# AN INVESTIGATION OF PERSPECTIVES AND PRACTICES OF AFRICAN TRADITIONAL HEALERS WHEN MANAGING PSYCHOSES

by

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Submitted in partial fulfilment of the requirements for the degree of M.Psych (Clinical) in the Department of Psychology at the University of the Western Cape.

June 2000

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## DECLARATION

The author hereby declares that this whole thesis, unless specifically indicated to the contrary in the text, is her own original work.

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## ACKNOWLEDGEMENTS

Although the author of a mini-thesis is considered to be the person responsible for the study, authorship is actually a combined effort of many people who contribute in many diverse ways. This mini-thesis is no exception and therefore the author wishes to sincerely and whole heartedly acknowledge some of the people who have assisted with its preparation.

Prof Simbayi, my mentor at the University of the Western Cape: His tolerance, encouragement and patience in helping me form this mini-thesis, for his valuable support I am grateful.

Garth Stevens, thank you for your contribution in the formation of this mini-thesis.

The participants of this study, thank you for sharing the deep issues of our heritage and thank you indeed for trusting me with such secrets.

Reneë Klink, thank you for typing this manuscript.

The National Research Foundation thank you for providing me with financial support for this study in the form of a bursary.

Our Grand Creator, Jehova God for giving me the strength to finish this study, especially at times when my spirit was crushed. Psalm 34:18.

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# ABSTRACT

A common practice among many African patients who are admitted into western psychiatric hospitals is that they combine western with traditional methods of treatment. Although such practices are tolerated, they are not officially acknowledged due to mistrust and ignorance of traditional healing methods by western-trained health providers. The aim of this study was to qualitatively investigate perspectives and practices of African traditional healers known as "amagqirha" in managing psychoses. The phenomenological approach was utilized in order to explicate the "amagqirha's" understanding and how they treat the condition. A non-probability snowball sample of four participants who were chosen through their association with psychotic patients undergoing treatment at a local psychiatric hospital were used. In depth interviews were used to collect data. The interviews were conducted in Xhosa and tape recorded. Following transcription and translation, the data were then thematically analyzed in order to explicate meaning units associated with how the participants understood and treated psychoses. Three main themes emerged from the analysis, namely, diagnosis, aetiology and treatment. In terms of diagnosis, the African traditional healers identified symptoms of psychoses which correlate with the DSM-IV criteria for schizophrenia. The criteria included the following: delusions, hallucinations, disorganised speech (i.e., frequent derailment or incoherence), grossly disorganised or catatonic behaviour, negative symptoms e.g. affective flattening, alogia and avolition, and social/occupational dysfunction. With regards to aetiology, supernatural powers such as witchcraft, spirit possession and angered ancestors were blamed as well as genetics. These causes were mostly different from those proposed by western psychology/psychiatry with the exception of the genetic hypothesis which the traditional healers also




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advanced. Regarding treatment of psychoses, cleansing the patient and her/his family of evil spirits through washing, steaming, and induced vomiting was of major importance, followed by a group of traditional healers evocating evil spirits at the patient's home through singing and dancing. In terms of treatment, the results of this study showed some incompatibility between western psychotherapy and traditional healing in that confidentiality was not considered in traditional healing methods and externalization of the problem to evil spirits and witchcraft among others was a major focus point. Implications of the findings for the continued co-existence and co-operation between traditional and western healing systems are discussed.

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# CHAPTER 1

## GENERAL INTRODUCTION

### 1.1 Introduction

This chapter provides the background of the study, the rationale of the study, the statement of the problem, aims of the study, and the significance of the study. At the end of this chapter, the layout of the rest of the mini-thesis will be covered.

### 1.2 Background of the study

As with other disciplines, psychiatry has frequently sought to belittle African ways of interpreting and treating psychoses as irrational and non-scientific (Lewis, 1971). Although traditional and western health systems have operated side-by-side in South Africa since the advent of the Europeans, western healing has enjoyed greater formal (i.e., official) acceptance by successive previous governments because it was seen to be based on scientific and rational knowledge. In contrast, traditional healing has been officially frowned upon and marginalised because it was perceived to be based on mystical and magical religious beliefs (Freeman, 1992; Van Rensburg & Mens, 1982). In almost all aspects of life, the West has set itself up as a standard for the rest of the world. Insofar as western medicine and psychiatry are regarded as being advanced, it follows that traditional African approaches to illness must then be regarded as primitive, retarded and underdeveloped. Such an ethnocentric view has resulted in traditional African healing practices often being labelled as charlatanism, subsequently



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discarded and declared illegal by the colonial powers in many parts of Africa (Sodi, 1987). This involved disregarding the indigenous healing practices which were long in existence before these colonial powers set foot in Africa. Despite such prejudices, it has been suggested that procedures adopted by indigenous healers in the millieu in which they operate are often more effective than so-called scientific procedures (Buhrman, 1986; Cheetman & Griffiths, 1982; Louw & Edwards, 1993).

Some researchers and scholars who have studied and worked with African traditional healers have developed a sympathetic understanding of their methods and acknowledged the healing that they achieve (e.g., Buhrman, 1986; Freeman, 1992). It is believed that as many as 80% of the South African population consult with traditional healers (Bodibe, 1993; Freeman, 1992; Gumede, 1990). Thus, although shunned in official circles, traditional healing appears to be a major component of the health services in South Africa.

## 1.3 Rationale of the study

When the researcher was doing her clinical internship at a local psychiatric hospital, she found that most patients in the acute psychotic ward had contacted a traditional healer and were utilizing both western and traditional treatment. This raised some curiosity about how compatible the two systems were and hence the present study.

Although the question of African traditional ways of healing has been addressed before, there have been few South African studies done on traditional healer's ways of managing psychoses. Mdleleni (1990) explored definitions of some psychiatric illness called "amafufunyana" and subsequent help seeking behaviour among black psychiatric patients. She found that most of the black psychiatric



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patients used the term "amafufunyana" as a substitute for schizophrenia. Mkhize (1998) defined "amafufunyana" as a broad concept used by black South Africans as a wastepaper basket term to designate hallucinations, delusions, outbursts of aggression, hysterical behaviour, disorientation and violent madness. He further noted that schizophrenia with auditory hallucinations has been diagnosed as "amafufunyana" by some traditional healers. Mogale (1999) identified and described the symptomalogy of a psychiatric illness called "moriti wa le tswele" (the shadow of the breast) from the account given by traditional healers and patients. She came to the conclusion that the symptoms of "moriti wa le tswele" are similar to or fit in with Somatoform Pain disorder of the Diagnostic and Statistical Manual of Mental Disorders IV Revised (DSM IV) but has some cultural features which include mental confusion and psychosis. Furthermore, Lund and Swartz (1998) investigated the experiences of 10 Xhosa-speaking schizophrenic patients attending a community psychiatric clinic in Cape Town and concluded that the separation of "amafufunyana" and psychosis is a false dichotomy since patients employ both in a complex web of psychiatric, religious and social constructions. Knowledge of conceptualization of aetiology and treatment of psychoses by African traditional healers will possibly facilitate greater communication which may result in greater integration between western and African approaches to psychoses.

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## 1.4 Statement of the problem

The main research question asked in the present study was: What are the perspectives practices and experiences of African traditional healers when managing psychoses in their patients? In particular, the following sub-questions were asked.



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Firstly how do they understand or conceptualize the phenomenon of psychoses in their patients? Secondly how do they treat the condition.

## 1.5 Aims of the study

The main aim of the present study was to investigate perspectives, practises and experiences of African traditional healers when managing psychoses. In particular, the researcher wanted to find out how the African traditional healers understand or conceptualize psychoses. Finally, the researcher also sought to obtain a detailed account of how the healers treat psychoses.

## 1.6 Significance of the study

Information gained from this study will possibly facilitate better understanding of South African traditional healers's ways of managing psychoses. As Feuerstein (cited in Bodibe, 1993) argues that cultural deprivation is a disabling factor, the undertaking of this research will serve to further recognize and promote the previously suppressed African traditional healing which is culture bound, and will have an affirming impact on indigenous people's suppressed cultural psyche.

## 1.7 Layout of the rest of the mini-thesis

Chapter 2 presents the literature review and the theoretical frame. The literature review contains available literature on traditional healers' perceptions and management of psychoses. The first part



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of the chapter consists of a discussion of indigenous names and concepts of psychoses. The second part looks at conceptualisations and beliefs about causes of psychoses in various cultures. The third part focusses on treatment of psychoses by the traditional healers both in Africa and internationally. The final part of this chapter consists of the theoretical framework which is culture-relativism.

Chapter 3 presents the phenomenological approach which is a philosophy that underpins the culture-relativist approach. The discussion of the phenomenological approach the rationale for choosing this particular approach in the present study and the criticisms of the phenomenological approach.

Chapter 4 presents the methodology of this study which consists of information about the participants and how they were sampled, the research tool of this study which is a qualitative or in-depth interview, the research design, the procedure, data analysis and ethnical considerations.

Chapter 5 presents the results of the content analysis performed on the four interviews. Firstly, the interviews were qualitatively analysed which consists of discriminated meaning units and transformed meaning units. This step is only shown for the first subject, while those for the other three subjects are shown in Appendix B of this mini-thesis. The clinical situated structures and the central themes of the four interviews are then presented, followed by the extended description and finally, the essential description.

Chapter 6 presents the discussion and conclusion which consists of a summary of the main findings, comparison of African treatment methods and other indigenous methods and comparison of African treatment methods of psychoses and the DSM-IV. This chapter also includes generalizability of the findings, limitations of the study and suggestions for future research, finally implications of the study are presented.



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## 1.8 Chapter summary

This chapter has provided the background of the study, the rationale of the study, the statement of the problem, the aims of the study and the significance of the study. It concluded with the layout of the rest of the mini-thesis.

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# CHAPTER 2

## LITERATURE REVIEW

### 2.1 Introduction

This chapter will look at available literature on traditional/indigenous healers' perceptions and management of psychoses. The first part of this chapter consists of a discussion of the western conceptualizations, beliefs and treatment models of psychoses. The second part consists of a discussion of indigenous names and concepts of psychoses. The second part looks at conceptualisations and beliefs about causes of psychoses in various cultures. This part has been sub-divided into South African and international conceptualisations. The third part focusses on treatment and management of psychoses by traditional healers. Similarly this part is also sub-divided in South African and international treatment and management methods. The outcomes of treatment by traditional healers is also incorporated in this chapter. Finally, a theoretical framework is presented.

### 2.2 The western conceptualizations, beliefs and treatment models of psychoses

According to Kaplan and Sadock (1998), the biopsychosocial model of conceptualizing diseases such as psychoses is an integrated systems approach to human behaviour and to disease. This model (biopsychosocial) is derived from general systems theory: the biological systems deals with the anatomical, structural, and molecular substrates of psychoses and the effects on patient's biological



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functioning, the psychological system treats the effects of psychodynamic factors, motivation and personality on the experience of and reaction to psychoses and the social system examines cultural, environmental and familial influences on the expression of psychoses (Kaplan & Sadock, 1998). These authors postulate that each system affects and is affected by all the others. It is important to note that the biopsychosocial model does not treat mental illness as a direct result of people's psychological and socio cultural make-up but, rather, promotes a comprehensive understanding of disease and treatment.

In the main western psychiatry has followed the medical tradition according to which diagnosis and assessment govern the initial phases of the doctor-patient encounter. Psychiatric assessment, according to Kaplan and Sadock (1998), extends beyond the medical one in that it often involves exploration of subtle aspects of patient's personalities, which in turn, requires psychiatrists and psychologists to understand patients in depth. Thus apart from the criteria that usually serve as the basis for formal diagnosis ( e.g., the presence of specific symptoms such as hallucinations or delusions), psychiatrists in the course of assessment must also identify more subtle deviations in cognitive and affective functioning. As regard treatment, the western methods mainly involve psychopharmacology and psychotherapy. The former is aimed at organic basis of the illness while the latter is aimed at dealing with the psychological and socio-cultural issues (Kaplan & Sadock, 1998).

## 2.3 Indigenous names and concepts of psychosis

Ensik and Robertson (1999) argue that much of the existing literature provides little or no assistance



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to western-trained professionals in understanding the way in which indigenous names are used by African traditional healers and African psychiatric patients. This, according to Ensik and Robertson (1996) and Silove (1999), contributes to the belief that only indigenous healers can assist with these problems and that psychiatric services impose on African patients eurocentric values and medical categories which have little benefit (Bodibe, 1993; Gobodo, 1990). Indigenous categories such as "ukuraka" (psychoses), "ukuthwasa" (calling to be a healer) "amafufunyana" (possession by evil spirits) and "ukuphambambana" (madness) are usually portrayed as if they are clearly bounded (Ensik & Robertson, 1999; Swartz, 1996) and super-natural of exotic qualities are over-emphasized (Swartz, 1986). These descriptions obstructs rather than facilitate communication with patients and families and lead to a perception that cross-cultural understanding and assistance is not possible. Recent research suggest that patients, families and traditional healers do not use indigenous names in these fixed and rigid ways, but as explanatory categories (Ensik & Robertson, 1999; Kirk, 1993; Kleinman a or b, 1988; Lund, 1994; Mdleleni, 1990) in which aspects of apparently contradictory explanatory frameworks are combined in many varied ways. Ensik and Robertson (1999) are of the opinion that confirmation of this in the South African context would certainly help to improve communication between western-trained professionals and African traditional healers plus African users of psychiatric services, develop a better understanding of their service needs and provide more appropriate service.

## 2.4 Traditional conceptualizations and beliefs about causes of psychoses in various cultures

### 2.4.1 South Africa

Advances in applying the phenomenological approach in the investigation of indigenous healing have



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been made by Schweitzer (1977), who later emphasized the need for more research into methods and skills of African traditional healers. While focussing on an in-depth ideographic explication of each of the various categories of the Xhosa cosmology, Schweitzer (1977) emphasized the need to pay attention to the actions, thoughts, feelings, memories and dreams of the subject being investigated, as the only guide to an adequate interpretation of the experiences of African traditional healers.

Other researchers followed Schweitzer by applying phenomenological approaches in understanding the work of African traditional healers. One such researcher is Buhrman (1981), who expressed the need to experience and understand the meaning of the methods of the healers, their rituals, ceremonies and symbols. From her intensive study of one traditional healer, she emphasized the need to understand from an experiential point of view rather than trying to understand her/him as an outsider (Buhrman, 1981).

Sodi (1987) investigated the African traditional healer's world view and concluded that the role of a healer can be described as mystical, subjective, intuitive and that it adheres to traditional cosmology in terms of locating the causes or aetiology of an illness and trying to restore equilibrium. Thabede (1991) came to similar conclusions, emphasizing the holistic nature of African traditional healing.

Further advances in the investigations of African traditional healing have been made by Mdleleni (1990) who investigated the notion of "amafufunyana" which is believed to be a disease that causes delirium mania and psychosis. She defined "amafufunyana" as a form of possession by a spirit, which is not deemed to be acting on its own accord, but has been sent by "ukuthakatha" witchcraft. After investigating patients' understandings of "amafufunyana", Mdleleni (1990) emphasized that the notion of "amafufunyana" is very complex to explain in simple terms and that one needs to be well versed in the cultural language of healing in order to understand it.



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Torrey (1986) states that in mental disorders it can be shown that people in various cultures have different beliefs regarding their causes, in so far as the healers of culture share these beliefs or can persuade the people to accept their theories of causation, they will be effective. Torrey (1986) provides an example of a psychiatrist trying to cure a patient who does not believe in Oedipal conflict and an African traditional healer trying to cure a patient who does not believe in spirit possession.

Mabetoa (1992) notes that psychoses can be explained in mystical terms by African traditional healers to fit the belief system of their clientele, as ancestral spirits are not simply a relic of the past but archetypes of the collective unconscious of individuals. According to Mabetoa (1992), these archetypes may be expressed in symbolic form without the individual being aware that s/he is actually under their influence.

Shembe (1986) lends support to the above assertion noting that ancestral spirits are spiritual beings who are invisible members of the society and although they live in the spirit world, they continue to care for those in the immediate world. All faith, hopes and fears are centred on them. According to Shembe, ancestors can reveal their identity by particular symptoms (the most being spirit possession whether this lead to health as in the divining process or to ill health as in amafufunyana). It is important therefore to maintain good relations with the ancestors for they are believed to have power to withdraw their protection, which leaves the individual vulnerable and this can possibly lead to mental illness or misfortune.

Ngubane (1980) suggests that "amafufunyana" represents an extreme form of depression with psychotic features, which can be coupled with hysteria and suicidal tendencies. She noted that psychosocial stress leads to psychoses and reactive depression, which are then expressed in the form of spirit possession. In her research on women and psychoses in Africa, Ngubane (1977) argued that



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the fact that women are naturally marginal as compared to men might be a consequence of women's greater vulnerability during pregnancy, death and other periods. Women are also believed to use spirit possession for secondary gains (Lewis, 1971). This is based on the assumed evidence that women have fewer coping alternatives than men who are portrayed as enjoying what O'Connell (1980) calls "sanctioned freedom".

Manganyi (1981) has proposed that the impact of industrialization is reflected in the ways used by Africans to cope with social stressors. He concluded that with increasing modernization and industrialization, the Africans would ultimately lose their cultural mechanism used in the traditional societies and in the process become more vulnerable to psychosocial stressors (Manganyi, 1981).

### 2.4.2 Other countries

In a study conducted in Malaysia by Razali, Khan and Hasanah (1994) to investigate the concept of aetiology of psychoses among traditional healers, they found that 70% of the Malay Bomohs (Malaysian traditional healers) attributed their patient's illness to supernatural agents. According to Wong (1996), witchcraft and possession by evil spirits were regarded as common causes of illness. This author further noted that witchcraft is often believed by Bomohs to involve the casting of a spell on food, drink or other objects which the victim would be in close contact. Kua (1992) notes that people who wish to do the former often employ a sorcerer to do it for them.

Similar findings were obtained by Musara, Maramba and Fuyane (1995) who noted that mental illness is caused by spirits of which in Zimbabwe the commonest ones that are thought to cause psychoses are known as "ngozi". Mutebirwa (1989) argues that "ngozi" are spirits of persons killed



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either by the patient or by one of his ancestors. He also identifies two more spirits that are viewed as causing psychoses by traditional healers in Zimbabwe which are "Mudzimu" (family ancestral spirits) and "shave" (alien spirits). These, according to Leff (1990), can cause psychoses by possessing the person. For example "Mudzimu" may cause psychoses by abandoning their role of protecting their descendants due to their disrespectful conduct. Littlewood (1990) notes that such possessions need to be distinguished from that which occurs when the spirits may want to "come" through a family member as a sign that he/she is a spirit medium, in these cases a nánga (a shona word that denotes a traditional healer) is consulted and s/he will clarify that the person is not really psychotic but needs to be trained to become a healer.

Mutambirwa (1989) cites some reasons for psychoses as either the patient or his family, or due to the actions of other persons or one of his family, breaking a social taboo and then the spirits would be angered and cause illness such as psychoses. Mutambirwa notes that a cycle of family psychoses can be broken if sufficient or adequate compensation, "Kuripa" in Shona, is given to the agrieved family. The same author notes that another reason for psychoses can be due to a "chikwambo" (a spirit of a dead person) that may be kept in a calabash to protect property, and if it is stolen, the criminal can become psychotic (Mutamburwa, 1989). Similarly, Mutamburwa (1989) concludes that in Zimbabwe the traditional healers also believe that food or money, which had been dropped at a cross-road intentionally by someone carrying out a ritual to rid their family of evil spirits, if stolen by someone else could lead to evil spirits being passed to their family and hence possibly psychoses.

Jacobsson and Merdasa (1991) in their research on traditional perceptions and treatment of psychoses in Western Ethiopia found that there are three traditional cultural influences operating in Ethiopia which are: traditional Oromo thinking, the Coptic Church and Islamic culture. These



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authors note that one important element in traditional Oromo thinking is that each person is believed to possess an "ayana", which is a special divine agent that can descent upon people, but it also means a person's character and personality and in traditional Oromo thinking psychotic disorders are generally explained as resulting from disturbances in the relationship between people and divinity. Similar findings were obtained by Messing (1989) and Workneh (1980). These authors further noted that the Coptic church and Islamic culture in Ethiopia explain psychoses in similar but opposing directions in that the Coptic Church usually looks upon psychotic disorders as possession by evil spirits, which are thus treated by priests while the Islamic culture views psychosis as also caused by evil spirits which are sent by God to punish the unfaithful people.

According to Chinese traditional medicine, illness is caused by physical factors, supernatural agents and predispositions (Chong, 1996). He notes that physical factors include certain foods, extremes of temperature, micro organisms, physical trauma and brain impairment while supernatural factors include evil spirits, witchcraft, black magic and divine anger. Predispositions include loss of inner strength, "semangat", severe mental stress and immorality. Kua (1986) notes that psychoses occur when there is a conflict between the physical, supernatural and predispositions so that the aim of treatment in Chinese traditional medicine is to bring an equilibrium between the three factors.

Raul and Raoul (1986) noted that in traditional Malagasy culture, psychotic illness is attributed to the discontent of ancestors. Active communication with the world of the spirits, which is the realm of the dead, is maintained through various forms of spirit invocations or exorcism. Raul and Raoul investigated the notion of "tromba" and its psychodynamic significance in Madagascar. The expression "tromba" may refer to the possessing spirit, or to the one possessed or the seance or group possession which is used therapeutically. Individuals afflicted with psychoses, nightmares, depression



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or psychosomatic malaise may be regarded as possessed by ancestral spirits. The possession is then confirmed by a traditional healer who then organizes a celebratory seance. Musicians are summoned and cult objects are displayed, there is considerable drinking, accompanied by evocation of spirits, leading to lustration (i.e., pouring of sacred water) and ecstatic dancing. Once the spirit appears he is asked to give advice, to heal, reveal the future, or give details of life in the hereafter. The session usually lasts all night. At dawn the new initiate (the patient who is believed to be possessed by ancestral spirits) returns to his habitual life but is now a member of the group, and is available for new evocations (Raul & Raoul, 1986).

The idea that there is some connection between dreams and illness is frequently encountered in many healing systems. In this context the function of the dream usually has to do with the diagnosis, cure of symptoms, as in the well known dream incubation. The opposite belief that dreams can be pathogenic and "cause" illnesses such as psychoses has been less well studied (Devereux, 1966). Ilechukwu (1986) was struck by the fact that some of his patients seemed to attribute the symptoms of psychoses to a certain type of a dream in which the dreamer was figured eating food. In his study on dreaming and psychotic symptoms, he found that 58% men and 67% women viewed their illness as caused by dreams of eating food. He concluded that given the nature of the Nigerian world view, at least a partial case can be made for causality between dreams and psychiatric illness, since African metaphysics makes a little distinction between waking and dreaming, dream events are much more "real" to the African than to the western. According to Ilechukwu, in dreams the soul of the sleeper is believed to travel about in the threatening world of spirits and disturbing and may itself provide anxiety and psychiatric disturbance symptoms, independently or more likely concurrently with psychological conflict.



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Perelberg (1982) has investigated the notion of "Umbada" and psychoanalysis as different ways of interpreting mental illness in Brazil. On this interpretation, psychoses is considered to be a social representation rather than an empirically observable reality. He further notes that in Brazil, psychoses and mental illness if often understood in terms of a system of beliefs known as "umbada", an afro-Brazilian cult linked to spiritism which was imported from Angola in the days of slavery in Brazil. According to "umbada" belief system, everyone can be a medium and is potentially in contact with the divinities through possession. The possessed person is believed to have an ambivalent power which allows him/her to affect others in good or evil ways. There is a complex hierarchy in the "umbada" system, and rituals accompany the different activities to be fulfilled by the holders of spiritual power. People come to seek advice from the divinities, through the mediums, on mental illness. In this belief system humankind is both material and spirit. The material side is the doctor's domain and is based in the individual. The spirit side implies a relationship and in "umbada" the spirits mediate relations. The hint of the interaction is believed to be not the individual but the persona - the medium incorporating the divinity.

In conclusion, the above foregoing shows that for most cultures psychoses is believed to be caused by spirit possession, angered ancestors that withdraw their protection, witchcraft and psychosocial stress. Dreams and evil doing (immorality) have also been cited as causes of psychoses in some cultures.

## 2.5 Treatment of psychoses by traditional healers in Africa and abroad

### 2.5.1 South Africa

In psychiatric and other services there is much talk about treating the patient in his cultural context.



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## 2.5 Treatment of psychoses by traditional healers in Africa and abroad

### 2.5.1 South Africa

In psychiatric and other services there is much talk about treating the patient in his cultural context. There is also increasing acceptance in the holistic approach to health services of "alternative medicine" as an adjunct to the western medical model approach (Hopa, Simbayi & Du Toit, 1998; Mpolo, 1989). However, Mdluli and Msomi (1989) argue that in practice this openness and real cooperation with people outside the medical model is difficult to establish. Swartz (1996) notes that there is a relative lack of critical literature on indigenous or traditional healing, although examples of indigenous/traditional treatment that have caused harm to patients are frequently cited. However, many authors have expressed an unequivocal esteem for traditional healers, and praise their approach for its holism and the fact that it addresses the psychological concerns of the afflicted (Bodibe, 1989; Buhrman, 1984; Cheetman & Griffiths, 1982; Swartz, 1996).

Swartz (1996) further notes that there have been no comprehensive studies focussing on indigenous treatment of the severely mentally ill patients and that the low base rate of severe mental illness in the community may underlie the fact that there is so little information about its treatment in indigenous practices and a large number of practices would have to be surveyed in order to collect such information (Swartz, 1996).

In a recent international health policy, the use of traditional therapies has been encouraged to promote self reliance (Hussein, 1991; Gupta, 1992). According to Murphy (1993), traditional healers could be as effective as medical practitioners in treating certain types of mental disorder in a particular



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context. El-Away (1991) asserts that it is more likely that the charismatic qualities of traditional healers combined with a good therapeutic relationship yield improvement in some cases.

In a study carried out by Mdluli and Msomi (1989) they found that when the healer had difficulties especially during the acute phase of psychoses of his patients and refused to take food or herbs he had refer them to the hospital for treatment. Only after hospitalization of the patient did the healer start with his treatment of herbs, rituals and family counselling. The healer concerned also encouraged cooperation between African and Western medicine.

### 2.5.2 Other countries

Research on the treatment of psychoses by traditional healers has been done in various countries outside South Africa. For example, Quresh, Al-Amri, Abdelgadir and el-Harakq (1998) investigated the use of traditional cautery among psychiatric patients in Saudi Arabia. They noted that patients with less education from a rural background or suffering from chronic, psychotic disorders were significantly more likely to utilize cautery and other indigenous ways of treatment. These authors further note that vein cautery is an invasive technique practised by traditional healers who have a strong belief in its efficacy in psychotic disorders and that these beliefs are shared to some extent by help seekers. They explain how cautery is done when they note that the cauterizers (traditional healers) use iron rods of different shapes and sizes with wooden handles that have broad or pointed clear cut ends and that the process of cauterization involves burning of the skin and underlying subcutaneous tissues. Bones are never exposed in this practice. The treatment varies with the different cauterizers according to their culture and beliefs, knowledge and practices and no pre or



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post treatment medication is given, except for the topical use of herbal medicines at the cauterized areas, before treatment cauterizers normally read the holy Koran. These authors further note that both special diets and a place to reside for a specific period, usually 40 days are suggested by the traditional healers under certain circumstances. These authors conclude that further research is necessary for obtaining information about outcomes of cautery in psychotic patients in Saudi Arabia. Gupter and Chowdhurry (1992) maintain that somatic therapy combined with traditional treatments is modal treatment in Saudi Arabia and while psychiatric treatment facilities provide free medical services, the majority of patients seek traditional healers once they meet multiple failures with available treatments.

Tazuma, Lin and Masuda (1995) note that health services provided for psychological disturbance are heterogenous, including those based on Vietnamese and Chinese medicine, and also on other traditional practices derived from cosmology, metaphysics and super natural beliefs. These authors, reporting their research on how traditional healers manage psychoses in Vietnam, further note that such an inclusive framework of conceptualization and treatment of mental illness is consistent with the holistic notion of health and illness in which mind, body and the cosmos are regarded as closely interconnected. Achieving harmony in this triangular relationship appears to be the primary aim of the health care and multiple methods of diagnosis and treatment may be used to achieve this end (Tazuma et al., 1995).

Razali, Khan and Hasanah (1996) writing on their research findings on how traditional healers manage psychoses in Malaysia, noted that a commonly held view in Malaysia is that modern methods of treatment are effective in curing physical illness but powerless against supernatural causes of mental illness. Subsequently, Bomohs (Malaysia traditional healers) use various methods of treatment



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to expel evil spirits (exorcism) or to neutralize the effects of witchcraft but psychiatrists do not have such expertise. Some Bomohs are thought to be aided by a "jinn" (an ancestral spirit) in treating their patients and driving away evil spirits (Razali et al., 1996).

Spiritism, or "Espiritismos", in Puerto Rico is a syncretic healing cult. The cult is based on a spiritualist movement that began in the mid-nineteenth century in France with the teachings of Leon H Rivad (more commonly known as Allen Kardec). The movement took hold among intellectuals and the upper class in Puerto Rico about 1865 and it was super-imposed on indigenous healing traditions such as "curanderismo" as it filtered down the working class and rural people. Spirit healers are found in every community in Puerto Rico and although it is estimated that 60% of the population visit them they face considerable opposition from the Catholic Church, Protestant denominations and physicians.

Puerto Rican spiritual healers believe in harmful spirits who cause illness such as psychoses and good spirits who can be used to overcome or guard against harmful ones. Spirit healers are usually older women who have acquired spirit guides during efforts to resolve their own severe illness or personal crisis. In this way they have developed a close relationship with their spirit guides in order to assist others diagnose illness, counsel, prescribe herbal and ritual remedies and exorcise harmful spirits, from clients. Spirit healers serve as mediums receiving spirit messages or visions which identify the spirit causing client's distress, the healer summons the harmful spirit to possess her in order to establish a dialogue between the harmful spirit, the client and another healer with the intention of convincing the spirit to leave the patient. The healer may also help the clients to acquire their own protector spirit guides - similar to treatment of amafufunyana by South African traditional healers - giving them "amakhosi" (good spirits) to protect them (Mdleleni, 1990; Ngubane, 1977).



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Koss (1988) compares spiritist healing with Jungian psychotherapy and concludes that they share many ideas and practices which are "generic to effective healing processes". In both cases a client's distressful but unconscious desires, fears and feelings are brought to consciousness in order to resolve them and promote psychological growth. One basic difference between the two forms of treatment however is that unconscious complexes are identified symbolically as spirits or "espiritimo". This symbolic mediation seems to have several advantages. For example, by attributing the cause of his illness to spirits, the client does not have to assume personal responsibility for it. Also, the present author wishes to add that the client's projection of elements of his unconscious onto spirits creates what Scheff (1979) has termed an "aesthetic distance" between the client and his distress, making it easier for him to freely and openly express, accept and deal with his repressions. The use of symbolic modality can also prevent psychic "infection" or "contagion" of a healer by her client and avoid dependence of the client on the healer by minimizing transference and countertransference between them. Another difference between the two forms of treatment is that the roles are reversed. In spirits healing the client takes a passive stance, and the healer does active work, whereas the client actively participates and the therapist takes a reactive stance in psychotherapy.

In conclusion, the main trend in traditional treatments used both locally and internationally is evil spirit evocation which is done by a group of traditional healers in the home of the patient. This ritual is called in different names in different countries of the world, for example, "ntlombe" in South Africa, and "umbada" in Brazil. Traditional treatments of psychoses both locally and internationally are aimed at cleansing the patient and his family either through washing his/her body in herbs or induced herb mixture vomiting. Finally, both locally and abroad the illness is blamed not only on the patient but also on his/her family.



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## 2.6 Theoretical approach: Universalist versus culture-relativist position

One of the debates which has surfaced in the field of social science research has been the controversy about the merits and demerits of universalist and culture-relativist positions in studying human phenomena across cultures. One such controversy emerged in the field of mental health in non-western societies. Until recently the universalist position was used in most investigations of indigenous healing (Firth, 1969; Lee, 1969). This position holds that there are universal non-evaluative norms of mental health and abnormality which can be applied to all societies. A weakness of the universalist position is that it attempts to study people whilst at the same time ignoring their cultural and spiritual environments (Farrend, 1980; Sampson, 1969). Investigation based on this position often created a situation in which people who were important and influential leaders in indigenous societies could, for example, be described as neurotic, psychopathic and schizophrenic (Hammon-Tooke, 1977).

One such study which came to erroneous conclusions about indigenous healers was carried out by Laubscher (1937). Judging the indigenous healer in terms of western medical and psychological standards, Laubscher likened the process of becoming a traditional healer to a schizophrenic process. Since he regarded schizophrenia as an inherited biochemical disorder, it was no surprizing that he treated the finding that indigenous healers usually have ancestors who were also healers as a confirmation that the healer is a victim of pathology.

Laubscher could however be credited for having pioneered the field of study of indigenous healing in South Africa. The criticism of Laubscher, namely, that he disqualifies and invalidates an indigenous system in terms of the western scientific system equally applies to some other authors on the subject.



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Corthers (cited in Holdstock, 1979), for example, said "the native African in his culture is remarkable like a lobotomized westerner and in some ways like a traditional psychopath in his inability to see acts as part of a whole situation, in his frenzied anxieties and in the relative lack of mental ills"(p. 119).

The culture-relativist position, on the other hand, accepts the importance of each culture on its own right and that there are no universal norms of mental health. This position attaches uniqueness to each culture for it is believed, that a cultural system can only be understood by examining it within its own context and framework. This position has been gaining popularity lately, particularly in studying indigenous healing practices (Kruger, 1974). In his study, Le Roux (1973) also admits the significance of acknowledging the norms operative in the African culture as a prerequisite to understanding the indigenous healers.

## 2.7 Chapter Summary

This chapter has presented available literature on traditional healer's perceptions and management of psychoses. In the first part of this chapter a discussion of the western conceptualization, beliefs and treatment models of psychoses is presented. The second part of this chapter presents a discussion of traditional names and concepts of psychoses. The third part discussed conceptualizations about causes of psychoses both locally and internationally. The fourth part focussed on treatment and management of psychoses by traditional healers both locally and internationally. Finally, a theoretical framework of the study was presented.



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# CHAPTER 3

# PHENOMENOLOGICAL APPROACH IN PSYCHOLOGICAL RESEARCH

## 3.0 Introduction

In view of the documented shortcomings of the universalist position, the natural scientific approach of studying human phenonomena and the blind application of Euro-American methods on African people, the researcher in the present study embarked on a different research approach so as to offset these difficulties. In particular a phenomenological approach was adopted in this study. Apart from trying to explicate meaning (instead of quantifying and measuring African traditional healers' perspectives, experiences in managing psychoses), the phenomenological approach is also valued for being based on the principle of accepting separate realities of people individually, in groups and within their cultural contexts (Giorgi, 1986). The phenomenological approach is useful in this study because it is a philosophical underpinning of the culture-relativist position. The phenomenological approach is presented in more detail in this chapter. This will include the history of this approach, the rationale for choosing this particular approach and the criticisms of the phenomelogical approach.

## 3.1 Introduction to the phenomenological research approach

Since its commitment to become a natural science psychology has primarily attempted to gain precision and systematization with either a laboratory setting or one type of quantitative measurement



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or another. In so doing, it is believed that many important aspects of phenomena as lived and experienced were either severely distorted or overlooked because the methods of the natural sciences were invented primarily to deal with phenomena of nature and not experienced phenomena (Hedegaard & Malkarainen, 1986).

The realization of the limitations of natural science methods in studying human phenomena led to the development of alternative approaches in psychological research. Advances along these lines have been pioneered by Giorgi (1970, 1975). He argues that psychology conceived as a natural science is fundamentally unable, given its approach, to provide a faithful understanding of human phenomena. In his hope for a faithful disclosure of human life as lived, Giorgi (1975) is far from imposing a new value on psychology. As he points out, throughout its history there have been criticisms of psychology insofar as it approaches its subject matter as if it were the same as that of natural science. His contribution lies in his radical reorientation of the approach of psychology in order to make way for a method which can rigorously investigate the qualitative dimensions of human phenomena.

Valle, King and Halling (1989 cited in du Toit, 1993) note that the second approach developed more as a philosophy of human behaviours and thoughts ultimately known as phenomenology where truth was seen as gaining an understanding of human consciousness through the study of individual experience. This was founded in Husserl's belief that objects are experienced and presented to our consciousness and that everything can only be known in terms of how it appears to the observer. "One never then asks the question why but examines what is found in the consciousness..." (Valle, et al., 1989, in du Toit, 1992, p.3)



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Therefore, the contents of human consciousness can only be revealed through the naive descriptions by individuals of their experiences as manifested in their lived world. Giorgi (1970) formulated the problem of natural scientific psychology in the following way:

> "..... as being empirical , positivistic, reductionistic, objective, analytical, quantitative, deterministic, concerned with prediction and largely operating within the genetic bias and with assumptions of an independent observer. All these factors have operated in such a way that the paradigm of natural scientific psychology was structured primarily to ask a measurement question and to reveal the quantitative dimensions of reality. It also favoured a paradigm that sought specificity and explanations that were within the context of cause - effect relations. This in turn has led to designs that favour isolation of variables with the assumption of a constant relation between specific variables and the conditions of the experiment, but this constancy is understood as being due to external relation between man and the world" .
> (p. 204)

According to Giorgi (1986), the best way to investigate human phenomena is to return to the phenomena themselves to obtain a description of those phenomena to submit them to imaginative variations and then to obtain intuition of their structure. This is what Husserl (cited in Giorgi, 1985) meant when he said that the guiding theme in phenomenology is to go back to the things themselves. For a phenomenological psychologist, one interpretation of that expression means to go to the everyday world where people are living through various phenomena in actual situations.

## 3.2 Some considerations in phenomenological research

Kruger (1986) stated that the phenomenological approach to research is characterized by an attitude of openness to whatever is significant for the proper understanding of the phenomenon. This was also emphasized by Giorgi (1970) when he wrote that a phenomenological psychologist engaged in



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research needs to have

> "…. an attitude that requires an opening up rather than a closure, one that allows for future possibilities as well as past facilities and one that does not foreclose the reality of indeterminancy ambiguity will be a necessary point of departure - because to repeat, the main emphasis is fidelity to the phenomenon as it appears, including processes, and not to an idea of science that has been developed in a different context". (p.188)

The emphasis on this attitude was again evident when Giorgi further wrote that it is part of the very meaning of phenomenology not to seize upon a particular method and to impose it everywhere. Instead he emphasized the need to develop appropriate methods precisely in contact with each unique phenomenon, hence different investigators use various methods in accordance with their own preferences and personal styles of research.

Hedegaard and Hakkareinen (1986) note the following fundamental issues in phenomenological research:

i. The distinction between experimentation and non-experimental research. Traditional research uses quantitative whereas the phenomenological approach uses qualitative methods. This is described as a cautious enquiry involving critical and exhaustive investigation which should always be the way one starts investigating any phenomena. This can also be in the form of a description of the phenomena.

ii. There is a need to define the concepts of measurement as opposed to meaning. In the objective methodology, measurement remains important in describing, for example, how many



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times an individual feel anxious, but it would be of far more value if one is able to assess the meaning of what it means to be anxious. This meaning cannot then be reduced to a reductionist thinking or analysis. It needs to be seen within a context without which there can be little understanding.

When one carries out traditional quantitative research the subject's response is dependent solely on the stimulus character of the experimental situation. This is not so for the phenomenological approach. Giorgi (in Kruger, 1989) states: "... that the subject's response depends on the meaning it has for that person both as a part in and as an observer to the situation ...." (p. 149). The subject then also needs to be seen as a participant and the way that they experience the research must be included in the data.

The researcher also plays a significant part as a participant observer and as such will also affect the research. This implies a relational aspect and then it is not as important to have explanations of the phenomena, but rather to describe in an attempt to understand what is happening. Therefore, both realities of the experience need to be recorded or articulated.

A final issue is that of replicating a study, which is of extreme importance for more traditional and quantitative approach. In the phenomenological approach, however, one cannot pertain to human characteristics and their unique and subjective experience of situations and emotions. One would rather aim to develop an essential theme which may or may not be replicated or described.



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## 3.3 Criticisms of the phenomenological approach

It is to be understood that there will always be some descriptions which are incomplete or imperfect. When one is dealing with experiences there will always be times of forgetfulness or a struggle to try and express oneself clearly. This does not invalidate the subjects experience although it may not cover an essential part. One can then use more than one subject which allows the underlying themes to be supported and may allow other themes to be raised

A second criticism which has been levelled at this approach is the question of the limited generalizeability of findings. This however does not invalidate the findings as one needs to keep in mind that his type of research is not to quantify the results but to describe the individual's lived perceptions of situations in their world of experience. A number of problems have been noted with phenomenological approaches in psychological research (Giorgi, 1986):

(a) At this stage, phenomenology still lacks historical precedents, the major difficulty related to this is that every problem becomes a foundational one that has to be worked through from scratch.

(b) Problems due to lack of a clear sense of psychological phenomenology have been raised.

(c) Another problem relates to the question of "face validity".

Although Giorgi (1986) admitted that there are still many unresolved problems surrounding the use of phenomenological approaches in psychological research he believed that a qualitative analysis of descriptions could yield psychological insight of a value at least equal to what quantitative approaches



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yield, although different in character and style.

## 3.4 Chapter Summary

This chapter started by discussing the phenomenological approach. This included the history of this approach, the rationale for choosing this particular method and the criticisms of the phenomenological approach.

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# CHAPTER 4

# METHODOLOGY

## 4.0 Introduction

In this chapter the methodology of this study is presented, which includes the participants, the research tool and procedure as proposed by Giorgi (1975). The seven steps involved in the content analysis of the protocols are then presented.

## 4.1 Participants

The participants consisted of four African traditional healers who were treating some Lentegeur Hospital schizophrenic patients. The name of one of the participants was obtained from a Lentegeur Hospital schizophrenic patient who was in an in-patient acute ward for psychoses and was managed by the researcher during her internship. In the initial contact with the first traditional healer the researcher asked him to introduce her to another healer that might possible be involved with treating Lentegeur psychiatric patients. In this way, snow-ball sampling procedure was used in this research. The participants were three males and one female and have been practising "amagqirha" for approximately five to 10 years. Their ages ranged from 35-45 years. The gender, number of years in practice and age of the participants was not considered for analysis in this study. The four participants were all from Khayelitsha Township near Cape Town in the Western Cape. They were



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all registered with the Traditional Healer's Council of South Africa. This was evident during the initial contacts as their registration certificates were hanged on their walls of their private practices. The participants were all from an urban background. It would have been an important to include participants from rural areas, who have no idea of registration, certificates and who have nothing to do with the western influences. However, this was beyond the scope of this paper.

According to Hopa et al (1998), there are three broad categories of traditional healers in African culture, namely, diviners ("amagqirha") (which are the ones interviewed in the present study), herbalists, ethnodoctors or ethnopharmacists ("amaxhwele"), and spiritual or faith healers ("abathandazeli"). The training of a diviner begins with a 'calling' or a state of apprehension ("ukuthwasa") which take the form of a dream involving the appearance of an ancestor who informs the individual of the wishes of the ancestral shades to use the individual for healing people. By accepting this call and becoming a neophyte or a novice via apprenticeship to a seasoned diviner for a period time, the individual learns to enter the spirit world. The individual concerned then becomes blessed with clairvoyant powers to divine and act as mediators between the living and the dead. The powers are revealed in dreams and during diviners' rituals such as "xhentsa" (a ritual dance) and the "intlombe", a form of group therapy. The training of the diviner involves, among other things, assessment of the illness, ability to locate lost objects and treatment of diseases . In addition, some herbs are revealed to the individual by their ancestors. The training of the herbalist is similar to the training of western healers in that the individual embarks on it by choice and is trained by a qualified herbalist to recognise certain herbs and how they function. The spiritual healer is both called and trained in the same manner as the diviner. Spiritual healing can be traced to the rise of the independent African churches which broke away from the more western-oriented missionary



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churches. They are not traditional in the time sense of the word in that they did not exist before the development of western medicine. They are nevertheless included in this category because they share a common theory of health and disease with other traditional healers, divine in a similar manner and treat various diseases with traditional herbs and remedies (Hopa, et al, 1998). It is important to note that all the three categories of traditional healers discussed above are meant for healing and therefore cannot harm their patients as in the form of being witches.

## 4.2 Research tool

As this approach aims to describe the traditional healer's lived experience of managing and treating psychoses and their understanding of psychoses, it is important to remain as accurate and close to the perceived experience as possible without influencing the healers with any pre-conceived theoretical understanding. A semi-structured interview schedule developed by the researcher, based on the three themes of this study, namely, diagnosis, aetiology and treatment which consisted of three major questions and one minor question, was used (see Appendix A).

In terms of validity this tool was judged as valid by the two supervisors who are experts in research, thus, content validity was established. Furthermore, the interview guide and the transcript, which were both in Xhosa, were translated to English by the researcher and an independent translator and then back-translated to Xhosa by the Language Centre of the University of the Western Cape When translations differed drastically, a third, and neutral, person's view was sought. Thus, inter-translator reliability was established in this manner.



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## 4.3 Research Design

The in-depth or qualitative interview method was employed in this study. This method of gaining information should be relaxed and it is where the confidentiality and anonymity can be guaranteed. The interview can be either written or tape-recorded. The latter method was adopted because it allowed the participants to speak as closely as possible to their lived experience rather than be inhibited by the writing of the information.

The in-depth interview is open-ended and conducted in an informal, non-directive and non-influential manner. However, to understand fully the researcher may need to delve more deeply to gain clarity. This implies that the researcher may ask for clarification but make sure that leading questions are avoided. The concept which underpins the non-directive interview is that of flexibility as it allows the researcher to grasp more fully the subject's experience.

According to Hagan (1986), the aim of in-depth or qualitative interview method in phenomenological research is to obtain rich and detailed descriptions of the respondent's own concerns, opinions, actions in her/his own words rather than eliciting stimuli. One is more interested in how matters appear to the participant than in how to fit answers into pre-figured categories. Hagan further notes that when liberated from the constraints of natural science, in-depth or qualitative interviewing can be constructed in different forms it would not likened to a laboratory experiment, but would be seen as a social encounter (Hagan, 1986; Nangoli, 1990).



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## 4.4 Procedure

In this study in-depth or qualitative interviews were conducted by the researcher with all four participants one by one in their private practices. The interviews were conducted in Xhosa and audio-recorded. Each interview took 30 minutes to complete. Once completed the interviews were transcribed verbatim, translated into English by the researcher and an independent translator. The translated transcripts were then back-translated by an independent translator who was a fluent speaker of both Xhosa and English. When translations differed considerably, a third person adjudicated the translations until there was agreement in the translations. Each of the four protocols were then assessed through content analysis as proposed by Giorgi (1985) as explained below:

## 4.5 Data Analysis

Giorgi (1985) has proposed the following seven-stage thematic content analysis procedure which was used in the present study.

### Stage One: Initial reading of the protocol

Initially, the researcher needs to concentrate on the content of the material. In the initial reading of the interviews personal preconceptions and judgements should be bracketed. One can then read through the protocol again in a more reflective attitude which will also give a sense of wholeness to the data. It is also helpful to re-listen to the tape recordings so as to grasp the wholeness fully.



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Stage Two: Delineation of meaning units

The researcher, after the initial reading of the protocol, breaks up the interview into naturally occurring units or into sections which convey a particular meaning. This has been called the natural meaning units or NMU's. This is a statement made which is self definable and self-delimiting in the expression of a single recognizable aspect of the subject's experience. The researcher remains with the subject's own vocabulary and phraseology in order to retain the essential meaning. However, if the researcher wishes, in order to articulate or expand these units to make them clearer, other wording or phraseology may be used. The protocols were therefore broken up into natural meaning units which appear in the left hand columns in the results chapter.

Stage Three: Re-articulation of meaning units from a psychological perspective

The researcher can now begin to reflect on the NMU's and the central themes. This can then be transformed from everyday language into more formal psychological language. This allows the researcher the opportunity to reflect on imaginative possibilities and to arrive at a statement which can accurately reflect subject's intended meaning. The transformed meaning units arising from this step appear in the right column of the qualitative analyses which appear in the results chapter.

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Stage Four: Clinically situated structure

The next phase of explication involves taking into account all the intentions which have been derived from the NMU's and noting whether there have been any discrepencies or whether certain themes contradict or remain unrelated to other themes. This does not mean that one disregards or ignores data but it needs to be noted that it does not fit with the findings to date.



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These results need to be exposed to critical opinion which can either be discussed as a specific description of a specific situational structure or it can be discussed as being part of a general description. This would then describe the phenomena within a specific context or as it fits with a phenomenon generally. The situated structure was constructed to read like a case history. Although this meant that some irrelevant and repetitive data were excluded, these remained expansive.

Stage Five: Central themes

The transformed meaning units were then expressed as central themes. Each central theme expressed more than one meaning unit but included the relevant or general principle of the subject's situated structure.

Stage Six: Construction of the extended description

The extended description of the healers' perceptions and practices in managing and treating psychoses was then constructed. This involved reading and re-reading the clinical situated structures and central themes of the protocols, until common themes emerged. If themes appeared only once, they were included in the extended description only if they were relevant to the perceptions and practices of the healers' in managing psychoses.

Stage Seven: Construction of a general structure

The general structure which includes the relevant perceptions and practices of traditional healers in managing psychoses was then constructed. This required careful consideration of each protocol's situated structure and the central themes, in order to find common themes which could be related to



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a central general theme.

## 4.6 Statement of ethical considerations

The study abided by the relevant human ethical guidelines for research (American Psychiatric Association (APA), 1994). Informed consent was obtained from the participants involved. The participants gave consent after the researcher's reading and explanation of the description and aims of the study to them. Anonymity and confidentiality were also ensured in this study. The researcher intends to provide feedback of her findings to the Traditional Healers Association of South Africa.

## 4.7 Chapter Summary

This chapter presented the issues pertaining to methodology. This included the participants, the research tool, the research design, the procedure, and data analysis that were used in this study. Ethical considerations were also dealt with.

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# CHAPTER 5

# RESULTS

## 5.0 Introduction

In this chapter, the results of the content analysis performed on the four interviews are presented. Firstly, the interviews were qualitatively analysed which consists of discriminated meaning units and transformed meaning units. This step is only shown for the first participant in this chapter while those for the other three participants are shown in Appendix B. The clinical situated structures and the central themes of the four interviews are then presented, followed by the extended description and finally, the essential description.

## 5.1 Delineation of meaning units

This section consists of two columns which contains the discriminated meaning units in the left column based on perceptions, practices and experiences of African traditional healers when managing psychoses. The information is presented in the first person, although, according to Hoek (1988) and Parker (1985, 1986) the information may also be presented in the third person. Both help the researcher to keep in mind the task of understanding the protocol from the perspective of the participant.



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The right hand column contains the discriminated meaning units expressed more directly in psychological language keeping in mind the relevance of the African traditional healers' perceptions.

5.1.1 The first participant

| DISCRIMINATED MEANING UNITS | DISCRIMINATED MEANING UNITS EXPRESSED MORE DIRECTLY IN PSYCHOLOGICAL LANGUAGE |
| --- | --- |
| 1. Psychosis is an illness of the mind, it is a sudden illness, it usually happens to someone who used to be well, normal just like other people, psychoses are known by various signs or some indications in a person's behaviour. | 1. Psychosis for him is a sudden disease in a "normal" person, it can be observed by behavioural change in a person. |
| 2. For example, the person becomes mad, "uyaraka", he might start to laugh and talk to himself, behaves in a socially unaccepted way, talks nonsense is un-understandable, mixes topics together everyone in that person's social life can see that s/he has changed. | 2. He provides an example of such behavioural change by giving symptoms of psychoses such as odd, inappropriate behaviour and formal thought disorder. |



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3. The person changes completely. H/she might suddenly leave school if he was schooling or leave his work or experience difficulties with his children, or spouse or friends all due to the sudden change that has taken place in him.

3. Here, he is giving further symptoms of psychosis such as change or difficulties in occupational and interpersonal relations.

4. This change in a person continues, it usually takes time for the family to notice it, the person does not take care of his personal hygiene anymore, he does not brush his teeth, becomes untidy, most of my psychotic patients are usually smelling when they are brought to me, you can see that the person did not bath himself for almost a week or more.

4. He is bringing the issue of lack of personal hygiene as another symptoms of psychoses.

5. Another indication that someone is psychotic is that of roaming around the streets aimlessly, psychotic patients even collect papers on the streets as if cleaning the streets, but its not a goal directed thing,

5. He adds another symptom of psychoses as that of roaming aimlessly and lack of goal directed behaviour plus some blankness of the mind (blunted affect?).



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when you ask the person, what's this you are collecting , you might find no answer, a psychotic person does not know whether he is coming or going, its black, black in his mind.

6. Some even end up staying in the bushes, the issue of staying in the bushes is similar to "thwasa (calling to be a traditional healer) but the person who "thwasa" is very clear in his mind, he is just communicating with his ancestors, even when he goes back home he brings some "muti" (herbs) the psychotic one just roams around the bushes aimlessly. The "thwasa" person brings back "muti" that is relevant and well-known to any "sangoma" (traditional healer).

6. He distinguishes between the person who "thwasa" (calling to be a healer) and the psychotic one in that the "thwasa" one is normal and engages in goal-directed behaviour including bringing herbs home, while the psychotic one is aimless.

7. Psychotic people never come back home from the bushes, the family has to collect them, has to go and look for them, "thwasa" people come back while "thwasa" by themselves.

7. He notes that psychotic people are disoriented in terms of time, place and person while those who are called the healers are well-oriented know how and when to go



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home.

8. Naughty children do run away from home also but they are not dirty, unkept, dishevelled like psychotic persons, they are not laughing to themselves, no, unlike the psychotic ones who don't know whether they are coming or going, those naughty children are normal, they are just disobedient to parents and undermining parental authority because they think they are clever, they are not like psychotic persons who are sick, who talk and laugh to themselves, doing odd, bizzare things.

8. He is citing a distinction between running away form home due to conduct disorder and due to psychoses, noting that conduct disorder children and adolescents do not have symptoms of psychoses such as inappropriate bizzare odd behaviour and formal thought disorder.

9. Psychosis happens to normal people, people who were normal just like you and me, "izidenge" (mentally retarded persons) are born with low intellect, it usually is even difficult for them to finish primary school.

9. He is saying that psychoses happens to normal people while mentally retarded persons are born with low intellect, psychotic people are usually having normal intellect.

10. There are different causes of psychoses, sometimes a person is born with psychosis and

10. He is pointing out to heredity and genetics as causes of psychoses (genetic



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grows up with it .... maybe because his grandparents or some of his or her ancestors had it, that is why when one gets married one has to find out about his/her spouses' ancestors, how were they, and so on, otherwise one may end up having a child with psychoses.

hypothesis), that is, genetic predisposition.

11. Another person may have grown up with psychoses which can only show itself during his initiation period, such a person finds it difficult cope with being in the veld without his family or may be he is unable to bear the pain of "umdlanga" (the circumcision weapon) which may lead to psychosis that was hidden to come out.

11. He is noting psychosocial stress and environmental factors as precipitants of psychoses.

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12. Witchcraft because of jealousy from family members, for example, if a child grows up as a clever child, is successful at school, some aunts or uncles may be jealous and use witchcraft "ukuthakatha" which may make, him psychotic thus, making it difficult for him to finish school ...

12. He is pointing to supernatural causes of psychoses such as witchcraft due to jealously of family members. He also notes that clever children and the "haves" are more vulnerable to witchcraft.



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even being rich, having a big house may make a person vulnerable to witchcraft if he/she is not strong enough.

13. Witchcraft is things that are deliberately sent by people .... maybe such a person's parents were witches and have left him/her some bad spirits, for example, "impundulu", "uthikoloshe", "amafufunyana" or"iimbovane zamangcwaba" that "amafufunyana" cause psychoses "ukuraka" or madness "impambano".

13. He notes that witchcraft is bad spirits sent by witches to a person and can make him/her psychotic or mad. He further gives examples of such bad spirits.

14. These bad spirits also come from bad traditional healers, for example, if someone hates someone, that person can go to an evil traditional healer who can throw a spell of bad spirits such as "amafufunyana"or "iimbovane zamangewaba" (some ants from the grave that can cause some kind of psychoses called "amafufunyana") and so on just to make a person mad "phambana" or psychotic "raka".

14. He also notes that some of the above mentioned bad spirits can also be obtained from an evil traditional healer.



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15. Another cause of psychoses is drugs such as dagga, alcohol, and so on. They do not operate the same to different individuals, but may make some people psychotic.

15. He is mentioning drugs and substance abuse as another cause of psychoses.

16. Our treatment is aimed at touching the affected area, making it more painful, then we feel that the illness will go away - its like you have a wound- you have to touch it, wash it, make it more painful, then it will be better.

16. According to him, traditional African treatment is based on counter irritation technique.

17. With psychotic patients, the illness is in the head, in the mind, so I first "gwadisa" (put some "muti" herbs in the patients' nostrils) (to make the head more painful) with this "muti" (herbs) .... my ancestors told me to keep it in this horn (showing the horn and the burning herbs to the interviewer).

17. He notes that psychotic patient's illness is in the head so he put herbs through their nostrils some smoke of herbs is then inhaled through the nose by the patient.

18. When the smoke of "muti" is inhaled through the nostrils of the patient it brings a calming effect

18. This (smoke of herbs inhailed through nostrils) according to him, acts as a sedative.

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to the patient.

19. I mean as I said earlier, the psychotic patient arrives here already tied up in ropes, it means that he is active in his mind, he is very wild, he can do anything and can even mess up my practice, the "gwadisa" in the nostrils goes direct to the head and relaxes him, he may end up sleeping immediately after "gwadisa".

19. He is noting that the herb smoking inhailing acts a sedative.

20. I leave him sleeping for some time, continue with my other patients as you saw this morning, its always a full house, I just cover the psychotic patient, leave him to sleep.

20. He notes that he allows the patient some time to relax after "gwadisa" treatment.

21. When he wakes up I then "gabhisa ngentloko" (induced vomiting with the head) in other words I pour a mixture of these herbs (showing the interviewer) in warm water then, with 4 men I forcefully pour it inside the patient's nostrils to clean the dirt that is inside his head.

21. He notes that when the patient is awake he then induces vomiting with the head treatment by forcefully pouring diluted herbs in the patients nostrils and that this treatment is for cleaning the dirt the patients head.



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22. This muti poured in the nose removes all kind of dirt including the dirty bad spirits that might have to been sent the person through witchcraft, it removes "imbovane zamangcwaba" that is, the ants of the grave, that cause "amafufun-yana",it even removes dirt from drugs, its a cleanser, it cleans the dirty things and evil spirits.

22. He is explaining that induced vomitting through the head treatment is a cleanser, it removes bad spirits such as "amafufunyana" and even dirt from dagga or alcohol.

23. The psychoses that a person is born with I cannot heal or remove, but then I cleanse the person by washing him and his family with herbs for protection to make him stronger so that he does not become worse and worse.

23. According to him, he is unable to heal the genetically predisposed psychosis, however, he can cleanse the person with herbs so that the psychoses is under control.

24. I wash the person and his family also to protect him from further harms of witchcraft. I ask my ancestors to direct me about the best way of making the patient and his family stronger through "ukuqinisa" which is a ritual of singing and dancing that is performed by many traditional healers inside the patients home.

24. He also cleanses the family and the patient to protect them from witchcraft, he also, through the help of his ancestors, makes the family stronger through a ritual of singing and dancing performed by many traditional healers.



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25. I "futhisa" (steaming in herbs) the patient in herbs, also to clean the bad spirits of witchcraft, I also give the person imbiza ("muti" herbs mixture) to clean the stomach.

25. He also steams the patient in herbs as a way of cleansing the bad spirits and gives some laxative herbs to cleanse the stomach.

26. This "imbiza" (herb mixture) wipes out"uxakaxa" and other dirty things making the person clean. I also use the persons home "muti" herbs such as "impepho" and "intelezi", things that are also used in the patient's home.

26. He notes that this herb mixture is a laxative that cleanses the stomach of bad things and evil spirits. He also treats the person with his home herbs as directed by his ancestors.

27. I check on the bones to find out whether the person's ancestors are not angry, if they are I encourage the family to do their cultural rituals such as the slaughtering of a white goat or a white chicken (for the poor), thus bringing the ancestors' protection back.

27. He checks on his bones whether the patients' ancestors are not angry, if so he encourages the family to do a ritual of slaughtering either a white goat or a white chicken (for the poor) for compensation so as to bring the ancestor's protection back.

28. If I see in my bones that this patient is supposed to "thwasa", I just do the usual treatment of "gwadisa", "ukugabhisa ngentloko", "ukufuthisa", "ukuhlamba", then I encourage to

28. He reports that also through the direction of his ancestors through the bones he can detect whether someone has to become a traditional healer and if so he



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| help him to "thwasa" that is to answer and obey his call because as I said before, if one refuses to "thwasa" then there is a possibility that such person can become psychotic. | encourages the family to assist him to do so as there is a danger of psychoses to the person who refuses the ancestral call to become a healer. |

5.2 Clinically situated structures

After the initial qualitative analyses, the protocols were then analysed into clinical situated structures. The clinically situated structures from the four protocols are presented below. As was discussed earlier (see 4.5 in Chapter 4), each situated structure describes the participants' perspectives, practices and experiences in managing psychoses.

5.2.1 The first participant

Psychoses for this participant was viewed as a sudden disease in a previously "normal" person and that it can be seen by overt behavioural changes. He provides various examples of such behavioural changes that denote psychoses, for example, someone roaming aimlessly around the streets, laughing and talking to himself, sexual disinhibition, and inappropriate odd behaviour. He also noted running away from home aimlessly, living in the bush, lack of personal hygiene, and social isolation as some of the symptoms of psychoses. This participant distinguished psychoses from "thwasa" (calling to be a healer) suggesting that the person who is called by his ancestors to become a traditional healer does not present with signs of psychoses such as laughing and talking to himself. He emphasized that



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the "thwasa" person is not sick, he is not disoriented, he knows exactly what he is doing such that he deliberately goes to the bush and back to his home with herbs that are well known to them as traditional healers. This subject also distinguished symptoms of running away from home due to psychoses and due to conduct disorder, pointing that conduct disordered children again are not disoriented therefore do not present with overt symptoms of psychoses, that they know exactly what they are doing. He also distinguished psychoses from mental retardation noting that mentally retarded children and adults are born with low intellect although psychotic persons are usually highly or average in their intellectual functioning.

Regarding aetiology this participant felt strongly that witchcraft and spirit possession (e.g., "amafufunyana") are some of the major causes of psychoses. He noted that some times psychoses has got nothing to do with witchcraft but that the person inherited it from his ancestral genes. He felt that alcohol and dagga abuse are other causes of psychoses. The issue of psychosocial stress was also noted by this participant as another cause of psychoses. Although he mentioned genetics, substance abuse and psychosocial stress as causes of psychoses, there was an underlying strong feeling that supernatural causes such as angered ancestors who withdraw their support, thus making the individual more vulnerable to psychoses, are the major force that make one psychotic.

With regards to treatment, he felt that his healing powers are from his ancestors and that without their guidance and direction, he cannot be able to heal his patients. He felt that his treatment is based on affecting the problem area to make it more sore and also that his treatment is based on cleansing. According to him, the psychotic patient's problem area is his head and his stomach where dirty, bad and/or evil spirits reside. He therefore touches those areas through his "muti" (a mixture of herbs) by "gwadisa" (inhaling a blue smoke of herbs through the nose) which is used to relax and calm the



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wild, aggressive and/or hyperactive patient. The second phase of his treatment is (induced vomiting through the nose) which is aimed at cleansing the head, then "gabhisa" generally (induced vomiting through the mouth, the patients drinks full 10 litres bucket of warm water mixed with herbs, then vomits it all out) for cleansing the stomach. The third phase of his treatment is that of enema which cleanses the stomach more like a laxative and "futhisa"steaming in herbs to wash away all bad spirits and bad luck from the patient. The final phase of treatment according to this participant is that of counselling the whole family of the patient to perform their rituals so that their ancestors do not become angry and withdraw their support. He noted that at this stage he organizes "intlombe" which is a group of traditional healers who sing and dance at the patient's home with the aim of evocating evil spirits such as "impundulu" or "thikoloshe" This ritual is accompanied by the slaughtering of a white goat for the patient's ancestors and inbibing of traditional beer known as "umqombothi". This ritual according to this participant is also aimed at "qinisa" or strengthening the family to make them more stronger than evil and bad spirits of witchcraft. This participant also noted that he also washes the patient in a herb mixture so that he is lovable to his family, so that his family supports him as they have to make important decisions and give him the support he needs at such a stage of his life.

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## 5.3 Central themes

The next step in the content analysis involved assessing central themes which were expressed by each of the four participants. The main themes that emerged from each interview are presented below:



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### 5.3.1 The first participant

#### 5.3.1.1 Diagnosis:

The following emerged as the three main themes regarding diagnosis:

- Psychoses was viewed as a sudden disease in a previously "normal" person together with behavioural changes.
- Various symptoms of psychoses were noted as examples of such behavioural change. For example, disorientation, formal thought disorder, auditory hallucinations, roaming aimlessly along the stress, running away from home and living in the bush, and lack of personal hygiene.
- Psychoses was distinguished from "thwasa" (calling to be traditional healer) in that "thwasa" persons do not present with odd, inappropriate or bizzare behaviour, and that they have no difficulties with maintaining their personal hygiene.

#### 5.3.1.2 Aetiology

A total of four themes emerged concerning aetiology:

- Supernatural factors such as witchcraft and spirit possession brought in by family relatives due to jealousy as psychoses normally occurs to intelligent highly functioning individuals, and angered ancestors who withdraw their protection if the family of a family member does not



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perform certain rituals or has committed an immoral act.

- Substance abuse which is worsened by witchcraft.
- Psychosocial stress which is also worsened by witchcraft.
- Genetic predisposition.

5.3.1.3 Treatment:

Five main themes about treatment emerged as follows:

- Focusses on who brought the problem, is it family relatives and friends or is it angered ancestors?
- This participant relies on his ancestors for guidance and direction.
- The usual treatment concentrates in cleansing the patient and his family and evocating evil spirits from patient's home through "intlombe" (a group of traditional healer singing and dancing, evocating evil spirits).
- This cleaning treatment focusses on the head, stomach and whole body through "gabhisa ngentloko" (induced vomiting through the nose), "gabhisa" (induced vomitting through the mouth),"futhisa" (steaming in herbs), and "peyita" (a laxative herb mixture to clean the stomach).
- There is also a "gwadisa" treatment (inhaling a smoke of herbs through the nose) which is done for relaxing and calming the patient.



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## 5.4 Extended description

In working through the subjects' perceptions practices and experiences in dealing with psychoses, there was a strong feeling that psychosis is a sudden mental disease that occurs in a previously normal person. Psychoses were viewed as a "sudden" change in behaviour charaterized by symptoms such as roaming around the streets aimlessly, lack of personal hygiene, lack of goal directed behaviour, odd, inappropriate, and/or bizzare behaviour, laughing and talking to oneself, social isolation, aggression, lack of sleep, restlessness, and deterioration or impairment of social and occupational functioning. The issue of running away from home, wondering aimlessly, to an extent of living in the bush, was highlighted as one of the symptoms of psychoses. However, it was differentiated from running away from home due to conduct disorder in that the latter does not present with psychotic symptoms such as formal thought disorder and disorientation. Collecting gabbage and putting it in one's home or neighbour's together with sexual disinhibition was also viewed as another symptoms of psychoses. However, it was differentiated from running away from home due to conduct disorder in that the latter does not present with disorientation. Collecting gabbage and putting it in one's home or neighbour's together with sexual distribution was also viewed as another symptoms of psychoses typical to most patients of these participant. Psychoses was distinguished from "thwasa" (calling to be a traditional healer) in that "thwasa" persons do not present with full blown symptoms of psychoses such as disorientation, lack of personal hygiene, formal thought disorder, and odd, bizzare and/or inappropriate behaviour.

When it comes to aetiology of psychoses, these participants perceived supernatural powers as primary causes. They noted witchcraft, which is a spell thrown to an individual by family members



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due to jealousy. According to these participation, there are also sorcerers (witch doctors) that can be employed to bewitch a person. Another supernatural causes of psychoses was that of angered ancestors who withdraw their support in cases where the family does not do their rituals and thanksgiving to them. These participation reported some kind of psychoses known as "amafufunyana" (ants from the grave). This affliction of the grave then possesses the person and results in some symptoms of psychoses such as formal thought disorder and disorientation.

These participation also noted psychosocial stress and substance abuse as other causes of psychoses though secondary to witchcraft. Regarding treatment, the emphasis is on who caused the problem, is it angered ancestors or is it witchcraft? These traditional participation expressed a complete reliance on their ancestors for guidance when it came to diagnosis, aetiology and treatment of psychoses. Treatment was perceived as directed on cleansing the family of evil spirits and protecting them by encouraging them to perform their ancestral rituals. Treatment generally included "gwadisa" (inhaling a smoke of herbs through the patient's nostrils) which is aimed at calming the patient down as they usually arrive tied up in ropes because of aggression, hyperactivity and restlessness. The second phase of treatment which is done after the patient has been relaxed is "gabhisa ngentloko" (which is self-induced vomiting through the nose by putting some water solution of herbs through the patient's nose). "Gabhisa" (self induced vomiting in which the patient and his family drink a 10-litre bucket of a water solution of herbs) known as "imbiza". Then follows "futhisa" which is steaming in herbs and "hlamba" where the healer or his wife (if the patient is a female), personally washes the patient and his family in a bath full of water and "muti" herbs. The final part of treatment is usually done inside the patient's home by a group of traditional healers, singing and dancing, evocating evil spirits. A lot of drinking and eating accompanies this ritual with the slaughtering of a white goat, or



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a chicken if the patients family is poor, as thanksgiving to the family.

## 5.5 General structure

In terms of diagnosis of psychoses these participants noted various symptoms such as roaming around the streets aimlessly, lack of personal hygiene, disorientation, running away from home to an extend of living in the bush, sexual disinhibition, social isolation, formal thought disorder, laughing and talking to oneself, odd, culturally inappropriate, and/or bizzare behaviour, deterioration or impairment of occupation and interpersonal relationships. Psychoses was distinguished from "thwasa" (calling to be a traditional healer) in that "thwasa" persons do not present with full blown symptoms of psychoses such as disorientation, lack of personal hygiene and formal thought disorder. Psychoses was also distinguished for mental retardation in that mentally retarded individuals are born with low intellect which those who present with psychoses are usually average to high average intellectually functioning. Running away from home due to psychoses was distinguished from running away from home due to conduct disorder in that children and adolescents who present with conduct disorder do not present with symptoms of psychoses such as social isolation, lack of personal hygiene and formal thought disorder.

With regard to aetiology of psychoses, supernatural causes such as witchcraft by jealous relatives and angered ancestors were noted. Other causes such as genetic predisposition, substance abuse and psychosocial stress were noted as secondary to witchcraft.

When it comes to treatment of psychoses, a full reliance on the traditional healer's (subject's) ancestors was emphasized. Questions pertaining to who caused the disease are asked then through



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interpreting the "bones" the healer can find out who caused the disease, whether it is witchcraft by a jealousy family relative or due to anger by the family's ancestors. After getting an answer to the above questions, the treatment starts with "gwadisa" (inhaling a smoke of herbs) which has a relaxing and calming effect to the patient. This is followed by "gabhisa ngentloko" (induced vomiting through the nose) which cleanses the patient's head and then patient "gabha" (induced vomiting through the mouth after consuming 10 litres of water with herbs. The family of the patient also has to "gabha" and "futhisa" (steaming in herbs) as part of the treatment. Afterwards an "intlombe" (a group of traditional healers dancing, singing and evocating evil spirits) is held . This ritual is usually accompanied by the slaughtering of a white goat or a white chicken and consumption of traditional beer and liquor such as brandy for the family's ancestors and for cleansing and protecting the patient and his family against witchcraft.

## 5.6 Chapter summary

This chapter has presented the results of the content analysis performed on the four interviews. Firstly, the interviews were qualitatively analysed which consists of discriminated meaning units and transformed meaning units. This step is only shown for the first participant, while those for the other three subjects are shown in appendix B of this treatise. The clinical situated structures of the four interviews are then presented, followed by the extended description and finally the essential description or general structure. Overall, the themes which emerged were diagnosis, aetiology and treatment of psychoses.



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# CHAPTER SIX

# DISCUSSION AND CONCLUSION

## 6.0 Introduction

Using the extended description as a point of reference, the main findings of this study are discussed under the three major themes noted by the subjects in their perceptions, practices and experiences in managing with psychoses. These themes are diagnosis, aetiology and treatment. This involves presenting the first participant's perceptions and practices in particular but any theme that has been discussed by the other traditional healers in the protocols is to illustrate other important points. This chapter is organised as follows. Firstly, a summary of the main findings under each of the three main themes is given. Secondly, an explanation of the findings and a comparison to previous literature will be presented. Thirdly, a comparison of these results to western psychotherapy and the DSM-IV is presented. Finally, limitations of the study suggestions for future research and conclusions are presented.

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## 6.1 Diagnosis

In general, the first participant felt confident about his diagnostic skills, viewing psychosis as a "sudden" disease that happens in a previously "normal" person. He distinguished psychoses from mental retardation maintaining that psychotic patients are usually people who used have an average



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to high average intellect whereas mentally retarded individuals tend to have been born with low or sub-normal intellect. He also distinguished psychoses from "thwasa" calling to be a traditional in that "thwasa" individuals do not present will symptoms of psychoses such as disorientation, lack of personal hygiene and odd, in appropriate behaviour. He further distinguished the symptom of psychoses of running away from home from conduct disorder, once more noting that "rebellious children" (children with conduct disorder do not present with severe symptoms of psychoses such as formal thought disorder and lack of personal hygiene). He concluded the theme of diagnosis by noting some of the symptoms of psychoses that he usually looks for in his patients such as aimlessly roaming around the streets, inappropriate, odd, and/or bizzare behaviour, aggressive behaviour which according to him is the one that makes the family to start looking for help, lack of personal, hygiene, restlessness, hyperactivity, disorientation, talking and laughing to oneself, sexual distribution and running away from home to an extend of living in the bush.

These results correlate with Mkhize's (1998) findings in his research of "amafufunyana" which is a culturally-bound psychiatric syndrome. He found that "amafufunyana" is a broad concept used by South African blacks as a waste paper basket term to designate hallucinations, delusions, outbursts of aggression, simple disorientation and violent madness. Mdleleni (1990) reached similar conclusions in that she found that most black patients who presented with symptoms of schizophrenia such as disorientation, hallucinations, delusions viewed their illness as "amafufunyana". More importantly, these results also meet the DSM-IV criteria for schizophrenia which are delusions, hallucinations, disorganised speech (e.g., frequent derailment or incoherence) grossly disorganised or catatonic behaviour, negative symptoms such as affective flattening, alogia, or avolition, social/occupational dysfunction.



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## 6.2 Aetiology

The first participant explained psychoses in terms of supernatural causes noting witchcraft which is a spell thrown deliberately to the patient with the aim of hurting him/her by some jealous family members who may do it themselves or employ a sorcerer to do it for them. The second supernatural cause of psychoses noted by the participant was that of angered ancestors who withdraw their protection thus, making the individual more vulnerable to witchcraft. According to him, ancestors may withdraw their protection if, for example, the patient or his family are not performing their ancestral rituals or if the patient or one of his family members have committed an immoral act. He further noted other causes of psychoses which a secondary to supernatural ones such as substance abuse and psychosocial stress. The first participant also noted genetic predisposition as another cause of psychoses.

These results correspond with previous literature. For example, in a study conducted in Malaysia by Razali et al. (1994) to investigate aetiology of psychoses they found that 70% of Malay Bomohs (Malaysian traditional healers) attributed their patient's illness to supernatural causes such as witchcraft and angered ancestors. Wong (1996) reached similar conclusions asserting that witchcraft and spirit possession were regarded as the common causes of psychoses among the Chinese traditional healers. Musara et al. (1995) also support the findings of this study maintaining that psychoses in Zimbabwe is believed to be caused by supernatural powers such as evil spirits of which the commonest according to the Zimbabwean traditional healers is "ngozi". Researchers such as Mtambirwa (1989) and Chiang (1996) also reached the same conclusions which are that according to their traditional healers psychoses is caused by supernatural powers. The results also correlate



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with the DSM-IV's understanding of aetiology of schizophrenia which is the genetic hypothesis.

6.3 Treatment

The first participant felt a strong reliance on his own ancestors for direction when it comes to treatment. He noted that he "nqula" (pray) to his ancestors to be able to find out who brought the problem, whether it was jealous family members angry ancestors or "thwasa", a calling by his/her ancestors to become a healer. He further pointed to five phases of treatment methods he employ irrespective of whether the problem is due to witchcraft or to angered ancestors and that throughout his treatment the family of the patient including his/her extended family are included. The first phase of treatment is that of "gwadisa" (patient inhaling a smoke of sedative herbs through his/her nose) which is done only to the patient for calming him down, this treatment has a relaxing effect and makes the patient drowsy, stopping his wild, restless, aggressive behaviour. According to him, the patient usually sleeps. In the second phase, he then "gabhisa ngentloko" (induced vomiting through the nose) and in this treatment phase some water mixture of herbs is forcefully poured through the patient's nose. In the third phase of treatment, the patient and his whole family "gabha" (drinking 10 litres of water mixed herbs and vomiting it out) for cleansing them inside. In the fourth phase, the whole family is steamed in a mixture of herbs and washed in herbs either by the healer or by his/her /spouse if its the opposite sex. In the fifth and final phase, an "intlombe" is performed in the patient's home where the neighbouring friends and community members are invited. This "intlombe" is performed by a group of traditional healers, dancing, singing to evocate evil spirits. According to the first participant, there is usually a slaughtering of a goat for the ancestors by the traditional healer and



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a lot of drinking and eating in an "intlombe".

Uys (1989) noted that the African healing system differs widely from that of western medicine. In particular, she outlines the following major differences between the African and western healing especially with regards to psychoses:

a. Healing in the African context is concerned with the total person including relationships. African traditional healers see a difference between the "basic problem" which is usually relational and "related problems" which may be physical or mental symptoms. Accordingly, healing should include both these types of problems for the African patient.
b. Since both disease and healing are more social and cultural than biological, the therapy is also more social and cultural.
c. The whole family group and even larger community is usually involved so that confidentiality as we know it is not observed.
d. Treatment very often consists of the patient being taken into the home of the healer and given a definite function.
e. Rituals, which again involve a large group form an important part of therapy, which does not focus at all on analysis of the patient's personality structure, increasing self awareness and personality growth.
f. Africans have only a magical ideal of prevention such a wearing a talisman to ward off spirits.
g. In the African traditional healing system the expectation is that the healer will not focus on "what" caused the disease, but on "who". In this regard, bewitchment has many positive psychodynamic functions which are:



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(i) These beliefs are used to externalize feelings of hate, hostility, frustration, jealousy, anxiety and sexual fantasies, which are not culturally overtly expressed, causing an abreation which prevents severe individual psychosis and neurosis.

(ii) These beliefs allow a weak person's social support and thus affirm his worth and identity.

Regarding diagnosis, the results of the present study correlated with the DSM IV criteria for schizophrenia in that the participants conceptualized various kinds of psychoses in terms of symptoms such as hallucinations, delusions, disorganised speech (i.e., frequent derailment or incoherence), grossly disorganised or catatonic behaviour, negative symptoms, for example, affective flattening, alogia and avolition, and social/occupational dysfunction.

Regarding aetiology there were both similarities and differences between the traditional African and the western understanding. Similarities in that both traditional African and western healing models emphasize the genetic hypothesis and environmental stress. Differences in that the participants of the present study stressed the role of supernatural issues such as witchcraft and ancestors in precipitating psychoses. Whereas the western biomedical model indicates a pathophysiological role for certain areas of the brain including the limbic system, the frontal cortex and the basal ganglia (for more information, see Kaplan & Sadock, 1998 as this is beyond the scope of this mini-thesis).

When one begins to analyse the protocols according to Uys (1989) African treatment and healing system, one can begin to note some similarities. Firstly, according to Uys (1989), healing is the African context is concerned with the total person including relationships. All the participants of this study confirmed that their treatment included the whole family of the patient, for example, the



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"gabha" (vomiting after consuming 10 litres of water-herbs mixture) is not only done to the patient but also to his/her whole family. The results of this study confirmed Uys (1989) theory that the African treatment and healing system focusses on "who" and not what caused the disease, in that all the subjects of this study showed a concern of who caused the disease, that is whether it was witchcraft or angered ancestors. Uys's idea of rituals that involve the larger group and form an important part of therapy was also confirmed by this study in that the subjects reported a cultural ritual of a group of traditional healers dancing and singing in the patient's home, evocating evil spirits.

The results of this study correlate with previous literature of the traditional healing systems. For example, Uys (1989) (as discussed above), Quresh et al. (1998), Murphy (1993), El-Away (1991), Tazuma et al. (1995), and Koss (1998) all reached the same conclusions as this study in that they found that the main trend in traditional treatments of psychoses is evil spirit evocation which is done by a group of traditional healers in the home of the patient and that traditional treatments are aimed at cleansing the patient and his family either through washing their bodies in herbs and/or induced herb mixture vomiting.

## 6.4 Limitations of the present study

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There are a number of limitations in the present study. Firstly, there is limited generalizability of the findings due to the phenomenological method used. Apart from employing a non-probability sample obtained using snowball sampling, the number of traditional healers used was too small to allow for any generalization of the findings to all traditional healers. Secondly, the study used traditional healers drawn from an urban area only as participants. Thus the findings cannot be generalized to



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traditional healers in rural areas. Thirdly, only one category of traditional healers known as diviners (amagqirha) were used. Therefore, the present findings cannot be generalized to other two categories of traditional healers, namely, herbalists, ethnodoctor or ethnopharmacists ("amaxhwele), and spiritual or faith healers ("abathandezeli").

## 6.5 Suggestions for future research

A replication of this study using more African traditional healers is warranted. Furthermore, there is a need to investigate how traditional healers from rural areas understand and treat psychoses. Finally, there is a great need for more research of this kind to be conducted into how traditional healers treat other mental illnesses. In particular, a quantitative study investigating a representative sample of all types of traditional healers is required to allow for more generalizability of the findings.

## 6.6 Implications of the present findings for western psychotherapy

It is recommended that combining both traditional and western approaches would provide a more holistic treatment for people from other cultures. Co-operation between traditional and western healers should be formalized in the sense of inviting traditional healers to psychiatric hospitals and allowing traditional healers to treat patients alongside western therapists. Finally it is also recommended that there should be some training to sensitise western-trained therapists about Black cultures in particular traditional healing.



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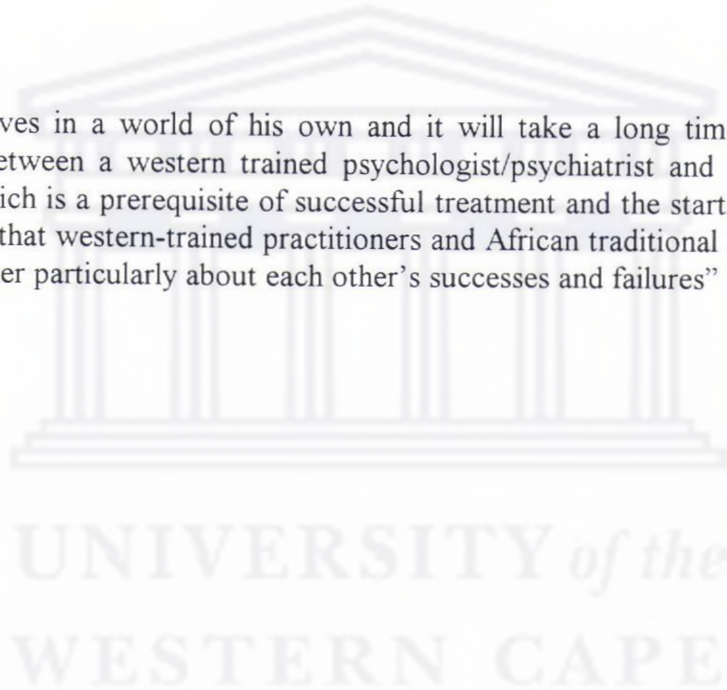
## 6.7 Conclusion

The present study which examined traditional healers' perceptions and practices in managing psychoses is a small step in the quest to share knowledge between western and traditional healers. It is hoped that more studies of this type will be undertaken particularly by researchers who are sensitive to their own cultures and consequently promote a better understanding of traditional medical practices which are relied upon by the majority of the population of South Africa than western psychotherapy in the treatment of psychoses. As amply stated by Gumede (1990),

> "The Bantu lives in a world of his own and it will take a long time until the correct relationship between a western trained psychologist/psychiatrist and a Bantu patient is established which is a prerequisite of successful treatment and the starting point of such a relationship is that western-trained practitioners and African traditional healers learn more about each other particularly about each other's successes and failures" (p.29).



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## APPENDIX A

## INTERVIEW GUIDE

**1. What is Psychosis?**

**1.1 How is a person who "thwasa" different from a psychotic one?**

**1.2 How is a psychotic person different from a mentally retarded person (isidenge)?**

**1.3 How is psychosis different from rebelliousness (being against societal norms)?**

(**NB!** Any symptom or description of a psychotic person will be probed through questions such as what does that mean? Will you please tell me more about that? Can you please give me an example of what you are describing?)

**2. What causes Psychosis?**

(Any description given will be probed, e.g. Where do such things come from? How are they different from other forms of illnesses? What does that mean? Tell me more? An example please?)

**3. What do you see in a person that makes you say that such a person is psychotic?**

**3.1 In what condition are psychotic patients when they are brought o you? Who brings them and what do such persons (and whoever) brings them expect from you? Why do you think they come to you in such a condition? What are your feelings towards psychotic persons?**



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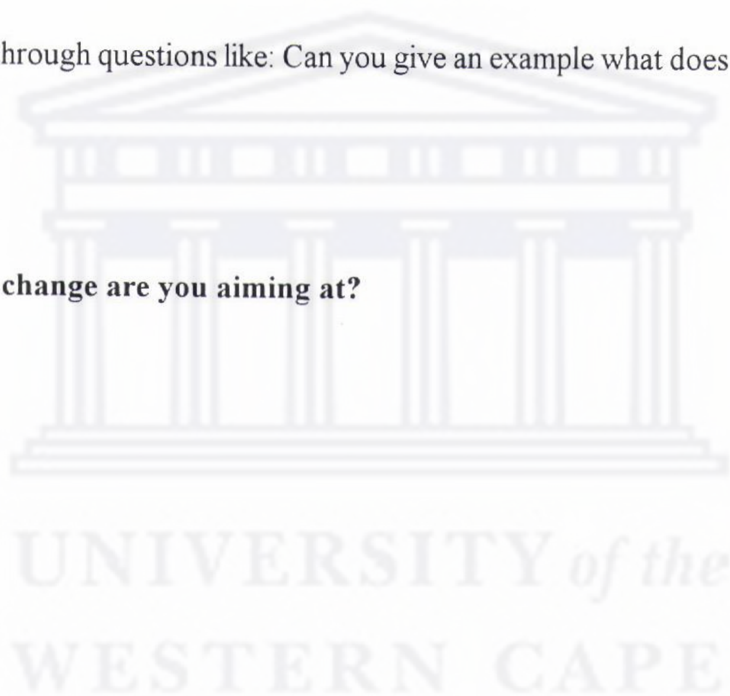
(Probing will be carefully done in whatever the traditional healer says?)

4. **How do you treat Psychosis. What are your treatment aims? What does such treatment do to the person? How does such treatment react to the person? What is the focus point of your treatment?**

5. **How do you measure the success or failure of your treatment?**

(Probing will be done through questions like: Can you give an example what does that mean? Where does it come from?)

6. **What kind of change are you aiming at?**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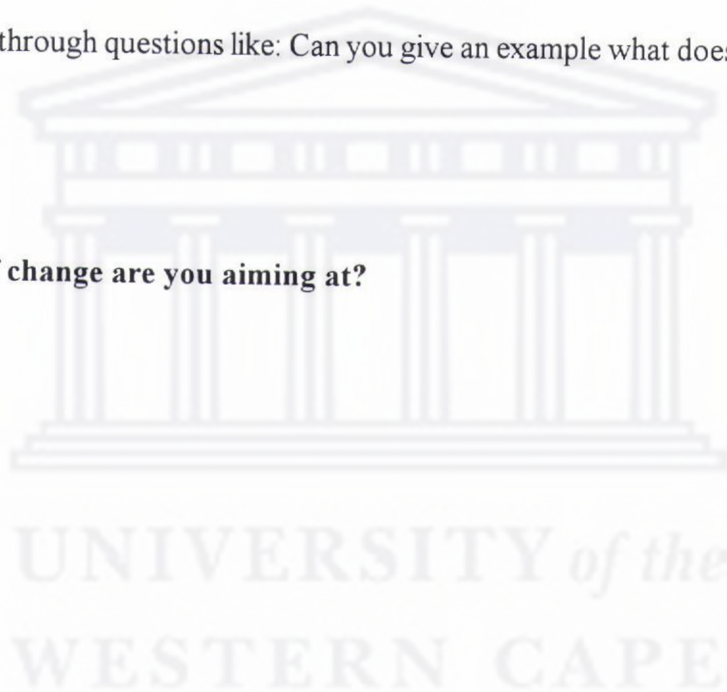




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## APPENDIX B

## INTERVIEW TRANSCRIPTIONS

## TRANSCRIPTION 1

Q: I would like to know according to your new a healer, what is psychosis?

A: Psychosis is an illness of the mind, it is a sudden illness, it usually happens to someone who used to be well, normal just like other people, psychosis is known or can be seen by various signs or some kind of indications that can be seen in a person's behaviour.

Q: You are saying that psychosis is an illness of the mind and it can be seen by various indications in the way the person who has it behaves, can you give me some examples of such behaviours.

A: Mh! For example my child a person who suffers from psychotic becomes mad, "uyaraka", he might start laughing and talking to himself to himself, behaves inappropriately e.g. laughing to something that no one would laugh at in his family and cultural context, a psychotic person talks nonsense is un-understandable, mixes topics together says things that do not make sense, no man its simple, its easy for anyone in that person's social life to see that yes ... there is a problem the person has changed.

Q: Mh!



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A: The person changes complete from what he/she used to be for example he/she might suddenly leave school if he/she was a scholar or might find it difficult to do his school, difficulties that were never there before, or my suddenly find it impossible to cope with his work situation, persons who are psychotic might also experience difficulties with their children in their day to day life or spouses or any significant others in their lives, all due to this sudden change that has taken place in a person's life.

Q: You are talking about a change, please tell me more about this change, Mhlekazi.

A: This changes is one of those indications that I spoke about earlier for example all of a sudden, it usually takes time for the family to notice, the person does not take care of his general personal hygiene anymore, he does not brush his teeth anymore, he does not wash himself any more, he looks dirty, untidy and most of my psychotic patients are usually even smelling when they are brought to me, it just shows you that the person has not have a bath or shower for a week, a month or even more so depending on for how long he have been psychotic before he was brought to me.

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Q: Mh! I hear.

A: The other indication of psychosis is that of roaming around the streets aimlessly most of psychotic patients start collecting papers and stones on the streets as if cleaning the streets, but its not a planned goal directed thing, when you ask the person what's this you are



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collecting you might find no answer, a psychotic person does not know whether he is coming or going, its black black black in his mind.

Q: Mh!

A: Some even end up staying in the bushes the issue of staying in the bushes is similar to "thwasa" is very clear in his mind, he is just communicating with his ancestors, even if he does end up in the bush, eh, knows what he is doing and will go back home with "muti" that is relevant and that is well known to any sangoma.

Q: Mh! I hear Mhlekazi.

A: These people might even run away from home in staying either in bushes or just roaming around aimlessly.

Q: This running away from home, how do you differentiate it from naughty children, because they also do run away from home, have you got everything to comment on that Mhlekazi?

A: Yes naughty children do run away from home but they are not dirty, unkept and dishevelled like psychotic ones, they are not disoriented, they know exactly what it is they are doing unlike psychotic ones who don't even know whether they are coming or going, not, those naughty children are normal, they are not like psychotic persons who are not normal, who talk



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and laugh to themselves doing odd, bizzare thing.

Q: And how are they different from "izidenge"? Mentally retarded people?

A: As I said before, psychosis happens to normal people, people who were normal just like you and me who were e.g. doing well at school, I have seen many UCT student patients of mine and I was told that this person was very clever at school some are working well, and all of a psychosis gets him, "izidenge" (mentally retarded) individuals are generally having low intellect from the time they were born, it usually even becomes difficult for them to finish primary school.

Q: I see, are there other indications of psychosis that you wanted to talk about.

A: Only that psychotic people behave in a mad way, they do odd funny things, one can see even in their eyes that they are not right.

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Mh!

My second question to you Mhlekazi is what causes psychosis?

There are different causes of psychosis ... sometimes a person is born with psychosis and grows up with it ... may be because his grandparents or some of his or her ancestors had it .... that is why when you get married my daughter one day you have to find out about this person's ancestors, how were



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they etc, otherwise you may end up having a child with psychosis ....

Mh! I hear Mhlekazi ...

Another person may grow up with psychosis which can only show itself during his initiation period ... that such a person finds it difficult to cope with being in the veld without his family, or maybe is unable to bear the pain of "umdlanga" (the circumcision weapon .... which may lead to psychosis).

Mh! You are saying that such a person had psychosis all the time but it only came out because he cannot bear being away from home?

Yes, for a person who grew up with psychosis that hides itself it may be impossible to bear such pain and he may be psychotic ...

Are there other causes of psychosis except the one you mentioned?

Yes, witchcraft because of jealousy from family members e.g. if a child grows up as a clever child, is successful at school, especially those clever children, some aunts or uncles may be jealous and use sorcery/witchcraft "ukuthakatha" which may make him or her psychotic in his making it difficulty for him or her to finish school .... even being rich, having a big house may make a person vulnerable to witchcraft if he or she is not strong enough ...



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Mh! How?

It is things that are sent by people .... may be such a person's parents were witches and have left him or her with bad spirits e.g. "impunduly", "uthikoloshe" or bad "muti" that may cause madness/psychosis ...

Where do these things come from?

Some bad traditional healers may have them and if someone hates some one and aks to make him or her psychotic a bad traditional healer may throw a spell of bad spirits e.g. "umpundulu" to such a person and this may lead to psychosis or as I said the witch may use his or her own things that were left by his grandparent etc ....

Is there another cause of psychosis that you may tell me of Mhlekazi?

Yes, drugs dagga and alcohol does not operate the same to different individuals, it may make some people psychotic.

Mh!

For example, you may find that it e.g. does not go along with his mind.



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Oh! I see .... my third question is ..... What do you see in and individual that makes you say that this particular person is psychotic?

Psychotic people are usually brought to me by their families who come to me to ask for help .... they usually say that we have a problem with such a person, he is always dirty, talks to himself, laughs to himself, tends to do crazy things e.g. walking around naked, runs and we chase him .... and so on ....

Mh! In what condition are psychotic patients when they are brought to you?

Most of my psychotic patients are usually tied up with ropes by their families because of the running around, not sitting still and also because the families usually fear that maybe such a psychotic person may be aggressive and thus; be a danger to him or herself or to others.

Mh!

They are usually tied up because the families are tired of running after the person who usually runs around for nothing ....

What are the other complaints brought to you by the family?

Ah! Lots of complaints e.g. that the person runs away from home, goes to the streets, collect rubbish and takes it e.g. to the neighbours houses ..... etc.



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You are talking about running and running away from home, how about naughty children who usually run away from home because of not wanting parental authority?

The difference between naughty (stout) youngsters and psychotic people is that the naughty one is clean, takes care of him or herself hygienically and his or her mind works well, e.g. he or she would not do funny things like, walking around naked in front of others or apply his or her stools on his or her face .... the psychotic person is sick in the mind, he or she is not deliberately doing crazy things just to rebel against him or her parent's rules.

Mh!

Even when I look at the person who is psychotic, his or her eyes shows that there is a problem with his or her mind - his or her face changes .... I can say that a change is apparent in a psychotic person's face and skin .... he or she looks like a dead person .... you can see that there is no intelligence or mind in his or her eyes ...

I see, now my fourth question, How do you treat psychosis?

Our treatment is aimed at touching the affected area O making it more sore - then we feel that the illness will go away - it is like if you have a wound you have to touch it, wash it, make it more painful then it will go - with psychotic patients the illness is in the head, in the mind .... so I first "guadisa" (put some "muti" in the patient's nostrils) with this "muti" .... (my ancestors told me to keep it in this



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horn) (Showing the horn and the burning herbs to the interviewer).

I see, what does this do to the patient?

When the smoke of this "muti" is inhaled through the nostrils of the patient, it brings a calming effect?

What do you mean when you say it brings a calming effect?

I mean that as I said earlier on, the psychotic patient arrives here already tied up in ropes, it means that he is active in his mind, he cannot do anything and mess up my practise - the "guada" in the nostrils goes direct to the head and make him clam down, brings some relaxation to his mind, he may end up being drowsy or even sleeping ....

Then what?

I leave him seeing if he sleeps then continue with my other patients as you say this morning this is always a full house ....

Mh!

When he wakes up I then "gabhisa ngentloko" (vomiting with the head) in other words I pour a mixture of these herbs (showing the interviewer) in warm water then forcefully put in inside the patient's nostrils to clean the dirt that is inside his head.



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What dirt?

Dirt, e.g. brought about through sorcery or drugs - the psychosis that the person is born with I cannot heal but then I wash the person in "muti" herbs for protection to make him stronger .... to protect him from becoming worse.

Please explain Mhlekazi ....

I wash the person to protect him or her form further harm by witchcraft.

What else do you do in your treatment?

I "futhisa" (steaming) in herbs to protect and strengthen the person , also to clean the person from bad spirits of witchcraft .... I also give the person "imbiza" (muti-herbs mixture) to clean the stomach ....

What does the "imbiza" do to the person?

It wipes out "uxakaza" and other bad dirty things from the stomach making the person clean. I also use the person's home "muti" e.g. "impepho", "intelezi" things that his family also uses at home.

Mh!



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I check on the bones whether the patient's ancestors are angry or not .... if they are angry I encourage the family to do their cultural rituals e.g. of slaughtering a goat or a white chicken bringing the ancestors protection back .... If I see on my bones that this person is supposed to "thwasa" then I just do the usual treatment of "ukugwadisa", "ukugabhisa ngenthoko", "ukuputhisa" "ukuhlamba", then encourage the family to listen and encourage him or her to go for "thwasa" - to answer and obey his or her call .... as I said before if one refuses to "thwasa" then there is a possibility that such a person can be psychotic ....

Mh! How do you see that the person has to "thwasa" i.e. is psychotic because he or she to "thwasa" ... in other words how do you get to know why is such a person psychotic.

I look at him, ask the family questions, find out how he was behaving at homes etc .... the bones show me if the ancestors are angry or if someone has to "thwasa" (showing the bones to the interviewer, some look like see shells).

Mh!

I personally bath the person if he is male and my wife also baths the person if it is a female with the aim of helping him or her so that his or her family likes him or her (showing some "muti"/herbs to the interviewer) in warm water mixture of these herbs - these herbs remove "umgqwaliso" .... I want the family to like and help the patient because they live their life for him or her now that he or she is sick.



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**TRANSCRIPTION 2**

Q: I wold like to know according to your understanding as a healer, what is psychosis?

A: Psychosis is madness at its highest level the word "ukuraka" really means mental illness at its highest level, one patient that I saw who was psychotic started by closing himself in his room, in an outside pozi, when the parents went to find out what is the problem they found him talking and laughing to himself they also noticed that he was so dirty, he hadn't washed himself to nearly a month, that's one of the reasons they took him to me, his laughing and talking to himself and his dirtiness whereas he used to be such a lean young man, made them realize that something was not right, that he had an illness of the mind, that he was psychotic, and they brought him to me, what I'm trying to say my daughter is that psychosis means many things ... many things, it shows itself in different ways in different people.

Q: Mhlekazi you spoke about social withdrawal, lack of personal hygiene, laughing and talking to oneself as one of the indications that someone is psychotic, you are saying there are many indications, tell me more about those .....

A: a psychotic person might do funny odd things that he never did before things that are strange to those around in e.g. collecting cabbage from the streets, putting and throwing it inside the house, one man cooked some pap and threw it outside the house for no apparent reason, and one other patient I once saw broke TV's radio's and telephones at his home claiming that



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those are disturbing him in a way. There is generally this funny behaviour in most raka people that I see in my work .... lots of funny behaviour including running away from hoem and so on.

Q: Naughty children and men who are playboys do run away from home how do you differentiate between especially the running away of naughty children and that of psychotic persons.

A: Look my daughter, the naughty child is not talking nonsense like the poor psychotic person, the naughty child washes himself, is clean has got a lot of friends and therefore is not socially withdrawn like the psychotic person .... naughty children know exactly what they are doing, they don't come back home with gabbage, they are normal like you. They are just naughty and silly, rebellious to parents, but psychotic persons do odd bizzare things they don't even know what they are doing, they don't plan what they are doing, they just do it they are sick.

Q: Are there more indications of psychosis that they still need to talk about Mhlekazi?

A: With psychotic persons there is also a problem of aimlessly roaming around the streets, the person just walks and walks sometimes even runs around the neighbourhood not knowing where he is going or where he is coming, these people might even end up staying in the bushes like animals, their relatives trying to get them back and they tend to be extemely aggressive, this aggression become so much such that psychotic person might start chasing



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other people in the community, threaten their families with a knife and so on .... its usually during such times that the family seeks help, its usually when the person starts to be tret to the lives of the family members sometimes even to his own life.

Q: Now Mhlekasi you are talking about roaming aimlessly around the bushes even staying there how does the staying in bushes issue come abut and why?

A: The bush issue is a complicated one in that even people who "thwasa" do tend to end up stying in the bush, but then they are different from psychotic ones in that they can still keep themselves clean they don't talk nonsense, they do not do funny odd, bizzare strange things, they come back home without being collected by anyone, they bring herbs ("muti") home recognizable herbs ("muti") which shows that they are basically normal except for the call by their ancestors they are communicating with the down ones, and the psychotic ones don't even know where they are refuse to go home when collected, do bizzare odd things such as collecting gabbage and bringing it home, they are sick and need to be treated with herbs "muti" ... and so on.

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Q: The "thwasa" one is not ill, he only needs to "thwasa" and the raka one is sick and needs treatment, do I understand upon correctly Mhlekazi?

A: Yes, precisely, that what happens, the "thwasa" one needs to follow the instructions of his ancestors carefully, the ancestors usually direct him to the right specific healer that must train



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him not any sangoma can train him only the one directed by his ancestors, in the psychotic one is our business together with you then my daughter at the hospital, those people are mentally ill and need treatment.

Mh!

My second question to yo Mhlekazi is what causes psychosis?

There are different causes of psychosis .... sometimes a person is born with psychosis and grows up with it .... may be because his grandparents or some of his or her ancestors had it ... that is why when you get married my daughter one day you have to find out about this person's ancestors, how were they etc, otherwise you may end up having a child with psychosis ....

Mh! I hear Mhlekazi ....

Another person may grow up with psychosis which can only show itself during this initiation period .... that such a person finds it difficult to cope with being in the veld without his family, or maybe is unable to bear the pain of "umdlanga" (the circumcision weapon .... which may lead to psychosis).

Mh! You are saying that such a person had psychosis all the time but it only came out because the cannot bear being away from home?



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Yes, for a person who grew up with psychosis that hides itself it may be impossibl eto bear such apin and he may be psychotic ....

Are there other cause of psychosis except the one you mentioned?

Yes, witchcraft because of jealousy from family members e.g. if a child grows up as a clever child, is successful at school, especially those clever children, some aunts or uncles may be jealous and use sorcery/witchcraft "ukuthatatha" which may make him or her psychotic in his making it difficult for him or her to finish school .... even being rich, having a big house may make a person vulnerable to witchcraft if he or she is not strong enough ....

Mh! How?

It is things that are sent by people .... may be such a person's parents were witches and have left him or her with bad spirits e.g. "umpundlu", "uthikoloshe" or bad "muti" that may cause madness/psychosis ....

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Where do these things come from?

Some bad healers may have them and if someone hates some one and ask to make him or her psychotic a bad traditional healer may throw a spell of bad spirits e.g. "umpundulu" to such a person and this may lead to psychosis or as I said the witch may use his or her own things that were left by



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his grandparent etc.......

Is there another cause of psychosis that you may tell me of Mhlekazi?

Yes, drugs, dagga and alcohol does not operate the same to different individuals, it may make soem people psychotic.

Mh!

For example, you may find that it e.g. dagga does not go along with his mind.

Oh! I see .... my third question is .... What do you see in and individual tht makes you say that this particular person is psychotic?

Psychotic people are usually brought to me by their families who come to me to ask for help .... they usually say that we have a problem with such a person, he is always dirty, talks to himself, laughs to himself, tends to do crazy things e.g. walking around naked, runs and we chase him .... and so on ....

Mh! In what condition are psychotic patients when they are brought to you?

Most of my psychotic patients are usually tied up with ropes by their families because of the running around, not sitting still and also because the family usually fear that maybe such a psychotic person



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may be aggressive and thus, be a danger to him or herself or to others.

Mh!

They are usually tied up because the families tired of running after the person who usually runs around for nothing ....

What are the other complaints brought to you by the family?

Ah! Lots of complaints e.g. that the person runs away from home, goes to the streets, collects rubbish and takes it e.g. to the neighbours houses ... etc.

You are talking about running and running away from home, how about naughty children who usually run away from home because of not wanting parental authority?

The difference between naughty (stout) youngsters and psychotic people is that the naughty one is clean, takes care of him or herself hygienically and his or her mind works well e.g. he or she would not do funny things like, walking around naked in front of others or apply his or her stools on his or her face .... the psychotic person is sick in the mind, he or she is not deliberately doing crazy things just to rebel against him or her parent's rules.

Mh!



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Even when I look at the person who is psychotic, his or her eyes shows that there is a problem with his or her mind - his or her face changes ... I can say that a change is apparent in a psychotic person's face and skin ... he or she looks like a dead person .... you can see that there is no intelligence or mind in his or her eyes ....

I see, now my fourth question, how do you treat psychosis?

Our treatment is aimed at touching the affected area O making it more sore - then we feel that the illness will go away - it is like if you have a wound - you have touch it, wash it, make more painful then it will go - with psychotic patients the illness is in the head, in the mind .... so I first "guadisa" (put some "muti" in the patient's nostrils) wit this "muti" .... (my ancestors told me to keep it in this horn) (Showing the horn and the burning herbs to the interviewer).

I see, what does this do to the patient?

When the smoke of this "muti" is inhaled through the nostrils of the patient, it brings a calming effect.

What do you mean when you say it brings a calming effect?

I mean that as I said earlier on, the psychotic patient arrives here already tied up in ropes, it means that he is active in his mind, he cannot do anything and mess up my practise - the "guada" in the nostrils to his mind, he may end up being drowsy or even sleeping ....



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Then what?

I leave him seeing if he sleeps then continue with my other patients as you say this morning this is always a full house ....

Mh!

When he wakes up I then "gabhisa ngentloko" (vomiting with the head) in other words I pour a mixture of these herbs (showing the interviewer) in warm water then forcefully put it inside the patient's nostrils to clean the dirt that is inside his head.

What dirt?

Dirt, e.g. brought about through sorcery or drugs - the psychosis that the person is born with I cannot heal but then I wash the person in "muti" herbs for protection to make him stronger .... to protect him from becoming worse.

Please explain Mhlekazi ....

I wash the person to protect him or her form further harm by witchcraft.

What else do you do in your treatment?



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I "futhisa" (steaming) in herbs to protect and strengthen the person, also to clean the person from bad spirits of witchcraft ... I also give the person "imbiza" (muti- herbs mixture) to clean the stomach .....

What does that "imbiza" do to the person?

It wipes out 'uxakaza" and other bad dirty things from the stomach making the person clean. I also use the person's home "muti" e.g. "impepho", "intelezi" things that his family aalso uses at home.

Mh!

I check on the bones whether the patient's ancestors are angry or not .... if they are angry I encourage the family to do their cultural rituals, e.g. of slaughtering a goat or a white chicken bringing the ancestors protection back .... If I see on my bones that this person is supposed to "thwasa" then I just do the usual treatment of "ukugwadisa", "ukugabhisa ngenthoko", "ukuputhisa", "ukuhlamba", then encourage the family to listen and encourage him or her to go for "thwasa" - answer and obey his or her call .... as I said before, if one refuses to "thwasa" then there is a possibility that such a person can be pschotic .....

Mh! How do you see that the person has to "thwasa" i.e. is psychotic because he or she his to "thwasa" .... in other words how do you get to know why is such a person psychotic.



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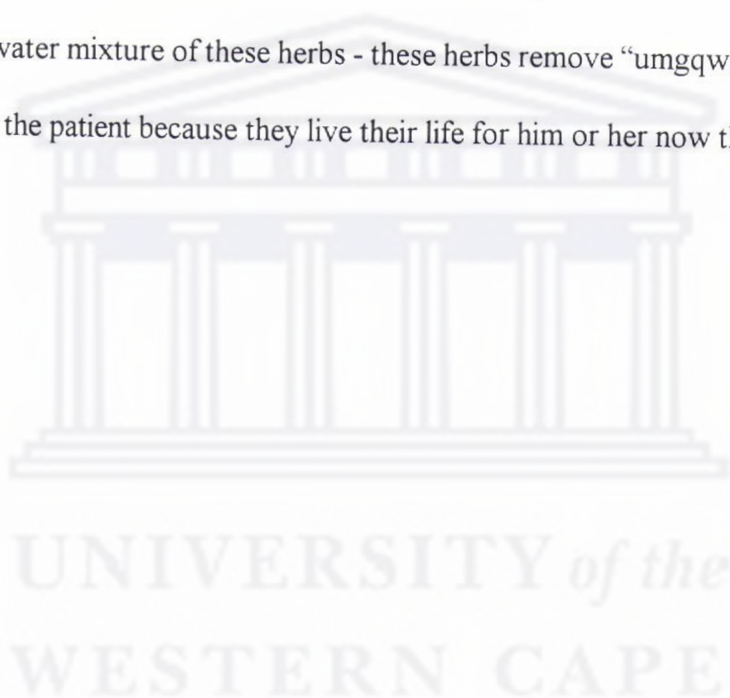
I look at him, ask the family questions, find out how he was behaving at homes etc .... the bones show me if the ancestors are angry or if someone has to "thwasa" (showing the bones to the interviewer, some look like see shells).

Mh!

I personally bath the person if he is male and wife also baths the person if it is a female with the aim of helping him or her so that his or her family likes him or her (showing some "muti"/herbs to the interviewer) in warm water mixture of these herbs - these herbs remove "umgqwaliso" .... I want the family to like and help the patient because they live their life for him or her now that he or she is sick ....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## TRANSCRIPTION 3

Q: I would like to know according to your understanding as a healer, what is psychosis?

A: Psychosis is some kind of madness which is much more worse than any type of kind of madness, it is bad and whenever I see a psychotic person I really feel sad, and my heart goes to that poor person and his family. Basically when a person is psychotic he/she does not know whether its in the evening or in the morning, at times he hardly knows his/her name, the person has no sense of judgement is unable to think logically, even what he says does not make sense, he might talk about this and mix it with something that does not connect with it ....

Q: Mh!

A: As when some one is psychotic he starts to do funny things, odd strange things that are understandable, you might find him roaming aimlessly around streets, not knowing where he is going or where he is coming from some even end up collecting and packing some stone s on the road, some even collect some cabbage and put it in their home, .... that .... just how bad it may go ... oh: it's painful, its very painful.

Q: Mh! I hear.



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A: It's painful because it usually happens to smart decent persons who used look after themselves well, may be had a job or was clever at school if it's a child, it even happens to people who were in good managers, who were good mothers or fathers to their children, it's not about small mind or what, it's not because the person was "isidenge", no "isidenge" (mentally retarded person) was born, from the beginning he is not right in the head, psychosis is not like that, it happens to decent people, normal people like you and me, its about being "isidenge" although sometimes it does happen than even "isidenge" can be psychotic especially if he takes dagga that can happen even to "isidenge". But the psychosis I have seen here was with people who were first normal like your and me, and all of a sudden, became psychotic.

Q: Mh! I hear.

A: It's painful because it usually happens to smart decent persons who used to look after themselves well, may be had a job or was clever at school if it's a child, it even happens to people who were in good managers, who were good mothers or fathers to their children, it's not about small mind or what, it's not because the person was "isidenge", no "isidenge" (mentally retarded person) was born, from the beginning he is not right in the head, psychosis is not like that, it happens to decent people, normal people like you and me, its about being "isidenge although sometimes it does happen that even "isidenge" can be psychotic especially if he takes dagga that can happen to "isidenge". But the psychosis I have seen here was wit people who were first normal like you and me, and all of a sudden, became psychotic.

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Q: Mh! You are saying that it happens to normal people.

A: Yes, and when someone is psychotic he/she won't be scared of walking around the house in front of the children, naked, they do funny unreal things that are difficult to understand.

Q: Mh!

A: What I also noticed in my contract with psychotic persons and patients is that they usually stop taking care of their personal hygiene, they stop brushing their teeth in the morning and evening, they even stop taking a bath or changing their clothes so they usually are brought to me by the relatives, appearing dirty, even smelling, usually in dirty clothes, with yellow teeth, dishevelled and unkept .....

Q: So you are saying that lack of personal hygiene is another sign of psychosis.

A: Yes, I've never seen any clean psychotic person, some even leave home completely and stay in the bush, just like animals at such time they can be so energetic and aggressive, especially to family members who try to force them back home, in fact psychotic people do become aggressive ..... generally it does, though some tend not to even want to be people, keeping to themselves as if their social world does not exist anywhere.



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Q: You are saying that some people leave home and stay in the bush, would you please tell me more about that, why? Do they stay in bushes.

A: There are various reasons why some end up in the bush, one may be due to psychosis pure madness and another may be due to "thwasa" (being called by his ancestors for becoming a traditional there is a difference between such people int that the one who "thwasa" is usually clean and if he does go to the bush, he comes back by himself with some herbs that we traditional healers can recognise and know what they are used for, whereas the one who is psychotic is used, he even refuses to come home, if he does come home he may bring some funny cabbage ever rusted tins and so on he is nuts.

Mh! I hear.

The bones tell us the clear difference these two people, the one who "thwasa" and the one who "salca", the one who "thwasa" needs to listen carefully through his dreams, exactly what the ancestors want from him, and do just that, usually through his dreams, the ancestors might even show him exactly which traditional healers should train him and know and so on, the one who "ralka" basically needs treatment.

Mh!

My second question to you Mhlekazi what causes psychosis?



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There are different causes of psychosis ... sometimes a person is born with psychosis and grows up with it .... may be because his grandparents or some of his or her ancestors had it ... that is why when you get married my daughter one day you have to find out about this person's ancestors, how were they etc, otherwise you may end up having a child with psychosis ...

Mh! I hear Mhlekazi ....

Another person may grow up with psychosis which can only show itself during his initiation period .... that such a person finds it difficult to cope with being in the veld without his family, or maybe is unable to bear the pain of "umdlanga" (the circumcision weapon ... which may lead to psychosis).

Mh! You are saying that such a person had psychosis all the time but it only came out because he cannot bear being away from home?

Yes, for a person who grew up with psychosis that hides itself it may be impossible to bear such pain and he may be psychotic ...

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Are there other causes of psychosis except the one you mentioned?

Yes, witchcraft because of jealousy from family members e.g. if a child grows up as a clever child, is successful at school, especially those clever children, some aunts or uncles may be jealous and use sorcery/witchcraft "ukuthakatha" which may make him or her psychotic in his making it difficult for



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him or her to finish school .... even being rich, having a big house may make a person vulnerable to witchcraft if he or she is not strong enough....

Mh! How?

It is things that are sent by people ... may be such a person's parents were witches and have left him or her with bad spirits e.g. "impunduly", "uthikoloshe" or bad "muti" that may cause madness/psychosis ....

Where do these things come from?

Some bad traditional healers may have them and if someone hates some one and ask to make him or her psychotic a bad traditional healer may throw a spell of bad spirits e.g. "umpundulu" to such a person and this may lead to psychosis or as I said the witch may use his or her own things that were left by his grandparent etc .....

Is there another cause of psychosis that you may tell me of Mhlekazi?

Yes, drugs, dagga and alcohol does not operate the same to different individuals, it may make some people psychotic.

Mh!



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For example, you may find that it e.g. dagga does not go along with his mind.

Oh! I see .... my third question is .... What do you see in an individual that makes you say that this particular person is psychotic?

Psychotic people are usually brought to me by their families who come to me to ask for help .... they usually say the we have a problem with such a person, he is always dirty, talks to himself, laughs to himself, tends to do crazy things e.g. walking around naked, runs and we chase him .... and so on ...

Mh!

They are usually tied up because the families are tired of running after the person who usually runs around for nothing ...

What are the other complaints brought to you by the family?

Ah! Lots of complaints e.g. that the person runs away from home, goes to the streets, collects rubbish and takes it e.g. to the neighbours houses .... etc.

You are talking about running and running away from home, how about naughty children who usually run away from home because of not wanting parental authority?



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The difference between naughty (stout) youngsters and psychotic people is that the naughty one is clean, takes care of him or herself hygienically and his or her mind works well e.g. he or she would not do funny things like, walking around naked in front of others or apply his or her stools on his or her face .... the psychotic person is sick in the mind, he or she is not deliberately doing crazy things just to rebel against him or her parent's rules.

Mh!

Even when I look at the person who is psychotic, his or her eyes shows that there is a problem with his or her mind - his or her face changes .... I can say that a change is apparent in a psychotic person's face and skin .... he or she looks like a dead person ... you can see that there is no intelligence or mind in his or her eyes .....

I see, now my fourth question. How do you treat psychosis?

Our treatment is aimed at touching the affected area O making it more sore - then we feel that the illness will go away - it is like if you have a wound - you have to touch it, wash it, make it more painful then it will go - with psychotic patients the illness is in the head, in the mind .... so I first "guadisa" (put some "muti" in the patient's nostrils) with this "muti" .... (my ancestors told me to keep it in this horn) (Showing the horn and the burning herbs to the interviewer).

I see, what does this do to the patient?



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When the smoke of this "muti" is inhaled through the nostrils of the patient, it brings a calming effect.

What do you means when you say it brings a calming effect?

I mean that as I said earlier on, the psychotic patient arrives here already tied up in ropes, it means that he is active in his mind, he cannot do anything and mess up my practise - the "guada" in the nostrils goes direct to the head and make him calm down, brings some relaxation to this mind, he may end up being drowsy or even sleeping ...

Then what?

I leave him seeing if he sleeps then continue with my other patients as you say this morning this is always a ful house ....

Mh!

When he wakes up I then "gabhisa ngentloko" (vomiting with the head) in other words I pour a mixture of these herbs (showing the interviewer) in warm water then forcefully put in inside the patient's nostrils to clean the dirty that is inside his head.

What dirt?



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Dirt, e.g. brought about through sorcery or drugs - the psychosis that the person is born with I cannot heal but then I wash the person in muti herbs for protection to make him stronger .... to protect him from becoming worse.

Please explain Mhlekazi ...

I wash the person to protect him or her form further harm by witchcraft.

What else do you do in your treatment?

I "futhisa" (steaming) in herbs to protect and strengthen the person, also to clean the person from bad spirits of witchcraft .... I also give the person "imbiza" (muti-herbs mixture) to clean the stomach ...

What does that "imbiza" do to the person?

It wipes out "uxakaza" and other bad dirty things form the stomach making the person clean. I also use the person's home "muti" e.g. "impepho", "intelezi" thing that his family also uses at home.

Mh!

I check on the bones whether the patient's ancestors are angry or not .... if they are angry I encourage the family to do their cultural rituals e.g. of slaughtering a goat or a white chicken bringing the



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Mh! How do you see that the person has to "thwasa" i.e. is psychotic because he or she has to "thwasa" ..... in other word how do you get to know why is such a person psychotic.

I look at him, ask the family questions, find out how he was behaving at homes etc ..... the bones show me if the ancestors are angry or if someone has to "thwasa" (showing the bones to the interviewer, some look like seashells).

Mh!

I personally bath the person if he is male and wife also baths the person if it is a female with the aim of helping him or her so that his or her family likes him or her (showing some "muti"/herbs to the interviewer) in warm water mixture of these herbs - these herbs remove "umgqwaliso" ..... I want the family to like and help the patient because they live their life for him or her now that he or she is sick ....



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## TRANSCRIPTION 4

Q: I would like to know according to your own understanding as a healer, what it psychoses?

A: A person who is psychotic is someone who does irrelevant odd things such a laughing and talking to himself, he might roam around the streets aimlessly, he might do funny things such as not even closing the door when he is in the to let or can even walk around the streets naked, whether he says does not make sense one cannot understand him.

Q: Mh!

A: A psychotic person is someone who does things that do not make sense, you might give him food he/she throws it away ... you might ask him something, he/she answers in an irrelevant way, he/she does wold even refuse the normal personal hygiene things that he used to, such as washing him or herself or brushing his/her teeth, unreal things .... he does stupid things that are not in line with reality he changes completely from what he used to be before and its a sudden change.

Q: Can you tell me more about these unreal funny stupid things.

A: Yes, he/she is not afraid of coming from the toilet without closing his or her private parts .... despite having been someone who used to know these socially acceptable behaviours, he/she



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does not know whether that he/she should wash him or herself, does not take care of his/her personal hygiene and surprisingly so because its usually a dramatic change from a lady or gentleman who used to take care of him or herself in a reasonable way. Its someone who used to attend school if its a child or was employed and doing well in his job if its an adult, sometimes having been married and a good mother or father to his children then all of a sudden, without the family noticing, the person changes completely.

Q: You are staying that psychosis was not there all the time in the person's life, its something that came all of a sudden in someone who used to keep a job, or was at school, doing well and taking care of himself.

A: Yes, psychosis happens to someone who used to be normal, like me and you, not "isidenge" (mentally retarded person) no "isidenge" (mental retardation) is different from psychosis in that a mentally retarded person has been like that since he was born, he/she is not or was not well before, and all of a sudden he starts talking and laughing to himself and so forth, further more mentally retarded people ("isidenge") do not roam around the streets and do not pass well at school because they have a small mind, people who become psychotic are usually people who were clever at school or at least did well, and had jobs, were generally functioning well, and all of a sudden, start to deteriorate in their normal functioning slowly until to an extend of talking nonsense, roaming around aimlessly, talking and laughing to themself, not worrying about their personal hygiene and so on.



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Q: Mh! I hear.

A: A psychotic person can even end up leaving home, is always dishevelled, dirty, unkept can even go to an extent of staying in the veld or the bush, just like an animal. I mean I have seen many things in this work, I've seen people living in the bushes, their families struggling to chase them, to take them back home and a psychotic person can be so energetic so violent and aggressive just like an animal.

Q: Mh!

A: But then I differentiate between those who run to the bush because of pure psychosis and those who are psychotic because of being called by their ancestors for "thwasa" (being called by ones ancestors to become a traditional healer) ....

Q: In what way? How is a person who "thwasa" different from the psychotic one?

A: The one who is "thwasa" (or being called by his ancestors to become a traditional healer) comes back home with "muti" (herbs) which we as traditional healers know, he/she can even come with some "intelezi", "impepho", "umhlonyane", usual things that are used at his home, and the psychotic one does not know whether it is in the morning or evening, may not even come back home at all until the family goes to collect him, the one who "thwasa" is clean, he does not talk nonsense, yes he might be talking, dancing and laughing to himself, but



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whatever he says makes sense and is coherent and logical, he/she knows what he/she is talking about. The person who is psychotic does not even wash himself and he/she does funny, odd strange things. The one who "thwasa" does not do anything funny, he may all of a sudden, dance without music, but we traditional healers know and understand that he is only responding to his ancestors, so his behaviour is reality based, all these differentiations are done carefully by the traditional when the person is brought to him you ask yourself, is this madness ("impuenbeno") is the "ukuvaka" (psychosis) or is this ("kuthwasa") the definition call by his ancestors? The main thing is that the one who "thwasa" brings herbs ("muti") home, is normal except for the occasional sense especially when his family is stubborn, you educated people who undermine your own fierce partners.

Q: Are you then saying that the person who "thwasa" is not psychotic?

A: Yes, he is sick because of his/her home things, he has to listen to his ancestors and do as they tell him/her i.e. "thwasa" by a traditional healer that his/her ancestors have instructed him to go to.

Q: And the one who does funny odd strange things?

A: That one is psychotic, "uyaraka" and needs to be treated, I have seen a lot of such ones, its actually very few people who become sick because of "thwasa", most who come here usually and psychotic and need to be treated for that, sometimes they pretend as if their problem is



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"thwasa" when I look at the bones I found that its not the case, the person is simple psychotic.

Mh!

My second question to you Mhlekasi is what causes psychosis?

There are different causes of psychosis .... sometimes a person is born with psychosis and grows up with it ... may be because his grandparents or some of his or her ancestors had it .... that is why when you get married my daughter one day you have to find out about this person's ancestors, how were they etc., otherwise you may end up having a child with psychosis ....

Mh! I hear Mhlekazi ....

Another person may grow up with psychosis which can only show itself during his initiation period .... that such a person finds it difficult to cope with being in the veld without his family, or maybe is unable to bear the pain of "umdlanga" (the circumcision weapon .... which may lead to psychosis).

Mh! You are saying that such a person had psychosis all the time but it only came out because he cannot bear being away from home?

Yes, for a person who grew up with psychosis that hides itself it may be impossible to bear such pain and he may be psychotic ....



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Are there other cause of psychosis except the one you mentioned?

Yes, witchcraft because of jealousy from family members e.g. if a child grows up as a clever child, is successful at school, especially those clever children, some aunts or uncles may be jealous and use sorcery/witchcraft "ukuthakatha" which may make him or her psychotic in his making it difficult for him or her to finish school .... even being rich, having a big house may make a person vulnerable to witchcraft if he or she is not strong enough ....

Mh! How?

It is things that are sent by people .... may be such a person's parents were witches and have left him or her with bad spirits e.g. "impunduly", "uthikoloshe" or bad "muti" that may cause madness/psychosis ....

Where do these things come from?

Some bad traditional healers may have them and if someone hates some one and ask to make him or her psychotic a bad traditional healer may throw a spell of bad spirits e.g. "umpundulu" to such a person and this may lead to psychosis or as I said the witch may use his or her own things that were left by his grandparent etc. ....

Is there another cause of psychosis that you may tell me of Mhlekazi?



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Yes, drugs, dagga and alcohol does not operate the same to different individuals, it may make some people psychotic.

Mh!

For example, you may find that it e.g. dagga does not go along with his mind.

Oh! I see .... my third question is .... What do you see in and individual that makes you say that this particular person is psychotic?

Psychotic people are usually brought to me by their families who come to me to ask for help .... they usually say that we have a problem with such a person, he is always dirty, talks to himself, laughs to himself, tends to do crazy things e.g. walking around naked, runs and we chase him .... and so on ....

Mh! In what condition are psychotic patients when they are brought to you?

Most of my psychotic patients are usually tied up with ropes by their families because of the running around, not sitting still and also because the families usually fear that maybe such a psychotic person may be aggressive and thus, be a danger to him or herself or to others.

Mh!



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They are usually tied up because the families are tired of running after the person who usually runs around for nothing ....

What are the other complaints brought to you by the family?

Ah! Lots of complaints e.g. that the person runs away from home, goes to the streets, collects rubbish and takes it e.g. to the neighbours houses .... etc.

You are talking about running and running away from home, how about naughty children who usually run away from home because of not wanting parental authority?

The difference between naughty (stout) youngsters and psychotic people is that the naughty one is clean, takes care of him or herself hygienically and his or her mind works well e.g. he or she would not do funny things like, walking around naked in front of others or apply his or her stools on his or her face .... the psychotic person is sick in the mind, he or she is not deliberately doing crazy things just to rebel against him or her parent's rules.

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Mh!

Even when I look at the person who is psychotic, his or her eyes shows that there is a problem with his or her mind - his or her face changes .... I can say that a change is apparent in a psychotic person's face and skin .... he or she looks like a dead person .... you can see that there is not intelligence or



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mind in his or her eyes ....

I see, now my fourth question. How do you treat psychosis?

Our treatment is aimed at touching the affected area O making it more sore - then we feel that the illness will go away - it is like if you have a wound - you have to touch it, wash it, make it more painful then it will go - with psychotic patients the illness is in the head, in the mind .... so I first "guadisa" (put some "muti" in the patient's nostrils) with this "muti" .... (my ancestors told me to keep it in this horn) (showing the horn ad the burning herbs to the interviewer).

I see, what does this do to the patient?

When the smoke of this "muti" is inhaled through the nostrils of the patient, it brings a calming effect.

What do you mean when you say it brings a calming effect?

I mean that as I said earlier on, the psychotic patient arrives here already tied up in ropes, it means that he is active in his mind, he cannot do anything and mess up my practise - the "guada" in the nostrils goes direct to the head and make him clam down, brings some relaxation to his mind, he may end up being drowsy or even sleeping ....

Then what?



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I leave him seeing if he sleeps then continue with my other patients as you say this morning this is always a full house ....

Mh!

When he wakes up I then "gabhisa ngentloko" (vomiting with the head) in other words I pour a mixture of these herbs (showing the interviewer) in warm water then forcefully put in inside the patient's nostrils to clean the dirt that is inside his head.

What dirt?

Dirt, e.g. brought about through sorcery or drugs - the psychosis that the person is born with I cannot heal but then I wash the person in "muti" herbs for protection to make him stronger .... to protect him from becoming worse.

Please explain Mhlekazi ....

I wash the person to protect him or her from further harm by witchcraft.

What else do you do in your treatment?

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I "futhisa" (steaming) in herbs to protect and strengthen the person, also to clean the person from bad spirits of witchcraft .... I also give the person "imbiza" (muti-herbs mixture) to clean the stomach .....

What does the "imbiza" do to the person?

It wipes out "uxakaza" and other bad dirty things from the stomach making the person clean. I also use the person's home "muti" e.g. "impepho,", "intelezi" thing that his family also uses at home.

Mh!

I check on the bones whether the patient's ancestors are angry or not .... if they are angry I encourage the family to do their cultural rituals e.g. of slaughtering a goat or a white chicken bringing the ancestors protection back .... If I see on my bones that this person is supposed to "thwasa" then I just do the usual treatment of "ukugwadisa" "ukugabhisa ngenthoko", "ukuputhisa", "ukuhlamba", then encourage the family to listen and encourage him or her to go for "thwasa" - to answer and obey his or her call .... as I said before, if one refuses to "thwasa" then there is a possibility that such a person can be psychotic .....

Mh! How do you see that the person has to "thwasa" i.e. is psychotic because he or she is "thwasa" .... in other words how do you get to know why is such a person psychotic.



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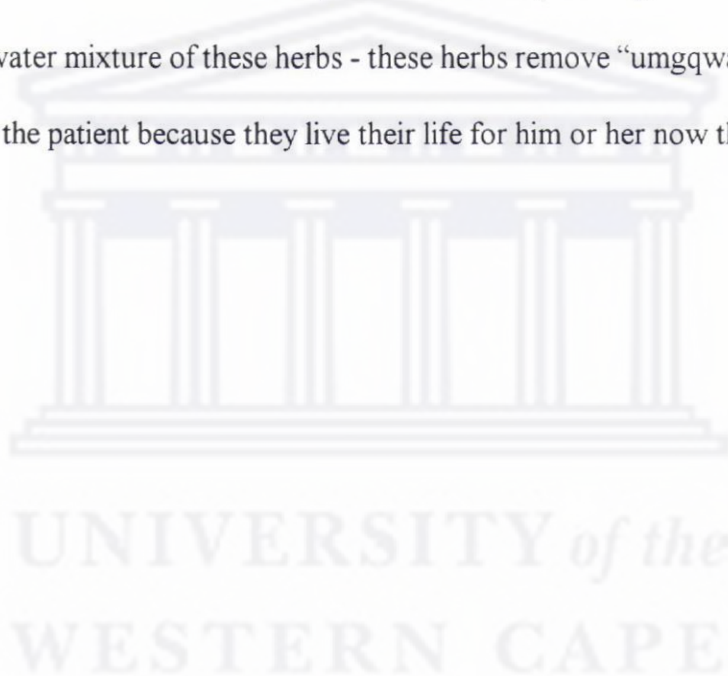
I look at him, ask the family questions, to find out how he was behaving at home etc ... the bones show me if the ancestors are angry or if someone has to "thwasa" (showing the bones to the interviewer, some look like seashells).

Mh!

I personally bath the person if he is male and my wife also baths the person if it is a female with the aim of helping him or her so that his or her family likes him or her (showing some "muti"/herbs to the interviewer) in warm water mixture of these herbs - these herbs remove "umgqwaliso" .... I want the family to like and help the patient because they live their life for him or her now that he or she is sick



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## APPENDIX C

## DELINEATION OF MEANING UNITS OBTAINED FROM TRANSCRIPTS OF THE SECOND, THIRD AND FOURTH SUBJECTS

The second participant

| DISCRIMINATED MEANING UNITS | DISCRIMINATED MEANING UNITS EXPRESSED MORE DIRECTLY IN PSYCHOLOGICAL LANGUAGE |
| --- | --- |
| 1. Psychosis is madness at its highest level, the word "ukuraka" really means mental illness at its highest level, one patient that I saw who was psychotic started by closing himself in his room, in an outside "pozi" hurt, when the parents went to find out what was the problem, they found him talking and laughing to himself, they also found that he had not washed himself for quite some time. | 1. He is noting that psychosis is extreme madness, severe mental illness, he concludes by mentioning some examples of symptoms of psychosis such as social withdrawal, formal thought disorder and lack of personal hygiene. |
| 2. A psychotic person might do funny odd things that he had never done before, things that are strange to those around such as collecting gabbage | 2. He notes further symptoms of psychoses such as odd behaviour and the onset of behavioural change. |



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from the streets, putting and throwing it inside the house.

3. One man cooked some pap and threw it outside the house for no apparent reason and one other patient I once saw has broken TVs, radios and telephones at his home, claiming that those electrical appliances are disturbing him in a way.

3. Here he is again noting another symptom of psychosis such as odd behaviour and thought disorder.

4. There is generally this funny behaviour in most "raka" people that I see in my work, lots of funny behaviour including running away from home and so on.

4. He is emphasizing the issue of funny behaviour including disorientation in terms of time, place and person which culminates into running away from home.

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5. About running away from home many people do run away from home deliberately but they have a clear mind, they are clean, they are not socially withdrawn, they don't come back home with gabbage they are normal like you and me.

5. He is distinguishing between running away from home due to conduct disorder and due to psychosis, noting or rather re-emphasizing the symptoms of psychoses.



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6. With psychotic persons there is also a problem of aimlessly roaming around the streets, the person walks and walks , sometimes even runs around the neighbourhood not knowing where he is going or where his coming from.

6. He is noting disorientation as another symptom of psychosis.

7. These people who are psychotic might even end up staying in the bushes like animals, their relatives trying to get them back home and they tend to be extremely aggressive, this aggression becomes so much such that the person might start chasing other people in the community, threaten their families with a knife and so on. Its usually during such times that the family starts to look for help, from people like me.

7. He is emphasizing the issue of aggression noting that this extreme aggressive behaviour is the one that encourages the family to seek help.

8. The bush issue is a complicated one in that even people who "thwasa" (calling to be a "thwasa" healer) do tend to end up staying in the bush, but then they are different from psychotic ones in that they can still keep them-selves clean they don't talk nonsense, they do

8. He is emphasizing that people who "thwasa" do not have full symptoms of psychoses.



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not do funny things, they come back home without being collected by anyone, they bring "muti" herbs which are recognizable which shows that they are basically normal, except for the call by their ancestors.

9. The "thwasa" persons are communicating with the down ones and the psychotic ones don't even know where they are and even refuse to go home when collected from the bush by their families, psychotic people do bizzare odd things such as collecting gabbage and throwing it in their homes they are sick and need to be treated with herbs ... "muti" and so on.

9. According to him "thwasa" people are in their senses, therefore are not sick, while psychotic people are disoriented, and therefore sick in the mind.

10. The main cause of psychosis is witchcraft, which is a deliberate thing, and is usually sent either by a witch which is usually a family member or by an evil traditional healer who can be consulted by someone who want to bewitch someone.

10. According to his experience most psychoses is usually due to witchcraft which can either be done by an evil family member or by an evil traditional healer.

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| 11. Such sorcerers are not healers like me, I call them witches because the ancestors cannot give one person the power to heal and to kill them, because deliberately making someone psychotic is the same as killing that person. | 11. He explains that sorcerers cannot be "healers", that there are specific healers who are evil and can bewitch someone. |
| 12. Witchcraft is bad spirits that are sent to someone through casting a spell or cursing that person, its always done because of jealousy and usually to people who are good providers to their families or to children who are high achievers at school, making them psychotic is usually the easiest way of stopping them from being successful in life. | 12. He further explains that witchcraft is bad spirits and is usually done to stop high achievers from success and is always due to jealousy. |
| 13. There are many causes of psychoses except for witchcraft sometimes the person is born with it, its in the family, sometimes you do hear people saying "that is a mad family" so yes there are some mad families, there are some psychotic families. | 13. He is pointing to the genetic hypothesis of psychoses. |



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14. Or some people may find it difficult to cope with life's difficulties, I remember one woman I treated , she became psychotic after she received some shocking news that her husband was dead in a motor vehicle accident, some of his family members felt that she had "amafufunyana" well, whether it was "amafufunyana" or not the fact is the woman was "raka", she was running and roaming around the streets aimlessly, she would take off her clothes in front of the public.....

14. He had an experience of treating a psychotic woman whom he felt was psychotic due to psychosocial stress.

15. In other cases that I have seen with my own eyes and treated, especially you educated people tend to forget about who you are, forget that you are black people who have to give thanks to your ancestors by an offering of for example, e.g. a goat or some chicken whatever, once such people forget to offer such sacrifices or to do certain rituals, they can be psychotic because the ancestors become angry and withdraw their sacred protection, such people end up being weak and much more vulnerable to the ills of witchcraft.

15. He is sharing an experience he has noticed in his practice as a healer that educated people tend to be psychotic because of angered ancestors who withdraw their protection, leaving the individual more vulnerable to witchcraft.



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16. And these days children and the youth tend to abuse dagga and alcohol so much such that it can make them psychotic, even then, one should not forget the dangers of witchcraft because I once had an experience of treating a heavy drinking man, no he was a drunkard, I checked on my ancestors bones, only to find that his former wife bewitched him in his glass of bear by putting some "muti" there, so that man was not psychotic only because of abusing alcohol, witchcraft was also involved.

16. Although he is pointing to drug of abuse as another cause of psychosis, he is also indicating witchcraft as part of the problem.

17. My treatment is based on what my ancestors told me to do. Before I do anything even before I started to talk to you, I had to "nqula" to my ancestors, to ask what is the problem, why is she coming to me, is she not bringing some evil spirits to me? So same with every patient I see, I am depending on my ancestors to know which way to take, what is the problem and what must I do to help?

17. He is unable to do anything without the revelations by his ancestors.



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18. Depending on what my ancestors revealed to me, I then start with treatment. My ancestors reveal what the problem is to me through first and for most my dreams and secondly, through these bones (showing some bones to the researcher). I can look at them and see what is the problem through "bhula".

18. His ancestors reveal diagnosis, treatment and aetiology of the problem through his dreams and reading the bones through "bhula"(reading of the bones).

19. Well then in other words, I use different treatment for different patients and families depending on what has been revealed to me by my ancestors such as depending on why is the person psychotic, and who is the cause of such illness.

19. He employs different methods of treatment to different patients depending on why and who caused psychosis to the patient as revealed by his ancestors

20. So when the patient is brought to me in an aggressive and "wild" state as it usually happens I first "gwadisa" the person (putting smoke herbs through his nostrils) just to calm him down and make him sleep.

20. If a patient arrived in an aggressive state he calms him down through "gwadisa" (smoke herbs put in patients nostrils).



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21. Then again depending on what I'm told is a problem and why? I usually "gabhisa ngentloko" by "isiwasho" (induced vomiting by putting muti through the patients nose).

21. He then "gabhisa ngentloko" by "isiswasho"herbs in water) (induced vomiting through the patients nose).

22. The "futhisa" (steaming in herbs) part of the treatment is done when the patient is really much more better because if he is still ill he can easily burn from the boiling water, so once I "futhisa" I know that the person is better and can go to his home and come back at his times of treatment. I usually do my first and second phase of treatment here at home with the patient staying here and sleeping here, during this third phase namely, "Futhisa' the patient is usually already staying at his own home, just come in and out for treatment.

22. According to him, the third phase of treatment is "futhisa" (steaming in herbs) and is done on out-patient basis while the first and second phases are done on in-patient basis.

23. "Gabhisa ngentloko" (induced vomiting through patient's nostrils) and "futhisa" are all aimed at cleansing the patient, these are also done to the patient's family to cleanse them

23. According to him, the second and third phase of treatment is all aimed at cleansing the patient and his family, to protect and strengthen them against witchcraft and evil



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of all evil spirits of witchcraft and also to "qinisa" (make them strong and protect them from witchcraft and evil spirits).

spirits.

24. The various rituals of the family have to be done, I do that through an "intlombe" (a to evocate evil spirits).

24. Family rituals are then encouraged, sometimes a group of healers have to group of traditional healers dancing and singing performan "intlombe" to evocate evil spirits.

25. I also check carefully with my ancestors whether the person is really psychotic "raka" or simple needs to "thwasa" (calling to become a traditional healer) if so I do my usual treatment as informed then encourage the patient and his family to listen carefully to their ancestors and obey the call as if not so, this might lead to real psychoses or misfortune.

25. He also checks before any treatment method with his ancestors whether the problem is not"thwasa" if so he encourages family and patient to obey the call.

26. To conclude I must say I really depend on my ancestors for revelation.

26. He depends on his ancestors for guidance.



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The third participant

| DISCRIMINATED MEANING UNITS | DISCRIMINATED MEANING UNITS EXPRESSED MORE DIRECTLY IN PSYCHOLOGICAL LANGUAGE |
|---|---|
| 1. Basically when a person is psychotic he/she does not know whether its in the the morning, at times he evening or in hardly knows his/her name, the person has no sense of judgement, is unable to think logically, even what he says does not make sense, he might talk about this and mix it with that, something that does not sounds correct. | 1. According to him a psychotic person is formally thought disordered in that his speech is incoherent, illogical and he speaks gibberish. |
| 2. Psychoses in a person involves many funny things, sometimes the person might start doing funny things, odd strange things that are non-understandable, you might find him roaming aimlessly around the street, not knowing where he is going or where he is coming from, some even | 2. Feeling empathetic toward the patient he notes odd inappropriate bizzare behaviour as other symptoms of psychoses. |



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end up collecting and packing some stones on the road, some even collect gabbage and put it in their homes that's just how bad it may go, oh! it's painful!

3. When someone is psychotic he won't be scared of walking around the house naked, they do funny unreal things that one cannot understand, all because they are not acting on their own there is some evil, bad spirits inside them, as a result you can even hear a psychotic person talking, its the bad dirty spirit inside him, it can be everything from "amafufunyana" to almost any bad spirit down to "tikoloshe", but these take over the person's mind.

3. According to him, odd, inappropriate behaviour and sexual disinhibition are all parts of symptoms of psychoses. He also points to auditory hallucinations which are not from the individual but from the evil, bad, spirits.

4. What I also noticed in my work with psychotic person's and patients is that they usually stop brushing their teeth, bathing themselves, or changing their clothes, they are usually brought to me by family members in a smelling dirty state with yellow brown teeth in dirty smelling clothes.

4. He is noting the lack of personal hygiene in psychotic patients.



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5. I've never seen any clean psychotic patient, some even leave their homes completely and stay in the bush, just like animals, at such times they can be so energetic and aggressive, especially to family members who try to force them back home, some of them don't even want to be with people, they keep themselves in closed doors.

5. He is mentioning aggression and social isolation and other symptoms of psychoses.

6. There are various reasons why some psychotic patients end up in the bush, one may be due to psychoses, pure "ukuraka" mixed with madness "impambano" and another may due to "thwasa" (calling to be a healer).

6. He notes two reasons for patients being in with the bush namely, "raka" psychoses mixed "impambano" madness and "thwasa" (calling to be a healer).

7. There is a big difference between those two people in that the one who "thwasa" is usually clean and if he does run away from home to the bush he comes back by himself with some herbs that we traditional healers can recognise and know what they are used for.

7. He feels that the one who "thwasa" is in his clear mind , he takes care of his personal hygiene and brings herbs home.



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| 8. Whereas the one who is psychotic refuses to go back to his home even when he is collected by his family members, if he does come home he may bring some funny gabbage even rusted tins and so on, he is sick. | 8. He mentions that the psychotic person is disoriented and behaves inappropriately and oddly. |
| 9. The bones tell me very clearly as to who is this person in front of me, whether it is "thwasa"? Is it psychoses, my ancestors reveal all that information to me. | 9. He relies on his ancestors guidance through the bones for diagnosis. |
| 10. There are many reasons why people become psychotic, sometimes or in some cases, in fact in most cases psychoses is a man-made thing, people can make others psychotic by means of witchcraft, this is a spell that is thrown to a person deliberately by someone with the aim of causing harm to that person with the aim of reducing that person to zero. | 10. He feels that witchcraft is one of the causes of psychoses to most of his patients. |



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11. Another person may have inherited some tendencies of becoming psychotic from his fore-fathers, so every time in that particular family, there is someone who becomes psychotic, even then witchcraft and other evil spirits are usually involved.

11. He notes the genetic hypothesis of psychoses. However, he also argues that for psychoses to manifest itself, witchcraft is also involved.

12. Sometimes dagga and alcohol especially when over-used can cause psychoses, you know my child our ancestors hate the over-use of alcohol and dagga - the anger of ancestors mixed with enemies who are always there trying to bewitch some one can all contribute to cause psychoses in a person, once your ancestors are angry, witchcraft and bad spirits get in because you have no sacred protection.

12. He mentions alcohol and dagga abuse as causes of psychoses, once more ancestral anger and witch craft are also involved.

13. Sometimes especially nowadays, in these difficult times of divorce, teenage pregnancy, aggressive death, the problems become too much for the person such

13. He notes psychosocial stress as one of the causes of psychoses.



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that the only way to cope is to be psychotic - therefore difficulties in living can cause psychoses.

14. When one talks about treatment one has to first remember the cause of the problem why is this person sick, so first and for most I try to find out from the ancestors by using these bones and interpreting what they mean in order to find out what is the cause of the sickness.

14. He mentions the importance of diagnoses and that his ancestors reveal the to diagnosis to him through his interpretation of the bones.

15. If the causes of the problem is angered ancestors I go to the family to make their cultural rituals that were not done, I also counsel the family to observe its rituals and stay away from immoral behaviour which angers the ancestors.

15. According to him if the reason for illness is angered ancestors he does some counselling to the family and does such a ritual.

16. Sometimes the reason might be that the person refuses to obey his ancestors when they are calling him to become a healer or

16. He notes that if the person has to "thwasa" he encourages him to do so and performs "intlombe" to assist him.



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sometimes the "sangoma" (traditional healer that is supposed to "thwasa" him is not clear to them, I look carefully on my "bones" and perform an "intlombe" for him ("Intlombe": a group of traditional healers who dance and sing whole night to evocate evil spirits).

17. Generally the causes of psychoses are usually many many things, our treatment is aimed at cleansing the painful part and wash the person and his/her family.

17. He notes that his treatment is based on cleansing no matter what the diagnosis and aetiology of the illness is.

18. As it usually happens, most of my patients are brought to me by their families tied in ropes because of their aggression so I first "gwadisa" (smoke herbs inhaled through the nose) the person with the aim of calming him down.

18. Because most of this patients are usually aggressive on first contact, he first "gwadisa" (smoke herbs inhaled through the nose) them to reduce their hyperactivity

19. My treatment varies from person to person, from problem to problem, well I am giving a rough sketch of what I usually do, I have this

19. He is explaining the "gwadisa" treatment procedure as a blue burning smoke of herbs which is then inhaled through the nostrils and



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burning born (showing the researcher) which is where I keep the "gwadisa" treatment, the patient inhales this smoke of herbs through her/his nostrils, the smoke gets into his head where the problem is, he then usually sleeps.

brings a calming effect.

20. Afterwards I continue with my day to day activities as I know that the patient is definately sleeping after "gwadisa" and is therefore no danger to anyone or not to even himself, may be even the following day I call the family then I explain what the problem is, and what the treatment is, its only then that I start with full treatment.

20. He leaves the patient to sleep after "gwadisa" comes back to him the following day to start the full course of treatment. He consults the family of the patient first.

21. The full treatment consists of "gabhisa ngentloko" which is induced vomiting through the nostrils all aimed at cleansing the nostrils head of all evil spirits.

21. Full treatment starts with "gabhisa ngentloko" induced vomiting through the for cleaning off all evil spirits from the patients head.

22. Then follows many other different things I do depending on what my ancestors told me,

22. "Futhisa" (steaming in herbs) cleaning the stomach then follows



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| "futhisa" (steaming in herbs). I "peyita" and so on to clean the stomach and the person's body, I | "gabhisa" (vomiting after drinking herbal medicine) "muti" the patient's family as a way of strengthening them. |
| the person's body, I end up doing normal "gabhisa" to his/her family just to "qinisa" them (make them stronger). | |

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The fourth participant

| DISCRIMINATED MEANING UNITS | DISCRIMINATED MEANING UNITS EXPRESSED MORE DIRECTLY IN PSYCHOLOGICAL LANGUAGE |
| --- | --- |
| 1. A person who is psychotic is someone who does irrelevant odd things such as laughing and talking to himself, he might run around the streets, aimlessly, he might do funny things such as not closing the door when he is in the toilet. | 1. According to him, psychoses can be seen through symptoms such a odd, strange, bizzare behaviour. |
| 2. A psychotic person does things that do not make sense, you might give him food, he throws it away, you might ask him something he gives an irrelevant answer, he would refuse to do his normal personal hygiene tasks such as washing and brushing his teeth, he does stupid things, he changes completely from what he used to be. | 2. He suggest that psychosis is a complete change from a "normal" person to someone who presents symptoms such as formal thought disorder and lack of personal hygiene. |

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3. He is not afraid of coming from the toilet without closing his private parts, despite having been someone who knew those socially acceptable behaviours

3. He relates the idea of sexual disinhibition as another symptoms of psychoses.

4. He/she does not know whether he/she should wash him or herself, he changes from a decent gentle man who was intelligent to someone who is losing his mind completely.

4. According to him, behavioural change is one of the major markers of psychoses.

5. A psychotic person is not "isidenge" (a person with mental retardation, no, it happens to people who used to be normal, who used to maintain good relations with others, had a job or was schooling reasonable, mentally retarded person are usually unable to do such tasks as schooling adequately, maintaining and keeping a job.

5. He distinguishes between psychoses and mental retardation noting that mentally retarded people are born with abnormalities such as lack of intellect whereas psychotic people are not.

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6. A psychotic person can even leave home aimlessly end up living in the bushes unless collected by his family, in fact he can stay

6. He relates the idea of disorientation as another symptom of psychoses.



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anywhere, I mean I've seen many things in this work, I've seen people living almost anywhere, in town, in the bushes, their families struggling to collect them and forcing them back home.

7. But there is a difference between those who leave home and stay in bushes because they are psychotic and those who "thwasa" (being called to become a traditional healer) in that those who are psychotic don't plan to leave, don't know where they are, what they are doing, but the "thwasa" ones know what they are doing, such that they deliberately come back home with recognizable herbs "muti".

7. He differentiates those who leave home for "thwasa" (calling to be a traditional healer ) and those who are psychotic in the sense that those who "thwasa" plan well and are in their senses, whereas the psychotic ones are disoriented mentally ill.

8. The "thwasa" person is not psychotic, he is only temporarily ill because of his home things, if he listens carefully to his ancestors everything will be normal, but the psychotic person is sick and need treatment.

8. According to him, the "thwasa" person is only ill because of his home things, if he adheres to his ancestors call everything will be back to normal but the psychotic one is mentally ill and needs treatment.



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| 9. The psychotic one is sick although it is difficult for the family to accept, I have seen many psychotic patients who pretend to be "thwasa" but when I look at the "bones" my ancestors show me that its not "thwasa" its psychoses. | 9. He notes the difficulties of diagnosing psychoses and "thwasa", especially the denial of the family when it comes to psychoses. |
| 10. One of the causes of psychoses is witchcraft whereby aunties, uncles and so on casta spell on one of their family members all because of jealousy, I mean most psychoses occurs to intelligent clever people who are successful in life. | 10. He suggests witchcraft as one of the causes of psychoses and that it is done by family members because of jealous. |
| 11. This casting of a spell can result to anything such as "amafufunyana" which are ants from the grave, they are then sent directly to the individual, then such a person .becomes psychotic. | 11. He explains some kind of psychoses called "amafufunyana" which consists of ants from the grave that then possess the individual, thus making him psychotic. |
| 12. People who do witchcraft can get it in two ways first, it might be that their parents left such | 12. He reports that witchcraft can be bad spirits that were inherited or people who |



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bad spirits with them after their death or they can consult a sorcerer (witch) to do it for them. Hear me correctly, a witch not a healer like me, I don't have powers to bewitch people. My ancestors gave me powers to heal, not to bewitch others.

want to bewitch someone can consult a sorcerer/witch who is not a traditional healer, to do it for them (i.e. to make someone psychotic).

13. There are other causes of psychoses except witchcraft. Sometimes the person is born with it, if one of his ancestors had it, anyone in the family can also have it just like cancer and so on - it's a disease that can be transmitted from generation to generation.

13. He suggests the genetic hypothesis of psychoses.

14. In some cases the family does not respect its ancestors, For example, in our African heritage when child is born, a white goat has to be slaughtered even if that child is one year or older people today who do not follow slaughter to "lungisa" (make the child right) and also to thank the ancestors for protecting the child, but then these days of the new millenium, many

14. He reports angered ancestors who withdraw their protection as another cause of psychoses particularly among the educated ritual.



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educated people don't do such rituals, the ancestors become angry and withdraw their sacred protection, this withdrawal makes the person easy like chicken and can easily be bewitched and possibilities of psychoses cannot be ruled out.

15. Or some people may find it difficult to cope with life's difficult situations, sometimes problems become so much such that the person cannot take it anymore, imagine if a person used to live a high standard of living, all of a sudden he loses his job, his wife runs away with another man, his children don't respect him anymore, he lives in Cape Town, therefore does not have family support of his parents at home in the Eastern Cape, isn't that enough to make someone psychotic?

15. According to him psychosocial stress is another cause of psychoses.

16. Dagga abuse and alcohol abuse can also make other people "raka", psychotic, but one has to be careful in this case because witchcraft is always involved - not only alcohol but witchcraft

16. He also notes substance abuse and alcoholism as another cause of psychoses but he does not rule out witchcraft and angered ancestors.



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too, if the witches see that you drink too much alcohol, they can easily pour some bad spirits in your drink, and another thing, alcohol abuse is distasted by our ancestors so alcoholics also lose the sacred protection, thus becoming more vulnerable to witchcraft.

17. My treatment is not because of me, its all because of my ancestors, before I do anything, I "ngula" (bow down to the ancestors) and ask for the sacred direction of my ancestors.

17. He relies on his ancestors for direction when it comes to diagnosis, aetiology and treatment.

18. Depending on what my ancestors told me, I "nqula" (bow down) to them and I throw this bones then interpret to the family of the patient what the problem is, then I start with treatment

18. He communicates with is ancestors through "nqula" and interpreting the bones".

19. I use different kinds of treatment for different patients but then I'll tell you roughly what I usually do, I first, "gwadisa" (putting smoke of herbs through his nose) to relax and

19. He uses different treatment methods, the first phase of treatment is that one known as "gwadisa" (putting smoke of herbs in patients nose) so as to calm him down.



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calm him since they usually arrive in an aggressive wild state.

20. Then, depending on what the problem is I "gabhisa ngentloko" (induced vomiting through the nose) and this treatment together with "futhisa" streaming and "peyita" (a laxative herb) I cleanse the person from all evil and bad spirits of witchcraft.

20. His treatment is directed on cleaning the person from all bad and evil spirits of witchcraft.

21. Finally I encourage the family to do their rituals and customs then I wish and "gabhisa" (vomiting in herbs) all the family members to protect them from witchcraft.

21. He finally cleanses the whole family and encourages them to perform their rituals to enhance ancestral sacred protection.

22. When things are very difficult I sometimes perform an "intlombe" a dance and singing ritual by a group of traditional healers to evocate evil spirits from the home of the patient.

22. Depending on the types of problems he sometimes performs an "intlombe" to evocate evil spirits from patient's home.



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## APPENDIX D

## CLINICALLY SITUATED STRUCTURES OF THE SECOND, THIRD AND FOURTH PARTICIPANT

### The second participant

According to this participant psychoses is extreme madness, severe mental illness observable by symptoms such as social withdrawal, lack of personal hygiene, formal thought disorder, lack of goal-directed behaviour, inappropriate, odd and funny behaviour, disorientation, roaming around the street aimlessly, frequent reports of disappearing from home, being found in bushes and bizzare behaviour. This participant also noted aggressive self-injurious behaviour as another symptom of psychoses. According to him, there is a grey area between psychoses and "thwasa" (calling to be healer). However, he pointed out that the "thwasa" persons are not sick, they do not present with overt signs of psychoses although they might appear as such. He noted lack of formal thought disorder and presence of goal-directed behaviour as a major distinction between psychotic patients and "thwasa" persons. He further noted a sudden change of behaviour and self-representation as another sign of psychoses, noting that psychoses occurs to people who used to function reasonably in society.

When it comes to aetiology of psychoses he noted the supernatural causes as playing a major role, giving examples of witchcraft and angered ancestors. He further explained how witchcraft operates by the casting of a spell to the person and that its usually done because of jealousy from family members. He further noted that witches might have inherited bad spirits from their parents or they



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might employ a sorcerer or an evil witch-doctor to do it for them. He emphasized that he is a healer and therefore cannot be a killer. He also suggested substance abuse and psychosocial stress as other aetiological factors of psychoses but strongly felt that witchcraft is always a secondary part of the problem.

In terms of treatment, he reported that he uses different treatment methods depending on what his ancestors have revealed to him. This participant reported that he uses the "bones" of his ancestors (small objects that look like bones that were given to him by his ancestors after his training) to obtain information about diagnosis, aetiology and treatment. He also pointed out that he generally uses four phases of treatment which are: (i) "gwadisa" (the patient inhales a smoke of herbs through his/her nose), which is aimed at calming the wild aggressive hyperactive patient, (ii) "gabhisa ngentloko" which is some form of treatment where the patients inhales water herb mixture through his nose and brings it back the same way, (iii) "Peyita", which works like a laxative through the stomach aimed at cleansing the patient's stomach of all evil and bad spirits. This treatment, according to him, is not only done to the patient but also to his family members and (iv) "intlombe" which is a group of traditional healers including himself who sing and dance at the patient's home with the aim of evocating bad spirits that might be there. This form of treatment "intlombe" is also aimed at encouraging the family to perform its rituals so as to strengthen it. According to him, a white goat is usually slaughtered.

The third participant

This participant expressed some feelings of sympathy and empathy for a psychotic person, noting that



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psychotic persons are disoriented, formally thought disordered and that they do not know whether they are coming or going. He further noted other symptoms of psychoses such as odd, inappropriate bizzare behaviour, speech that is incoherent and behavioural change such as social isolation and aggression. The idea of roaming around the streets aimlessly was also brought in by this participant as another major sign of personal hygiene. This participant also suggested personal hygiene, together with sexual disinhibition. He felt that psychosis is a sudden change of behaviour in a "normal" person, a person who used to function well in society in terms of his/her occupation and interpersonal relations.

This participant brought some distinctions between psychoses and "thwasa" (calling to be a traditional healer), noting that "thwasa" tends to be similar with psychoses but that "thwasa" people do not present with full blown symptoms of psychoses especially, formal thought disorder, disorientation, impairment in occupational and interpersonal relationships plus lack of personal hygiene. He also distinguished between running away from home (which is another symptom of psychoses) and running away from home due to conduct disorder, noting once more that conduct disordered children do not present with full blown symptoms of psychoses.

In terms of aetiology of psychoses, this participant attributed the problem to supernatural causes such as witchcraft and angered ancestors . Regarding witchcraft, he noted that it is a spell that is cast on a person with the aim of causing harm such as psychosis because of jealousy. Regarding angered ancestors, he noted that if the family has committed an immoral act or does not perform its rituals the ancestors might be angry and withdraw their support. He further suggested psychosocial stress and substance abuse as other causes of psychoses, but did not rule out supernatural agents as perpetuating factors.



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When it comes to treatment, this subject emphasized the fact that he depends on his ancestors for direction, then depending on who and what caused the problem he first "gwadisa" (smoke of herbs inhaled through the nose), the person to make him relax and drowsy. According to him, after the "gwadisa" treatment the person usually sleeps for a while then he follows with "gabhisa ngentloko" (induced vomiting through the nose) then "futhisa" (steaming in herbs) and even washes the person in herbs. All these treatment methods are aimed at cleaning the person of all the evil spirits of witchcraft. The last phase of treatment is usually a home ritual done by a group of traditional healers in the patient's home "intlombe" with the aim of evicting all evil spirits from the home. Lastly, the whole family is cleansed through "gabhisa" (induced vomiting in herbs).

The fourth participant

This participant felt that psychoses can be noted by various symptoms such as formal thought disorder, incoherent speech (person speaking gibberish), roaming around the streets aimlessly, lack of personal hygiene, social withdrawal, disorientation, inappropriate behaviour such as breaking TV's, radio's, throwing freshly cooked food outside, lack of sleep, singing, dancing inappropriately, laughing and talking to himself and aggressive behaviour. He noted that the psychotic patient is not mentally retarded as he used to be a highly or average intellectually functioning individual. She also reported running away from home as another symptoms of psychoses noting that these patients are usually reported to the police as having disappeared from home, and that they are usually found in bushes or on mountains, roaming around aimlessly even collecting stones and packing them not knowing what they are doing, not even knowing where they are. She likened this disappearance from



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home and being found in the bush with "thwasa" (calling to be a traditional healer) but he pointed out that "thwasa" person are not sick because they know what they are doing and they go back to their homes in their own accord with known herbs for healing. He also felt that psychotic persons do not run away from home due to rebelliousness or deviant behaviour, they are sick and need treatment.

In terms of aetiology of psychoses, she noted that supernatural causes such as witchcraft and angered ancestors play a major role in making people psychotic. She emphasised spirit possession which can result in some kind of psychosis known as "amafufunyana" as one way of witchcraft which she encounters regularly in her work as a traditional healer. She further explained that the "amafufunyana" is sent into the person's stomach through some ants of the grave "iimbovane zamangcwaba" which possesses person to an extent that his/her thoughts, speech and behaviour are controlled by this spirit. This participant also suggested other causes of psychoses such as substance abuse and psychosocial stress, she also added that supernatural causes are still part and parcel of such aetiological factors. She gave an example of angered ancestors explaining that even if the person is under tremendous stress or is extremely abusing alcohol if his/her ancestors are happy, he/she can be protected from witchcraft and if not he/she becomes more vulnerable to evil spirits.

Regarding treatment this participant thanked and appreciated the help and guidance she receives from her ancestors as her source of powers. He later explained the usual course of treatment that he usually employs as "gwadisa" which is a smoke of herbs inhaled through the patient's nostrils to calm him/her down, which also leads to drowsiness and ultimately, sleeping, then "gabhisa ngentloko" which according to her is induced vomitting through the nose which is aimed at cleansing the patient's head then "futhisa", "gabhisa" "peyita" which are all aimed at washing and cleaning the patient's body and stomach. She also does a lot counselling to the family regarding their rituals and the importance



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of keeping their ancestors happy. If the ancestors are angry, according to her, she does a family ritual of evocating all evil spirits through an "intlombe" (a group of traditional healers dancing to evocate evil spirits).

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## APPENDIX E

## CENTRAL THEMES OF THE SECOND, THIRD AND FOURTH PARTICIPANT

The second participant

Diagnosis:

The following emerged as the three main themes concerning diagnosis:

- Psychoses was viewed as extreme madness, as an extreme disease that affects the mind and as a mental disease.
- The major symptoms of psychoses were suggested as disorientation, roaming around aimlessly, laughing and talking to oneself, lack of personal hygiene, and blankness of the mind.
- "Thwasa" (calling to become a healer) was not viewed as psychoses in that it excludes symptoms of psychoses such as disorientation and lack of personal hygiene.

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Aetiology:

The following four themes emerged regarding aetiology:

- Supernatural causes such as witchcraft which is deliberately sent by someone because of



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jealousy.

- Angered ancestor who withdraw their support or protection and therefore leave the person more vulnerable to witchcraft.
- Substance and alcohol abuse which is worsened by witchcraft.
- Psychosocial stress which is worsened by witchcraft.
- Genetic predisposition.

Treatment:

A total of four themes about treatment emerged:

- Directed and guided by the traditional healer's ancestors.
- Aimed at cleansing and strengthening the patient against witchcraft.
- "Gwadisa" (a smoke of herbs inhaled through the patient's nose) to calm him/her down.
- "Gabhisa ngentloko" (induced vomiting through the nose), "gabhisa" (induced vomiting through the mouth after having taken a five liter bucket of herbs mixed in water), "fluthisa" (steaming in herbs), and "peyita" (some herbs that have a laxative effect) all done to patient and his/family with the aim of cleaning out evil spirits and strengthening them against witchcraft.



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The third participant

Diagnosis:

A total of five themes concerning diagnosis emerged:

- Various symptoms of psychoses such as odd, inappropriate or bizzare behaviour, disorientation, lack of personal hygiene, decline in occupational and interpersonal relations, roaming aimlessly around, and running away from home were noted.
- Psychoses was viewed as a sudden mental disease in a "normal"person.
- Psychoses was distinguished from "thwasa" (calling to be a traditional healer) in that "thwasa" persons are "normal" and do not present with symptoms of psychoses such as odd or bizzare inappropriate behaviour, and that they do not present with lack of personal hygiene.
- Running away from home due to conduct disorder was distinguished from running away from home due to psychoses in that conduct disordered children and adolescents do not present with full blown symptoms of psychoses.
- Psychoses was distinguished from mental retardation in that psychotic patient are usually born with average intellect whereas the latter is usually born with low intellect.



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Aetiology:

A total of four themes about aetiology:

- Witchcraft which is deliberately sent by a family because of jealous as psychoses usually happens to highly functioning individuals of society.
- Angered ancestors who withdraw their support or protection leaving the individual more vulnerable to witchcraft.
- Genetic disposition.
- Dagga and alcohol abuse which is worsened by witchcraft.
- Psychosocial stress which is worsened by witchcraft.

Treatment:

A total of four themes concerning treatment emerged:

- Treatment is guided and directed by the traditional healer's ancestors.
- Treatment is directed at touching and cleaning the area which is the head in the case of psychoses.
- Treatment is directed at cleansing the patient and this family from witchcraft and evil spirits and strengthening and maximizing their ancestral support.



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- "Gabhisa ngentloko" (induced vomiting with the head through the nostrils), "futhisa" (steaming in herbs) and "peyita" (with a laxative effect) are all some of the treatment modes used to the patient and his family to cleanse and strengthen them from witchcraft.
- An "intlombe" (a group of traditional healers dancing and singing at the patient's home to evocate evil spirits) is one of the treatment procedures employed by traditional healers.

The fourth participant

Diagnosis:

The following emerged as two main themes concerning diagnosis:

- Psychoses was viewed as a mental disease in a previously "normal" person, characterized by behavioural change which negatively affects the individual's occupational and interpersonal relations.
- Symptoms of psychoses were noted as aimlessly roaming around the streets, laughing and talking to oneself, disorientation, lack of personal hygiene, odd, inappropriate or bizzare behaviour, and formal thought disorder.



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Aetiology:

A total of four themes regarding aetiology emerged:

- Supernatural causes such as in witchcraft and angered ancestors who withdraw their support or protection.
- Genetic disposition.
- Substance abuse such as dagga and alcohol which is worsened by witchcraft.
- Psychosocial stress which is worsened by witchcraft.

Treatment:

The following themes about treatment emerged:

- Focuses on who brought the problem or disease, whether it is witchcraft brought in by a family or ancestors who are angry with the patient or the patient's family?
- Treatment is guided and directed by the traditional healer's ancestors.
- The usual mode of treatment focuses on cleansing the family and the patient with the aim of evocating evil spirits and strengthening them, and bring harmony between the family and its ancestors.



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- "Gabhisa ngentloko" (induced vomiting through the head, nose), "futhisa" (steaming in herbs) and "peyita" (some kind of a laxative) are all some of the treatment methods used to cleanse the patient and his family.
- "Intlombe" is performed in the patient's family by a group of traditional healers evocating evil spirits through singing and dancing.

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