The Perceptions and Management of Psychosis amongst Traditional Healers Living in the Township of Umlazi KwaZulu-Natal.

By

Rethabile Maqalika

Master of Arts

Clinical Psychology

Supervisor: Prof. Sumaya Laher

School of Human and Community Development

Department of Psychology

University of the Witwatersrand

UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG

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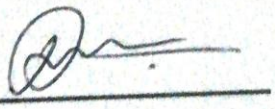
Signed: 

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Dedication

This thesis is in loving memory of my late father, ***Timothy Ramatebe Maqalika*** (1948-Feb 2020). Thank you for devoting your entire life to moulding me into the person I am today. Your love for humanity, appreciation and respect for culture will continue to be a great inspiration in my work. Thank you for teaching me to be curious and fearless.

-Tau, Sebata, Namane e Tsehla.

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ABSTRACT

The conceptualization of mental illness varies across cultures and research has shown that the perceptions of mental illness are heavily influenced by spiritual and cultural beliefs. Some overlaps exist between psychosis and some cultural phenomena within the South African context and Traditional Healers have been found to play a major role in the management of mental illness. Therefore, the aim of this study was to explore the perceptions and management of psychosis by Traditional Healers of Umlazi KwaZulu-Natal. A qualitative research study was conducted where nine Traditional Healers from Umlazi Township participated in semi-structured interviews in order to ascertain their perceptions and management of psychosis. Thematic analysis was utilised to analyse the data findings and themes centred on the perceptions of psychosis by Traditional Healers, aetiology of mental illness, diagnosing mental illness, perceptions of mental illness as well as treatment of mental illness emerged. The results of the research study suggest that some gaps still exist in the perceptions and understandings of psychosis between the western mental health practitioners and indigenous healers. Collaboration between these two entities is essential in the understanding and management of psychosis from the western and indigenous perspective.

Key Words: Ancestors▪ Culture▪ Mental Illness▪ Psychosis▪ Traditional Healers▪ Witchcraft▪

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INTRODUCTION

Previous research suggests that spirituality and culture play a fundamental role in how people perceive illness and how illnesses manifest themselves within various cultural contexts (Sulmasy, 2002; Crawford & Lipsedge, 2004; Janse van Rensburg, 2004; Cheng, 2001). It is therefore imperative to be cognisant of how cultural and spiritual beliefs of individuals and communities interlink with the perceptions of mental illness and how these present in diverse cultural environments. Engel (1977) emphasizes an immense need for an in-depth understanding of individuals in relation to how they interact with their world, in order to gain a holistic view of their illness and how it can be managed effectively. This paper attempts to engage and broaden the understanding of psychosis from an African cultural perspective, in an attempt to contribute towards bridging the gaps that may still exist between the Western and African cultural views in relation to the conceptualization and management of psychosis. The exploration of the perceptions of psychosis and how it is managed in specific cultural contexts plays a significant role in the deeper understanding of such gaps.

Chapter one serves to introduce the reader to the perceptions of mental illness within the African cultural context and how these views are governed by various cultural beliefs. Subsequently the health seeking patterns for mental illness within this particular context are discussed. The explication of the key figures and the roles assumed by Traditional Healers in the management of mental illness is presented. Emphasis is placed on the Biopsychosocial model of understanding mental illness and the further incorporation of the Biopsychosocial-Spiritual model by Sulmasy (2002) as a theoretical framework for the research study is undertaken.

The Second chapter elucidates the aims and rationale of the research. In its pursuit of a broader understanding of the cultural influences on mental illness particularly psychosis; questions centred around the impact these perceptions of psychosis have on how it is managed are prominent. The methodology and processes that were undertaken in the study are also highlighted in this chapter. The study sample consisted of nine Traditional Healers who fall under three different categories; namely, *Izinyanga*, *Izangoma* and *Abathandazi*. The purposive as well as snowball sampling methods were used to enable the selection of Traditional Healers from all three of the categories mentioned above. Subsequently semi-structured interviews were conducted and thematic analysis (Braun & Clark, 2006) was utilised to analyse the collected data. The phenomenological approach was employed in order

to align with the study's qualitative nature and the phenomenon being explored. Some of the ethical considerations that were integral in this research include autonomous participation, confidentiality and informed consent. The self-reflexivity section concludes this chapter.

Chapter three presents the findings of the study which were attained by following the steps of Braun and Clarke's (2006) thematic analysis. The themes that emerged from the data are then discussed; these themes include the aetiology of mental illness, perceptions of psychosis, management of mental illness, diagnosing mental illness as well as the Traditional Healers' perceptions of mental illness.

The fourth chapter delves into the discussion of the themes that emerged from the overall data. It further explores these findings within the context of existing literature pertaining to the perceptions of mental illness specifically psychosis within the African cultural context. Furthermore, this section also touches on the implications of the findings in relation to the understanding and management of psychosis within a multi-cultural domain. The chapter concludes with highlighting the limitations of the study while also offering recommendations for further exploration of this phenomenon. Additional explication of the conceptual and methodological limitations of the study is also presented in this chapter.

CHAPTER 1: LITERATURE REVIEW

1.1 Introduction

The World Health Organization (2018) defines mental disorders as a broad range of problems with different symptoms. The symptoms are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others (WHO, 2018). However, literature shows that, the use of the term abnormal may vary greatly across cultures (Cheng, 2001). Cultural context plays a significant role in how certain behaviours or phenomena are perceived; what may be viewed as normal in some cultures may be rejected in others (Cheng, 2001). The lack of a universal definition of mental illness propels researchers to ascertain a deeper understanding of mental illness, which is inclusive of a multi-cultural context. In some cultures, mental illnesses are attributed to supernatural powers (Botha, Koen & Niehaus, 2006). Cultural perceptions also play a major role in treatment seeking behaviours (Labys, Susser & Burns, 2016).

This study will explore the perceptions of mental illness by traditional healers within the township of Umlazi with primary focus on psychosis and how it is managed within this context. Therefore, this literature review intends to explicate the various perceptions of mental illness particularly in the indigenous South African communities as well as to explore the role Traditional Healers play in the diagnosis and treatment of mental illness in the African cultural context and treatment seeking behaviours.

1.2 Definition of Mental Illness and Psychosis

The Diagnostic and Statistical Manual of Mental Disorders – Fifth edition (DSM-5, American Psychiatric Association, 2013), refers to mental illness as a clinical condition which has a substantial impact on the individual's behaviours or psychological state, which is associated with present distress or impairment in one or more areas of functioning; this may cause a significant increase in the risk of death, pain, disability or significant loss of one's personal freedom.

The DSM-5 lists 22 major categories of mental disorders comprising of more than 150 discrete illnesses (Kaplan and Sadock, 2015, p. 291). In the DSM-5 (APA, 2013), psychosis

falls under the schizophrenia spectrum and other psychotic disorders. The key features of the disorders placed under this category include, abnormalities in one or more of 5 domains: delusions, hallucinations, disorganized thinking, grossly disorganized speech or motor behaviours and negative symptoms (APA, 2013).

The DSM-5 (APA, 2013) defines psychosis in the following manner: "the essential features of psychotic disorders are disturbances that involve the sudden onset of at least one of the following positive symptoms;

> "Delusions, hallucinations, disorganized speech (e.g. frequent derailment and incoherence), or grossly abnormal psychomotor behaviour, including catatonia (Criterion A), sudden onset is defined as a change from non-psychotic state to a clearly psychotic state within two weeks, usually without a pro-dome (an early symptom indicating the onset of a disease or illness). An episode of disturbances lasts at least one day but less than one month and the individual eventually has a full return to the pre-morbid level of functioning" (APA, 2013, p.87).

However, according to the DSM-5 (APA,2013), psychosis is also one of the hallmark features of schizophrenia, in which symptoms of psychosis must persist for at least six months; therefore, this criterion will also be included when examining psychosis in this study.

According to Hassim and Wagner (2013), culture has a major impact on how individuals understand, and express illness based on their subjective experiences. They also further note the manner in which individuals display their symptoms is in accordance with their cultural context. Botha, Koen and Niehaus (2006), also confirmed that culture has an influence on the way mental illnesses are viewed.

However, the DSM- 5 (APA, 2013) also acknowledges the role of culture in some mental disorders and this is addressed in terms of Culture Bound Syndrome. According to Niehaus et al. (2004), 'Culture Bound Syndrome' is a common term used to refer to a number of persistent patterns of behaviours or occurrences which exist in specific cultural contexts. They further note that these behaviours usually do not fit into the 'uniform' western psychiatric categories used in diagnosis and that most of the presenting behavioural patterns are considered to be an illness within those cultural contexts and are usually given indigenous names.

1.3 Cultural Perceptions of Psychosis in the African Context

According to Hassim and Wagner (2013), culture is a trait which is attainable through the environment; it comprises of beliefs, principles symbols standards as well as principles. They further note that it is a reflection of mutual societal experiences and it transcends intergenerational and transforms over a period of time. The manner in which people perceive and react is shaped various aspects such as cultural principles. They have also identified culture as a network of dynamic characteristics which direct and guide perception, interpretation, interaction and conduct (Hassim & Wagner, 2013). Culture is what distinguishes the actions and thought processes of various groups in society. Understanding this concept can bring about a deeper understanding of what informs the cultural perceptions of a phenomenon (Hassim & Wagner, 2013). In this particular case, it helps researchers to understand that it is not always possible to have; a 'one size fits all' concept of mental illness due to different beliefs about the causes of mental disorders (Cheng, 2001).

Botha et al. (2006), refer to a study that was conducted by Mbanga et al. (2002) on family members of schizophrenia patients, investigating attitudes about schizophrenia found that 67% of the research participants attributed the development of schizophrenia to factors such as witchcraft or possession by evil spirits. A strong connection between mental illness and traditional religions still exists within many of the South African cultures. Culture bound syndrome has also been described in the ethnic groups.

Jordaan (2012), Niehaus et al. (2004) and Mkhize et al. (1998) also postulate that, there are some cultural phenomena that are common in the South African context, namely ukuthwasa and amafufunyana, which share a number of symptoms with schizophrenia. According to Niehaus et al. (2004), ukuthwasa and amafufunyana are cultural phenomena that are found in indigenous African Xhosa people, these phenomena share a number of similarities with Schizophrenia. Niehaus et al. (2004), defined ukuthwasa as a spiritual calling from the ancestors to become a traditional healer. Common symptoms which were observed in this phenomenon include social withdrawal, lack of direction, screaming, and auditory hallucination. However, this is considered to be a special and culturally acceptable phenomenon. Niehaus et al. (2004), further defined amafufunyana as a possession by spirits which communicate through the individual in a language that others cannot understand. Other symptoms include tearing off clothes, aggression as well as psychomotor agitation. The cause of amafufunyana has also been attributed to sorcery. To substantiate this notion, a study conducted by Niehaus et al. (2004) in a sample of Xhosa patients revealed that fifty percent

of individuals with a previous diagnosis of schizophrenia were diagnosed with amafufunyana or ukuthwasa by Traditional Healers. The study also revealed that there were no differences in the core symptoms of schizophrenia, which could give an explanation behind why some symptoms of psychosis are perceived as "good" in the case of ukuthwasa, and some are perceived as an illness necessitating treatment in amafufunyana (Niehaus, et al., 2004). Mkhize et al. (1998) also defined amafufunyana as an umbrella term that many indigenous South African communities used to explain symptoms such as, hallucinations, delusions, aggression, hysterical behaviour, disorientation and violent madness. He also stated that some traditional healers understood schizophrenia with auditory hallucinations as Amafufunyana and diagnosed it as such.

1.4 Diagnosis and Treatment of Mental Illnesses in the South African Cultural Context.

A study conducted by Crawford and Lipsedge (2004) showed that the service of Traditional Healers has been an easily accessible form of health care for many Zulu people. These services are provided by traditional healers who possess different levels of training within their specialized fields. Crawford and Lipsedge (2004), further state that in the Zulu traditional context, the causes of psychological turmoil in an individual and the way in which treatment is approached lies firmly within the community, which consists of family members, of the individual presenting with the psychological problem. It is both the living and non-living members of the family who play a major role in the betterment of the sufferer. The individuals in the sufferer's world actively cooperate in seeking solutions for the individual's distress.

According to Mbanga et al. (2002), in South Africa, local belief systems about the causes and treatment of schizophrenia help determine the health-seeking pathways. In the majority of the African cultural beliefs, ancestors and bewitchment are considered the major causal factors to mental health problems, therefore Traditional Healers and Religious Advisers are considered as the experts. Furthermore, this form of health care is preferred and more accessible than the alternative western form of treatment. (Sorsdahl et al., 2011, p.2) In addition, the Traditional Healers are considered the gatekeepers of information when it comes to the understanding of many forms of ailments in the African culture. A study by Ventevogel et al. (2013), on Traditional Healers in Nairobi Kenya concluded that traditional healers were able to recognize certain mental illnesses with psychosis being the most easily recognized. Another study conducted by Labys et al. (2016) showed that half of the individuals who participated

in their study in rural KwaZulu-Natal, consulted Traditional Healers or Faith Healers at some point in their help-seeking journey.

A South African study showed that approximately 41-61% of patients with a mental illness solicited advice from a Traditional Healer. (Ensink & Robertson, 1999; Sorsdahl et al., 2009). Moreover, another study conducted in a Durban hospital, showed that 81% of the psychiatric patients treated in 1980 had their illness assessed and confirmed by a traditional healer (Sorsdahl et al. 2009).

1.5 The Role of Traditional Healers in the understanding of mental illness

The World Health Organization defines a Traditional Heath Practitioner as an individual who is acknowledged by their own community as someone who is capable of providing health care using animals, plants and mineral substances and various methods based on social, cultural and religious practices. (Zuma et al., 2016, p.2). Truter (2007) reports that Traditional Healers are categorised into four categories, namely, Traditional doctors, diviners, spiritual or faith healers and traditional birth mothers. Zuma et al. (2016), note that there are precise methods and practices used by specific healers, which are not similar across healing categories. Each category is explained below.

Diviners/ Isangoma

According to Truter (2007), diviners are those who are 'chosen' by their ancestors. Crawford and Lipsedge (2004) also further note that diviners communicate exclusively with ancestors through their bone throwing skills, and it is through this method that they receive information.

Faith or Spiritual Healers/ Umthandazi

Crawford and Lipsedge (2004) report that faith healers are commonly women and are affiliated with the Christian religion. They undergo an apprenticeship prior to becoming a faith healer. The main source of communication is considered to be God and the ancestors. Their treatment methods include herbal medicines, holy symbols and practical advice.

Traditional Doctors/Inyanga

Traditional doctors are typically male, and they often have a certain level of education (Crawford & Lipsedge, 2004). They usually have another profession. They further note that traditional doctors usually learn their trade through an apprenticeship. Their primary focus is in the use of herbal cures, which are specifically geared towards particular diseases, for

example, snake bites, or mental disturbances. Edwards (2011), also states that *Izinyanga* use a wide variety of treatments including massage, steam baths and poultices as well as herbal medicines used in ritual and symbolic context.

According to Crawford and Lipsedge (2004), Traditional Healers are guided by the scope of the traditional Zulu belief system with regards to health and illness. They further state that the Traditional Healers assume a vital role in community life as they are perceived to have a great sense of knowledge about the Zulu People's background in terms of history, religion and culture. The Traditional Healers are highly respected figures within their community as they are seen to provide stability within an ever-changing context and help reinforce cultural values. Families usually consult various Traditional Healers before settling for a particular treatment plan. The consultation with multiple healers for a diagnosis helps the family to find an explanation that resonates with them. This also helps to facilitate active decision making in the treatment process. (Crawford & Lipsedge, 2004).

This particular method of help seeking demonstrates the different pathways undertaken for diagnosis and treatment, which take place in separate consultations. Careful consideration is also placed into choosing the Traditional Healer who will meet and understand the family's expectations. It is also of importance that the treatment offered by the Traditional Healer be on the standard that is acceptable to the family. (Crawford & Lipsedge, 2004).

Psychological distress is commonly attributed to sorcery, discontentment from the ancestors or other social factors. The methods of treatment used by the Traditional Healers to ameliorate the distress are aimed at bringing about harmony in the patients' environment through counterbalancing, sorcery, pleasing the ancestors and creating changes in the environment (Crawford & Lipsedge, 2004, p.131). The Traditional Healers differ in their ways of conducting this process as they are divided into specific categories in which they specialize. A study conducted by Zuma, Wight, Rochat and Moshabela (2016), showed that Traditional Healers' roles are more extensive, and are not only limited to addressing physical illness or divination. Their roles also extend to those of educators of customs, culture and social protectors.

Given the wholistic emphasis of the person within the African understanding of illness this study has adopted the Biopsychosocial-spiritual model as the theoretical framework.

1.6 The Biopsychosocial-spiritual Model

Sulmasy (2002) defined the Biopsychosocial-spiritual model as an expansion of the Biopsychosocial model which has been tailored to address the spiritual needs of patients. The Biopsychosocial model has been described as the modern, humanistic as well as a holistic approach to understanding the human being in health sciences (Saad, de Medeiros & Mosini, 2017). Engel (1980) postulated that this model was devised to consider the dimensions of the biomedical model which had not been previously considered.

Engel's (1977), Biopsychosocial model, emphasizes the importance of the use of an approach that takes into consideration the biological, social and psychological levels of an individual when engaging their health need. He further suggested that the ability to concurrently attend to all the stated dimensions of illness allows for a deeper understanding of the patient's ailments, which in turn facilitate a better response in patient care. According to Engel (1977), the omission of the psychosocial dimensions of the individual misrepresents perceptions and can further interfere with caring for the patient. This model was in accordance with the World Health Organization's (1948) definition of health which stated that, *"Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity".* However, the World Health Organization's 52nd assembly (1999) noted the absence of the spiritual dimension in the concept of health and an insertion of this dimension was proposed (Janse van Rensburg et al., 2014). Janse van Rensburg (2014) describes spirituality as an entrenched distinct sense of connection which provides an individual with a sense of acceptance as well as experiencing themselves as a part of a greater whole. Saad et al., (2017) also defined spirituality as the individual's quest for purpose, meaning as well as significance in connection with themselves and how they relate to their world and environment. This notion is observable through the expression of beliefs, values and traditions.

According to Janse van Rensburg (2014), the acceptance of the spiritual beliefs of the patients allows for a broader understanding of the nature of human beings. He further states that considering the patient's spiritual beliefs increases cultural sensitivity and enhances the effectiveness of approaching mental health care. Sulmasy (2002) also advocated for the expansion of the Biopsychosocial model to include the spiritual dimension. According to Sulmasy (2002) the Biopsychosocial-spiritual model is a genuine representation of holistic health care as it allows for taking into consideration the patient's relational existence in totality. He further argued that the expansion to Biopsychosocial-spiritual enables the

involvement of a model of care that is comprehensive, which also considers the wholeness of the patient.

According to Sulmasy (2002), the Biopsychosocial-spiritual model of patient care highlights the importance of viewing the individual as an entity which is involved in a relationship in the biological, social, psychological and the transcendent sense. The model further notes the significant impact illness can cause in all the aforementioned domains of the relationship. Sulmasy (2002) also notes that the biopsychosocial-spiritual model is more adequate in the provision of a basis that can address the needs of the patient holistically.

1.7 Conclusion

The cultural perceptions regarding the causes of mental illness particularly psychosis play a vital role in how treatment measures are determined. There are several mental illnesses which are considered to be unique to the African cultural context (Crawford & Lipsedge, 2004). The concepts of spiritual issues, sorcery, ancestors and the individual's relationship with others and the environment cannot be separated from the cultural views of mental illness. The Traditional Healers are seen as key figures within their communities and tend to play a major role in how mental illness is understood and treated within the African society.

CHAPTER 2: METHODS

In this chapter the aims, research questions as well as the methods that were employed in conducting this study will be discussed.

2.1 Aim

The aim of this study was to explore the perceptions of mental illness specifically psychosis amongst Traditional Healers living in the township of Umlazi in KwaZulu-Natal and how these perceptions may have an impact on the management of Psychosis.

2.2 Rationale

According to Cheng (2001), cross cultural studies of mental illness have shown a number of culture specific disorders and how specific mental disorders have differed considerably over time. The perceptions of mental illness among the majority of indigenous South African communities are heavily influenced by cultural beliefs. In many traditional African beliefs, mental health problems are attributed to ancestors or by bewitchment (Sorsdahl et al., 2006).

According to Swartz (1998), in mental health understanding the role that culture plays on illness is important in diagnosing and treating mental health. Niehaus et al. (2004) also state that cultural notions, values and beliefs have a major impact on how individuals approach health seeking, and Traditional Healers assume a significant role in how diseases are managed in various cultures. Crawford and Lipsedge (2004) also noted that there are approximately 200,000 Traditional Healers currently practicing in South Africa, which equates to about one Traditional Healer to every 250 people. Mkhize et al. (2004) investigated different pathways to care in KwaZulu-Natal and discovered that Traditional Healers were usually consulted before any other form of care.

A study conducted by Niehaus et al. (2004) shows that fifty percent of individuals with a previous diagnosis of schizophrenia were diagnosed with amafufunyana by Traditional Healers, which suggests that there are some overlaps between psychosis and some cultural phenomena in the South African context. This raises the questions of whether illnesses as severe as psychosis may be misdiagnosed or misunderstood due to cultural perceptions. Therefore, this study will focus on Traditional Healers living within the area of Umlazi

KwaZulu-Natal in order to gain insight into how psychosis is perceived as well as how these perceptions have an impact on the treatment of psychosis.

Although a similar study on this phenomenon has been conducted by Labys, Susser and Burns (2016), the focus was on the rural areas of KwaZulu-Natal. Consequently, there is still not enough data published especially one that focuses on township communities**.** Therefore, conducting this study sought to bring about a broader understanding of how culture influences the perceptions and management of mental illness specifically psychosis within this particular setting. Furthermore, gaining more insight into the conceptualization of psychosis in such a context will afford the African perspective the platform to be engaged on a far deeper level. In addition, this may assist in uncovering the impact this may have on clinical practice.

2.3 Research Questions

1. What are the perceptions of mental illness specifically psychosis amongst Traditional Healers living in the township of Umlazi KwaZulu-Natal?
2. How do these perceptions influence treatment of symptoms of mental illness specifically psychosis?
3. How do Traditional Healers perceive their role in the treatment of mental illness specifically psychosis?

2.4 Research Design

A qualitative design was used for this study. Welman, Kruger and Mitchell (2005), describes the qualitative approach as a technique which covers a range of methods which help to define, decipher, translate and come to understand the meaning of phenomena in the collective realm. Furthermore, they note that qualitative data is understood through meanings attached to words and other symbols and metaphors. Qualitative research is divided into different methods, namely, ethnographic, narrative, phenomenological, grounded theory and case study methods (Welman et al., 2005). The focus of the study is based on understanding subjective experiences and knowledge of psychosis from the perspective of Traditional Healers. Therefore, the phenomenological research approach is more suitable for this study.

According to Cresswell (2013), a phenomenological study focuses on the lived experiences of several individuals regarding phenomenon. He further notes that the primary aim of phenomenology is to condense the individual's encounter with a phenomenon to a concept

that is universal. Nieswaidomy (2005, cited in Cresswell, 2013) also suggests that the researcher should engage in the process of bracketing, which involves the researcher putting their own beliefs, feelings, ideas and expectations into consideration in order to allow a new perspective towards the phenomenon being researched. This is particularly helpful in understanding the lived experiences from the perspective of the subject (Nieswaidomy, 2005). Welman, Kruger and Mitchel (2005), also state that phenomenologists believe that human behaviours cannot be understood without appreciating the context, in which it takes place, but they also acknowledge that the meaning of human existence is not equated with its context; it cannot be separate from it. This would be relevant to the study as it explores the role culture plays in the perceptions of psychosis within the African context.

Furthermore, Cresswell (2013) provides a distinction between two types of phenomenology: namely hermeneutical phenomenology and transcendental phenomenology. The latter was utilized in this study as its main focus is the Traditional Healers' perceptions of psychosis. The transcendental phenomenological approach was considered a more suitable approach due to the fact that it moves the focus away from the researcher's interpretations and rather places the focus on how the participants describe their experiences (Cresswell, 2013). This particular approach also places emphasis on the importance of how researchers should put their own personal experiences aside in order to gain a fresh perspective towards the phenomenon being studied. Furthermore Moustakas (1994) also states that the transcendental phenomenological approach consists of several steps which include, identifying the phenomenon, collecting data from individuals who have had an encounter with the phenomenon and thereafter compressing the data into significant statements which will form themes.

2.5 Sample

Truter (2007) states that Traditional Healers are divided into four broad categories, namely, Traditional Doctor *(Inyanga*), Diviner (*Isangoma*), Faith Healer (*Mporofiti or Umthandazi*) and Traditional Birth Mothers (*Ababelethisi)*. However, the sample of this study only consisted of Traditional Healers within three of these categories. The three categories that were the main area of focus were the Traditional Doctors, Diviners, and Faith Healers. Edwards (2011), notes that the different types of Traditional Healers use different methods of healing. Crawford and Lipsedge (2004) also state that families usually consult with different healers before deciding on treatment. Therefore, this research focused on the categories of traditional healers mentioned above due to their use of different methods of managing mental illness. The category of Birthmother was excluded as the aim of the research is to explore the

management of mental illness specifically psychosis. Additionally, the selection criterion was that the Traditional Healers had to be living within the township of Umlazi and practicing within one of the aforementioned scopes as well as their experience within their specific field.

The sample thus consisted of three Traditional Healers from each of the categories mentioned above, which makes up a total sample of nine Traditional Healers who are living and practicing within the community of Umlazi Township. This was a nonprobability, convenience and purposive sample as the selection of the final sample was determined by the availability and willingness of the participants to be interviewed. Furthermore, the sample was also purposive in nature as the deliberate selection of Traditional Healers who fell within specific categories of traditional healing practices was included in the interviews or study (Welman, Kruger & Mitchel, 2005). The snowball sampling method was also used to obtain the relevant population for this research. The snowball sampling method entails approaching individuals within the targeted population, who in turn assume the key role of identifying other members from the same population who are suitable for inclusion in the study (Welman et al., 2005). Therefore, initial access to the targeted sample was obtained through speaking to members of the community of Umlazi who consult with Traditional Healers for referrals. Subsequently the snowball sampling method was utilised where other Traditional Healers within that specific category, served as the key connection, and assisted in identifying additional, study participants.

There were seven male participants, who fell within the categories of spiritual healers (3), Traditional Doctors (3) and Diviners (1). The remainder of the sample was both females who practice within the scope of Diviners. With regards to experience, under the category of Diviners, one participant (male) has been practicing for a period of 5 years, although he reported practising as a spiritual healer from 2009 until 2013 when he graduated to working as a diviner. The other two participants (female) have been working for 3 years and 17 years. Furthermore, in the category of spiritual healers one reported over 12 years of experience, the other participant reported having 15 years of experience while the last participant reported having worked for 26 years. Lastly, in the category of Traditional Doctors - all three participants are well established in their field as they have reported working for a considerable length of time; the interviewees reported 24, 29 and 33 years of experience.

2. 6 Instruments

A semi-structured interview schedule was utilized; as this particular method is frequently used to allow the researcher to investigate, further explore and to substantiate data emerging from other previous literature. (Wagner et al., 2012). Semi-structured interviews involve some key topics or subtopics that the researcher wants to explore in the interview process and are found to be a flexible method of obtaining in-depth information (Terre Blanche, Durrheim & Painter, 2012). Greenstein (2003) also states that semi structured interviews allow the researcher to engage in effective interactions with the research subjects while also establishing rapport.

An interview schedule, which consisted of seventeen open-ended questions, was used in order to facilitate the exploration of information, which was considered pertinent to the research questions. The schedule was further divided into four categories, namely, contextual questions (4 questions), Traditional Healers' perceptions of mental illness (4 questions), and the Traditional Healers' perception of psychosis (4 questions) as well as their management of psychosis (5 questions). The interview schedule was developed based on the literature and some questions were adapted from Sehoana and Laher (2015) who conducted a similar study. The intent to address the main research questions mentioned above was also considered in the development and adaptation of the interview schedule.

The Traditional Healers were also given a case study to read or listen to and thereafter were asked to identify the phenomenon presented in the case based on their knowledge and experience. In addition, Traditional Healers were asked questions on how the phenomenon is managed. The main aim was for them to describe their understanding of psychosis and how this perception influences the management of the disorder. The use of a case study was intended to facilitate the production of a richer discussion as it has the potential to serve as a reference point for each Traditional Healer as well as across Traditional Healers. The case study which depicts symptoms of psychosis was adapted from a case study in Kaplan and Sadock's Synopsis of Psychiatry. This particular case study was chosen due to the symptoms of psychosis which are presented on the case as they share similarities with those described in amafufunyana in the literature.

2.7 Procedures

Ethical clearance to conduct this study was obtained from the Human Research Ethics Committee (School of Human and Community Development) of the University of the

Witwatersrand (MCLIN/18/004 IH). The participants were identified by some community members who consult with Traditional Healers. Subsequently they were contacted telephonically to set up an appointment in order to explain the nature of the study and to invite them to participate in the study. Once the Traditional Healers agreed to participate, they were asked to take part in a semi-structured interview of approximately one hour.

Prior to the commencement of the data collection, the interview questionnaire was piloted on two Traditional Healers from Umlazi Township in order to ensure that the interview questions were comprehensible and suitable for the target sample. Subsequently, the interviews were conducted at the Traditional Healers' place of practice as this was most convenient for them. Once verbal consent was obtained, the interviewees were asked to sign informed consent forms before the commencement of the interview. All interviews were recorded using an audio recorder. The Traditional Healers were also afforded the opportunity to do their interview in their home language of IsiZulu as per their preference. I am fluent in the language of IsiZulu and I was able to conduct the interview in the language. The audio from the interviews was then transcribed verbatim. The Interviews, which were all conducted in IsiZulu, were then translated to English by myself and an external translator. The transcripts were then checked by a colleague who is also fluent in English and IsiZulu.

2.8 Data Analysis

Thematic analysis was employed in analysing the data in order to understand the data as well as to identify themes that emerged from the collected data. After all of the individual recorded interviews were transcribed verbatim the transcribed data was translated from the language of the participant, which is IsiZulu into English and checked for accuracy by a colleague who is fluent in IsiZulu. Subsequently Braun and Clarke's (2006), six steps of thematic analysis were followed. These were: getting familiar with the data collected, generating initial codes, searching for the themes, reviewing the themes, defining and naming the themes and lastly producing the report. Braun and Clarke (2006) further state that thematic analysis organizes and describes data in great detail. Additionally, Wagner, Kawulich and Garner (2012) also point out that this type of data analysis method is useful in understanding some phenomenon. Furthermore, Guest et al. (2019) highlight that thematic analysis is compatible with phenomenology due to its ability to put emphasis on making sense of the subjective experiences of participants. Therefore this method attempted to help uncover the cultural views that inform the perceptions of psychosis amongst Traditional Healers living in the area of Umlazi Township, through the themes that emerged.

2.9 Ethical Considerations

Ethical clearance was requested from the Human Research Ethics Committee at the University of the Witwatersrand before the beginning of the study. The aims and purpose of the study was clearly communicated to the study participants at the time they were approached to take part in the study. After participants agreed to be interviewed, they were provided with the Participant Information Sheet (PIS), which I read to them and also provided them with their own copy which they could read. Following that, all the participants were asked to sign an informed consent form before the commencement of the interview. The PIS and the form addressed issues of confidentiality, nonmaleficence and beneficence in order to ensure informed consent.

The participants were assured of confidentiality as anonymity is not possible. To ensure that participants were not harmed in any way during the study, participation in the study was completely voluntary and this was clearly communicated to them. It was also communicated that they were allowed to withdraw from the study at any point during the research process but before formal submission of the research report and that there would be no negative consequences should they decide to withdraw from the study. They were also made aware of the fact that they have the right not to answer certain questions that felt uncomfortable. There were no perceived risks or benefits associated with the study.

The audio recordings and information, which were gathered during the interviews, have been safely stored in a password protected computer in order to ensure that only the researcher and supervisor have access to these materials. No identifying information has been used on any of these materials in order to ensure third party anonymity. The audio recording and transcripts will be stored in a password protected computer and hard copies will be locked away in a cupboard at the university for the duration of the broader project on indigenous understandings of mental health and illness. Pseudonyms will be used for all research participants in the published reports. Hence, anonymity is not possible, but confidentiality is assured and anonymity in the research report and resulting publications is assured.

The participants were informed that the findings of the study will be made available to them upon request, after examination of the study has been completed. The participants were also made aware that they will also be given the opportunity to contact the interviewer, the supervisor or course coordinator regarding any questions that may arise or feedback. The contact details were also provided on the Participant Information Sheet (appendix A).

Feedback will be given in the form of a one to two-page summary that will outline the research study and findings if requested.

2.10 Self-Reflexivity

According to the phenomenologists, what the researchers observe is not reality as such, but an interpreted reality. Welman, Kruger and Mitchel (2005), postulate that it is not possible for the researcher to separate themselves from the presuppositions of the inheritance of their own culture particularly when it concerns the philosophical dualism which is present between the observable body and the indescribable mind. This statement places emphasis on the importance of self-reflexivity in qualitative research in order to be conscious of biases the researchers may have towards the study and to make a conscious effort to reduce the impact these biases may have.

Self-reflexivity is an important aspect the researcher needs to pay careful consideration to during the process of gathering and analysing data in order to prevent any preconceived notions and expectations they may have regarding their research. According to Pillow (2003), reflexivity is generally used in qualitative research and has been an expected method, which qualitative researchers should acquaint themselves with, in order to authenticate and question research practices as well as presentations. Callaway (1992, cited in Pillow, 2003) also states that reflexivity becomes a continuous way of analyzing the self and being politically aware. Pillow (2003) also further notes that reflexivity addresses issues of the researcher's subjectivity in the research process. The researcher needs to possess the ability to be critically conscious of their own location in terms of gender, class, sexuality, nationality. They should also be aware of how their position and interests influence the stages of the research process.

The objective of this study is to delve into the perceptions of psychosis among Traditional Healers living in the township of Umlazi. As the researcher who has been born and raised in the community of Umlazi, where I have been exposed to different cultural perceptions of mental illness within the community, prior exposure to Tradition Healers as well as being a young woman who has a deeper understanding of the western perceptions of mental illness through training as a master's student in psychology. I understand the importance of being conscious of my own role, background and personal experiences and belief systems. I needed to ensure that these aforementioned factors did not influence the research process negatively in any way. In order to minimize the impact of any biases that could have been caused due to my own background and preconceived notions, I kept a journal to record my own thoughts

and feelings during the data collection and analysis period. Any possible biases that emerged were addressed through discussing them with my supervisor. With regards to information and concepts that I did not understand, I asked for clarification from the participants.

2.11 Conclusion

In this chapter the aims of the research, research questions as well as the methods that were utilised in the collection and analysis of the data were presented. The following chapter will present the results of the data that was attained through the use of Braun and Clark's (2006) thematic analysis.

This chapter presents the results from the thematic analysis conducted on the transcribed interviews with nine Traditional Healers living and practicing within the Township of Umlazi KwaZulu-Natal. Braun and Clark's (2006) thematic analysis was used to analyse the data and five main themes emerged; namely, aetiology of mental illness, Traditional Healers' perceptions of psychosis, diagnosis of mental illness, management of mental illness and the Traditional Healers' perceptions of mental illness. These themes along with their sub-themes will be presented in this chapter. Diagrams were used to illustrate each theme along with its sub-themes in order of priority. The sizes of the circles provide an indication of the dominance of the subtheme within the theme. Table 3.1 summarises the main themes along with their subthemes.

Themes	**Subthemes**
1. Aetiology of Mental Illness	1.1 Ukuthakathwa (Witch Craft)
	1.2 Isilwane (bad spirit)
	1.3 Izizwe (amafufunyana)
	1.4 Ibhungezi (garden fruit chafer/beetle)
	1.5 Umsamu (Ancestors)
	1.6 Substance use
	1.7 Ukugula kwashukela (Certain Medical Conditions)
2. Perceptions of Psychosis	2.1 Isilwane
	2.2 Spirits
3. Management of mental Illness	3.1 Treatment of Umsamu Illness
	3.2 Treatment of Ukuthakathwa
	3.3 Treatment of Psychosis
	3.4 Collaboration with Mental Health Practitioners
4. Diagnosing Mental Illness	4.1 Changes in Behaviour
	4.2 Symptoms of Mental Illness
	4.3 Umsamu Related Symptoms
	4.4 Ukuthakathwa Related Symptoms
5. Traditional Healers' Perceptions of Mental Illness	5.1 Neurological Disturbances
	5.2 Abnormal Behaviour
	5.3 Perceptual Disturbances

Table 3.1.: Summary of themes and subthemes

3.1 Aetiology of Mental Illness

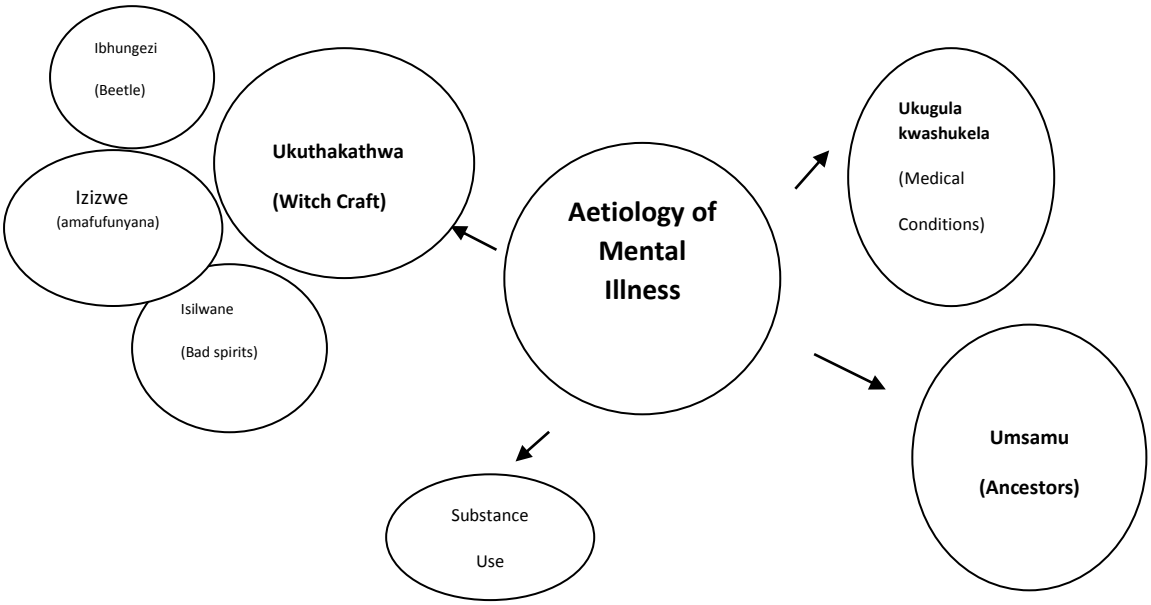

Figure 3.1.: Aetiology of mental illness subthemes

According to the Traditional Healers who were interviewed, the causes of mental illness can be attributed to various factors. The reasons that were cited included spirits that are a form of bewitchment (*Ukuthakathwa)*, family issues which involve the ancestors (*Umsamu)*, substance use and certain medical conditions; these will be discussed further in this section. All of the participants (n=9) attributed the causes of mental illness to either witchcraft or as a result of problems with one's *umsamu,* which was described by the participants as a sacred space that facilitates communication between the living and their ancestors.

Participant A highlighted this by stating that, **"***It happens that a person becomes mentally ill because of their umsamu, according to his or her ancestors, right it also happens that the person becomes mentally ill because they have been bewitched by someone".* Participant B also reiterated this by noting that, *"The person's illness may be because they have been affected by people who have already passed on, who have already died.* He further noted that, *"Some people do get sick through bewitchment; hence you find that a person gets sick and is being bewitched, they get taken to 'Abantu' (Healers) for treatment and become better".*

In addition to the reasons stated above as the main contributing factors to causes of mental illness, four of the participants cited other causes of mental illness as a result of certain medical conditions as well as well as the use of substances. Participant A stated the following; *"It also happens that the person gets sick through smoking, like drugs for example marijuana, which can cause mental illness",* he also noted head injuries and a severe stroke to be another cause of mental illness;

> *"There is also the type that does not need muthi, which needs doctors; for instance someone who gets injured in a car accident and they sustain a head injury. There are also instances where someone gets beaten up by people and their brain gets affected as a result of the beating".*

Furthermore Participant B also stated that psychological factors could be the other causes of mental illness. *"One could be psychological, one could be caused by depression and for black people a person's illness has many spheres".* Participant ***I*** also pointed out that some causes of mental illness are due to the person's age and existing medical conditions, *"Mental illness has different types, there is that of 'Ushukela'*(medical illnesses) *that of 'Ushukela' is caused by the person's age or another illness that already exists inside their body which can cause stress or damage the brain".*

The Traditional Healers also listed specific reasons for the causes of mental illness due to *Umsamu* and *Ukuthakathwa* and these will be discussed in detail under each sub-heading below.

Ukuthakathwa (Witchcraft)

Isilwane, *Izizwe* and *Ibhungezi* were seen to be the prominent causes of mental illness specifically psychosis under the category of causes due to *ukuthakathwa* (witchcraft). Various symptoms were associated with each cause.

Isilwane (bad spirit)

Four of the Traditional Healers noted that *Isilwane*, which they sometimes referred to as u*Tokoloshe* was one of the causes of mental illness. Participant C noted that, *"In every case of an individual who is mentally ill, there is usually Isilwane involved as part of the illness*". Participant A described *Isilwane* as a bad spirit that cannot be seen with the naked eye but may be seen by the person it has been sent to, it is meant to cause disturbances in the mind of that individual. Participant A described this in the following manner: *"Right, it does happen that someone causes you mental illness in the form of sending you Isilwane. However, you cannot see Isilwane with a naked eye; it is something that can only be seen spiritually".*

Izizwe (amafufunyana)

Five of the nine participants specifically mentioned *Izizwe, (which they also referred to as amafufunyana; described as evil spirits conjured with muthi and dead animals)* as one of the most common causes of mental illness by *ukuthakathwa*. Participant F elaborated on this notion by stating that, *"In actual fact this thing of mental illness, most of the time we as Traditional Healers know that this is caused by something called Izizwe".* Participant ***I*** also confirmed this statement by stating that, *"With a person who is mentally ill, there is something called Izizwe, this thing called Izizwe when it is made, there is a mixture of animals that live in the wild, an animal that walks which is why you find that people who are mentally ill they are always walking and do not rest. Sometimes they take animals, or their bones and sometimes they use soil from gravesites".* Participant D also corroborated this however, he also added that *Izizwe* are also made using animals that you can communicate with, he stated this in the following manner; *"Izizwe are muthi that is manufactured using bones from animals that we can communicate with, bones from animals such as baboons, intelligent animals such as monkeys; even dogs, you can communicate with".* He further noted that, *"after you are done making Izizwe the last step is to take them to a grave overnight in order to capture the spirit of the deceased person in order to use them to do what you want them to do".* Furthermore, Participant E also stated that, *Izizwe* that have been made are the ones that muddle the person because this person (who creates) *mixes certain things and does terrible things and then this person (Izizwe) is formed and then they go to the other person* (victim) *and cause them to lose their mind".*

Ibhungezi (garden fruit chafer/beetle)

Two of the participants further stated that one other causes of mental illness is the use of a bug called *Ibhungezi*, which is used to bewitch someone. Participant D stated that, *"Inside their head there is something called Ibhungane (Ibhungezi), do you understand what I am talking about? It makes them feel like there is a noise they are hearing, you see them listening to something that is not there and you don't know what they are listening to".* Participant A also agreed with this by stating that, *"If a person wants to destroy you mentally, they take Ibhungezi, kill it, dry it and then put it in your cigarette".*

Two of the participants also mentioned that another form of mental illness due to witchcraft is a result of punishment by some families who consult with Traditional Healers, should their belongings be stolen. Participant C described this in the following manner, *"most of the*

people had stolen something, and you find that the person stole from someone's home and those people will go to endiyeni (Indian sorcerer). *You also find that that another killed someone and you find that another stole a car from someone".* Participant D also brought up a similar reason as the other cause of mental illness and stated the following, *"The majority of the people become mentally ill because a trap had been set up for them (*with muthi*) by Izinyanga* (plural of Inyanga) *for stealing."* He elaborated on this by describing the following, *"Breaking into someone's house and stealing their belongings, stealing their cars and then we go there and set up a trap for that person or perhaps if they left one of their personal belongs behind, i.e. a shoe, we take that and use muthi on it".*

Umsamu (Ancestors)

All of the participants emphasised the importance of adhering to cultural practices and the acknowledgement of the existence of a relationship between the living and the dead. They further expressed the importance of maintaining a harmonious relationship between the two worlds. "*If there is no harmony between the living and the dead and hence the sickness can also be defined in the African spirituality".* –Participant B

All nine Traditional Healers attributed *Umsamu* as one of the major causes of mental illness. They noted various reasons that may cause mental illness in this regard. Participant E stated an individual's circumstances of birth to be one of the reasons someone can get affected mentally by *Umsamu* and provided the following reasoning, *"For some individuals it is because of their birth circumstances; for another individual you find that the cause is due to their origins, the ancestors from their mother's side and the ancestors from their father's side are fighting over them. When the ancestors fight over them, his or her life doesn't seem to have a way forward, another child ends up insane".* Participant H also agreed to this and also supported this statement with the following; **"** *A mother has a baby, when she gets that baby from a certain surname (*family*) and appoints them to a different surname and they are not of that surname, when the child gets there and they are given iwashi* (a bracelet made from goat skin that is specifically slaughtered for the child as part of a ceremony) *from that family name, after being given the iwashi and then that child becomes mentally disturbed and they end up like a child who is not sane because of the iwashi which was not from their family of origin".*

Participant F also corroborated on the notion of *umsamu* as a cause of mental illness by saying that, the rage of one's ancestors can cause mental illness:

> *"If your ancestors in your umsamu, there is something they are complaining about and it ends up not being rectified, perhaps your ancestor is now angry, if they don't kill someone in the home, they cause them to go insane, you find that, that person is doing abnormal things and you can see that this person is becoming insane"*.

Participant A and D also corroborated this by stating that not following the instructions of the ancestors can cause mental illness. Participant D noted that;

> *"Some of the reasons are because of their own ancestors, when there are things that have not been maintained properly in the family in terms of their customs, we as black people have our own cultural beliefs; and then it becomes clear that out of anger, the ancestors end up punishing that person",*

While participant A said that, *"umsamu really does cause you mental illness and you end doing things that are upside down because maybe you refuse to do what they (*ancestors*) want you to do".*

Furthermore Participant C also listed failure to follow or to ignore the ancestral calling as one of the reasons that can cause mental illness, and he described it in the following manner;

> *"Whenever you have the calling and you don't respond to it or you refuse it or you ignore it, they tend to appear in a way that will make you feel that you should be at a stage where you are communicating with them, looking up and communicating with them directly, they make you mentally ill in order to force communication between you and them, so you end up losing your mind in that case".*

3.2 Traditional Healers' Perceptions of Psychosis

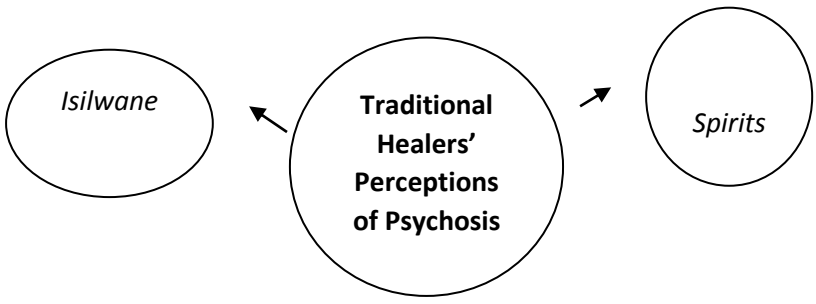

Figure 3.2 Traditional Healers' perceptions of psychosis subthemes

A brief vignette depicting psychosis was given to the Traditional Healers in order to explore their perceptions of psychosis (see Appendix D). Subsequently they were asked to identify what Thandi was suffering from based on their knowledge and understanding. Symptoms such as changes in voice, seeing things that others could not see as well as the notion of having sexual relations with someone or something that others could not see were the predominant factors that were considered in identifying Thandi's plight. *Isilwane* was identified as the cause of Thandi's ailment. The Traditional Healers described *Isilwane* as a bad spirit that follows an individual around and can alter the voice of the individual, cause fear of engaging certain parts of their environment as well as having sexual relations with the "victim".

Eight out of nine Traditional Healers' believed that Thandi had been bewitched with *Isilwane*. Participant E stated that, *"The changes in her voice and the man having sexual relations with her suggest that Thandi has Isilwane".* Participant C also agreed to this by stating the following; "*The muthi that was used on Thandi consists of Isilwane".* In addition, he suggested that the symptoms that Thandi is exhibiting are a very common occurrence especially amongst women. *"These are the things that are happening in the community, more especially to women and not men. Even if the males struggle with this, it is very rare; this is something that mostly affects women".*

Although one of the eight Traditional Healers believed that Thandi had *Isilwane*, he further mentioned that there is a possibility that it could be an uncleansed spirit of a baby that could have passed on and was never cleansed. He noted the following;

> *"Now it could happen that a mistake is made where another person (healer) says you have isilwane meanwhile it is your child, it's just that this child of yours is attached to you and are covered in blood because they died tragically".* -Participant B.

Participant J was the only person who did not consider the notion of *Isilwane*. He noted that Thandi could be ill as a result of an uncleansed spirit, which echoes the words of Participant B. He also noted that there is a possibility that Thandi may have ancestral spirits. During the interview Participant J stated the following, *"When I listen to this case properly, it appears that Thandi has an uncleansed spirit or it has not been given the opportunity to clarify what kind of spirit it is".* He further states that Thandi has ancestral spirits, which do not necessarily suggest that she should be a *Sangoma*. He addresses this in the following manner; "*In my opinion I would say that Thandi has ancestral spirits which have not communicated with her in terms of what she is meant to do".*

3.3 Management of Mental Illness

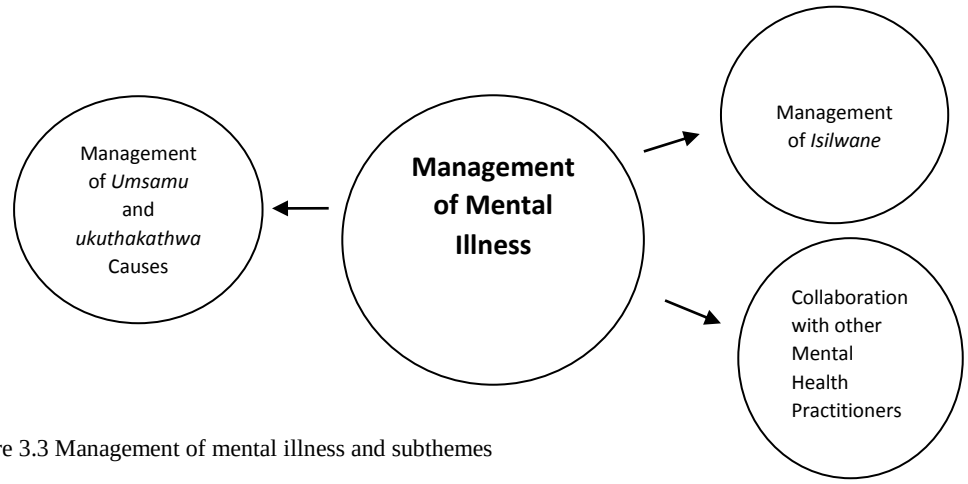

Figure 3.3 Management of mental illness and subthemes

The Traditional Healers identified various approaches of managing mental illness. Holistic approaches to treatment and the involvement of the family was emphasized. The participants also noted that the individual's state of physical well-being determines whether the individual can commence treatment or not. In addition a distinction was made between what needs to be treated with western approach as well as what needs an African approach. The use of western medicine before consulting a Traditional Healer was strongly discouraged as it is believed to complicate the condition further.

Participant B purported this by saying that, *"You've got to have a holistic approach; if you want that person to have a holistic healing, you need to engage that person on several things that will help them in order to deal with what is making them sick".* Participant A also reiterated this by stating that the family has to be involved in the treatment and more information needs to be gathered in order to fully understand approaches to treatment. He stated that, *"What I usually do is to investigate first. I speak to the family and ask them more information about the family so we can see what needs to be done to treat the person".*

Pre-existing medical conditions were also considered to assess whether an individual is ready for treatment. Participant H supposed, *"You have to look at their condition first; you have to check for conditions such as asthma before you start treatment".* Participant C further noted that if the individual presents with severe medical symptoms they need to be rushed to the doctor before the traditional medicine can happen.

"If a person is bleeding through the nose, sometimes the mouth or ears; at that point the person needs to see a doctor. However, some people (Traditional Healers) *prefer that one sees a Traditional Healer before they see a doctor because if they get an injection managing the illness from a traditional perspective makes it difficult".*

Furthermore, one of the Traditional Healers raised that, symptoms which are a result of drug use or brain injury may only be treated by medical doctors. He stated that;

"*If someone became ill as a result of drugs, we don't touch that person they need to go straight to the hospital and see a doctor, it's also the same for someone who was beaten up by people and injured their head, that person needs to see a doctor".*

All nine of the Traditional Healers preferred to treat individuals in their own places of practice as they felt this was easier, to ensure that the person is receiving proper treatment. Participant A noted the following;

"*I prefer to treat the person myself here in my home but some family members must be present when I perform the treatment, but it also depends because some of the treatment needs to be done outside of the home and in an open field".*

3.4 Diagnosing Mental Illness

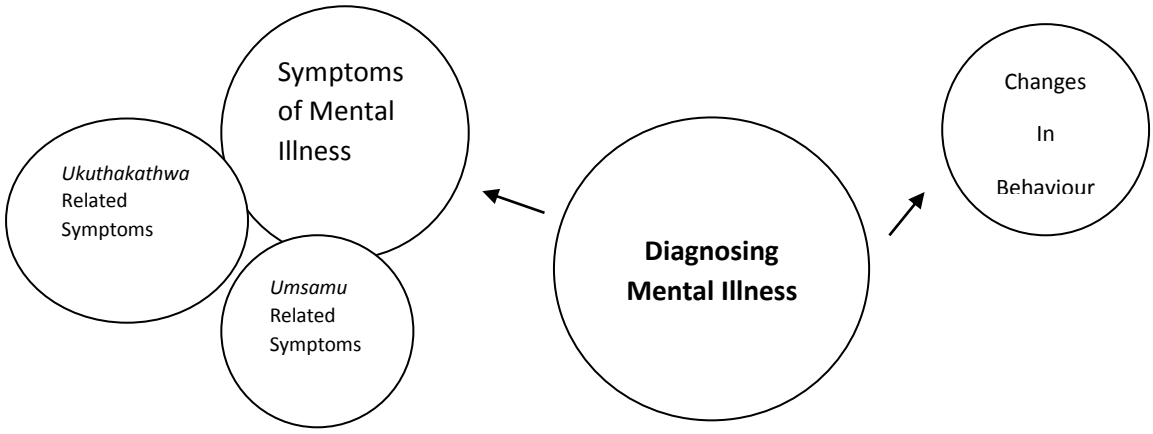

Figure 3.4 Diagnosing mental illness subthemes

The Traditional Healers identified certain symptoms that aid in the diagnosis of mental illness. Subsequently a distinction was made between the symptoms of an individual whose illness has been caused by *Umsamu* as well as symptoms that are a result of bewitchment. These will be further elaborated on in this section.

The majority of the Traditional Healers (n=8) stated that there are a number of observable symptoms that allow for the diagnosis of a mental illness to be made. Behaviours such as talking to one's self which is accompanied by other behaviours such as a lack of hygiene, violence, screaming, seeing and hearing things as well as the kind of conditions a person lives under, which are considered to be abnormal; were amongst some of the behaviours said to be observed by the Traditional Healers when diagnosing mental illness. Participant A stated that,

> *"First of all if I am going to observe whether someone is not well, it's the eyes; that is the first thing you see and then the ears, and then it's the way they speak, those are the signs that tell you whether someone's mind is working or not".*

He further noted that, *"It also happens that you do not see those symptoms, you just see them by not speaking and they just don't speak***".**

Participant F also added that,

> *"A person who is mentally ill, the first thing you identify is the things they are saying, never mind what they are wearing because someone may be dressed poorly due to their economic status, not that they are ill. Listen to what they are saying and if it does not make any sense then you know that their mind is slightly disturbed"***.** He further stated that, *"Another thing that you observe, you just see the person's living conditions, you find someone sleeping in a place where a sane person would not stay, that's also how you see that a person is not well."*

The distinction that was made by the Traditional healers with regards to the difference in diagnosing those who have been affected by *umsamu* and those who have been affected by *ukuthakathwa* was also discussed. Participant C clarifies this in the following manner;

> *"It's easy to see someone who is avoiding the calling, it seems like that person is losing their mind but at the same time they talk about things that they had no prior knowledge of, which are part of the family history; with- someone who has been bewitched or anything like that, they don't see anything like that they just become violent."*

Participant E also agreed with this statement and stated that;

> *"The one who has been affected by Izizwe becomes violent most of the time, they are chaotic and do not sleep at night, whereas the one whose ancestors are fighting over, tends to be quiet, does not like to speak and they usually have an unusual temper".*

The distinction between these symptoms will be discussed further under each subtheme.

Umsamu (Ancestors)

Issues such as the calling, problems that relate to needing to appease the ancestors were those noted to be *Umsamu* related. Some of the observable behaviours that were attributed to mental illness caused by *umsamu* by the Traditional Healers involved certain behaviours which were considered to be abnormal within the cultural context, for example Participant G stated that;

> *"Let me just say that another person can take a potato, cut it up and say to the rest of the men that they should eat, you would also see that the issue lies with umsamu, no one would ever take a potato, cut it up and put it on* ***isithebe*** (traditional wooden tray designated for serving meat during ceremonies for ancestors) *and say we should all eat. You can see that there is an issue with umsamu that needs to be rectified".*

Furthermore, Participant D also said that;

> *"Instead of staying seated like you and I are seated, you find that they get up and start looking for something and the things they are looking for are closely related to looking for something like a chicken or a goat and then you see that there is something that is not right with umsamu and then from there I start to investigate by asking other members of the family".*

In addition Participant C also said that;

> *"When you have ubizo (*the calling*), you cannot walk around naked and their illness does not get to the point where they are walking up and down the street all the time; that is someone who has been bewitched who walks up and down the street all the time using profanity and all those things".* He further stated that, *" The one who has not been bewitched speaks things that make sense, they can tell you what they see, perhaps they see a lion or they tell you that they can see a certain person and that that is how you see that this person needs to take on their designated 'journey'".*

Seven of the Traditional Healers also listed specific symptoms and behaviours that are considered to be observable in people who suffer from mental illness as a result of bewitchment. Violence, physical strength and walking around aimlessly were amongst some of the most common behaviours that Traditional Healers noted to be a sign of bewitchment. Participant F stated that;

> *"There are instances where the person just gets into a space of wanting to attack other people and when you take a look at them you realise that you cannot manage them on your own, you may need the help of law enforcement to tie him up because the amount of physical strength they have. You find that the behaviour is no longer of their doing but rather that of Izizwe that have been put inside of them".*

Participant *I* also elaborated on this notion by stating the following; *"Izizwe specialise in taking your mind away, making you walk all over the place. You become physically strong because you have animals living in your body, you could even kill a person without even knowing and nothing is too heavy for you".* Also, Participant G concurred by stating that, *"when another goes insane, they take a rope and want to hang themselves, they do strange things like taking a knife and wanting to stab themselves or the entire family".*

Three of the participants also listed walking around in public naked as one of the symptoms of mental illness through bewitchment. Participant D stated that *"You find them at the traffic lights, confused, they strip naked and do strange things that a mentally stable person would not usually do".* Participant F also stated that, *"When they are walking around naked and not concerned about others around them, not bothering to bath, that's when you see that this person is not well"***.** Participant E also confirmed this and added that;

> *"The one who has been bewitched, you find that they don't like water, they don't like to bath. They feel as though they need to be standing all the time, you find that they don't want to sit down, and it's like they are seeing things, seeing shadows and Izilwane* (bad spirits), *that is a sign of Izizwe".*

Other symptoms that were listed included the way a person speaks; talking to themselves, using profanity and the inability to hold a coherent conversation with others around them. Participant E highlighted this by stating that;

"They like to stare, say things that are not related to what you are talking about and you find that there is a misunderstanding in communication, even when they are meant to give you an answer, they don't respond to what you are asking".

Also Participant A described it as, *"Ok, the way they speak, they usually use a lot of swear words, they are also very violent"***.** Participant D also added that, *"The one who has been bewitched, they have symptoms that require you to tie them up because they just can't stay put. They want to walk around everywhere not knowing where they are going".*

3.5 Traditional Healers' Perceptions of Mental Illness

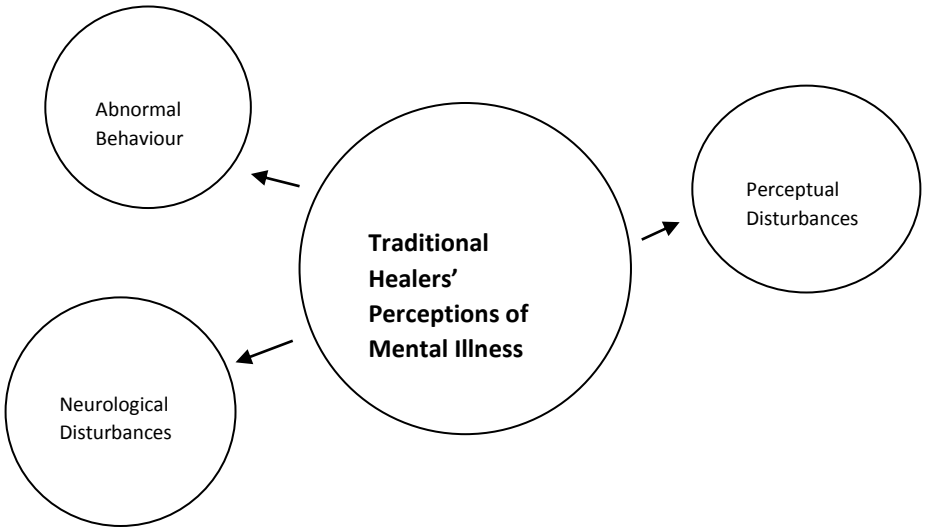

Figure 3.5 Traditional Healers' perceptions of mental illness subthemes

Some of the Traditional Healers (n=5) described mental illness as a disturbance of some nerves in the brain that cause it to malfunction. Furthermore, they postulate that the disturbance is caused by various reasons such as *umuthi* that the individual comes into contact with through their feet, which then travels up to the nerves in the brain which in turn become disturbed, crossed or stuck, causing the individual to behave in a manner that contradicts the behaviours and reasoning expected from them within their cultural or societal context. Participant A described it in the following manner;

"It happens that someone puts muthi on the ground and calls out your name, when you step over whatever they put there for you, you come into contact with that thing. Most of the time it usually comes through the feet, it comes through the feet, it travels up your system until it gets to the brain and it then disturbs the nerves in the brain".

Participant F also shared similar information which stated that, *"The disturbance does happen as a result of witchcraft, you could step over something but it's going straight to your brain, it gets there and disturbs your brain and in that manner you become mentally ill".* In addition participant G stated that people with a mental illness tend to behave and think differently compared to other people. He also noted that they perceive things differently from normal people. He stated the following; *"behaving strangely, unusual starring, speaking with an unusual voice. Most of the time when someone is about to lose their mind, they tend not to perceive things the way other people perceive them".*

3.6 Conclusion

In this chapter the data findings were presented. The themes that emerged from the interview data were discussed. The various causes of mental illness, factors considered in the diagnosis of mental illness, the perceptions of mental illness and psychosis were offered. Lastly the management of mental illness was also discussed.

CHAPTER 4: DISCUSSION

This study sought to explore and understand the perceptions and management of mental illness specifically psychosis amongst Traditional Healers of Umlazi Township; as well as to understand the impact culture has on these perceptions and modalities used by Traditional Healers in the treatment of psychosis. This qualitative study yielded results which were centred around the perceptions of mental illness and psychosis; diagnosing mental illness, the aetiology and treatment of mental illness specifically psychosis.

The themes and subthemes that emerged in the study indicated the presence of some similarities as well as disparities in relation to the previous literature which is presented in the first chapter. Therefore, the focus of this chapter will be placed on discussing these. The sequence of this discussion has been structured in relation to the themes in the results chapter.

4.1 Aetiology of mental illness

All nine of the Traditional Healers postulated that the major causes of mental illness could be attributed to witchcraft and or a convoluted relationship between families and their ancestors. These findings are in alignment with Sorsdahl et al. (2006) as well as Crawford and Lipsedge (2004) who reported that the causes of mental illness within the majority of the African context can be attributed to bewitchment and the ancestors. Additionally, the notion of illness as a result of spiritual entities and the disturbances in relationships is in accordance with the views of the biopsychosocial-spiritual model, which emphasizes on the necessity of viewing an individual in relation to multiple dimensions they exist within (Janse van Renseberg, 2014).

However, in relation to the ancestral causes of mental illness, previous literature by Jordaan (2012), Mkhize (1998), and Mzimkhulu and Simbayi (2006), points to the concept of *ukuthwasa* as one of the main causes of mental illness within the cultural perspective; on the contrary this was not a prominent theme in this study. Instead the participants focused more on the concept of *Umsamu* which appeared to be used as a term that encapsulates various familial difficulties which are related to the relationship between those who are alive and their ancestors. These issues varied from appeasing the ancestors, issues of an individual's identity; the notion of *ukuthwasa* was also placed under this umbrella term whereas preceding

literature made exclusive reference to this term in relation to illness caused by ancestors. Previous literature by Melato (2000) which states that one's ancestors are responsible for one's well-being or ill-health also supports the Traditional Healers' beliefs regarding this aspect of the causes of mental illness.

Additionally, in the category of bewitchment (*Ukuthakathwa)* which also emerged as a prominent theme, it was noted by all of the participants that malevolent spirits were responsible for an individual's mental illness; this statement correlates with the observation of Kritzinger, Swartz, Mall and Asmal (2011) who stated in their findings that some indigenous groups in South Africa explicate psychotic symptoms and strange behaviour in spiritual terms. Furthermore, the Traditional Healers elaborated that with bewitchment *umuthi* is used to create evil spirits that are known to cause mental illness. *Isilwane, Izizwe* and *Ibhungezi* were considered to be made with *umuthi.* Each illness was described by seven of the Traditional Healers to produce certain symptoms and strange behaviours that have been associated with mental illness in the African perspective. Each of the aforementioned illnesses according to five of the participants is linked with specific behaviours. *Izizwe* were described as spirits which communicate in a language that is not known by those around the sufferer. It was further explained by the healers that an individual with *Izizwe* presented with symptoms such as speaking in a strange voice, violent behaviour, psychomotor agitation, screaming, talking to one's self, hearing voices as well as poor self-hygiene. It is important to note that the symptoms that have been described for *Izizwe* are particularly similar to those that were depicted by Niehaus et al. (2004) in the description of *amafufunyana*. The vast similarities in the symptoms described and the different terminology used to describe these phenomena could perhaps be linked with differences in culture and language as previous studies which made use of the term of *amafufunyana* were predominantly from the Xhosa culture. The similarities and differences in the cultural understandings of mental illness that have been presented above relate to the significant argument Janse van Renseberg (2014), conveys which puts emphasis on the careful consideration of the existence of overlaps between culture, spirituality as well as religion.

In addition three of the participants spoke of *Ibhungezi* which was said to produce symptoms such as the hearing of noises that others could not hear. *Isilwane* was associated with symptoms of seeing things that others could not see, changes in voice and the belief that there is sexual intercourse between the sufferer and the spirit of *Isilwane*. It is important to note that the concept of *Isilwane* and *Ibhungezi* have not been prominent in previous literature,

however the symptoms described were amongst those that were listed by Mkhize (1998) to fall under the umbrella term of *amafufunyana.*

The symptoms described by the participants seem to indicate an overlap with symptoms of psychosis as described in the DSM- 5 (APA, 2013) which are delusions, visual and auditory hallucinations. This suggests that the findings are related to Jordaan (2012) views that indicate common characteristics between psychosis and cultural phenomena. In addition, these findings seem to be in tandem with the notion of culture bound syndrome which has been described by Tseng (2003) as psychiatric conditions which closely resemble cultural phenomena or are 'bound' within a particular cultural context.

Two of the participants noted the use of substances such as drugs to be one of the causes of mental illness. This statement was in agreement with the notion of substance induced psychosis which is presented in the DSM-5 (APA, 2013) and the study conducted by Arendt et al. (2005), which suggests that the use of substances such as cannabis can induce or cause psychotic symptoms in individuals who take it. These similarities indicate that although the perceptions of mental illness specifically psychosis may be shaped by culture and may be understood differently within the African and western perspectives; some perceptions are shared.

Finally, three of the Traditional Healers named one other cause of mental illness as due to certain medical conditions, which one of the Traditional Healers termed as *Ukugula kwashukela*. The conditions that were listed included head injuries, cerebrovascular accidents (CVA) and diseases of old age. Arciniegas (2015) also discussed neurological conditions which are associated with psychotic symptoms and amongst these; traumatic brain injuries, cortical or subcortical stoke as well as Alzheimer's disease were listed; this concurs with the Traditional Healers' opinions regarding the causes of psychosis which are related to medical conditions. Furthermore, a study conducted by Ally and Laher (2008) also indicated that Faith Healers within the Muslim community also believed that mental illness can be attributed to natural causes similar to physical illnesses.

4.2 Traditional Healers' Perceptions of Psychosis

Eight of the nine participants identified the psychotic symptoms that were presented in the vignette as a form of bewitchment (*ukuthakathwa*) which manifested in the form of *Isilwane.* Specific signs and symptoms were considered to make this conclusion. However, it was also observed that the majority of the Traditional healers focused more on the element of

bewitchment rather than the concept of mental illness. One of the participants did not recognise the subject presented on the vignette as mentally ill. This raises the question of whether certain symptoms of psychosis are prioritised over others in the African cultural context and what the implications of this are. It also raises the question of whether some psychotic disorders are missed especially if they do not present in a severe form. Additionally, if some symptoms of psychosis are indeed prioritised over others, how does this impact on treatment seeking behaviours and how do the Traditional Healers themselves manage symptoms. However, it is worth noting that although some questions are raised, some clinical re-evaluations of the NCS-R study were conducted, and it emerged that approximately 34. 7% of some hallucinations especially those that are visual in nature were deemed as culturally appropriate instead of psychotic (Temmingh et al., 2011). Therefore, this may offer some explanation to the aforementioned questions.

Furthermore, the idea that certain psychotic symptoms especially those that manifest in the form of *Isilwane* in the cultural context are found to be more common in women emerged. However, this was only spoken of by one participant, which suggests that further investigations are needed. Although this has only been raised by only one of the participants it matches the findings of an ECA study which reported hallucinations to be higher by up to 50% in women (Temmingh et al., 2011).

Two of the nine Traditional Healers cited ancestral spirits as the cause of the psychotic symptoms. This is in accordance with literature published by Mkhize et al. (1998) which attributes some causes of psychosis to ancestors. Furthermore, this supports Saravanan et al. (2008) who postulate that research across cultures shows that the symptomatology of mental illness is strongly based on the influence and cultural interpretations.

Previous studies have explored the perceptions of mental illness and psychosis within the South African cultural context, where the concept of bewitchment as a cause for psychosis was amongst the findings. However, it is worth noting that not many of those studies have reported on the notion of *Isilwane* to explain and describe psychosis. The factor of hallucinations was largely considered in this diagnosis. Therefore, this indicates that more studies on the phenomena of *Isilwane* need to be conducted for deeper understanding.

4.3 Diagnosing mental Illness

All the Traditional Healers were in agreement that in order for a mental illness to be diagnosed, the presence of strange behaviour which is out of the ordinary in the cultural

context needs to be observed. This statement coincides with findings by Castillo (2003) which indicated that within the cultural context in order for mental illness to be recognised behaviours which are outside of the cultural frame of reference need to be present. Also, all nine Traditional Healers cited the presence or absence of symptoms which interfere with the individual's relational abilities within their environment as a basis for the diagnosis of mental illness. This is in accordance with the DSM-5 (APA, 2013) which describes mental illness as the presence of specific symptoms which cause an individual, distress which also interferes with their social and occupational functioning.

A further distinction was made by all of the Traditional Healers in diagnosing mental illness and this appeared to be significantly influenced by the manner in which the symptoms manifested themselves. This would in turn give the Traditional Healers an indication of the causes behind the distress, which would then inform treatment methods. This reflects of previous literature by Mbanga et al. (2002) and Mkhize (1998), who noted that symptoms which related to the calling are different from those of bewitchment, however, the symptoms and process of diagnosing psychosis which is related to drug use and traumatic brain or head injuries was not clearly discussed by any of the participants. This raises a question of whether gaps exist in the understanding of psychotic disorders not directly caused by spiritual factors, hence the reluctance to treat these specific types of psychotic disorders. The existence of such a gap needs to be bridged with further research.

4.4 Management of Mental Illness

All the Traditional Healers pointed towards the important role they play culturally in the treatment of mental illness. This notion correlates with the findings of Sorketti et al. (2009), which showed that in developing countries individuals who suffer from mental illness are predominantly treated with traditional healing methods. In addition, Ngoma, Prince and Mann (2003), also reported that a higher percentage (48%) of patients with mental illness was treated by Traditional Healers in comparison to the 24% which was seen in the primary health care sector. However, all of the participants emphasized the importance of prioritizing the patient's physical well-being before the commencement of treatment of any mental condition. It was noted that in an instance where a patient presented with any physical ailments that required medical attention these were to be treated by the medical professionals first in order to avoid further complications during the treatment of mental illness. This perception by the Traditional Healers coincides with previous literature by Sorketti et al., (2011) which found that western methods of treatment were favoured more in the treatment

of physical symptoms; rather than those of mental illness. Traditional methods of treatment were seen to be a better form of treatment for the symptomatology of mental illness as is the case in this study as well. This raises a question of whether there is some dissonance between the Traditional Healers and mental health care practitioners' explanatory model of the treatment of mental illness and whether this may have a direct impact on how treatment of mental illness is initiated. This is a concept that needs to be explored further. However, the distinction between what needs to be treated by Western practitioners and Traditional healers suggests that illness of an individual is viewed on different dimensions. There seems to be the presence of a biological, psychological as well as a spiritual element in the conceptualization of illness. This is in alignment with the biopsychosocial-spiritual model which suggests that an individual be viewed biologically, socially, psychologically and spiritually (Sulmasy, 2002).

Although the research sample expressed the importance of traditional healing methods in the treatment of mental illness they seemed to recognize that not all forms of mental illness are treatable with indigenous medicine or healing. This emerged when three of the participants declared that substance induced psychosis and mental illness resulting from a traumatic brain injury was effectively treatable with western medication as there are no spiritual implications to the nature of these causes. This thinking process concurs with the findings of a study by Saravanan et al., (2007) which purported that majority of the individuals who participated believed psychotic illness was caused by mystical and spiritual factors. This may further explain the Traditional Healers' limited desires to treat mental illness that is perceived as not a result of spiritual factors. However, the existence of the idea that some illness is effectively treated through western medicine indicates some level of willingness and openness to collaborate with other professionals in the treatment of psychotic disorders by Traditional Healers although this is highly influenced by the perceptions of aetiological factors. This highlights the findings presented by Ally and Laher (2008) that reported the existence of collaboration between Muslim spiritual healers and other mental health professionals. These findings also tie in with those of Janse van Rensburg (2014), which stresses the importance of identifying the importance of spirituality and religion in psychiatric disorders and how these impact on the management of such pathology.

4.5 Traditional Healers' Perceptions of Mental Illness

The Traditional Healers across all three categories of practice namely; *Izinyanga, Izangoma* and *Abathandazi* all appeared to share the same philosophy with regards to what mental

illness is. The entire sample described the presence of behaviour which is atypical of societal or cultural norms as well as perceptual disturbances as some of the prime indicators of mental illness. These perceptions of mental illness by the participants coincide with the definitions of mental illness by the DSM-5 (APA, 2013) which describes a noticeable dysfunction in behavioural, biological as well as psychological well-being.

In addition, seven of the Traditional Healers noted that a sudden neurological malfunction such as the crossing of the nerves or a blockage develops in the brain which then causes the loss or disruption of mental well-being. The participants suggested that this happens regardless of whether the mental illness is a result of spiritual or biological causes. Although some literature (Arciniegas, 2015; Harland et al., 2009; DSM-5 APA, 2013) supports the notion of neurological or biological causes which can result in mental illness it suggests a different explanation of what happens in the brain that leads to mental illness. Furthermore, in the study conducted by Ally and Laher (2008) the Spiritual Healers who participated in the study rather cited chemical imbalances in the brain as a pre-cursor of mental illness. This indicates that the beliefs of the Traditional Healers with regards to neurological factors are somewhat in contrast of pre-existing literature and this may require further investigation.

Additionally, psychomotor agitation, sleep disturbances, decline in self-care, auditory hallucinations, delusions, disorganised behaviour, thought disturbances, disorganised speech and irritability were the symptoms that were listed by the participants to describe mental illness. These symptoms appear to match symptoms that are present in the DSM-5 (APA, 2013).

However, it is of interest to note that the symptoms that were identified by the Traditional Healers as the hallmark features of mental illness are particularly similar to those of psychosis as depicted in the DSM-5 (APA, 2013) and symptoms that are present in other mental illnesses did not emerge. This observation raises the question of whether Traditional Healers in the context of Umlazi Township only recognised mental illness in the form of severe psychotic disorders or symptoms. This is possibly an area of further exploration. Hence the results from this study reveal much about the conceptualization of mental illness within the African cultural context and further highlight the differences and similarities between the perceptions of psychosis among the Western and African cultural perspective. Further distinction of how psychosis is understood and identified in different contexts within the African cultural context emerged. However, this study is not without limitations and these

will be discussed further in the section below along with the recommendations and implications.

4.6. Limitations

Conceptual Limitations

The availability of pre-existing research pertaining to this phenomenon is limited within the South African context. Additionally, the previous studies which have been conducted were predominantly within the Xhosa culture and very few were conducted within the Zulu cultural context. According to Cheng (2001), the perceptions of certain behaviours or phenomena are profoundly influenced by the cultural context, which implies that different cultures may understand and describe certain phenomena in dissimilar ways. This notion further unearths another limitation of this study as the Traditional Healers who participated in this research are of the Zulu culture, which makes it challenging to generalise the perceptions of psychosis as they are shaped by a specific cultural context.

Another limitation to the study pertains to the fact that minimum consideration was placed on the amount of experience the Traditional Healers had on direct treatment of psychosis; rather more emphasis was placed on the categories of traditional healing the participants practised under as well as their geographical location. Therefore, the knowledge that was provided by some of the Traditional Healers may not be based on extensive experience of working with mental illness or psychosis specifically.

In addition, the study placed emphasis on only the Traditional Healers' perceptions of mental illness specifically psychosis which left the views of the patients unexplored. Therefore, the thought process behind treatment seeking behaviours and management of the illness from the patient is unclear thus drowning the voices of the patients.

Methodological Limitations

The participants were afforded the opportunity to engage in their language of preference for the interviews, which was IsiZulu as a result although caution was exercised in the translation of the data, but the differences in words across languages as well as the non-existence of certain words to express particular concepts from one language to another, this may have had

an impact on the meaning of some data. However, it is also important to note that conducting the interviews in the participants' home language may have also minimised the level of misinterpretations as a result of different language related factors. In addition, the sample size that was used in this study was small and this may have impacted on the calibre of the data that was collected from the sample.

Other limitations that emerged were related to my position as a psychology student who was viewed by the Traditional Healers as a representative of the health sector. This notion had a significant impact on the quality of information that was shared as some of the traditional healers expressed their reluctance to share their knowledge with "western practitioners" as they feel that they are not given the recognition they deserve with regards to their skills as Traditional Healers. Furthermore, it became evident that some of the Traditional Healers were invested in appearing in a positive light to the interviewer as they provided answers that would not affect them negatively. Participant A, I and G indicated this by casually stating that it was important to give answers that would not get them into "trouble".

4.7. Implications

The implications of this study are largely related to the conceptualizations of psychosis within the different cultural contexts. This indicates that the understanding of specific cultural and spiritual concerns of patients play a major role in the adequate treatment of individuals with psychosis. Therefore, this stresses the importance of a holistic approach in the treatment of mental health patients and further emphasis is placed on cultural sensitivity when dealing with such cases. A further study implication concerns pathway to help seeking. The majority of the Traditional Healers did not recognise the psychotic symptoms presented in the vignette as a mental illness; this suggests that the different perceptions of psychosis between the African cultural context and the Western cultural context may cause for other patients with psychotic disorders to be missed or to delay receiving treatment. Therefore, it is important for the Western health-care practitioners to have an in depth understanding of how psychotic disorders are identified and understood within the African cultural contexts.

4.8. Recommendations

This research study served the purpose of providing a deeper understanding into the cultural perceptions of mental illness specifically psychosis from a Traditional Healers' perspective.

Although some limitations were present in the study valuable insight with regards to the causes of mental illness, the perceptions of psychosis, the diagnosis and management of mental illness as well as treatment seeking behaviours were uncovered. However, due to the complexities of culture and how it can have an impact on perceptions of illness (Cheng, 2001) it is pivotal to conduct further research on this phenomenon.

Labys et al. (2016) indicated that Traditional Healers are unique in the way they practice and treat mental illness. On the basis of this observation, it is suggested that in future studies a bigger sample size is obtained in order to further examine the perceptions of psychosis amongst Traditional Healers practicing under various categories. This course of action will enable the researchers to acquire data that includes views and perceptions on a wider spectrum.

Alternatively, another measure that may allow for an advanced level of knowledge regarding the perceptions of psychosis amongst Traditional Healers may be the use of focus groups. This method of data collection allows for further exploration and expansion on the participants' views of specific concepts through intersubjective experiences (Terre Blanche et al., 2012).

Also, it would be beneficial if a researcher who is not viewed as a representative of the health sector to conduct the research as this would allow the Traditional Healers to share their knowledge and experiences in a manner that does not feel threatening for them.

In addition, an effort to ensure that additional research that will transcend across traditional healing practices of different cultures within the South African context is needed. This will allow for the investigation of whether there is an existence of specific patterns regarding the perceptions of psychosis across different cultures in South Africa. This may also be achieved using a quantitative study which will make use of available scales that allow for the reporting of culture specific understandings of psychosis amongst Traditional Healers or the African context. This measure would help to establish any of the all-encompassing trends that may be present in the data. Scales such as the Brief Psychiatric Rating Scale (BPRS), the Positive and Negative Syndrome Scale (PANSS) or the Comprehensive Assessment of Symptoms and History for cultural sensitivity (CASH-CS) may be considered in this regard.

Additionally, the research data suggests that some gaps still exist in the perceptions and understandings of psychosis between the western mental health practitioners and indigenous healers. Therefore, collaboration between the two modalities, which will involve the

education of both entities about symptoms is essential in the adequate management and treatment of psychosis and bridging the gap that still exists.

Finally, the study did not explore the patients' experiences of being caught in the misalignment of the western and indigenous views of mental illness and how this may impact on their internal world especially when being treated with the western approach. A further investigating of such impact in future studies is fundamental in gaining deeper understanding on how this may play a role in the adherence of treatment and the management of psychosis going forward.

4.9 Conclusion

The findings of this study along with the points of discussion indicate that the spiritual aspect with regards to the causes of mental illness remains to be a dominant factor. Furthermore, it was interesting to observe that the umbrella term of mental illness within the African perspective mostly applies to the symptoms of primary psychotic disorders as described in the DSM-5 (APA, 2013) not any other symptoms which may apply to other mental illnesses. In addition, similarities in the perceptions of mental illness specifically psychosis between cultures do exist. However, the themes that emerged also showed that some phenomena which may manifest in the same symptomatology are described and identified differently across cultures within the African context, which suggests that there may not be a uniform African cultural perspective in the identification or naming of psychosis. Therefore, careful consideration needs to be applied in this regard. The research also places emphasis on the need for deeper understanding of psychosis amongst different cultures as well as a stronger collaboration between the Traditional Healers and the various professions that are involved in the treatment of psychosis in order to promote a more integrative approach in the treatment of psychotic disorders.

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Appendix A: Participant Information Sheet

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559

Dear Sir/Madam

Hello, my name is Rethabile Maqalika; I am a Master's student in Clinical Psychology at the University of the Witwatersrand. In order to fulfil the requirements of my course I am expected to complete a research project. The focus area of my research project is the perceptions and management of mental illness among Traditional Healers living in Umlazi Township KwaZulu-Natal. I would like to invite you to participate in this study as one of the Traditional Healers living and practicing in Umlazi Township.

Please note that participation in the study is voluntary. You may choose to withdraw from the study at any point before the formal submission of the research report and this will not affect you negatively in any way. Should you choose to participate in this study, you will be asked to sign an informed consent form and to take part in a one-hour long interview with me, where I will ask you several questions about the topic mentioned above. You may choose not to answer any questions that you may find uncomfortable. However, it would be appreciated if you were able to answer all the questions, in order to gain as much information as possible for the purpose of the research. There are no perceived risks or benefits associated with participation in this study.

Direct quotations from your interview will be used. However, information that will identify you or your patients will not be used in the research report, I will refer to you

as Makhosi A, Makhosi B etc. The interview will be audio recorded and some notes may be taken during the interview, but your confidentiality is assured as my supervisor and I will be the only people who will have access to the audio recordings and any notes taken. The audio interviews will be written out word for word. The written interview documents, recordings and interview notes will be kept in a password protected computer and hard copies will be locked away in a cupboard at the university for three years. After the three years, the audio tapes will be destroyed. The written interview that does not contain any of your personal information will be kept for further analysis to inform future research, conference presentations or publications. Should you wish to receive feedback on the study it will be made available to you after the examination of the study. If you would like more information about the study you are welcome to contact, my supervisor, my course coordinator or myself on the contact details provided below.

Your participation in this study will be highly appreciated.

Rethabile Maqalika

078 742 5701

rethabilemaqalika@gmail.com

Supervisor: Sumaya Laher

(011) 717 4532

sumaya.laher@wits.ac.za

Course Coordinator: Dr. Esther Price

(011) 717 4517

esther.price@wits.ac.za

Appendix B: Combined Consent form (Interview and Recording)

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559

Combined Consent Form

I, _____ consent to being interviewed by Rethabile Maqalika, for her research project on the perceptions of mental illness specifically psychosis and management of psychosis among traditional healers living in Umlazi Township.

I understand that;

- Participation in this study is voluntary
- I may withdraw from the study at any time before submission and that my withdrawal will not affect me negatively in any way.
- I may choose not to answer questions.
- There are no perceived risks or benefits associated with this study.
- All information provided will remain confidential
- My name or any other personal information of mine will not be used in the interview, transcripts, notes as well as the research report.
- I am aware that some direct quotes from my interview may be used, but my name will not be used.
- When direct quotes from my interview are used my name will be substituted with the name Participant A or Participant B etc.
- My interview will be recorded, and the interview will be written word for word.
- Some field notes may be taken during the interview.

- The recordings and field notes will be confidential and will only be accessed by Rethabile and her supervisor.
- The recordings and written interview are stored indefinitely for further research or analysis.
- The recordings, written interview documents and field notes will be kept in a password protected computer and hard copies will be locked away in a cupboard for three years and will be destroyed thereafter.
- I am aware that the results of the study will be reported in the form of a research report, which may be published in a journal and or book.
- The research report is for the partial completion of a Master's degree at the University of the Witwatersrand.

Consent for Interview:

Signed: _____ Date: _____

Consent for Recording:

Signed: _____ Date: _____

Appendix C: Interview Schedule

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559

Interview Schedule

Hello, my name is Rethabile Maqalika I am a Master's student at the University of the Witwatersrand, in Johannesburg. I was also born and raised here in the township of Umlazi. I am currently working on a research project about exploring the perceptions of mental illness. I am very interested in hearing about your experiences of working with clients who present with this condition. Here is more information about my study and how I will use your responses. As you will see, the information you provide will be very valuable for me as a student to better understand mental illness. I also have a consent form that I would like you to sign that indicates that you have received and understood the information about this study and that you agree to participate in the study. I need to record this interview for the purpose of gathering data for the research study. The interview will be transcribed and analysed along with other interviews. Will this be ok with you? May we begin?

Interview Questions

Contextual Questions

1. How long have you been practicing as a Traditional Healer?
2. What kind of healing do you specialize in (e.g. Herbalist, Diviner or Spiritual/Faith healer)?
3. What kind of clients do you usually see in terms of their background?

4. What are the common problems that your clients usually have when they come to consult?

Perceptions and Management of Mental Illness.

5. Have you treated people with a mental illness in your experience as a healer?
6. How often do you treat people with a mental illness?
7. What kind of mental illnesses have you encountered in your years of practicing as a Traditional Healer?
8. What are the best treatments to utilize for mental illnesses?

Traditional Healers' Perceptions of Psychosis

At this point in the interview, the Traditional Healer will be given a Case Study of a patient with Psychosis. If the Traditional Healer cannot read, the interviewer will read the case to them.

I would like to give you a description of a common type of mental illness we often see in clinics. Please can you consider this case? I wish to ask you a few questions about it.

The following questions will be asked based on the case study.

Have you had to deal with any such cases?

9. According to your knowledge and experience, what would you say this person is suffering from?
10. What are the common symptoms of these phenomenon/phenomena?
11. What do you believe are the main causes?
12. How is treatment determined in such cases?

Traditional Healers' Management of Psychosis

13. How would you treat the person in this case?
14. Generally, how long does the process of treatment last?
15. What are the common challenges you face when treating clients with this sort of problem?

16. Do you think these cases can be treated using the western medicine/treatment?
17. What do you think the Western Practitioners need to understand about the treatment of these sorts of cases?

We have now reached the end of our interview. Thank you very much for your time and contribution in this project.

Appendix D: CASE STUDY

Case Study *(Adapted from Kaplan and Sadock's Synopsis of Psychiatry)*

The family members of Thandi, a 32- year old woman took her to the local hospital when they noticed that she had been behaving in a strange manner. The family reported that one day when she returned home from work, as she entered the house, she laughed loudly, watched her sister-in-law suspiciously. When asked questions she refused to speak to anyone, and when her brother walked into the room she began to moan and cry like a child, but she shed no tears. She started making strange facial expressions, body movements and pointing at things around the house in an unusual manner. Thereafter, she started chattering to herself in a strange high-pitched voice, with little of what she said being understood. She refused to go to the bathroom, saying that a man was looking in the window at her. The next day she refused to eat and declared that her sisters were "bad" women and that they were trying to poison her. She believed that everyone in the house was talking about her and that the neighbours were spreading bad rumours about her. She also believed that someone had been having sexual relations with her, and although she could not see him, he was "always around".

When seen in the ward by the doctor, she paid no attention to questions, although she talked to herself in a childish tone. She moved about constantly, walked on her toes in a dancing manner. She acted silly, childish and distant. *(Adapted from a case of Arthur P. Noyes, M.D. and Lawrence C. Kolb, M.D.).*

Appendix E: Ethical Clearance Certificate

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (SCHOOL OF HUMAN & COMMUNITY DEVELOPMENT

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: MCLIN/18/004 IH**
PROJECT TITLE:	The perceptions and management of psychosis amongst traditional healers living in the township of Umlazi KwaZulu-Natal
INVESTIGATORS	Maqalika Rethabile
DEPARTMENT	Psychology
DATE CONSIDERED	29 May 2018
DECISION OF COMMITTEE*	Approved

This ethical clearance is valid for 2 years and may be renewed upon application

DATE: 29 May 2018

CHAIRPERSON
(Dr Esther Price)

cc Supervisor:

Prof. Sumaya Laher
Psychology

DECLARATION OF INVESTIGATOR (S)

To be completed in duplicate and **one copy** returned to the Secretary, Room 100015, 10th floor, Senate House, University.

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

This ethical clearance will expire on 31 December 2020

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES