PERCEPTIONS OF INDIGENOUS PEOPLE REGARDING MENTAL ILLNESS AT CACADU DISTRICT IN THE EASTERN CAPE PROVINCE OF SOUTH AFRICA

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2015
DECLARATION

I, Lwazi Romeo Tilolo, declare that this study is the product of my own work and where I have used the ideas and words of other people I have referenced them correctly. This dissertation has not been submitted for any degree or examination at any university. This dissertation does not contain other person’s data, writing, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.

Signature:  Date: 6th June 2015
DEDICATION

I dedicate this work to the rest of my family for believing in me during times of difficulties and for always availing themselves when I needed a shoulder to cry on. My former colleagues from Fort England Hospital: your motivations and words of encouragement will always be in my mind. UFH Nursing Department this is the beginning: let us pursue this journey together.
ACKNOWLEDGEMENTS

I would like to express my gratitude to these individuals:-

The Lord almighty for the gift of life and the strength He has granted me. To my family, especially my mother, your support is highly appreciated and I will always love you. To the University of Fort Hare community, a word of gratitude goes to my supervisor, Mrs. N.I.N Magadla, and co-supervisor, Dr. N. Tshotsho. My mentor and mother in Christ, Dr. Mashudu Bereda-Thakhathi, may God continue blessing you. I also wish to thank the participants who spent time with me as I was conducting the study.
ABSTRACT

Indigenous people tend to consult traditional healers when a family member manifests change in behaviour, whilst conventional treatment disregards spirituality when preserving mental health. The aim of the study was to explore the perceptions of indigenous people and the role of traditional healers in the management of mentally ill persons within the Cacadu District in the Eastern Cape Province of South Africa. The study has adopted a qualitative approach which was exploratory and descriptive in nature.

The sample consisted of nine relatives of mental health care users (MHCUs) and six traditional healers. Ethical principles were also taken into consideration by the researcher during the process of conducting the study. Data were collected from two strata, namely, relatives of the MHCUs and the traditional healers and an interview guide was used to conduct in-depth face-to-face interviews. Data were analysed using Tesch’s method of data analysis. Four themes emerged from the data categories and sub categories were identified. According to the themes participants indicated the negative impact of mental illness; as a result they portrayed great desperation regarding the means of accessing a cure for mental illness. Some participants showed insufficient knowledge regarding mental illness and had different perceptions and beliefs regarding the origin of mental illness.

Available literature was used to emphasise and support the views that were expressed by both traditional healers and relatives of MHCUs. It has been highlighted from this study that indigenous people of Cacadu District view mental illness as spiritual in origin but they include Western medication for the benefit of the mentally ill. In addition, the relatives of the MHCUs highlighted the economic burden as the major problem that results from mental illness.
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<th>Description</th>
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<tbody>
<tr>
<td>CDM</td>
<td>Cacadu District Municipality</td>
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<tr>
<td>HSB</td>
<td>Health Seeking Behaviour</td>
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<td>IKS</td>
<td>Indigenous Knowledge System</td>
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<td>MDT</td>
<td>Multi-Disciplinary Team</td>
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<td>MHCA</td>
<td>Mental Health Care Act</td>
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<td>MHCC</td>
<td>Mental Health Care Centre</td>
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<td>MHCU</td>
<td>Mental Health Care User</td>
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<td>MPT</td>
<td>Multi Professionals Team</td>
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<td>TH</td>
<td>Traditional Healer</td>
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<td>THP</td>
<td>Traditional Health Practices</td>
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<td>UNDRIP</td>
<td>United Nations Declaration on the Rights of Indigenous People</td>
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<td>WHP</td>
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CHAPTER ONE: INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

Indigenous people of South Africa, like any African society, tend to consult traditional healers when an individual manifests change in behaviour (Kahn, 1996:64). African people may consult both Western and African health providers concurrently, because their culture is essentially inclusive, allowing for different (often contradictory) beliefs to be held simultaneously (Uys & Middleton, 2014:159).

Durie (2004:33) indicated that indigenous knowledge cannot be verified by scientific criteria nor can science be adequately assessed according to the tenets of indigenous knowledge systems as they are both built on distinctive philosophies, methodologies and criteria.

According to The Mental Health Act (No.17, 2002), the purpose of the Act regarding management of a mentally ill person does not cater for the Indigenous Knowledge System (IKS) practices part of disease management, including the policy on Mental Health in South Africa (Department of Health, 2002:1). This creates a great divide between the IKS and the Western health system, yet the two systems are sharing the same clients. In the study conducted by the Republic of South Africa from the 1st of August 2006 to 31st March 2007, it was discovered that there is inadequate public awareness of mental health, and limited knowledge about the causes of mental illness, hence its low recognition in both national and provincial agenda across a range of sectors (Mental Health Policy, 2008:1). In sub-section 2 of the Mental Health Policy regarding the process undertaken for its development, it was indicated that a range of stakeholders were consulted regarding issues of designing a community based management of mentally ill persons, but little has been done so far regarding the inclusion of the IKS and rituals that are performed to cure mental illness. There seems to be no known study conducted to determine if there is any mental health and mental illness treatment that takes into consideration IKS among the indigenous people of the Cacadu District.

Family members, especially the siblings, share a common genetic and socio-cultural development. This means that the genetics and environmental factors
contribute in the development of the person. Suffering from a psychiatric condition is described by many including family members as a painful and sometimes traumatic experience. When a close relative suffers from mental illness, the lifestyle of those who are close to that particular person will be affected in a number of ways (Molander, 2008:1). Adjustments have to be made financially in order to meet the needs of the mentally ill. The emotional effects can be a constant phenomenon which, in turn, can cause psychological problems to the relatives of the mentally ill person (Molander, 2008:1).

According to Robertson, Allwood and Gagiano (2001:248), there are a number of local terminologies that are used by the society in psychiatric disorders. AmaXhosa perceive mental illnesses as “ukufa kwesintu”. According to this ethnic group, these illnesses occur because the individual is possessed by spirits as a result of failure to perform rituals for ancestors. Terms like “amafufunyana”, “ukuthwasa” (odd behaviour displayed by someone who has to undergo training of becoming a traditional doctor), “ukuphaphazela” (nightmares), “umbilini” (unbearable anxiety) and “isimnyama esikolweni” (poor progress in school) are areas that are the reasons for the delay by Xhosa people in consulting psychiatric experts (Uys & Middleton, 2014:159).

In South Africa, there are many religious practices that interfere with the use of conventional treatment. These religious practices actually delay MHCUs in consulting mental health care providers. Whilst the objective of a nurse is prompt care, delays are seen as inevitable; in which case the nurse has to be patient by creating waiting time for it is important to respect one’s culture. The concern here is the period for which the nurse should be patient without the condition of the mentally ill person becoming chronic (Williams & Bester 2013:342).

The burden of caring for a mentally ill individual often falls on the patient’s immediate family or relatives. Families and caregivers of individuals with psychological disorders are often unable to work effectively and at full capacity in all entities due to the demands that are involved in caring for a mentally ill individual. This leads to a decreased economic output and a reduction in household income. Loss of income and the financial costs of caring for a mentally ill person put these families at an increased risk of poverty. This is compounded by the fact that the
families of the MHCUs continue going around in search of appropriate help (Kohn-Wood & Wilson, 2005:13). The family might travel very far as long as they are promised help. During these efforts, families hope for better intervention but money becomes a problem as traditional healers charge money for consultations. Emotional instability and financial problems may develop and escalate.

1.2 PROBLEM STATEMENT
The researcher has observed during clinical practice that MHCUs are often brought to scientific medicine considerably late or after a psychotic attack, ranging from a couple of months, a year or even longer than that. It has been elicited that bringing the MHCUs late for conventional treatment is due to the fact that the family has to comply with ancestors by conducting a ritual or ceremony. With some, the individual is taken to any of the following traditional healers, namely: traditional doctor (igqirha), herbalist (ixhwele) or a faith healer (umthandazeli) (Uys & Middleton, 2014: 164).

The delay in seeking conventional treatment results in the following: chronicity of the psychiatric condition. This happens because the disorder is not snipped in the bud. The delay can be associated with different views of the health care providers and indigenous people regarding mental illness (Patek, 2007:10). Currently the views of these people about the nature of mental illness and its management are unknown. Considering the above mentioned facts, delay in seeking conventional treatment results in a poor response to treatment and chronicity resulting from resistance.

Scientifically, when a mental disorder is attended to at its acute stage, it can be defeated and it can be a once off incident (Patek, 2007:10). High costs occur due to working between scientific and traditional approaches of mental health intervention. The psychiatric team spends time assessing the MHCU and derives a nursing and medical diagnosis and intervention. Without using the treatment, the MHCU is taken to traditional healers. Exploring the different types, the family seeks help from any of the healers. With some there is short term relief, no relief or even an increase in the negative manifestations. The process of managing the MHCU goes back to assessment, which means starting all over again.
The chain of therapy is frequently disrupted when the family requests the MHCU to come home for a ritual. The MHCU depends upon other people’s choices regarding the form of treatment to be considered. As the MHCUs are not entitled to make choices regarding their mental state, the psychological aspect of the mentally ill is ignored. Likewise, the emotional aspect of the family that is grieving for the relative who is lost to mental illness and perceived as dead is also neglected (Kristofferson, 2000:2).

1.3. PURPOSE OF THE STUDY
The purpose of the study was to explore and describe perceptions of indigenous people regarding mental illness and the role of traditional healers regarding diagnosis and management thereof in order to recommend strategies that could enhance the integrated management of mental illness.

1.4. RESEARCH OBJECTIVES
The objectives of the study were:

- to explore and describe perceptions of indigenous people regarding mental illness in relation to diagnosis and management in Cacadu District within the Eastern Cape Province in South Africa, and
- to describe the role of traditional healers in relation to diagnosis and management of mentally ill persons.

1.5. RESEARCH QUESTION
The research question was:

- What are the perceptions of indigenous people and the role of traditional healers in the management of mentally ill persons within the Cacadu District in the Eastern Cape Province of South Africa?

1.6. SIGNIFICANCE OF THE STUDY
The research study will benefit the following spheres of health:

Research

The findings of this study will add to the body of knowledge regarding mental health research.
Community

Communities will be aware of the fact that they need to ensure early consultation when a person is mentally ill to prevent chronicity. The egos of MHCUs will be boosted since the community will no longer stigmatise mental illness. The community will provide optimal support to the mentally ill and the family at large.

Clinical practice

The integration of Western health practices (WHPs) and traditional health practices (THPs) in the management of MHCUs will be promoted even though the two systems perceive mental illness differently. Stabilised MHCUs will develop insight regarding their mental condition and there will be decreased reports about cases of treatment default and relapse will also be lessened.

1.7. DEFINITION OF CONCEPTS

Indigenous people

People belonging to a particular place rather than coming to it from somewhere else; its synonym is ‘native’. (Hornby, 2006:759). In this study, indigenous people are people of the Xhosa ethnic group who reside in the Eastern Cape.

Perceptions

An idea, belief or an image you have as a result of how you see or understand something (Hornby, 2006:1079). In this study, the word ‘perception’ is used in order to understand the knowledge, beliefs and views of indigenous people towards mental illness.

Mental health care user (MHCU)

A person receiving care, treatment and rehabilitation services or using services at a health establishment aimed at enhancing the mental health status of a user (Act 17 of 2002). In this study, the term ‘user’ refers to patients who are involuntary admitted at a psychiatric institution, hence they manifest with mental illness. Secondly, it refers to those people who are no longer in the institution, hence the psychosis has been alleviated.
Mental illness

Uys and Middleton (2014: 830) define mental illness as a clinically significant behavioural or psychological syndrome or pattern that occurs within a person and is associated with distress or disability. Furthermore, the Mental Health Care Act (Act 17 of 2002) defines mental illness as a positive diagnosis of a mental health related illness in terms of accepted diagnostic criteria made by a mental health care practitioner authorised to make such diagnosis. The same understanding will be used in the study.

Traditional healer

According to Uys and Middleton (2014:159) traditional healers include diviners (isangomas), healers (nyangas) and prophets. On being consulted, the traditional healers divine the cause of the health problem spiritually, for instance by throwing bones or listening to the ancestors, and prescribe a remedy. The same ideology will be used in this study and the Zulu words were replaced with isiXhosa. Diviners will be referred to as igqirha, healers as ixhwele and prophets as umthandazeli.

1.8 THEORETICAL FRAMEWORK OF THE STUDY

In this study, the model for health promotion was adopted, which included the environmental change strategy, the health related community service strategy and community advocacy (McKenzie, Neiger & Thackeray, 2009:214).
Environmental Change Strategy

Environmental strategies are designed to change the structure or types of services, or systems of care, to improve the delivery of health promotion services. This is characterised by changes in those aspects around individuals that may influence their awareness, knowledge, attitudes, skills or behaviour (McKenzie, Neiger and Thackeray, 2009:214). In this study the perceptions of the indigenous people (traditional healers and MHCU’s relatives) regarding mental illness were based on the influence of cultural practices from their immediate environment. The reason is to ensure an improvement of mental health care services delivery through seeking of health care interventions early.

Health related community service strategy

A health related community service strategy requires action on the part of those in the priority population so as to reduce barriers to obtaining services (McKenzie, Neiger and Thackeray, 2009:214). In this study the community service strategy was about the removal of barriers to early consultation which are associated with the lack of integration of mental health services between the traditional healers and mental health care practitioners. Removal of such barriers has the potential of promoting accessibility of services and prevention of chronicity amongst MHCU's. Barriers of early consulting will be removed by creating awareness among the community regarding the nature of mental illness.

Community advocacy

Community advocacy is a process in which people of the community become involved in the institutions and decisions that will have an impact on their lives. It has the potential for creating more support, keeping people informed, influencing decisions, and improving services (McKenzie, Neiger and Thackeray, 2009:214). In this study community advocacy was related to the traditional healers and the relatives of the MHCU's sharing and benefiting from the integration of services with the Western methods of healing. The outcomes of the study have opened a way for effective advocacy for the community by supporting the community in terms of creating knowledge and better understanding about mental illness and removing the barriers to mental health services.
1.9 RESEARCH METHODOLOGY

1.9.1 Research Approach and Research Design
The researcher used a qualitative research approach which was explorative and descriptive in nature. According to Burns and Grove (2009:11) qualitative research is a systematic, interactive, subjective approach used to describe life experiences and give them meaning. The design was used to elicit the perceptions of indigenous people regarding mental illness.

1.9.2 Population
Burns and Grove (2009:714) describe population as all the elements (individuals, objects, events or substances) that meet the sample criteria for inclusion in a study. In this study, the population was comprised of traditional healers (THs) as well as relatives of the MHCUs who were previously admitted in the psychiatric hospital of Cacadu District Municipality (CDM) in the Eastern Cape Province.

1.9.3 Sample and Sampling Method
A sample is a subset of the population that is selected for a particular study to represent the population (Burns & Grove, 2009:42). Relatives of MHCUs who were previously admitted to psychiatric hospital and THs practising within the CDM were recruited to participate in the study. In this study purposive sampling was used to indicate the number of participants as determined by saturation. According to Burns and Grove (2009:716) purposive sampling is a judgemental or selective sampling method that involves conscious selection by the researcher of certain subjects or elements to include in a study.

- Inclusion criteria

Relatives who were of the Xhosa ethnic group of MHCUs who were previously admitted at an acute ward of a psychiatric institution at the CDM within the Eastern Cape Province (ECP) were selected to participate in the study. THs who have dealt with MHCUs and were practising in that district also formed part of the study.

- Exclusion criteria

Relatives of MHCUs and traditional healers who did not fit the above criteria were excluded.
1.9.4 Sample Size
The sample size indicate the number as per data saturation, repetition and confirmation of previously collected data which was noted by the qualitative researcher (Speziale & Capernter, 2009:368).

1.9.5 Data Collection
According to Burns and Grove (2009:695) data collection is a precise, systematic gathering of information relevant to a research purpose or the specific objectives, questions, or hypotheses of a study. Data collection was conducted in two categories, namely relatives of the MHCUs and THs. The researcher used face-to-face in depth interviews to gather information from participants. An interview is a form of data collection in which an interviewer obtains responses from a participant in a face-to-face encounter to enable the researcher to seek an understanding of the participants’ perspectives of their experiences or situations (Speziale & Capernter, 2009:37; Brink et al., Brink, Van Der Walt & Van Rensburg, 2012:157)

1.9.6 Data Analysis
Brink et al.,(2012:177) maintains that data analysis entails categorizing, ordering, manipulating and summarizing the data and describing them in meaningful terms. Furthermore, data analysis is conducted to reduce, organize, and giving meaning to data (Burns & Grove 2009: 695). Data analysis was done concurrently with data collection. This was continued until there was no more new information reported. During the process of data analysis two techniques were used. These techniques included coding and reflective remarks (Burns & Grove, 2009:522).

1.10 PILOT STUDY

According to Burns and Grove (2009:713) a pilot study is a smaller version of a proposed study, which is conducted to develop or refine methodology. The purpose of a pilot study is to investigate the feasibility of the proposed study and to detect possible flaws in the methodology of the proposed study. Problems with the design can be identified (Brink et al., 2012:174) A pilot study was done to test the interview skills of the researcher as an instrument of data collection as well as pre-testing the feasibility of the research question.
1.11 TRUSTWORTHINESS OF THE STUDY

Brink et al. (2012:172) describe trustworthiness as a way of ensuring data quality or rigour in qualitative research. According to Polit and Beck (2008:539) there are four principles for developing trustworthiness in a qualitative study, namely: credibility, dependability, confirmability, and transferability which will be described fully in chapter three of this study. The researcher needed to have openness and methodological congruency in data collection and data analysis to ensure a genuine interactive process without any form of bias or influence.

1.12 ETHICAL CONSIDERATIONS

Burns and Grove (2009:61) define ethics as the branch of philosophy that deals with morality and this discipline contains a set of propositions for the intellectual analysis of morality. The researcher obtained an ethical clearance from the University of Fort Hare by presenting a proposal to the ethical committee which, on approval, was then submitted to the University Ethics Committee. Informed consent was obtained from each participant after the researcher had issued a letter explaining the purpose of the study and the conditions under which the participants would participate in the study.

Ethical principles, which were also observed during the study, that is privacy, autonomy, anonymity and freedom from harm as well as freedom to withdraw from the study when feeling uncomfortable, were also described in chapter three of the study.

1.13 SUMMARY

This chapter gave the background of the study, the problem statement, the purpose and the methodology. The chapter gave the baseline understanding for the researcher to embark on a literature review of related studies that informed the theoretical framework of the study.
CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION
There are several areas that were covered by previous studies regarding the perceptions of mental illness by many researchers. Some of these issues included cultural perspectives on mental illness which includes cultural beliefs and religion that influence inherent beliefs about the origins of mental illness and shaped attitudes towards the mentally ill. Furthermore, stigma, indigenous rights and discrimination of the mentally ill were also taken into consideration in order to establish an understanding of mental health and mental illness. The role of African traditional medicine is another aspect to be considered because it plays an important role in the African society. Family burden was also indicated as relatives of the mentally ill are facing challenges when caring for their loved ones at home and within the community settings (Nieuwsma, Pepper, Maack, & Birgenheir, 2011:539).

2.2 LITERATURE CONTROL

2.2.1 Cultural Perspectives on Mental Illness
Attitudes towards mental illness vary among individuals, families, ethnicities, cultures, and countries. Culture and religious teachings often influence beliefs about the origins and nature of attitudes towards the mentally ill. However, the beliefs may influence social stigma and can affect the patients’ readiness and his or her willingness to seek and adhere to treatment. Therefore, understanding the individual and cultural beliefs about mental illness is essential for the implementation of effective approaches to mental health care. Although each individual's experience is unique, the following study offers a sample of cultural perspectives on mental illness (Nieuwsma, et al., 2011:539).

A review of ethno-cultural beliefs and mental illness stigma by Abdullah and Brown (2011:939) highlights the wide range of cultural beliefs surrounding mental health. American Indian tribes are indicative of tribes that usually do not stigmatise mental illnesses. The same author indicated that in Asia, where many cultures value “conformity to norms, emotional self-control, and family recognition through achievement” mental illness is often stigmatised and seen as a source of shame (Abdullah & Brown, 2011:940).
2.2.2 Stigma and Discrimination regarding Mental Health
Mental illness stigma is defined as the following: “devaluing, disgracing, and disfavouring by the general public of individuals with mental illnesses” (Abdullah & Brown, 2011:934). Stigma often leads to discrimination, or the inequitable treatment of individuals and the denial of the rights and responsibilities that accompany full citizenship (Stuart, 2005:21). Stigmatisation can cause individual discrimination which occurs when a stigmatised person is directly denied a resource (e.g. access to housing or a job), and structural discrimination, which describes disadvantages stigmatised people experience at the economic, social, legal, and institutional levels.

Stigma can prevent mentally ill individuals from seeking treatment, adhering to treatment regimens, finding employment, and living successfully in community settings because they are being labelled with their illness. In 2001, the World Health Organisation identified stigma and discrimination towards mentally ill individuals as “the single most important barrier to overcome in the community”, and the WHO’s Mental Health Global Action Programme (mhGAP) cited advocacy against stigma and discrimination as one of its four core strategies for improving the state of global mental health (Abdullah and Brown, 2011:934).

2.2.3 Indigenous Rights

Contemporary relevance of indigenous knowledge and culture is made explicit in the Declaration on the Rights of Indigenous People. The United Nations Declaration on the Rights of Indigenous People (UNDRIP) was adopted by the General Assembly on Thursday, 13 September 2007.

The purpose of the Declaration is to set out the individual and collective rights of indigenous people, as well as their rights to culture, identity, language, employment, health, education and other issues. It also emphasizes the rights of indigenous peoples to maintain and strengthen their own institutions, cultures and traditions, and to pursue their development in keeping with their own needs and aspirations. The Declaration is structured as a United Nations resolution, with 23 preambular clauses and 46 articles.
Articles 1–40 concern particular individual and collective rights of indigenous people. Article 31 concerns the right to protect cultural heritage as well as manifestations of their cultures including human and genetic resources. Articles 41 and 42 concern the role of the United Nations. Articles 43–45 indicate that the rights in the declaration apply without distinction to indigenous men and women, and that the rights in the Declaration are the minimum standards for the survival, dignity and well-being of the indigenous people of the world, and do not in any way limit greater rights. Article 46 discusses the Declaration's consistency with other internationally agreed goals, and the framework for interpreting the rights declared within it.

The links between culture, the wider natural environment, human rights, and health are rehearsed and a definition of health is offered: “Indigenous peoples' concept of health and survival is both a collective and individual inter-generational continuum encompassing a holistic perspective incorporating four distinct shared dimensions of life. These dimensions are the spiritual, the intellectual, physical, and emotional. Linking these four fundamental dimensions, health and survival manifests itself on multiple levels where the past, present and future co-exist” (Durie, 2004:33).

2.2.4 The Role of African Traditional Medicine
African traditional medicine still plays a large role in African society. It was found that 45% of the black patients that attended a community mental health clinic had consulted a healer for their problem and 26% simultaneously sought treatment from both traditional healers and the medical psychiatrists (Myers, 2013:148). Traditional healers are often instrumental in treating mental illness. Psychological healing relies more on a cultural and emotional understanding than it does on possessing medical knowledge (Myers, 2013:148).

In an interview by Elmasri (2011:326), a Gaza psychologist with over twenty years of experience describes how he has often collaborated with African traditional medicine. Instead of labelling traditional healers as primitive and demonic, he worked with them and even trained some of them in scientific methods for identifying certain mental illnesses such as epilepsy and psychosis (Elmasri, 2011:326). Furthermore, Elmasri (2011:327) established that traditional healers were the key partners beyond the patients and their families in gaining an
understanding of the psychological experience and access to social support structures.

According to Elmasri (2011:327) cultural beliefs are regarded as fundamental to behaviour, and therefore a deeper understanding of traditional medicine will help to improve the effectiveness of psychological care. He also recounts how he occasionally refers mild stress cases to the healers as these patients require a holistic approach from individuals that they know and trust. The Traditional Health Practitioners Bill of South Africa, (No. 25 of 2004:1) made attempts for the formalisation, regulation and professionalisation of traditional medicine doctors. However, this Bill has never been put into effect implying that collaboration between Western and traditional medicine has yet to be established (No. 25 of 2004:1).

2.2.5 Negative Views Regarding Traditional Medicine
Some authors have dismissed traditional healing as an unhealthy and a dangerous system of care; for example, Freeman and Motsei (1992:1183) condemned traditional healing as superstitious, meaningless pseudo-psychological mumbo-jumbo, by dangerous charlatans. It is also argued that traditional medicine is made from bizarre ingredients. Mufamadi (2001:88) reported that several women indicated that they were instructed to collect menstrual secretions, debris from underarms, vomit and dirt from under the nails to be mixed with certain herbs by the traditional healer in order to make concoction that will be put in the husband’s food to improve the marriage relationship (Mufamadi, 2001:89).

Other people would also argue that traditional healing depends on “magical ideas” and that there is no proof that their medicines are effective in treating the ailments they are used for. Indeed, it is often claimed that some of the medicines can actually be detrimental to the patients. Moreover traditional healing is perceived as diametrically opposed to the clinical procedures and logical thought sequences of Western medicine. Sodi, (1996:5) argued that traditional do not have an official and universal system to determine qualifications.

2.2.6 Burden of mental illness within the family
When the episode of psychosis is over and the family member returns home, everyone will feel a tremendous sense of relief and embark on putting the painful times in the past and focus on the future. Usually when the illness is a new
phenomenon in the family, everyone may believe that the person is now doing very well since the symptomatic behaviour is not present. Some families may also look for other answers, hoping that the symptoms were caused by some other physical problem or external stressors that can be removed. For example, they might turn to change residences thinking that a "fresh start" in a new environment might alleviate the problem (Reeves, Strine and Pratt, 2011:60).

Based on a study that was conducted in Botswana in 2006, which investigated the experiences of families who were caring for a mentally ill family member, most families reported that lack of financial and medical resources at the family and community levels made it difficult and stressful to provide adequate care (Seloilwe, 2006:262). Adding to the above statement, Mavundla, Toth, and Mphelane (2009:357) allege that care givers are not empowered to care for the MHCUs. The researcher agrees with the authors stated above that lack of resources and empowerments are a problem. Things become hard with caregivers as they have to care for their sick relatives.

Family members may become reluctant to invite anyone to the home because the ill person can be unpredictable or is unable to handle the disruption and heightened stimulation of a number of people in the house. Furthermore, family members may be anxious about leaving the ill person at home alone. They are concerned about what can happen. The result is that they go out separately or not at all (Pescosolido, Monahan & Link, 2002:1339).

2.3 SUMMARY
The literature that has been consulted revealed that there are several areas that need to be considered in order to elicit the perceptions of indigenous people regarding mental illness. Some of these issues described in this chapter included cultural perspectives on mental illness which clearly state that cultural beliefs and religion influence beliefs about the origins of mental illness, and shape attitudes towards the mentally ill. In chapter three it is now necessary to describe the methodology undertaken in the study in order to report how the study was conducted.
CHAPTER THREE: RESEARCH METHODOLOGY

3.1 INTRODUCTION

In this chapter the researcher has outlined the process that was followed or the research methodology that was used for the study. Research methodology is the particular way of knowing about the reality of the study as it explains how the study was approached (Brink, et al., 2012: 24). The following sub-sections were considered in this chapter and are fully discussed: research method, research design, data collection, pilot study, data analysis, ethical considerations, and trustworthiness of the study as well as the summary of the study.

3.2. RESEARCH METHOD

The study has adopted a qualitative research approach which was exploratory and descriptive in nature. According to Burns and Grove (2009:717) qualitative research is a systematic, interactive, subjective approach used to describe life experiences and give them meaning. The qualitative method was chosen because it has the potential for exploring the perceptions of indigenous people regarding mental illness.

3.2.1 Research Design

An explorative and descriptive design was employed to elicit the perceptions of indigenous people regarding mental illness. The exploratory nature of the research is designed to increase the knowledge of the field of study and is not intended for generalization to large populations (Burns & Grove, 2009:700). A descriptive design is used to identify a phenomenon of interest, identify variables within the phenomenon, develop conceptual and operational definitions of variables, and describe variables in a study situation (Burns & Grove, 2009:696).
3.2.2 Population

Burns and Grove (2009:714) describe population as all the elements (individuals, objects, events, or substances) that meet the sample criteria for inclusion in a study. In this study, the population was comprised of traditional healers as well as relatives of the MHCUs who were previously admitted to the psychiatric hospital of Cacadu District in the Eastern Cape Province. The researcher ensured the feasibility of the study by selecting a population sample from this larger population.

3.2.3 Research setting

The study setting which was selected was the Eastern Cape Province and Cacadu District Municipality (CDM). The CDM municipality is situated in the Western part of the province, covering an area of 58 242 square kilometres. The name Cacadu was derived from the Khoikhoi word tkakadao, which means "Bulrush River". The district is composed of nine local municipalities, namely: Camdeboo Local Municipality Graaff-Reinet, Blue Crane Route Local Municipality-Somerset East, Ikwezi Local Municipality-Jansenville, Makana Local Municipality-Grahamstown, Ndlambe Local Municipality-Port Alfred, Sundays River Valley Local Municipality-Kirkwood, Baviaans Local Municipality-Willowmore, Kouga Local Municipality-Jeffreys’ Bay, and Kou-Kamma Local Municipality-Kareedouw.

The study was conducted at Makana Local Municipality in one of the psychiatric institutions.

3.2.4 Sample

A sample is a subset of the population that is selected for a particular study to represent the population (Burns & Grove, 2009:42). Relatives of MHCUs who were previously admitted to psychiatric hospital and traditional healers practising within the Cacadu District were recruited to participate in the study.

3.2.5 Sampling method

In this study purposive sampling was used to identify the relevant participants. According to Burns & Grove (2009:716) purposive sampling is a judgemental or
selective sampling method that involves conscious selection by the researcher of certain subjects or elements to include in a study. Therefore, participants were selected according to their availability and because they form part of the knowledge source.

3.2.6 Sample size

The sample size depended upon data saturation, repetition and confirmation of previously collected data as was noted by the qualitative researcher (Speziale & Carpenter, 2007:368). The researcher noticed the occurrence of data saturation as participants repeated the same information without adding anything new to the data already gathered. Data saturation was noted when the researcher was interviewing participant number ten. Therefore repetition and confirmation of previously collected data was noted by the qualitative researcher (Speziale & Carpenter, 2007:368).

3.2.7 Inclusion criteria

 Relatives who were of the Xhosa ethnic group with MHCUs who were previously admitted at an acute ward of a psychiatric institution at the Cacadu District within the Eastern Cape Province were selected to participate in the study. Traditional healers who had dealt with MHCUs and were practising in that district also formed part of the study. Both males and females within the age range of 35 and 60 years were included in the study.

3.2.8 Exclusion criteria

 Relatives of MHCUs and traditional healers who did not fit the above criteria were excluded. Furthermore, traditional healers not operating within the district were also excluded and relative who were under the age of 18 years.

3.3 DATA COLLECTION

According to Burns and Grove (2009:695) data collection is a precise, systematic gathering of information relevant to the research purpose or the specific objectives,
questions, or hypotheses of a study. Data were collected emanating from a central question which was:

*What are the perceptions of indigenous people and the role of traditional healers in the management of mentally ill persons within the Cacadu District in the Eastern Cape Province of South Africa?*

The researcher further developed an interview guide to conduct in-depth face-to-face interviews. Data were from two categories, namely, relatives of the MHCUs and the traditional healers within the Cacadu District of the Eastern Cape Province. The researcher used probing skills and listening skills to obtain a deeper understanding of the information. Probing was done through asking open ended questions and follow up questions.

Data were collected at the homes of both relatives and traditional healers in an environment suitable for the participants to ensure privacy. Interviews lasted for about 25-30 minutes per participant. The researcher also compiled field notes to capture the cues that were depicted by the participants during the interview process. Permission to tape-record each interview was sought from each participant and the data was transcribed verbatim when the information was still fresh to the researcher.

### 3.4 DATA ANALYSIS

During the process of data analysis, Tesch’s method of data analysis was used (Tesch, 1990). Furthermore two techniques that is coding and reflective remarks were used. During coding, as the researcher was categorising data into segments by using abbreviations to classify phrases in the data, the domain of the study was defined (Burns & Grove, 2009:522). The researcher used three types of codes, which are descriptive, interpretative and explanatory codes. Descriptive codes refer to how the researcher is organising the data, and was used in the early phase of data analysis (Brink, et al., 2012:194). Interpretative codes were used by the researcher in the form of similar words as those used by the participants to bring about deeper meaning arising from what the participants said. Explanatory codes were used as the researcher was untangling the meanings, exploring the non-
verbal cues and the choice of words that were used by the participants in order to gain the deeper meaning of the data.

Reflective remarks were used by the researcher. They were separated from the rest of the notes by double parentheses and in some cases the researcher highlighted them with a red colour. These were the thoughts and ideas that crossed the researcher’s mind while recording notes. Making marginal remarks also assisted the researcher in retaining a thoughtful stance (Miles & Huberman, 1994:65).

3.5 ETHICAL CONSIDERATIONS

The following institutions were contacted for approval to conduct the study;

- The researcher applied for ethical clearance from the University of Fort Hare after presenting and submitting the final research proposal and a letter to the Research Ethics Committee and clearance was obtained.

- Furthermore, the researcher applied for permission to conduct the study from the Provincial Department of Health, Bhisho, within the Eastern Cape Province through the co-ordinator of Research and Epidemiology and approval was obtained.

- The researcher again wrote a letter of request to the Fort England Psychiatric Hospital to get approval to utilise the files in order to solicit contacts and addresses of MHCUs who were previously admitted to the acute ward.

Ethical principles were also taken into consideration by the researcher during the process of conducting the study:

- **Protecting human rights**

The researcher explained to all participants in detail the purpose and the process of the research that would be done as a way of acknowledging human rights. A consent form was given to each prospective participant and thereafter an informed consent was obtained from participants before conducting the study. According to
Burns and Grove (2009:704) informed consent is about the prospective subject’s agreement to voluntary participate in the study which is reached after the subject assimilates essential information about the study.

- **Right to self determination**

The researcher told participants that participation in the study was to be undertaken as a free choice. Subjects may discontinue participating in the study at any time without penalty or loss of benefits (Burns and Grove, 2009:202).

- **Right to privacy**

Privacy during the gathering of the information was ensured. Burns and Grove (2009:194) define privacy as an individual’s right to determine the time, extent, and general circumstances under which personal information will be shared with or withheld from others. Relatives were interviewed at their homes and the traditional healers at their places of operation to ensure privacy.

- **Right to anonymity**

According to Brink, et al., (2012:208) anonymity is maintained if the identity of research participants is unknown, even to the study investigators. Anonymity of participants was guaranteed because names were not used to ensure protection of their identity in such a manner that data could not be linked with individual participants.

- **Right to confidentiality**

Confidentiality of the information given by participants was guaranteed by indicating that no unauthorised person would have access to the data and policies of data management would be followed. Therefore the identity of the research participants was known only to the study investigator (Brink et al., 2012:209).

- **Protection from harm**

In this study prospective participants were informed about any reasonably foreseeable risks or discomforts (physical, emotional, social, or economic) that might result from the study and it was indicated how these risks had been minimised (Burns and Grove, 2009:202).
3.6 TRUSTWORTHINESS OF THE STUDY

Brink et al. (2012:172) describe trustworthiness as a way of ensuring data quality or rigour in qualitative research. The study conveyed the perceptions of the participants regarding mental illness. According to Polit and Beck (2008:539) there are four criteria for developing trustworthiness of a qualitative study, namely: credibility, dependability, confirmability, and transferability.

- Credibility

According to Brink et al. (2012:172) credibility is described as confidence in the truth of the data and the interpretation thereof. The researcher ensured credibility by using an audio tape to record the data which was later transcribed with the inclusion of the field notes that were compiled during the data collection process. Furthermore, the researcher had a prolonged engagement in the field and worked on the data until they were familiar (Brink et al., 2012:172). The researcher was consistent in pursuing interpretations in various ways.

- Dependability

Brink et al. (2012:172) stated that dependability refers to the provision of evidence such that if it were to be repeated with the same or similar participants in the same or similar context, its findings would be similar. This refers to the stability of data over a period of time (Brink et al., 2012:173). In this study, the researcher has ensured dependability through provision of evidence, meaning that whatever was taking place when conducting the research was documented. The study findings cannot be generalised but the recommendations can be utilised in other similar settings.

- Confirmability

Confirmability refers to the potential for congruency of data in terms of accuracy, relevance or meaning (Brink et al., 2012:173). The researcher ensured that confirmability was achieved by not using his imagination or perceptions. Instead,
the data which were collected reflected the voices of the participants hence the verbatim transcription of interviews.

- **Transferability**

Transferability refers to the ability to apply the findings in other contexts or to other participants. Strategies to enhance transferability are thick description, purposive sampling and data saturation (Brink *et al.*, 2012:173). The researcher made sure that the findings were not generalised but they defined the observations within the specific context in which they occurred.

### 3.7 SUMMARY

The design and method employed in the study were discussed and were helpful in data collection and analysis. The qualitative approach allowed participants time to describe their lived experiences regarding the study topic guided by the research questions.
CHAPTER FOUR: DISCUSSIONS OF FINDINGS AND LITERATURE CONTROL

4.1 INTRODUCTION
In this chapter the findings of the study will be presented and the themes that emerged during data analysis will be elicited. In order to provide an overview of the study sample the demographic data of the participants are discussed. Discussions of the results will be supported by the participants' comments and controlled by the literature. The study was guided by two main research objectives. The first objective was to explore and describe the perceptions of indigenous people regarding mental illness in relation to diagnosis and management. The second objective was to describe the role of traditional healers in relation to diagnosis and management of mentally ill persons.

4.2 PARTICIPANT’S PROFILE
The study consisted of 15 participants ranging between 35 - 60 years of age. Both genders were represented. The sample consisted of 12 females and three males who were residing in Grahamstown within the Cacadu District. Nine of the participants were relatives of the MHCUs and 6 were traditional healers.

4.3 THEMES THAT EMERGED FROM THE DATA ANALYSIS
During the process of data analysis four main themes emerged, with subsequent categories and sub-categories as indicated in table 4.1, namely:

- Indigenous people indicated negative impact of mental illness
- Indigenous people portrayed great desperation regarding means of accessing cures for mental illness
- Indigenous people showed insufficient knowledge regarding mental illness
- Indigenous people indicated a vast array of perceptions and beliefs regarding the origin of mental illness
Table 4.1 Summary of themes, categories and subcategories regarding the perceptions of indigenous people in relation to mental illness.

<table>
<thead>
<tr>
<th>THEMES</th>
<th>CATAGORIES</th>
<th>SUB-CATAGORIES</th>
</tr>
</thead>
</table>
| 1. Indigenous people indicated negative impact of mental illness | - Straining of family relationship | - abusive communication  
- demanding  
- disharmony |
| | - Increased financial burden | - dependant  
- frequent hospital visits  
- pay for consultations  
- hiring health caregiver |
| | - Shattered dreams of MHCUs | - school drop out  
- inability to cope with daily activities  
- decreased work performance  
- loss of employment |
| | - Family stigma | - loss of friends and relationships  
- negative remarks |
| | - Aggressive behaviour | - threatening family members  
- violence  
- vandalising |
2. Indigenous people portrayed great desperation regarding means of accessing cures for mental illness

- Health seeking behaviour
  - seek solutions
  - reasons for the illness to occur
  - treatment default
  - breaking the chain of treatment
  - emotionally drained

3. Indigenous people showed insufficient knowledge regarding mental illness

- Inadequate mental health campaigns
  - not knowing what to do
  - admission procedure

4. Indigenous people indicated a vast array of perceptions and beliefs regarding the origin of mental illness

- Believed origin of mental illness
  - witchcraft
  - jealousy
  - “amafufunyana”
  - “ukuthwasa”
  - ancestral anger
  - failure to perform rituals

The researcher will now discuss the themes, categories and sub-categories with literature control.

4.3.1. Theme 1: Indigenous people indicated negative impact of mental illness
Given the fact that the mentally ill individual resides within the family structure, it was clearly indicated by the participants that mental illness had a negative impact on the family structure. This is further indicated by the following categories that emerged;

- straining of family relationship
- increased financial burden
- shattered dreams of MHCUs
- family stigma
- aggressive behaviour

- **Straining family relationship**

It is common that people do not learn about an illness until they are faced with it, and this seems to be the case with the amount of knowledge family members have about mental illness prior to their loved one becoming ill. Some key findings were that mental illness resulted in tension amongst family members with sick individuals being over demanding and exhibiting abusive types of communication which led to serious disharmony within the family structure.

Participants expressed the following;

“*My husband started drinking heavily. He became verbally abusive towards me and the children.*”

“When *my son started being sick he was stealing from neighbours, dodging school and was robbing money from children who were sent to the shop. When I confronted him he became so angry and was also using threats and insults towards me.*”

“My *son was abusing dagga. The reason behind that was because he was mixing with a wrong crowd. His personality changed he became so demanding and even exchanged his clothes for drugs. He ended up selling his music system.*”

According to Uys and Middleton (2014:92) black families caring for members suffering from mental illness like schizophrenia highlighted that the violent behaviour is the most difficult to deal with as it is disruptive of home life; therefore, the relationship between the mentally ill person and other family members will be compromised.
Increased financial burden

Most participants described the burden that the family experienced during the period when its member was affected by a mental illness with regard to the amount of resources and support that were needed for the mentally ill individual. This is so because the mentally ill person immediately becomes dependent regarding most spheres of his life. Families not only provide material resources such as food, clothing, shelter, and money; they are also instrumental in assisting the mentally ill individual to access medical care and community resources. Some family members go to the extent of hiring a health caregiver. Furthermore, whenever the mentally ill person becomes psychotic, the family needs to ensure that the user is stabilised. By doing so, they want to be convinced that the mentally ill person will not harm him or her and others. Therefore, during every episode of psychosis the user is referred to either traditional healers or to the hospital. In both forms of treatment money for consultation is needed although the costs are different.

This was highlighted by participants as indicated;

“As a single parent it is not easy for me to be always there for him. Even my performance at work dropped because I have to be available whenever needed to attend to him. I’m not feeling good at all because I don’t seem to get a solution on this situation.”

“At some point there was a need for a person to always look after him hence you will never know when he is going to have an attack.”

“We consulted “igqirha” to find out what was happening and why this occurs in the family”

“My in-laws consulted a traditional doctor but I was not interested with the findings because they mean nothing to me as I have said earlier that I don’t believe in traditional healers”

“Because he was having those visions, we took him to a herbalist to strengthen him so that he can stand whatever challenge that is directed to him through witchcraft. We took him to the herbalist for a follow up and a bottle of traditional medication
was prescribed. The visions haunted him and her siblings suggested we take him to the clinic. The doctor referred him to hospital.”

“He was put on medication and was not getting better. I stopped him from using the Western medication so that he can focus on his traditional medication and I didn’t want to mix the two. Unfortunately he became sick again. We have to take him to hospital again.”

According to Wolff and Roter (2011: 823) social scientists have long recognized that the family is the most important social group within which illness occurs as they influence compliance with suggested treatment regimens and the recovery process. Thus, the family is the basic unit of care (Wolff & Roter 2011: 826). Continuous, long-term caregiving leads to significant stress that is often referred to as a family burden. A family burden includes the following dimensions: symptom specific burden, social burden, emotional burden and financial burden (Uys & Middleton, 2014:90).

- Shattered dreams of MHCUs

It is every parent’s dream that their children will grow up and prosper one day. Some children along the way become mentally challenged and they end up not accomplishing what their parents expected from them. In most cases the mentally ill person becomes unable to comply with what is expected on a daily basis resulting in a dependency syndrome and requiring assistance most of the time. When an individual becomes mentally ill, the role he plays in the working situation deteriorates. Most of the MHCUs struggle to finish their education as indicated by most participants that:

“Emotionally I was not in a good state, like any parent I had dreams about my son. I kept on asking myself questions.”

“This thing really hurt us as a family because he couldn’t finish high school because of epilepsy, to add more on that pain our son became mentally ill.”

“My son became sick while he was studying at Walter Sisulu University. He was doing second year that time.”
“My husband was not playing the father’s role to his children anymore. He became irresponsible and violent and it was more like I’m a single parent although he is still around but everything was depending upon me.”

“My son had a problem with his girlfriend, eventually they separated. He became so depressed, because he couldn’t handle the whole situation. He started ignoring himself; he stopped eating and was avoiding people most of the time.”

“At work he was suspended because of absenteeism and drinking while on duty.”

“The only problem was that some people whom he is supervising were giving him hard time after he was he was admitted for mental illness. They were not taking his orders so at some point me and his father had to intervene although he is the one who is running the family business”

“As a single parent it is not easy for me to be always there for him. Even my performance at work dropped because I have to be available whenever needed to attend to him.”

“Unfortunately he got back to his old behaviour of heavy drinking. He resigned from work and was acting strangely in the house. As he lost his job our dream of buying a house was shuttered.”

According to Kneisl and Trigoboff (2009:582) it is not easy for MHCUs to function well at work as some might be suffering from illnesses like personality disorders making them experience extreme anxiety, suspicions, odd beliefs or magical thinking and they prefer to perform solitary tasks; therefore, they are less productive when working with other people. Uys and Middleton (2014:250) argued that many mental illnesses are characterized by social dysfunction, hence the person with mental illness is often isolated due to lack of skills compared to the mentally well individuals.

- **Family stigma**

When one person becomes mentally ill, that person and the rest of the family are stigmatised by the society. In most cases people tend to distance themselves from the person who is mentally ill. Furthermore, they might use terms to label and
identify the mentally ill. The society also undermines the family of the mentally ill. In some instances the society displays excessive pettiness to the user’s family.

“Some people have started talking about us that although we are highly educated but funny enough we gave birth to a mentally ill.”

“At some point you even become tired of the people who are feeling pity for you because some others are pretending.”

“I decided to go for counselling so that I can be able to handle the whole situation because it was hurting to see my child in such a bad state. Some people whom he was supervising were giving him hard time after he came back from hospital. They were not taking his orders.”

Families are required not only to provide physical and emotional support, but also to bear the negative impact of stigma and discrimination present in all parts of the world (The World Health Report, 2001).

- Aggressive behaviour

Most of the participants have revealed that the mentally ill becomes so violent towards the family and that is what leads to them being admitted. This is what the participants had to share during the interview regarding threats, violence and vandalism by the aggressive mentally ill person:

“When we went back home we were told that the police took him to Settlers’ hospital because he was threatening to assault his siblings. Once he gets sick it is not easy to handle him. He becomes so aggressive and even me as his mother I’m scared of him.”

“My son was robbing money from children who were sent to the shop. When I confronted him, he became so angry and was also using threats and insults towards me.”

“That day, he broke the windows and threatened to harm whoever comes to his room.”

“At times he runs away, or grabs whoever is nearby and assaults that person.”
“He came back drunk and was chasing us away. He was so aggressive in so much that my sister in law who is a nurse phoned the police. He became irresponsible and violent and it was more like I’m a single parent.”

“He would shout at me and the children but the next day he cannot remember a thing.”

4.3.2 Theme 2: Indigenous people portrayed great desperation regarding means of accessing cures for mental illness

“It is not easy to accept mental illness in the family. Once a family member becomes mentally ill his/her family will do anything to get rid of the illness within the family. They will seek any form of help as long the mentally ill person will be cured. The family will ask questions like, why mental illness occurs in the family and what is the reason behind the illness. Throughout the process of seeking help for the mentally ill person, the family becomes emotionally exhausted.”

Mental disorders impact not just on the individuals affected but also on those around them including immediate family and other relatives and may be both a cause and a consequence of family difficulties (Bainbridge, Cregan, & Kulik, 2006:490).

• Health seeking behaviour

Once mental illness emanates in the family, family members tend to ask themselves some questions. One of those questions is why this illness came to our family? Furthermore, some decisions like visiting traditional healers or prophets will be considered in order to get answers to the unanswered questions.

“As a family we decided to consult a traditional doctor (iqhirha), she told us where all these things come from but I will not get into details about that…. we consult traditional doctors (amagqirha) when we want to know why a particular thing is happening and the reason behind it.”

“When my grandson started acting strangely I decided to take him to the faith healer at church. Most people who are mentally ill take long to heal if they only use
the Western method. Therefore it is good to seek traditional help. I have mentioned earlier that we were warned by the prophet about this illness.”

“We visited a traditional doctor (igqirha) to find out what was happening and why this occurred to the family. Fortunately we got the answers. The only reason we consulted igqirha was to know the reason behind the epilepsy and we were satisfied with the answers we got. I strongly believe that a family needs to consult traditional healers when a family member becomes mentally ill in order to get a revelation behind that illness.”

“Because he was having those visions we took him to a herbalist to strengthen him so that he can stand whatever challenge that is directed to him through witchcraft.”

“As the family we are just taking whatever that is in front of us so that the one who is mentally ill can be cured.”

Once the family visits traditional healers the chain of treatment is broken and the mentally ill person defaults on treatment. Another participant revealed that:

“When he got a leave of absence from hospital I decided to take him to a herbalist. I stopped him from using Western medication so that he can focus on his traditional medication and I didn’t want to mix the two.”

The relatives do not open up to the health care team about visiting traditional healers. Seemingly they are not sure if such information is welcome in the mental health care centres so they end up hiding it. This is what some participants had to say regarding the secrecy of consulting traditional healers:

“It will be good for both parties to work together that will make things easier for us and we won’t be in a position of hiding information. When you go to hospital you are scared to open up about things like consulting traditional healers.”

“I wish these two can collaborate because when you go to hospital you hide information such as visiting traditional healers because it looks as if it is not welcomed there.”
4.3.3 Theme 3: Indigenous people showed insufficient knowledge regarding mental illness

Mental illness is quite different to other illnesses that are treated in the local clinics. For example, when one experiences a physical ailment, the family will take that person to the nearest health care centre whereas with mental illness it’s difficult hence the person is aggressive. Therefore, the family might not understand the procedure to follow in order for the mentally ill person to be admitted at the Mental Health Care Centre (MHCC).

- Inadequate mental health campaigns

Neglect, abuse, poverty, work stress, relationship difficulties and lack of timely access to good quality services all contribute to poor mental health. Communities need to recognise these factors and work together to reduce the causes and intervene early to give people the best evidence-based education and support. Due to lack of awareness campaigns, the family of the mentally ill person does not know what to do when mental illness emanates in the family (Strathdee, 2014:10).

The families had this to share:

“We were confused and didn’t know what to do.”

“It was for the first time to experience this as a family in so much that it’s not easy to accept it.”

“I asked his father to come and speak to him.”

“I asked his brother to talk to him as they were close.”

Due to lack of knowledge some family members have confirmed that it is not easy to accept mental illness like other common physical illnesses. Therefore, they will display emotional instability:

“Emotionally I was not in a good state, like any parent I had dreams about my son.”

“This thing really hurt us as a family…”

“We were very confused …. It’s not easy to look after a sick person while the person who caused the illness is having a nice time.”
“I decided to go for counselling so that I can be able to handle the whole situation because it was hurting to see my son in such a bad state.”

According to the responses obtained from the participants it is clear that the families are not certain about how the admission procedure is conducted. They only phone the police to arrest the person who is mentally ill not knowing that the person might end up in a mental hospital:

“When we went back home we were told the police took him. That is how the Western method got involved.”

“We had to phone the police and he was taken to hospital, because he didn’t seem to calm down even to the police officers.”

“That day, he broke windows and threatened to harm whoever comes to his room. We decided to call the police that is how he ended up in hospital.”

“While he was here at home his unpleasant behaviour continued to an extent that we had to call the police and when we told them about his behaviour they told us that they will take him to hospital so that the doctors can check if there is anything wrong about him.”

Adult education opportunities and support at work are needed so people can learn how to prevent stress from turning into mental illness. Not only prevention of ill health is a good aim but it also gives services a greater opportunity to provide quality care at an early stage (Strathdee, 2014:11).

4.3.4 Theme 4: Perceptions and beliefs of indigenous people regarding the origin of mental illness

Indigenous people perceive mental illness as being intentionally caused by certain agents, resulting in disequilibrium (Uys and Middleton 2014:159). Some of the causes mentioned by the indigenous people are witchcraft, jealousy, amafunyana, ukuthwasa and ancestral anger.

- **Believed origin of mental illness**

  “We took him to a herbalist to strengthen him so that he can stand whatever challenge that is brought to him through witchcraft.”
"We visited different traditional healers who told us that my son was suffering from amafufunyana."

“One common cause of mental illness is amafufunyana and they are instilled by a person to another because of jealousy most of the time.”

“Things like ukuthwasa are being confused with mental illness.”

Attitudes towards mental illness vary among individuals, families, ethnicities, cultures and countries. Cultural and religious teachings often influence beliefs about the origins and nature of mental illness, and shape attitudes towards the mentally ill (Nieuwsma, et al., 2011:544).

4.4 SUMMARY

Mental illness can affect patients’ readiness and willingness to seek and adhere to treatment. Therefore, understanding individual and cultural beliefs about mental illness is essential for the implementation of effective approaches to mental health care. However each individual’s experience with mental illness is unique (Nieuwsma, Pepper, Maack & Birgenheir, 2011:560).

This chapter has presented the analysis and discussion of the study findings. The themes which were developed have shown the perceptions and understandings of indigenous people regarding mental illness. Indigenous people indicated the negative impact of mental illness in their families, stating that mental illness is straining family relationship, increasing financial burdens, and the family is stigmatised.

Indigenous people portrayed great desperation regarding means of accessing cures for mental illness and they have shown insufficient knowledge regarding mental illness. Perceptions and beliefs of indigenous people regarding the origin of mental illness are spiritual based as most participants believed that the mental illness is caused by witchcraft, jealousy, amafufunyana, ancestral anger and failure to perform rituals. The next chapter presents the discussion, implications for practice, and limitations of the study, conclusions and recommendations.
CHAPTER 5: DISCUSSION, IMPLICATIONS, LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION
This chapter presents the discussion of the findings in relation to earlier studies, the implications for practice, limitations of the study, conclusions and recommendations.

5.2 DISCUSSION

This study explored and described the perceptions of indigenous people regarding mental illness. It emerged from the findings that the participants had insufficient knowledge regarding action to be taken once a person portrays signs of mental illness. Eventually the participants have shown desperation as they will do anything for the one who is mentally ill to be healed.

It has been revealed from earlier studies that South Africans tend to consult traditional healers when an individual manifests change in behaviour (Berg, 2003:193). Friction is evident between ‘Western’ medicine or biomedicine that looks at ‘material causation’ to understand and treat an illness; and traditional medicine that generally looks towards the ‘spiritual’ origin such as witchcraft and displeasure by ancestors in order to cure an ailment (Richter, 2003:3). Both indigenous treatment and scientific treatment are built on distinctive philosophies, methodologies, and criteria (Durie, 2004:33).

Indigenous people described the negative impact of mental illness. One of the effects that mental illness caused is straining of family relationships. The person who is mentally ill becomes verbally abusive to the members of the family making it difficult for the family to care for the person. Eventually the demands the mentally ill person is making result in disharmony. In a study by Seloilwe (2006:261) about the experiences and demands of families with mentally ill people at home in Botswana, the situation was perceived as difficult and burdensome because of lack of control and inadequate resources. The complexity of the situation required negotiation between the family members, their ill relatives, and health professionals. Caregivers also reported social isolation due to their family member’s mental illness, as care giving duties prevented them from attending social events such as funerals and church services (Seloilwe, 2006:262).
In South Africa, there are many religious practices that interfere with conventional treatment. These religious practices also delay consultation with mental health care providers by MHCUs. The outcome for culturally congruent nursing care is the health and well-being of the patient. In the event of delays, the nurse should have patience and must create waiting time in dealing with these people for it is important to respect their culture. The concern here is the period for which the nurse should be patient without the condition of the mentally ill person becoming chronic (Williams & Bester 2013:342).

High costs occur due to working between scientific and traditional approaches of mental health intervention. The psychiatric team spends time assessing the MHCU and deriving a nursing and medical diagnosis and intervention. Without using the treatment, the MHCU is taken to traditional healers. Exploring the different types of traditional healers, the family seeks help from any of the healers. With some there is short term relief, no relief or even an increase in negative manifestations. The process of managing the MHCU goes back to assessment, which means starting all over again. With the fear of being harmed by users, in-depth interviews with eight family caregivers in Limpopo revealed that many caregivers felt that their own physical and mental well-being was at risk, particularly when caring for a violent or destructive family member (Mavundla, Toth, & Mphelane, 2009:357).

Disruption of the chain of therapy is ceaselessly being disrupted by family requests for the MHCU to come home for a ritual. The MHCU depends upon other people’s choices regarding the form of treatment to be considered. As the MHCUs are not entitled to make choices regarding their mental state, the psychological aspect of the mentally ill is ignored. Likewise, the emotional aspect of the family that is grieving for the relative who is lost to mental illness and perceived as dead is also neglected (Kristofferson, 2000:2).

Mental illness is a leading cause of suffering economic loss and social problems. The economic burden of mental illness is a world-wide problem. Mental health problems comprise five of the ten leading causes of disability and 10.5% of the global burden of disease. Mental illness imposes a huge burden on individuals, families and society. The burden on families ranges from economic difficulties and emotional reactions to the illness to the stress of coping with disturbed behaviour,
the disruption of household routine and the restriction of social activities (Andlin-Sobocki, 2005:12).

Due to the increased financial burden families are required not only to provide physical and emotional support, but also to bear the negative impact of stigma and discrimination present in all parts of the world. While the burden of caring for a family member suffering from behavioural disorders or mental illness has not been adequately studied, the available evidence suggests that it is indeed substantial. Expenses for the treatment of mental illness often are borne by the family either because insurance is unavailable or because mental disorders are not covered by some medical aids. The cost of illness incurred by individuals, employers and governments is enormous (Centre for Mental Health, 2010).

The burden of caring for a mentally ill individual often falls on the patient’s immediate family or relatives. Families and caregivers of individuals with psychological disorders are often unable to work effectively and at full capacity in all entities due to the demands of caring for a mentally ill individual. This leads to a decreased economic output and a reduction in household income. Loss of income and the financial costs of caring for a mentally ill person put these households at an increased risk of poverty as they continue going around searching for appropriate help (Kohn-Wood & Wilson, 2005:13). The family might travel any distance as long as they are promised help. During these efforts the family is promised help, but money is involved and the healers themselves charge money for consultations. Problems begin to escalate.

In the family it has been alleged that the members, particularly the siblings, share a common genetic and social development while they also have a common socio-cultural environment. Suffering from a psychiatric condition is described by many, including family members, as a painful and sometimes traumatic experience. It can affect one’s financial situation, how and where the person lives and works. The emotional effects can be a constant worry which in turn can cause psychological problems to that person (Molander, 2008:1).

There is a common phenomenon in all people, irrespective of culture or race, and that is becoming emotional. It is common to notice that emotions are shown when
people learn that their relative is mentally ill. They show fear, doubt, anger, and at times guilt, to mention a few. Any negative change that is manifested emanates from the emotions. A common change is social withdrawal which is consequent to the stigma that is upheld by society regarding mental illness (World Health Organization 2003:12).

In the work place people who experience mental illness may doubt their abilities or appear less confident. Symptoms of mental health disorders may be different at work than in other situations. Although these disorders may cause absenteeism, the biggest impact is in less productivity. A person may have a hard time concentrating, learning, and making decisions. Studies suggest that treatment improves work performance, but is not a quick fix. As Mental health problems affect many employees — a fact that is usually overlooked because these disorders tend to be hidden at work. But the stigma attached to having a psychiatric disorder is such that employees may be reluctant to seek treatment out of fear that they might jeopardize their jobs.

5.3 IMPLICATIONS FOR RESEARCH

There is a need to perform the same type of investigation with mental health care practitioners (MHCPs) in order to obtain their perceptions regarding mental illness together with MHCPs who are also THs. A similar study can be performed with MHCUs who are mentally stable in order to get their views regarding mental illness.

5.4 IMPLICATIONS FOR PRACTICE

Collaboration between mental health care practitioners/providers and traditional healers should be established. MHCPs need to be more supportive than judgemental in order for relatives of the MHCUs to stop being secretive. In that way their chain of treatment will not be broken and there will be less treatment default.

5.5 LIMITATIONS OF THE STUDY

The demographic area where the study was conducted is too small to generalise the findings. All the participants in the study were of an advanced age making it
difficult to understand the perceptions of younger people regarding mental illness. At this stage the researcher did not include the MHCUs who had regained their mental health status in order to find out from them how they felt about the whole situation. The researcher has noted that interviewing the THs was not conducive because their clients didn’t make appointments so they do not follow a scheduled programme.

5.6 CONCLUSION
In conclusion, this qualitative study aimed at describing and exploring the perceptions of indigenous people regarding mental illness at CDM in the Eastern Cape Province. The emphasis was on the experiences of the relatives of the MHCUs and the role traditional healers play in the management of mentally ill persons. Available literature was used to emphasise and support the views that were expressed by both the traditional healers and relatives of MHCUs. It has been highlighted in this chapter that indigenous people of Cacadu District view mental illness as spiritual in origin but they include Western medication for the benefit of the mentally ill. Finally, the relatives of the MHCUs have highlighted the economic burden as the major problem that is brought about by mental illness.

5.7 RECOMMENDATIONS

The following are the recommendations emanating from the study:

- Mental health awareness campaigns should be held frequently and extensively so as to ensure sufficient knowledge is gained by the society.
- Mental health care practitioners should conduct home visits to assess the living conditions of mentally ill persons.
- Support groups for carers of the MHCUs should be established in order to empower those who care for the mentally ill individuals.
- A memorandum of understanding must be established between the traditional healers and the multi-disciplinary team (MDT) or multi-professional team (MPT). Appropriate health education should be rendered to every family member who visits the MHCCs.
5.8 REFERENCES


APPENDICES

APPENDIX A: ETHICAL CLEARANCE, UNIVERSITY OF FORT HARE

University of Fort Hare
Together in Excellence

ETHICAL CLEARANCE CERTIFICATE

Certificate Reference Number: MAG01 1STIL01
Project title: Perceptions of indigenous people regarding mental illness at Cacadu District in the Eastern Cape Province of South Africa.

Nature of Project: Masters
Principal Researcher: Lwazi Romeo Tilolo
Supervisor: Mrs Nomaphelo Magadla
Co-supervisor: 

On behalf of the University of Fort Hare’s Research Ethics Committee (UREC) I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instrument(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of:

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research
The Principal Researcher must report to the UREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

The UREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
  - Any unethical principal or practices are revealed or suspected
  - Relevant information has been withheld or misrepresented
  - Regulatory changes of whatsoever nature so require
  - The conditions contained in the Certificate have not been adhered to

- Request access to any information or data at any time during the course or after completion of the project.

The Ethics Committee wished you well in your research.

Yours sincerely

[Signature]

Professor Gideon de Wet Dean of Research

22 July 2013
APPENDIX B: LETTER OF APPROVAL FROM DEPARTMENT OF HEALTH
EASTERN CAPE

Dear Mr LR Titoko

Re: Perceptions of indigenous people regarding mental illness at Cacadu District in the Eastern Cape Province of South Africa

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.
3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

[Signature]
DEPUTY DIRECTOR: EPIDEMIOLOGICAL RESEARCH & SURVEILLANCE MANAGEMENT
APPENDIX C: LETTER OF APPROVAL FROM FORT ENGLAND HOSPITAL

FORT ENGLAND HOSPITAL
Private Bag X102, Grahamstown, 6540. Tel: +27 (0)46 627 7003. Fax: +27 (0)46 627 7003.

Date: 09.09.13

Dear Mr Tilolo,

Thank you for your application to conduct research at Fort England Hospital. We are pleased to inform you that your research proposal has been approved by the Academic and Research Committee of Fort England Hospital (as indicated below). A copy of our Research Policy is included herewith, for your information. Please do not hesitate to contact me should you require any further information or assistance.

Yours sincerely,

Mo Nagdee
Chair: Academic and Research Committee

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<tr>
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<tr>
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|redo (R. Walsh) | Kindly forward a copy of your detailed research proposal for our records |


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APPENDIX D: CONSENT FORM

INFORMED CONSENT

I am Lwazi Tilolo, studying for a master's degree at the university of Fort Hare. My research study is on "Perceptions of indigenous people regarding mental illness at Cacadu District in the Eastern Cape Province of South Africa." The study will be in a form of individual interviews and sessions will take a maximum of 26 minutes.

The answers will be written on the interview guide form. Participant's name will not be written on the interview form and no one will be able to link you to the answers.

Participant is free to withdraw from the study at any point even if the study is not completed. The study may raise psychological stress and emotions but support will be provided throughout the interview and when the need arises.

Participating in the study may benefit the participant in various ways:

- The views of the participant will be taken as they are in order to establish the best form of care.
- The participant will advocate for the indigenous knowledge which is slightly considered when dealing with mental illness
- Integration between Western care and indigenous methods will be established and strengthened.

Summary of the findings will be made available to you on request. For any questions or concerns relating to the study, feel free to contact the researcher (Mr. L.R. Tilolo) at 0734524894

CONSENT FORM

I ____________________________ have read the contents of this form, and agree to participate in the study titled "Perceptions of indigenous people regarding mental illness at Cacadu District in the Eastern Cape province of South Africa." I understand that I'm participating freely without any obligations. I understand that this consent form will not be linked to the interview form and my answers will remain confidential.

Signature of the participant_________________________ Date________________
APPENDIX E: LETTER CONFIRMING EDITING

8 Nahoon Valley Place
Nahoon Valley
East London
5241
15 July 2015

TO WHOM IT MAY CONCERN

I hereby confirm that I have proofread and edited the following Master’s thesis using the Windows “Tracking” system to reflect my comments and suggested corrections for the author to action:

Perceptions of indigenous people regarding mental illness at Cacadu District in the Eastern Cape Province, South Africa by LWAZI ROMEO TILOLO, submitted in fulfilment of the requirements for the Master’s Degree in Nursing Science (Magister Curationis) in the FACULTY OF SCIENCE AND AGRICULTURE DEPARTMENT OF NURSING SCIENCE at the UNIVERSITY OF FORT HARE.

Brian Carlson (B.A., M.Ed.)
Professional Editor

Email: bcarlson521@gmail.com
Cell: 0834596647

Disclaimer: Although I have made comments and suggested corrections, the responsibility for the quality of the final document lies with the author in the first instance and not with myself as the editor.

BK & AJ Carlson Professional Editing Services
APPENDIX F: INTERVIEW GUIDES

INTERVIEW GUIDE USED FOR THE RELATIVES OF THE MENTAL HEALTH CARE USERS

- Please explain how you noticed that your relative is mentally ill?
- Describe your reactions when mental illness emanated in the family?
- Describe any challenges that you have experienced while caring for the family member who is mentally ill.
- What is your opinion regarding collaboration of traditional healers and Western therapy in caring for the mentally ill?

INTERVIEW GUIDE USED FOR TRADITIONAL HEALERS

- What are your perceptions regarding mental illness in terms of origin, existence and diagnosis?
- Describe your therapeutic interventions when dealing with a mentally ill person.
- What is your opinion regarding collaboration with Western treatment?
**APPENDIX G: TRANSCRIPTS OF PARTICIPANTS**

**Sample of transcript for participant No: 1 Relative of the MHCU**

Date of interview: 09-09-2013

Starting time: 10:25

Finishing time: 10:55

Total time: 30 minutes

Place: Grahamstown

**Demographic data**

**Age:** 59 years

**Marital status:** Married

**Relationship with the MHCU:** Mother

**Researcher:** Please explain how you noticed that your relative is mentally ill.

**Participant:** My son became sick while he was studying at Walter Sisulu University (Post dam Campus). He was doing second year that time. We were not sure of what exactly happened but the information we got was that, he didn't go to class on a Monday. He was playing music loud and when he was told to play the radio softly he didn't listen instead he increased the volume.

As he was doing that he was also singing along. We decided to fetch him from varsity so that we can witness this strange behaviour as the family. When he was at home with us we noticed that he binges a lot, he was no washing himself thoroughly and was using vulgar language when talking to people. One night he played music so loud in his back room and ignored whoever was telling him to stop such behaviour.

**Researcher:** Describe your reactions when mental illness emanated in the family.
Participant: As a family we decided to visit a traditional doctor (igqirha), she told where all these things come from but I will not get into details about that. When we went back home we were told that the police took him to Settlers hospital because he was threatening to assault his siblings. That is how the Western method got involved.

Researcher: Describe any challenges that you have experienced while caring for the family member who is mentally ill.

Participant: The thing is he is fine for a shorter period and all of a sudden he becomes sick again so we cannot rest. We need to be ready all the time for anything that may occur because once he gets sick it is not easy to handle him. He becomes so aggressive and even me as his mother I’m scared of him. Financially this costs us as the family because we consult traditional doctors (amagqirha) when we want to know why a particular thing is happening and the reason behind it. At some point we slaughtered two goats consecutively trying to appease the ancestors.

Researcher: What is your opinion regarding collaboration of traditional healers and Western therapy in caring for the mentally ill?

Participant: As I have mentioned earlier that in this family we do consult traditional healers but we have never given him any muti that is prescribed by a traditional healer because we don’t want to create problems with the one he is getting from the hospital.

It will be good for both parties to work together that will make things easier for us and we won’t be in a position of hiding some information. When you go to the hospital you are scared to open up about things like consulting traditional healers.
Sample of transcript for participant No: 2 Relative of the MHCU

Date of interview: 09-09-2013
Starting time: 11:25
Finishing time: 11:55
Total time: 30 minutes
Place: Grahamstown

Demographic data
Age: 58 years
Marital status: Married
Relationship with the MHCU: Mother

Researcher: Please explain how you noticed that your relative is mentally ill.

Participant: When my son started being sick he was stealing from neighbours, dodging school and was robbing money from children who were sent to the shop. When I confronted him he became so angry and was also using threats and insults towards me.

Researcher: Describe your reactions when mental illness emanated in the family.

Participant: I asked his father to come and speak to him. That didn’t help either, instead he became more aggressive. We had to phone the police and he was taken to hospital, because he didn’t seem to calm down even to the police officers. He was put on medication but was not getting better. When he got a leave from the hospital I decided to take him to a herbalist. I stopped him from using Western medication so that he can focus on his traditional medication and I didn’t want to mix the two. Unfortunately he became sick again hence he was smoking dagga all along. We have to take him to hospital again and the nurses were shouting at me that when I cannot handle my child I send him to them but when he is fine I take him to traditional healers.
Researcher: How did you feel about such remarks?

Participant: I was so disappointed to that particular nurse because whatever I did was to ensure that my child gets help irrespective of where that help comes from. The nurses started displaying a negative attitude towards me. Whenever they give health education, they kept on emphasising the fact that as long as I’m taking my child to traditional healers he will continue being sick.

Researcher: Describe any challenges that you have experienced while caring for the family member who is mentally ill.

Participant: As a single parent it is not easy for me to be always there for him. Even my performance at work dropped because I have to be available whenever needed to attend to him. I’m not feeling good at all because I don’t seem to get a solution on this situation.

Researcher: What is your opinion regarding collaboration of traditional healers and Western therapy in caring for the mentally ill?

Participant: I wish the two can work together hoping that none amongst them will be undermined.
Sample of transcript for participant No: 3 Relative of the MHCU

Date of interview: 09-09-2013
Starting time: 12:10
Finishing time: 12:25
Total time: 25 minutes
Place: Grahamstown

Demographic data
Age: 48 years
Marital status: Single
Relationship with the MHCU: Mother

Researcher: Please explain how you noticed that your relative is mentally ill.

Participant: My son was abusing dagga. The reason behind that was because he was mixing with a wrong crowd. His personality changed he became so demanding and even exchanged his clothes for drugs. He ended up selling his music system and he became so aggressive when I asked him about that. That day he broke windows and threatened to harm whoever comes to his room. We decide to call the police. That is how he ended up in a hospital for the mentally ill.

Researcher: Describe your reactions when mental illness emanated in the family.

Participant: I confronted my son about smoking dagga but he denied it and even said I don’t have proof of what I’m talking about. I noticed that something was not good with him I even asked his older brother to talk to him as they were close. When he started to become aggressive I had no choice but to call the police the way I was so angry I didn’t think about hospital or anything I wanted him to go straight to jail because he was being disrespectful.

Researcher: Describe any challenges that you have experienced while caring for the family member who is mentally ill.
Participant: Emotionally I was not in a good state, like any parent I had dreams about my son. I kept on asking myself questions because no one is a smoker in the house let alone smoking dagga. This thing is also affecting me financially because when he destroys or steal, at some point I have to replace whatever he has vandalised.

Researcher: What is your opinion regarding collaboration of traditional healers and Western therapy in caring for the mentally ill?

Participant: I believe that it was my child’s choice to use drugs and mixing with the wrong crowd. Bad company corrupts good character. In my son’s case I don’t think there is a muti that that can make someone to stop using drugs but I believe that through heath education Some of us don’t believe in traditional healers so I don’t think it’s a good idea for them to work together with the Western therapy. I never consulted traditional healers or anything because and rehabilitation he might realise that what he is doing is not right and quit.
Sample of transcript for participant No: 4 Relative of the MHCU

Date of interview: 09-09-2013

Starting time: 12:30

Finishing time: 13:00

Total time: 30 minutes

Place: Grahamstown

Demographic data

Age: 60 years

Marital status: Widow

Relationship with the MHCU: Grand mother

Informant grandmother

Researcher: Please explain how you noticed that your grandchild is mentally ill.

Participant: My grandson was seeing things that other people couldn’t see. He was also forgetful most of the time. As a family we were warned by a prophet from church that something like this is going to happen. What I have noticed is that mental illness is unpredictable, someone who is mentally ill can be fine now the next minute he is not well. Mental illness can be caused by evil spirits, for example some people become jealous of your success and they tend to target your family. There is no way that someone who was normal can suddenly act strange and start seeing things that don’t exist.

Researcher: Describe your reactions when mental illness emanated in the family.

Participant: When my grandson started acting strangely I decided to take him to the faith healer at church. Unfortunately my grandson didn’t abide with the rules and was sent back home, for that matter he was not even attending church like all other children in the house. While he was here at home his unpleasant behaviour continued to an extent that we had to call the police and when we told them about
his behaviour they told us that they will take him to hospital so that the doctors can
check if there is anything wrong about him.

**Researcher:** Describe any challenges that you have experienced while caring for
the family member who is mentally ill.

**Participant:** It was for the first time to experience this as a family in so much that it’s
not easy to accept it. At times we keep on asking ourselves questions like why is this
happening to us. Some people have started talking about us that although we are
highly educated but funny enough we gave birth to a mentally ill.

**Researcher:** What is your opinion regarding collaboration of traditional healers and
Western therapy in caring for the mentally ill?

**Participant:** Most people who are mentally ill take long time to heal if they only use
the Western method. Therefore it is good to seek traditional help. As I have
mentioned earlier that we were told by the prophet about this illness so if this child
can listen and do as he is told by the faith healer he can be cured. All in all I think it
will be a good thing for them to collaborate so that people can heal fast.
Researcher: Please explain how you noticed that your son is mentally ill.

Participant: My son started being sick about two years ago when he was diagnosed with epilepsy. After each and every episode of fits he will act strangely. At times he runs away, or grabs whoever is nearby and assaults that person.

Researcher: Describe your reactions when mental illness emanated in the family.

Participant: Now that my son was aggressive after an episode of fits, I decided to tell the nurses in the clinic where he was taking treatment. The nurses at the clinic advised us to call the police so that he can be taken away in that way he cannot hurt anyone. The police took him to hospital where he was transferred to another hospital which deals with mental illness only. It was in that hospital where he was started on treatment for mental illness to calm him down. We consulted a traditional doctor (igqirha) to find out what was happening and why this occurs in the family. Fortunately we got the answers. We have never given him any traditional medication the only reason we consulted igqirha was to know the reason behind the epilepsy and we were satisfied with the answers we got from the traditional doctor (igqirha)
**Researcher**: Describe any challenges that you have experienced while caring for the family member who is mentally ill.

**Participant**: This thing really hurt us as a family because he couldn’t finish high school because of the epilepsy, to add more on that pain our son became mentally ill. At some point there was a need for a person to always look after him hence you will never know when he is going to have an attack.

**Researcher**: What is your opinion regarding collaboration of traditional healers and Western therapy in caring for the mentally ill?

**Participant**: I wish these two can collaborate because when you go to hospital you hide information such as visiting traditional healers because it looks as if is not welcomed there Mental illness does exist but at times you may find out that there is a reason behind it. That is why I strongly believe that a family needs to consult the traditional healers when a family member becomes mentally ill in order to get a revelation behind that illness.
Sample of transcript for participant No: 6 Relative of the MHCU

Date of interview: 09-09-2013

Starting time: 13:55

Finishing time: 14:25

Total time: 30 minutes

Place: Grahamstown

Demographic data

Age: 39 years

Marital status: Married

Relationship with the MHCU: Wife

Informant wife

Researcher: Please explain how you noticed that your relative is mentally ill.

Participant: My husband started drinking heavily. He became verbally abusive towards me and the children. At work he was suspended because of absenteeism and drinking while on duty. That has never made him to stop drinking. Through his work he was sent for rehabilitation. He stopped drinking for few months. Unfortunately he got back to his old behaviour of heavy drinking. He resigned from work and was acting strangely in the house.

Researcher: Describe your reactions when mental illness emanated in the family.

Participant: I reported him to my in-laws and a family meeting was called but he left while the meeting was in progress. He came back drunk and was chasing us away. He was so aggressive in so much that my sister in law who is a nurse phoned the police. The police said they will make a way that he can get help so they took him to hospital. I never thought of taking him to a traditional healer because I don’t believe in such things. My in-laws did consult a traditional doctor igqirha but I was not interested in the findings because they mean nothing to me as I have said earlier that I don’t believe in traditional healers.
**Researcher:** Describe any challenges that you have experienced while caring for the family member who is mentally ill.

**Participant:** My husband was not playing the father’s role to his children anymore. He became irresponsible and violent and it was more like I’m a single parent although he is still around but everything was depending upon me. As he lost his job our dream of buying a house was shattered.

**Researcher:** What is your opinion regarding collaboration of traditional healers and Western therapy in caring for the mentally ill?

**Participant:** Yes they can collaborate because there are some people who believe in traditional healers unlike me. I do want my husband to get help and I believe that as long as he can understand that he has a drinking problem and when he drinks his behaviour changes. In that way he can regain his normal well-being.
Sample of transcript for participant No: 7 Relative of the MHCU

Date of interview: 09-09-2013

Starting time: 14:39

Finishing time: 15:09

Total time: 30 minutes

Place: Grahamstown

Demographic data

Age: 43 years

Marital status: Single

Relationship with the MHCU: Mother

Informant (mother)

Researcher: Please explain how you noticed that your son is mentally ill.

Participant: My son started being sick by having visions of women who were offering him food at night while sleeping.

Researcher: Describe your reactions when mental illness emanated in the family?

Participant: Because he was having those visions we took him to a herbalist to strengthen him so that he can stand whatever challenge that is directed to him through witch craft. There after my son was free from all those night mares. We took him to the herbalist for a follow up and a bottle of traditional medication was prescribed by the herbalist. He drank and finished the whole bottle within a short space of time. It may happen that my son didn’t take the muti as prescribed by the herbalist hence we didn’t closely monitored him when taking it. The visions haunted him again and his siblings suggested we take him to the clinic. Fortunately a doctor was present that day; the doctor referred him to hospital where he was started on treatment for mental illness.
**Researcher:** Describe any challenges that you have experienced while caring for the family member who is mentally ill.

**Participant:** We were very confused and didn’t know what to do. It’s not easy to look after a sick person while the person who caused the illness is having a nice time. At some point you even become tired of the people who are feeling pity for you because others are pretending. I was so angry and hurt because all of this happened because of jealous. I believe that my child was bewitched that is why he became sick.

**Researcher:** What is your opinion regarding collaboration of traditional healers and Western therapy in caring for the mentally ill?

**Participants:** Yes they can assist each other as long they won’t quarrel they can collaborate because at the end of the day it’s not about them. I believe in traditional way of doing things whereas my children believe in the Western methods therefore if they can work together families will not be fighting about any form of care.
Sample of transcript for participant No: 8 Relative of the MHCU

Date of interview: 09-09-2013
Starting time: 15:30
Finishing time: 16:00
Total time: 30 minutes
Place: Grahamstown

Demographic data
Age: 52 years
Marital status: Married
Relationship with the MHCU: Mother

Informant (mother)

Researcher: Please explain how you noticed that your relative is mentally ill.

Participant: My son had a problem with his girlfriend, eventually they separated. He became so depressed, because he couldn’t handle the whole situation. He started ignoring himself; he stopped eating and was avoiding people most of the time.

Researcher: Describe your reactions when mental illness emanated in the family.

Participant: Firstly I talked to him when his behaviour changed, I even sent him to a psychologist. I never thought of taking him to traditional healers because I don’t believe in them. In my son’s case I won’t accuse anyone of bewitching him. It’s just that he was not strong enough to accept the situation.

Researcher: Describe any challenges that you have experienced while caring for the family member who is mentally ill.

Participant: I decided to go for counselling so that I can be able to handle the whole situation because it was hurting to see my child in such a bad state. Financially it was not challenging because his medical aid paid the hospital bills the only problem was that some people whom he is supervising were giving him hard time after he
came back from hospital. They were not taking his orders so at some point me and his father have to intervene although he is the one who is running the family business.

**Researcher**: What is your opinion regarding collaboration of traditional healers and Western therapy in caring for the mentally ill?

**Participant**: *I don’t think it would be a good idea because one of the two would want to have an upper hand. Even their way of doing things is not the same. But if other families prefer it to be considered, it can be done. In my case I do have an understanding of what is happening with my son therefore I will not consult traditional healers at any given time.*
Sample of transcript for participant No: 9 Relative of the MHCU

Date of interview: 09-09-2013

Starting time: 16:10

Finishing time: 16:40

Total time: 30 minutes

Place: Grahamstown

Demographic data

Age: 49 years

Marital status: Widower

Relationship with the MHCU: Father

Informant Father

Researcher: Please explain how you noticed that your relative is mentally ill.

Participant: My son grew up being a quiet and respectful. He was never involved in any form of misbehaviour as he was growing; he had high morals if I can put it that way. He went to the initiation school at the age of 19 years. A day before his welcoming back from the initiation school as we were ready to host a celebration (umgidi), we received bad news that he is lost. Me and other men went out to search for him and we found him in the forest. This young man started to display a strange behaviour of stretching his head repeatedly. He would suddenly run away as if he is being chased by something, me and other men in the location have to run after him and bring him home. He would speak to himself at times and keep quiet if asked what is happening.

Researcher: Describe your reactions when mental illness emanated in the family.

Participant: Few weeks after the welcoming back celebration a cow got lost and we went to consult the traditional doctor (igqirha). She told us that we mustn’t worry because it will come back further more she even told us that our grandson was also found because the ancestors are protecting the whole family. The traditional doctor
gave us some herbs to give to my son to strengthen (ukumqinisa) and protect him further more. Really the cow appeared the next day after we visited the traditional doctor. He lost his mother at the age of 17 and his mother was sick for a long time. He decided to quit school when he failed grade eleven. He started becoming a quiet person. We decided to take him to the clinic so that he can meet a psychologist because we thought it may happen that he is using drugs, and really he didn’t accept his mother’s death. We visited different traditional healers who told us that my son is suffering from amafufunyana. He refused to use the traditional medicine he was given. The reason he was admitted to a mental hospital is because he attempted to commit suicide by drinking a cleaning solution.

Researcher: Describe any challenges that you have experienced while caring for the family member who is mentally ill.

Participant: It was not easy at all because you have to be ready for anything that might happen. The people who assist me to catch him when he runs away have to be rewarded also. The traditional healers I was visiting are costly. Even at the hospital when you visit him, you must always bring something. Nothing is free these days.

Researcher: What is your opinion regarding collaboration of traditional healers and Western therapy in caring for the mentally ill?

Participant: I would like both traditional healers and Western doctors to work together because we really believe in traditional healers and they are helpful as much as the doctors are. At the end of the day we are not really sure of the form of treatment the mentally ill wants. As the family we are just taking whatever that is in front of us so that the one who is mentally ill can be cured.
Sample of transcript for participant No: 10 Traditional healers

Date of interview: 10-09-2013

Starting time: 09:00

Finishing time: 09:30

Total time: 30 minutes

Place: Grahamstown

Demographic data

Age: 56 years

Gender: Female

Marital status: Widow

Form of practice: Street vendor of traditional medicine

Researcher: What are your perceptions regarding mental illness in terms of origin, existence and diagnosis?

Participant: Mental illness does exist and it is caused by different things. For example late husband was admitted at a mental hospital because he was drinking nonstop and was acting strangely when he is drunk. He would shout at me and the children but the next day he cannot remember a thing. It was said at the hospital my husband has depression. He was given tablets of which, I cannot say they helped him because he continued drinking and was still abusive when he is drunk.

Researcher: Describe your therapeutic interventions when dealing with a mentally ill person.

Participant: I didn't undergo ukuthwasa I'm not a traditional doctor (igqirha) I'm just a herbalist I have a gift of knowing most traditional medicines and to which sicknesses they can be used to. I obtained all of this from my father he was a herbalist and I was always next to him, assisting him when he has a client I even accompanied him when he went to fetch the medicine.
What I know is that traditional healers are good I’m not saying it because I’m selling traditional medicine but I have witnessed that with my husband. One day when I went to report him to the police station, a police officer suggested that let me take this matter to the in-laws, really I did so and some rituals were done but unfortunately my husband passed on, but he was starting to change from his bad behaviour.

Researcher: What is your opinion regarding collaboration with Western treatment?

Participant: I don’t think it’s a good idea for Western treatment to collaborate with traditional healers because we see things our own way. People need to stop rushing to Western doctors when they know that they need to perform rituals. They need to do those rituals because wherever they go they will not get help. There are things like amafunyana which cannot be casted away by Western doctors because they know nothing about it.
Sample of transcript for participant No: 11 Traditional healers

Date of interview: 10-09-2013

Starting time: 10:00

Finishing time: 10:30

Total time: 30 minutes

Place: Grahamstown

Demographic data

Age: 49 years

Gender: Female

Marital status: Married

Form of practice: Herbalist

Researcher: What are your perceptions regarding mental illness in terms of origin, existence and diagnosis?

Participant: Mental illness does exist. There are many things that contribute to that. Some people are born mentally ill others become sick as they grow up. Drugs and alcohol are found to be the major causes of mental illness in our youth.

Researcher: Describe your therapeutic interventions when dealing with a mentally ill person.

Participant: I don’t want to lie I cannot cure mental illness; I don’t have any herbs that I can give to a mentally ill person. I trained as a nurse although I was not fully trained in psychiatry but what I have experienced is that, those people who are mentally ill are made to be sicker by the health care providers. They do not treat them with love; they are not treating them like any other people. If you are looking people who are admitted in the institutions for the mentally ill they are not discharged fast. They stay there for years. If it happens that they are discharged they are not able to function well in the community and they cannot be independent. Some
people only need someone to talk to. That is not easy because the staff doesn’t show love to them.

**Researcher:** What is your opinion regarding collaboration with Western treatment?

**Participant:** I don’t see any need for both parties to collaborate the only thing that is needed is for the health care providers to give love to the mentally ill people.
Sample of transcript for participant No: 12 Traditional healers

Date of interview: 10-09-2013

Starting time: 13:00

Finishing time: 13:30

Total time: 30 minutes

Place: Grahamstown

Demographic data

Age: 52 years

Gender: Male

Marital status: Married

Form of practice: Herbalist

Researcher: What are your perceptions regarding mental illness in terms of origin, existence and diagnosis?

Participant: Mental illness does exist and it manifests in different ways. One common cause of mental illness is Amafufunyana and they are instilled by a person to another because of jealousy most of the time. Therefore mental illness can be healed and the duration of healing differs from person to person, but to me within a month a person is healed.

Researcher: Describe your therapeutic interventions when dealing with a mentally ill person.

Things like ukuthwasa (a stage whereby a person who is called by the ancestors to become a traditional doctor starts to act strangely, at times that person will stay under water for days and come out again) sometimes are being confused with mental illness, in such cases I tell the family what to do for example to go to an experienced traditional doctor (igqirha) to train this person (i.e. ukuphehlelela). Once that person finishes the training he or she will never display those unpleasant
behaviours. I’m not a traditional doctor (igqirha). There are few herbalists who can cure mental illness and I’m one of them the reason is that the gift of the medication that is used to cure mental illness was not revealed to them. If someone is very sick mentally and is uncontrollable, I give that person a herb that’s going to make him or her to sleep for a while. When he wakes up, he will still be dull and idle. I give that person some medication to take home. Within a short space of time that person becomes mentally well again. I give my clients different kinds of medication depending on the way he/she is. The healing period differs from person to person more especially the cause of illness plays a role in the healing process.

**Researcher:** What is your opinion regarding collaboration with Western treatment?

**Participant:** *I think it would be good for us to get a chance and meet these people (Western approach) so that we can make them understand that although they are educated, there are things they cannot solve, some other things need traditional healers in order to be sorted. Doctors take longer than us to heal a person.*
Sample of transcript for participant No: 13 Traditional healers

Date of interview: 10-09-2013
Starting time: 14:40
Finishing time: 15:10
Total time: 30 minutes
Place: Grahamstown

Demographic data
Age: 60 years
Gender: Male
Marital status: Married
Form of practice: Traditional doctor (igqirha)

Researcher: What are your perceptions regarding mental illness in terms of origin, existence and diagnosis?

Participant: Mental illness does exist and it is caused by different things. Sometimes a person can become sick because he was told by his mother that he is a son of a particular person whereas he is not. That person will end up being sick because the rituals which were done for him were not of is actual clan so in that way he might be mentally ill, because the ancestors of that particular clan did not welcome him. A person can become mentally ill if he is possessed with amafufunyana which are evil spirits that haunt a person. Some people can become mentally ill especially when chased by impundulu: this is an evil spirit that haunts a person. That person might have bad luck most of the time. This spirit is sent by witches to that person. A person who is followed by impunduli will not succeed in life unless he will end up becoming mentally ill. Some people who are undergoing the process of ukuthwasa might be
seen acting strangely but they are not. The only thing they need is to accept the calling and become igqirha (traditional doctor).

**Researcher:** Describe your therapeutic interventions when dealing with a mentally ill person.

**Participant:** I’m not in a position of giving detailed information regarding what I do with my clients. If I can do so that will mean I’m selling away the gift my forefathers left for me. We as traditional healers we are guided by our ancestors in everything that we do. Sometimes when you are asleep your ancestors will show you a person suffering from a certain sickness and what to use when treating that person. As a traditional doctor (igqirha), I have powers to tell the reason that has bought a person to me before that person states it. It is much easier for me to cure any form of illness because I know how to deal with the cause behind that illness. Therefore that person might not suffer from the same illness over and over.

**Researcher:** What is your opinion regarding collaboration with Western treatment?

**Participant:** I don’t think it will be a good idea for us to work together with Western doctors because they do not understand our culture. The only thing they do is to give medication even if it is not necessary. Sometimes medication is not required the only thing that is needed is a ritual to correct whatever mistake that has happened and in that way a person is healed
Sample of transcript for participant No: 14 Traditional healers

Date of interview: 10-09-2013
Starting time: 16:00
Finishing time: 16:30
Total time: 30 minutes
Place: Grahamstown

Demographic data

Age: 46 years
Gender: Female
Marital status: Married
Form of practice: Faith Healer

Researcher: What are your perceptions regarding mental illness in terms of origin, existence and diagnosis?

Participant: I can say mental illness does exist because wherever we go we do come across mentally ill people. You can notice that others lack love, need attention because they are lonely. Some people are easily destructed and cry a lot, at times they are suicidal. Some mentally ill people see things that are not real or hear voices that do not exist. This happens mostly to those who are using drugs.

Researcher: Describe your therapeutic interventions when dealing with a mentally ill person.

Participant: The first thing you have to do is to give these people love. You must be patient and supervise them. Talk to that person so that he or she can say out his/her feelings. Some have some secrets to share that’s why you have to be a good listener and give them the best of your attention. In our church we use holly water and prayer every time to heal any sickness. Depending on the reason behind the
illness we use the holly water for bathing, vomiting and spitting. Sometimes we give the person some traditional medicine to put on the nose so that the person can sneeze, in that way we are opening that person’s veins that link to his/her brain

researcher: What is your opinion regarding collaboration with Western treatment?

Participant: I would love to work with the Western team so that we can be recognised because our church is being undermined although it’s helping people in the society. Maybe even the challenge of not having enough space to care for the sick will be addressed
Sample of transcript for participant No: 15 Traditional healers

Date of interview: 11-09-2013

Starting time: 10:00

Finishing time: 10:30

Total time: 30 minutes

Place: Grahamstown

Demographic data

Age: 57 years

Gender: Female

Marital status: Married

Form of practice: Traditional doctor (igqirha)

Researcher: What are your perceptions regarding mental illness in terms of origin, existence and diagnosis?

Participant: Mental illness exists and it is caused by many things. One major cause is Amafufunyana. A person possessed with amafufunyana acts strangely and can be dangerous to other people. Witchcraft is very common these days; people can make other people to be mentally ill because of different reasons like competing or jealousy. Some people are cursed that is why they become mentally ill. Others are seen as being mentally ill by people whereas they need a certain ritual to be performed on their behalf.

Researcher: Describe your therapeutic interventions when dealing with a mentally ill person.

Participant: First of all, I am able to tell the reason behind the illness then I take it from it from there. Most of the time, I have to deal with the cause before focusing on the mentally sick person. Some people become mentally ill because they do not want to accept the calling to become a traditional doctor (igqirha), others the training
was not done correctly. In such cases I can intervene by correcting the mistakes and do the training as it was supposed to be done, and the person is healed. Others were not willing to perform certain rituals then I instruct the family on what to be done. I do give some medicine to the mentally ill person to calm him or her. I also give the family of the mentally ill some dry herbs to burn so that they can chase away

**Researcher:** What is your opinion regarding collaboration with Western treatment?

**Participant:** I don’t think it’s a good idea because they do not understand our things (culture, traditions and customs). Those people have studied for what they are doing and we didn’t study for healing people but it’s a gift we got from our ancestors. I wish they can understand that mentally ill people of the AmaXhosa ethnic group do not need medicine to be healed but a spiritual therapy needs to be considered