

these groups, and to set training standards. Although in the past there had been attempts to ban traditional healing completely, nowadays there is increasingly a collaborative relationship between conventional psychiatric services and those provided by traditional healers.

A very similar situation seems to exist in Nigeria, according to the article from Drs Olugbile, Zachariah and Isichei. The authors arranged a discussion with a group of traditional mental health practitioners. They attempted to derive from that interaction a structure that summarised traditional beliefs regarding the origins and treatment of mental illness. In this report, the authors describe that structure as it pertains to the origins of mental illness. They show that there are clusters of aetiological influences, as perceived by the traditional practitioners, which follow a simple typology of observed behaviour, and link to particular modes of treatment to be employed. The duration of treatment is protracted, up to 6 months, and many such healers claimed they could bring about a complete cure. The authors emphasise the need for a dialogue between health planners, doctors and these traditional practitioners.

Finally, Professor Ndetei discusses the role of such health-care practices within the context of East Africa. As in South

Africa, the prevalence of traditional medicine is very high indeed. He estimates that at least 80% of the healthcare needs of rural inhabitants in East Africa are initially met in this way. The proportion of treatment that is concerned with mental health problems is estimated to be substantial. Traditional approaches may include herbal remedies as well as some form of what Professor Ndetei calls 'psychotherapy'. The latter, he emphasises, is of considerable sophistication and is taught orally from generation to generation, in the absence of any textbooks. Psychotherapeutic work is done at the individual level, as well as with couples, families and with groups. One of the main objectives of such therapy is to reduce stress. The author emphasises that we in the West have a lot to learn from the way these traditional healers manage their patients and challenges us with the question: 'Are we willing to learn from them?'

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THEMATIC PAPERS – TRADITIONAL HEALERS

Traditional healers and mental health in South Africa

Tuviah Zabow

Emeritus Professor, Department of Psychiatry, University of Cape Town, South Africa, email zabow@networld.co.za

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Psychiatric patients access both indigenous healers and services rendered by psychiatric facilities in South Africa. The various groups of healers which are available are clearly not all acceptable to the whole population and variable experiences are reported with different categories of healer and the different treatments provided. An increasing collaboration between psychiatric services and indigenous healers is becoming evident, as in other health services. Reports indicate that many African psychiatric patients seek treatment from indigenous healers while attending psychiatric clinics, in both rural and urban regions. This has led to much discussion and differing viewpoints as to the possible benefits and disadvantages of collaboration and simultaneous use of different treatment modalities. Included in this is the question of the medical competence of traditional healers and the possible neglect of serious conditions.

Use of indigenous healers by psychiatric patients

Even in metropolitan urban areas of South Africa, indigenous healers are still widely used, especially for mental health

problems. This is in part related to common beliefs that such problems are caused by bewitchment and that only indigenous healers can treat this, resulting in simultaneous consultations. Despite this, these culturally specific groups are not under-represented among the users of psychiatric services (Ensink *et al*, 1995) and, indeed, many patients still travel from distant areas to get psychiatric treatment in the city-based facilities.

Indigenous healing systems

It is evident that culture-specific concepts of mental illness and related beliefs will affect the delivery of psychiatric services. An understanding of the systems of indigenous healing by healthcare providers is therefore essential in each region of the country, as these may differ regionally. There are specific names and descriptions used for different categories of disorder. The use of these terms does not exclude conventional mental health services being consulted. The healing modality can include psychosocial and other approaches. The medical competence of the traditional healer is frequently addressed and a regulatory framework has recently been introduced that recognises certain groups of 'treatments' in South Africa.

Traditional healers are not a homogeneous group, which makes the situation more complex. The different types of indigenous healers are found in three groupings: the diviners, the herbalists and the faith healers. There are clear differences between these, although it is not unusual for healers to integrate more than one orientation into their practice. Diviners are believed to have access to supernatural powers through their ancestors. This gives them the ability to divine the cause of illness. This ability, it is further believed, may be used in the service of good or evil. The process of diviner training starts when an illness or misfortune is interpreted as a calling from the ancestors (*ukuthwasa*). This may lead to an apprenticeship and participation in rituals and ceremonies of the healers and their *abaqwetu* (trainees). Those who become healers gain entry into a mutually supportive healing network. Herbalists function much like pharmacists and dispense a range of herbal products. Faith healers work from within the popular African churches and use prayer, singing and rituals to heal.

Indigenous names and concepts of mental illness

In conventional health systems there persists a lack of understanding of the way in which indigenous names are used by African psychiatric patients. The various categories illustrate the range of mental disturbance attended to by the traditional healer:

- *ukuthwasa* (calling to be a healer)
- *amafufunyana* (possession by evil spirits)
- *ukuphambana* (madness).

Research suggests that patients and families do not use indigenous names in these fixed and rigid ways, but as explanatory categories (Kleinman, 1988; Ensink & Robertson, 1996).

Utilisation studies

The experiences of African psychiatric patients and their families of psychiatric and indigenous services are variable (Ensink & Robertson, 1999). Many described negative experiences and misunderstandings. Some researchers recommend increased engagement with and understanding of the experiences and beliefs of families. Psychiatric services are seen to be able to assist with symptom control and medication but are considered rarely able to deal with the fears of bewitchment. Improved information on the experiences of users of indigenous services would assist with decisions to refer to them. Indigenous healers also need to be informed what psychiatry can provide that users may find useful.

A study undertaken in Cape Town (Ensink & Robertson, 1999) provides some information about the utilisation of and satisfaction with traditional healers, as well as the related concepts of illness. The study found that, in 71% of a sample of 62 patients, traditional healers had been consulted in the previous 12 months – faith healers by 21 (34%), diviners by 15 (24%), herbalists by 8 (13%). Fifty-three per cent had consulted general medical services in the past 12 months. The reported 'indigenous' causes included bewitchment,

Box 1 Indigenous illness names used by patients and families (*n* = 62)

Indigenous names

Amafufunyana (11 instances)
 Ukuphambana (11)
 Amafufunyana/ukuphambana (1)
 Amafufunyana/ukuthwasa/ukuphambana (1)
 Isiphoso (2)
 Umbilini (1)
 Ukuthwasa (1)
 Umlingo (1)
 Isiphephetho (1)
 Ukuphoselwa (1)
 Bewitchment (1)

Other terminologies

Nerves and related (18 instances)
 Nerves (8)
 Worried too much (2)
 Stress (2)
 Workload (2)
 Mental exhaustion (1)
 Depression (3)
 Brain injury (1)
 Diabetes (1)
 Damaged veins (1)
 Pregnancy problems (1)
 Overdose (1)
 Unsure/no name for illness (3)
 Other (12)

failure to do a Xhosa ritual, stepping over a dangerous track, evil spirits, poisoning with ants and soil from the grave, and witch familiars (e.g. snake of the river, bird of evil, *tokeloshe* or bogey man). In addition, the study revealed that patients believed the causes of *amafufunyana* (possession by evil spirits) could in addition be 'nerves', relationship problems, drug and alcohol misuse or God's will.

Indigenous illness names used by patients and families in the study by Ensink & Robertson (1999) are listed in Box 1.

A range of psychiatric diagnoses was recorded by the psychiatric services. The majority of patients presented with one or more diagnoses of acute psychosis, organic syndrome or mood disorder.

The majority explained their problem in terms of more than one cause. A combination of indigenous, psychosocial, physical and religious dimensions was frequently invoked.

Competency, regulation and quality assurance

Competency, regulation and quality assurance issues are addressed in South Africa by the Traditional Health Practitioner Act 2003, which aims to ensure the quality of the health services provided by this group. A national body has been established to set training standards and regulate entry into the profession. Professional associations of traditional healers have been established and have been encouraged to develop practice guidelines and a code of ethics.

Discussion

Knowledge of traditional concepts and systems on the part of Western-trained psychiatrists is essential, in particular because of the widespread parallel use of services, as well as the problems experienced with unregulated and sometimes problematic indigenous services. Descriptions of indigenous categories differ from Western ones and need to be understood by all health practitioners. There is a need to improve psychiatric services for the population identified as attending traditional practitioners simultaneously.

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THEMATIC PAPERS – TRADITIONAL HEALERS

Nosology and modalities for deciding on the management of patients with psychiatric illness among traditional healers in Lagos, Nigeria

Olufemi Olugbile FRCPsych,¹ N. P. Zachariah PhD² and B. Isichei MSc³

¹Department of Psychiatry, Lagos State University Teaching Hospital, Ikeja, Lagos State, Nigeria, email femi_olugbile@yahoo.com

²Department of Psychiatry, Lagos State University Teaching Hospital, Ikeja, Nigeria

³Department of Social Welfare, Lagos State University Teaching Hospital, Ikeja, Nigeria

Many patients in Nigeria consult traditional healers before, or in parallel with, modern psychiatric services. Part of the attraction of traditional medicine for the populace, apart from its lower cost and easier accessibility, may lie in its 'cultural' explanatory concepts of the nature and course of mental disorder.

The aims of the present study were to define the understanding of the generality of traditional mental health practitioners in Lagos about the nature and causation of mental disorder, and to obtain explanations of their classificatory systems, treatment approaches and expected outcomes of treatment.

Method

A gathering of traditional mental health practitioners was arranged, facilitated by the Lagos State Board of Traditional Medicine. In the course of a day-long, free-flowing interaction, a questionnaire was administered to the 15 practitioners present. All 15 completed and returned the questionnaire.

Results

Aetiological clusters

The following aetiological clusters emerged:

- cursing/spiritual attack/quest for spiritual power ('Epe', 'Asasi', etc.)
- ingestion/smoking of drugs of misuse

- diseases of the body (smallpox, chronic disease affecting the brain)
- disturbance of mind ('excessive thinking', 'excessive studying')
- stress-related conditions ('unexpected shock', loss of child or spouse, poverty, etc.)
- heredity.

Typology based on observed behaviour

There were seven thematic clusters of types of behaviour, which were not mutually exclusive:

- withdrawn/silent
- violent
- excessive talking to self
- laughing without reason
- temporary abnormal behaviour ('asinwin')
- sluggish behaviour ('arindin')
- 'ode ori' (typified by a combination of somatic symptoms affecting the head and body).

Treatment modalities employed

The following types of treatment were often employed in combination:

- herbal (the commonest reported intervention)
- incantations
- animal or other sacrifice
- body incisions/scarifications
- special diet/nutritional support.

Duration of treatment was generally around 2–6 months.