

**Mental health and traditional healing: An exploration of UKZN students' perceptions of  
using traditional healing methods to achieve mental health**

**By**

**NONTOBEKO NGCOBO**

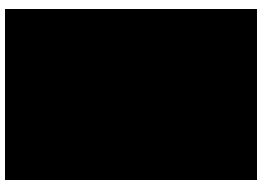
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sciences (clinical psychology) in the School of Applied Human Social Sciences, University of  
KwaZulu Natal, Howard College, South Africa**

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### **Declaration**

I declare that this research report is my own work. It is submitted in partial fulfilment of the requirements for the degree of Master of Arts in Clinical Psychology in the Department of Psychology, at the University of KwaZulu Natal, Howard College. This research report has not been submitted for any other degree or examination at this institution.



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**Nontobeko Ngcobo**

25 May 2022

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**Date**

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## **Abstract**

Mental illness has been documented as one of the global phenomena that impacts many people across the country. The perceptions of mental illness and the effective treatment methods are influenced by many factors such as perceived causes, culture, attitudes, experiences, and policies that are put in place within the health care systems (Choudhry, Mani, & Khan, 2016; Eaton & Louw, 2000; Gopalkrishnan, 2018). South Africa, as a multi-cultural context embraces multiple perspectives in which mental illness can be treated. Existing treatment modalities such as psychotherapy and traditional healing continue being accessible for patients who suffer from mental illness. The Eurocentric methods of treatment such as Psychotherapy and the medical model have been reported as treatment modalities that lack the understanding of an African person living inclusive of external and supernatural forces believed to play a role in maintaining physical and spiritual well-being. Afrocentric models such as traditional healing methods have been identified as a useful treatment modality (World Health Organization, 2010). In South Africa, traditional healers are mostly consulted by people who preserve their cultural beliefs and practices as methods of achieving physical, spiritual, and mental health. The inclusion for people who rely on traditional healing was introduced lawfully under the Traditional Healers Act (Act No. 22 of 2007). The implementation of the Traditional Healers Act (Act No. 22 of 2007) in the health care system declares approval of traditional treatments and proposes an outline to protect individuals who use the services.

The study aimed to explore the perceptions of UKZN students regarding mental illness and traditional healing as a treatment modality. The aim was to understand the different factors that influence their perceptions, taking into consideration the ecological systems theory that elaborates on the environmental context individuals participate in. The theory further pertains the attitudes, beliefs, and values people hold which consequently influence their perception. This study undertook a qualitative research approach that aided to understand and explore participants' feelings, perceptions, beliefs, and attitudes. A semi-structured interview schedule was prepared and was used as a guideline to conduct interviews.

The study found that at each level of the ecological system, there are processes that take place which influences an individual participating in the context. These systems lie on three levels of the ecological system, namely, the microsystem that entails the family structure, the processes

between the individual and the school, as well as social groups such as friends and neighbourhoods (Bronfenbrenner, 1979). The exosystem and the mesosystem indicative of social interactions, and from the macrosystem represented by the university context and its policy structures (Harkonen, 2007). The findings reveal that culture is a common factor that influences how students perceive mental illness as aspects of culture tie into beliefs and standard behaviour and practices intended to achieve good health. It further revealed that students rely on their beliefs, attitudes, social norms of the structures they participate in, that grant them necessary health options and thus utilize resources that align with these beliefs.

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## **CHAPTER 1: INTRODUCTION**

### **1.1 Background of the study**

Traditional healing has been a growing part of treatment in South Africa within the health care sector (Zabow, 2007). While mental illness is one of the highest ranked burdens of disease that faces many people in South Africa, so is the increase for seeking traditional healing. In support of traditional healing as a treatment method to alleviate mental illness, the World Health Organisation has documented increasing rates of individuals who consult traditional healers to restore health (World Health Organization, 2010). Owing to the rise of this perspective is the African belief that traditional healers offer healing that is harmonious to individuals and their environment (Mbiti, 1990). Indigenous knowledge thus plays a vital role in facilitating healing provided by traditional healers as Black African people are rooted in cultural beliefs about what causes and cures illnesses (Edwards, 2014; Gumede, 1990). Traditional healers provide sustainable treatments, while Western treatment modalities rely on issues of anatomy and utilize a biomedical approach that underpin mental problems as being a disease of the brain (Deacon & McKay, 2015). Furthermore, Western practitioners that follow Western treatment methods believe that traditional healing practices are deceitful and prolong the process of achieving appropriate treatment (Straker, 1994). While there is evidently contrasting views of traditional healing and Western biomedical treatment, they equally have strong support from the community.

There has been noticeable increase in students who suffer from mental health problems to which university counselling services are unable to reach their capacity of needs (Brown, 2018). This could be due to the exposure of stressors that possibly remain for prolonged periods, causing substantial psychological effects to their mental functioning. While most individuals that suffer from a mental illness are aware of their stressors, there is still a lack of acknowledging the illness, and therefore implicates on one's capacity to seek treatment. Concurrently, there still seem to be diversified preferences of approaches in seeking mental health. People who suffer from mental illness have different views, beliefs and understanding of mental illness, thus influencing their approach to treatment (Pesek, Helton, & Nair, 2006). This echoes findings from Riffel and Chen (2020) on their research on students knowledge, behavioural responses and beliefs towards mental

illness. The findings indicated that participants had different responses regarding the causes of mental illness; ranging from trauma, stress, genetics and environmental conditions. As a result, their approach to seeking treatment aligned closely with their experiences, beliefs and behavioural responses.

Pivotal to the current study, is acknowledging that South Africa is a multicultural country with a population consisting of individuals from different cultures, traditions, and beliefs. Within its widely known traditional views, there remain a belief that there are cultural and traditional explanations for one to suffer with mental illness (Choudhry, Mani, & Khan, 2016). The African perspective asserts that retrieval of health can be achieved by using alternative methods other than biomedical and psychotherapeutic treatment models. While the empiricism of Western treatment interventions is undisputed, what underpins the approaches of traditional healing are beliefs that the causes of mental illness are a practice of sorcery, witchcraft, ancestors, aggressive spirits, and mystical causations (Murdock, 1980).

Whether cultural factors play a role in the preference of treatment modality, is a question yet to be explored. This study therefore seeks to explore factors related to perceptions of traditional healing. It further seeks to explore whether limitations and benefits of resorting to traditional healing implicate on seeking restoration of health.

## **1.2 Problem statement**

The majority of the population in South Africa are limited to the access of public healthcare services (National Department of Health, 2011). In addition, it was also documented that 16% of people with means to access private mental health care experienced problems in receiving health care services (Mathews, 2020). While the use of Westernized approaches to mental health care such as psychotherapy and pharmacological treatment are in the forefront of treatment methods for mental illness, South Africa has yet extended mental health treatment to health care providers such as traditional healers, faith healers, diviners, and herbalists (Sorsdahl, et al., 2009). In this regard, as several authors suggest; alternative treatment such as traditional healing play an important role in addressing the needs of mental health care that offer culture bound treatments

(Edwards, 2014; Mothibe & Sibanda, 2019; U.S Department of Health and Human Services, 2001).

Although psychotherapy is one of the common methods used for receiving mental health care, it has been recognized as being extremely Westernized, resulting to marginalization of traditional beliefs of Black African people (Zingela, Wyk, & Pietersen, 2019). Furthermore Linden (2015) extends to this by alluding to the concept of cultural cognition of illness and wellbeing. This notion is based on African knowledge, perceptions and thoughts about illness and wellbeing, and the consequences on behavioural outcomes thereof. In the African culture, biological explanations of illness are not always enough to explain the causation of an illness. Rather, illness is seen as a social phenomenon which has significant meaning to the members of a culturally specific and ethnic group. It would therefore be useful to consider the diversity of cultures that exist amongst Black students of an African background to establish estimated use of treatments within the indigenous healing systems, while still having the availability of Western treatment approaches. This will be useful to gauge the precision of perceived effectiveness of treatment modalities. Furthermore, Bomoyi (2011) also suggested that South African tertiary institutions should consider traditional mental healthcare as one of the methods to improve well-being, as it could consequently improve psychological performance, owing to that some tertiary students from these backgrounds sometimes suffer from what is termed “culture bound” syndromes (Ogana, Ngidi and Zulu, 2009).

Despite the contrasting views of African indigenous and Eurocentric views about treatment modalities for mental illness, the availability of different methods for treating mental illness provide options for individuals to resort to what they believe will restore their health. Therefore, exploring the perceptions of students regarding traditional healing as a treatment modality for mental illness is assumed to be useful to establish their views regarding the treatment of mental illness. It will further express their justifications that qualify their decision towards a specific treatment modality. Influencing factors such as culture, traditional knowledge, socialization, attitudes, and behaviours will further explore the extent to which decisions are taken in this regard.

### **1.3 Aim and objectives of the research study.**

#### **1.3.1 Study aim**

The aim of the study is to explore the perceptions of traditional healing methods. The study aims to further establish the extent in which students perceive the treatment modality offered in traditional healing methods to achieve mental health.

#### **1.3.2 Objectives**

The objectives of this study are:

1. To understand the students' perceptions regarding the use of traditional healing towards mental health.
2. To identify perceived benefits and limitations in seeking traditional healing as a form of treatment for mental illness.
3. To identify cultural influences towards seeking treatment.

#### **1.3.3 Research questions**

The study intends to answer the following questions:

1. What are the students' perceptions regarding the use of traditional healing of mental illness?
2. What are the benefits and limitations of seeking traditional healing as a form of treatment to achieve mental health?
3. What are the perceptions around cultural influences towards seeking treatment for mental illness?

### **1.4 Study contribution**

The study is designed to explore how mental illness and mental health is perceived when traditional healing is the method of treatment. This study will contribute to the knowledge gap that exists within the discourse of traditional healing and mental health care, from a psychological point of view. The imperative stance of the study documents aspects of how individuals may

perceive the use of traditional healing in the presence of other theories and perspectives such as Western treatment methods. This provides enlightenment to understanding the core factors that influence preferences to the selection of treatment modalities among students.

The impression is that some African students continue to maintain their cultural beliefs about traditional healing, while others may amend these views and trail on to western and contemporary perspectives. The study thus aims to capture the nuances that will emerge from findings coming from the experiences and narratives of the participants. The provision of this body of knowledge anticipates that it will serve to highlight the cultural implications of the use of treatment modalities to achieve mental health, and whether traditional healing is viewed as a useful method in the realms of mental health. The current study therefore seeks to endure the core understanding of healing and treatment modalities from the perspective of students of African decedent. Furthermore, it will help gain current insight of the probable benefits and limitations around the methods of treatment.

### **1.5 Outline of the chapters**

This study presents data on the students' perceptions of the use of traditional healing to achieve mental health. It evidently apprehends a significant extent of literature that is reviewed, particularly based on the use of traditional healing in the context of South Africa and Africa at large, for its role in the mental health realm. Furthermore, the theoretical framework, research methodology and the research findings are highlighted in relation to the value of this study.

**Chapter 2** gives a review of literature to which objectives of the study have been provided based on the questions that were articulated. It provides a review of descriptions of various forms of treating mental illness and devises a position of traditional healing within the mental health sector and its role thereof.

**Chapter 3** outlines the discussion of the research methodology and background data on the study. It begins with a detailed outline of the research study regarding the sample as well as the research techniques used to collect and analyze data. Following is information of locations and the context

of the study to provide understanding of the sample to which information regarding the use of traditional healing to achieve mental health is extracted.

**Chapter 4** provides the analysis of the study. This study adopted thematic analysis by Barn and Clark (2014) to analyze data.

**Chapter 5** presents the interpretations of the research findings. The research findings indicated that Black African students still maintain cultural practices and perceive traditional healing as a significant method of treating mental illness and other forms of illnesses.

## **CHAPTER 2: LITERATURE REVIEW**

### **2. INTRODUCTION**

This chapter aims to introduce the study by discussing the historical background of the study. It will look at history of mental illness by highlighting the evolution of concepts that constitute to contemporary ideologies of mental illness as well as treatment modalities. The chapter further highlights on traditional healers and traditional healing nationally and globally, and how these are implemented in the health care system as reflected by the relevant Acts and policies.

#### **2.1 THE HISTORICAL BACKGROUND OF THE STUDY**

Mental illness has had evolving notions of conceptions and misconceptions about its cause and effect on individuals. Subsequently, mental illness has established alterations in understanding its aetiology and treatment. Central to the mental health field amid mental illness are various perceptions of what constitutes as a mental illness. These perceived beliefs serve as a guideline to embark on a particular pathway in seeking an appropriate treatment for the illness. The selection of treatment methods in achieving mental health rely on various factors such as knowledge, experiences, attitudes, lifestyle, traditions, culture, and beliefs (Gopalkrishnan, 2018; Pesek, Helton, & Nair, 2006). In the context of people who suffer from a mental illness, the intentions of choosing a particular treatment method are represented by influence, consequence, and normative beliefs of an individual (Ajzen & Fishbein, 2005). Although various contemporary methods have been introduced in the mental health care sector, traditional healing has been and remains one of the fundamental methods of healing. Prior to the introduction of Western contemporary forms of healing in Africa, traditional healing still serves its primary purpose of bringing about health and alignment to people holistically.

Mental illness has existed throughout mankind (Struthers, Eschiti, & Patchell, 2004). The initial guidelines and phenomena of mental illness and treatment of mental disorders were initiated in Western and European countries prior to its adaptation to other countries, including African countries like South Africa (Nyowe, 2010). While the introduction of psychotherapy claimed to improve understanding and conceptualization of mental illness, Nyowe (2010) acclaims that the psychotherapy that was introduced in Africa has failed to address the socio-historical distress of

patients, instead, focuses solely on an African patient separate from their personal historical struggles. This is also reflected on the disparities of the rates of people with a mental illness between high income countries and low-income countries, or urban and rural areas in South Africa. This speaks to the longstanding argument that seeks to understand whether methods of a Eurocentric approach applied to African countries benefit the population or merely an imposition to uphold superiority in health care treatment across the globe.

The introduction of contemporary ideologies regarding treatment methods for mental illness has evolved. For example, not until the globalization of psychology in the early eighties, people used different forms of healing people with a mental illness which are now considered to have been “inhumane”. Although this was a standard procedure at the time, people had shared beliefs in the effectiveness of these procedures. With references from the work of Nolen-Hoeksema (2011); it was discovered that human skulls of people who suffered from a mental disorder had drilled holes on different areas of the skull. Though this was during the prehistoric era, healers withheld the assumption that people who suffered from a mental illness such as melancholia were possessed by evil spirits, and by drilling a hole in the skull; it was believed that evil spirits would escape the human mind and be healed from the illness (Nolen-Hoeksema, 2011). This procedure, known as trephining, was popularly used by Chinese, Greeks, Hebrews, and Egyptians to help the “possessed” individual heal from supernatural and evil forces that were believed to cause mental illness. Such beliefs indicate an evolving conceptual understanding of mental illness as well as treating mental illness as contemporary ideologies have shifted from these beliefs. In essence, the observable behaviours of people with a mental disorder have not changed, rather, the treatment methods are the ones that have evolved into becoming more humane and inclusive of other domains of one’s existence.

The ongoing work of theorists such as Freud, Bandura and Rogers who are regarded as the forefathers of psychology contributed extensively to scientific research on treatment for psychological problems. Essentially, they maintain that a mental disorder/condition is believed to be caused by biological, psychological, and social factors. While their research and methods of treatment indicate to substantial evidence for treating abnormal behaviour, emotional distress, and mental illness, there’s also constellations about the effectiveness of the provision of psychological



interventions that derive from a White middle-class value system being initiated into low-middle-class countries in Africa like South Africa (Katz, 1985).

In addressing the neglect of other racial and socio-political adversities faced by African countries as well as the application of Eurocentric psychological interventions for combating mental illness, various researchers extend their perspective by acknowledging the existence of alternative explanations of the emergence, maintaining, and reinforcing factors of mental illness (Mokgobi, 2016; Nyowe, 2017; Kaya & Seleti, 2013). They introduced cultural and traditional aspects of mental illness that are explained by external forces such as supernatural and spiritual forces, and treatment methods that entail herbs, concoctions, and ritual practices. These perspectives do not necessarily reject the Eurocentric view of treatment modalities. It is believed that other illnesses require treatment methods that align with what one believes to be the causal factor of illness (Mokgobi, 2016). It further considers that people exist holistically through spiritual forces, therefore embedded in this notion is the importance of one's cultural and traditional background.

The history of mental illness together with the evolution of conceptualizing and treating mental illness is encapsulated in this chapter. It provides perspective about individual's beliefs, attitudes, and health seeking behaviour in treating mental illness. It also deliberates on how traditional and cultural views influence choices of seeking treatment. Furthermore, it considers the benefits and limitations of treatment methods that are available and supported by policies and mental health organisations in and around the world.

## **2.2 The historical worldview of mental illness**

The ancient era brought about the initial understanding and explanation of mental illness, which later gravitated towards a naturalistic or biological perspective that looked particularly at brain activity believed to cause deviant and abnormal behaviour that reflects changes in the brain (Nolen-Hoeksema, 2011). During the ancient era, people who suffered from mental illness were considered devious, spiritually possessed, or having religious problems. As a result, these behaviours were treated by using *torture* to combat spiritual forces.

Hippocrates, a Greek Physician coined the notion that chemical imbalances influence the psychological functioning of individuals. Compounded with these beliefs was that they contribute to abnormal behaviour. It was believed that illnesses such as melancholia were the

cause of an imbalance of black bile that required treatment achieved by using methods such as re-administration of black bile, bloodletting, special baths, and exercise (Schimelpfening, 2020). Historically, traditional healers were also treating mental illness, however, European countries were against such treatment methods. During this time, traditional healers were referred to as witches, and as a result, the Europeans would occasionally practice “witch” hunting, referring to individuals who used traditional healing to treat mental illness (Farreras, 2013). Some practitioners shifted their perspective to understanding mental illness as being a natural cause rather than being controlled by evil spirits. This was seen as the birth of the disease model which initiated explanations of mental illness as being a physiological cause rather than supernatural forces. In the 1930’s, the development of the disease model brought about change in perspectives regarding the initial beliefs of individuals with a mental illness. Prior to the disease model, people were seen as being mainly spiritually possessed, whereas a newly formed explanation to the observed behaviour indicated the illness as a diagnosis of hysteria (Farreras, 2013).

The cultural perspective of mental illness has been advocated for, and it is suggested that certain disorders may affect people from a particular culture compared to another (Gopalkrishnan, 2018). Although the Diagnostic Statistical Manual was later inclusive of this notion, Dana (1996) further proposed that imperative consideration of culture must be taken in treating mental or psychological illnesses, as failure to do so may lead to misclassification of an illness and implicate on treatment. On the other hand, the religious perspective on mental illness opposes connotations of evolutionary biology in explaining abnormal behaviour of mental illness (Estrada, et al., 2019). Rather, this notion upholds that mental dysfunction is caused by failure to achieve the goals purposefully made by God. Ultimately, this perspective emphasizes the belief that mental disorders are a result of proclaimed sinful acts and demonic influences. At the centre of all the above-mentioned methods of healing is the main source of inquiry, which is the belief and attitude one has about the effectivity of the treatment methods available to them.

Traditional healing has earned its position in historical discourse of treating illnesses across African, Native American, and Indian populations to name a few (Struthers, Eschiti, & Patchell, 2004). Traditional healing is an ancient form of treatment prior to conventional medicine. It maintains its principles of being purposeful and meaningful in providing healing through spiritual networks (Edwards, 2014). For example, in American native cultures, many people still resort to

traditional healing because it is still regarded as the access to the spiritual world of an individual as it is grounded in having an element of a supernatural power (Struthers, Eschiti, & Patchell, 2004).

In South Africa, traditional healing and practices also has its historical dilemma in being viewed as an unauthorized practice. While traditional healing was a primary source of treatment method for most black South African people, it was explicitly disregarded and mostly affected by colonization. The oppression endured by South Africans on their cultural and traditional practices was imposed by the colonial government that brought Christianity as the main and “true” religion. Many people were led to believe that ancestral practices were inferior to the God worshiped by the Christians of that time (Mokgobi, 2016). This was one of the symbolic and major contamination of African religion and culture that made traditional healing seem like a discredited form of healing. There seemed to be alienation to the African worldview that acknowledges the reality of black people. As indicated by Pargament (2011), the reality of black people is embedded in ancestral and spiritual beliefs that equally take charge in the real world. Currently, there are still a few similar impositions laid on traditional healing to be considered less effective, invalidated, impure and backwards. This is captured mostly in academia and discourse studies that take precedence in validity and empiricism when it comes to qualifying and disqualifying effective methods of treatments. Regardless of numerous attempts made by Eurocentrism to “de-Africanize” African religion, culture and beliefs; African traditional healers still persevere and maintain the essence of their beliefs (Asante, 2016).

The use of traditional healing as a treatment method was later defended by many authors and practitioners in South Africa (Asante, 2016; Mokgobi, 2016; Nyowe, 2017). The introduction of the notions embedded in being an authentic African began to take primacy in the realms of discourse and policies in the late 18<sup>th</sup> century. Afrocentricity, which is one of the concepts that revolutionized the way African Black people see themselves outside the categories of domineering standards of Eurocentrism rose predominantly within the field of psychology in Africa. It is defined by Asante (2016), as the defensive weapon against Eurocentric perspectives. It underscores the belief that Black African people should own up to their ideologies incomparable to Eurocentric standards. Essentially, Afrocentricity aims at unlocking the minds

and taking off the blindfold of Black Africans and for them to see the world through the lens of an African person.

The term *Africentric* worldview attested by Nyowe (2017) in his writings about *African Personhood* share the same sentiments as Asante (2016). It is centred on the understanding that an African person views their world as being two-folded; “visible or invisible, or material or spiritual” (Nyowe, An Africentric thoery of human personhood, 2017). For instance, when applying this notion to mental illness in particular, a black person is likely to understand that the emergence of illness and the possible treatment would emanate from an invisible and spiritual or ancestral force.

Having said that, traditional healing for many indigenous African people was primarily the provider of health and treatment for various illnesses that existed (Mokgobi, 2016). Evidently, reports from World Health Organization (2002, 2008) showed that 80% of people in Africa and Asia primarily used traditional medicine. In support of the practice of traditional healing, the Traditional Health Practitioners’ Act was passed in 2003 to acknowledge the use and existence of traditional medicine. The Act aims at protecting people that seek traditional healing as well as to recognize and register traditional healers to ensure service delivery complies with the standards of health care norms across the health care system (Traditional Health Practitioners’ Act 22, 2008).

### **2.3 Implementation strategies and limitations for combating mental illness in South Africa**

South Africa is characterised as one of many countries with high rates of mental disorders and inadequate mental health care services (Herman et al., 2009). In addition, the paucity of mental health personnel and the lack of access to mental health services in South Africa is documented (Lund, Petersen, Kleintjes, & Bhana, 2012). In the past years however, there has been relative strengths and progress in increasing provision of mental health care services in South Africa (Docrat, Lund, Besada, Clearry, & Daviadu, 2019).

People who suffer from mental illness carry the burden of having to seek sufficient and effective ways to achieve mental well-being. Many individuals from low-medium income areas face economic costs related to seeking provision of health care services (National Mental Health Policy Framework and Strategic Plan, 2013). Although the National Health Policy stated the aims and objectives to which they had hoped to achieve within the seven-year period from its initial

implementation, several goals mentioned in the policy still lacked implementation. In the attempt to improve the mental health care sector, growing evidence from the Department of Health demonstrates that over the years, there has been a development in the provision of cost-effective interventions for people with mental illness.

The Mental Health Care Act (2002) further documents evidence obtained from the Review Boards recognized in each province of South Africa. Their main goal is to ensure that health care providers have the capacity to provide services that meet the requirements of expected services. They facilitate and supervise the provision of mental health services and assess hospitals that cater for involuntary admission and discharging of patients accordingly (Bhorat & Kanbur, 2005). South Africa has managed to establish approximately 3,460 casualty mental health facilities where at least 1.4% provides services specifically for children and adolescents. These facilities service nearly 1,660 patients per 100,000 within the population annually (Mental Health and Poverty Project, 2008).

South Africa currently has 41 psychiatric in-patient divisions in general hospitals (Mental Health and Poverty Project, 2008). Additionally, the psychiatric in-patient divisions, national Department of Health representatives account that 53% of all hospitals were authorized to provide patients with 72-hour evaluation services. This was implemented to meet the requirements the goals stipulated in the Act. In addition, efforts have been made to improve assessment procedures of psychiatric patients to consolidate and devise necessary treatment plans. On the other hand, efforts to improve health care services appears to be limited by the hesitations on whether hospitals will have the workforce capacity needed and facilities to deliver satisfactory mental health care services to people.

Although limitations such as the inadequacy of workforce is an impediment to the provision of efficient services, the Department of Health has made efforts in implementing public awareness campaigns surrounding mental health issues. The Department of Health also plays a significant role in serving and supervising public education and awareness campaigns regarding mental health and mental disorders (Mental Health and Poverty Project, 2008). In its efforts to drive awareness and education, many of their campaign projects are supported by numerous Non-Governmental Organizations (NGO's) such as South African Federation for Mental Health, the South African Depression and Anxiety Group (SADAG) and other specialized, end user

organizations (Mental Health and Poverty Project, 2008). Government interventions and NGO's have encouraged community education and awareness movements from 2003-2008 in all provinces. These movements mainly target the over-all population, children, youths, women, trauma patients, ethnic groups, and other marginal groups. Furthermore, there have been community education and awareness campaigns that target personnel in different provinces comprising of health care workers, traditional healers, educators, social facility staff, politicians, and other certified groups that form part of the health sector (Mental Health and Poverty Project, 2008).

The need to provide better treatment services for people with mental illness and psychological issues is vital. Which is why various researchers have posed for alternative treatment to obtain mental health. It is therefore important for traditional healers to play a role in providing mental health care services, particularly to patients that withhold a strong cultural belief system when it comes to seeking health care treatment. In addition, traditional healers are, to a certain extent regarded as providing treatment methods that consider ones cultural and traditional background (Zingela, Wyk, & Pietersen, 2019). They further reflect a significant level of understanding of the patients' presentation of illness, making the treatment process holistic in terms of their cultural beliefs and cultural background.

## **2.4 The introduction of traditional healing as a form of treatment in South Africa**

Traditional healing was sanctioned by the World Health Organisation (WHO) under the Traditional Healing Act of 2002. The Act was passed to ensure governance of safe and ethical service delivery of traditional healing to people. Prior to the sanctioning of this Act, many Black Africans had already been relying on traditional healers for means to understand and treat illnesses. The implication of their longstanding existence thus demonstrates that traditional healers have been the first point of contact to achieve mental health, especially for Black South Africans. People who maintain the traditional perspective seek mental health from healers who understand their illness from their worldview and those that share similar beliefs. In South Africa, traditional healers are mostly consulted by people who preserve their cultural beliefs and practices as methods of achieving mental health (Njenga, 2007). This means that for many Black South Africans, an illness is understood to be caused and possibly treated under circumstances where they are seen as holistic beings. Specifically, in the African culture, some illnesses maintain a

culture-bound status to which its reduction to being a biological syndrome is seen as taking away the essence of meaning and way of understanding mental illness (Bhorat & Kanbur, 2005).

In the Western context, illness is understood as being rooted in the notion that the aetiology of illness emerges biologically, socially, and psychologically (Deacon & McKay, 2015). In line with this formulation of understanding, approaches such as psychotherapy, psychological assessments, and pharmacological methods are used to diagnose and treat mental illness (Dana, 1996). These approaches and methods of treatment are seen in the forefront of treatment plans as they are believed to have empirical scientific support. On the other hand, African perspective theories of illness are seen to lack such empiricism due to poor reporting and documentation of African perspectives of illness (Mothibe & Sibanda, 2019). While Western medication is considered effective, alternative methods of healing such as traditional healing maintains a useful role in the health care system, especially those who withhold beliefs on traditional healing practices. Although there is limited research on the perceived benefits and role of traditional healing, research by Truter (2007) supports the latter in his findings that showed that approximately 80% of people resort to traditional healing before consulting with primary health care services.

## **2.5 Conceptualisation of traditional healers and traditional healing**

Traditional healers play a major role in treating illnesses and maintaining health for people who suffer from either physical, mental, or spiritual illnesses. From an indigenous African worldview, illnesses regarded as culture bound syndromes are better understood and treated by traditional healers as they likely share similar worldviews with the patient in consult. Traditional healing therefore serves as having the capability of addressing the causes of illness and mental health problems that can be attributed to spiritual sources such as ancestors (Petersen, Bhana, Flisher, Swartz, & Richter, 2010; Pargament, 2011).

The role of traditional healers and the benefits of consultation are not only limited to African people who experience difficulties in accessing primary health care services (World Health Organisation, 2010) (Diop, 2012). Rather, many people who firmly uphold traditional African belief systems and cultural practices also consult traditional healers while still having the option to access private health care facilities and receive pharmacological intervention. Historically for

example, countries such as South America and Mexico also hold beliefs about traditional healing (Fornas, 1995). They believe that health can be summoned by giving attention to a holistic view of physical and cosmic components where treatment can be obtained by using medical plants, religious practices and spiritual forces that provide guidance. (Peren, 2007). Traditional healing is therefore a pivotal treatment option considering that peoples intentions of seeking treatment are connoted by determining factors such as culture, indigenous knowledge, social norms, experience, beliefs, and values (Mkhize & Kometsi, 2015).

Parallel to this are findings from several studies in South Africa indicating an estimate of 80% of individuals with distinct mental illness who resort to traditional healers for treatment (National Progressive Primary Health Care Network Summary Brief, 1997; Koen, Niehaus, Muller & Laurent, 2003; Robertson, 2006; Truter, 2007). Other studies reported that 5.7 % individuals accessed psychiatric and psychological mental health care while 5.8% consulted traditional healers (South African Stress and Health study in Stein, Williams & Kessler, 2009). Similarly, a study from Ghana indicated that most Black Ghanaians believe that the occurrence of a mental illness is influenced by supernatural forces. In affect to this finding is the subsequent impact to decision making processes that becomes the driving force for patients resorting to a traditional healer for treatment (Zingela, Wyk, & Pietersen, 2019).

Despite various other forms of treatment interventions to combat mental illness. Some indigenous Africans have a strong belief that the restoration of health and elimination of illness is granted by a greater being who can be channelled through various types of traditional healers. Spiritualists for example connect to ancestors and the ‘living dead’ to request restoration of health while herbalists use a mixture of selected herbs to acquire a concoction (Ashforth, 2005; Mbiti, 1990). In this regard, the “diagnosis” and “intervention” for treatment is seen as a combination of channelling with the ancestor through a *sangoma* to provide clarity and meaning of an illness, and consumption of herbal mixtures intended to heal the illness of the patient.

WHO (2002) defines traditional healing as:

*‘The sum of the knowledge, skills, and practices based on theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement, or treatment of physical and mental illness’*



Traditional healing is facilitated by various healers who perform specialized healing methods for treatment.

### **2.5.1. *Isangoma* (Spiritualists)**

*Isangoma*, is a person who is elected by ancestors to carry out the ancestral works for healing based on the understanding and interpretation of the messages being passed by the ancestors (Gary & Jack, 2011). Their ways of healing are based on experiences of and abiding to cultural cosmology to give healing to the ill (Mpofu, Peltzer, & Bojuwoye, 2011). Furthermore, their role involves identifying that which cannot be explained or understood by the physical world. *Isangoma* is also referred to as a diviner or spirit medium who is granted the ability to have a closer association with, or to be in continuous communication with the ancestral spirits (The Health Systems Trust, 2011).

The ancestral spirits are the source of direction during consultation, while the diviner or *Isangoma*, performs the duty of being a messenger, who is the mediator between the ancestral spirits and individuals in consult (The Health Systems Trust, 2011). Spiritualists are often consulted following unsuccessful western treatment prescribed, or in other instances, to maintain well-being as a form of protection to incidences where there has been an incision of ‘*umuthi*’ practiced on someone (Hlabano, 2013). Spiritualists are similarly believed to be capable of prophecy, and the influence to organize and use cosmic energy to provide well-being and prosperity (Hlabano, 2013).

### **2.5.2 *Inyanga* (Herbalists)**

Herbalists are often referred to as *Inyanga* as their method of healing relies on the use of medicine made from plants. The purpose is to encourage a patient's own physical defences to produce deliverance of, or to treat sicknesses and syndromes (Nyika, 2006; Moodley & West, 2009). In this sense, herbalists are individuals who have developed an all-embracing familiarity of supernatural procedure and who do not, characteristically, hold mystical agencies (Setswe, 1999). They make a diagnosis and recommend medicine for commonplace disorders and infections, to avert and to relieve misfortune or evil. They offer protection for things such as witchcraft and trouble and bring about health and contentment. Herbalists make a diagnosis for patients by allowing them to give details of their symptoms and offer comprehensive medical and nutritional accounts dating back to their infancy (Nyika, 2006). Once an identification has been made, the

herbalist gives the patient a preparation made from certain plants, which are combined to treat the patient's specific disorder and illness.

### **2.5.3 *Umthandazi* (Faith healer)**

Umthandazi (faith healer) is considered as someone who has a combination of both Christian and African traditional gift to pray (Setswe, 1999). Preceding's of healing arise during the time of prayer and singing in a healing circle, while laying hands on the individual seeking to heal. Such proceedings of faith healers are commonly found in churches such as the Zionist church. The church has many faith healers as the religion itself is grounded on the beliefs of both African indigenous and Christian beliefs. Faith healers are considered gifted in prophecy and divine prayer because of their known ability of having holy spirit as understood in Christianity, as well as possessing the gift of connecting with an ancestral spirit. Their role in the treatment process is to provide a diagnosis and devise individualized treatment through prayer and prophecy, to protect one from evil spirits and illnesses (Setswe, 1999). Unlike spiritualists and herbalists, faith healers heal through holy water, prayer, and baths.

## **2.6 Traditional healing in Western and European countries**

The World Health Organisation (2002) extended its support of the use of traditional medicine in various regions of the world including Western Pacific, South-East Asia, and Europe. The Member States are supported by WHO to facilitate efforts that will ensure the safety of traditional medicine as well as sufficient human resource is trained to deliver services. The Western Pacific has been recognized as one of the regions that have a rich traditional medicine heritage and thus receive several citizens that support the application of the development of traditional medicine in order to improve people's health. While Western and European countries are considered major perpetrators of a Eurocentric driven paradigm of treatment interventions, there seem to be efforts made to keep the traditional treatment approaches alive, particularly in regions where beliefs regarding traditional healing practices are maintained.

The association of medical reporting organizations in the American region collaborated in reviewing traditional medicine for its use in the area. The outcome of the review was a proposition for continuous research to be done for the regulation of herbal products. According to

WHO (2002), an analysis regarding the issues of national policy, economics and regulation of herbal products was essential. The aim of the involvement of WHO was to ensure safety and efficacy of herbal medication. Evidently, traditional medicine in the American region is received by traditional healers such as herbalists, bonesetters, and spiritualists.

The European region also developed regulations regarding the use of traditional medicine in collaboration with WHO guidelines for assessment of herbal medicine. Their use of traditional medicine is at a lesser extent compared to other parts of the world, and WHO has increasingly encouraged the country to regulate traditional healing to assess its efficacy and effectiveness to those who maintain traditional views of healing. Currently, ongoing efforts are still in progress to legitimize and develop a framework for safe and effective use of traditional medicine in the European regions (Bodeker, Ong, Burford, Grundy, & Shein, 2005).

Other international countries such south-East Asia, traditional medicine is the primary and mostly used form of treatment. In the 1990's a recommendation by the South-East Asia Meeting of Health was passed to convey the implementation of traditional medicine into primary health care facilities. In less than a year, the South-East Asian Regional Office (SEAGRO) consulted for developments on the use of traditional medicine and reinforced national traditional medicine programs and expertise of traditional medicine in order to advance regional health facilities.

Irrespective of the slow progress of equalizing traditional healing and biomedical treatment in mental health facilities, it is evident that people affected by mental illness, directly or indirectly, are strongly acquainted to treatment methods that are rooted in their cultural belief system (Eley, Namely, Mckenna, Johnson, & Guest, 2019). This is mostly encouraged by cultural beliefs that have advocacy for traditional healing being an effective form of treatment.

## **2.7 Traditional healing in South Africa**

A study conducted by Puckree et al. (2002) revealed that 70% of patients in KwaZulu-Natal would turn to indigenous traditional healers as a primary choice. Spiritualists were the most common category of healers and could consult with at most, 20 patients per day. Puckree et al. (2002) determined that traditional healing is an essential factor of well-being in South Africa. This interpretation functions as a resilient argument for the requirement of health care specialists to consider cooperating with traditional healers. Traditional healers normally incite a chief role in

offering well-being services for numerous individuals in South Africa, particularly where people find it challenging to access hospital care such as psychotherapy and pharmaceutical treatments. The Traditional Health Practitioners Act (No. 22 of 2007) and the National Drug Policy (1996) work alongside each other to be the most all-inclusive sections of regulation that make available the lawful background for the practice of traditional health services in South Africa.

### **2.7.1 The role of traditional healing in south Africa**

An imperative goal to establish for the people of South Africa is access and quality of mental health care services. Research has indicated that the use of both biomedical and traditional health care systems would assist in delivering satisfying mental healthcare services; to address the existing gap in public health sectors (Musyimi, Mutiso, Loeffen, Krumeich, & Ndetei, 2018). Traditional healers are dedicated in committing to deliver health care services to the community, and notably, community members have trust in traditional healers. This is attributed to the true value of shared understanding of needs that traditional healer have of community members (WHO,2002).

There are different types of traditional healing methods, and each have an important role to play to individuals who seek treatment from alternative health treatment. Despite the strong belief of the effectiveness of traditional healing by some Western medical perspectives, some people prefer using a combination of both traditional and biomedical treatment methods (Mothibe & Sibanda, African Traditional medicine: South African perspective, 2019). Even so, there remains the challenge of access to psychiatric hospitals and the dynamics that influence the decision-making process of gravitating towards a particular treatment method. Importantly, people with a mental illness or those that supervise those with a mental illness resort to treatment methods they believe will meet the needs of the patient, while taking into consideration the durable costs of treatment. In essence, the common goal for seeking treatment is fulfilling the intended purpose of achieving good health. Similarly, other academic disciplines such as religious studies, that are grounded by African cultural principles concord with spirituality and religion concurrently (Pargament, 2011; Estrada, Lomboy, Gregorio , Amalia, Leynes , Quizon, & Kobayashi1, 2019 ). Furthermore, these studies indicate to the value of a merged understanding of African culture and counselling skills

as a treatment model for mental illness. In the process of using both methods, they have found that Africans tend to have strong beliefs about spirituality. Other contradictions that exist in the context of these studies suggest that merging the two may convey disbelief in the strength of spiritual powers in resolving issues that affect health brought about by spiritual forces. In this regard, spiritual healers thus play an important role in assuring that good health is maintained by consulting with spiritual forces that are believed to be descending illness upon the ill (Bomoyi, 2011).

The use of traditional medicine is becoming more common as with biomedical treatments and there have been growing numbers of people who resort to traditional healing for illnesses. In the past, traditional healing was predominantly known to be used in rural areas, as it was seen and known to be a way of living and regaining health (Mokgobi, 2012). People consult with traditional healers for a number of reasons, such as '*amafufunyana*', characterized as schizophrenia and chronic illnesses such as HIV/AIDS (Mokgobi, 2012). Traditional healing emphasizes a lot on the spirit world and supernatural forces (Nortje et al., 2016). This is driven by the prominent belief of Africans that mental illness or diseases are a result of a breach of customs, disturbances in social relations and disorder in the spiritual world (Nwoye, 2017). For this reason, traditional Africans prefer using treatments that acknowledge and recognize their culture as well as their value systems (Fagbamigbe & Idemudia, 2015). Similarly, Nwoye (2017) states that while biomedical treatments are at the forefront of medical treatment, the Western biopsychosocial models lack the spiritual element which forms an important part of explaining the life events of an African person. Traditional healing is thus seen to form part of investing ideas and perspectives for returning order and meaning into people's lives (Nwoye, 2017). Therefore, while empiricism is the downfall of traditional healing being recognized as a primary service, sufficient evidence shares the useful role it has in treating illnesses such as mental disorders.

### **2.7.2 The Traditional Healers Act**

In support of the use of traditional healing as a treatment service, the Traditional Healers Act (Act No. 22 of 2007) was regulated. Its primary purpose is being responsible for registration and certification of traditional healers. Registration under the Act provides permission to practice as a healer. It ensures and supervises that practice meets the requirements of a training traditional healer, as well as those still training under an authorized and qualified traditional health.

Traditional healers signed under the act are considered competent to practice with individuals. It officiates lawful practice in Africa, Asia, Latin America, Europe, and Australia as stipulated under Section 1 of the THP Act (Act No. 22 of 2007). While the Act gives credentials to practice lawfully with individuals, the limitation of practice prohibits references of traditional healers as medical professionals.

Overall, the Traditional Healers Act (Act No.22 of 2007) declares approval of traditional treatments and proposes an outline to protect individuals who use the services. This is accentuated by ensuring effectiveness, welfare, and superiority of traditional well-being services from listed and qualified traditional healers.

### **2.7.3 The National Drug Policy (1996)**

The National Drug Policy is included in Article 11 granting the usage and directive of traditional medications in the South African health care subdivision. The Act enhances collaborative work concerning traditional healers and other health employees in conventional health service delivery facilities. The drug policy highlights the importance of Traditional Healers and their combined services with other health professions. The policy seeks to ensure that solid structures are in place to protect a service delivery that is satisfactory and does not pose intentional harm to all health care users.

The National Drug Policy (1996) additionally states that traditional treatments must be explored for effectiveness and welfare prior to them being incorporated into the prescribed health care organization for communal consumption. This is motivated by one of the requirements of the Drug Policy (1996) specifically that which is a requisite of a National Reference Centre whose roles comprise of the enhancement of a national catalogue of native plants vetted for effectiveness and harmfulness. The National Drug Policy (1996) posits that the traditional treatments that are sold commercially must be listed and well-ordered through a National Reference Centre for traditional remedies.

These lawful documentations are put to protect the practice of traditional healers as well as the community at large. They pose the importance of effectiveness and reputable service delivery to maintain good health for people who consult traditional healers. It is therefore through these acts that traditional healing as a treatment modality remains an important source of treatment service.

## 2.8 Issues relating to practices of traditional healing

Prior to the introduction of biomedical treatment that is predominantly of Western roots, traditional healing was one of the main available sources of treatment commonly used by indigenous Africans (Struthers, Eschiti, & Patchell, 2004). It is through emphasis of empirical scientific research findings of the effectiveness of biomedical treatments that opposing views regarding traditional healing arise. This brings about a perpetuated view that there is a “lack” of empiricism in traditional medicine and treatment process. The views of traditional healing were initially based on indecisiveness about its safety and questionable effectiveness, and further contested on lack of evidence for the treatment prescribed (Sorsdahl, et al., 2009). While both Western and African views present plausible standpoints, they also mirror significant cultural beliefs acquired through social activities that eventually speak to factors that lead to decision making of a particular treatment modality. Therefore, it is imperative that no worldview is held above the other as each modality provides for different needs, that come about through various factors such as culture, knowledge, beliefs, and social structure. Such factors create solidified esteem for people who have a purpose of achieving good health and care (Crawford & Lipsedge, 2004).

The conception of mental illness held in African perspective has also been at the centre of discontentment regarding traditional healing. According to Sorsdahl, et al.(2009) traditional healers considered pathology as being a form of extreme externalized behaviour of violence. The causes of such behaviour and illness are attributed to external factors such as witchcraft and spiritual forces, while Eurocentric conceptions are mainly biologically and psychologically orientated (Edwards, 2014). While such remarks are being perpetuated, the medical model and western perspectives are still driven and tend to discredit traditional healing because of lacking empiricism.

According to WHO (2002), approximately 65% of people in South Africa did not have access to mental health care services, creating a gap for meeting basic needs for people who are living with a mental disorder. In this regard, as several authors suggest; alternative treatment methods such as African traditional healing play an important role in addressing the needs of mental health care (U.S Department of Health and Human Services, 2001; Moodley & West, 2009; Njenga, 2007).

Furthermore, it provides a sense of trust in service delivery for those who seek help intending to benefit significantly from culture-bound treatments (Niehaus, et al., 2005).

## **2.9 Factors that influence choices of treatment**

Indigenous knowledge refers to traditional and local knowledge of indigenous peoples in a defined community (Kaya & Seleti, 2013). It is embedded in community practices, relationships and rituals that are transmitted verbally or observable demonstrations not overtly implicit. Indigenous knowledge encompasses an importance of its ability to take into consideration the context in which individuals belong. It therefore assumes that decision making regarding treatment modalities rely on shared epistemologies, norms, values, and beliefs of a society that one belongs to (McDonald & Crandall, 2015). In a health care standpoint, indigenous knowledge is recognized as traditional health practices whereby its development is dependent on perceptions and beliefs about the efficiency of access to health care services, and whether interaction with the health care service will meet existing needs. Indigenous knowledge is thus a practice that people engage and adapt to. For example, African people who acquire and practice upon indigenous knowledge can maintain and understand their socially accepted indigenous knowledge better than Western practices continuously being introduced. The role of indigenous knowledge is to therefore facilitate decision-making regarding treating illnesses and maintaining health.

Culture also features in indigenous knowledge; however, it is specific and nuanced by various distinctions. It is formed by learned, communal, communicated standards, principles, norms, and life system practices of a specific group that guides philosophy, pronouncements, and actions in patterned techniques (Gopalkrishnan, 2018). From a well-being standpoint, the word integrates value positioning with respect to what it means to be healthy, factors that influences seeking treatment, and how this predicts behaviour in relation to health (Subudhi, 2014; Niehaus, et al., 2005). Consistent with the above are studies that yielded similar findings, which suggest that people's health seeking behaviours are influenced by their beliefs of what causes and maintains illness and thus resort to healing methods that align with their beliefs (Bodeker, Ong, Burford, Grundy, & Shein, 2005; Choudhry, Mani, & Khan, 2016; Mpofu, Peltzer, & Bojuwoye, 2011). A national study conducted by SAHS found that Black South African respondents were 7.4 times more likely to seek help from a traditional healer when compared to other races of Coloured and Indian groups. Most Zulu people from South Africa were reckoned to believe in the cure of



physical illness using Western medicine, while mental illness was believed to be better treated by traditional healers (Crawford & Lipsedge, 2004).

People with psychological problems have preferences regarding who they go to for help. Culture impacts how health is observed, how indications of disorders are articulated and when and how assistance is pursued. The Cultural Influences on Mental Health (CIMH) outline is a useful method devised to depict cultural influences in the society that progresses between the patient and the mental health care structure (Hwang, Myers, Abe-Kim, & Ting, 2008). African culture strongly believes that life and growth is established through communal health care as opposed to western individualistic approaches (Eaton & Louw, 2000). Individuals who reckon strong traditional beliefs about the causes of illness is likely to attribute them to culture and will therefore align treatment seeking behaviours in this regard. For example, the Zulu culture believes that there are substantial relations between the living, spiritual realms, and ancestors (Bomoyi, 2011). This belief extends beyond curing symptoms of an illness and reaches cohesion with external forces that will be able to provide rapport with the relations of the spirit, living dead and the ancestors to obtain well-being (Edwards, 2014). African culture has therefore prevailed itself as a collectivist culture whereby individuals tend to rely on those that share similar culture, values, beliefs, and knowledge. While Western views suggest that Africans may rebuke having a mental illness and feel mentally stable when confronting it through a traditional perspective; a study by (Young, Griffith, & Williams, 2003) indicated that Africans believed that misalignment with the spiritual forces could be the trigger of a mental illness.

A different health belief held in ethno-racial societies is that disorders can be triggered through mystical methods (Kleinman, 1980). It is therefore important that the cultural context is taken into consideration when understanding mental illness and the preferences of a treatment plan as interpretation may vary upon cultures. According to Choudhry, Mani, and Khan (2016), people who received a diagnosis from psychiatric facilities discontinued visits to mental health services and preferred seeking alternative treatment outlets from traditional healers. Although both are effective, cultural factors seem to hold more weight in providing aligned treatment for individuals who remain in the space of cultural beliefs when it comes to seeking mental health care.

It has also been contended that Asian Indians utilize a religious agenda which declares spirit ownership or desecrations of sacred or honourable moralities to explain mental distress and

syndromes that one may endure (Ramisetty-Mikler, 1993). Physical and mental disorders are understood to be a consequence of God's "determination" or "historical Karma", and as a result, is connected to negative activities which discourage help-seeking behaviour (Ramisetty-Mikler, 1993). Asian and Latin Americans continue the use of traditional medicine and healing methods because of their history that is embedded in cultural beliefs. Similarly, a study on Jewish population, found that mental illness is seen as an opportunity to receive divine messages, and to improve the souls of the ill (Selekman, 2012). In an African context, a study investigating the conceptualization of well-being by Ethiopian refugees in the United Kingdom revealed that Ethiopians were consistent with their cultural convictions (Papadopoulos, Lay, Lees, & Gebrehiwot, 2003). The findings indicated that contentment and good community ties are a pre-requisite for, and a consideration of respectable well-being (Papadopoulos et al., 2003).

Evidently, different social groups confer with different beliefs regarding mental illness, indicating to social norms as an influential feature to perceived beliefs. Social norms can influence where people go to seek treatment interventions as this would be what is acceptable within their social groups. They tend to also be the epitome of culture and social interactions which informs an individual about appropriate behaviour that is acceptable within a social context (McDonald & Crandall, 2015). Social norms are usually linked to attitudes and beliefs which are acceptable within a particular social group. When attitudes and beliefs are formed in the structure of social norms, identity formation occurs, whereby conformity to norms restricts deviation from practices within the society (Hogg & Reid, 2006). Most Africans hold traditional beliefs about the existence of ancestors and the spiritual world, thus resort to traditional healing as the main source treatment (Cornah, 2006). Equally, those that believe in scientifically based medicine resort to Western or biomedical treatment to achieve mental health. It is common to find that people who belong to more than one social groups such as friends, family, and peers, may experience differences with what is normalised in one group, and not normalised in the other. Conflicts of such social norms exist, however, the level of invested interest one has for a particular social group they participate in, indicates to one's level of conformity of treatment intervention (Crandall, Ferguson, & Bahns, 2013).

## **2.10 Theoretical framework**

This section provides an overview and explanation of the theoretical framework adopted to structure this study. The study was designed using two theoretical frameworks where one extends the other: namely, the ecological systems theory and the theory of reasoned action. The former explains how a developing individual is influenced by various socialization systems that exist from the internal to the external environmental interactions one has within their context. It provides the understanding of one's acquired beliefs, culture, and socially accepted actions of the environment one interacts with (Bronfenbrenner, 1979). The latter facilitates this understanding by providing an extended explanation of behaviour, behavioural intentions, attitudes, and subjective norms as factors that influence one's decision-making process. A combination of these models assumes that people's perceptions regarding the use of traditional healing in the context of mental illness can be implicated by socialization parallel to culture, beliefs, and interaction with the environment. In addition, it helps understand the progression of decision making when behaviour, attitudes, and subjective norms are involved.

### **2.10.1 The Ecological Systems Theory**

The ecological systems theory was first introduced by Bronfenbrenner (1979) to understand an individual's development within an everchanging environment. It captures the quality and context of the individual's social and cultural environment whereby they develop and mature (Harkonen, 2007). It is therefore the continuous interactions that take place in these structures that maintain environmental influences that shape individuals into them becoming capable members of society (Harkonen, 2007). The ecological systems theory underpins interconnected structures that serve as a hallmark to the development of individuals within a social environment. The development of an individual is seen as the process whereby one attains a modified sense of their environment to be able participate accordingly at each level of their ecological system that they engage in (Bronfenbrenner, 1979). The ecological systems theory is founded on four main systems that influence the development of a growing individual within a social setting, namely, the microsystem, mesosystem, exosystem, and macrosystems (Bronfenbrenner; 1979). The utilization of the ecological systems theory in this study is to illuminate the immediate social and cultural environmental activities that influences a person's decision making, core beliefs and cultural

knowledge that facilitate pathways to seeking health treatment, in the context of which they develop.

### ***Microsystem***

The microsystem is the first and inner structure where lies the persons interpersonal relationships that are formed by family, religious groups, schooling, and friends. It constitutes as the most proximal setting that includes people and structures that have a direct and strong influence on an individual (Ettekal & Mahoney, 2017). The microsystem features an important role to an individual as it is where values, principles, and beliefs systems are taught and developed (Bronfenbrenner, 2002).

People grow in families learning the family history and tradition that eventually forms part of their identity. When one is in constant interaction with their immediate socialization structures that perform cultural practices, it influences their beliefs as they develop into becoming adults. Many black university students leave their home and families to pursue their studies. As a result, they are physically distant from their immediate families. While this may surface, the important factor that lies on whether one maintains their belief systems and values they were taught is determined by the type of relation one had with their family, and the level of participation within the immediate structure of family (Harkonen, 2007).

Individuals that come from a background where cultural traditions are practiced are likely to maintain those beliefs if they had good relations with the family and the individual participated competently within the structure as they were developing. For example, participation in a cultural practice such as traditional healing which is known for its primitive practices that are rooted in African culture and tradition. This practice is relatable to most African families as it does not easily change when passed down to generations (Ampim, 2003). African families not only consult traditional healers when an illness occurs but are also consulted when a mediator is needed to communicate with ancestors. For example, when a child has been born, a rite of birth called *imbheleko*, which is a cultural ceremony is done as a way of welcoming an infant into the family and introducing them to the ancestors (Ampim, 2003). Such cultural practices therefore become one of the first beliefs and value system that one is introduced to and participates in as parents have an influence of the child's beliefs and behaviour (Paquette & Ryan, 2001). This becomes

an associated factor in one's holistic being to practice and follow family tradition and cultural practices into adulthood, especially if one has strong relations with the parties that form part of their microsystem.

### ***Mesosystem***

The mesosystem is the prime connection between the individual and the organisations within the microsystem (Bronfenbrenner, 1979). It takes into consideration the impact the microsystem has on the person and how the person impacts the environment. For example, the interaction between the individual's family and neighbourhood and the relationship between them thereof. The mesosystem also provides an individual with an opportunity to understand the norms and behavioural expectations of the systems they interact with (Newman & Newman, Ecological Theories, 2020).

Organisations such as school, family, and religious affiliation can be a great source of instrumental support for individuals. They become a source of guidance in terms of helping people understand the importance of things such as values and respect. They further form a foundation of one's beliefs throughout their life span. at this level of socialization, it is worthy to observe the reciprocity of the microsystems as to whether they support each other or seen to promote different prospect regarding expectations, beliefs and behaviours (Harkonen, 2007).for example, a student raised in a family that has strong beliefs about traditional practices may end up attending a university that is sceptical and devaluing of African traditional and cultural practices. As a result, the socialization structure takes opposing directions that create inconsistencies relating to how an individual will behave when participating in these structures (Bronfenbrenner, 2002). Such coinciding directions may impact the individual's beliefs as these two indifferent microsystems which they socialize in are perceived to be in dispute. On the other hand, two homogenous organisations within a microsystem can facilitate an individual in becoming competent in society (Bronfenbrenner, 2002). For example, an individual's religious affiliation may carry the same beliefs as that of his or her family. This creates compatibility when one's family is in distress and is able to rely on their religion. Through a growth enhancing participation with the mesosystem, an individual acquires a sensible worldview through their

interpersonal relationships and constant contact with customs of the mesosystem and teaches them more about themselves (Newman & Newman, Ecological Theories, 2020).

When people are faced with adversity, their first source of reference is usually the help of family, close friends, or religious persons. This plays an interactive role of a support structure and guidance to obtain good physical or emotional health (Gopalkrishnan, 2018). Many black Africans still withhold the notion of the *ubuntu* philosophy that says “*umuntu ngumuntu ngabantu*” and “*it takes a village to raise a child*”. Individuals that come from such families and reside in neighbourhoods that maintain these philosophies exemplify that there is a good interaction between the microsystems around the individual. Such homogenous and direct interactions between the different microsystems of which the individual is surrounded by, influences the individual’s socialization, well-being, and development .

### ***Exosystem***

The exosystem lies outside lever of the persons microsystems. The exosystem looks at the networks between the microsystems such as family and neighbours, whereby at least one setting that an individual functions, has no direct participation in for example, political systems and policies. Though the individual has no direct interaction or role to play in the decision-making process within these settings, they have bearing on the individual and all other microsystems that the individual is a part of. According to (Rus, Lee, a Salas, Parris, Webster, Lobo, Ecaterina, and Popa, 2020) the exosystem specifically looks at the interaction between the microsystems settings whereby the individual’s presence or participation is omitted from the direct processes of the system, but nevertheless effects their experiences.

University students come from all different kinds of backgrounds, and one of the common factors that they share within the construct of a school context is education, however, their experience within the university differs. Some students experience emotional distress due to psychological, emotional, or social issues during their years of study. While the university offer services for such instances, they are mostly limited to psychology clinics that offer counselling interventions and less likely that a traditional healing facility is available to cater for those that have a need of a specific treatment that can be provided by a traditional healer.

Although this might be true, it is beyond a single student's ability to impact the structure of the school system as these structures that lie on the exosystem are governed by policies and government structures that one has no authority over. This exemplifies the external networks of the political structures and policies that form part of the exosystem, whereby an individual has no direct influence on the external networks, however, the structures put in place in the context that one exists influence one's experience and well-being.

### ***Macrosystem***

The macrosystem is the outermost structure that concerns processes that happen at a greater scale of society. These processes can pierce through all other systems sustaining the greatest influence on the developing individual. The macrosystem surrounds all other structures and focuses on the relationship between all systems (Newman & Newman, 2020). This system includes structures such as healthcare resources, social policies, and laws of a particular culture or subculture that have a significant influence on the developing person.

The macrosystem shapes structures that exist at a larger societal level and simultaneously hold cultural values and traditions that influence all other systems within the person's context (Berk, 2000). For example, the colonization of South Africa by the European countries effected the culture and laws of the country, and the African culture was alienated and suppressed by the masses during that time. This in turn brought about belief systems foreign to Africans and have since penetrated the laws and government policies to date. The impact of these laws can also be seen in discourse, whereby European educational systems and studies are validated and placed above African cosmic studies to say the least (Chukwuokolo, 2009). In this regard, when it comes to health care systems, treatment interventions and healthcare personnel favour and put in the forefront psychologists and medical doctors over traditional healers. Such processes that take place in the macrosystem shape and effect the microsystems and the developing individual thereof.

### **2.10.2 The Theory of Reasoned Action**

The theory of reasoned action as introduced by Fishbein and Ajzen (1975) postulates that people engage in behaviour that make sense to them. This means that they behave based on intention, to which a strong intention determines a greater possibility for a behaviour to be performed. It therefore suggests that the core construct of the theory is the intention of performing a behaviour. Intention is said to have two components to it, the attitude towards the intended behaviour and the social or subjective norms of significant others. The theory of reasoned action therefore intends to explain the interrelation of beliefs, attitude, intention, social norms, and behaviour (Fishbein & Ajzen, 1975).

Taking into consideration the theory of reasoned action, individuals that believe in a particular healing system are assumed to do so based on the attitude they have towards consulting with that treatment modality. Their intention to achieve treatment from the system may be factored by the historical stance of the treatment facility. Such beliefs can be influenced by the culture one belongs to which in turn creates a positive attitude towards the treatment method. Their acquired beliefs and attitudes can be strengthened especially if significant others approve of the interaction with such structures. Preferences of treatment methods are usually rooted in speculation of the level of effectiveness it offers. More so, it is based on the relational accentuation one places on significant others who play a role in influencing their perceptions in a treatment modality that is consistent with their family culture.

The theory of reasoned action is integrated in this study to presume that the autonomy to choose a treatment modality is driven by the intention of associating with the modality. Furthermore, it considers that the outcome of engaging with a treatment modality as well as the outlook that people of interest have regarding the engagement with a particular modality is factored. Essentially, it enlightens the perceptions based on various influences such as culture, norms and attitudes students have in relation to making decisions regarding their choice of treatment to obtain health.

When it comes to mental illness and selecting the appropriate treatment, the study maintains that people apply the same concept of reasoning when it comes to making decisions of whether to



resort to traditional healing or Western treatment modalities. Concurrently, they hold strong grounding by their environment and the cultural backgrounds they were exposed to as developing individuals participating in a particular society. Culture shapes and gives directory to people when it comes making important decisions. It is a learned form of practice that is passed on from one generation to another, therefore giving validity to the one who follow these trajectories (Eaton & Louw, 2000). It is therefore the conditions under these factors that one presumes usefulness and effectiveness of a treatment modality.

The theory of reasoned action as well as the ecological systems theory make an imperative reference regarding awareness of people's social influences during upbringing. Socialization in this regard plays an important role in providing a better understanding of people's beliefs and social norms. This in turn captures the nuances of different influential organisations that give directive to one's decision-making process, particularly relating to mental illness and treatment modalities.

## **2.11 Chapter summary**

To conclude, this chapter has indicated the extent to which a person's environment as well as their reasons of engaging in an intentional behaviour are key factors in understanding one's perception. It has argued the importance of human socialization and how it manifests in shaping one's perception (Harkonen, 2007). This chapter also argued that although it is an individual's choice as to whether to consult traditional healers or mainstream treatment facilities to treat mental health issues. A person's environment, community and background all play a role in informing their decision-making processes. Moreover, belief systems, social norms, significant others, attitudes, and behaviour all assemble as important factors that influence one's perception regarding their participation in a treatment modality to obtain mental health.

## **CHAPTER 3: METHODOLOGY**

### **3.1 Introduction**

This chapter aims to provide an overview of the proceedings of the study, including the outline of the research design, data collection and the methods of analysis that were used when implementing the study.

### **3.2 Research design**

The study followed a qualitative research design with the aim to explore the perceptions of students regarding the use of traditional healing to achieve mental health. Qualitative research studies pertain an exploration of objects in their natural setting and seek to make sense of the world and meaning of people's phenomena (Denzin & Lincoln, 2005). Furthermore, Bailey (2007) describes qualitative research as a study of systematic inquiry that can either take place in a form of interviews or observations, to contextually gain participants perspectives about their everyday life. The focal point of qualitative research lies on its logical process of understanding and exploring participants' feelings, perceptions, beliefs, and attitudes (Kumar, 2011). Adopting a Qualitative research method for this study was therefore motivated by its characteristics cited by Babbie and Rubin (2011) that flexibility and taking a naturalistic stance when looking at variables in their natural setting are imperative. In this study, the aim was not to produce statistical results from the findings or prove a hypothesis as in quantitative research. Rather, it was to produce findings that reflect the essence and meaning that individuals' attach to their social reality. Particularly, it was to explore how participants perceive traditional healing as treatment modality in relation to seeking mental well-being, and how this reflects in their realities. Therefore, a flexible plan of inquiry and reflexivity was devised in order to produce meaningful and in-depth responses (Padgett, 2008).

### **3.3 Research location and population**

The study was undertaken at the tertiary institution of the University of KwaZulu Natal. UKZN was formed in 2004 after the merger of the University of Natal and the University of Durban-Westville. The university is governed by the Education Act of 1997 and the Statute of the

University of KwaZulu Natal. UKZN Howard College campus was opened in 1931 made possible by the donations of Mr. T B. Davis. UKZN Howard College campus is situated in Durban Berea Ridge in South Africa and comprises of four colleges made of several schools. UKZN Howard college was selected as a population site because access to participants was attainable.

### **3.3.1 Sampling techniques and sample size**

The study adopted purposive sampling with the intent to obtain a representative and focused sample that was going to fulfil the aims and objectives of the study. Purposive sampling has to do with identifying and selecting participants that are knowledgeable or have experience about a phenomenon that the researcher wants to explore (Cresswell & Plano Clark, 2011).

A sample of 12 students were selected from the University of KwaZulu-Natal, Howard College. The sample included Black African students of different ages and gender, to share their perceptions about traditional healing as a form of treating mental illness and sustaining mental health. Participants that were approached for this study were students between second and postgraduate year of studying. Furthermore, Black African students were selected for the purpose of obtaining different perspectives on traditional healing, and whether cultural factors have an influence how they viewed the process of engaging in traditional healing as a treatment modality.

### **3.3.2 Research instrument**

A semi-structured interview schedule that included open-ended questions was utilized. The interviews were conducted using a communication method called Zoom. The questions enclosed in the interview schedule were developed with the aim of meeting the objectives that facilitate at answering questions of the research study.

The structure of the interview questions within the schedule were organized for the convenience of getting more and in-depth information from the participants. The interview schedule included twenty-one questions in total. There were four general questions, two which were probing questions. The structured questions had nineteen questions, of which nine were probing questions. The questions were developed in a way that general understanding of mental illness and traditional healing are understood contextually, and therefore progressively delve into personal

and individual perceptions about the phenomenon. The interview schedule is attached as appendix A.

### **3.3.3 Data collection**

Data was collected using qualitative research, which emphasizes that in-depth and meaningful responses be obtained when using interviews as a method of collecting data (Merriam, 2009). Interviews are defined as a process of engagement by means of conversation concerning the questions relating to the study, that takes place between the researcher and the participant (DeMarrais & Lapan, 2004). Interviews were used to explore participants' perceptions, which cannot be seen or achieved when using other methods such as surveys and observations. The use of interviews was further motivated by its capacity to understand a person's perspective of the world through conversation and probing, which can factor into exploring feelings, intention, and behaviour.

The study used open-ended semi-structured interviews to collect data. Semi-structured interviews use both closed and open-ended questions relating to the topic of the study (Kleinman, 1980). Semi-structured interviews were useful for this study as they were specific in the data responses required from participants, the questions were flexible and there was no predetermination of words or progression (Merriam, 2009). The use of semi-structured interviews allowed for rich detailed descriptions of the participants lived experiences and how these reflect in terms of their psychological meaning (Grossoehme, 2014). They were also useful in giving the researcher an opportunity to solicit in depth, the experiences, beliefs, and perceptions participants had regarding traditional healing as a treatment method in obtaining mental health (DeMarrais & Lapan, 2004).

During the data collection phase, the unfortunate occurrence of the covid-19 pandemic breakout in the country meant that the researcher had to discontinue face-to-face interviews as restrictions of social distancing were implemented. The researcher was thus unable to conduct face-to-face interviews as a measure to ensure the safety of participants and compliance with the regulations. Alternatively, a virtual method to communicate using Zoom substituted for face-to-face interviewing. Zoom is a cloud-based platform that allows for video conferencing, meetings, live chat, and interviews to take place virtually (Barron, 2020). It is recognized as one of the growing

platforms for virtually connecting with people in instances where people are unable to physically meet, such as the times of the coronavirus (Covid-19) pandemic. The use of Zoom was efficient for this study as it had properties such as a microphone, speaker, and camera to allow for a functional interview to take place (Barron, 2020).

An interview schedule was used as a data collection instrument (see appendix A). An interview schedule includes written predetermined questions that guide and facilitate the interview and participants engaging in the study (Greeff, 2011). The interview schedule was emailed to all participants prior to the scheduled date to give participants the freedom to read through questions. This was also an opportunity for participants to point out any concerns they could have had regarding the questions enclosed. Semi structured interviews allowed participants to express their diverse views and enabled the researcher to follow through and respond to ideas emerging from the interviews.

#### **3.3.4 Procedure**

Students were approached around campus and were asked if they would like to participate in the study by scheduling a convenient time for the researcher to conduct an interview. Students were given a brief overview of the study, so that they had an idea about the study, including the objectives and consensual aspects of the study. They were also provided with an advert stipulating the title and objectives of the study as well as the researcher's contact details. Other participants were referred by other students as restrictions for face-to-face contact was limited during the covid-19 pandemic. Appointments were scheduled telephonically, and consent forms were emailed. The link to the scheduled zoom meeting were also emailed upon return of the consent form. Upon the scheduled date of the interview, voluntary participation, and freedom to withdraw from the study was reemphasized. At the end of the interview, participants were given the opportunity to ask questions and were then thanked for their participation and contribution to the study.

### 3.4 Data analysis

Data was analysed by adopting thematic analysis method which is used to identify, analyze, and report patterns that emerge from the data collected (Braun & Clarke, 2006). It facilitated with organizing and describing the data obtained in detail. The researcher found thematic analysis appropriate for this study as it gave the opportunity to understand participants from their social context and how they make meaning of their experiences in this regard (Braun & Clarke, 2006).

The first phase required that the researcher be familiar with the data and immerse with the depth of the content. At this stage, the researcher engaged with the data by listening to the interview audios and reading transcribed. Some parts of the interview responses were in isiZulu. These were translated into English and transcribed. No professional was used to translate some of the terms as these were basic everyday terms understood by both the researcher and participants. This was done to actively absorb the essential meaning of the data while noting down points of interest.

The second phase required that the researcher begin to generate and produce initial codes from the data (Braun & Clarke, 2006). Codes were generated using a computer software technique that helped associate all relevant data that was extracted and identified as closely related to the research questions. This process was followed to the point of redundancy, whereby an excerpt was no longer found relevant to the research questions.

Phase three was the process of organizing different codes into possible themes. Several codes were identified to cluster under similar codes. This required that certain codes be grouped into what formed themes that emerged from the data. This required reviewing and examining codes to find a relationship that existed between and among the codes to formulate renowned themes.

In the fourth phase, themes were identified and reviewed. In this phase, themes were reviewed in detail by organizing well packaged excerpts under themes that captured the essence of the study. Many themes were rearranged by expanding and collapsing coded themes into relevant categories. this process required that themes be coherent, therefore a second review to establish

quality themes was done. The phase ended when the data was reviewed, and the tone of the study was established.

The fifth phase involved defining and naming themes. The researcher underwent a crucial process of underlining and selecting compelling extracts that draw towards the purpose of the study. Excerpts were also interpreted to find meaning out of what participants reported.

The final phase engaged the data in providing a compelling argument that answered the research questions. The researcher arranged the themes to build up the argument. It was done by seeking out themes that added to each other to build continuity and logic. (Braun & Clark, 2006).

Reflexivity was taken into consideration when undertaking this study as it may influence the interpretation and outcome of the study (Jelsma & Clow, 2005). A continuous evaluation of the researcher's opinions, beliefs, and behaviour during the study were paramount. Reflexivity was therefore used in this study, for the purpose of reflecting on possible influence the researcher may have on the participants narratives.

### **3.5 Ethical considerations**

The study was conducted under satisfactory standards of ethical practice as it went through the research ethics committee from the college of humanities. Approval to conduct this study is attached as appendix B. The gatekeepers' permission allowing for the study to take place at the university was also granted and is attached as appendix C. This study refrained from causing harm on participants. They were notified about their autonomy and participation under free-will in that they were reminded that they were to withdraw from the study anytime they felt they wanted to or when they perceived harm, whether intentional or unintentional. According to Arifin (2018), it is important that participants are protected from any harm or distress that may prevail from an in-depth interview. Participants were encouraged and made to feel comfortable throughout their participation and any indication of discomfort was observed for it to be addressed in a respectful approach. Prior to commencement of the study and involvement of the participants in the actual interview, a consent form was distributed to all participants outlining the objectives of the study in order to guide participants in deciding if they were willing to

participate. Informed consent is one of the fundamental aspects of ethical research, as it demonstrates willingness to participate in a research study (Cacciattolo, 2015). The consent form entailed detailed content about voluntary participation, and each was given a platform to ask questions regarding this section. The right to terminate at any point of the interview was granted to participants to make them aware of their voluntary rights. The consent form is attached in appendix D.

### **3.5.1 Beneficent**

Beneficent guided the researcher to implement and promote the well-being of participants (Singh & Ivory, 2015). Participants were notified about the aims and the objectives of the study and how their contribution of expert knowledge about their perceptions regarding mental illness and traditional healing would enhance and benefit the study. Ethical decisions were considered to facilitate implementing best interest of the participants. It was therefore important to acknowledge the possibility of conflict occurring between the researcher and the participant. thus, making them of considerable importance during the research study was prioritized.

### **3.5.2 Non-maleficence**

The principle of non-maleficence ensures refers to the researcher taking the responsibility to not cause intentional harm to participants (Singh & Ivory, 2015). The study gave surety to not impose intentional and unintentional harm to participants. It was equally important that the researcher considers potential advantages and disadvantages of conducting the study on participants to ensure a premeditated balance during data collection. This includes divulging information about possible risks that might exist by participating in the study (Singh and Ivory, 2015). Throughout the study, participants were told to express when they felt an occurrence of harm, disrespect or if they experience offensive statements.

### **3.5.3 Trustworthiness**

## **3.6 Chapter summary**

This chapter has given a detailed outline about the methods used to conduct the study. The use of interpretive design guided the selection of participants and the rich data obtained to compile the



study. The selection of participants suggests a competent representation of individuals with a host of characteristics that were unbiased for the objective of the study. The data was collected using open ended interviews and analysed using thematic analysis, a technique proposed by Braun and Clark (2006) to obtain relevant themes. Ethical considerations were central throughout the process of obtaining and analysing data.

## Chapter 4: Findings

### 4.1 Introduction

This chapter presents results gathered from the semi-structured interviews that were analysed and presented following the guidelines of thematic analysis by Braun and Clark (2006). The presentation of results was organized into themes and subthemes, demonstrated by direct excerpts from the participants. Before the presentation of the findings, the biographical information of the participants is provided in Table 4.1 below.

### 4.2 Demographic representation of participants

The following table looks at the socio-demographic representation of participants. The participants of the study are University of KwaZulu Natal students, and they are distributed as follows:

**Table 4.2: demographics of participants**

		<b>Number of participants</b>
<b>Gender</b>	Male	3
	Female	9
<b>Ethnic group</b>	Zulu	10
	Xhosa	1
	Sotho	1
<b>Level of study</b>	2 <sup>nd</sup>	2
	3 <sup>rd</sup>	3
	4 <sup>th</sup>	3
	Postgraduate	4

**Table 4.3: themes and Subthemes**

<b>Theme</b>	<b>Sub-theme</b>
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1. Conceptualisation of mental illness	Mental illness as a biological factor Mental illness as having spiritual connection
2. factors that influence decision making in seeking treatment	Culture and personal beliefs
3. Attitudes towards treatment modalities	
4. Social context and interaction	University norms and structural approaches
5. Limitations of treatment methods in university context	

### 4.3 Presentation of themes

#### 4.3.1 Theme 1: conceptualization of mental illness

##### *4.3.1.1 Mental illness as a biological factor*

Mental illness as a social phenomenon can be perceived differently by individuals within a particular social context. Understanding the construct and the causes of mental illness were perceived from a biological perspective. This is portrayed in the statement from participant 6:

*Mental illness is a condition that people have when they are not mentally stable. They are usually born with it because you find that someone else in the family might have a mental illness or sometimes it starts with them because of their genetics.*

While mental illness may have various predisposing factors, genetic factors were understood as one of its key indicators. Behavioural indicators were also perceived to be significant factors when it comes to conceptualizing mental illness. Participant 4 stated:

*When someone behaves in an odd way, like randomly making sounds inappropriately or someone who doesn't have the ability to think rationally, that is when it is obvious that they have a mental illness. People with a mental illness are identified by their behaviour outside of the norm. It's like when someone walks around naked in front of people. To*

*them, they are not aware at the time that what they are doing is not right. Some people grow up and start showing symptoms of mental illness, even if they were born with the illness, they become worse as they grow.*

Substance use such as cannabis and alcohol were mentioned as a contributing factor associated with the cause of mental illness. Participant 3 stated the following:

*Some people with a mental illness are not born mentally disturbed, but I know of a number of people who became mentally ill because of using substances such as cannabis. This goes to say that someone will become disturbed because of what drugs they are taking. It goes with that their brain could not handle what they are taking when it comes to things such as drugs. Sometimes it's because of an overdose, a person can be unfortunate and just start hallucinating and act crazy. Some don't recover from that you know.*

The observation of behaviour of someone with a mental illness gave perspective of someone living with a mental illness. The student shared their lived experience with someone with a mental illness shedding light to their conceptual meaning of mental illness. Participant 11 added by stating:

*How I understand mental illness is closely related to my uncle who is also mentally disturbed. From what I know he was not always mentally disturbed. My parents say that he was very smart when he was young, but when he started going to college, he started drinking a lot and they suspect he started using drugs. After a year or two he apparently came back from college because he was starting to show abnormal behaviour, not only where he stayed but also at school. Until today, my uncle never recovered from that state. He has conversations with himself, laughs uncontrollably, and consumes alcohol every time he gets the opportunity to do so. And that is like majority of the time. Although the family does not explicitly say what caused his mental illness, I believe it's due to the consumption of drugs and alcohol. Substances don't affect us the same. Others may consume a drug, but they react differently to it. Which is what I believe was the case with my uncle. His mental illness sadly started only when he started using substances.*

#### **4.3.1.2 Mental illness as having spiritual connection**

Mental illness was also associated with spiritual forces. Spiritual forces are distinctive in different cultures and play a significant role on the perception of students' realities. Mental illness as a social phenomenon incorporated spiritual forces demonstrating perceived causes of mental illness that are rooted in students' cultural beliefs and backgrounds. Participant 1 stated:

*... Last reason would be because of traditional and cultural issues. Because sometimes as Zulu people, when we do not do certain rituals that include ancestors, a person can get sick, and it appears as though one is mentally disturbed. When ancestors communicate, they communicate through a living person, which is how they send a message to us, to say that we need to consult and do rituals. When those rituals are done, a person can recover.*

Spiritual possession was identified as being comparable to abnormal behaviour associated with mental illness. Participant 3 stated that:

*I think sometimes having spiritual possessions can make a person appear as though they are mentally ill because they behave abnormally compared to others. Like screaming randomly, talking to yourself and calling on people who have passed away.*

Spiritual possession and mental illness were also identified as having cultural connotations. This statement indicated to the researcher the dualism of beliefs that exists relating to the social understanding of mental illness as a phenomenon.

*Mental illness is a condition that affects the brain. Making the person unable to function normally. Others may believe it to be more than just that though. There are people who might have the same experiences of symptoms as those with a mental illness, like people who might have a calling of becoming a sangoma or prophet. They tend to behave in similar ways. I know that they mostly show the same symptoms as someone who is psychotic because they see and hear spirits and voices. Mental illness is hard to define when there are things that make it not so black or white. On one hand it's as simple as*

*having a mental defection, and on the other; it's as complicated as understanding that it goes beyond anatomy.*

Bewitchment, which is usually believed to exist within the African culture was said to relate to the instigation of mental illness. The researcher interpreted that cultural knowledge plays a significant role in understanding social constructs such as mental illness. The belief that supernatural forces do not operate in isolation with one's existence is reflected by participant 9 who stated:

*Unfortunately, my parents grew up in the rural areas. I have heard many stories about people going crazy, becoming sick, losing children, assets and so forth. Apparently, the cause of all this was because bad luck caused by bewitchment. I also can attest to mental illness being caused by bewitchment because it is not something foreign to me, I know it happens, and I have seen it happening. At the same time, it's hard to tell what the cause of mental illness is for other people who I don't know personally because I wouldn't know how they use to behave or function. Because at the same time, it's easier to know whether an illness is natural or caused by bewitchment if you know the persons history. Unfortunately, I can only say it applies to us black people because as far as I know, black magic exists in our culture as opposed to white people.*

Some students stated that different individuals from different cultures do not share similar views when it comes to the association of spiritual forces and mental illness. The researcher understood that cultural beliefs played a role on how mental illness was conceptualised and understood amongst students.

#### **4.3.2 Theme 2: Factors that influence decision making in seeking treatment**

The theme regarding supernatural forces gave perspective about the cultural beliefs of students' and how seeking effective treatment for mental illness is perceived. This is reflected in the responses below.

#### 4.3.2.1 Culture and personal beliefs

The theme cultural beliefs emerged when students were asked about their perceptions regarding mental illness. Culture as a social phenomenon was seen as one of the factors that influenced their upbringing within the family environment, the social and institutional context.

Participant 7 stated that:

*When you are of a certain culture, it means you belong somewhere. I am of Zulu culture, which means I belong somewhere, and where I belong there are rules and certain processes that need to be followed. Unfortunately, I don't make the rules so up until a certain stage, I am following these rules and processes of my culture. So, my family does operate under cultural standards, and I have never gone astray to those. It's what I have known since I was a child. So even now, when I am faced with issues that I cannot deal with or understand on my own, I always resort to my family for assistance. They play a huge role in my life's decisions, not always though, but most of the time. Because I believe that as elders, they surely have some knowledge to share or guidance to give. I think that is what also makes sense to me, that culture is embedded in family, because that is how things are structured culturally. So, culture plays a very big role. I believe that for people who are in a similar setup as me, and they are affected by mental illness, they probably would resort to the same cultural processes as me. Personally though, culture plays a role in all spheres of my life. Through sickness, marriage... you know, almost everything is informed by my culture.*

Cultural beliefs influenced students' perceptions regarding social activity whereby it is understood that mental illness and treatment can be a cultural matter. Ancestry and mediators such as traditional healers were incorporated in the social phenomenon of mental illness. Participant 10 stated the following:

*Where I come from, there are so many underlying perceptions about how things should be done. Culturally, my family always makes decisions collectively, especially when it comes to matters that are seen as major such as an illness that we are talking about. Usually, it happens when other relatives seem to have exhausted their options of finding helpful*

*solutions for whatever problem they might be facing. My family works as a unit, and I believe that culture is a driving force for that. Even myself, I still hold cultural beliefs that there are things that I cannot decide on my own. There's a lot that has changed in the world, and if I were to depend on what I believe as an individual, I know things might go wrong. For example, if I was to relate the concept of mental illness to the scenario, say maybe it's me or one of my siblings that have a mental illness. I know that I would have to submit to what the family decides in handling the situation because sometimes, the solution is not always straight forward. There are things that need elders in giving guidance. As a Zulu person, I know that mental illness or any other sickness for that matter, is not always about the physical body. It's sometimes a spiritual attack which I, as a "child" cannot deal with alone. So even in my life, whether good or bad things happen, my family incorporates cultural practices to it. Like when I graduated, it didn't just end with a graduation party, we had to do a ceremony to thank the ancestors for guiding me through the years, up until I graduated. Basically, culture has an influence on the major events in my life and it has guided me a lot I must say.*

Ancestral beliefs were significant for the student in addressing mental illness. The student indicated an experience of illness that was treated through mediating with ancestors as a cultural requirement of seeking healing. Participant 12 stated that:

*If there is one thing, I could say has been consistent since I was born it would be my culture. Although many of the times it somehow seems backwards, it definitely gives the blueprint of how I view things today. I have had experiences of illness that I thought was just normal in a sense. But after 6 months of unbearable pain, I had to miss lectures because it was that bad. My grandmother was the one who suggested that we see a traditional healer, because as a Zulu person, when you get sick and there is no probable cause that doctors give to you, it's normal to seek help from traditional healers. Culturally, that is what I know, and I have been experiencing that for many years, even if it's not necessarily affecting me directly. Culture for me paves a very clear and distinct way on how to understand things. With illness for example, there are common standards that being a Zulu person, I should know and understand. That falling ill also has to do with ancestral practices. Had I not been introduced to these cultural practices; I would not have survived*



*many of the misfortunes I have experienced or that my family has experienced. My one-way ticket to finding treatment is always in line with my culture. Not all the time, but most of the time. I guess it depends how serious it is. For a flue, I can go see a doctor. But for the lumps and headaches that I experienced in the past, doctors couldn't help me. I took the traditional route of seeing a traditional healer, and no doubt I was treated. Since then, I have never had those sharp headaches.*

*I think the only reason why I believe in traditional healers is because my immediate family has always been consulting with traditional healers and believed that ancestors were our source of guidance towards harmonious living. I never questioned it because, I for one see the confidence in which they communicate with ancestors. There has never been an alternative way in giving thanks for wealth or even health in my family besides connecting with ancestors through slaughtering. Even when it comes to mental illness, or let's say I start showing symptoms of mental illness, like say If I were to be diagnosed with any mental illness, and I really do fit the criteria and end up being hospitalized. I bet my family will still consult with the ancestors to either seek clarity of what might have been the cause or slaughter an animal to ask them for the restoration of my health.*

The following statement mentioned the importance of consulting with ancestors when there is a new-born child in the family, in order to resist evil spiritual attacks that bring about illness. Participant 1 stated the following:

*I appreciate my culture for its consistency you know. Because one of the things they tend to appreciate is their ancestors, who they believe that those who have passed on have walked on this earth and they have lived with those who are still living in flesh. Therefore, have good intentions to bring about peace where there is spiritual chaos. Ancestors are believed to be good spirits that fight spiritually for the family. This is why that many people, in my family, never shy away from consulting with ancestors. They call upon their ancestors to intervene on the individual experiencing an illness, since they are in the position to fight spiritual attacks that a living being is unable to fight. As I said, in my family, when a child is born, the child is introduced to the ancestors, and they are asked to*

*protect the child from evil spirits. Usually when this is not done, the belief is that the child starts becoming sick because the child was not known by the ancestors, so becomes a victim of evil spirits. So even as an adult, when a person starts getting sick out of the blue, the same applies, because ancestors have a way of communicating with us through things like one becoming ill. Sometimes, although it is not always the case, the symptoms of serious mental illness like hearing voices can possibly be a sign of ancestral presence or be interpreted as a spiritual attack, especially if it is sudden and no known history can support the illness.*

Nevertheless, the student indicated that both cultural and personal beliefs influence the perceptions individuals have regarding mental illness. On the other hand, another student perceived mental illness as an entity outside of cultural beliefs.

Participant 6 stated that:

*I think I would attest to the fact that we are not the same. There are people that would want to go to sit with a therapist and there are those that would prefer consulting with a traditional healer. And whichever one a person decides to go to, it would be because they are willing to go there. And also, it's because that person has trust and believes the process of treatment they going to be offered.*

#### **4.3.3 Theme 3: Attitudes towards treatment modalities**

Attitudes towards treatment modalities are one of the key indicators of health seeking behaviour. Students stated that the beliefs of the causes of mental illness determines the outcome of treatment option. Traditional healers were stated as first

Participant 7 stated that:

*I think it can be. I mean at the end of the day it is an individual's choice to make whether they want to go the traditional route or the psychotherapy route. I guess another factor would be the extent in which they understand their symptoms. An illness that was sudden, mysterious, and unexplainable is likely that a traditional healer will be consulted because they are able to see things beyond the physical, which means that they are able to see how*

*an illness came about and why. Traditional healers can easily spot the causes of illness and can tell whether it's natural or not. They are very effective from what I know.*

Participant 2 also stated the following:

*For me, going to a general doctor is more convenient because it's easily accessible and does not require much. You just go there, and you are prescribed medication for whatever illness you there for. I think for people with a mental illness though is different. There's a lot of fears when it comes to being diagnosed with a mental illness, even if the person or the people around the person who is ill, can see that they are mentally ill. The fear is that they will be labelled and will have to be admitted in hospital for a long time before they are discharged. Therefore, going to see a traditional healer is simpler for them in the sense that they will be given medication and a time frame on when to come back. From what I have seen, people are not generally against medical treatment. They just have a fear of either being diagnosed and have a label attached to them. Or they fear being misdiagnosed when the illness is not in fact a mental illness.*

Participant 8 shared that:

*The main issue when it comes to choosing which route to take when you are ill lies on what one believes will treat their illness. Mental illness has now become a complicated illness compared to the usual illnesses. I think there are certain illnesses that us as black people would go to medical doctors for, and there are other illnesses that I think we would go to traditional healers for. What would govern my decision is the type of illness because I think there is a lack of trust with doctors when comes to illnesses that we as black people know is not just a medical issue. I think that it's not that I wouldn't want to go see a doctor if I face a certain illness, it's just that I would not trust them in treating a particular illness that I know is not a medical issue.*

Medical treatment was indicated as being useful and easy to access compared to seeking treatment from traditional healers. Participant 3 stated:

*The extent in which medical treatment is effective is highly subjective. I personally don't like prolonging seeking treatment for an illness, and I think that is what always makes me want to seek treatment at a clinic for example. Unlike traditional healing, doctors examine you, find the problem and give you treatment for whatever they found that was wrong with you. Traditional healers can be accurate, but my issue with them is that you end up having to hear things about your forefathers which is not what you came there for. Eventually you find yourself having to buy goats and sheep ... which is just a bit dramatic for me. I refrain from such processes because I just feel like if there is a better and helpful way of treating which ever illness one is faced with, then why not rather take that option. I believe in traditional practices, but I am very selective on when I consult with traditional healers. When it comes to mental illness, I would rather go for psychotherapy or psychiatry because it's more scientific and has proved to be effective.*

Another student stated that the implication of personal beliefs acquired from social interaction has an influence on the perception of mental illness. Personal beliefs rather than cultural beliefs. This is shown in participants 4 statement:

*You know for me, even though it makes sense that our culture incorporates certain beliefs about mental illness or what treatments are helpful when it comes to illness in general, but for me personally, taking the cultural route, which is going to see a traditional healer; that is an alternative option for me. But only if doctors are unsuccessful with an illness. I mean we have come a long way as a country and even as people in the world. Advanced technology has proven very successful and useful nowadays. Even medication or anything for that matter. There is no way I can say that I would go see a traditional healer whereas I know that there is medication or treatment that can be effective in helping me quicker. Traditional healers have their own people who are strongly for their methods of treating an illness, but personally, I think traditional healers are the last option for me. There can be many other options I can choose or even that are available to be used to deal with the same illnesses that traditional healers deal with but it all boils down to what the person believes in; what they believe is the cause of illness or what they believe is the best option that could help them with that situation they are in.*

Participant 11 stated the following:

*If I had to choose myself, I would say that going for psychiatric intervention would be the best option. Many black people don't believe in therapy or being on medication for the rest of their lives. They always seem to make excuses of mental illness being a cultural illness. But sometimes it is not. We are not immune to mental illness just because we are black. I don't disagree with the fact that there are people who have those illnesses that are related to spiritual forces, but sometimes I think people hide behind culture to escape from the label of being called mentally ill. Even though I am a Zulu. I still believe in traditional practices, but something's need to be addressed accordingly so that help is given where needed. I follow my culture when it is needed. I make my own choices when it comes to where I want to go when it comes to illness because at the end of the day, I am the one who has to deal with the consequences. Personally, I believe in both cultural practices and modern ways of seeking treatment. However, other instances don't need to go as far as "pathologising" them as western models do or defying and concealing illness because of denial or fear of stigma, like how my culture would usually do with certain illnesses like mental illness.*

#### **4.3.4 Theme 4: Social context and interaction**

##### **4.3.4.1 University norms and structural approaches**

The social environment the students participate in, is the university context which operates under the parameters of a western driven culture. Taking into consideration the structural approaches particularly in treatment facilities available such as psychotherapy. Participant 11 stated:

*I think when I am here at school, I attach to the norms and standards that are set here. But when I am home, I follow the norms at home. So, if the university offers immediate help in a form of therapy rather than other forms of treatment methods that I would prefer, then I will go there, not because it is what I would have wanted for myself, but because it is what is available to me at the time.*

In agreement with the previous student, Participant 9 stated the following:

*This university does not give much support with traditional healing. So, they can never be equal in that sense. It focuses more on the therapeutic methods of treating mental illness. So, if a black person goes in trance for example, they will be assessed and treated with pharmaceutical medication first until that person speaks out that what they are going through is culturally related. It's not on the same scale. If a similar thing had to happen while the person is at home, I am assuming that the first response would be different.*

Cultural paradigms relating to African and western approaches have implicated on the structures put in place by the university in how treatment services are allocated. Students noted that the inequality of available services provided by traditional healers and therapists create a limitation for students to make decisions for seeking treatment based on their preference. Participant 10 stated the following:

*It is unusual to see students' campaign for mental health and recommending traditional healing. I would say that it's because as a school, they do not entirely follow this kind of treatment model. Even the majority of our academic textbooks follow a western paradigm. So, it makes more sense for the people who are involved in these campaigns to rather support a more western approach when it comes to suggesting treatment for mental illness. The two being equal is limited by the amount of support and attention each treatment model is given. Maybe if more people advocated for traditional healing being in the forefront, it would be a path towards the direction of making them equally recognized.*

The support structures offered within the university in addressing mental health issues as well as traditional healers were seen to be insignificant, however, family environment was noted to be useful. Participant 6 indicated the following:

*Many of us as students are at a stage in life where we make our own choices when it comes to getting the help that we need. There are a very few that I know that use the school's mental health clinic because they would rather get support from friends or their*

*family, who will understand them. Someone who was a friend of a friend, was diagnosed with depression. I am certain that they might have benefitted from the services provided at school. But because nobody really paid much attention and everyone was busy with their own things, she did not get the support she might have needed. But at home, the support is much greater because family can easily pick up mood changes and are instantly willing to give their support. (Participant 6)*

Similarly, participant 5 reported that:

*The behaviour of people I see when they are in their community and the behaviours I see when some people are at school are quite different. Mainly because here at school, nobody really knows who one is and nobody takes much notice of others. If someone who suffers from depression is at school, they are most likely to feel unbothered because that is what they want. To be socially withdrawn, unlike when they are home, they are surrounded by family, and if coming from an African family, you would understand that nobody lives in isolation or is given a space to socially withdraw. The rules are not the same in these spaces. Different settings can influence a person's mental state because of the norms each place holds.*

Participant 8 stated the following:

*Being at this university alone is very limiting for one to embrace cultural or African traditional ways, let alone when it comes to mental health. For people of our race or ethnic group.*

The limitation of obtaining traditional healing within the university setting is perpetuated by the lack of black African people's ability to be firm in expressing their needs in a space where western culture is dominating. Participant 12 indicated that:

*There are many staff workers who advocate for African culture and tradition in this university, and there has been a great deal of students who strive for putting it out there. To some level, I just*

*think we as African black people, we tend to easily surrender to intimidation brought by domination of culture in school. The only thing that limits traditional healing is being put in the forefront is us.*

#### **4.3.5 Theme 5: Limitations of treatment methods in university context**

The lack of equal attention given to traditional healers in comparison to therapists was associated with the limitations of access and normalising traditional healers within the university. Participant 2 stated:

*Even so, I think from the outlook of things, culture bound illnesses are not normalized here. Because this university does not promote or endorse traditional healing as they do with psychotherapy. The only time African traditions are embraced is Heritage Day.*

In agreement with the statement above, participant 1 stated:

*There has been a lot of efforts when it comes to promoting mental health at the university, I won't lie. But they are also quite selective when it comes to what they put out there. I don't know whether it is because those that are involved or believe in the traditional paradigm, are reluctant to put themselves out there and be like "hey, we are also available for you", or is it because they are neglected from things such as cultural campaigns. All in all, traditional healing is limited for it to flourish in this university.*

The limitation was pointed towards the lack of equal appointment of university staff working towards providing treatment of mental health. Therapists were identified as being in the forefront in providing treatment of mental health within the university compared to traditional healers. Particularly in addressing mental health issues experienced by Black ethnic groups. Participant 3 stated:

*I think the setting itself is limiting. If traditional healers were hired at this university to deal with mental illness just as much as they hire therapists, maybe a lot of people. Black people in fact, would consult. And maybe many of us would have fewer burdening issues that sometimes play a role in mental issues like depression.*



#### **4.4 Chapter summary**

This chapter presented the findings and discussion. The findings were discussed and supported by current literature related to the themes presented. The themes that were discussed and supported by literature were contextualization of mental illness, subjected under biological factors and supernatural entities. Secondly, a discussion of the findings relating to factors influencing decision making process towards seeking treatment was presented. Lastly the factors that serve as limitations for traditional healing to be encouraged in the mental health system were discussed.

## **Chapter 5: Discussion of findings**

### **5.1 Introduction**

This chapter presents a discussion based on the findings that highlight the students' perceptions about their subjective worldview on mental illness and treatment that is obtained through traditional healing. In exploring the perceptions, the ecological systems theory was adopted as a structure aiding to interpret and find meaning in responses provided by the students. Furthermore, the theory of reasoned action as a conceptual framework facilitated with understanding the premise of the students' perceptions that are influenced by attitudes, beliefs, social norms, and their behaviours in a given context.

The findings show that students' perceptions regarding mental illness and treatment modalities were strongly influenced by factors that are found in the microsystem, the mesosystem, exosystem and the macrosystem (Bronfenbrenner, 1979). This can be attributed to three things; firstly, family plays a role in instilling beliefs, culture, and traditional practices that one uses as resources when they step into the outside world. Second, the interaction and socialization of students work as a tool to learn other people's realities, perceptions and beliefs that will either support or disconfirm their own. This interaction opens a gap of opportunity for students to alter their own beliefs or realities or continue to maintain their own beliefs. Thirdly, there are structural barriers that limit direct access for students to contribute to any decision-making process made at a macro-level. For instance, students are unable to influence institutional policy structures that exist in the macro environment such as the university but are however affected by the implementation of them (Newman & Newman, 2020). This is reflected in their reports of minimal promotion and campaigns that relate to traditional healing for achieving good mental health as currently seen at the university. It can be concluded that majority of students are consciously aware of their cultural background and the normalized treatment methods that come with it. However, they expressed being challenged by the systems that dominate on African tradition under the supremacy of western approaches.

## 5.2 Perceived understanding of mental illness

Many research studies state that to understand the function of a concept within a social context, an understanding of how people define and understand the construct is imperative (Poortagh, Raiesifar, Bozorgzad, Golzari, Parvizy & Rafii; 2015; Botes, 2002). This theme emerged because majority of the responses reflected mental illness to be understood as a socially constructed phenomenon under which cultural beliefs and value systems are rooted. This included both the influence of African and western ideologies. The perceptions of mental illness further indicated that its functions are understood differently pertaining to one's environment. People who followed a traditional stance or absorbed traditional beliefs closely related mental illness with spiritual attacks or ancestry. On the other hand, other responses perceived mental illness to be associated with biological factors. These perceptions demonstrated a Western perspective of understanding mental illness which suggest causation and treatment can be obtained through a biomedical approach. Consequently, this is consistent with the exosystem under the Ecological systems theory that speculated that mental illness can be understood as a socially constructed phenomenon.

Prominent to this study was the depth of meaning structured by the ecological system of individuals to establish perceived beliefs about traditional healing as a treatment modality for mental illness. Within the structures of the Bronfenbrenner's ecological systems theory, the microsystem is known as the system that includes a person's closest surroundings such as school, family, and religious affiliations (Harkonen, 2007). Furthermore, the precision of the theory's definition focused on the belief systems surrounding the developing person (Bronfenbrenner, 1979). The definitions of mental illness that emerged aligned closely to the persons belief system. This was indicated in the narratives that alluded to the persons upbringing within a family environment where it is believed that spiritual forces are a source of healing and alienation of spirituality can instigate illness.

When the developing person is associated with family members that perform religious and cultural practices, it is likely that they acquire a strong belief about the effectiveness of these practices. It was mentioned that the practice of rituals such as *imbheleko*, where a newborn child is introduced to the ancestors to be protected from spiritual attacks is one of the first rituals done

by families who believe in spirits and ancestors. The belief was that failure to practice these rituals would bring illness to the child and misfortune to the family. Such family beliefs filters into a person's belief system from an early age, thus grow up embracing perceptions around their understanding of the phenomenon of mental illness and traditional healing. Similarly, it was also indicated that the mental illness phenomenon is rooted in spiritual attacks or a spiritual calling that consequently manifest as symptoms of a mental illness such as schizophrenia.

The medical treatment of mental illness brought about another perspective and the depth of their perceptions was also found to be closely related to the belief systems they developed through affiliating with the academic institution (UKZN). According to Harkonen (2007), the school environment also forms the microsystem as it focuses on the active participation of the developing person. For instance, lessons carried in a classroom may focus a lot on scientific studies, and the approaches used to validate any study requires a scientific measure to be regarded as empirical. This also reflected the source of some of their beliefs that leaned towards a westernized approach when conceptualizing and understanding mental illness. Such approaches unfolded when participants responded to how they conceptualized mental illness. on the contrary, it was also gathered that taking a medical stance in isolation of other approaches was perceived to be the cause of alienation for an African cultural approach needed to understand and treat mental illness amongst the majority of Black African UKZN students.

Traditional healing was common amongst individuals who had a close relationship with family members who also believed in traditional healing. In turn, this had an influence on their perceived meaning of the causes and treatment methods of mental illness. According to Cornah (2006) there is a growing exploration of spirituality when it comes to mental wellbeing and recovery of mental illness. The beliefs about the causes and treatment of mental illness are not always followed or accepted blindly. This is better explained by the theory of reasoned action, which emphasizes that the intention of a person is what drives them to their behaviour (Ajzen & Fishbein, 2005). When looking at an individual in a family context, where the developing person is experiencing an illness, family members will resort to treatment models they strongly believe will restore health. Whether the cause is believed to be biological or spiritual, intention to heal determines how behaviours may be followed through. It therefore imposes an important element that mental

illness is not just a construct. It is a socially standardized phenomenon that is embedded in belief systems that are indicated by various factors that in turn influence the conceptualisation of mental illness.

### **5.2.1 Mental illness as a biological factor**

The perceptions regarding mental illness in relation to biological factors was one of the themes that emerged. Mental illness was perceived as an illness that one is born with, acquires or develops during their life span. This is consistent with the studies reflected in the literature consistent with the medical model. The medical model emphasised that mental illness is a psychological, genetic, or chemical disturbance that can be treated somatically (Aneshensel & Phelan, 1999). This view originated in the Western and European countries which had ultimately influenced social science research and teaching in African universities (Kaya & Seleti, 2013). It is therefore not surprising to find responses aligning to a Western perspective, as UKZN is an academic institution that predominantly follows a western and scientific approaches. The ecological systems theory made mention of this under the mesosystem, where such processes of social associations and interrelations are found to have an influence on an individual's perceived beliefs of the world (Bronfenbrenner, 1979). The medical model is one of the popularly known approaches adopted under the Western perspective that is used to understand the causes and treatment methods of mental illness in South Africa (Paquette & Ryan, 2001). Therefore, perceptions of mental illness pertaining to the ideologies of the medical model are adopted because of their advantage of being able to produce empirical scientific evidence on research studies.

The responses further indicated that some of the attitudes towards perceived beliefs about the medical perspective related to mental illness were positive. A positive attitude towards a biomedical perspective is thus understood because of the affiliation with a social context where western approaches are constantly taught and approved. This is consistent with the theory of reasoned action stating that human behaviour is guided by social attitudes (Ajzen & Fishbein,

2005). Such an affiliation with an academic institution thus made it likely to adopt the western ideologies and cultural norms of the environment. Furthermore, Ajzen and Fishbein (2005) refer to the importance of taking consideration of the factors that influence one's decision to take part in a behaviour. In this regard, the positive attitude towards the western perspective was influenced by the attitudes and normalised practice of western ideologies held by the institution. By doing so, those participating in the institution partake in the behaviours as a way of adhering to the accepted norms and standards of western perspectives offered at the university. Hence, the perceptions of mental illness being understood as scientific and empirical in nature, currently in favour of the curriculum. Therefore, the perceived beliefs that mental illness exists under biological terms and made sense when explained exclusively under the biomedical perspective was thus anticipated

### **5.2.2 Mental illness as a result of spiritual connections**

Spiritual forces were one of the factors perceived to be the cause of mental illness. Compounded with the understanding and further maintaining the perception about mental illness as having a spiritual element was the influence of black African culture (Sorsdahl, et al., 2009). Spiritual forces such as ancestors and bewitchment reflected that mental illness can be confused with a spiritual calling, or a transmission of evil spirits towards an individual. The behavioural cues of people who are bewitched are similar to those who may be identified as having a mental illness such as delusions or hallucinations. In relation to the above, Tseng (2001) talked about the "Patho- reactive" effects, a Latin term used to describe that culture has an influence in peoples' perceptions and reactions.

The expression of there being an overlap in understanding the premise of symptoms that may be interpreted as mental illness as opposed to spiritual possession unveiled. This is consistent with Bufford (1999) findings, stating that not all mental disorders are related to evolutionary concepts whereby impairment of fertility or hurtling of mortality threatens survival. Rather, it is explained by other simulations such as the social model and the African perspectives of mental illness. Therefore, the perspective of other causal factors such as those mentioned by Njenga (2007) allows the speculation of other factors that determine the formation of people's perceptions about mental illness. This includes historical context, cultural influence and to a certain extent, one's

level of education. It is therefore for this reason that no one model is reflected in responses relating to perceptions of mental illness, as some responses alluded to supernatural forces and bewitchment not otherwise seen in contemporary definitions of mental illness, such as the medical model. The perceived meaning and understanding of mental illness further indicated the influence of both the academic background found within the social context of an academic institution, and indigenous knowledge obtained from close relational structures such as family and culture. The ecological systems theory alludes to this interrelation under the microsystems, whereby African indigenous knowledge is transmitted to African people through these relational structures.

Traditional and cultural knowledge can be obtained during the interrelation processes that take place in the exosystem of the ecological system. The exosystem looks at the interaction between the microsystem settings whereby the individual's presence or participation is omitted from the direct processes of the system but effects their experiences (Paquette & Ryan, 2001; Harkonen, 2007). From an African traditional perspective, cultural knowledge is not always documented for individuals of the generation to consume but is rather passed down through words and teachings from one generation to the next. According to Kaya and Seleti (2013), the wealth of indigenous knowledge relies on agricultural systems, indigenous games and folk storytelling that exist amongst elders known to be knowledge holders. Therefore, individuals who grew up in communities or families that believed in the probable instigation of mental illness from bewitchment or spiritual calling grew and developed perceptions about the phenomenon in this regard. Furthermore, although they actively participate in these contexts, they are unable to be part of the decision-making process of whether such revelations are true, as their elders were the ones who existed and lived to experience these practices. This was a traditional practice that has maintained indigenous African knowledge. Nkondo (2012) indicated that the views that western countries have about African indigenous knowledge is that it is a mere repetition of practices that lack theory to explain them. He further stated that such views reflect western cultural and intellectual ignorance. therefore, being raised in a family environment that followed cultural practices and beliefs, inevitably filters the reality that spiritual and supernatural forces exist and form part of African ideologies.

### **5.3 Cultural implications that influence perceptions related to seeking treatment for mental illness**

Culture is one of the determinants that shape health seeking behaviour for mental illness. It is a common set of beliefs, norms and values that are learned and shared within a group of people; and has influenced how people perceive and attach meaning to their illness. (U.S Department of Health and Human Services, 2001). Perceptions on treatment seeking behaviours were associated with beliefs that either emanate from a western or African cultural perspective (Subudhi, 2014). The influence of African culture presented traditional practices such as consultation with traditional healers, the use of traditional medicine and prayer as methods of acquiring mental health. On the other hand, western culture was associated with the perceived beliefs that pharmaceutical medicine, psychiatric and psychological intervention were effective. The direct and indirect experience of a mental illness was also an additional motivation for participating in these treatment behaviours.

#### **5.3.1 The influence of African culture**

Culture was identified as a key factor in shaping beliefs, perceptions, and treatment for mental illness (Eley, Namely, Mckenna, Johnson, & Guest, 2019). Interestingly, it was depicted that the influence of African tradition and culture play an important role in lives of individuals whose nature of upbringing is closely related to its African traditional beliefs as it fortified perceptions that reflected cultural norms. The cultural traditions that were discussed in relation to connecting with supernatural and higher power was a practice introduced and acquainted from birth. Traditional healers were discussed as an important part of culture, as the belief about their ability to use traditional medicine and mediate between the living and the spirits, bring about well-being and guidance to heal an illness. Seeking effective treatment and applying the traditional African perspective indicated possession of cultural knowledge. This was in line with a study by Njenga (2007) who emphasized the concept of cultural syndromes, suggesting that illnesses may not always manifest the same way on people from different cultures. Therefore, they seek treatment where they can rely for culture sensitivity and mutual understanding of symptoms. Traditional healers and ancestors were consulted as part of a cultural ritual that symbolized a rite of passage throughout the lifespan (Mokgobi, 2016). This was described as an important process believed to



be necessary to ensure success, well-being, and luck upon one's life. These cultural beliefs were discussed as being meaningful and indicated the foundation of perceived beliefs regarding mental illness and effective treatment associated with culture. The theory of reasoned action also accounts to this by pointing out that an individual who forms part of a social group, maintains its norms and values (Ajzen & Fishbein, 2005).

Culture also has its own dynamics when people from different backgrounds, and ethnic groups are combined to interact in one environment (Eley et. al, 2019). To some extent, one culture may be viewed as more dominant than the other, while another is viewed inferior. In this regard, culture, in relation to context, plays a huge role on the influence of treatment methods available for services. At the levels of the ecological system, the macrosystem reveals that all structures situated on the most outer layer of the ecosystem, individuals are limited to partake in making decisions about its functions and processes (Harkonen, 2007). Therefore, the socialization of students in a context such as the university, which is an institution that is predominately westernized in its educational system also follows western treatment models. The participants further discussed that they have experienced that pharmacological medicine takes precedence for treating illnesses, while cultural methods of healing are compromised, even if conveyed as a culture bound illnesses.

Supportive systems came up to be a determinant factor for seeking treatment for mental illness. From an African perspective, support can be accessible from various groups such as family, close friends, and neighbours, as the notion of collectivism forms part of the African culture (Eaton & Louw, 2000). In instances where an individual from an African culture who believes in traditional healing manifests with symptoms of mental illness, family members usually come together as a collective to help seek treatment. This is consistent with the findings from Eaton and Louw (2000), indicating that African cultures have an interdependent feature in their social relations, and see themselves as being part of others. Being preview to the importance of African culture further encouraged treatment facilities to appreciate ethno-cultural differences and ensure cultural competence of practitioners when treating patients. People of Black African societies that gravitated more to their cultural practice were less likely to be influenced by treatment proceedings formed under the western perspective. Although these western treatment options

were not unheeded, they continued to withhold the core beliefs of their African and cultural practice by resorting to traditional healing. This is supported by Subudhi (2014), stating that every society has its own culture that sets the norms and standards of how people perceive treatment procedures for illnesses. Furthermore, this view is consistent with the theory of reasoned action indicating that an individual's behaviour is reliant on the intention they have for the end goal (Ajzen & Fishbein, 2005). For instance, where mental illness was perceived to be caused by ancestral doings, the intention would be to find out the message through consultation with a traditional healer known to mediate between living person and the spirit. This is supported by findings from a study by Young, Griffith and Williams (2003) which indicated that Africans believed that misalignment with the spiritual forces could be the trigger of a mental illness.

### **5.3.2 The influence of Western culture in South African health care systems**

Mental illness cannot be separated from culture, as culture has an influence on how people perceive the mental illness (Subudhi, 2014). Some believed that mental illness is caused by biological dysfunctions that result to abnormal behaviour. Their explanations were closely related to the scientific perspective echoed by the medical model, where no other explanation qualifies beyond biological animosities (Deacon & McKay, 2015). Treatment interventions that are in line with the western perspective such as psychotherapy, psychiatry and pharmaceuticals originated from European countries and have been applied into south african mental health systems to treat mental illness. For example, Psychological approaches used to alleviate mental illnesses caused by social stressors, maintain that resilience is an individual trait (Gopalkrishnan, 2018). This tends to overlook the consideration that Black African culture relies on interdependance, and resilience entrenched within the ecological system. This is consistant with Bronfenbrenner (1979) assertion that an individual is influenced, directly and indirectly, by the different environments that one participates in. The general view about the mental health care system was that it does offer effective treatment interventions, although others maintained that practitioners tended to lack cultural competence. However, others preferred mainstream interventions, as they offered services that were in line with their percieved beliefs about mental illness.

Bearing in mind that the students are part of a university that adopts westernised perspectives, it was not surprising that some individuals preferred mainstream interventions when seeking health

care services for mental illness. The university forms a culture on its own that believes in empirical research through scientific knowledge. The affiliation and interaction with this social context shapes how they perceive the reality of mental illness and treatment options (Subudhi, 2014). This is consistent with this study's conceptual framework of the theory of reasoned action. It explains that an individual's behaviour and actions will be consistent with what is perceived as desirable from those within the social group they are a part of (Ajzen & Fishbein, 2005).

#### **5.4 Limitations of access to traditional healing treatment methods in the university context**

The importance of understanding people's social interactions has proven to be significant in the current study. Understanding the social environment gave a clear perspective about the influences and development of perceptions regarding the phenomenon of mental illness and traditional healing (Eley, Namely, Mckenna, Johnson, & Guest, 2019). Although there is a traditional healer at the university, only two participants were aware of this service. The perceived idea of limited access to African traditional treatment services within the university context reckoned that the approach and standard norms that are adopted by the university are constricted when it comes to matters of health promotion and treatment models. Universities in South Africa have made considerable efforts in ensuring mental health facilities are available and can be accessed by all students who require psychological intervention. However, while these measures have been placed to ensure good mental health for students, there remains a gap for diverse treatment modalities such as traditional healing methods.

The university was perceived as an institution that follows a westernized approach. This approach maintains western ideologies and are taught to African students which may perpetuate neglect of traditional beliefs (Nyowe, 2010). The affiliation with the university context developed a social identity. Therefore, to remain within the boundaries of the university's educational structures, it is expected that one follows through the rules and regulations of the educational system. The conformity of the mental health structures placed in this context reiterate the principles under the ecological systems theory. It indicated that interactions with a different environment influence on how one functions within that context, and further determines the level of participation (Newman & Newman, 2020). Furthermore, the theory of reasoned action suggested that when attitudes and

beliefs are formed in any structure of norms, identity formation occurs, whereby conformity to norms restricts deviation from practices within a particular social context (Fishbein & Martin, 2008).

The impact of policies related to mental health structures within the university context have a direct effect on the processes of service delivery. This was related to the social context of the university and how it lacks encouragement of traditional healing methods compared to Western and Eurocentric treatment approaches such as psychotherapy and pharmaceuticals. It was expressed that psychotherapy is prioritized over other treatment approaches such as traditional healing. This is also indicated in a study by Ndlovu (2016) who stated that while traditional healing practices have been made official by mental health associations and policy makers, there seems to be a lot of hesitations with the forthcoming of encouraging young people to practice traditional healing. Furthermore, Kaya & Seleti (2013) also mentioned that the Eurocentric view has greatly influenced the methods of teaching and learning in universities that it implicated on people's beliefs that education is synonymous to western formal system.

## **5.5 Conclusion**

This chapter discussed the biological and african perspectives that influenced the perceived meaning of mental illness and treatment modalities. It revealed that environmental context, academic knowledge, and indigenous knowledge were crucial indicators that influence perceived beliefs regarding mental illness and treatment modalities. While there has been a number of studies being done reflecting treatment seeking behaviours, this chapter showed that there is a gap in exploring the extent in which the ecological system of individuals limits or encourages access to treatment. This included environmental contexts such as family, neighbourhood, and the university. African and western perspectives were deliberated and seemed to implicate on belief systems and cultural values that are cemented on perceptions of mental illness as a social phenomenon.

## **CHAPTER 6: CONCLUSION**

### **6.1 Introduction**

The study sought to explore the perceptions of students at University of KwaZulu Natal regarding mental illness and traditional healing as a treatment modality. The aim of the study was to establish the extent to which students perceive the treatment modality offered in traditional healing methods to achieve mental health, as well as to explore different factors that influence their perceptions. The students' perceptions regarding mental health and traditional healing were thus framed under the ecological systems theory. It ought to understand the influence of socialization and interaction with different systems during development. This chapter presents the summary and conclusion from the findings and is supported by relevant literature regarding mental illness and treatment modalities.

The study made mention of the importance of understanding participants contextualization of mental illness to understand how the phenomenon of mental illness was perceived. This study contextualised mental illness under the Eurocentric and Afrocentric approaches that highlighted the different theories that currently exist within the multicultural context of South Africa. Traditional healing is defined as indigenous beliefs, knowledge, skills, practices, and theories used to maintain health and treat illnesses (Petersen et al., 2010; Flisher et al., 2012). The study achieved its objective of understand the students' perceptions regarding the use of traditional healing to achieve mental health. Traditional healers are consulted when mental illness has no biological causation but believed to be a result of an external or supernatural force. Beliefs about consulting with a traditional healer is that they can restore health through mediating with ancestors. The role of traditional healers is imperative for people from Black African cultures and consider them as effective service providers of treating illnesses and prevent spiritual attacks that can subsequently cause illness (Peren, 2007).

The results indicate that majority of students maintain their cultural and traditional perspective when it comes to traditional healing. To a certain extent, the study found that other students adopt a western approach in understanding mental illness and perceive conventional treatment

modalities useful and convenient when treating mental illness. Identifying cultural influences towards seeking treatment was also imperative for the study. Culture is a common factor that influences how students perceive mental illness as aspects of culture draw into beliefs, behaviour, and practices intended to achieve good health (Mkhize & Kometsi, 2008). Continuous exposure to culture bound illnesses such as mental illness either from self or other known individuals is validating for some students to resort to traditional healing (Paquette & Ryan, 2001). The study further shows that others resisted any interaction with traditional healers because of weak proximal interaction they have African traditional practices. In this regard, they develop, learn, and adopt mainstream interventions of treating mental illness.

The study also shows that various environmental factors such as family systems, institutional structures, social factors, and personal experiences influences the development of perceptions regarding mental illness and treatment modalities. The development of these perceptions is based on the different contexts, social systems, and stages of life that people interact with. The family system is considered the first context where learning the culture and traditional practice of the family is introduced (Harkonen, 2007). The family system is reported to be the grounding force that creates the foundation of beliefs and values that facilitated treatment seeking pathways leading to traditional healing methods (Bronfenbrenner, 1979; Ettekal & Mahoney, 2017). The community and neighbourhood also served as an important context for learning through interaction and forming relations outside the family environment. This assists one to gain different perspectives on how others relate and perceive mental illness. The exposure to these contextual factors were found to be influential in structuring and restructuring the perceived beliefs about mental illness and treatment thereof.

The benefits and limitations in seeking traditional healing as a form of treatment for mental illness was also identified in the school context. Academic knowledge offered in the university influenced how students perceived mental illness, particularly on aetiology and treatment methods. The academic institution is maintaining a Eurocentric approach that filters into learning (Kaya & Seleti, 2013). The approach adopted by the school differs from that which they learn from other environmental and social contexts like their home and community, for instance, individualistic and collectivistic perspectives. The Eurocentric perspective is regarded as a

limitation when western approaches are perceived as neglecting indigenous African knowledge in discourse.

## **6.2 Limitations of the study**

This study showed significant findings, however, there were limitations found that relate to generalization and limitation to study sample.

- The current study was conducted on students enrolled at the University of KwaZulu natal, Howard College. Consequently, the findings of this study cannot ascertain similar results will yield when conducted on students from another south African universities. The findings of this study therefore cannot be generalized to all student populations from different universities.
- The study population was limited to students one ethnic group, particularly from a black Zulu ethnic group. Incorporation of students from other ethnic groups may have generated different findings that expand the perceptions other South African students holistically.
- The study adopted a qualitative research approach which requires a small sample of a population. The results therefore cannot be generalized to the general population.

## **6.3 Recommendations**

Current literature regarding mental illness and traditional healing broadly focuses on the role of traditional healers in primary health care settings and the usefulness of its integration with conventional treatment modalities. However, further research should cover other perspectives that highlights the importance of understanding how students perceive traditional healing when amalgamated with mental illness. It is therefore recommended that further studies be done on understanding perceptions, to effectively introduce a system of a traditional approach that speaks to cultural and traditional perspectives of individuals. This will facilitate in building trust between students and the mental health service providers as well as increase treatment seeking behaviours.

Although the university has a traditional healer that provides cultural and traditional interventions, such services are not widely promoted in comparison to psychotherapeutic interventions. An introduction of an altered policy that allows equal involvement for campaigning for traditional healing in relation to mental health is recommended. This will subsequently reduce prolonged interventions to mental illness and promote good mental health for students who prefer such services. This recommendation is likely to facilitate students towards well-adjusted health seeking behaviours and pathways that are transparent and normalized across all health care systems.



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## Appendix A: Interview Schedule

### INTERVIEW SCHEDULE

#### General questions

1. What do you understand about mental illness?  
*Probe: how common is mental illness amongst individuals*
2. What form of treatment do you think people with a mental illness use?  
**Probe:** do you think they are effective  
Probe: does the form of treatment heal the mental illness

#### Semi-Structured questions

3. What role can traditional healing play for people with mental illness?
4. Do you think traditional healing can be recognized as one of the main services being provided for treating illness?
5. **Probe:** If yes, why? If no, why?
6. What do you think are the benefits of using traditional healing as a form of treatment for mental illness?
7. Would you say that traditional healing is appreciated for its contribution to the health care sector?
8. **Probe:** what are your views around its appreciation in the scope of the university and in the public health care sector?
9. What do you think are the limitations of seeking traditional healing as a way of treating illness?
10. **Probe:** within the family setting?
11. **Probe:** within the university context?

12. **Probe:** within the mental health care sector?
13. Do you think psychotherapy and traditional healing are equally effective in addressing mental illness?
14. **Probe:** If psychotherapy is effective, how effective? If traditional healing is effective, how is it effective?
15. Does the level in which the effectiveness of treatment modalities is reliant on the context in which one is in?
16. What are some of the cultural factors that influence decision making for people who seek treatment for mental illness?
17. **Probe:** *Does your culture have any influence in your beliefs about seeking treatment?*
18. What are some of the beliefs around the causes of mental illness?
19. **Probe:** How does this differ from your own beliefs?
20. What do you believe to be the cause of most mental health issues?
21. **Probe:** *how did you develop these beliefs?*

## Appendix B: Approval to Conduct Study



05 December 2019

Ms Nontobeko Rejoice Ngcobo (217079319)  
School Of Applied Human Sc  
Howard College

Dear Ms Ngcobo,

Protocol reference number: HSSREC/00000714/2019

**Project title:** Mental health and traditional healing: An exploration of University of KwaZulu Natal students perceptions of using traditional healing methods to achieve mental health

### Approval Notification – Expedited Application

This letter serves to notify you that your application received on 21 October 2019 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. **PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid for one year from 05 December 2019.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

Yours sincerely,



Professor Urmilla Bob  
University Dean of Research

/dd

Humanities & Social Sciences Research Ethics Committee  
Dr Rosemary Sibanda (Chair)  
UKZN Research Ethics Office Westville Campus, Govan Mbeki Building  
Postal Address: Private Bag X54001, Durban 4000  
Website: <http://research.ukzn.ac.za/Research-Ethics/>

Founding Colleges: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

**INSPIRING GREATNESS**

## Appendix C: Gatekeeper Approval



10 June 2019

Ms Nontobeko Rejoice Ngcobo (SN 217079319)  
 School of Applied Human Science  
 College of Humanities  
 Howard College Campus  
 UKZN  
 Email: [217079319@stu.ukzn.ac.za](mailto:217079319@stu.ukzn.ac.za)

Dear Ms Ngcobo

### RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN) towards your postgraduate studies, provided Ethical clearance has been obtained. We note the title of your research project is:

*"Perceptions of mental health and traditional healing: An exploration of student's perceptions of using traditional healing methods towards mental health."*

It is noted that you will be constituting your sample by conducting interviews with second and fourth year students on the Howard College campus.

Please ensure that the following appears on your notice/questionnaire:

- Ethical clearance number;
- Research title and details of the research, the researcher and the supervisor;
- Consent form is attached to the notice/questionnaire and to be signed by user before he/she fills in questionnaire;
- gatekeepers approval by the Registrar.

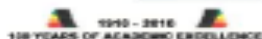
You are not authorized to contact staff and students using 'Microsoft Outlook' address book. Identity numbers and email addresses of individuals are not a matter of public record and are protected according to Section 14 of the South African Constitution, as well as the Protection of Public Information Act. For the release of such information over to yourself for research purposes, the University of KwaZulu-Natal will need express consent from the relevant data subjects. Data collected must be treated with due confidentiality and anonymity.

Yours sincerely

**MR SS MOKOENA**  
**REGISTRAR**

#### Office of the Registrar

Postal Address: Private Bag X054001, Durban, South Africa  
 Telephone: +27 (0) 31 260 8005/2206 Facsimile: +27 (0) 31 260 7824/2204 Email: [registrar@ukzn.ac.za](mailto:registrar@ukzn.ac.za)  
 Website: [www.ukzn.ac.za](http://www.ukzn.ac.za)



Founding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

## Appendix D: Informed Consent and Information Sheet

### Information Sheet and Consent to Participate in Research

Date:

Good day

My name is Nontobeko Ngcobo, a Master of social science (Clinical psychology) student in the university of KwaZulu Natal Howard College campus.

You are being invited to consider participating in a study that involves research Perceptions of mental health and traditional healing: An exploration of student's perceptions of using traditional healing methods towards mental health. The aim and purpose of this research is to explore students' perceptions regarding the use of traditional healing of mental illness. The study is expected to enroll 8 participants from second year to fourth year within the university of Kwa-Zulu Natal Howard college campus. The study will involve the following procedures: meeting with participants at the agreed venue at Howard college campus, questions will asked to participants to answer in an interview which will be recorded. The intended duration of participation if you agree to enroll is expected to be 45 minutes to 1 hour. The study is not funded and is conducted as a requirement for the master of social science degree.

There are no major risks involved in the study. Possible emotional reaction may however occur during the interview as a result own internal thoughts and reflections. The study will provide no direct benefits to participants, however we anticipate that the study will provoke thoughts about the use of traditional healing around the areas of mental illness. If participants experience psychological harm as a result of the study, they will be referred to the psychology clinic within the University of KwaZulu Natal.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number\_\_\_\_\_).

In the event of any problems or concerns/questions you may contact the researcher at [217079319@stu.ukzn.ac.za](mailto:217079319@stu.ukzn.ac.za) or 0843090111 or Mr M Hlengwa research supervisor at [Hlengwam1@ukzn.ac.za](mailto:Hlengwam1@ukzn.ac.za) or 031 2607982. The UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

#### **HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION**

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Participants in the research study is voluntary and participants are free to withdraw from the study at any time they feel the need, without any negative consequences. No costs will be experienced by participants as a result of participation in the study.

Confidentiality will be ensured by protecting the identity of participants by using pseudonyms and all information that gathered will only be used for the purpose of this

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research study. At the end of the study, the recorded data will be saved in an encrypted USB which will be kept for a duration of five years at the school of Applied sciences. Transcripts and recordings will be disposed after a period of five years.

#### \*\*\*\*\*

**CONSENT (Edit as required)**

I (Name) have been informed about the study entitled (provide details) by (provide name of researcher/fieldworker).

I understand the purpose and procedures of the study (add these again if appropriate).

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

I have been informed about any available compensation or medical treatment if injury occurs to me as a result of study-related procedures.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at (provide details).

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

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Tel: 27 31 2604557 - Fax: 27 31 2604609

Email: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

Additional consent, where applicable

I hereby provide consent to:

Audio-record my interview / focus group discussion	YES / NO
Use of my photographs for research purposes	YES / NO

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date