illness

Mental illness vary according to the causes. The distinction between the causes is usually made in terms of the symptoms that an individual displays. The physical and psychological symptoms will usually include uttering senseless things, being confused and deranged, aggression and also having a destructive nature.

[Makhovha]: “…it means that the person is uttering something that does not make sense. Even the person’s behavior will be different from the way other people behave. And also when you try to give him/her medication the person would fight, we say that he/she is mentally ill.”

[Badzhabadzha]: “…the relatives bring him because he would have destroyed and smashed everything at home.”

According to these healers, it is the relatives, usually the aunts and the elders, who take the decision to consult the healer. There are several factors that are perceived as causing mental illness.

[Mathivha]: “Most of us Africans, know that the first type of mental illness… I can say that there are people who are born with the illness (hereditary), there are people who experience problems in their lives and as a result find it difficult to deal with them, there are people who abuse drugs and as a result incur the illness, there are people who inhale glue and as a result become mentally ill. There are people who have so many debts or other things that make their lives difficult. There are also people who have been bewitched…”

[Badzhabadzha]: “…whether he was thinking too much because that can also cause mental illness, or he was angered by something and as a result got mental illness, such things do happen… sometimes a person might have had too much alcohol or drugs. Or if the person was infected with ‘drop’ (a sexually transmitted disease) because it can also cause mental illness.”

[Mashavha]: “…then the bones will tell you that the patient is possessed by the ancestral spirits.”

From the above extracts it is evident that various factors are seen to cause mental illness. Different symptoms would be presented by these patients. An interesting finding is the fact that traditional healers believes that a person who is ‘called’ to the healing profession would first present the symptoms of mental illness. It would appear that it is for this reason that they put much emphasis on making a correct diagnosis and also prescribing the correct herbs for the particular illness.
Besides giving an appropriate causal explanation, the healer also suggests an intervention program that will be directed at the restoration of the distressed patient’s good health. It could also be argued that the causal explanation given by the healer would invoke feelings of faith in the healer in the sense that since he/she knows where the illness is coming from, he/she (the healer) would be able to cure it. This faith in the healer would psychologically strengthen the patient.

**Diagnosis of mental illness**

Diagnosis is linked to the patient’s culture. There are two popular ways of diagnosis that traditional healers employ, namely, bone-throwing and observation/physical examination. Once rapport has been established between the healer and the relatives of the patient, the healer will seek to establish the nature of the illness that is troubling the patient. Using the divination bones (thangu) the healer will arrive at a diagnostic formulation on which the treatment procedure will be based.

[Mashavha]: “So when that happens we would throw the divination bones to find out why this is happening.”

[Makhovha]: “We consult the bones to see the type of illness that the person has.”

[Makuya]: “When we throw the bones the aim is to find out if the patient has just an ordinary or if the illness comes from the ancestors.”

Although most healers use bone throwing as their method of diagnosis, there are some healers who rely on a physical examination or both.

[Mathivha]: “…there are people who have the ability to ‘see’ the origin of the person’s problems…so with us we detect the cause of the illness…”

[Badzhabadzha]: “Then we talk to these people to find out what happened and then from there we would listen to his heartbeat. We also check the temperature because such a person’s is very high…For mental illness we just check whether it is blood or something else that is causing the illness or if it is something in the stomach.”

From the above extracts one would say that bone throwing and physical examination are the most commonly utilized methods for the diagnosis of mental illness. Some of the healers, for example, Mrs. Makuya and Mrs. Ramambiea, use divination to identify the herbs to be prescribed for the particular type of mental illness. During this step the ancestors are perceived as playing a crucial role in helping the healers to prescribe the correct medicines. Some healers perform certain rituals in order to invoke their power.

[Mashavha]: “…you cannot treat the patient without the help of the ancestors…Then the bones will tell you that the patient is possessed by the ancestral spirits.”
The position in which the bones fall, will be regarded by traditional healers as having been influenced by the ancestors who are seen as being directly involved in the whole procedure. The healer will give an appropriate interpretation whereby the consultees are free to accept or to reject the diagnosis. It could be argued that in the diagnosis, the healer advances a definite conceptual system that will guide him/her to make sense of the patient’s symptoms. This diagnosis will be formulated in a language that is culturally understandable to the patient.

**Treatment of mental illness**

The treatment offered by traditional healers involved in this study is administered at two levels, namely herbal treatment and rituals.

[Makhovha]: “There are some herbs that we firstly give to a patient if we see that the patient is too strong for us to handle… If he drinks that medicine he becomes tired and weak and then I can do whatever I want to do with him.”

[Mathivha]: “We have herbs that can weaken or strengthen a person. We have medicines that can make the person to stay in one place.”

Herbal treatments could be perceived as mainly directed at the individual patient so as to restore his/her level of contact with reality. In the case of ‘thuri’ the physical symptoms presented will be interpreted as a manifestation of the spirit inside the patient’s body.

Steaming is another popular way of treating mental illness. This procedure could be viewed as both herbal and symbolic:

[Makhovha]: “We use dzitsemo to steam the patient.”
[Mavhaga]: “We also use dzitsemo to steam the patient....”
[Badzhabadzha]: “We steam, we do that and things will go well.”

Treatment also involves the performance of some rituals:

[Tshinakaho]: “...And then they would whip the patient lightly on the back and when they do that they will be talking, telling the spirit to leave the patient alone....Then from there the healer would also protect his body so that he becomes strong.”

[Makuya]: “From there I told them that I need to femba (conduct some protective rituals) her. And so her mother came and the rituals were performed. Then from there we went to her home to protect the homestead.”

From the above extracts it can be concluded that treatment involves both herbal and ritual forms. Steaming (which could be regarded as both herbal and ritualistic) is the common form of treatment for mental illness. It is believed to force out the illness from the body and also to chase out the spirits that are causing mental illness. The malombo ritual is perceived as an emotional and physical therapy. It is believed to summon the ancestors to
come closer so that their relationship with the patient can be re-established and strengthened. Malombo, u thwasa and the performance of some other rituals could be interpreted as facilitating the attainment of transcendence and connectedness with the spiritual realm.

Protecting the homestead could be viewed as a preventive mechanism that aims to protect and strengthen the whole family against future potential harm. In other words, the whole treatment procedure could be perceived as a way of restoring a family that is not in harmony. It does appear that the whole treatment procedure has some psychological value, for example, vomiting, sweating, sneezing and releasing mucus are interpreted as signs that the illness is leaving the body. Other family members are also actively involved in observing and supporting the patient during this crucial period of the therapeutic procedure. As Mashavha puts it: “...when you treat a mental patient there must always be someone, either a parent or anyone who is taking care of the patient. You don’t do it alone...”

**Assessment of the treatment**

Traditional healers apply various treatment strategies that appear to be aimed at testing whether the patient has regained his/her level of contact with reality or not:

[Mashavha]: “It is very easy to see a healthy person. She would take a broom and sweep the floor, or she would take a bucket and go to the river to fetch some water... so, when we arrive home we listen to her comments to find out if she would say anything about being tired and also if she will do things typical of a tired person like bathing or resting.”

[Tshinakaho]: “Then I would ask him to take a bucket and fetch water. He would do that without spilling the water.”

[Makuya]: “Well that is easy to know, when the patient is still ill she usually do not sweep, wash the dishes or do anything at all. So when she gets better she would start by waking up in the morning and ask for a basin wherein she will wash herself. Then she would ask for a soap...”

Successful completion of domestic tasks is regarded by healers involved in this study as the most common and simplest way of assessing whether the treatment was successful or not. The relatives will also be invited to make their own assessment of the patient’s progress.

[Mashavha]: “...then I will call the relatives and ask them to assess the patient. And they will tell me what they see, especially the person who is taking care of the patient...”

It could be argued that the presence of family members facilitates a family therapeutic process whereby the patient makes a re-entry into the family system. This could also create a chance for the family to resolve some of the tensions and conflicts between them.
There are other assessment techniques that are employed by traditional healers to determine the patient’s adjustive skills in dealing with the external world:

[Tshinakaho]: “Then you also observe when he is chatting with other people. You listen if he is talking some sense because if he is still ill he would say some nasty remarks at an innocent comment. So we study this patient carefully and check if he is behaving normally.”

[Mavhaga]: “We listen to what the patient says. It means that the person would have stopped shouting during the night and also he would be able to say sensible things like other people who are normal.”

In the case of failure, traditional healers would either seek informed advice from their colleagues or refer patients somewhere else.

[Mavhaga]: “… if we find that we are failing to heal the patient we refer the patient to other healers. Yes but usually we only treat those illnesses that we know we can heal. If we see that we cannot cure the illness that the patient has, we refer the patient to those people who are experts in healing that particular illness.”

From the above extract it would appear that traditional healers have a working relationship with each other. They also would not normally treat something that they are not sure of as failure could lead them into trouble with the relatives, the community as well as the ancestors:

[Mathivha]: “If a patient dies under my care I would also experience problems when I am asleep because the ancestors would blame me for making a mistake while treating the patient.”

**Results**

The present study found that heredity, witchcraft, sorcery, disregard of cultural norms and spirit possession (which include the call to become a healer) were regarded by the traditional healers involved in this study as some of the causes of mental illness. In his study Bodibe (1992) found that mental illness and physical affictions are caused by the failure to propitiate the gods or head their wise counsel. In a study conducted by Wessels (1985) it was discovered that, driven by jealousy, some people would place something in a person’s body to harm him or her. As in the previous studies, the present study found that in the case of non-spiritual causes of mental illness, the healer seeks to discover the origin of the illness in terms of the ‘why’ question.

Non-spiritual causes of mental illness include drug abuse, sexually transmitted diseases, emotional problems and other untreated illnesses. Chavunduka (1994) found that traditional healers often also consider mental illness to result from psychological causes such as worry, strain and tension. What the present study also found is that drug abuse and sexually transmitted diseases were often mentioned by traditional healers as frequent causes of mental illness, along with witchcraft.
Most traditional healers who were interviewed in this study considered aggression, uttering incoherently, isolation, shouting, confusion and strange behavior as common symptoms associated with mental illness. According to Buhrman (1982) traditional healers believe that a person with mental illness will present with various physical and psychological complaints which include restlessness, irritability, aggression and social withdrawal. Beneduce (1996) in his study found that speaking loudly, even in the presence of the elders and the refusal to be with others of his/her own age group is considered by the Dogon of Mali as some of the symptoms of mental illness. Other symptoms identified by Beneduce (1996) include aggression, laughing and singing in a loud voice, immmodesty and incoherence. Most of the symptoms presented in this study are similar to those presented by other studies in other countries and ethnic groups. It can be argued that although there might be slight differences in the interpretations of mental illness across different African cultures, the general approaches to the treatment are the same.

What the present study also found is that traditional healers commonly use bone throwing and observation or history taking in the diagnosis of mental illness. Buhrman (1984) argues that the most common method in Nguni practice is a ‘vumisa’ (cause to agree). This method was also found to be the most commonly used by the participants in the present study. Kruger (1978) in his study suggested that diagnostic procedures might vary due to factors like the healer’s preferences and the nature of the training he or she had received.

Peltzer (1995) found that Zimbabwean healers would first examine the patient physically and psychologically before a diagnosis is made. This study also found that although divination is commonly used by the majority of healers, there are also those who indicated that they examine the patient physically and psychologically in order to come up with a diagnosis. One healer stated that he only relies on the physical observation of the patient.

On the physical level, Hadebe (1986) found that some intervention strategies include enema, steaming, taking medicine nasally and vaccinations. These medicines are prepared in various forms, for example, powder, solutions, soup and ointment. What the present study found is that the common intervention strategies used by traditional healers involved in this study include steaming, taking medicine nasally and orally. These medicines are prepared as powder, solution and soup. No mention was made of medicines that are prepared as ointment. The present study also found that the reason for inhaling some of these medicines is to induce vomiting, sneezing and the release of mucus that is regarded as an indication that the illness is leaving the body. Another interesting finding is that traditional healers assume that they have specific herbs that sedate violent patients. Traditional healers also use different herbs to treat different types of mental illness.

On the psychological level, therapy is based on rituals and a group of symbols and beliefs. Patients are given objects like medicine bundles that have been blessed or ‘worked on’ by the healer. These objects are believed to protect the patient from re-infliction or from evil influences (Jilek, 1989). This is regarded as therapeutic since the knowledge that they have been ‘worked on’ by the healer offers the patient tranquility and peace of mind.
Sodi (1998) found that traditional healers aim at the total home environment, which is made out of people, animals, crops, houses and all entities within the parameters of the homestead. According to Awanbor (1982), Frigge (1989) and Kiev (1989) treatment may involve only the healer and the patient or it may involve the patient’s family as well as the community. Whilst in the present study there was no indication that the community is involved in the treatment, it is evident that the family is involved in the decision making and the treatment of the patient because they are usually present during the treatment procedures and they are also asked to assess the patient’s progress. The presence of family members during treatment was also found to be important in enlisting support for the patient during this crucial period.

The present study also found that sweating, vomiting, sneezing and releasing mucus are seen to have some therapeutic value since they are regarded as signs that the illness is leaving the body. This will arouse anticipation that the patient will be cured and is in itself psychological in nature. The *malombo* (ritualistic dance) ritual is perceived as an emotional and physical therapy which is believed to ‘call upon’ the ancestors to come closer. Olivier (1985) suggests that *malopo* (in Sotho) has some resemblance to a hypnotic trance that results in a change in emotional expression and feelings of rejuvenation and hyper-suggestibility.

On the basis of their own clinical observations, which are supplemented by the subjective reports of the patient’s relatives, traditional healers will establish whether or not the treatment has been successful. The present study found that traditional healers regard completion of domestic tasks as the most common way of assessing whether the treatment was successful or not. For example, a female cleaning the pots, cooking, sweeping the floor or successfully fetching water from the river would be seen as an indication of the success of the treatment. Other assessment techniques include listening to the conversations that the patient engages in, observing the skin color, eye movements, and personal hygiene of the patient.

Traditional healers also invite the relatives to make their own assessment of the patient’s progress. It was also found that traditional healers would seek informed advice from other healers who are regarded as more knowledgeable when they are faced with difficult cases of mental illness. Another option would be to transfer the patient to a hospital.

Some similarities between traditional healers and Western healers have been identified. For example, the present study found that some healers rely on observation of the patient in order to form a diagnosis. This is similar (in a way) to a behaviorist approach of studying observable behavior. Like behavior therapists, traditional healers are directive and they give instructions to patients. Mkhwanazi (1989) found that besides being empathic, the traditional healer is persuasive, charismatic, self-confident, directive and authoritative. Traditional healers consider dreams as important in their diagnosis. Dream interpretation is one of Freud’s main techniques used during therapy. During therapy, family therapists usually involve all members of a family in order to resolve conflicts within family members. The present study also found that traditional healers regarded the presence of family members as important during therapy sessions. Like any other healing approach, traditional healing has limitations: There seem to be no clear definition of what they regard as mental illness. Most traditional healers who were interviewed in this study defined mental illness in terms of the symptoms exhibited by the
patient, thus individualizing the illness. Traditional healers’ definition of a ‘“healthy”’ person is vague. Traditional healers seem to be satisfied with the fact that a person is able to complete domestic tasks and make meaningful conversations with other people. This would imply that they are mainly concerned with maintaining social stability and do not consider the issue of personal happiness or well-being.

Although the symptoms of mental illness appear to be universal, some of them are culture bound and cannot be generalized to other cultures. For example, shouting, aggression and speaking loudly. To another culture aggression might be regarded as a sign of courage or strength, rather than an indication that one is suffering from mental illness. The traditional healers’ method of treatment involves some aspects that leave much to be desired. For example, whipping. Mrs. Rambau said “….and then they would whip the patient lightly on the back”. There is no indication as to what would be regarded as “light whipping”. Therefore, it can be argued that although psychological, this kind of treatment might lead to physical harm. Excessive vomiting, which was also found to be common during the treatment of mental illness, can be detrimental to one’s health.

There also seems to be a lack of a clear distinction between the different types of mental illness. This can create problems for health care practitioners as there are severe cases and mild cases of mental illness which might require different treatment strategies. Traditional healers’ assessment techniques are also too simplistic to be utilized in all cases of mental illness. Some types of mental illness might require more complex assessment techniques than successful completion of domestic tasks, as some form of mental illness might not affect the person’s ability to perform those tasks. Finally, most of the tasks utilized to assess the patient’s progress are fairly gender-typed, for example, female patients’ progress is assessed on the basis of their cooking and cleaning skills.

Traditional healers seem to go to great lengths to show how successful they are in their field. Only a few of those who were interviewed for the purpose of this study reluctantly admitted failure to cure some of the illnesses. The majority of them claimed 100% success in the treatment of mental illness. Although this might be true, there is also a high possibility that it is an exaggeration.

On the basis of the above themes, it can be argued that traditional healers’ approaches to the treatment of mental illness are valid if utilized in their relevant cultural contexts. It can also be argued that traditional healers’ view of disease is more in line with the African patient’s beliefs than is the Western medical concept of disease.

**Limitations of the Study**

The researcher is aware of the considerable limitations of this study. Firstly, translating the interview data from Tshivenda into English before a phenomenological explication was done may have led to omissions or inappropriate substitutions of the original rich material provided by the participants. Secondly, this study only focused on the traditional healers’ accounts of their treatment approaches. Other people, for example some of the patients who were treated for mental illness, were not interviewed and as such, the present study gave a one-sided interpretation of the traditional healers’ approaches to the treatment of mental illness. Thirdly, some of the themes that were arrived at could have called for a more in-depth study. Lastly, the present study did not seek to establish the medicinal and psychological effects of the treatments that traditional
healers use. This study could therefore be seen as exploratory and pointing to areas that need further research.
REFERENCES


