Perspectives of Traditional Healers in the Sedibeng District of Gauteng on mental illness and collaborative work with western mental health care

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A research report submitted to the Faculty of Health Sciences, University of the Witwatersrand, in partial fulfilment of the requirements for the degree of Master of Medicine in the branch of Psychiatry

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DECLARATION

I, Dr Sibongile Mondlana, declare that this Research Report is my own, unaided work. It is being submitted for the Degree of Master of Medicine, in the branch of Psychiatry, at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other University.

Signature of

Student…….....Date…….....…

DEDICATION

To my supportive family.

ACKNOWLEDGEMENTS

I would like to thank the department of Psychiatry at the University of Witwatersrand, particularly my supervisors Dr Lesley Robertson and Dr Sumaya Mall, for their guidance and support. I would also like to thank the Sebokeng Traditional Healers Association for their time and participation.

PRESENTATIONS FROM THIS STUDY

This research was presented at the Annual Department of Psychiatry Research Day on 19/06/2019 at the Sunnyside Hotel in Johannesburg where it received the award for best presentation.

The research has been accepted as a poster presentation at the Biological Psychiatry Congress 2019. The event will take place on 23/09/2019 at Century City in Cape Town.

ABSTRACT

Background

People with mental illness in South Africa consult traditional healers. Collaboration between westernized mental healthcare services and traditional healers has been proposed to improve healthcare outcomes. This study aimed to explore the perceptions of traditional healers in the Sedibeng District of collaboration with mental health professionals.

Methods

A qualitative study with individual in-depth interviews was conducted. A purposive sample of traditional healers in the Sedibeng district was recruited and interviewed in their practice-setting. The framework approach was employed to analyse the data.

Results

Seven traditional healers were interviewed. All were involved in HIV/AIDS, hypertension and diabetes screening but had little contact with mental healthcare services. Several explanatory models for the causes of mental illness were held, but psychotic and non-psychotic symptoms were accurately identified. Although six participants recognized a role for western mental healthcare services, all participants believed that western mental healthcare cannot treat mental illness of supernatural cause. All participants reported feeling disrespected by healthcare practitioners. They felt their understanding of the patient and their family should be taken into consideration. Most wanted educational workshops to improve their mental health knowledge.

Conclusion

Collaboration between traditional healers and Sedibeng mental health services is a possibility but requires effort in mutual respect and communication.

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CHAPTER ONE - INTRODUCTION

1.1 Background

African traditional medicine is defined by the World Health Organisation (WHO) as: "The sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or societal imbalance, and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing" (WHO, 1976). According to the World Health Organisation (WHO), up to 80% of people in Sub-Saharan Africa use traditional medicine to meet their health care needs (WHO, 2002). The WHO definition of traditional medicine highlights the holistic approach inherent to traditional healing. It emphasises the focus of traditional healing on the physical, psychological and social aspects of the client as an individual, within their family and as a member of the community (Truter, 2007). Traditional healers play a vital and powerful role in most African countries. Their traditional role includes that of a physician, counsellor, psychiatrist and priest in the service they provide for people with mental, medical and social problems (Mbwaya et al., 2013).

A role for traditional healers was also recognised in the Declaration of Alma-Ata (1978) on Primary Health Care. The Declaration of Alma-Ata specifically acknowledged a reliance of Primary Health Care upon appropriately trained traditional healers, in addition to general healthcare practitioners, in order to meet the needs of the community. Three possibilities have been described with regards to a working relationship between the system of traditional medicine and that of westernised health care in South Africa (Freeman et al.,1999). These include incorporation, co-operation or total integration. Incorporation requires that traditional healers be incorporated into the primary health care where they can play the role of the "village" health care workers. Co-operation entails that both the traditional healers and the western health systems remain independent but work together through mutual referral. Total integration involves merging the two different systems.

In South Africa, Hopa et al. (1998) canvassed opinions of traditional healers and mental health professionals with regards to these three options. The majority of the study participants

preferred the co-operation/collaboration option which allows the two systems to remain autonomous, with the practitioners working together through mutual referral. With the passing of the Traditional Health Practitioners Act, the South African government opted for the co-operation/collaboration approach (Department of Health, 2008).

1.2 Literature Review

Regarding mental healthcare, the importance of working with traditional healers is emphasised by Mbwaya et al. (2013) who stated, "As mental health professionals, we cannot ignore traditional healers and work on our own, because our patients still consult them". Engaging with traditional healers and understanding their beliefs and practices may help in building a good working relationship with western mental healthcare workers, thus benefitting the patients we serve. Areas of understanding which are important to a collaborative relationship with traditional healers include: why people with mental illness go to traditional healers; the possible impact of traditional medicine on mental illness; the traditional healers' perceptions and understanding of mental illness; and the views of traditional healers on collaboration with mental healthcare professionals.

1.2.1 Reasons for attending traditional healers

Gureje et al. (2015) conducted a systemic review, looking at the effectiveness of traditional healers in treating mental illness or alleviating psychological distress. They stated that the popularity of traditional healers in low-and middle-income countries stems from the similar belief systems they share on the causation of illness. In areas where formal psychiatric services are scarce, traditional healers are especially well used and provide a potentially valuable source of mental healthcare. Another possible reason for consultation of traditional healers by people with mental illness is that they are more accessible than western or biomedical mental healthcare services. They also mention that traditional healing approaches may be largely free of the stigma associated with a psychiatric illness.

Mbwaya et al. (2013) suggested that some of the reasons for accessing traditional healers for advice about mental illness include a holistic and culturally relevant approach to care and willingness to visit clients at home. They also use the same language. A more recent study conducted by Zingela (2019), where she investigated the pattern of use of traditional and

alternative healers by psychiatric patients, suggested that more than 30% of people with mental illness patients in an urban area in South Africa had consulted traditional healers in the past year. Zingela suggested that the most substantial predictors of accessing a healer were lower education and being black African.

1.2.2 Impact of traditional medicine on mental illness

In 2015, Burns and Tomita conducted a meta-analysis where they looked at the role that traditional healers played in the pathway to care of psychiatric patients in Malawi and how this compares to other African countries. Concern has been raised that consultation with traditional healers may delay biomedical treatment and worsen illness outcomes, particularly in psychotic disorders (Burns and Tomita, 2015). The concern occurs when traditional medicine is used prior to or instead of western biomedical interventions and relates to effectiveness in altering the course of illness. In their meta-analysis, they found that, in Sub-Saharan Africa, almost 50 % of people in need of mental healthcare may consult with traditional and religious healers before accessing mental healthcare.

In 2016, Nortje et al. did a systemic review which looked at the effectiveness of traditional healers in treating mental disorders. Nortje et al., (2016) reported that there is evidence, although limited, that suggests that traditional healing methods have little effect on the long-term course of chronic illnesses such as schizophrenia. They stated: “Common mental disorders, such as depression, anxiety, and somatisation, and interpersonal and social difficulties, seem to be more likely to respond to traditional healing interventions, which might be at least as effective as primary psychiatric care in the countries studied”.

1.2.3 Views on mental illness held by Traditional Healers

With regards to perceptions and understanding of mental illness, Mzimkulu et al. (2006) identified that in some parts of Africa, the traditional healers’ understanding of mental illness is that an individual displays behavioural changes that are perceived to deviate from social norms. Abnormal behaviour associated with mental illness includes aggression, laughing inappropriately, poor self-care and wandering away from home (Aidoo and Harpham, 2001). Traditional healers have been found to hold multiple explanatory models for the causes of mental illness (Mufamadi and Sodi, 2010; Sorsdahl, 2009). These include witchcraft, substance abuse, ancestral calling and social stressors.

In a Kenyan study conducted by Kendal-Taylor (2013), traditional healers attributed epilepsy to witchcraft and ancestral spirit. They believed that epilepsy may be passed between family members via ancestral paths. The healers used a different treatment method for each of the spirit-based causes of epilepsy. Similar findings emerged from a study by Kpobi et al. (2019) who explored perceptions of traditional medicine men in Ghana of the aetiology of mental illness. In 2019, Kpobi et al. published a study titled " Indigenous and faith healing in Ghana: A brief examination of the formalising process and collaborative efforts with the biomedical health system". They found that mental illness was often attributed to jealousy or punishment.

1.2.4 Views on collaboration held by Traditional Healers

Although traditional healers have expressed a willingness to collaborate with westernised health care practitioners, they have expressed a sense that medical doctors are reluctant to work with them (Campbell-Hall and Peterson, 2010). Their perception is that this may be due to mistrust and that they are not viewed as effective, valuable and safe practitioners. Traditional healers felt that western doctors do not trust them and are suspicious of their practices (Sorsdahl, 2009).

Melato (2000) also reported that traditional healers have a mindset of mistrust and suspicion about western health care. Kpobi et al. (2019) explored the issues of power in relation to collaboration between traditional healers and mental health care professionals finding that some traditional healers perceived themselves as more powerful than western trained healthcare professionals while others perceived themselves as equally powerful.

Nortje et al. (2016) suggests that the published research on the subject of effectiveness of traditional healers on treating mental illness are of poor quality. However, there is evidence that that suggests that traditional healers can be effective in providing psychosocial intervention, which may be useful in the management of mild forms of common mental disorders such as depression and anxiety. Given this evidence, traditional healers may play a vital role in collaborating with biomedical mental health care services by being involved in managing mild forms of mental illness through psychosocial interventions and early referral of severe mental disorders.

1.3 Motivation for the study

In South Africa, there is a high treatment gap with regard to mental illness, with the majority of people who require mental health care facing barriers to access, including a severe shortage of mental health practitioners, particularly in rural areas. A collaborative approach requires the mutual respect of the traditional healers and the western health care workers, with the patient's needs at the centre (Campbell-Hall and Peterson, 2010).

This study is motivated by a need to understand the views of local traditional healers in order to inform local mental healthcare practice, whereby collaborative relationships with traditional healers may be developed. In addition, by adding to the literature, there may be an improvement in the understanding of the views held by traditional healers regarding mental illness and collaboration with westernised mental healthcare services.

1.4 Research Question

How do the traditional healers in a peri-urban district in southern Gauteng, the Sedibeng District, understand mental illness and view a collaborative working relationship with the mental health care clinics?

1.5 Aim of the study

The aim was to explore the views held by local traditional healers on mental illness and collaborative care with westernised mental health services.

1.6 Objectives

- To elicit the attitudes and beliefs of traditional healers with regards to mental illness and mental health care.
- To gain insight into their perspective regarding a collaborative relationship with mental health care providers within a westernised biomedical model of care.

CHAPTER TWO - METHODOLOGY

2.1 Study design

A qualitative study design was used consisting of individual in depth interviews. Individual interviews are considered a generic method of qualitative research methodology but can take a number of forms e.g. semi-structured or structured interviews (Lambert and Loiselle, 2008). A qualitative research approach was the most appropriate for the research question given that the research is exploratory and not much is known about the perspectives of traditional healers in relation to mental health care in the Sedibeng district described below.

2.2 Study Setting

Sedibeng is one of the districts of the Gauteng province in the Republic of South Africa. With a population of just under a million people over an area of 4630 km2, it is made up of urban areas dependent on employment by heavy industry and more rural farmland (Statistics South Africa 2011). Regarding public sector specialist mental health services, there is one general hospital acute psychiatric unit and eight district mental health clinics, which serve adults, children and adolescents. The district mental health services provide ambulatory psychiatric care to approximately 5000 patients. They are linked to the University of the Witwatersrand and are staffed by 20 psychiatric nurses, supported by three psychiatrists, three psychiatry registrars and two medical officers. A psychiatric registrar is a doctor who has completed their general medical training but is still in training to qualify to become a psychiatry specialist/consultant, while a medical officer is a doctor who is qualified and licensed to practice medicine. In this district, there is a history of educational workshops having been held by the mental health nurses with the local traditional healers.

2.3 Population sample

The study population was drawn from traditional healers in the Sedibeng district. To be part of the study, the participants had to be registered with a Traditional Healers Association in Sedibeng, be actively practising as traditional healers in the Sedibeng district and agree to

participate in the study and sign the consent forms. Newly qualified traditional healers (those in practice for 6 months or less) and those who are below the age of 18 years were excluded from the study.

2.4 Recruitment of the study sample

Purposive sampling was used whereby all seven traditional healers of one association were interviewed. The chairperson of this association was known to the Sedibeng District Health Services and was amenable to the study. An attempt was made to interview traditional healers from another local association but contact with the relevant member of that association was lost.

2.5 Data collection

All interviews were conducted by the principal investigator (Dr S. Mondlana). Prior to conducting the interviews, bracketing (appendix 7) was conducted to set aside the assumptions of the principal investigator regarding the research topic to reduce the potential bias that could accompany data collection and analyses. A diary was kept by the principal investigator, where she recorded all her thoughts, beliefs and feelings regarding the interviews and the research topic.

The characteristics of the sample was documented according to the demographic profile of each participant and their experience as a traditional healer. The attached demographic data sheet (appendix 1) was used to collect the following data: age, sex, first language, relationship status and highest level of education, years of practice as a healer and any employment other than that of a traditional healer.

The interview was conducted following the topic guide attached in appendix 2. The interview guide consisted of open-ended questions based on previous literature and thought to be appropriate to elicit perceptions of the participants. The interviews were conducted in isiZulu and seSotho as the participants preferred to communicate in their home language. The principle investigator is fluent in both languages. The interviews were on average 45 minutes long and

took place at the participants' main office, where they meet for formal meetings and functions, as this setting was acceptable to them.

2.6 Data analysis

The framework approach was used to analyse the data (Braun et. al 2006). The recordings were translated directly and verbatim into English by the principal investigator. The transcripts were then thoroughly read to become familiar with what the data presented, paying attention to patterns. After patterns were identified, codes were generated. The two supervisors independently read three transcripts each and generated their own codes. A meeting was held at which differences in coding were discussed and agreement was reached. These codes were then combined into themes. This was followed by defining each theme and establishing what was interesting about the themes. Themes were then highlighted to make meaningful contributions to understanding the data. Three meetings were held in which differences were resolved through discussion and reference to the original data to ensure participant accounts were accurately presented and to reduce the possibilities of misinterpretation.

2.7 Ethical Considerations

The protocol was approved by the Human Research Ethics Committee of the University of the Witwatersrand, M170256. Informed consent was obtained from each participant prior to the interview, according to the information sheet provided (appendix 3). Confidentiality was maintained by assigning a study number to each participant. The study number was used to label each interview both verbally (within the recording) and digitally (in the transcript). Thus, each recording commenced with the study number, the investigator's name and the date, time and place of the interview. The allocation of study numbers was placed on a separate document with no direct link to the data collected.

CHAPTER THREE - RESULTS

3.1 Sample characteristics

The chair of only one Traditional Healers Association in the district could be identified. There were seven traditional healers in this association, all of whom gave consent to be interviewed, and are referred to as participants in this and the following chapters.

Seven participants (six women and one man), all belonging to one traditional healer association, were interviewed. They were aged between 43 and 70 years and had on average 23 years of training as traditional healers (Table 1).

The demographic characteristics of the seven participants are summarised in Table 1.

Table 1: The demographic characteristics of the traditional healers

Participants	Sex	Age	HLOE	Marital Status	Years of training	Other employment
1	Female	66	Grade 8	Divorced	37	None
2	Female	70	Grade 7	Divorced	30	None
3	Female	46	Grade 11	Married	28	None
4	Female	47	Grade 9	Married	13	None
5	Female	43	Grade 11	Married	13	None
6	Female	46	Grade 6	Divorced	8	None
7	Male	46	Grade 11	Widow	34	None

HLOE=highest level of education

3.2 Emergent Themes

Several themes emerged from the analysis. These included the perceptions of mental illness, its causes, and its manifestations, as well as perceptions of westernised mental healthcare services, the different approaches to management, and collaboration between the two systems. The data elicited during the interviews are presented below under these various themes.

3.2.1 Participants' perceptions of mental illness

Of the seven traditional healers, three participants shared their perceptions of mental illness. Participant 1 focused on the mind not functioning properly. Similarly, participant 3 stated *"When a person is mentally ill, the brain is not working right."*.

Participant 5 gave a slightly different answer expressing awareness of the difficulty in defining mental illness. She reported:
"Mental illness is not easy to explain or to understand because it is complex".

3.2.2 Participants' perceptions of causes of mental illness:

All the traditional healers reported several possible causes of mental illness, of which witchcraft, ancestral calling, and depression were the most frequent.

Below are some of the quotes to illustrate these perceptions of causes:

"Usually, traditional healers believe that the common cause of mental illness is witchcraft. Other times, mental illness will be caused by depression which arises because of bad life experiences". (Participant 1)

"A mentally ill patient due to ancestral calling is treated by using the seSotho traditional ways. After receiving the treatment, the person is healed. Another type may be the one caused by witchcraft and I can easily treat that. Sometimes a person may suffer from depression or stress." (Participant 3)
"Firstly, it may be an ancestral calling causing the mental illness. The patient may have dreams which guide them on what to do. The ancestors communicate with them through the dreams.

The second cause may be witchcraft. This may result from evil people casting a spell to cause mental illness". (Participant 4)

However, participant 2 differed from the other participants and believed that ancestral calling was not associated with mental illness. She stated *"I don't believe that ancestral calling is associated with mental illness. A person with an ancestral calling will go to a traditional school to become a traditional healer."*

Both participant 2 and 7 believed that the failure to perform traditional rituals was a possible cause of mental illness. Traditional healer 7 said, *"and I forgot to tell you about another type where the patients suffer because their families failed to do certain traditional rituals. For example, where they failed to do the biological father's traditional rituals."*

Six of the seven participants identified that family and social stressors were associated with depression. The following quotes below illustrate these perceptions:
"A person's lifestyle may also cause mental illness. Too many personal problems may lead to depression. If the person doesn't receive help, he may end up with a mental illness". (Participant 2).

"The patient will also tell me about her marital problems, how her husband is stressing her". (Participant 4)

"Sad and bad experiences like the death of a parent or a spouse may cause a person to have stress. Depression is the same as stress". (Participant 7)

"Failure to achieve goals in life makes a person feel depressed. Lack of income, unemployment, and poverty tend to make a person feel helpless." (Participant 5)

Participant 2 identified illicit substances such as cannabis and "nyaope" as possible causes of mental illness, especially in youth. One participant identified epilepsy as a cause of mental illness, and elaborated as follows:
"*I encountered mental illness in a foster child I raised since he was three months old. He was well until the age of five. After that, he started having seizures. I took him to the hospital by*

ambulance… The doctor confirmed that the child had epilepsy and said if the child does not take treatment, it will do more damage to the brain." (Participant 1)

3.2.3 Participants' perceptions of the manifestations of mental illness:

The manifestations of mental illness as reported by the participants may be sub-divided into sub-themes: psychosis, aggression, ancestral calling, features of depression, and epilepsy

3.2.3.1 Psychosis

All the participants described the features of a psychotic process as a manifestation of mental illness. These included poor hygiene, nonsensical speech, wandering, auditory and visual hallucinations. Descriptions of clients with mental illness include the following:

"If a person is mentally ill, they will tell you about different things that are difficult to understand. They will break things, wander away and do disorganised and unacceptable things…. I also see those ones who are dirty and don't bath. They usually wear dirty clothes, lots of blankets and don't bath. This particular group doesn't use drugs like nyaope. They are just mentally ill. They sleep in the wild, make a fire and when you talk to them, they don't listen to you. The person will look at a magazine picture and laugh inappropriately. If it's a case where the person had murdered someone, the deceased person's spirit will haunt them. They will constantly talk about the deceased person and would say things like "leave me alone, don't trouble me". (Participant 2)

"They are usually escorted by someone and their behaviour is abnormal. They would be restless. They would keep walking around the room, taking items that don't belong to them, just strange behaviour." (Participant 6)

"The behaviour of that person tends to be abnormal. The things that the person says do not make any sense. When the person sleeps, they will claim that there is something making sounds on the roof, but upon investigation, it turns out that there is nothing on the roof. Sometimes, the person insists that they can see and/or hear things that are not real. The person becomes aggressive or feels guilty for no reason. The person will also accuse other people of untrue things, such as having an unpleasant odour or evil spirits." (Participant 1)

3.2.3.2 Aggression

Aggression was identified by all the traditional healers as a common manifestation of mental illness. Participant 4 stated *"The person is usually brought in an aggressive state, where they must be restrained"*, and participant 7 explained *"When violent patients are brought to me, they are restrained because they pose a danger to others."*

3.2.3.3 Ancestral calling

Two traditional healers described mental illness caused by ancestral calling differently to other forms of mental illness in its manifestation. They described the following:
"Firstly, it may be an ancestral calling causing the mental illness. The patient may have dreams which guide them on what to do. The ancestors communicate with them through the dreams." (Participant 4)

"Let me speak about mental illness caused by the ancestral calling. The signs and symptoms may include: their singing and dancing is like the one done by sangomas and even their behaviour is that of a sangoma. This is what tells me that they have an ancestral calling. Some patients will listen and speak to their ancestors after I have burnt incense. That is another sign that this is an ancestral calling." (Participant 7)

3.2.3.4 Features of depression

Six of the seven traditional healers described features of depression as a manifestation of mental illness. Participant 5 went into some detail about the signs of depression and said *"Depressed patients usually cry a lot when asked about their problems. That's a sign for me that the patient is not mentally well. They are also hopeless, feel worthless and have suicidal thoughts and some want to kill themselves."* Participant 7 spoke of social withdrawal associated with depression and reported *"They think a lot and talk about their problems. They also isolate themselves. They prefer being alone. They are difficult to console, no matter what you say to them. They find it difficult to deal with their loss of, for example, a spouse."*

Participant 6 reported somatic symptoms as a common complaint of her clients. She reported *"I see those ones with "nerves'', with stress. They have many complaints, including body pains. I would offer counselling for such a patient."*

3.2.3.5 Epilepsy

Participant 1, who identified seizures or epilepsy as a possible cause of mental illness, also perceived cognitive impairment as a manifestation of mental illness. She reported:

"At first, he was unable to read nor write. After some time, while on treatment, he improved. The child's memory was affected to the extent that the child could only retain information for only five minutes."

3.3 Perceptions of western mental health services

The perceptions of western mental health services included the participants perceived positive aspects of western mental health services and the challenges within the system.

3.3.1 Perceived positive aspects

All the traditional healers commented that western health care workers use pills and injections to manage violent patients. However, they viewed this intervention as a temporal measure. Participant 2 shared the following:

"When a mentally ill patient is aggressive, your medication can calm him immediately. Within 3-4 hours, the patient's condition usually improves. After the injection and pills have calmed the patient, I think that's where I as a traditional healer can get involved, where I can also give my herbal medication to fight that mental illness.''

Participant 1 highlighted that western health care practitioners are good with the management of epilepsy. Three of the seven participants also highlighted that western health care services have certain tools such as scanning equipment that we use to investigate the patient's illness. Participant 2 shared that we have special scanning equipment for the brain, while participant 1 reported the following personal experience on western diagnostic methods: *"The doctor confirmed that the child had epilepsy and said if the child does not take treatment, it will more damage to the brain. A private doctor wrote him a letter to the clinic and the clinic referred him to Baragwanath Hospital, where the child was scanned, and I was told the child had seizures.*

3.3.2 Challenges facing western mental health services

Three traditional healers identified the challenges or problems within the western mental health services. Participant 2 briefly mentioned that the shortage of resources usually results in the premature discharge of patients who are still mentally unstable, while patient 3 shared the following:

"I have seen cases where a mentally ill patient is in hospital and they are restrained because of their aggressive nature. The very same ill patient would then be discharged in that sick state. Then their family will bring them to me to help them. They will tell me that the patient is mentally ill. They have been to hospital and they have been discharged while they are still mentally unstable".

Participant 1 identified non-adherence and poor insight as a challenge in the management of the mentally ill:

"There is a male and a female patient that I saw with my sister. We wanted to refer them, but they refused. They refused to accept that they are mentally ill. What can be done to convince these two patients to go to the clinic"?

3.4 Methods of managing mental illness

The methods reported by the participants included the interview or consultation process, and the management of mental illness.

3.4.1 Consultation process

Six of the seven participants reported that they have the knowledge and skills to effectively treat mental illness. All the traditional healers manage their patients at home. Some patients are kept in the traditional healer's home and only discharged when the patient gets better. This is one of the examples:

''I only discharge the patient home when they are healed." (Participant 6)

Five of the seven traditional healers reported that they use certain communication skills in the management of their clients. This included the following skills: observation of behaviour, empathy, and listening to what the patient has to say. The following are quotes from two traditional healers:

"I can tell the patient has depression based on what they tell me. The person will tell you that they are sick and when I ask them what the problem is, they will tell you its "nerves"/anxiety". (Participant 4).

"I make the patient aware that they are mentally unstable and that they are at the right place and will get help. I allow them to express themselves by listening to them. After I have gathered all the information, I then give them medication". (Participant 5)

Two of the traditional healers are sisters and they work together in evaluating and managing people with suspected mental illness. Participant 2 reported that she observes the client's behaviour, while participant 1 shared *"They consult her, and she tells me to observe the patients and comment on their behaviour".*

All the traditional healers shared that part of the consultation process involves the throwing of bones and burning of incense to communicate with the ancestors to guide them during the consultation. They described the following:

"The bones will inform us if it is witchcraft or something else. I will then burn incense and mix it with my herbal medicine". (Participant 2)

"I use bones to communicate with the ancestors, so they can tell me what the problem with the patient is". (Participant 6)

"I usually start the consultation by throwing the bones to communicate with the ancestors, so they can guide me in identifying the patient's problem. The bones can tell me if there is ancestral calling or witchcraft involved. The ancestors will also tell me if there are problems at home, for example with the husband or the children". (Participant 5)

3.4.2 Treatment process and counselling

Two of the traditional healers shared details about the traditional methods they use to manage mentally ill patients. The following are the descriptions shared:

"I can treat mental illness caused by witchcraft or ancestral calling. For example, if there is a tokoloshe living inside the patient, I would then take them to a river, where the healing would take place. I only discharge the patient home when they are healed." (Participant 6)

"We have medication that calms the violent patient. When violent patients are brought to me, they are restrained because they pose a danger to others. I then instruct the family to bring the patient closer to me and then I proceed and burn incense which is very calming to the patient. I then instruct the patient to bath in water mixed with my traditional medicine. This is followed by giving the patient more traditional medicine to drink. This usually heals them, and the aggression stops.'' (Participant 7)

All the participants valued counselling as a treatment modality. They shared the following:
"The first management for depressed patients is counselling. I make the patient aware that they are mentally unstable and that they are at the right place and will get help. I allow them to express themselves by listening to them." (Participant 5)

"Counselling a patient does wonders". (Participant 2)
"Counselling is very important. I also encourage the patient to stop the cycle of over-thinking about their problems. I don't talk to the violent patients". (Participant 7)

3.5 Attitudes on collaboration

Participants shared their experiences on collaboration with western health services and their experiences with the western services were explored: their role as a healer, or of a patient and when accompanying a family member.

3.5.1 Experiences of contact with western mental health services

Three of the seven traditional healers reported bad experiences with regards to their interaction with the Sedibeng district mental health services. These are some of their experiences:

"I remember a patient I once referred to the clinic. The patient came back to report on the negative things that were said about me as a traditional healer and I was deeply hurt. Referring a patient is going to be difficult because of my previous bad experience". (Participant 1)

"We encounter a lot of hurtful situations and criticism from the clinic nurses. The clinic nurses insult traditional healers. Some patients are chased away from the clinics because of the smell of traditional medicine or incense (impepho). They are told to come back when the smell is

gone. There are patients who sometimes refuse to go to the clinic. I usually encourage them to go to the clinic because they have better resources to diagnose their illness. So, you can imagine the kind of treatment we get from the nurses. It is hurtful to the patient and traditional healers". (Participant 7)

Two traditional healers shared that they have had good experiences with interacting with mental health care services when accompanying a client to the clinic. However, they attributed their positive experience to their interaction with the doctors. All the traditional healers reported bad experiences with the nurses. They shared the following:

"When we arrive at the clinic, I try to explain to the medical staff on what seems to be the problem with the patient. Traditional healers don't have a place when it comes to the referral of patients. The clinic staff, the nurses are rude when they see you wearing the traditional attire and sangoma beads. They don't take what we have to say seriously. They think I speak nonsense. They once told me that I don't have a right and a place in the clinic to speak for the patient and that the patient will speak for themselves. When I try to explain to the nurses about what the patient is suffering from, they kick me out of the clinic and claim the patient will speak for themselves… When the nurses see the traditional healer's attire and beads, they ask you to remove the beads. Whenever I want to go to the clinic, I must remove my traditional attire… I think if I can directly talk to the doctor and not the nurses. Doctors usually listen to me when I tell them about the patient's problem and can appropriately treat the patient to good health". (Participant 2)

"I once accompanied a patient to the hospital, where I got the chance to talk with the doctor who was able to listen to me and explain what was wrong with the patient and the doctor confirmed that I was right. The doctor treated me with respect. I was treated with respect". (Participant 4)

3.5.2 Experiences of contact (when in the role of a patient or when accompanying a family member)

Participant 4 shared the following:

"Western mental health care workers ill-treat mentally ill patients. They don't treat the mentally ill with respect and dignity. When I was admitted, I had to tell them that I am a human being and I deserve to be treated with respect. No one understands the mentally ill". (Participant 4)

Participant 5 shared the following experience, when she accompanied a family member to primary health care services for a physical health condition:

"The experience of rejection I had is when I took my daughter to the clinic. She had labour pains. I remember telling the nurse that it was labour pains and she rudely asked how I knew it was labour pains. The nurse looked down on me because I was a traditional healer. Then she suspiciously asked me if I had given any of my muthi to my daughter? I reassured her that I hadn't given my daughter any muthi. I begged the nurse to help my daughter and to treat me with respect. The nurse then telephonically transferred my daughter to hospital. In hospital, they had to do a caesarean section. They reaffirmed what I was telling the nurse that they had do an urgent operation to remove the baby. I was deeply hurt by how I was treated by the nurse at the clinic. I knew I was right when I was worried about my daughter and the labour pains. The nurse assumed that I as a traditional are ignorant and don't know anything about health. They don't trust our knowledge and practices. They don't respect us".

3.5.3 Attitudes to existing collaboration with primary health care

All the traditional healers have had contact with primary health services, and all have screening tools for hypertension, diabetes mellitus and HIV. They also have referral letters to western health care services. However, four of the seven participants have never referred patients to the mental health clinic. All the traditional healers shared about which patients or cases they would possibly refer to mental health care services, if they were to directly work with the services. Participant 4 stated that she would only refer patients who do not respond to her treatment, while participant 3 said *"If the patient has severe depression and is not responding to my treatment, (uhm) basically not showing any improvement. When my counselling doesn't help, then I may refer to the clinic, where they will get more counselling and given pills to calm them so that the mind can relax".*

3.6 Barriers to collaboration with western mental health services

Three participants were not keen or eager to actively work with western mental health care workers because of the different belief systems and they also believe that mental illness caused by ancestral calling and witchcraft can only be cured by them:
"No, I don't trust western health care workers because you don't treat mental illness in a holistic way. You just give pills and injections but that's not true healing. Some of your patients are on lifelong treatment. I trust traditional medicine…The other problem is that our beliefs are not the same". (Participant 7)

"You western health practitioners do help but you fail when it comes to healing spiritual problems. You can't treat spiritual problems because you only use pills and injections. Traditional healers can treat mental illness caused by ancestral calling and spiritual problems". (Participant 3)

Participant 7 reported that western health care workers often exploit traditional healers. He reported the following:
"Western health care workers approach us and do research on how we treat mental illness, which benefits them and the patients. However, how does that benefit us as traditional healers? You take our information for your own benefit. We used to have scientists in health care doing research on our traditional herbs. We used to share this information with them, but we have stopped. These are the same people who take our ideas and methods and take ownership with huge financial outcomes, without acknowledging us".

Two traditional healers were aware of the bill published by the Department of Health promoting the collaboration of traditional healers and western health care workers. However, they believe that western mental health care workers do not want to work with them (traditional healers). Participant 7 shared the following:
"The referral system is one sided. You want us to refer our patients to your western health care services, but you don't refer any patients to us. It means you don't trust traditional healers. You think western health care workers are the only ones who can manage mental illness. I don't have a problem with working with you by referring patients to you, but you must also refer your patients".

3.7 Recommendations on collaboration with western mental health services:

All the traditional healers recommended that we need that we need to work together and respect each other. The following were some of the recommendations:

"When we go to the hospitals, they must listen to us". (Participant 6)

"When a traditional healer refers or accompanies a patient to the clinic, they must be treated with respect. They must stop looking down on us. They must forget about the traditional beads and listen to what we have to say. The patients and their families have put their trust in me, and I have gone out of my way to accompany the patient". (Participant 2)

"We need to work together. It's simple, you come to me and I need to treat you well. Working together and good communication can take us forward. We need to find solutions for our patients so that they can be healed. We must combine our skills to help the ill patient. We must trust each other, and this will only take us forward". (Participant 4)

Participant 1 was interested in getting feedback from western health services regarding the progress of the patients she has referred, while participant 7 wanted us to refer patients to him or to consult him when there is a difficult and aggressive patient. They stated the following:

"I would also want to know if the patient that I referred got better. It feels good to hear that a patient is doing well".

".... we would like you to also refer patients to us. Western health care workers need to call me to assist in the management of a violent patient".

Two traditional healers wanted to directly interact with the doctors. They didn't want to work with the nurses because of their previous bad experiences. Participant 2 shared the following:

"I think if I can directly talk to the doctor and not the nurses. Doctors usually listen to me when I tell them about the patient's problem and can appropriately treat the patient to good health. Nurses don't listen at all…. Talk to the clinic staff like the nurses. When a traditional healer refers or accompanies a patient to the clinic, they must be treated with respect. They must stop looking down on us.

Two participants reported that traditional healers must stop claiming that they can cure all illnesses and refer when their treatment fails. They also recommended the implementation of workshops or training programmes:

"We, as traditional healers must also stop claiming that we can cure all illnesses. If my treatment fails, I must refer the patient to you. We must also be invited for workshops, so we can learn more about mental illness". (Participant 2)

"Traditional healers also need training and workshops, especially the ones who don't know much about mental health". (Participant 7)

Participant 6 wanted to know if she will be allowed to manage a patient who is admitted in hospital.

"Let's say a patient of mine is admitted in hospital. Will I be able to treat the patient with my traditional medicine while the patient is in hospital?

Participant 7 recommended a direct working relationship with western health care services. He suggested that we must understand and acknowledge each other's methods. He also identified that unqualified traditional healers create problems within the collaborative system:

"I think we can work together by acknowledging each other's methods. For example, a patient can drink your medication at 8am and then at 10am they can take my traditional medication. Unqualified traditional healers negatively affect the relationship between western health care workers and qualified traditional healers. Western health care workers should be in contact with us. They should have our address and telephone numbers, so we can communicate better". (Participant 7)

CHAPTER FOUR - DISCUSSION

A number of important findings emerged from the study. These included perceptions of causes and manifestations of mental illness; perceptions on western mental health services; differences in managing mental illness; attitudes on collaboration and lastly, recommendations on collaboration. While there were several commonly held perceptions, there were also differences, especially regarding possible causes and management of mental illness. In general, the participants believed that mental illness is associated with abnormal brain function, although witchcraft and ancestral calling featured strongly. However, all associated mental illness with abnormal behaviour, irrespective of the cause. These findings are similar to Veling et al. (2019) where they reported that the traditional healers in their study believed mental illness to be present when an individual shows behavioural changes that are perceived to deviate from social norms.

4.1 Perceived causes of mental illness

The traditional healers in this study held multiple explanatory models for the causes of mental illness. They identified psychotic and non-psychotic disorders. The psychotic disorders were associated with significant behavioural disturbances and are believed to be caused by witchcraft, ancestral calling, seizures, failure to perform traditional rituals and illicit substances. The non-psychotic disorders were described to be associated with stress or due to psychosocial problems such as marital and financial problems. In line with other studies done by Mufamadi and Sodi (2010) and Sorsdahl (2009), the traditional healers distinguished between causes of psychotic and non-psychotic disorders. Mufamadi and Sodi (2010) reported that severe behavioural changes were seen in mental ill patients and these behavioural disturbances can be caused by multiple factors, which include witchcraft, substance abuse, ancestral calling and social stressors.

4.1.1 Witchcraft and ancestral calling

The participants in this study identified supernatural causes of mental illness. The supernatural causes of mental illness included witchcraft, ancestral calling and the failure to perform traditional family rituals. These findings are supported by previous studies done in Sub-Saharan Africa where supernatural causes of mental illness were identified (Mufamadi and Sodi, 2010).

Kpobi et al. (2019) explored perceptions of traditional medicine men in Ghana of the aetiology of mental illness. They found that mental illness was often attributed to jealousy or punishment. In a Kenyan study conducted by Kendal-Taylor (2013), the traditional healers believed that epilepsy was caused by witchcraft and ancestral spirit. They believed that epilepsy may be passed between family members via ancestral paths.

4.1.2 Illicit substances

The participants identified illicit drugs such as cannabis as one of the causes of mental illness. This is in line with Sorsdahl (2009), and Mzimkulu and Simbaya (2006), where the traditional healers identified the use of illicit substances such as cannabis as one of the causes of mental illness.

4.2 Manifestations of mental illness

The traditional healers in this study reported that severe behavioural changes or disturbances were associated with mental illness. They described the features of a psychotic process as a manifestation of mental illness. These included: aggression, poor hygiene, non-sensical speech, wandering and commonly, auditory and visual hallucinations. These findings are similar to Veling et al. (2019) where the participants were able to recognize recent-onset psychosis.

Most of the traditional healers described the features of depression as a manifestation of mental illness. The features are sadness, crying a lot, feelings of worthlessness and hopelessness, suicidal thoughts, ruminating a lot about their problems and anhedonia. This is different to what Mbwayo et al. (2013) and Sorsdahl (2009) described in their studies. They reported that the traditional healers did not hold a concept for depression. The participants described features such as “thinking too much” and being “stressed”, however, they did not associate these features with depression.

Aggression was identified by all the participants as a common manifestation of mental illness. The findings are in line with literature from previous studies that described how traditional healers identified aggression as a common presentation or feature of mental illness (Aidoo and Harpham (2001).

4.2.1 Manifestation of the supernatural causes of mental illness

Two of the traditional healers described how mental illness caused by witchcraft and ancestral calling manifests. For example, they described that the patient may display behaviour like one of a Sangoma: “their singing and dancing is like the one done by sangomas and even their behaviour is that of a sangoma”. They reported that their clients who have an ancestral calling have the ability to communicate with their ancestors. The ancestors commonly communicate with them through dreams. They also reported a client with an ancestral calling may have dreams which guide them on what to do. These findings are similar to previous literature which report that the most constant feature of “ukuthwasa” or ancestral calling is odd behaviour which may include excessive dreaming. They may dream about water/river and wild animals. Their ancestors communicate with them through dreams (Kubeka, 2016).

4.3 Methods of treatment used by traditional healers

All the traditional healers in this study were confident in the management of mental illness. They shared that they used bones and incense to communicate with their ancestors, who guide them during the consultation process. They reported using basic interview/communication skills, which include observing the patient’s behaviour. They all valued counselling as a treatment modality. This is similar to Sorsdahl’s (2009) study that reported that the participants believed they possessed the skills and knowledge required to manage mental illness, including counselling skills.

Gureje et al. (2015) also reported the traditional healers’ diagnostic approaches included a combination of history taking, examination or observation of the patient, and divination. “Divination refers to the revelation of knowledge from supernatural sources such as spirits or ancestors and uses various methods including tossing of artefacts, such as shells or bones, use of mirrors, animal sacrifice, drumming, trance, or prayer”.

The traditional healers did not share details about the type of treatment they give to their patients. They would refer to their medication as herbs. They did not share what the herbs contained because they considered their knowledge of their herbs as secretive and did not want to be exploited by western healthcare workers. These findings are different to the findings by Sorsdahl (2009), where the healers shared that they mixed the traditional medicine or herbs

with modern ingredients. The ingredients included methylated spirit which was a safety concern.

The traditional healers in this study treated mentally ill patients in a holistic way. They treated the physical, spiritual, psychological and social problems. They also involved the family unit in the management of a patient with mental illness. This is also supported by studies done by Nortje et al. (2016) and Mbwayo et al. (2013) where traditional healers in communities were valuable and treated their clients in a holistic way, which included the family.

The participants believe they are popular in their communities because they share the same belief system as their clients. They are available on a 24-hour basis. They also report that they respect their clients and have never discharged them home in an unstable condition. They also ensure that their clients are functional in the community and do not rely on disability grants. This is similar to what Vontress (2005) described: "indigenous healers have been playing a significant role in improved human conditions, promoting health, preventing illness, facilitating personal empowerment and social transformation. Treatment is concerned with the total person and often includes close and distant relationships".

4.4 Perceptions on western mental health services

The participants believed that the western mental health workers were unable to manage mental illness caused by supernatural causes such as witchcraft and ancestral calling. The western mental health care practitioner's failure to treat the supernatural type of mental illness was attributed to the different belief systems. These findings are consistent with Sorsdahl (2009) where she found that traditional healers feel that pills used by western practitioners are a temporary measure in the management of a mentally ill patient.

The participants viewed epilepsy as a natural cause of mental illness and were confident that western health workers could effectively manage mental illness caused by epilepsy. This is different to the findings on a study done by Kendal-Taylor (2008) in Kenya where the traditional healers attributed epilepsy to witchcraft and ancestral spirits. In Kenya, the traditional healers believed that epilepsy may be passed between family members via ancestral paths and employed a different treatment for each of the spirit-based causes of epilepsy.

The traditional healers viewed some of the western mental health care practices as effective but as temporary measures. For example, the traditional healers reported that the western health care medication in the form of pills and injection can contain an aggressive patient. However, they reported that this is a temporary measure and did not cure mental illness. This is similar to Sorsdahl (2009) who reported that the participants viewed the use of pills and injections as a temporary measure but not a cure for mental illness.

All the participants were involved in the Primary Health Care (PHC) programmes, whereas only three have had contact with the mental healthcare services, and only one was directly involved in working with the mental healthcare nurses. The participants viewed PHC as different from mental healthcare services because they had better access to the PHC services. They reported that the PHC services and training programmes supply them with screening tools such as the HIV test kits, blood pressure cuffs and glucometers. This finding is similar to previous literature findings where the traditional healers were involved in training programmes, predominantly around HIV/AIDS (UNAIDS, 2002). This suggests that greater involvement with mental health screening and care could be achieved if such services are accessible

4.5 Perceptions on collaboration

In theory, a collaborative effort (promoted by the Department of Health and WHO) could benefit mentally ill patients because they could be referred to an appropriate level of care at an earlier stage rather than later. The collaboration would decrease the morbidity and mortality of mental illness (e.g. suicide and the complications of chronic, untreated psychosis). The findings of this study highlight the need to create a working, non-threatening environment so that traditional healers can feel useful and respected.

The traditional healers in this study reported that western health care workers do not respect them and their practices. They reported that western health workers do not trust their practices and consider them unsafe. These findings are supported by literature that reported that traditional healers felt that western doctors do not trust them and are suspicious of their practices (Mbwayo et al. 2013; Sorsdahl, 2009).

Although the traditional healers felt disrespected by western medical practitioners, they themselves do not trust some of the western healthcare practices. They reported that the latter do not treat patients in a holistic way and tend to ignore the spiritual aspect of the ill person. One of the participants reported that some mentally ill patients are discharged while they are still mentally unstable, believing that the biomedical interventions are ineffective. This is supported by Van de Watt et al. (2017), where they reported that the Nigerian traditional healers in their study had a distrust of western care providers' ability to treat mental illness, stating that "taking the patient to the hospital which [sic] will worsen the case, for mental illness does not require injections or the use of any modern medical equipment" .

Kpobi et al. (2019) explored the issues of power in relation to collaboration between traditional healers and mental health care professionals, finding that some traditional healers perceived themselves as more powerful than western trained health care professionals while others perceived themselves as equally powerful.

Only three of the seven traditional healers have had contact with western mental health services. The three that do refer, only refer the patients once their treatment fails. The traditional healers' practice of only referring patients who are severely aggressive or when their treatment fails is consistent with findings from previous studies (Burns et al., 2015). Nortje et al. (2016) suggested that this practice is potentially harmful because it may lead to a delay in receiving appropriate treatment, resulting in dire consequences for the patient.

4.7 Barriers to collaborative work

The barriers to collaborative work between traditional healers and western mental health workers identified by the participants in this study included a perceived lack of respect, trust and understanding. They believed that western mental health workers did not trust them and their practices. This is consistent with Sorsdahl (2009), where the traditional healers expressed the view that western health care practitioners had feelings of mistrust towards them and were reluctant to form a partnership. Van de Watt et al. (2018) stated: "Several barriers to collaboration were identified, including the limited number of biomedical care providers, geographical constraints, and financial concerns. These barriers were overshadowed by an overall sense of distrust".

Collaboration between traditional healers and western mental health care workers is important when it comes to the holistic management of mental illness. The WHO and Department of Health have promoted that these two parties work together. At present, traditional healers and mental health workers work autonomously, with the traditional healers doing most of the referral to the western healthcare services. All the traditional healers have referred patients to PHC and some to the mental health services. However, none of them have ever received any referrals from western health services. The current system is unilateral, with the traditional healers referring to the western services. These findings are supported by Campbell-Hall and Peterson, (2010) who described the collaborative system as one sided.

4.8 Participants' recommendations on collaboration with western mental health services

The traditional healers made the following recommendations: they are willing to be involved in training programmes and have a chance to meet with the local western mental healthcare workers. This will enable them and the mentally ill to have better access to the western mental health services. They demand respect from the western healthcare practitioners. They want the latter to respect and trust their practices. They want the western healthcare practitioners to be able to identify and acknowledge the spiritual aspect of mental health and not to ignore it. They would like to be involved in the referral system, by providing us with collateral and have extended a request that they be given feedback about patients they refer to the local mental health services. This is in line with Campbell-Hall and Peterson (2010) who reported that a collaborative approach needs mutual respect of the traditional healers and the western health care workers, with the patient's needs at the centre.

The traditional healers in Sorsdahl (2009) were not happy with the type of reception they received from western health services in general. However, the traditional healers in this study had experiences of the nurses being resistant to collaboration. Some of the traditional healers in this study reported that the doctors were more helpful and willing to listen to them. Thus, they recommended that they have direct access to the doctors. The findings are consistent with a study by Peltzer and Khoza (2002) where nurses in rural Limpopo province were asked about their perceptions or attitudes towards traditional healing. The nurses expressed a low regard for traditional healing methods.

4.9 Limitations of the study

This was designed as a qualitative study where a large sample size is not necessarily appropriate. Having access to a traditional healer's association was useful both for having insight into the community and an opportunity to gain in depth information on the topic. However, there were some limitations that were noted in the study. We cannot generalise the results of traditional healers from the Sedibeng district with that of the general South African traditional healer population. The investigator, who is a Psychiatry Registrar may have been perceived by the participants as representing the western mental health services and could have influenced some of the responses, affecting the results of the study. The Sedibeng district has a number of the Traditional Healers' Associations. We involved one association because it was hard to get hold of the other associations. Therefore, we cannot generalise our findings with that of the general Traditional Healers' Associations in Sedibeng. The interviews were conducted in IsiZulu and SeSotho, which were then transcribed into those languages and then translated and transcribed into English. The researcher is fluent in all 3 languages. Although the transcription from IsiZulu and SeSotho into English by the principle investigator may introduce error, translation by a single investigator or even an unqualified person has been shown to be valid and reliable in the South African setting (Keikelame et al. 2017).

CONCLUSION

This study has highlighted that the traditional healers in Sedibeng district are consulted for mental problems, ranging from mild psychosocial problems, mood disorders to severe psychotic disorders. This highlights the importance they play in the care of mentally ill patients in the Sedibeng district. They are popular in their communities because of the shared belief system, easy access to their services and their holistic approach to illnesses. We cannot ignore them and should instead find a way to work with them to promote better understanding of mental illness and early referrals. Traditional healers are willing to work with western mental health care practitioners, provided they are respected, trusted and acknowledged.

Most of the traditional healers do not refer mental illness for western or biomedical heath care. They treat the illness themselves, and only a few of them (after failing to treat the illness) refer patients to western healthcare services. Well-trained, and registered traditional healers have the potential to play a significant role in mental health as a referral source. Given the shortage of mental health services in South Africa, traditional healers may play a vital role in the management of mild forms of mental illness (psychosocial distress, depression and anxiety). They may be involved in screening for severe mental illness and referring to the appropriate level of care.

RECOMMENDATIONS

Given the shortage of western mental health care services in South Africa, there may be value in working with traditional healers. The following recommendations may improve mental health care:

- Acknowledge the traditional healers' roles, together with educating and working with them.
- Promote informative, educational workshops.
- Empower traditional healers on how and when to refer. This needs to be done in a respectful manner. Western health care practitioners need to show them that they are valuable and appreciated.
- Strengthening their skills on mental disorders that do not require medication. For example, offering therapy (individual, family) for uncomplicated psychosocial or emotional problems. This could ease the burden on the poorly resourced western mental health services.
- The government should ideally be involved to ensure that educational programmes or workshops which require funding are implemented.

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APPENDICES

Appendix 1: Demographic data sheet

Appendix 2: Topic Guide

Appendix 3: Information Sheet

Appendix 4: Informed consent form

Appendix 5: Ethics committee certificate

Appendix 6: "Turn it in" certificate

Appendix 6: "Bracketing"