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FIRST-YEAR PSYCHOLOGY STUDENTS' UNDERSTANDING OF TRADITIONAL HEALING AND TREATMENT OF MENTAL ILLNESS

Research Report submitted in partial fulfilment of the requirements for the degree of

Masters in Arts Research Psychology by coursework at the University of the Witwatersrand

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Masters in Social and Psychological Research – Research Report Declaration

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Title: First-year psychology students' understanding of traditional healing and treatment of mental illness.

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Date: July 2022

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Dedications

I dedicate my dissertation work to my family. A special feeling of gratitude to my loving parents. Tsakane Mashakeni and Morris Mkansi whose words of encouragement and constant support enabled me to thrive beyond my ability. To my sister Sharlotte Mkansi, I constantly learn a lot from you, you have made the process worth a while with your words of wisdom and support. Thank you to my daughter Pfumelani Mkansi for the love and for always making me laugh while I write my drafts.

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Abstract

Mental illness has shown high prevalence in local South African communities, however, the lack of knowledge and understanding of mental illness has an impact on the treatments that patients choose. Research shows that most individuals understand mental illness and define mental illness somatically and as resulting from biological causes (Memon et al., 2016), whereas there are other reasons for developing mental illness. Although patients consult psychologists and psychiatrists there is still a high number of individuals that consult traditional healers for the treatment of mental disorders (Zingela, 2019). Culture, beliefs, and the value placed on traditional healers results in continued consultation with traditional healers. A shared understanding of culture can help address barriers related to resistance due help-seeking behaviour (Zhou et al., 2021).

The objective of the study is to explore first-year psychology students' understanding of mental illness and treatments. The data was collected using phenomenological interviews with ten first-year psychology students registered with the University of the Witwatersrand, aged 18 and above. Semi-structured and open-ended interviews were conducted virtually using the Zoom meeting platform and lasted about 45 minutes to one hour. The data was analysed using thematic content analysis. The following themes were identified from the collected data: (1) understanding of mental illness (2) Healing of mental illness (3) role of traditional healers (4) reasons for consulting with traditional healer (5) The role of indigenous South African Cultural Understanding of mental illness (6) African cosmology and mental illness (7) challenges to understanding mental illness. The results presented various understandings of mental illness and treatments. Participants have identified culture, beliefs and several challenges as having an impact on access to mental

healthcare services, therefore, it is noteworthy to have future interventions that consider a culturally accommodative and comprehensive framework for understanding mental illness.

Keywords: culture, mental illness, traditional healing, traditional healer and understanding.

CHAPTER 1

1.1. Background and Introduction

Mental illness is increasingly becoming a global burden that requires attention, however, it is neglected in most countries (Molot, 2017; Wainberg et al., 2017). Globally, less than 25% of individuals diagnosed and living with mental illness have access to formal mental health support services (Audet et al., 2017). The average number of trained mental health practitioners in Africa is 0,05 per 100,000 populations, this is a result of major inequalities in low-and-middle-income countries (Burns & Tomita, 2015). Mental disorders contribute 5% of the disease burden in Africa (Amuyunzu-Nyamongo, 2013). Low-and-middle-income countries do not have adequate resources to treat mental disorders (Mokwena & Ngoveni, 2020). Despite this being the case, most countries spend less than 1% on mental health services (Daar et al., 2014; Monteiro, 2015). A 2012 World Health Organisation (WHO) report stated that access to mental illness treatment is a challenge in lower-middle-income countries with 90% of individuals receiving poor or no treatment for mental disorders. As a result, a large number of individuals in low-middle-income countries continue to have limited access to adequate mental health care services. Contributing to this, is the lack of public knowledge and literacy on mental illness, insufficient resources which influence the development and implementation of quality mental health care in low-and-middle-income countries (Korhonen et al., 2019).

Although the challenge of insufficient resources is widespread in low-and-middle income countries, seemingly, individuals in countries with well-established medical healthcare systems

and models, continue to consult with traditional healers and use traditional medicine (Drury et al., 2020). Most parts of the globe comprise a large number of traditional healers than formal mental health care workers; therefore, local populations have access to traditional healers as their main source of healthcare support (Bouso & Sánchez-Avilés, 2020). In Sub-Saharan Africa, about 80% of the population consult religious and traditional healers for the treatment of mental health illness and related problems. A study by Musyimi et al. (2018) found that about 50% of individuals in Africa consulted biomedical mental healthcare facilities before consulting with traditional healers for mental health treatment. There is a notably high number of patients with mental illness who seek treatment from traditional healers while those psychotic-related disorders are likely to seek help from biomedical practitioners (Patel et al., 2012). These patients utilise traditional medicine as the main source of healthcare and treatment for mental illness (Burns & Tomita, 2015). Professional mental health support services are based in urban areas, whereas more than 70% of patients are situated in rural areas, this perpetuates limited access to adequate mental health care services (Mbwayo et al., 2013; Musyimi et al., 2018).

A study by Kometsi et al. (2020), shows that there is an increase in mental illness such as schizophrenia, depression, anxiety and, alcohol-related disorders, however, most individuals were found to be unaware of the severity of their mental illness and treatments available to them. In South Africa, patients consult traditional and allopathic healers for the treatment of mental illness (Schierenbeck et al., 2016; van Niekerk, et al., 2014). Although most patients have access to some form of treatment, only 5.7% of patients with mental disorders received conventional mental health care (Zingela et al., 2019).

According to Kpanake (2018), an individual exists as part of a whole and acquires knowledge through social and cultural settings. Culture, religious beliefs, and practices influence how patients experience and interpret mental illness and related symptoms (Ayvaci, 2016). Traditional healing and treatments methods are informed by existing indigenous beliefs held by individuals in most African communities (Abbo, 2011). As a result, individuals in middle-income countries prefer traditional healers due to their comprehensive understanding of their cultures (Rathod et al., 2017). Thus, indigenous beliefs, skills, and knowledge of traditional healers guide the understanding, diagnoses, prevention, treatment of mental disorders, the traditional medication used and additional healing practices applied (Abbo, 2011).

In spite of mental healthcare practitioners acquiring knowledge through different trainings mental illness is still misdiagnosed, mistreated and neglected by some western trained mental care professionals (Audet et al., 2017). Misdiagnosis is often a result of the overlapping symptoms across disorders, experiences of professionals, not thoroughly checking the criteria for diagnosis during the first diagnosis of the mental illness and the complexity of the symptoms presented by the patient (Ayano et al., 2020). Hassim and Wagner (2013) contended that misdiagnosis of psychopathology may occur due to limited cultural awareness in order to avert this, healthcare practitioners need to have a comprehensive understanding of patients' cultures. Although this is the case, traditional healers misdiagnose mental illness due to the lack of understanding of mental illnesses, particularly those with overlapping and complex symptoms such depression and psychosis (Ndetei, 2013). This in turn affects the validity of the diagnosis of mental illness by the traditional healer.

The understanding of mental illness and treatments influence a patient's decisions regarding treatment choice while mental health education impacts an individual's view and perceptions about those living with mental illness. A World Health Organisation (2013) report stated that mental health is a state of well-being where a person realises their abilities, can cope with everyday stresses, and make contributions to the community by working productively. The American Psychiatry Association (2013) defines mental illness as a health condition that causes changes in behaviour, emotion and thinking. Mental illness can result from an individuals' biological and environmental factors which affect social, family and work components of an individual's life (Clark et al., 2017). Low levels of literacy and knowledge on mental health and disorders continue to perpetuate stigmatisation amongst those living with mental disorders and delays patients' help seeking behaviour (Van't Hof et al., 2011). Poor mental health literacy in sub-Saharan Africa requires the evaluation of public knowledge regarding the dynamics and nature of mental illness (Atilola, 2016). This study aims to explore first-year psychology students' understanding of traditional healing and treatment of mental illness.

1.2 Rationale

Mental illness was deemed prevalent in most African countries; however, insufficient research has been conducted on types of healing and treatment available to patients (Sankoh et al., 2018). Several studies explored individual attitudes to mental illness (Pescosolido, 2013; Thompson et al., 2002). A vast amount of research and published literature focused and highlighted that healers are often consulted for complaints related to mental illness (Abbo, 2011; Nortje et al., 2016). Insufficient research on mental health is reflected in the weak support services provided by

many African governments on the African continent, resulting in poor attention and action towards tackling this challenge (Sankoh et al., 2018).

A study conducted in KwaZulu-Natal in South Africa explored patterns in the use of traditional and alternative healers in psychiatric patients in the Nelson Mandela Metropole area (Zingela et al., 2019). The findings show that 58% of patients specified that medical treatment is more effective than traditional healing. A study conducted in Limpopo and Gauteng was aimed at understanding the perceptions of Western trained health care workers on traditional healing of mental health. In this study, 319 participants were interviewed using the Opinions of Traditional Healing Questionnaire and found that practitioners dealing with psychiatric conditions had more positive opinions such as; it is safe to use, it is a good primary healthcare system and that it can treat mental illness such as Schizophrenia (Mokgobi, 2014). However, the study found that physicians had negative opinions about traditional healers and identified them as illiterate (Mokgobi, 2014b).

There is a need to integrate traditional healing in curricula of higher institutions and an awareness of traditional healing can be included as part of primary health care (Mokgobi, 2014). One study investigated the experiences and perceptions of allopathic health practitioners on joint effort with traditional healers in South Africa using a sample of 23 district team members. The study found that there is no compatibility between the two health systems and the inclusion of traditional healers in the health system may compromise it. Exposure of traditional practices at an undergraduate level of study was identified as a way of exchanging knowledge (Nematandani et al., 2016). Religious and cultural values can impact mental health professionals and patients, thus

the biopsychosocial model should not be the primary mode of understanding mental illness and diagnosis (Mohamed-Kaloo & Laher, 2014).

Existing literature illustrates a treatment gap in research in middle-and-low-income countries; this gap identifies that patients with mental disorders such as schizophrenia have limited access to healthcare services and if they do, they do not receive appropriate interventions and treatments including psychotherapeutic and pharmacological treatments (Moitra et al., 2022; Muhorakeye & Biracyaza, 2021; Rathod et al., 2017; Schneider et al., 2016; Stein, 2012). Additional research is required in the areas of cost, methods of traditional healing and types of mental illness treated by traditional healers (Audet et al., 2017). Limited information on mental illness and treatment in South Africa hampers the ability of mental health practitioners to work with patients from different cultural backgrounds (Zingela et al., 2019). Therefore, this study aims to close the gap by exploring first-year psychology students' understanding of mental illness and treatments of mental illness.

1.3 Aims of Study

1.3.1 The study aims to explore first-year psychology students' understanding of traditional healing and treatment of mental illness.

1.3.2 The study aims to explore first-year psychology students' understanding of traditional healing of mental illness by traditional healers.

1.4 Objectives of Study

1.4.1. The objective of study is to explore First-year psychology students' understanding of mental illness and treatment of mental illness.

1.4.2. The objective of study is to explore First-year psychology students' understanding of mental illness and treatment of mental illness by traditional healers.

1.5. Overview of Research Report

The research report aims to explain in brief the structure of the research. The report will introduce previous studies. The literature discussion will focus on mental illness in various contexts, ranging from International, African and local studies. The literature will explore six components related to mental illness, these are; understanding of mental illness, healing of mental illness, traditional healers, role of traditional healers, the role of indigenous South Africa Cultural understanding of mental illness, African cosmology and mental illness and challenges to understanding mental illness. The literature review will be followed by a discussion on the chosen theoretical framework which is the interpretivist framework. The research questions will be outlined at the end of the second chapter. Chapter three will present a discussion of the methodological considerations for this study. Chapter four will focus on the methodology of the study. The study is qualitative in nature with a sample of ten participants. The data was collected using interviews and the data was analysed using a thematic content analysis. The components of research such as ethical considerations, Researcher reflexivity, Research rigour and credibility of findings will be explored in chapter five of the report. This will be followed by the discussion of the results which will also be represented in chapter five, detailing the findings integrated with the

themes aligning to the research study questions. This will be followed by the limitations of the study, recommendations and conclusion.

CHAPTER 2

2. LITERATURE REVIEW

2.1. Introduction

The aim of the literature review is to examine findings regarding the understanding of mental disorders in Africa and South Africa. The topics to be discussed in this section of the paper are; the understanding of mental illness, healing of mental illness, role of traditional healers, reason for consulting traditional healers, the role of Indigenous South African Cultural Understanding of Mental Illness, African cosmology and challenges understanding mental illness. A traditional healer is defined as an individual who has not received formal medical training but perceived as competent to offer health care using plant, animal, mineral substances and other methods based on social, cultural and religious background as well as the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well-being and the cause of the disease and disability (WHO, 2013).

Traditional healer is an umbrella term that encompasses several types of healers with varying types of expertise and training (Mokgobi, 2014). The traditional healer concept entails different categories of traditional health practitioners which includes 'diviners, herbalists, traditional birth attendants and traditional surgeons' (Zuma et al., 2016). These can vary in different cultures for example, *Sangomas*' form a part of the traditional healer category and are the most consulted and play an essential role in offering healthcare services to the South African populations (Zuma et al., 2016). A *Sangoma* (an isiZulu name for traditional healer) also known as a diviner

goes through numerous stages to become a healer; these are, *ubizo* (an isiZulu name for a calling) sent by ancestors, in order to respond to the calling, the *Sangoma* has to undergo *ukuthwasa* (an isiZulu name initiation) this enables the healer to be able to mediate and connect with ancestors to initiate the healing process (Zuma et al., 2016). The *Sangoma* will then be able to connect to the spiritual worldview and restore balance with ancestors (Kleinhempel, 2017). It is maintained that *Sangomas* preserve a sense of identity extending across cultures, languages, and beliefs hence individuals continue to consult with traditional healers when they experience an uncertainty about the causes of an illness and when in need of a holistic solution for their illness (Nyundu & Naidoo, 2017). The role of the *Sangoma* (traditional healer) is to identify the cause and source of an illness through the divination process. Once the cause is established, *umuthi* (an isiZulu name for traditional medicine) will be prescribed as treatment for the illness (Zuma et al., 2016). In this research report the term traditional healer will refer to a *Sangoma* and will be used interchangeably.

The students understanding of mental illness and treatments were explored, with students at the University of the Witwatersrand partaking in the study. First year students were selected as they portray a homogenous sample and possibly share the same knowledge regarding the topic under investigation. Students were also available to participate as compared to other groups of students. The homogenous sample aligns with the purposive sampling strategy as it aims to understand a phenomenon from a participants' perception and their ability to elucidate the concept studied (Etikan et al., 2016). Culture influences individuals' understanding, knowledge, beliefs and values, behaviour and patterns which in turn impact and mould human behaviour (Lebaka, 2018). Traditional healing practices include naturally produced medicinal substances, amulets, magic

(sorcery), religious verses, sacrifices, charms, incantations, spiritual methods, rituals and mental torture (Haque et al.,2018).

An exploration of the existing literature shows that there is still a high number of individuals that consult with *Sangomas* regardless of having access to mental healthcare services; this is because *Sangomas* offer healing pathways that are comprehensive, holistic, and surpass the western approach to healing (Kleinhempel, 2017). There is harmonious coexistence between the physical and metaphysical world in the African cosmology where traditional treatments are engrained (De Roubaix, 2016) and is either used exclusively or as a complement to biomedical medicine (Audet et al., 2017).

2.1.1. Understanding of Mental Illness

The American Psychiatric Association (2013) defines mental illness as health conditions that involve changes in thinking patterns, emotion, and behaviour. According to the American Psychiatric Association (2013) mental disorders are attributed to a great change or disruption in different aspects of an individuals' mental functioning. These can affect some spheres of an individual's life such as social, work or family activities resulting from heightened distress. Research shows that psychopathology is caused by an interaction of multiple biological, behavioural, psychosocial, and cultural factors (Clark et al., 2017). Mental health is a state of well-being and the ability of individuals to cope with stress presented by life, while they work productively to contribute to their communities and realise their potential (WHO, 2013). Mental health relates to the individuals' and communities' concept of positive emotional and social

wellbeing of people and communities. In developing countries, there are insufficient mental-health services and primary health-care professionals with poor mental health literacy which contributes to the inadequate treatment of patients (Korhonen et al., 2019). Mental health is a socially constructed concept implying that different individuals, groups, cultures, institutions and professions have diverse ways of conceptualising mental illness, causes specifying the nature of mental illness, and deciding on suitable interventions (Amuyunzu-Nyamongo, 2013). It further means that the individual can enjoy life, and fulfil their goals while maintaining a sense of connection with other people (United Nations, 2014).

Approximately 75% of individuals in South Africa live with a mental disorder and do not seek treatment (Schneider et al., 2016). Of this number only 25% receive medical treatment from biomedical professionals for their mental disorders (Kometsi et al., 2020). Communities with increased levels of socioeconomic challenges have unevenly distributed healthcare resources, therefore, need adequate mental health services that are accessible to individuals (Mokwena & Ngoveni, 2020). The shortage of mental health staff, coupled with inadequate mental health services reduces the quality of life amongst persons requiring treatment in South Africa (Booysen et al., 2021). Lack of mental health awareness hampers the effectiveness of mental health service delivery and the delivery of mental health education (Mokwena & Ndlovu, 2021). The shortage of mental health services has resulted in the use of traditional healing as an alternative to healing mental disorders.

In South Africa, the use of traditional healers by patients is widespread; therefore, clinicians need to acquire knowledge in the subject to treat patients from diverse cultural

backgrounds effectively (Zingela et al., 2019). The country has an estimated 16.5% mental disorders prevalence in a year, these include anxiety, substance-use related disorders, and mood disorders (Meyer et al., 2019). Approximately 30% of the population had a mental disorder in their life (Underwood et al., 2016). The most frequently reported mental disorders in South Africa are anxiety disorder (15.8%), substance-related disorders (13.3%) and mood disorders (9.8%) (Meyer et al., 2019). The continuous use of traditional healers by patients may be attributed to the lack of access and quality of healthcare services (Kometsi et al., 2020). Women are more likely to be diagnosed with major depressive disorder while males are at high risk of developing substance-use disorders (Meyer et al., 2019).

The number of individuals receiving treatment for mental health problems is very low, one of the contributing factors is the high number of patients defaulting treatment (Sankoh et al., 2018). The increased prevalence of mental illness in South Africa has led to both traditional healers and biomedical practitioners cooperating to provide a more comprehensive response that can develop a culturally appropriate treatment approach (Schierenbeck et al., 2016). This is important as the cultural and cosmological differences between the patient and western-based clinicians may magnify the discrepancies between the experiences, concepts, and perception of disorders as individuals in different contexts have varying understandings of mental illness. (Zingela et al., 2019).

Mental illness is defined in a manner that explores the core components considered in the diagnosis of mental illness, these are; cognitive, emotional, social abilities and behaviour (Granlund et al., 2021). Individuals have several explanations relating to the causes of mental

illness. These explanations include social causes, stressful events and biological factors which require them to seek medical interventions (Ikwuka et al., 2013). Mental illness is attributed to biological causality which results in behavioural change, this is imperative for understanding and developing treatment strategies for mental illness (Clark et al., 2017). Mental illness symptoms are perceived and presented as somatic rather than psychiatric in origin; individuals may find it easier to understand and express mental distress in the context of physical symptoms, which can potentially lead to misdiagnosis (Memon et al., 2016). Explaining mental illness in biological terms has shown to be common in the South African context, although mental disorders do not only affect the biological functioning of the brain but also affect the individual's daily life and functioning.

Mental illness can be caused by various other factors including; behavioural, psychosocial, and cultural factors which interact in intricate ways (Clark et al., 2017). Individuals are likely to use broad terms to define mental illness. These terms are non-standard and they indicate a poor overview of an individuals' understanding of psychological terms to define mental illness (Stangor & Waling, 2014). This may be due to ignorance and an inability to align biomedical understandings of mental disorders, particularly in African countries where mental health illiteracy is high (Kometsi et al., 2020). Connell et al. (2012) also contended that well-being and functioning should always be considered when defining mental illness as these components of the individual's well-being are immensely affected. Diagnosis of mental illness is based on clinical observations of individual behaviour, these behaviours operate on a continuum ranging from normal behaviour to abnormal, deviant and unacceptable behaviour (Stangor & Walinga, 2014). The DSM uses

categories to diagnose patients, symptoms identical to the category description will be characterised as having the disorder, qualifiers are utilised to define and specify levels of severity in each category (American Psychiatric Association, 2013).

2.1.2. Healing of Mental Illness

The treatment of mental illness using traditional medicine is very prevalent in South Africa (Sorsdahl et al., 2009). However, considering the access to free primary healthcare, financial status and income; the traditional healer consultation cost can be relatively high which can affect the ability of individuals to consult with traditional healers (Audet et al., 2017). A survey by Mander stated that local government clinics were cheaper than traditional medicine eliminating the belief that traditional medicine is an affordable option (Mander et al., 2007; Moshabela et al., 2016). Traditional healing entails a holistic healing process that includes the healers' understanding of the individual's needs, providing treatment for physical, psychological, spiritual and social symptoms while focusing on the natural, physical, spiritual and supernatural healing (Sodi et al., 2011; White, 2015). African cosmology interprets the type of illness and advice on the treatment for traditional healing (Mbwayo et al., 2013). Traditional medicine is the total sum of knowledge, practices and skills based on experiences, indigenous beliefs and theories from different cultures used to maintain, improve, and treat mental and physical illness (WHO, 2013). The medicines differ for each African culture (Mothibe & Sibanda, 2019). The herbal medicines used by traditional healers include plant materials as active ingredients in the herbs used for medicine (WHO, 2012). The treatments are informed by the social, religious, and cultural practices of the community and the healer (WHO, 2012; Zuma et al., 2016). Faith based healers use meditation and prayers to improve

emotional well-being and to establish a connection with God (Mohamed-Kaloo & Laher, 2014). The number of patients that continue to seek treatment for mental illness from traditional healers continues to increase in South Africa, this means that traditional healers are more likely to be consulted by individuals with mental illness symptoms (Sorsdahl et al., 2009). Little is known regarding the treatment types and frequency of visits to traditional healers (Audet et al., 2015).

In South Africa, traditional healers are believed to have unique abilities to treat illness that allopathic clinicians cannot treat because African traditional healing attributes causes of mental illness to spirituality, attacks from evil or bad spirits, punishment from ancestors and a strong belief that Western medications cannot heal such illness but only traditional remedies (Sodi et al., 2011; White, 2015). However, traditional medicines are not considered effective in healing severe mental disorders such as bipolar and psychotic disorders but can improve mild symptoms related to anxiety and depression disorders (Nortje et al., 2016). Even so, traditional healers have shown effectiveness in healing illness relating to ancestral callings where it is essential to restore balance between ancestors and the affected individual (Nortje et al., 2016).

Traditional healing is not homogenous as it differs from region to region and culture to culture (Mokgobi, 2014). However, there are some commonalities within the various tribes that exist in South Africa in that traditional healers can diagnose and treat illness related to initiation, spirits, mediums, possession (witchcraft), ancestral callings and spiritual enhancements (Zuma et al., 2016). The treatment of disorders in the traditional healing approach entails two phases, the physical cause of the illness has to be identified and the spiritual cause needs to be defined through divination (White, 2015).

The Western approach entails two models to healing mental illness, these are the biopsychosocial and biomedical models. The biomedical model refers to mental disorders as the existence of defects in brain structure and neurotransmitter system dysregulations while the biopsychosocial models defines it as the intricate interconnection between biological, psychological, and social components in the development of psychiatric disorders (Tripathi et al., 2019). The biomedical model states that mental disorders are diseases of the brain and there is an emphasis on healing biological abnormalities using pharmacological treatments (Deacon, 2013).

There are various treatments available for mental illness including therapy and counselling for psychosocial stressors (Musyimi et al., 2018). Psychotherapy deals with psychologically based treatments and interventions that entail applied clinical and psychological domains (Wittchen et al., 2015). Psychotherapy also refers to the treatment of mental illness through communicating with a psychiatrist, psychologist and other mental healthcare provider whereby the patient learns about their thought patterns, moods, feelings and behaviour (American Psychiatric Association, 2013). Psychotherapy entails various treatment modalities however, there are two dominant approaches which are group therapy and individual therapy (DeFife & Hilsenroth, 2011).

Psychological treatments and interventions might range from highly sophisticated psychotherapy, delivered by specialised psychotherapists, to the application of specific behavioural techniques as part of a broader treatment plan (Wittchen et al., 2015). These can be offered by psychiatrists, psychologists, licensed counsellors, marriage and family therapists (Wiswede, 2014). Psychotherapy includes cognitive behavioural therapy, interpersonal therapy,

dialectical therapy, psychodynamic and supportive therapy as some of the modalities to treating mental illness (American Psychiatric Association, 2016).

Formal psychiatric treatment is also available to treat mental disorders (Tan et al., 2020). Some biomedical treatments are utilised for various mental illness, these are psychopharmacological treatments, antidepressants, antipsychotic medications, cognitive-behavioural and interpersonal therapies which can be used for mental disorders such as anxiety, obsessive-compulsive disorder, eating disorders, and substance use disorders (Clark et al., 2017).

2.1.3. Role of Traditional Healers

Mental illness is reported to be very high in South Africa as compared to other African countries (Mokwena & Ngoveni, 2020). There is a very large number of traditional healers in Africa, these exceed the number of western healthcare professionals, for example there are 500 patients per traditional healer whereas there is one medical doctor per 40 000 populations (World Health Organisation, 2012). There is a scarcity of healthcare personnel which are outnumbered by traditional healers on a ratio of at least ten to one (Chipps et al., 2015). About 70% of patients consult traditional healers (Molot, 2017). A traditional healer is an individual recognised by the community as suitable and capable to provide health care service using substances that contain animal, plant and natural minerals (Zuma et al., 2016).

The South African Traditional Health Practitioners Act permits individuals to register as herbalists' *iSangoma* (isiZulu name for diviner), *iingcibi* (an isiZulu name for traditional surgeons), *iNyanga* (an isiZulu for herbalist), and *aBabelethisi* (an isiZulu name for attendants

during birth) (Zuma et al., 2016). It was found that traditional healers in the rural north eastern part of South Africa continue to practise and offer treatments to patients for mental health symptoms even though they are perceived as more or less expensive than public facilities (Audet et al., 2017). Traditional healers comprise of herbalists, religion-aligned and traditional healers, the difference is that they use varying forms of rituals, counselling, and herbs as medication for healing mental disorders (Burns & Tomita, 2015; Musyimi et al., 2018; Zingela et al., 2019).

There are different types of healers, each traditional healer focuses on a different way of healing. Some types of traditional healers are called by ancestors to go through a formal initiation process to train to become healers which involves learning about various processes of treating and improving health (Zuma et al., 2016). The different traditional healers that can be found in the South African context are *Inyanga, Sangoma,* and *Umprofethi* to name a few. An *inyanga* (an isiZulu name for herbalist) has extensive knowledge on herbal treatment, a *Sangoma* (diviner) consults with ancestral spirits to diagnose patients of an illness, and acts as a mediator and uses bones to consult with ancestors and to diagnose and treat illness and *umprofethi* (an isiZulu name for faith based healers) combine Christian practices with traditional practices and beliefs (van Niekerk et al., 2014). In some cases, traditional healers prescribe herbal-based treatments (*umuthi*) for their patients. These include homoeopathic herbal treatments, using animal body parts and other allopathic ingredients such as *callilepis laureola,* which is also known as *impila* in Isizulu which is used to manage mental illness (Zingela et al., 2019). The cultural differences that exist in rural Kwazulu Natal, South Africa, comprise three types of healers which are *inyanga, Sangoma* and faith healers. In Limpopo, the *Bapedi* tribe includes different types of traditional healers these

are, *ngaka ya ditaola* (a Sepedi name for a herbalist), *Sedupe* (a Sepedi name for a diviner) and Sanusi (Mokgobi, 2014). In addition, diviners are guided by ancestral spirits and they use bones to diagnose various spiritual, physiological, and psychiatric and spiritual conditions and in turn prescribe medication (White, 2015). A Sanusi can be both a combination of diviner and herbalist; these healers can be found in African traditional churches (Mokgobi, 2014; White, 2015). In this study, a traditional healer refers to *iSangoma* and uses a holistic approach that includes the physical, mental, emotional, and spiritual dimensions when diagnosing and treating a patient.

2.1.4. Reason for Consulting Traditional Healers

Traditional healers are continuously consulted regardless of the availability of other treatment services. Studies suggest that around 50 percent of the population of Africa presenting mental illness symptoms consult traditional healers before accessing biomedical practitioners (Burns & Tomita, 2015). Explanatory models are likely to be the determining factors for consulting a traditional healer; this is in turn influenced by culturally informed explanations. Traditional and religious explanatory belief systems and practices dominate many regions in Africa and it is logical that causal attributions related to mental health symptoms often lead individuals and their families to use traditional healers on their help-seeking pathway (Drury et al., 2020). Traditional medicine has been used by generations and South Africans from different classes continue consulting traditional healers and using African traditional medicine for the treatment of various physical and psychological diseases (Mothibe & Sibanda, 2019).

A meta-analysis by Burns and Tomita (2015) revealed that there are regional differences in terms of the type of traditional healer that patients consult with. The proportions of South

Africans that first consult traditional healers are about 17.0% whereas religious healers are 26.2% (Drury et al., 2020). Traditional healers are equipped to heal spiritual and culture-bound illness than Western practitioners (Molot, 2017). Communities believe that mental illness may be attributed to cultural causes such as bewitching (van Niekerk et al., 2014). The other beliefs include believing that mental illness is caused by witchcraft and displaced ancestral spirits leading to community members seeking help from traditional healers (Musyimi et al., 2018).

The continued consultation of traditional healers is partly due to the belief that traditional healers understand the cultural context, treatment and the spiritual world (Zingela et al., 2019). However, the use of traditional medication can be attributed to traditional healers' ability to interpret disorders within a shared cultural context which is not the same as what psychiatric facilities offer (Burns & Tomita, 2015; Heaton, 2013; Read, 2012). Therefore, traditional healers offer services that are culturally relevant including communicating with ancestors (Mokgobi, 2014). The ability of traditional healers to speak local languages and their proximity to patients offer an advantage for increased consultation time which in turn gives the healer enough time to explain the causes of the illness, to discuss available treatments, and diagnose accordingly (Audet et al., 2017). Traditional healers offer treatment that is culturally acceptable, recognisable, and accommodates the patient's belief system which reduces mental illness-related stigma (Solera-Deuchar et al., 2020). This makes traditional healers socio-culturally accepted in local indigenous communities as they use language and terms that are locally relevant and draw from the same frameworks and concepts as their patients which accentuates the importance of local aetiologies including recognised practices and customary interactions (Abrams, 2020). A study showed that

patients prefer traditional healers as a modality of treatment because they are easily accessible (Solera-Deuchar et al., 2020).

Traditional healers form an integral part of communities (van Niekerk et al., 2014). In most communities' traditions are respected and positioned as important and unique (Zuma et al., 2016). Furthermore, traditional interventions are at most tailored for the needs of communities and individual cultures, making it easier for the traditional healer to understand and propose solutions that are suitable and acceptable for the patient's family (Zingela et al., 2019). In addition, they serve several roles such as being custodians of the African traditional customs, religion, and educators of culture (Mokgobi, 2014). Traditional healers share the same culture with patients which makes it easier for them to interpret illness, this can in turn bridge the gap that exists between Western and African treatments (Zingela et al.,2019).

Healers are also valued for their ability to communicate and link patients to their ancestors. In training for their calling, traditional healers are trained to facilitate communication and serve as a link to ancestors and healing (Lebaka, 2018). Traditional healers hold respected positions in communities, and they have an intimate and clear understanding of the cultural context of their community, which allows them to offer a more comprehensive and integrated forms of treatment.

2.1.5. The role of Indigenous South African Cultural Understanding of Mental Illness

Culture is regarded as a set of distinctive, spiritual, material, intellectual, and emotional features of society or a social group that encompasses, value systems, traditions and beliefs (Subudhi, 2014). Culture entails knowledge, customs, beliefs and values that shape and influence

patterns of human behaviour (Bhugra et al., 2021). Culture has implications on the choices that patients make regarding treatments for mental illness and a vital role to play in the healing of mental illness (Bhugra et al., 2021). Culture affects how individuals view mental illness, its symptoms, treatments they seek, which in turn informs their descriptions of mental illness. Culture moulds the individuals and group social behaviour and response to mental illness groups within communities (Subudhi, 2014). The diagnosis of a mental illness can be affected by the differences in culture; this can further affect the prescription and medication offered to the patient (Mbwayo et al., 2013). Different cultures deal with adversity in different ways, this thus impacts how individuals perceive nature, the understanding and the severity of mental illness (Gopalkrishnan, 2018). In addition, help seeking behaviour and decision regarding treatment is influenced by cultural belief systems (Badu et al., 2019).

Psychotherapy has been regarded as a practice for white people, (Knight, 2013) this led to most African communities and individuals believing that mental illness does not exist in the African context. For this reason, psychotherapy is inapplicable in the South African context and perpetuated by therapists lacking cultural competency to serve diverse populations (Wolff & Auckenthaler, 2014). The existing psychotherapeutic models currently utilised by clinicians in South Africa have proven relatively inappropriate and largely inaccessible to low-income populations (Wolff & Auckenthaler, 2014). Patients may be uncomfortable discussing their mental health issues due to the perception that the healthcare practitioner is not knowledgeable enough about their culture (Ayvaci, 2016). Exploring perceptions of doctors is imperative as they are responsible for dealing with patients from different cultures and religions (Mohamed-Kaloo &

Laher, 2014). Several challenges have been identified as leading to poor mental health care; however, a number of these can be attributed to cultural and social factors such as different interpretations across cultures (Monteiro, 2015).

2.1.6. African Cosmology and Mental Illness

Beliefs form a part of the culture and lead to an understanding of some of the causes of mental illness. There are rising concerns regarding how individuals in non-Western communities are using traditional treatment for mental health. Based on African beliefs, there are ways in which traditional healers interpret, understand, and explain the cause of diseases. For instance, the concept of depression and mental illness are not recognised the same way across cultures and may be associated with behaviour that is culturally unacceptable (Memon et al., 2016). African cosmology is the lens in which Africans see reality, particularly how they conceive, perceive and contemplate their universe; which further affects their attitudinal orientations and value systems (Karangi, 2019). Additionally, it is the base through which an individual can understand African spirituality and religions.

In African cosmology, the healer establishes the cause of an illness and evaluates whether the disease is caused by bad or evil spirits (White, 2015). Some parts of Africa, have culturally accepted views about witchcraft, medicine, disease and beliefs; these have an impact on the perceptions of mental illness and are influenced by ancestral spirits (Drury et al., 2020). Approaches to treatment can help in understanding pathological spirit possession as mental illness which is subjective entailing physical and mental related symptoms (Hecker et al., 2016). Treatment models allude to spiritual possession, concepts and causes are included in the belief

system, these have implications in care seeking behaviour for mental illness (Hecker et al., 2016). There is also a large focus on magico-religious healers due to the belief that mental illness is caused by spiritual, or factors related to magic or witchcraft (Abbo, 2011; Nortje et al., 2016). These beliefs impact on health care and health seeking behaviour and treatment outcomes (Burns & Tomita, 2015). Some healers believe that ancestors that are not appeased could punish people with ailments that present mental illness like symptoms (White, 2015).

The traditional healer uses divining bones to consult and understand with the spirit world in understanding which comprises bones from animals, dominos, dice, shells, seeds (White, 2015). The diagnosis and treatment of mental illness using traditional medicine is in most cases culture specific (Mbwayo et al., 2013). A few studies show that in African communities there is incorporation of cultural, social, and spiritual understanding of mental illness (Akyeampong et al., 2015; Amuyunzu-Nyamongo, 2013; Monteiro & Wall, 2011). In addition, health comprises emotional, spiritual, mental, physical stability; which it is believed that the ancestors can protect the living; therefore, it is not only about proper functioning of bodily organs (Nortje et al., 2016). The spiritual concept has a remarkable impact on the individual (Monteiro, 2015). It was suggested that there is a necessity to localise services that support mental health, to do this, the biopsychosocial model should include social-cultural-spiritual dimensions in the conceptualisation of mental illness this can offer solutions for culturally related barriers that hinder understanding of existing psychosocial models (Monteiro, 2015).

2.1.7. Challenges to Understanding Mental Illness

In South Africa, barriers to mental health care resulted in individuals affected by mental health having limited access to mental health services. The treatment gap is related to cultural and communication factors which impede the communication between practitioner and patients. Therefore, there is a need to understand cultural differences, as most approaches to healing mental illness are based on Western concepts (Kpanake, 2018). Some of the most frequently reported psychosocial barriers to accessing mental health care are; not knowing where to go, low help-seeking behaviour, poor knowledge of mental illness, negative beliefs and social stigma associated with mental illness (Van't Hof et al., 2011). The stigma related to mental illness results in patients being reluctant to consult mental health professionals and access services (Memon et al., 2016). Mental illness-related stigma has been reported to contribute to disempowerment, which translates to treatment default and a barrier to recovery (Mokwena & Ndlovu, 2021). In addition, it contributes to negative attitudes in the community and stigmatisation of those living with mental disorders (Chipps et al., 2015). Poor knowledge and belief have also been identified to contribute to the treatment gap that prevents patients from seeking help for their mental illness (Chipps et al.,2015).

The theory and practice applied in mental health emerged and is formulated from Western cultures and entails Western understandings, this affects the interpretation of the human condition (Gopalkrishnan, 2018). The mono-cultural understanding of mental health has provided frameworks and conceptual tools that can aid in the alleviation of mental distress, however, they are problematic when applied in non-Western cultures (Fernando, 2014). Communicating the needs of the patient is key to ensuring clear guidance and assistance of the patients. In order for

practitioners to clearly communicate, cultural meanings of mental illness need to be clearly understood (Arafat, 2016). Language determines the understanding of mental illness thus the competency of the services provided by mental healthcare practitioners to patients is affected by limited knowledge of mental illness in different cultural contexts; this impacts the effectiveness of the communication (Hassim & Wagner, 2013). Communication has resulted in Western trained health care practitioners misinterpreting mental illness while traditional healers can clearly explain the cause of a mental illness in the patients' language (Molot, 2017).

Individuals with severe psychiatric disorders may be unaware that effective treatment is available because they may not be literate on the available treatments, knowledge of causation and are exposed to negative views of mental illness (Nortje et al., 2016). In order to improve the mental health system, accessibility needs to be improved, sufficient funding opportunities for upcoming professionals, and adequate prioritisation of mental health (Green & Colucci, 2020). In addition, traditional healers have expressed interest in training to improve their skills in patient management (Green & Colucci, 2020). Sharing and transferring skills between clinicians and traditional healers should be encouraged (WHO, 2013). Some traditional healers and biomedical practitioners indicated an interest to learn about diverse treatments of mental illness as well as understanding the benefits of psychopharmacology (Green & Colucci, 2020).

2.2. THEORETICAL FRAMEWORK

A theoretical framework reflects on the hypothesis of a study and is based on an existing theory in a study of inquiry; it is the foundation from which the knowledge of the research study

is constructed (Adom et al., 2018). It provides support and structure for the study rationale, purpose, significance, and research questions (Caliendo & Kyle,1996). The theoretical framework describes and introduces the theory that describes the reason for the research problem to exist (Abend, 2008). The theoretical framework guides the processes of data collection, analysis of data and presentation of findings by ensuring that the researcher has an informed understanding of the problem statement, the significance and the purpose of the research questions, foundation and base for the methods and analysis of the data and this must complement the significance and purpose of the research (Adom et al., 2018; Grant & Osanloo, 2015). Furthermore, it serves as a foundation and guide for the literature review, design, methods and analysis (Grant & Osanloo, 2015).

In the interpretivist paradigm, researchers focus on the subjective experiences of the individuals; in this regard the reality of participants is socially constructed (Antwi & Hamza, 2015). It is thus central to understanding participants' experiences as subjective human experience (Kivunja & Kuyini, 2017). To gather information on participants' meanings of phenomena, interpretivists use interviewing and observations which both rely on the subjective relationship between the researcher and subjects (Adom et al., 2018; Antwi & Hamza, 2015). The researcher observes participants in order to collect information about phenomena, and draw inferences to make meaning to interpret patterns and information (Aikenhead, 1997).

In order to make a suitable selection of a theoretical framework, the guiding principles should be considered (Adom et al., 2018). The theoretical framework guides the processes of data collection (interviewing), analysis of data and presentation of findings by ensuring that the researcher has an informed understanding of the problem statement, the significance and the

purpose of the research questions, it provides foundation and base for the methods and analysis of the data and this must complement the significance and purpose of the research (Adom et al., 2018; Grant & Osanloo, 2015).

This research will apply the interpretivist theory, which, Gephart (1999) argued, is based on the assumption that meaning and knowledge are interpretations, and that knowledge is not objective. There is no specific or assigned method of gaining a particular correct way of gaining knowledge (Smith, 1993). Participants have varying perspectives and interpretations of mental illness and traditional treatments these were guided by subjective understanding. The theoretical framework will be guided by the research questions of the study. The theoretical framework that will be used to guide the study is the interpretivist paradigm, as the study aims to explore the understanding of first-year psychology students of mental health and the treatment of mental illness.

2.3. Research Questions

2.3.1. How do first-year psychology students understand mental illness and the treatment of mental illness?

2.3.2. How do first-year psychology students understand mental illness and treatment of mental illness by traditional healers?

CHAPTER 3

3. METHODS

3.1. Introduction

The aim of the methods section is to outline the methods that were used in this research report. This includes the research design, research paradigm, data instruments, data collection and the method used for data analysis. Polit and Hungler (1991) stated that methodology guides and ensures that valid information is obtained by using strategies, procedures, steps for data collection and analysis aligns with the aim of the study. According to Burns and Grove (1997) methodology includes the design, setting, sample, methodological limitations, the data-collection and analysis techniques in a study.

The methods section will outline the research design, research paradigm, sampling which is broad in that it covers several aspects such as sampling process, strategy, sample size, inclusion and exclusion criteria, entering the field and obtaining the sample. Sources of data collection will be followed by the methods and instruments of data collection. The interviews will produce data analysed using thematic content analysis. The several steps of thematic content analysis will guide the process of analysis and the themes identified were interpreted by the researcher. The themes will be used in the discussion with literature to support the findings.

3.2. Research Design

This study utilised a qualitative research design. Qualitative research is a method of inquiry used to generate and analyse open ended textual data to enhance the understanding of a phenomenon by identifying underlying reasons, opinions, and motivations for subjective experience (Aspers, 2019). Qualitative research explores meanings, insights of an individuals' experience, the researcher focuses on the perspective of the individual (Mohajan, 2018). Qualitative research requires a research as well as a design which is broader but not restrictive (Maxwell, 2012). The objective of qualitative research is to represent and interpret the view of a systematic phenomenon, and to generate new concepts and theories (Mohajan, 2018). Qualitative research is not hypothesis-driven; but it is subjective where the researcher is positioned as empathetic in understanding the participants' experiences (Hammarberg et al., 2016). This includes understanding the contextual situation of the participant, the explored phenomena, and the participant's meaning of the experience (Maxwell, 2012). A qualitative study does not only offer insights into human experience but also in how participants interpret and understand phenomena (Bickman & Rog, 1998). Effective qualitative research entails selecting suitable methods, analysis, theory, researcher reflection, and taking into consideration different perspectives of participants (Flick, 2014). Qualitative researchers seek to study phenomena in its natural setting in order to attempt to explore, and understand, thoughts and meanings people attach to their experience (Aspers, 2019).

Qualitative research contributes to an understanding of the human condition in different contexts and of a perceived situation, however, there is no perfect designed study, and unexpected

events occur (Bengtsson, 2016). The main issues in a qualitative study are financial resources, time and effort the researchers' ability to invest in trying to understand the phenomena under study (Bengtsson, 2016). Berg and Howard (2012) state that qualitative research attributes include meanings, concepts, definitions, symbols, descriptions characterise qualitative research as meanings, a concept, and a description of phenomena. There are many dimensions to the social world, including phenomena and experiences of participants; however, the researchers' interpretations are based on participants' subjective accounts (Leedy & Ormrod, 2014). In qualitative research data can be generated and extracted primarily from words, pictures, and observations to provide information (Eyisi, 2016). Qualitative method can be used by researchers to investigate what individuals think and feel about a phenomenon through observation (Butina, 2015).

In order to explore the individuals' experiences and social reality, qualitative inquiry utilises observations, interviews, journals, and open-ended questionnaires to obtain, analyse, and interpret the data content analysis (Zohrabi, 2013). The results from the research depends on how the researcher interprets participants' narrated experiences. This may result in varying meaning and explanations of human experience and phenomenon (Williams, 2001). The qualitative approach renders the researcher an opportunity to understand participants' subjective experience and observe behaviour in a particular social context (Eyisi, 2016). Therefore, understanding human behaviour requires awareness of how socially shared assumptions inform individuals' understanding of a particular experience. A qualitative design is suitable for this study as it aims to explore participants' subjective understanding of mental illness and treatment within a particular

social context. Moreover, it also qualitative inquiry is mainly concerned with understanding human or social problems from a subjective point of view (Maxwell, 2012). Qualitative research typically utilises interview-based discussions to understand participants' perceptions and experiences (Hammarberg et al., 2016).

3.3. Research Paradigm

A paradigm is a theoretical framework which presents a particular systematic understanding entailing certain assumptions about epistemology, methodology, ontology, and methods guiding a study (Alharti & Rehman, 2016). A paradigm can be referred to as a collection of related concepts that have rational assumptions, propositions and assumptions that are responsible to orientate thinking and research (Kafle, 2011). A paradigm can be perceived as a loose collection of logically related assumptions, concepts or propositions that orientate thinking and research (Kafle, 2011). It encourages people to protect their privacy, clarifying the purpose and procedure of the research participants (Abakpa et al., 2017). A paradigm entails a concept that is clustered substantively inclined to methodological tools and approaches attached to them (Kuhn, 1962). A research paradigm inherently reflects the researcher's beliefs about the world that they live in and wants to live in, it constitutes the abstract beliefs and principles that shape how a researcher sees the world, and how they interpret and acts in the world (Kivunja & Kuyini, 2017). A research paradigm inherently reflects the researcher's beliefs about the world that they live in and wants to live in. It constitutes the abstract beliefs and principles that shape how a researcher sees the world, and how s/he interprets and acts within that world.

In phenomenology, the researcher aims to describe the phenomenon as accurately as possible, reframing from any pre-given framework, but ensuring that the essence of the individuals' perspective of the people involved is accurate (Abakpa et al., 2017). The emphasis on the interpretation gives the researcher an opportunity to understand the lived meaning in participants' own words (Qutoshi, 2018). Resulting in a co-construction of the lived experience meaning, this co-construction occurs between the researcher and participant in a process of clarification and reconstruction of meaning (Suddick et al., 2020). In Interpretive-phenomenology the researchers interpret human experiences as text that offers rich and deep accounts of phenomena (Dangal & Joshi, 2020; Sutton & Austin, 2015). The researcher defines the phenomena and jointly interprets the process of understanding the phenomena with participants or individuals involved (Creswell, 1998).

Phenomenology focuses on individuals' subjective and lived experiences and uses this to understand the nature of a phenomenon including the experiences, how the experiences unfolded, meanings and their subjective experiences (Hameed, 2020). According to Heidegger (1927) some of the tenets of phenomenology are exposure of meaning, lived experiences of participants, creating meaning of everyday life. An Interpretive-phenomenological enquiry needs to explore meaning, epistemological positions and theories (Dahlberg & Dahlberg, 2019). Interpretive-phenomenological data collection is a process of reflection that focuses on accessing the participant's insights on their lived experiences (van Manen, 1990). Individual experiences and world phenomena are comprehended through an interpretivist epistemology which is framed by hermeneutics as a theory of interpretation and intersubjectivity (Suddick et al., 2020). Interpretive-

phenomenology focuses on the participants' world as they experience it through interpretations through subjective experiences of individuals and groups (Kafle, 2011). It attempts to describe and interpret lived experiences' meanings to a certain degree of depth and richness (van Manen, 1990).

Interpretation refers to the meanings derived from the collected data and analysis of the collected data, and evidence (Dangal & Joshi, 2020). An Interpretive-phenomenological study explores the interpretive meanings which are fundamental as they are experiential descriptions of the participants lived experiences (Risser, 1998) and allows interpretation through the lenses of researchers and create meanings in a way that is credible to the interpretations of the participants (Dangal & Joshi, 2020). The Interpretive-phenomenological approach aligns with the research question under investigation because it enables the researcher to examine and explore the students' understanding and meaning of traditional healing of mental illness. Interpretive-phenomenological research is used to explore subjective meanings, information was acquired through interviews with first-year psychology students to gain insights in what they know and understand about mental health illness and available traditional treatments; the participants demonstrate some experience of the phenomenon. This paradigm permitted subjective reflections on the knowledge of the participants and the studied phenomena which is mental health and the treatment. It includes abstract principles that shape how the researchers and participants engage and see the world (Kivunja & Kuyini, 2017).

Therefore, the interpretive-phenomenological approach enables us to explore the characters of the participants' understanding, experiences and meaning of explored phenomena (Ataro, 2020). In order to explore first-year Psychology students' understanding of traditional

treatment of mental illness their subjective experiences were explored to get insights into their experiences (Irarrázaval, 2020). In this study the understanding of mental health and treatments is a result of a combination of the meaning, concepts, and views expressed by participants during the participants' interviews.

Thematic content analysis is suitable for the study as it provides a systematic approach to organising, identifying, and offering insights into participants' patterns attached to meanings across data sets. The data set ensures that the researcher has a detailed understanding of the participants shared meanings and experiences. (Braun & Clarke, 2013). Furthermore, the data set addresses the research question through the various identified and relevant patterns from participants. The interpretative phenomenological research paradigm will be used in line with thematic content analysis as it provides insights into the meanings and experiences of participants which in turn makes it compatible with thematic analysis in seeking to discover patterns in data using interpretations (Alhojailan, 2012).

Although thematic content analysis was applied in the study, it presents some limitations. Thematic content analysis does not allow the researcher to make language claims (Braun & Clarke, 2006). The flexibility offered by thematic content analysis can result in inconsistency and incoherence, particularly in the development of themes as derived from the data (Nowell et al., 2017). In order to overcome the inconsistency and develop cohesion, the explicit and epistemological position and paradigm that underpin the empirical claims of the study need to be clearly applied (Braun & Clark, 2006).

3.4. Sampling Strategy

This study adopted a purposive sampling strategy. A purposive sampling strategy refers to deliberately choosing participants based on the qualities they possess, (also referred to as sampling criteria) (Etikan et al., 2016). The primary aim of this sampling strategy is to select populations that are suitable for the study, this technique emphasise the participants' willingness to participate in a reflective, expressive and share opinions related to the topic (Etikan et al., 2016). The sample for this study was drawn from first-year psychology students registered at a university in Johannesburg, through an identified criterion which qualified participants in the research. Snowball sampling was used in conjunction with purposive sampling in this research report. Snowball is based on a referral method and entails one of the interviewed individuals giving the researcher the name and contact details of another potential participant and this participant in turn gave the details to one additional participant (Kirchherr & Charles, 2018). It can be difficult to identify units to include in a sample because there are no obvious lists of the population that the researcher can select from, however, it is impossible to determine the possible sampling error and make generalisations from the sample (Sharma, 2017). Snowball sampling was used due to the unavailability of the initial sample, participants contributed by sharing the details of the study with other participants in their study level which increased the number of participants relevant for the study. Participants shared the research details through numerous communication methods ranging from WhatsApp, SMS and word of mouth.

3.5. Sampling

In qualitative research sampling refers to the selection of data sources that are suitable to respond to the objectives of the study (Gentles et al., 2015). Vasileiou et al. (2018) argues that there is no candid answer to 'how many participants' are accurate for research as sample size, this is dependent on various factors including the practical, epistemological and methodological issues. Participants in the sample must have experienced the phenomenon and can articulate their experience and meaning in detail (Sutton & Austin, 2015).

Qualitative inquiry has no rules for sample size; however, some of the principles for sample size are saturation and the theoretical framework, data to be collected, time, resources, and availability of participants to share their subjective experiences (Butina, 2015). Determining sample sizes can be guided by the point of informational redundancy such as similarity in findings; the sampling is terminated when no new information is acquired from participants (Vasileiou et al., 2018). The scientifically important criterion for determining sample size for the Interpretive-phenomenological researcher is the intensity of the contact required to gather sufficient data regarding a phenomenon or experience (Gentles et al., 2015). This is because the purpose of sampling in qualitative research is to collect data that is relevant, to explore the context, variation, complexity, and depth of the phenomenon under study (Gentles et al., 2015). Roy et al. (2015) discourage large samples pointing to the complexity in data analysis that could end up compromising meaningful exploration of the collected data and lead to the failure of addressing research questions.

In qualitative research, the sample may be small to support the understanding of analysis, but a suitable sample should enable the production of rich and new data to the phenomena that are

studied (Malterud et al., 2015). Kuzel (1992) suggests six to eight interviews when researching on a homogenous sample. Hammersley (2015) argues that it is not the number of participants that is vital, the issue is which informant makes up the sample. Typically, up to ten participants provided in-depth data on the selected phenomenon. A sample of ten voluntary participants, aged between 18 and above, in their first-year psychology were included in this study. This allowed for saturation of data in the study. An analysis carried out by (Vasileiou et al., 2018) declares that interview data that showed code saturation can be achieved at nine interviews but meaning saturation can be achieved at sixteen to twenty-four interviews. Saturation is defined as a guide or indicator that sufficient data collection has been achieved (Gentles et al., 2015). Lincoln and Guba (1985) proposed that the criterion of informational redundancy can be used to guide and determine the sample size and sampling can be discontinued if adding more units does not produce new information. Malterud et al. (2015) propose that information power be used to address saturation, this can guide the sufficiency of the sample size; it also indicates that if the sample holds enough information for the study, a smaller sample can be applied.

In exploring the first-year psychology students' understanding of mental health treatments, the sample specificity, the quality of interviews, the objective of the study and the method of analysis are considered (Malterud et al., 2015). Saturation in this study guided the number of interviews that produced the desired outcomes the researcher selects relevant data that aligns with the objective of the study (Guest et al., 2020).

3.6. Sample Site

The sample site entails young adults aged 18 and above registered and studying for their first-year in Psychology at the University of the Witwatersrand in Johannesburg. The study was conducted with nine women and one man. The exact ages were not recorded as the demographic information of the students was not deemed relevant in a qualitative study and for thematic content analysis.

3.7. Sampling Procedure

The sampling process entailed formal application for ethical clearance from the university ethics committee through which permission was obtained to conduct this study with a sample of first-year university students. To obtain the participants, an email was sent to the faculty with the advertising statement and relevant information. The faculty then sends the emails to the students with information on the study and a call to participate in the study (Appendix A). At first, no interested individuals responded and a second email was sent to all first-year students registered for psychology, following which 10 participants volunteered for this study. The researcher shared the objectives of the research and made arrangements. While some interested individuals made contact through email. This was followed by scheduling a Zoom meeting and sharing the link with specific dates and times for the meetings. Data was collected from September 2021 until December 2021.

3.8. Sample Description

Due to the COVID19 pandemic, students at the university of the Witwatersrand were learning in a blended form, which entails both asynchronous online and synchronous face-to-face learning. This has resulted in most students relocating to their homes and studying from there, this means that not all students were based in Johannesburg. Nine students were based in Gauteng while one student was based in Limpopo. All the students were registered at the same university at the time of data collection.

3.9. Inclusion and exclusion criteria

The selection criteria set a tone for the possible pool of participants which in turn plays a role in study feasibility. A narrow criterion can result in a sample size that produces an insufficient amount of data and results in heterogeneity while data can be affected by external factors if it is too broad (Hornberger & Rangu, 2020). Excluding participants according to criteria require prior assumptions, researchers risk ignoring excellent and knowledgeable participants (Morse, 1991). Some of the most common exclusion criteria are traits of individuals that are most likely to drop out of the study, may miss interviews, or provide unreliable data (Patino & Ferreira, 2018). The researcher needs to be specific in detailing if the participant meets a specific criterion (Hornberger & Rangu, 2020).

The inclusion criteria are the basic features of the targeted participants to respond to the research objectives and questions (Patino & Ferreira, 2018). It also identifies the study participants in an objective, reliable and consistent manner (Garg, 2016). Inclusion criteria for this study were

voluntary participants were drawn from students registered for the first-year level course in psychology at the specific university. Pre-selection and exclusion of participants is considered to be unethical as both forms of exclusion are considered problematic (Gentles et al., 2015). The researcher may decide on the selection criteria before, but this may raise issues if the participant data applied for the selection criteria is insufficient (Gentles et al., 2015). Although applying the exclusion criteria can mean that the researcher risks loss of knowledgeable and informed participants (Gentles et al., 2015). As such the following criteria for participation was used in this study students need to be registered and between the age 18 and above. First year students were selected as they possess prior knowledge regarding the researched topic, and they were also available to participate in the study.

3.10. DATA COLLECTION

3.10.1 Data Collection Instrument

There are various strategies for data collection in qualitative research (Butina, 2015). In qualitative research, the data is used to gain an understanding of the social phenomena through interacting with the targeted populations (Punch, 2013). Interviews occur in a natural setting where the researcher can develop a detailed understanding and involvement in the participants' experiences (Walia, 2015). Qualitative interviews enable the emergence of unexpected topics from the researcher and participants (Busetto et al., 2020). Interviews entail a framework wherein data is recorded, achieved and reinforced while adhering to the practices and standards of the research (Jamshed, 2014). Interviews are a useful and effective strategy for exploring the subjective views,

opinions, and experiences of participants (Ryan et al., 2009). The advantage of using interviews as a method is that it allows respondents to raise issues that the interviewer may not have expected while providing opportunities for refining data collection efforts and examining specialised systems (Nowell et al., 2017).

Interviews generate deeply contextual accounts of participants' experiences and their interpretation (Schultze & Avital, 2011). The verbal and non-verbal interaction that occurs between the participants and researcher shape the data collected, which in turn affects the results and interpretation of the study (Bengtsson, 2016). It is crucial that the written questions are properly formulated and align to the claims of the adapted method so that the researcher can explore the phenomena under study (Bengtsson, 2016). For this research, data collection involves semi structured interviewing (Gopaldas, 2016).

In this chapter, semi-structured interviews were used to explore the subjective experiences of individuals and gave an insight into the differences in understanding of mental health and individuals seeking treatment for mental illness. A characteristic of semi-structured interview includes open-ended questions and the use of a topic guide or an interview guide with defined sub-questions (Busetto et al., 2020). Open-ended questions were used to obtain vital themes from interviews and as a guide to determine the adequacy of the sample. Open-ended questions offer the participant an opportunity to share and express their views on a certain topic (Bevan, 2014). Open-ended interviews can also be used to explore topics in depth, identify phenomena and produce short informative answers (Weller et al., 2018). Open-ended questions rendered the researcher an opportunity to explore the students' understanding of mental illness and treatments

in a form of perceptions, views, beliefs based on the aims of the study and the questions explored (DeJonckheere & Vaughn, 2019).

Semi-structured interview enables the creation of a more familiar context/environment which may contribute to the researcher gaining greater insight into participants' understanding of mental illness and treatments (DeJonckheere & Vaughn, 2019). Semi-structured interviews are arranged systematically around a topic guide that standardises and shapes the conversation to ensure the emergence of relevant issues and provides a platform for acquiring rich and insightful information (O'Keeffe et al., 2016). Semi-structured interviews in qualitative studies entail an explicit structure, meaning they are a partial structure, the data collected is based on a partial interview guide (Blandford, 2013).

Semi-structured interviews consist of a participant and a researcher being involved in a dialogue which results in the interview being flexible and for participants to ask follow up questions, comment and probes the researcher (DeJonckheere & Vaughn, 2019). Semi-structured interviews were applied extensively with individual participants, which is a presentation of questions that relate to the broad research question (Jamshed, 2014). The semi-structured interview is usually conducted in a face-to-face setting which permits the researcher to seek new insights, ask questions, and assess phenomena in different perspectives (DeJonckheere & Vaughn, 2019).

3.10.2. Phenomenological interviews

Phenomenological interviews are designed to address the subjective experiences of participants, these include the participants experience in relation to the phenomenon, participants

describing their subjective experiences, and these can be considered interpretations and are fundamentally developing processes that are open-ended (Molot, 2017). The phenomenological approach to interviewing was used for this study as it highlights and emphasises the importance of participants sharing their subjective understanding and experiences regarding mental disorders and treatments (Quinney et al., 2016). The interviews allowed the researcher to gain insights into people's experiences, meanings, relationships, and social processes (Mohajan, 2018). Lauterbach (2018) stated that Interpretive-phenomenological interviewing entails research that is aimed at explaining a phenomenon as it exists in the consciousness of the participant and new meanings may be created if the experiences, reflections, and memories are revisited in order to share their subjective understanding of a topic under investigation (Lauterbach, 2018).

3.10.3. Online Interviewing

Due to the COVID 19 pandemic, online interviews were used as a method of data collection, with both the researcher and participants meeting virtually through the Zoom meeting platform in different contexts. The nature and fundamentals of online interviews are different from face-to-face interviews. Conducting research in restricted conditions due to the pandemic should consider alternative sites and recruitment procedures as most individuals are studying online (Ravitch & Carl, 2020). An interview guide was used to steer the open-ended questions that were used in the interview (Adams, 2015). The interview schedule is also used to rephrase statements and to ask further questions (Dahlberg & Dahlberg, 2019).

The interview guide enabled the researcher to collect data in a natural manner where the participant is allowed to engage fully with the researcher. For the interview to be effective and to gather rich data, participants were given an opportunity and encouraged to probe, to interact and engage in a manner that enabled the researcher and participant to build rapport. In this study, semi structured interviews have allowed the researcher to be flexible to explore additional issues that arised during the interview, and order and wording of the interview questions. The researcher probed and explored new questions as they emerged during the interview which the researcher may not have initially considered (Doody & Noona, 2013).

Initiating the interview involves the researcher and participants building rapport, and this gives the participants the autonomy to participate confidently in the study (Eyisi, 2016). A brief introduction of the researcher and asking the participants to introduce themselves, then discuss the objective of the study. The participants were introduced to the consent form and given an opportunity to probe, review and engage with the consent and to also give consent online. The interaction that took place between the researcher and participant during the interviews can benefit the participants with the opportunity to explore events in their lives (Doody & Noona, 2013). There was a diverse group of participants from different cultural contexts, therefore, the researcher respected the participants and research sites by not marginalising participants (Creswell, 2013).

Some researchers have suggested that online platforms can nearly replicate in-person interactions, at times providing more substantial engagement than in-person data collection (Marhefka et al., 2020). Online interviews are appropriate for a number of reasons such as cost, time and privacy (Krouwel et al., 2019). The interviews took approximately 45 minutes to an hour

with first-year psychology students. Interview transcription results in the production of texts in a form of descriptions and meanings of phenomenon based on participants' understanding. This results in the need to probe participants' accounts during the interview to seek clarity and to accurately summarise the information gathered. The questions in the interview guide align to the core research question, for the interview contents to be captured efficiently and avoid controversy the interview was recorded (Jamshed, 2014). The interviews included the exploration of the mental illness concept, African Traditional treatment and how participants understand it. The aims and questions for this study were used to provide a framework for questions included in the interview schedule.

The effectiveness of platforms like Zoom, Microsoft Teams, and others for conducting interviews or focus groups has been described in several publications (Archibald et al., 2019; Daniels et al., 2019), along with initial considerations about associated risks (Lobe, et al., 2020). Technical issues can affect the effectiveness of online interviews such that both the researcher and participants may experience disconnection, lag on video calls, and limited bandwidth which disrupts the flow in data collection (Krouwel et al., 2019). Zoom has enabled effective interaction to take place between the researcher and participants, this was not without connectivity and low bandwidth issues, with connectivity issues affecting a minimum part of the interviews. In order to harness such issues, the chat option and rescheduling of interviews had to be implemented to ensure that quality data is collected. The online interviews concealed some aspects of personal characteristics (body language) which can contribute to essential parts of the research (Kamarudin, 2015). Ethical issues such as confidentiality and anonymity may be

compromised due to the archiving and system administrators having access to participants' personal data (Bolderston, 2012).

3.11. DATA ANALYSIS

3.11.1. Thematic Content Analysis

This study used the approach of thematic content analysis for data analysis as presented by Braun and Clarke (2017). Thematic content analysis can be used to identify patterns and themes in line with the lived experiences, practice, behaviour, perspectives and views of the research participants (Braun & Clarke, 2017). Themes generated through identification of such patterns are then used to address the research question. This is much more than simply summarising the data; a thematic content analysis makes sense of data as opposed to presenting interview questions as thematic findings (Braun & Clarke, 2013).

The intent of thematic content analysis is not to summarise the content of the data collected but to identify and interpret data; all features of the data are guided by the research questions (Braun & Clarke, 2017). It is a method of analysis that seeks to explore and understand experiences in a data set, as it aligns and answer the research questions (Kiger & Varpio, 2020). Rosenthal (2016) states that generalisability is not the fundamental target of qualitative enquiry or in-depth interviews; the main aim is to build a deeper understanding of the meaning underlying behaviour, through subjective experiences, views and perceptions.

Thematic content analysis is a qualitative analysis method that is used to analyse information and data such that classifications are formed and themes are presented (patterns)

(Alhojailan, 2012). The aim of thematic content analysis is to search through a data set to identify, report repeated patterns which are analysed as they are discovered through the data (Braun & Clarke, 2006). Thematic content analysis is used to explore individual's understandings, experiences, behaviour and thoughts in a data set (Braun & Clarke, 2013).

The thematic content analysis steps employed in this study are informed by Braun and Clarke (2006). These steps entail the need for the researcher to become familiar with the transcribed data that they are working with so as to produce initial codes, identify and explore themes in the data, and finally to evaluate the explored themes and analyse the themes by naming and describing them. The steps taken for data analysis produce the final findings. Each level of analysis is dependent on the analytical product which includes interpretive and descriptive content (Vaismoradi et al., 2013). Analysis in qualitative research uses data codes and patterns to analyse data and interpret findings (Lopez & Whitehead, 2013). This study, in line with Braun and Clarke (2006), used thematic content analysis to explore how students understand mental illness and treatments. Thematic content analysis is considered the most appropriate for this study as it seeks to discover meanings using interpretations. It provides a systematic element to data analysis (Alhojailan, 2012).

In the following section the process of data analysis will be described. Initially, the researcher familiarised themselves with the data by reading and re-read through the text collected through interviews texts, this was crucial as it permitted the researcher to search and identify the most notable and compelling themes from the interviews. The interview transcripts were read thoroughly and analytically to identify the fundamentals of the data. This forms an important part

of getting familiar with the content in the excerpts and examining the relevance it has to the research question. The interviews were read several times to form an understanding of the raw data collected and to obtain in-depth understanding of the content.

The initial observation in the responses of most participants is that they all understand mental illness to be related to the brain structure, hormones and the two defined mentioned mental disorders were anxiety and depression. Some of the codes that were discovered in the initial observation of data include depression, anxiety, brain structure, hormones, cognitive and emotional. The participants have noted the importance of hormones, cognitive structure and the brain as forming an important component of mental illness.

The next step is generating initial codes. In this step, the researcher used the information described in the first step to inform the process of generating initial codes. To do this, the researcher has grouped the various elements of data based on similarities and identified patterns. The codes identified and provided labels for a feature of the data which in this case is relevant to the research question. Examples of initial codes are predicting and guiding people, speaking to ancestors for the purpose of healing, link between traditional ways of doing things, connection to the spiritual world, offering various healing options and spiritual realm. These codes show that individuals value traditional healers because of their ability to communicate, connect and link patients to the spiritual realm through to their ancestors.

Searching for themes is the third step, themes emerged distinctly from the data and the researcher should identify, recombine, differentiate and group the themes accordingly. A theme

"captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set" (Braun & Clarke, 2006, p. 82). During this phase, I had to review the initial codes and identify the overlap and cluster according to similarity. The process of generating themes and sub-themes entails assembling codes that are perceived to have a common unifying feature to form coherent patterns of the data (Braun & Clarke, 2013). The above codes were grouped together to form a theme, the theme has to be clear, and easy to understand, therefore, the theme role of traditional healers was more appropriate.

The following steps were taken to review the themes. The codes and themes that were created had to be merged and separated at some point because of the similarity when clustered. The themes were selected based on how they correspond to the understanding of mental illness and treatment of mental illness. The themes link to the spiritual world, connecting and linking to traditional healers align to the components of the role of traditional healers. Defining and naming themes involved two steps which are the revision of the themes and subthemes such that the names assigned to the themes and subthemes are clear and have no ambiguous meanings. The second part of naming the themes includes the addition of constructing a conceptual definition of the themes and subthemes that were analysed. Lastly, an analysis of interviews identified five major themes**.** Some of the themes defined from the interviews are, the understanding mental illness, healing mental illness, role of traditional healer, reason for consulting traditional healers, role of indigenous South African cultural understanding of mental illness, Africa cosmology beliefs, mental illness, and subjective meanings of mental illness. These themes have shown relevance in relation to the research question and evidenced the value of traditional healers, what mental illness

means for the different individuals, the effect of culture on mental illness and beliefs. The information collected from the interviews were coded and assigned to themes as they emerge from the interview to describe the resulting information. Patterns and codes were identified and reviewed from the interviews.

The themes form a coherent understanding of the data and in answering the research question. From this the study found those students' understanding of mental illness and treatments is explained in somatological terms and mostly described as depression and anxiety. For instance, their initial understanding of mental illness entails imbalances within hormones, cognitive, emotional, psychiatric type of thing, causes a dysfunction in the normal daily functioning and affects individuals' social life. Students integrated the causes of mental illness to the aspects of an individual's life affected. The treatments identified by students were not traditional treatments but mainly they were aware of the Western treatments such as therapy offered by a psychologist, psychiatrist, with most identifying medication and not specifying the type of medication three participants identifying antidepressants as medication for depression. Students had partial understanding of the medication that are available or offered by psychiatrist. Although most individuals were not aware of the traditional healing approaches available, they identified culture as having an immense impact on the continued consultation with traditional healers.

Students strongly believe that culture plays a role in the belief that traditional healers can heal certain ailments. However, there are challenges that hinder individuals' ability to consult with Western trained healthcare practitioners and understanding mental illness. These challenges make it difficult for patients in non-Western cultures to understand mental illness and treatment available

to them after diagnosis. Some additional contributing factors are language used, and practitioners having limited knowledge on how various cultures understand mental illness and treatments.

Thematic content analysis should be treated as a foundational method for analysing qualitative data because it renders important skills for conducting various forms of qualitative analysis (Braun & Clarke, 2006). In addition, it is used for identifying, organising, describing, reporting themes, and analysing themes in a set of data (Braun & Clarke, 2006; Nowell et al., 2017). The set of data used for analysis is produced from interviews with participants (Braun & Clarke, 2006). The themes were further divided into analytical products of data analysis including dividing the data into sub-themes and categories after separating the data into categories and (Vaismoradi et al., 2013, 2016).

3.12. ETHICAL CONSIDERATIONS

In adherence to ethical standards for research this part of the discussion outlined ethical considerations observed in this study. In qualitative research, anonymity, confidentiality and informed consent form a part of a very crucial ethical (Richards & Schwartz, 2002). Confidentiality forms an integral step in protecting the participants from potential harm. According to Richards and Schwartz (2002) confidentiality has different meanings for researchers. Confidentiality means that the information collected from the participants including personal information cannot be disclosed to third parties without their consent (Sanjari et al., 2014). Pseudonyms were used to identify participants on the interview transcripts. In this study confidentiality was maintained in the study through the protection of the participants' identity by

not disclosing the participant information to those who are not primarily involved in the research study. The importance of anonymity includes notifying participants of the importance of preserving their identity. In order to protect the participants' personal information and securely store the collected data changes/modification were made to information that identifies the participants, amending biographical information and using pseudonyms for names of people, organisations and places (Orb et al., 2001). During the course of research, data was stored on a password-protected computer.

Informed consent offers the participants an opportunity to be comprehensively informed of the questions, the data usage and any underlying consequences (Fleming & Zegwaard, 2018). It is crucial to identify in advance the data that was collected from the participants and how the data was used in the study; this requires continuous negotiation of the agreement terms (Spinelli, 2005). Informed consent is one of the recognised ethical requirements in qualitative research, and entails all participants inducted on the relevant characteristics and potential risks of the research (Newman et al., 2021). A formal informed consent was distributed to the participants prior to data collection. Participants were made aware of all the parts of research that they were involved in through an informed consent form. The form was signed by the participant as an agreement to partake in the study. The participants were introduced to the consent form and given an opportunity to probe, review and engage with the consent and to also give consent online. This consents to the voluntary participation in the study without the use of coercion or deception or forcing participants to be involved, and participants can choose not to participate in some parts of the data collection

or withdraw from the study. This ensured that the participant is comfortable enough to share information in the interview.

Fleming and Zegwaard (2018) declared that it is vital to notify participants of the potential harm or risks in the study. This means that the researcher needs to be aware of the various forms of possible harm ranging from loss of resources, emotional, physical and reputational. In this research study the protection of participation included minimising and eliminating risk and to this the participants were informed of potential risks (Fleming & Zegwaard, 2018). The study included human participants that are not vulnerable and the sample had minimal risk as the research only aims to probe the participant's opinions about mental illness. This is also because the probability of harm is not larger than the one imposed by everyday life in a stable society. The selected participants for the research study are not experts on the subject matter, they however, shared their subjective perceptions, experiences and understanding of mental illness and traditional healing. It is expected that the students may have some working knowledge of mental illness in the African context which may be acquired through social interactions, reading and research. The Ethical approval for the study was obtained from the university ethics committee.

3.13. RESEARCHER REFLEXIVITY

A qualitative researcher is an instrument of research and the paramount aspect of these is the ability to uncover meaning, interpret experiences and perceptions meaning in certain contexts (Maguire & Delahunt, 2017). Reflexivity is an effective way of obtaining the truth by evaluating one's views and providing a critique that is technical. To do this, as a researcher I evaluated my

beliefs, views, opinions, and assumptions against what is true through examining preconceived beliefs, views, and opinions about the topic. It is therefore a process of reflexive awareness on the part of the researcher that occurs at every stage of the project and the assumptions I hold may interfere with practices suitable for interpretation (Bickman & Rog, 1998; Maxwell, 2012). In order to continuously engage with reflexivity during the study, I needed to be aware of my judgement and presuppositions to centre the attention on the collected data.

Bracketing' of ideas involves the cessation of judgement that is critical and refusal of critical judgement which are motivated by the researcher's own experiences and assumptions (Spinelli, 2005). Bogdan and Biklen (1982) declared the importance of bracketing by qualitative researchers their priori theories so that it does not affect the meaning assigned to the collected data. Reflexivity is not only used as a methodological tool but to produce engaged qualitative research and researchers need to practice uncomfortable reflexivity (Pillow, 2003). However, as a methodological tool, reflexivity offers the researcher a chance to investigate critical questions about planning, implementation and evaluation of qualitative methodology (Day, 2012). Before interviewing begins, the investigator must first set aside his or her own beliefs and experiences. Bracketing requires self-insight and allows the investigator to approach the study with minimal preconceived beliefs or theories. (Nowell et al., 2017).

The researcher forms a part of an instrument of analysis during data analysis because their perceptions may contribute to how they code, decontextualize, theme and conduct data analysis (Nowell et al., 201 It is crucial to question the how the researchers' conceptual categories and how they are drawn in the analysis, as this informs the production of knowledge (Day, 2012).

Researchers can examine the interpretations of the data whilst holding themselves accountable by investigating the ways applied in concluding a particular segment of the data, enabling explicitly about the processes involved in interpretation (Day, 2012). As such, reflexivity implies extensive scrutiny of the role of the researcher in the knowledge production process (Day, 2012). This allowed the researcher to explore the experiences that are lived by the participants and the meanings they create through investigating their everyday realities, the participants shared the meanings they attach to campus life through interpreting their live experiences (Pink et al., 2016). The researcher adopts the role of processing the data collected and is responsible for generating meaning from the texts and graphics collected, this can result in subjectivity and bias (Kaur-Gill & Dutta, 2017).

Importantly the researcher shapes the context that the research takes place by interaction and participating with the subjects and in the interpretation of the data and therefore cannot be separated from it. An important marker of quality is that the researcher reflects his or her role in the study and have an extensive understanding of their relationship with their participants (Stenfors et al., 2020). The researcher is a Black South African woman, who was raised in a rural community and has been exposed to experiences of mental illness by people in the community. This has also informed her emic understanding of traditional treatments and its importance in the African communities. Residing in a township-based community has rendered an opportunity to understand that varying understanding of mental illness and types of treatments prevail. In addition, as a psychology student I have gained vast knowledge and acquired various forms of information and knowledge regarding mental illness. Long-standing beliefs and shared ways of understanding may

affect interpretations of mental illness due to the knowledge I gained through studying psychology at a tertiary level. I have been involved in various volunteering opportunities in the mental health and disorders space which allowed me to understand some of the interpretations of mental illness from certain cultures or groups of people, this can also affect how I understand the interpretations of the participants' narratives from the collected data.

Qualitative data analysis is the process of integrating your understanding of the data, in order to do this the researcher needs to be immersed in the data, consolidates it and focus insights as provided, these insights should align to the research question (Butina, 2015). The research question is dependent on rich answers and discussions to understand the participants' experiences. This humanistic, interpretive approach is also called the thick descriptive because of the richness and detail to the discussion. The researcher extracted adequate information about a phenomenon from the data collected (Ronald et al., 2007).

As such, having experience of diversity in perceptions of mental illness allows the researcher to appreciate the different narratives and views of the participants so as to render an accurate interpretation of the data. The process of reflexivity enables the researcher to listen to the perceptions of participants and to suspend the researcher's assumptions regarding the topic so that such beliefs do not hinder an understanding of participants' perceptions of the topic. This in turn can result in cultural and personal biases because the researcher is aware of the beliefs and knowledge that they possess which can contribute to judgements, biases, misunderstanding of the information from the participants, and misrepresentation of findings. The scope of mental illness

is vast and the researchers' awareness to pre-existing biases would positively impact the process of research.

In addition, Interpretive phenomenological analysis recognises and acknowledges the significant role of interpretation; however, it is important for the researcher to retain a diary or journal of reflexivity that outlines and documents the details of emerging interpretations as well as their nature and origin (Biggerstaff & Thompson, 2008). For the purpose of this study and to keep track of the reflexivity process in relation to the research study, the researcher constantly kept a record of the process and activities in a diary (a form of an editable/working document) to record all the views, beliefs and opinions for each part of the data collection and use these as a base to ensure neutrality when conducting the research and continuously edit as and when these biases occur. The documents entailed all the interpretations made regarding the various parts of the collected data and their nature.

3.14. RESEARCH RIGOUR AND CREDIBILITY OF FINDINGS

In qualitative research trustworthiness is understood to be the rigour of a qualitative research study and it is the level of reliance on the method used and the data collected as well as how the data is interpreted (Connelly, 2016; Lincoln & Guba, 1985). It was also argued by Nowell et al. (2017) that the criteria for trustworthiness are mainly concerned with the need for acceptability of what and how useful the study is to qualitative researchers. To establish trustworthiness, Lincoln and Guba (1985) identified four aspects which are credibility, confirmability, and dependability and lastly transferability. Credibility is the extent to which the

findings of the research can be trusted between the views of the researcher and respondents; confirmability is if research conclusions are based on and drawn from the existing data and are free of the researchers biases and opinions; dependability the research is consistent and the study be repeated and transferability refers to generalisability to enquiry, this is in turn how the findings can be applied in other contexts (Lincoln & Guba, 1985; Nowell et al., 2017). In order to achieve trustworthiness, this study ensured that the data collected from the participants is not influenced by the views of the researcher through reflexivity. Data saturation is the most employed concept in qualitative research to estimate sample sizes (Guest et al., 2020). Data saturation refers to a point where the researcher reaches informational redundancy and the information collected does not contribute new information to the study (Gentles et al., 2015). It also acts as an indicator that sufficient data from the sample to answer the research question has been achieved (Gentles et al., 2015).

The consistency of the study was sustained through the use of the same sample with no changes or amendments made throughout the study. The generalisability of the study was such that the results from the sample can be applicable to other universities, a sample size of 10 allowed for saturation in the study. Qualitative research depends on the subjective experiences of participants and the researcher is trusted to produce accurate interpretations in presenting outcomes of the study.

The researcher must take into consideration his or her "pre-understanding", both in the planning process as well as during the analysing process, in order to minimise any bias of his/her own influence (Johnson et al., 2020). To have prior knowledge of the subject and to be familiar

with the context can be an advantage as it does not affect the informants or the interpretation of the results. To have prior knowledge of the subject and to be familiar with the context can be an advantage as long as it does not adversely affect the informants' narratives or limit the interpretation of the results.

The responsibility of a researcher is to ensure an evaluation into the researchers' evaluation in their biases and rationale for the decisions in the progress of the study (Johnson et al., 2020). Although qualitative research focuses on subjective experiences, meanings and understanding, it should use rigorous and appropriate methods, ethical and described intelligibly (Cohen & Crabtree, 2008). The researcher needs to understand both the context and circumstances in order to detect and take into account misrepresentations that may crop up in the data (Catanzaro, 1988). All qualitative research deals with some interpretation. However, the interpretations vary in depth and level of abstraction, depending on the method of analysis and on the researcher's ability to distance him/herself (Patton, 2002).

Credibility of the research demands that the methodology chosen should be well explicated and justified. Depending on the research question, observations (as well as other methods) might be an alternative or complement to interviews, or individual interviews may be more appropriate. The number of respondents or the length of observations are not necessarily the key markers to indicate high-quality research. Instead, when assessing quality, the focus needs to be directed towards the depth, richness and appropriateness of the data, and whether, when analysed, the data provide enough evidence to answer the research questions (Stenfors et al., 2020). A further important marker for assessing the quality of a qualitative study is that the theoretical or conceptual

framework is aligned with the research design, the research questions, the methodology used in the study, and the reporting of the research findings. High-quality qualitative research necessitates critical reflection and a justification of the selected framework underpinning the study (Stenfors et al., 2020).

CHAPTER 4

4. FINDINGS

4.1. Introduction

This chapter will present the findings in relation to the data collected and the thematic content analysis carried out. This chapter will present the findings from the data collected through interviews. Aligned to the thematic content analysis by Braun and Clarke, (2017), themes were identified based on the relevance and alignment to the research questions, aims and objectives of the research study. The interviews produced data that was categorised into different themes that align to the research question. The data was categorised into related themes and later quotes for each research question. The themes are aligned to the literature finding in that they explore the understanding of mental illness, healing mental illness, role of traditional healers, the role of culture and African cosmology and challenges to understanding mental illness. Participants' own words were used to illustrate and support findings, the researcher will interpret data as it emerges from the findings; these will ensure the studied phenomena is understood (Garg, 2016). From the interview, data was used to categorise the data in themes. The themes were categorised as follows:

4.1.2. THEMATIC FINDINGS

In this chapter, the findings for this study are presented in the following thematic order:

4.1.2.1. understanding of mental illness,

4.1.2.2. healing of mental illness,

4.1.2.3. Role of Traditional Healers

4.1.2.4 Reason for consulting Traditional healers

4.1.2.5. The role of Indigenous South African Cultural Understanding of Mental Illness

4.1.2.6. African cosmology and Mental Illness

4.1.2.7. Challenges of understanding mental illness

The findings will be present in this order throughout the report

4.1.2.1. Understanding of Mental Illness

The understanding of mental illness is represented as specific mental illness rather than conditions with certain symptoms and affecting individuals functioning. Individuals' understanding was based on describing existing mental disorders. Participants have shared the following quotes to define a mental illness.

Two participants referenced the mental disorders as anxiety and depression which affects individuals' everyday functioning.

"Maybe disorders, for example, depression is a form of a mental disorder that affects one's mind" (Trevor). Another participant specified that mental illness is psychiatric related stating:

"Um, I mostly understand it as like a psychiatric type of thing, you know, maybe it's anxiety and depression" (Mandy).

Anxiety and depression have been used by participants to define mental illness, participants did not outline which symptoms each disorder entails but used it to in broad describe the meaning of a mental disorder. *"So for me, it's debilitated, um, anxiety, and, um, depression that affects my life in so many ways"* (Ndalamo), another participant presented their understanding in the following manner:

"It can be anything from anxiety to a proper health issue" (Lisa).

Mental illness has an impact on the daily functioning of those affected and living with the disorder. Participants have outlined some of the effects of living with mental disorders on their daily lives and functioning. Components of daily functioning that are affected are presented in the excerpts below:

"I think socially it does impact your life. And essentially, that you cannot interact with individuals or family at a normal level that any normal person would do, because obviously suffering from a mental illness" (Tintswalo).

"Normal selves to sort of less version, um, less interacted at times, obviously less positive and happier times." (Dineo*). "Daily mental processes for one or how you function using your mind"* (Dineo).

The participants held different views regarding mental illness and treatments. Mental illness has various meanings attached by participants, these meanings are subjective and informed individuals

lived experiences. The meaning of mental illness was attributed to biological factors and affecting the everyday functioning of individuals.

4.1.2.2. Healing of mental illness

Healing of mental illness has shown to be an important component of understanding mental illness and treatments. This theme explores the participants' understanding of traditional treatments and western treatments available for healing mental illness. Most participants have no knowledge of how traditional healers heal mental disorders, instead they shared what they know regarding the different western methods applied in treatment and that medication is prescribed to a patient although a few were not aware of the specific medications prescribed.

"Your medical treatments." (Mandy).

Similarly, one participant stated that:

"I don't know much about that actually, but I hope that it's more like medicine" (Krishna).

Western approach to healing. Participants have a working knowledge of the available treatment for healing mental illness, these include consulting with psychologists and psychiatrists, individual therapy, and group therapy.

Dineo stated that they are not informed about the different treatments for mental illness but they have some knowledge of practitioners that offer the available treatments;

"I know you can go to psychologists and psychiatrists" (Dineo).

Lisa stated that treatment comprises of medical treatments: *"there's the medical, the, chemical side of things like otology"*.

Participants did not focus on what the treatments for mental illness entails but rather on who offers these treatments and what kind of treatment they offer. This shows that participants have a working knowledge of what treatments are available and who offers them.

"I think that for some individuals, right, because mental illness, you know, differ from person to person, based on the fact that if it's then based on your, how damaged your anatomical structures are" (Tintswalo).

However, one participant (Trevor) expressed a completely different view of healing stating that:

"Although most individuals believe that mental illness exists and have treatments for healing both in the traditional and Western approaches, there are beliefs that mental illness do not exist and that black communities have a different view of what they are" (Trevor).

4.2.1.3. Role of Traditional Healers

The role of the traditional healer within the community as healing various ailments and as a link to the spiritual world and as a connection to the ancestors. Participants have shared the role played by traditional healers in the lives of the people in the community which also serves as an explanation for the continuous consultation with traditional healers as Black communities value messages and communication from ancestors: *"They have this link between your traditional way of doing things and, you know, connecting you to your spiritual side"* (Mandy).

Traditional healers play an essential role in ensuring that they consult with ancestors in order to guide individuals to the right direction:

"It would have something to do with speaking to your ancestors when they see something in a person's life and therefore, you know, they predict or guide the person" (Dineo).

It is clear that traditional healers offer more than one way of healing, they approach illness holistically in that they do not only focus on the ailments and symptoms but look beyond that by consulting with the spiritual world and find out the cause beyond the experienced pain. Traditional healers recognise the importance of identifying the cause of mental illness and other ailment beyond the physical symptoms by connect with ancestors to understand

The participants perceive the role of a traditional healer as imperative and as a motivation to consult traditional healers.

4.2.1.4. Reason for Consulting Traditional healers

The holistic approach is presented as a motivation for the continuous consultation with traditional healers. Patients value the services provided by traditional due to their holistic approach to healing. Traditional healing views ailments holistically and addresses all the causes; this ensures that there is a holistic approach to healing and treatments used:

"I think it's due to our context in Africa. "Um, we are not a western country and we don't, and, and because our context is so complex, we cannot rely on one type of, uh, healing process" (Bontle).

"I think it is very important to have a variety of options to treat mental illness" (Lisa). The reason for consulting traditional healers is their ability to assess the causes of illness beyond the physical causes to understanding the spiritual causes of illness.

Individuals consult traditional healers to have an understanding of the causes of illness, although traditional healers offer options to connect with ancestors they offer a holistic and comprehensive approach to healing.

"Western methods focus on physical structure while traditional healers dive deeper into, you know, the spiritual realm of things" (Tintswalo).

4.2.1.5. The role of Indigenous South African Cultural Understanding of Mental Illness

It was found that the participant's cultural context has a role to play in their understanding of mental illness and its cause. An individual's culture impacts what they perceive as acceptable and normal. It also entails many factors that affect how people view mental illness. In understanding the role of culture in healing, most participants have agreed that culture has an impact on the perspectives of mental illness and culture has given traditional healing credibility as it justifies the need and use of traditional healing. Most individuals stated that culture has taught us certain ways of doing things in turn that guide our behaviour thinking and acceptable behaviour. The excerpts below illustrate what participants had to say regarding culture and understanding of mental illness:

"Individual from different cultures, possess different traits, and the knowledge that they pass down their descendants are different, which in turn affects how we understand mental disorders" (Tintswalo).

"It is something that is deemed as unacceptable to rather not really be accepted and taken by an individual because they believe that, you know" (Dineo).

The learned behaviour stemming from culture is deeply ingrained in individuals such that it would be difficult for them to adapt to new ways of doing things without integrating the cultural approach. *"Culture has held its own regardless of the changes in time"* (Trevor)

"Because even though people put it on pause for a little bit, when things don't work the Western way, they always resort to culture way of doing things" (Trevor).

"When it comes to black people, they have not abandoned their culture to be quite honest" (Mandy).

4.1.2.6. African Cosmology and Mental Illness

The findings highlight the importance of retaining the cultural approach and beliefs in African communities and the limited need to change. In most African communities' mental illness do not exist as illness caused by biological and hormonal imbalances but can be attributed to witchcraft, sorcery and evil spirits. Mental illness is accepted based on what the belief and culture of the individual deems acceptable, therefore, justifying mental illness based on explanations of witchcraft may be more acceptable than Westernised explanations. Since beliefs stem from culture,

this affects how individuals understand mental illness. Some participants stated that their cultural context has strongly influenced certain ways of understanding the relationship between culture and healing.

"I know that some African cultures don't recognize mental illness as something that needs to be treated and acknowledged" (Trevor).

"Like the culture of mental health is so like, it is like a taboo is still a bit embarrassing for people" (Mandy).

The excerpts show that there is limited knowledge and understanding of what encompasses a mental illness. Different cultures have descriptions to define mental illness.

"If someone has a certain problem and they can't solve it, uh, the Western way, they usually resort to slaughtering cows, the cultural route. They have their own cultural ways of doing things" (Trevor).

4.1.2.7. Challenges to Understanding Mental Illness

There are various healing options available to individuals diagnosed with mental illness, however, barriers to treatment have resulted in most individuals being unable to access services. The inability to understand patients' culture was defined as a barrier that can result in patients misunderstanding and misinformed about mental illness. The barriers that hinder mental illness services are interpreted as being related to understanding the culture, religion, ethnicities, spirituality, and the context of the African countries.

The excerpts below demonstrate the need for diverse understanding in order to curb the barriers that individuals face in accessing mental healthcare services.

"I would say in some regard, um, often a traditional healer may, may possibly have more understanding in the sense of obviously different cultures, different races, different ethnicities, nationalities go through, not so, not so much different things, but, you know, distinct" (Trevor).

In order to communicate effectively as a traditional and western practitioner, understanding the different components social and cultural status of individuals is essential.

"In the African context, it's very important not to look at one and forget the other, you know, looking at people's different contexts, different classes, different races and different backgrounds, all these differences, the diversity" (Bontle).

The participants held different views regarding mental illness and treatments. Mental illness has various meanings attached by participants, these meanings are subjective and informed by individuals' lived experiences. The meaning of mental illness was attributed to biological factors and affecting the everyday functioning of individuals.

4.3. CONCLUSION OF FINDINGS

The results show that most individuals attribute the definition of mental illness to depression and anxiety without having a clear description of what mental illness are. However, the fact that mental illness is caused by biological factors is well documented and participants have noted that mental illness impact on the daily functioning and social life of individuals. Traditional

healers are shown to be valued by individuals of the community and have various roles to play except healing. Participants have noted that traditional heal serve as a link and connection to the spiritual world and ancestors. In terms of healing, the therapies, role of psychologist is clear and a few participants pointed to traditional healing such as the use of herbs and prayer.

Culture has a notable role to play in the treatment and understanding of mental illness, as the belief systems within our cultures and what they teach individuals in communities affect the view or help seeking behaviour and where individual go for healing. The beliefs can result in resistance to a certain type of healing as they may not support mental illness as they are deemed as non-existence in African communities.

CHAPTER 5

5. DISCUSSION

5.1. Introduction

The discussion presents findings in relation the research questions of the study. The main contribution of the study is to explore how students understand mental illness and treatment in the South African context. This contributes to knowledge production in mental health and to render knowledge in understanding of mental illness. Like many studies in mental illness and treatments, this study found that culture and belief has an immeasurable impact on how individuals understand mental illness and treatments. The way in which individuals define mental illness is manly based on their subjective experiences which in turn affect which treatment the utilize. Traditional healers are continuously consulted due to the cultural beliefs that are deeply ingrained in individual's perception of mental illness. However, there are other actors that results in traditional healer consultations such as access, need to be connected to ancestors and cultural understanding to name a few. The lack of cultural understand amongst Western trained practitioners is identified as the main barrier to access mental health services by participants in the study.

5.2. Discussion of Thematic Findings

The finding of the research presents details and components related to the research questions explored in the study. There are various studies on perceptions and experiences of mental health care providers, however, limited research on this area exists in the South African context (Booysen et al., 2021). Individuals hold different understandings of mental illness, this is formed

subjectively through various experiences and interactions. This means that approximately one in six South Africans is likely to experience a mental disorder, such as depression, anxiety, substance use, during a typical year (Patel et al., 2018). Therefore, this research aimed to investigate first-year psychology students' understanding of mental illness and treatments and integrate their understanding in relation to traditional healing and western based healing practices. To guide the discussion, the research questions are outline below:

5.2.1. How do first-year psychology students understand mental health and treatment of mental illness by traditional healers?

5.2.2. How do first-year psychology students understand the role of traditional healing in treatment of mental health illness?

5.3. Understanding of mental illness

The apparent findings of the study show that individuals understand mental illness as a form of disorder. This was not the only characteristic used to define mental illness; the participants attributed different causes and impacts of living with a mental illness, which is an important component of what makes up mental illness. The definition provides main characteristics of mental illness diagnosis (cognitive, emotional, or social abilities and behaviour), but it is only in the sub-classifications that a distinction is made between mental illness such as depression or general anxiety disorder (Granlund et al., 2021). The meaning given to symptoms determines what is a mental illness (Verginer & Juen, 2018).

"I would say mental health illness can either be cognitive, or emotional. Some are different like imbalances within hormones and stuff in your body" (Tintswalo).

The findings show that most individuals attributed and understood mental illness in terms of its impact on cognitive and emotional functioning. Most participants noted that mental illness is mainly caused by a disruption in the biological structure of the brain which further results in hormonal imbalances. The participants defined mental illness in terms of brain structure, hormones, emotions, feelings and using depression and anxiety as examples.

The definition provides main characteristics of mental illness diagnosis (cognitive, emotional, or social abilities and behaviour), but it is only in the sub-classifications that a distinction is made between mental illness such as depression and general anxiety disorder (Granlund et al., 2021). The tendency to define mental illness in somatisation terms may be resulting from stigma and as a way to make it acceptable in various cultures to treat physical ailments over mental symptoms (Zhou et al., 2021). A biological causality and understanding of mental disorders results in the multi-causal nature of mental illness which is important in developing treatment interventions and strategies (Clark et al., 2017). Another participant stated that:

"I think mental illness are in relation to, you know, the anatomy of the brain itself" (Lisa).

According to the biomedical model mental illness is characterised by brain abnormalities and pharmacological treatments are emphasised as a treatment (Deacon, 2013). The participants in the study are from different contexts however, depression and anxiety were used by all participants to

define mental illness. Individuals have different perceptions of what constitutes a mental illness which warrants professional treatment (Zhou et al., 2021). Mental illness most likely influences a person's wellbeing, but in theory, it is possible to experience aspects of positive mental health such as wellbeing when suffering from a mental health problem (Granlund et al., 2021). Mental illness does not only affect the mental wellbeing of the individual affected but it affects how they function socially, relationships and interaction with other people. Anxiety in social situations was especially evident and took various forms including anxiety about leaving the house, crowds and public places (Connell et al., 2012). A participant shared that:

"I can easily get anxious about small things like making decisions about small things" (Ndalamo).

Mental illness has various meanings attached to them by various individuals, participants have various subjective understandings of mental illness.

5.4. Healing of mental illness

There are different forms of treatments for mental illness both in the African and Western approaches. Most of the participants understand western approaches to healing to entail psychotherapy, consulting with a clinical or counselling psychologist as well as seeking biomedical treatment from a medical practitioner, consulting with a psychologist and psychiatrist. Individuals diagnosed with severe forms of mental illness are typically consult psychologist to undergo psychotherapy and alternatively treated through pharmacological prescriptions (Deacon, 2013). In this study, most participants defined healing through psychotherapy as the most common treatment of mental illness;

"There is a group therapy. And I think as well with um, meeting with a psychologist or psychiatrist" (Bontle).

Effective interventions have been put in place to ensure behaviour change, treatment and rehabilitation for those diagnosed with mental illness (Wittchen et al., 2015). Thus the target is to ensure that maladaptive behaviour is modified through therapy by reducing symptoms of mental illness (Deacon, 2013). There is a decline in the use of psychotherapy while pharmacology use is increasing (Deacon, 2013).

Participants have shown an understanding of healing as offered by a psychiatrist and pharmacology but also a combination of the two approaches:

"I don't want to say psychiatric ward. Yes. It's therapy. You know, they have various treatments. Your medical treatments" (Lisa).

"The psychiatrist really started on medication and different types of therapies." (Ndalamo).

The results of the findings from the study shows that there is limited understanding of traditional healing and management (Maluleka & Ngulube, 2018). South African individuals have insufficient knowledge on traditional healing treatment and limited understanding of that which is separated between Western healing (Mokgobi, 2014). The results highlight that only one participant managed to briefly offer their understanding of traditional healing. Traditional healers use various healing methods, these are rituals, counselling, and herbs as medication for healing mental disorders (Burns & Tomita, 2015; Ndetei, 2013; Zingela et al., 2019). Participants pointed

out herbs and praying as some of the ways in which healing takes place in a traditional healing approach.

"From what I experienced. I mean, you would just have to maybe just pray about it or they would have to give herbs", *"I think it differs culturally."* (Trevor).

5.5. Role of Traditional Healers

The findings reflect that participants understand the role that traditional healers play to extend beyond that of healing physical ailments. It is also evident that traditional healers are seen as individuals who can connect with ancestors and can operate in the spiritual realm. This confirms previous findings on the reasons for which individuals continue to consult traditional healers, as they do not only offer them means to physical healing but they also offer them answers from the spiritual world (White, 2015). It is clear that traditional healers offer more than one way of healing, they approach illness holistically in that they do not only focus on the ailments and symptoms but look beyond that by consulting with the spiritual world and find out the cause beyond the experienced pain. Therefore, individuals deem it important to visit traditional healers to have a more comprehensive understanding and view of their illness. Traditional healers are valued as they play a vital role in healing and in their communities (Mokgobi, 2014). Their role is not limited to healing patients with varying ailments but also serve as a connection between individuals, ancestors and the spiritual dimension.

Traditional healers are the first point of contact in their communities as they can be trusted by community members because they form a part of the community and they understand the

culture context and illness in a locally shared way of understanding (Mokgobi, 2014; White, 2015; Zuma et al., 2016). The popularity of traditional healers is associated with the satisfaction of patients, availability of traditional healers, shared values, and the models they use to explain mental illness (Drury et al., 2020). Participants stated that traditional healers are the first go to and point of contact when individuals are not feeling well. Traditional healers are trusted members of the community who use a cultural holistic approach and about 70% – 80% of Africans consider traditional healers their first point of contact in times of illness and disease (Beyers, 2020).

"The first point of contact because people always go there for help" (Ndalamo).

As a result, Traditional Healers are trusted in African culture because of the crucial role they play in their communities (Chung & Bemak, 2012).

"That's the first place that they go because, you know, in Zulu cultures, it's common for this to happen" (Bontle).

5.6. Reasons for consulting with a traditional healer

The continued consultation with traditional healers is due to the increased availability, preference, affordability, accessibility of traditional healers (Solera-Deuchar et al., 2020). The use of traditional medicine is not unusual in the African context; globally, biomedical treatments coexist with several other healing practices (Kpobi et al., 2018). Traditional healers are custodians of the traditional African religion and customs, educators about culture, counsellors, social workers and psychologists (Mokgobi 2014). Individuals question the effectiveness of western based healing to heal certain illness thus resort to consulting traditional healing. For some people, these

beliefs also include questions about the effectiveness of biomedicine for treating certain illness. In addition to these belief systems, the widespread use of traditional medicine practitioners (TMPs) has also been attributed to the ready availability of, and easy access to, their services and are convincing to their patients (Kpobi et al., 2018). Traditional healers are deemed effective and convincing as they are able to give a holistic understanding of an illness:

"You know, things sometimes with going to traditional doctors, they're more convincing, because if they tell you that, oh, maybe your ancestors said this, and that it's more believable or easy to believe and like going to adopt," (Tintswalo).

Trained healers have an ability to communicate with ancestors to have an informed understanding of an illness (Maluleka & Ngulube, 2018). Reasons for consulting with traditional healers, particularly in rural areas, include traditional healers are the easiest to access or sole providers of healthcare in their communities and first point of contact (Abrams, 2020).

Participants alluded to traditional healers as offering holistic consultations to their patients. Traditional healers provide services that are holistic in that they go beyond the use of herbs for physical and other illness while ensuring that their services are culturally diverse (Sodi et al., 2011; Zuma et al., 2016). Traditional healers have a diverse understanding of illness as it relates to conveying and communicating with ancestors and illness related to spiritual callings, therefore they do not only focus on an illness but look at it holistically, spiritually and physically as they can access the spiritual world (Zuma et al., 2016).

"I need to go to a traditional healer to ask them to help so that the consultation would be a holistic consultation" (Bontle).

In African communities, traditional healers focus on the mind, soul and body which in turn produces a holistic understanding of an illness (Maluleka & Ngulube, 2018). In traditional healing significance is placed on religion, the spirit world, and supernatural forces (Nortje et al., 2016). Traditional healers can enter into the spiritual realm and can provide healing and guidance through communicating with ancestors (Kgope, 2012). Communities believe in the ability of traditional healers, have faith in their ability to cure or alleviate conditions managed by doctors, and much more (van Niekerk, 2014).

"A lot of our society members really do trust in our traditional healers" (Lisa).

"Africans believing more in ancestors, I think for maybe a Sangoma or maybe, yeah, nganga (Xitsonga word for Traditional Healer), *for example, it's not they would instead maybe try to consult with your ancestors and tried to maybe what could identify the cause of you know, that mental illness."* (Tintswalo).

The link between ancestors and *Sangomas* enables them to consult on behalf of their clients, link to the ancestral world and receive communication from the ancestors (Maluleka & Ngulube, 2018).

5.5. The role of Indigenous South African Cultural Understanding of Mental Illness

Culture impacts shape the understanding of mental illness and reaction patterns this in turn affects perception and willingness to seek treatment (Yalvac et al., 2015). The diagnosis and

treatment of an illness using traditional medicine is in most cases culture-specific. This means that based on beliefs in the community, healers interpret the type of illness and prescribe treatment (Mbwayo et al., 2013). Different cultures have a different perception of illness, this affects the interpretations of normal behaviour, mental illness and see the world from different perspectives (Rathod et al., 2017). Each cultural context presents a different way of understanding mental illness, this is informed by the system of belief and the practices that exist within the culture (Subudhi, 2014). Culture has an impact on how individuals understand and view mental illness or any other illness, this may either be positive or negative. Healing of a certain mental illness may take different forms/methods in different cultures; therefore, there is no one way of healing the same mental illness/disorder.

"The current health system recognizes, recognizes black and white or Indian and fails to recognize within the black community, that different ethnic groups, which have different cultures and therefore are predisposed to different ways of doing things" (Trevor).

Culture influences the types of treatments that individuals opt for depending on how the illness is explained in the culture. The way in which distress is experienced by different individuals can be shaped by what is acceptable in the culture. Mental illness is experienced in a way that culture can justify. Culture has an impact on the various aspects of mental illness, how they are viewed and the perception of the healthcare system and practitioners (Beyers, 2020). When, where and how help is sought is heavily influenced by a number of socio-economic and cultural factors (Bhugra et al., 2021).

"So, Um, your culture and your belief, first of all, will inform where you go first and also where you believe you will get complete healing" (Bontle).

There is little doubt that cultures also affect the way we experience distress, the way in which we express distress and also where we seek help from (Bhugra et al., 2021).

One participant shared that:

"I think our culture and religion plays a big role. Like, for me, for example, if I wanted to get a spiritual feeling of I feel like there was something like negative energy and stuff, I would see priests that are Indian priests to Hindu priests, yes, that's my religion. And that's my culture" (Krishna).

"culture deems that acceptable" (Dineo).

5.6. African cosmology and mental illness

Western culture shaped the understanding, definitions and standards of the current mental illness standards which reflects the cultural knowledge of the Western traditions (Koç, & Kafa, 2019). This current model affects the efficacy and effectiveness of the application of mental illness and treatments in diverse cultures (Koç, & Kafa, 2019). The beliefs that are grounded in the culture can result in individuals continuing to consult with traditional healers regardless of a formal and informed diagnosis from a healthcare professional. Beliefs and experiences regarding the devil, demons, or evil spirits or forces may make many people uneasy, including therapists (Exline et al., 2021). This is because the causes of illness are attributed to different causes, these are related to spiritual, ancestral and at times evil spirits or witchcraft. These are some of the reasons individuals

believe that traditional healers are more qualified to heal mental illness. Individuals continue to believe that traditional healing is associated with witchcraft; this perpetuates the stigma around consulting traditional healers (Maluleka & Ngulube, 2018).

Mohamed-Kaloo and Laher, (2014) state that culture often influences mental illness perception, conception, experience of symptoms, classification, treatment, recognition, labelling and the course of mental illness. This is also the case in South Africa as various frameworks to healthcare exist; these include supernatural, religious, magical, and moralistic approaches. Some cultures may attribute the cause of mental illness to black magic, the breaking of taboos, the evil eye of which needs to be rectified by traditional healers (Beyers, 2020). Audet et al. (2017) stated that, in South Africa, many individuals maintain that traditional healers are unique in their ability to diagnose and treat physical and emotional conditions caused by social misconduct, spirits, magic and sorcery, which biomedical practitioners are unable to treat. People with mental illness are likely to believe that witchcraft and ancestral anger have an influence on their development of mental illness and do not believe in the existence of mental disorders (Booysen et al., 2021). Studies show that the spiritual world and magical practice are central to African culture and life (Leistner, 2014). One participant noted that most individuals attribute mental illness to witchcraft and the excerpt is shown but shared this statement to oppose the belief:

"It's not always witchcraft. You know, there's always something to be wrong unless it is witchcraft, which they are not" (Mandy).

Communities grapple with distinctions between evil magic, sorcery, witchcraft, evil eye of employing powers that are mystical to traditional healing, which utilise powers from the spirit world (Leistner, 2014).

"So you find that, for example, if an individual has schizophrenia, people would say it's witchcraft and they take that, um, their kids, the older people who have dementia to traditional healers, and they don't really explore other mental illness" (Clare).

Mental illness is not perceived as an illness that is recognised rather as related to witchcraft, however, needs to be acknowledged the existence of mental illness.

5.7. Challenges to understanding mental illness

Healing takes place in various forms. The large number of individuals that are diagnosed with mental illness face various challenges that make it almost impossible to understand their illness and the relevant treatments. Communication is vital in communicating the needs of the patient as well as obtaining medical advice from healthcare professionals (Aguirre-Velasco et al., 2020). The improvement of the current communication challenges aid in improving the effectiveness of the current therapeutic services (Popa-Velea & Purcărea, 2014). Some of the requirements of a successful diagnosis depend on listening and communication skills, culture and interpretation (Avasthi, 2011). Language is vital for communication and understanding, but it may result in issues if the patient and therapist do not share the same language (Gopalkrishnan, 2018).

However, communication can be a barrier in that it contributes to misinformation and misunderstanding between the patient and health practitioners. Practitioners should be aware of

the role of culture and its impact on their understanding of mental illness which may vary from individual to individual (Arafat, 2016).

"Some patients or people who go seeking may not, they feel like the professional may not truly understand" (Dineo).

This is mostly because of the differences in beliefs and culture of both the practitioners and patients.

"The imposing of unfair treatment over specific cultures. And those cultures would be cultures that range from, you know, you know, non-white cultures" (Tintswalo).

Tintswalo stated that*: "I feel like oftentimes they may not really understand the different cultural differences. That's, you know, that barrier"*.

Through communication. practitioners influence how patients as recipients of knowledge understand mental illness (Szulanski et al., 2016). There is a need for mental health practitioners to understand the various cultures and the diversity that exist with the different cultures. The consultation between a patients and practitioners may experience misunderstandings in communication as a barrier, which in turn affects the ability of patients to understand their needs to practitioners (Memon et al., 2016).

Due to the culture of misunderstandings in psychopathology, patients find themselves consulting traditional healers to avoid cultural stigmatisation (Carbonell et al., 2020). This should be incorporated in the healing approach to accommodate individuals from various backgrounds.

Symptoms of psychopathology vary by place, community and as such if a practitioner has limited knowledge of cultural awareness it may lead to misunderstanding, misdiagnosis and Western-specific psychopathology (Hassim & Wagner, 2013). Western specific treatments are misunderstood by patients although they are prescribed to them by practitioners:

"She's on medication, now chronic medication. But I think there's certain parts of it that he maybe doesn't understand, because of the Western way of explaining it" (Lisa).

"Well, with the doctors that I see, they really don't because it's just purely Western understanding" (Mandy).

The traditional healer and Western trained healthcare professionals are facing some form of barrier in their healing practices. Some barriers that individuals face when consulting mental healthcare practitioners are included in the excerpts below.

"And I think also there's, there is itself a stigma maybe around traditional healers, that it's only for African people" (Clare).

"There's this thing of, you know, your ancestors, your spirits that you can go to a doctor, you know, your medical doctors, they can say that you have this, you have depression, but you also have to take the traditional side of things and you have to consider your ancestors" (Mandy).

6. LIMITATIONS OF STUDY

A limitation of this study is that the interviews were conducted virtually with participants in varying contexts. Online interviews, unlike face to face do not offer the advantage to observe the nonverbal cues. Nonverbal cues have effects that are independent of verbal communication and can enhance or detract parts of spoken communication in mediated and interpersonal settings (Bucy, 2017). This limitation was eminent in the data collection and instrument platform. Although this method of data collection was convenient and easily accessible to the participants and researcher, some aspects of producing rich data were lost particularly those that occur in natural settings (face-to-face conversations). Non-verbal cues support the contextualisation of the interviews and noting discrepancies between what the interviewer says and their body language, however this was not possible using the online interviews. Online interviews increase the possibility of obtaining the desired study sample while lessening the quality of the collected data as insufficient contextual information is obtained, responses are relatively short and consensus is low (Carter et al., 2021).

To improve the quality of the collected data, an interview schedule was used to guide the interview and enable the researcher to develop follow up questions. The quality of the interview was however, affected by the inability to pilot the interview guide prior to the interviews. This would have enabled the researcher to collect richer data. The data was collected from a cohort of students at the last teaching term resulting in limited engagement time and hindered the interaction time and interest. Due to this the quality collected data may have been affected.

7. RECOMMENDATIONS FOR FUTURE RESEARCH

Psychological disorders constitute challenges as psychopharmacology and psychotherapy are the primary method of treatment. While this is the case, in low-income and middle-income countries traditional medicine closes the gap in the delivery of mental health service delivery. Traditional and complementary systems entail different treatments, practices, which are rooted in the culture, religion, spirituality, beliefs, experiences (Gureje et al., 2015). Although there is an overlap between traditional and western approaches of healing, future interventions need to address some of the major differences in the nature and cause of healing approaches (Gureje et al.,2015). Collaboration amongst practitioners and traditional healers from different cultures has been identified as a strategy to increase engagement and understanding of the traditional and healthcare practitioners in caring for individuals with mental illness (Gureje et al., 2015). This will not only benefit practitioners but improve the outcome of the services provided to patients. The misunderstanding, misdiagnosis and misinformation that result from western trained practitioners during diagnosis requires training that is culturally competent and congruent. This requires collaboration of traditional and western trained practitioners. Furthermore, ethnic diversity and cultural competency can increase and improve health outcomes for diverse patient populations while alleviating the challenges faced by the diverse populations in the healthcare system (Nair & Adetayo, 2019). Future research should consider providing individuals with comprehensive knowledge and information on mental illness and treatments. discourage large samples pointing to the complexity in data analysis that could end up compromising meaningful exploration of the collected data and lead to the failure of addressing research questions fully or

worse still the researcher can fail to appropriately contextualise the data to the research. The interviews were audio-recorded for accurate transcription. In order to ensure precision, suitability and efficacy of the collected data, the interviews were piloted with a group of participants that meet the inclusion criteria.

There is a need for traditional healing to be campaigned for, because most individuals have different beliefs regarding traditional healing. Furthermore, the study demonstrated that although individuals understand mental illness and treatments to an extent the knowledge is very limited and needs to be enhanced through various mediums. African beliefs and culture play a vital role in understanding of mental illness and treatments. Furthermore, the study demonstrated that issues of culture have a significant influence on the manner in which patients understand their experiences. This in turn affects how individuals perceive illness and the treatments they use. Therefore, future interventions should include teaching individuals regarding mental illness and treatment using the traditional approach.

The study demonstrated that culture has a significant influence on the manner in which patients understand their mental illness. Therefore, there is a need for collating and integration of indigenous terms for mental illness in a formal diagnostic tool (Kaiser et al., 2019; Monteiro & Balogun, 2014b). The barriers to healing such as health practitioners lack knowledge on the cultural context of patients, poor communication and issues needed. Nevertheless, collaborative engagement between traditional and complementary systems of medicine and conventional biomedicine might be possible in the care of people with mental illness (Gureje et al., 2015).

8. CONCLUSION

In analysing the textual data of first-year students in their understanding of mental illness and treatments using a thematic content analysis that is underlined by the interpretivist paradigm, the numerous findings reflected the participants understanding of mental illness and treatments in relation to their experiences and meanings they attach to mental illness, treatments, culture and barriers to accessing healthcare services.

This study found that participants understand mental illness as denoting depression and anxiety which impairs daily function. They attributed the cause of mental illness to social and emotional factors related to their childhood and to biological causes related to the brain function and hormonal imbalance. Some participants stated that culture and their belief systems play a role in their continuous consultation of and preference for traditional healers regardless of the availability of other mental healthcare providers.

The culture context has shown to influence the healing treatments that individuals choose this is because culture shapes how people behave, view and understand certain things, however, participants showed a limited understanding of traditional healing treatments and alluded more to the Western available treatments such as visiting a psychologist, psychiatrist, the use of therapy and medication (i.e. Antidepressants) as some of the available treatments to mental illness. The value attached to traditional healers in the community has a direct effect on the choice to consult with traditional healers who are perceived as able to appreciate and understand the cultural context

of the individual, are accessible, a part of the community and can link participants to the spiritual world and communicate with ancestors.

Cultural context was not the only factor that hindered access to healing but numerous barriers were also identified such as inability of healthcare practitioners to understand the culture of the patient, stigma, patient's inability to understand the healthcare practitioner and the practitioners' inability to clearly articulate were identified as some of the reasons for visiting traditional healers.

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10. APPENDICES

10.1 Appendix A: Participant information letter

APPENDIX A



Participation Information Letter

Dear Participant,

My name is Akani Mkansi. I am a Master of Arts in Social and Psychological Research student at the School of Human and Community development at the University of the Witwatersrand; I am conducting a study on first year first year psychology students' understanding of mental health and treatments of mental illness. The results of this research will contribute to broadening society's and individuals' knowledge of mental health.

- I am interested in your understanding (explanation, opinions etc.) of mental health, illness and traditional treatments. The study explores your understanding of mental illness and the role of traditional healing in the treatment of mental illness. The interview will last between 45 minutes to one hour.
- The information that you share in the study will be treated with confidentiality meaning it will not be disclosed with third parties and all personal identifying information will be treated with anonymity. This will be done through the usage of pseudonyms to identify places, names and organisations that the participants are from. The information will be published as part of a thesis but your identity will be treated as anonymous and your name will not be mentioned in any publication. The data collected will be stored in a password secured device that only the researcher can access. A formal consent form will be rendered to participants to sign.

I want to stress that your participation in the study is voluntary and all efforts to protect your identity and you are free to withdraw at any stage of the research. There will be no compensation/benefits or payments for participating in the study.

I have enclosed a consent form for your review, please read the form and feel free to contact me if you have any questions about the study. If you decide to participate please sign and initial and date the consent information form and return it. I look forward to hearing more about your understanding of mental health and your participation will be greatly appreciated.

Name: Akani Mkansi

Contact Number: 071 433 0143

Alternative Cell Number: 062 673 0258

Email: akani07.patience@gmail.com

Alternative email: 564027@students.wits.ac.za

Supervisor name: Leonie Human

Supervisor email:leonie.human@wits.ac.za

Emergency Counselling in case of Distress during Interview: CCDU is the Counselling Careers and Development Unit at the University of the Witwatersrand. The CCDU offers comprehensive supportive services including personal counselling by professionals to students and staff of the university.

Contact Number: 0117179140

Email:info@ccdu.wits.ac.za

Emergency contact Number: 0800 111 331

10.2 Appendix B: Consent to voluntary participation

APPENDIX B



Consent Form for Participation in Study

Name of Department: Psychology

Title of the Study: First year psychology students' understanding of traditional healing and mental health treatment

I confirm that I have read and understood the information about the project (**See Appendix A**) above. I confirm that I have also had an opportunity to ask questions and the researcher has answered any question related to the study to my satisfaction.

I understand that:

- Participation is voluntary and I am free to withdraw from the project at any time.
- I can withdraw the data (shared information) at any time
- I can choose not to answer any question
- Any information recorded or investigated will remain confidential and no information that identified me will be publicly shared
- The use of the data can be used for research and publications.

I agree/Disagree to take part in the study

Name of Participant: _____

Date:_____

10.3. Appendix D: Consent for Audio Recording

APPENDIX D

Consent Form for Interviewing and Audio-Recording of the interview

Type of Recording: Audio and Visual

Purpose for Recording: To later use the recording for information that might have been missed during the interview, this information will be transcribed to feed in the initial notes taken during the interview session.

Confidentiality: The recordings will be kept confidential and will only be accessed by the researcher. Information that identifies the individual will be kept confidential. Recordings will be stored safely in a pin secured laptop and only the researcher will have access to the laptop. The recordings will be destroyed at completion of the study.

Permission: I the undersigned participant give Akani Mkansi permission to record the interview session.

Statement of Consent:

I have read and understood the above information. I have asked question of concern and all questions have been answered to my satisfaction. I agree to the above conditions as outlined in the consent form.

Name of Participant	Date:
_____	_____
Signature of Participant	Date
_____	_____

10.4. Appendix E: Interview Schedule

Introductory statement: Hi, welcome to the interview and thank you for agreeing to participate in my study.

My name is Akani Mkansi, I am a Masters student studying Social and Psychological Research. Your answers to the interview questions will help me to learn about your understanding of the topic.

Before the interviews starts, is there anything that you would like to ask.

SECTION 1. BIOGRAPHICAL DATA

Section 2:

Could you please tell me why you chose to participate in this study?

In your own words can you tell me what you understand under mental health?

SECTION 3. Treatment of Mental Health

Mental Health Illness

1. How do you understand mental illness and its treatment?
2. How would your understanding of mental health influence the type of treatment of mental illness you would choose?
3. Have you ever been exposed to a person suffering from mental illness/have you ever experienced any mental health problems? Could you tell me a bit more about that?
4. How do you understand what may be some of the causes of mental illness?
5. How do you understand the treatment of mental illness?

Traditional Healers:

1. Please could you tell me what you know about available treatments for mental illness?
2. Why do you think individuals continue to visit healers after diagnosis by a doctor or mental health professional?
3. How do you see the role of traditional healers?
4. How do you understand the role of traditional healers in treating mental illness?
5. What is your understanding of the traditional healing approach in the South African context?

6. Do you think there are mental health disorders that are more suitable for a traditional healer than a medical doctor or psychologist? Could you tell me more about that?

What do you think about the way that traditional healers treat mental illness and the way a medical doctor or western trained mental health care professional might treat mental illness?

7. What are some of the reasons people may consult with traditional healers? Please could you tell me how come you say this?
8. How do you feel about traditional healers and western bio-medically trained mental health care professionals?
9. How do you think the current public health system accommodates cultural differences?
10. How do you understand and feel about mental illness explained in Western concepts?
11. Have you ever witnessed or experienced any form of traditional healing used to treat mental illness? Could you tell me more about that?

The Role of Culture

Do you think Western treatments are effective in accommodating various cultures?

1. Do you think that that current mental support services are holistic enough to accommodate Africans? Please explain why you think or feel this way?
2. What role can culture play in teaching patients about the importance of traditional healing?
3. What role do belief/cultures play in the kind of traditional healing approaches that individuals choose to use?

4. How is the traditional approach accommodating different cultures in treatments of mental illness?
5. What is the role of traditional approach in ensuring healing?
6. Why do you think the Western and traditional healing should come together for the good of healing?
7. What is the role of culture in the patients'continued consultations with traditional healers despite the availability of Western healing?
8. Is there anything else you would like to add or any questions you may have?

Thank you for your participation in my study.

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT ETHICS COMMITTEE
CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE:	**PROTOCOL NUMBER: MASPR/21/04**
PROJECT TITLE:	Health science students' understanding of traditional healing and treatment of mental illness.
INVESTIGATOR	Mkansi Akani (564027)
SCHOOL/DEPARTMENT OF INVESTIGATOR	SHCD/Psychology
DATE CONSIDERED	10 June 2021
DECISION OF THE COMMITTEE	Approved unconditionally
RISK LEVEL	Low Risk
EXPIRY DATE	31 December 2023

ISSUE DATE OF CERTIFICATE 28 July 2021 **CHAIRPERSON** (Dr Sahba Besharati)

cc: Ms Leonie Human (Supervisor)

DECLARATION OF INVESTIGATOR

To be completed in duplicate and **ONE COPY** returned to the Chairperson of the School/Department ethics committee.

I fully understand the conditions under which I am are authorized to carry out the abovementioned research and I guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee.

Signature **Date** 02/08 /2021