The Treatment of Mental Illness in Africa by Traditional Healers

A Literature Review

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Abstract
African traditional healers have been playing an important unrecognized role in the treatment of mentally impaired patients in the past in their various communities before the arrival of colonizers. This project will examine how African traditional healers offered culturally customized treatment to patients with mental illness in Africa and diaspora. African traditional healers believed mental illness was caused by evil spirits, demons, ancestors, and bewitchment. The World Health Organization has recognized and encouraged African states to integrate traditional mental health healers as primary health providers in their respective local communities to make up for the paucity of mental health care providers.
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The Treatment of Mental Illness in Africa by Traditional Healers

African traditional healers have played an essential part in the treatment of mental illness in Africa and diaspora. Traditional healers conception of mental illness and treatment was based on their culture, and the advent of Christianity and colonization had introduced various changes in the practice of the traditional cure of mental illness. The causes of mental illness could be ascribed to natural and man made disasters, diseases, alcohol and drug addiction. A majority of Africans tend to favor traditional healers rather than Western professionals because of their flexibility, familiarity, availability, and affordability.

The World Health Organization (WHO) was instrumental in integrating and promoting traditional medicine in African countries from the beginning of the last quarter of the 20th century to the present day in order to make up for the shortage of primary health care providers for mental illness. The major improvement was the inclusion of the teaching, training, and research based on dynamics of traditional medicine in some African universities.

This review elucidated the cohesion of Adler’s Theory of Individual Psychology with African traditional healers’ conception of mental health and the different contrasting views of Western medicine and African traditional medicine.

Definition of Terms

Diaspora

Webster’s dictionary defines the movement, migration or scattering of people away from an established home or ancestral homeland (Diaspora, n.d.).
Mental Disorder

The American Psychiatric Association (2013) defined *mental disorder* as a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. However, an expectable or culturally approved response to a common stressor or loss, such as death of a loved one is not a mental disorder. Socially deviant behavior (example; political, religious or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflicts results from a dysfunction in the individual. (American Psychiatric Association, 2013, p. 5)

Pharmacognosy

“A branch of pharmacology dealing with medicinal substances of biological origin and especially medicinal substances obtained from plants” (Pharmacognosy, n.d.).

Traditional Medicine

The WHO defines traditional medicine as the total combination of knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating physical, mental, or social diseases and which may rely exclusively on past experience and observation handed down from generation to generation verbally or in writing (Soreketti Koriani, 2008).

Traditional Healers

A traditional healer is defined by the WHO as a person recognized by the community in which he or she lives as competent to provide health care using plants, claims the ability or a
healing power to treat particular diseases, complaints, or afflictions and animals, mineral products, and religious or social methods acceptable by the population in the community where he or she lives. The traditional healer is an educated or lay person; traditional healers in Africa acquire their knowledge of traditional medicine through oral tradition from individuals who might have gained their reputation elsewhere (Sorketti Koriana, 2008).

The WHO defined traditional medicine as the total combination of knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating physical, mental, or social diseases and which may rely exclusively on past experience and observation handed down from generation to generation verbally or in writing (Soreketti Koriana, 2008).

Mental Illness

This project articulated the related causes of mental illness in Africa, types of mental illness, and why traditional healers were preferred for mental health care rather than other health professionals based on peer reviewed articles. The researcher integrated his first-hand experiences over 40 years with traditional healers in the community where he had lived in Africa and examined the advantages of traditional medicine and how his experiences matched-up with both healers and with current literature. Finally, the project examined what traditional healers are doing to improve the art of traditional medicine and how that may best fit with current African culture.

WHO Regional Director for Africa, Doctor Matshido Moeti, declared on World Health Day:

In the African region, it is estimated that one out of every six people around the world suffers from some form of mental disorder. Unfortunately, in the course of treatment, some patients are subjected to undignified treatment, such as being chained to trees or
beds, locked in a cage, left without food for many hours, deprived of family support and inadequate personal hygiene. Mental health patients deserve respect and compassion as they cope with their disease, as is expected of those who suffer from any other disease. (WHO, 2015, para. 2)

Mental illness is an entire range of abnormal behavior patterns and serious problems, which can affect anyone (Barker, 2006). Numerous factors in Africa, such as diseases and addiction to drugs, political upheavals, as well as the breakdown of traditional value systems can precipitate mental illnesses (Madzhie, Mashamba, & Takalani, 2014). Atindanbila and Thompson (2011) indicated that two out of every 200 children in Africa develop depression, but those from non-intact homes or villages and who are abused or neglected have a high incidence of five out of 100 developing depression. Atindanbila and Thompson (2011) also concluded that children in South Africa suffer from depression and anxiety at a faster rate than their counterparts in other countries in Africa.

Madzhie et al. (2014) suggested that the contemporary African traditional healers living in diaspora and those on the continent have similar views on how to treat mental illness. As a result, they compared the similarities between African perception of mental illness treatment and other countries across the world. In their study, James and Peltzer (2012) stated that a third of Africans living in diaspora expressed their belief that the overall causes of their mental illness was a result of supernatural causes.

Similarly, Africans living in diaspora viewed that the perception of their mental illness did not agree with the Western practitioner’s belief that the cause was biological. Mental patients who received both traditional and Western medicine saw a marked difference in the relationship with their provider.
Watters (2012) found the following:

Patients expressed that when interacting with the traditional practitioner, they felt that they had been listened to and that they had the opportunity to speak about the problems they have been experiencing. If the causes of the problem were congruent with that of the practitioners’ explanation, then they were more inclined to feel pleased about their interaction and treatment mental illness. (p. 12)

In their study of Jamaican psychiatric patients, James and Peltzer (2012) found that traditional herbal medicine was least favorable when compared to Western biological treatment. Despite being discouraged by the “Western practitioner, who viewed traditional medicine as ‘weird and outlandish, clearly a product of ignorance and superstition, unscientific and virtually untestable’” (James & Peltzer, 2011, p. 103), patients still preferred traditional medicine. For instance, in the Solomon Islands, traditional healers used plants and tree bark for the treatment of physical problems and illnesses. Kastom doctors (or supernatural healers, as they are called on the Solomon Islands) can cure mental illness that had their origin in Kastom or supernatural deities (Blignault, Bunde-Birousted, Ritchie, Silove, & Zwi, 2009). Blignault et al. (2009) ascribed mental illness to Kastom, including sorcery, witchcraft, or ancestral worship.

In African traditional medicine, many people believe that mental illness is caused by evil spirits or unhappier ancestors, which is similar to the current African generation’s viewpoint of mental illness. Cohn (2016) stated that Africans who had more frequent contact with Western civilization, such as market vendors, white collar workers, and peri-urban dwellers, were less inclined to attribute this abnormal behavior to the supernatural spirits. After much explanation by Western practitioners, the members of the African diaspora realized that their mental illnesses were not necessarily caused by the supernatural (Cohn, 2016). For example, Haitians are
diasporic Africans, who are still inclined to their cultural heritage. Voodoo is practiced by a majority of Haitians. Voodoo is a mixture of African tradition combined with collectivism and some Catholicism (Kirmeyer, 2011).

According to Brown (1889 – 1991):

Voodoo is based on a vision of life in which individuals in life are given identity, strength and safety in a dangerous world through the fabric linking them together with the human being, as well as spirits and ancestors. For this reason, disturbances in health or bad luck are signs that relationships have been disrupted and need to be amended. (as cited in Kirmeyer, 2011, p. 31)

Haitians have ascribed mental health problems to supernatural forces.

Mental illness problems in daily functions and academic achievements may all be seen as consequences of a spell, a hex or a curse transmitted by a jealous person. Mental illness may be also be attributed by failure to satisfy spirits of deceased family members (Kirmeyer, 2011, p. 23).

The Haitian view of the person extends beyond Western individual notions and spiritual dimensions. Some mental illness, such as excessive worry, problems, or obsessions may be due to a Voodoo curse (Kirmeyer, 2011).

For example, Candomble is an African Brazilian religion brought to Brazil, initially from sub-Saharan Africa. It was largely influenced by the chattel slavery and mechanistic context from which it emerged during the period of slave trade (DeLoach, 2010). The Candomble religion served multiple spiritual and social functions. The religion mirrors that of Yoruba traditions in Nigeria. Candomble leader’s model ways in Afro-Brazilian can and should embrace their authentic heritage and resist the cultural subjugation and immediate exploitation of African
customs. It is apparent that Candomble was used once to maintain cultural continuity (Deloach, 2010).

Candomble was used as a model and means to treat the spiritual and physical health of its members. “The adherents of the faith sought medical and spiritual counsel for ailments suffered largely as a result of colonial life and transition to the foreign continent” (Deloach, 2010, p. 8). The healing methods used in Brazil were similar to the healing methods used in Africa. The rituals included drum and drum dances, religious paraphernalia, musical instruments, figurative representation of the deity offerings, divination, healing, and seclusion. It was apparent to Africans that enslavement did not represent the right order and interrupted spiritual health and they needed to practice their own religion to fight such forces.

**Diaspora**

Madzhie et al. (2014) suggested that the contemporary African traditional healers living in diaspora and on the continent, have similar views of how to treat mental illness. As a result, they compared the similarities between African perception of mental illness treatments and other countries across the world. In their study, James and Peltzer (2012) stated that a third of the African people living in diaspora expressed their belief that the overall cause of their mental illness was a result of supernatural experiences or beings.

Similarly, Africans living in diaspora agreed that the perception of their mental illness did not conform with the Western practitioner’s belief that the cause was biological. Numerous studies have been conducted on the topic of stress and illness by WHO (2003), which established that stress is reaching a deplorable pitch in Africa. Besides that, studies have also indicated that stress can be very dangerous if not well-handled (Dinan, McCall, & Gibson, 2004, p. 17). Atindabila and Thompson (2011) indicated that stress could also cause adverse medical
conditions, such as hypertension, migraines, cancer, depression, suicide, musculoskeletal problems, ulcers and skin disease.

Traditional Healers Conception of Mental Health

Non-Christian Traditional Healers of Mental Illness

Non-Christian traditional healers of mental illness perceived that mental illnesses were the result of malevolent intervention of witches or ancestors, and other cosmic forces who wish to correct an inappropriate social behavior (Atindanbila, 2011). Research conducted by Madzhie et al. (2014) found that traditional healers perceived mental illness as madness and disturbances in the person’s brain memory and personality. These included hallucinations and delusions. Mental illness results into behaviors that are culturally unacceptable. He went further to explain that mental illness causes conflict and disturbs social relationships in the community (Madzhie et al., 2014).

Akpomuvia, a Nigerian researcher, also stated that traditional healers believed the causes of diseases are due mainly to the transgressions of natural laws as expounded in traditional African metaphysics. These laws are constantly being violated out of ignorance and sometimes blatantly. The African believes that there is inherent ontological harmony in the created universe, and any attempt to destabilize the harmony and creates a diseased state (Akpomuvie, 2011). Akpomuvie (2011) also suggested that this attempt could be human or non-human, thus a disease could be physical or metaphysical according to traditional medicine. Hence, the traditional healers appealed to both scientific and metaphysical means in an attempt to achieve a comprehensive cure of any sickness. Senah (1988) elicited that severe mental disorders, like schizophrenia and bipolar disorders, were perceived by traditional African healers to be caused by supernatural forces, because of violations of the laws of deities, supernatural forces and
Supreme Being, ancestors, and lesser gods. In some traditional African societies, mental illness could be created by human beings by means of sorcery, witchcraft, magic, or by divine agents such as departed ancestors and angry deities. Past WHO reports stated that out of every four people in the world, one is affected with mental disorders at some point in their lives, and 10% of the world’s population suffers from depression (WHO, 2002).

Traditional Healers and Western Medicine

WHO estimated that 20% of people in Africa used the non-traditional medicine sector as their first contact place for all types of mental and physical health problems (American Psychiatric Association, 2014). WHO Traditional Medicine Strategy 2002-2005 (WHO, 2002) researchers on traditional healers stated that the frequent usage of traditional healers’ treatment of mental illness is holistic because it deals with the spiritual, physical, as well as the psychosocial aspects of health. In his study, Afya (2015) found a strong belief that modern medicine was deemed good for physical illness but powerless against supernatural causes. It was also concluded by the researchers that Western methods alone were effective for dealing merely with symptoms to give temporary relief, but the underlying social and moral problems were ignored (Agbor, & Naidoo, 2011; Blignault, Bunde-Birouste, Ritchie, Silove, & Zwi I, 2009).

Traditional Healers and Medicine

The WHO has stated that it is not easy to assign a unique definition to traditional medicine. It has a broad range of characteristics and elements; however, WHO defined traditional medicine as the total combination of knowledge and practices, whether explicable or not, used in diagnosing or eliminating physical, mental, or social disease, which may rely exclusively on past experience and observation handed down from generation to generation verbally or in writing (WHO, 2001).
Some traditional healers learn the art of traditional medicine either through apprenticeship or from members of the clan or family members. In some tribes, such as the Okus in Cameroon, traditional healing is reserved to some privileged members of the clan. Traditional healing is very prevalent in Africa and differs between tribes and countries. In the Sudan, traditional healers can be divided into two distinct groups:

1. Religious healers who are influenced by Christianity and Islamic cultures and
2. Traditional healers who are influenced by traditional African culture (Sorketti Koriana, 2008).

The traditional practitioners in Africa include herbalists, traditional birth attendants, bone setters, diviners, traditional surgeons, spiritualists and others (Trease & Evans, 2002).

Commonality of African Traditional Healer and Adlerian Theory of Social Interest

Alfred Adler was the founder of the psychological theory and system called Individual Psychology. He chose the term *individual* as the Latin derivation of indivisible referring to the essential unity of the person (Sperry, Carlson, Sauerheber, & Sperry, 2015). Adler believed that the hallmark of the healthy, non-pathological person was the capacity to move through life meeting the various life tasks with courage and common sense. Adler called this hallmark *social interest* (Sperry et al., 2015). Adler assumed that the majority of an individual’s personality was created in the early years of life; however, as creative individuals, people do have the ability to change. Through insight, their perception can change, which in turn, creates personal and behavioral change. Since people are social creatures, increasing the social interest of clients is the ultimate objective of therapy (Ansbacher, & Ansbacher, 1964). Adler believed that social interest reflected the mental health of an individual. The individual who is not interested in their
fellow human has the greatest difficulties in life and provides the greatest injury to others. It is from among such individuals that all human failure springs (Ansbacher & Ansbacher).

Maiello (2008) stated that African traditional healers believed illness cannot devolve into either physical or mental suffering. Thus, the body and mind were units that could not be separated from each other. Maiello also claimed that physical symptoms belonged to every illness including mental disorders. Hence, traditional healers approach to mental illness was holistic which included biological, psychological, and social spiritual measures. Mndende (2006) suggested that African traditional healing of mental illnesses involved ritualistic elements that were viewed to be holistic in treating social, moral, and spiritual illnesses. The Adlerian concept of Individual Psychology also perceived that individuals were unique because they could act in a social milieu within the situation of their evolutionary past and present (Ansbacher & Ansbacher, 1964).

Many groups view that mental illness is the precipitant of disorder in the community and also causes a lack of social interest. The description and explanation of mental illness was often phrased in terms of social interaction, in particular between members of one kinship. The purposes of illness, its treatment, and prevention were linked to the quality of human relationships. Jealousy, hatred, and moral wrongdoing were affiliated with physical and mental illness. Rupture in the community was tantamount to apparent decay in the health condition of its members (Ansbacher & Ansbacher, 1964). The concept of social interest was analogous to African traditional healers’ views because it tended to provide guidance to help mental patients change their behavior (Ansbacher & Ansbacher).
Christian Traditional Healers of Mental Illness

**Pentecostal Conception of Mental Illness**

The Pentecostal view of mental illness, including depression, bipolar disorder, autism, reactive attachment disorder, and schizophrenia, are caused by devils, who have entered the victims’ body (Mercer, 2013). The demons, who are servants of Satan, can operate through material bodies. When the Holy Spirit enters the body, the person can speak in tongues, but if the demon enters the victim’s body, it will cause abnormal behaviors. The type of mental illness manifested by an individual depends on the type of demon influencing him. In each case of demonization, there is considered to be one ruling spirit or strong man, and it is essential that this one be addressed but also that every one of the subordinate demons be expelled as well (Mercer, 2013). The demons are called by different names, such as bitterness, rebellion, strife, control, nervousness and paranoia (p. 469).

The rule of demons, by the Pentecostals, shares little with conventional or naturalistic approaches to mental illness. The experiences and circumstances, in which an individual finds himself, attracts devils to enter his or her life. In some instances, demonization occurs with the person’s intentional participation in sinful actions. It can also occur when someone who is not afflicted with demons mixes with someone who is afflicted. It should also be noted that demons are attracted by events that are neither intentional nor sinful but accidental (Mercer, 2013).

**Adoption.** Pentecostals assume that adopted children are very likely to be afflicted by demons. Although the child might have never experienced thoughts or behaviors that created vulnerability to demons, Pentecostals hold that the circumstances of the adoption may attract demonic interests (Mercer, 2013). These may include the death of a parent, after which spirits of abandonment and fear may make their entrance. More often, the child who is to be relinquished
for adoption has already been exposed to demonic activity, produced when a conception occurred out of wedlock or in a spirit of lust (Mercer, 2013). The Pentecostal considers abortion as an invitation for the demon to afflict the unborn child and the womb and attack all body parts of the child. A spirit of death gains a legal right to a child, but in the womb of the mother or father, for those who even contemplate an abortion. The spirit of the demon also enters the child even at contraception by means of IUDs, foams, and contraceptive pills that work by inducing an abortion (Mercer, 2013).

**Childhood trauma.** Pentecostals assume that demons enter a child during traumatic occurrences and stress the possibility that this occurs at early infancy. The use of drugs during birth affects the unborn child’s emotions. Birth traumas are given special considerations because what affects the child remains with the child until the child reaches adulthood. Other vices, such as physical, emotional, and sexual abuse will attract demons that distort behaviors (Mercer, 2013).

**Sickness and death.** Past experiences of one’s own illness and also of death are thought to invite demonic entry through grief, abandonment, loneliness, and insecurity. The spirits may remain with the infected person from childhood until adulthood and may lead to similar demonization (Mercer, 2013).

**Occult interaction.** Pentecostals strongly believe that any association with any part of the occult is likely to attract demons. This would include stories or movies connected with magic and witches, Ouija boards and tarot cards, and fortune tellers. All new age practices are considered occult and Pentecostal schism may include references to schismatic practices as well as occult (Mercer, 2013).
Curses. Pentecostals believe that a curse is a demonic force brought to bear on a person of family by the will or actions of another individual (Mercer, 2013). The other person might create a curse by wishing ill or by specific manner or communications that are hostile to the individual. This explanation is analogous to the mainstream psychology about experience with harmful interaction. Some curses are generational by nature and inherited from family members (Mercer, 2013).

Moslem Traditional Healers’ Conception of Mental Illness

The general concept that mental illness is caused by supernatural power is common in many different parts of the world (Hailemariam, 2015). Studies conducted in Abyssinia [Ethiopia] by Teklemariam (2010) also noted that both Muslims and Christians have attributed mental illness to the presence of evil spirits.

Spirit possession is treated with prayer and herbal preparations or holy water depending on whether the patient is Muslim or Christian. Some people may utilize different sources of religions and medical help for mental disorders, with the reputation of the healer of greater importance than his religious orientation. (Kemp as cited in Teklemariam, 2010)

There are many Islamic traditional healers of mental illness in African countries especially North Africa, the Middle East and diaspora. Thomas, Al-Qarni, and Furber (2015) articulated that

Substantial investment in health care have ensured the widespread availability of allopathic medical services across the United Arab Emirates (UAE). However, in spite of this accessibility, traditional Islamic healers (Mutawa)continue to play a significant, albeit, unofficial role in the UAE’s health sector. Citizens routinely consult traditional
healers for problems that might, from a western biomedical perspective, be considered psychiatric conditions. (p. 134)

Muslims prefer the traditional healers because their religious rituals play an important part in their treatment protocol. “The traditional healers’ diagnostic techniques and interventions similar, as both involved the recitation of the Quran” (Thomas et al., 2015, p. 141).

Causes of Mental Illness in Africa

In their research, Ofori-Atta et al. (2010) suggested that mental health care professionals believe that there are a range of factors that contributed to the cause of mental illness. Saloojee, Burns, and Motala (2014) indicated that the cause of mental illness included family history, physical, social, environmental, and psychological factors. Kahsay (2015) argued that the cause of mental illness was attributed to different social evil practice and traditional beliefs people were punished by God as a result of disobeying the religious principles. Kahsay also suggested that an individual’s own genetic make-up can contribute to being at risk of developing a mental illness and that trauma to the brain (via a form of head-injury) can also sometimes lead to changes in personality and in some cases trigger symptoms of an illness. Misuse of substances (such as alcohol or drugs) and deficiencies of certain vitamins and minerals in an individual’s diet can also play a part (Bone, Koskie, Kushniruk, & Shorting, 2011). Bone et al. (2011) concluded that individuals living in poverty or social isolation, being unemployed, or highly stressed at work can all put pressure on an individual’s mental health.

Disasters

In Africa, mental illness could be caused by poor, unstable governments, human-initiated and natural disasters, disease, and addictions. One special differentiation between types of disaster is the natural vs. the technological, or human-caused, disaster. Natural disasters tend to
involve lack of control over natural forces, like wind, that people expect to be uncontrollable, while technological disasters can be less defined, especially if they include toxic exposure, and can involve a loss of control over an area of life in which we expect control, such as drinking water (Dos Santos, Wainberg, Caldas-de-Almeida, Saraceno, & Mari, 2016).

**Man-Made Disasters**

Man-made disasters can include things such as wars, human rights abuses, environmental destruction, and poor governance. Experiencing any of these can impact the mental state of people.

Human rights abuse has been prevalent in Africa for a very long time and continues today. The United Nations announced the *Universal Declaration of Human Rights* in 1948 in order to abolish all the ills that tend to lead and foster human rights abuse in all countries of the world (Watters, 2012). The *Universal Declaration of Human Rights* states in Article One that “All human beings are born free and equally in dignity and rights” (Watters, 2012). These rights belong to all individuals and are indivisible, interdependent, and interrelated. Aidoo and Harpham (2001) argued that mental health human rights abuses are assaults whose effects can last for decades within the victims. For example, during political uprising in South Africa and other parts of the world, war victims experience mental health abuse for years.

Exposure to political violence and other state perpetrated human-rights abuses in countries in Africa - such as South Africa, Egypt, Sudan, Democratic Republic of Congo, and Cameroon to name a few – have increased the wave of homelessness. “Sub-Saharan Africa hosts more than 26% of the world’s refugee population. That number soared in recent years partly due to the ongoing crisis in Central African Republic, Nigeria and South Sudan” (United Nations High Commissioner for Refugees, 2017, para. 1). The stress of homelessness from people who
are fleeing persecution from these war-torn countries can cause mental health illnesses. As a result of this homelessness and man-created disasters, people cannot farm and cannot purchase the food they need. The result is inadequate nutrition, leading to malnutrition and starvation.

This has exposed a large proportion of the population to primary and secondary traumatic experiences, which included physical and sexual abuse (Atwoli et al., 2015). From the second half of the 20th century residents of Black townships in South Africa were victims of numerous campaigns and paramount anti-government political leaders were assassinated or imprisoned. The rampant torture of political opponents was widely practiced (Karee, 2004). A number of studies on people who were victims of torture during political detention showed that there were many serious, long-term psychological symptoms as a result of that abuse (Karee, 2004). An experience such as torture most likely involved ‘actual or threatened death or serious injury’ (American Psychiatric Association, 2013, p. 271) or could have been a ‘threat to the physical integrity’ of the survivor, suggested that it meets the criteria for posttraumatic stress disorder (PTSD) as specified in the American Psychiatric Association (2013). Karee (2004) also stated that many cases of torture threatened the physical integrity of the individual or involved an actual or threatened death or serious injury.

An example of a human-initiated disaster occurred in the Nigerian oil fields when the environment was contaminated, and the people were unable to farm. The multinational oil companies initiated unchecked drilling pumping and extracting oil, laying pipelines across people’s property without asking permission. The pipelines were not well laid because the workers were inefficient, and this caused leaks and spills, contaminating the soil in the area (Kajawu et al., 2015). The forest was also damaged, and the fish and other sea creatures were killed. Frequent oil fires were rampant. The excess natural gas burned in the air caused excessive
heat and polluted the air. As a result, the people were unable to live in the Delta region because the environment had been completely damaged by the negligence of the oil companies. When the people complained, the government of Nigerian dictator Sani Abacha moved in and subdued the villagers. Soldiers quickly moved in and burned 30 villages, killed 2,040 people, and made 1,000 people homeless. This assault on human rights caused a lot of mental health problems and cases of PTSD down the road. A prominent leader of this fight was Ken Saro-Wiwa, who was executed by Nigerian dictator Sani Abacha (Hunges, 2015).

Natural Disasters

Africa, like every part of the world, is subject to a variety of natural disasters. Davidson and McFarlane (2006) stated that natural disasters are occasions that challenge people’s ability to adjust and carries the risk of adverse mental illness outcome, which include serious posttraumatic psychopathologies. Davidson and McFarlane also argued that disasters lead to PTSD in many people who are exposed to it. For example, the current drought in North Africa, Somalia, Sudan, Chad, and Nigeria has led to many people losing the family farm and has caused horrible mental health issues.

Disasters also vary widely in the amount and the nature of the stress they involve. These variables include the duration of the disaster, the loss of life, and the degree of damage or injury to individuals and property. The problem is compounded by the lack of availability of economic and social support systems to help those who have been affected by the disaster and its aftermath.

All of these factors may differ in a flood as contrasted to an earthquake, or between one flood and another, or between one victim’s and another’s experience of the same flood. Eaton, Des Roches, Nwaubani, and Winters (2015) suggested that natural disasters cause serious
psychopathology and health problems to its victims. Eaton et al. (2015) reported that 68% of natural disaster victims experienced PTSD. The second most common psychiatric problem was depression, found in 36% of the samples. Anxiety in various forms was shown in 32% of the samples. Health concerns were also often present (23% of the samples). It was not usually clear whether victims' health concerns were realistic or were based on somaticizing the stress of the experience (Nathan, 2005). Eaton et al. (2015) recommended that all disaster researchers use a standard measure of psychopathology so that it can be more clearly determined which disorders are linked to undergoing disaster.

In general, the nature of the natural disaster and the extent of the trauma it wreaks are more predictive of the extent of psychopathology that follows than are characteristics of the victims (Gozdzik, Salehi, O'Campo, Stergiopoulos, & Hwang, 2015). For example, first responders and disaster workers are at special risk for PTSD and other negative emotional consequences of disaster (Norris, 2002). This vulnerability has usually been perceived to be related to the experience of the work rather than to any inherent vulnerability factors, as often people choosing these professions have high levels of emotional hardiness (Nathan, 2005, p. 45).

Diseases

Mental health and physical health are fundamentally linked. People living with a serious mental illness are at higher risk of experiencing a wide range of chronic physical conditions. Conversely, people living with chronic physical health conditions experience depression and anxiety at twice the rate of the general population (Aidoo & Harpham, 2001). For example, the United Nations reported that over 34 million people were affected by AIDS by the year 2009.
The African continent has the highest prevalence of AIDS. Sub-Saharan Africa continues to bear the global AIDS burden through an epidemic across countries in Africa.

The recent and recurring Ebola outbreak in Central and West Africa has significantly impacted mental health in the area:

The Ebola epidemic in West Africa may be fading, but its impact on mental health could linger for years. Survivors are often haunted by traumatic memories and face rejection by society when they return home, and those who never contracted the disease may grieve for lost relatives or struggle to cope with extreme anxiety. (Reardon, 2015, p. 13)

Health problems also share many symptoms that can be related to issue such as food cravings and decreased energy levels, which can increase food consumption, decrease physical activity and contribute to weight gain (Staiger, Waldmann, Rüsch, & Krumm, 2017). Staiger et al. (2017) argued that these factors increase the risk of developing chronic physical conditions that impact individual human mental well-being. Hughes (2015) stated that people living with chronic health problem conditions are at risk of developing mental illness.

**Addiction**

Alcoholism and drug abuse were not often investigated, but when they were, levels of abuse have been found to rise after disasters. According to Didenko and Pankratz (2007), two-thirds of mental illness reports stated that drugs and alcohol were a major reason for their becoming mentally ill. Didenko and Pankratz (2007) conducted research on the nicotine, alcohol, marijuana, and recreational drug use in mentally healthy test subjects and psychiatric patients diagnosed with schizophrenia, bipolar disorder, or schizoaffective disorder. The Didenko and Pankratz study indicated that 30% of those with a severe mental illness engaged in
Substance abuse and mental illness are often so tightly intertwined that it’s difficult to distinguish one from the other. Ho et al.’s (2014) research estimated that 50% of people with a mental illness also abuse drugs or alcohol. Hence, it makes it difficult for addiction professional to treat or find the best method to diagnosis individuals with mental illness. Ho et al.’s (2014) study showed that mental disorders can increase vulnerability of individuals to subsequent drug abuse and that drug abuse constitutes a risk factor for subsequent mental disorders. Consequently, diagnosis and treatment of one disorder will likely reduce risk for the other, or at least improve its prognosis.

Lo, Monge, Howell, and Cheng (2013) argued that serious mental illness is associated with co-occurring alcohol abuse and prescription-drug misuse. Lo et al. (2013) stated that individuals with severe mental illness were at much greater risk of exhibiting alcohol abuse and dependence or nonmedical use of a prescription drug than were individuals with no mental illness. Lo et al. concluded that the risk effects posed by the severity of mental illness can be strongest where co-occurrence concerned and weakest with respect to prescription-drug misuse can be real. Mall et al.’s (2015) study indicated that substance abuse in Sub-Saharan African was the leading cause of disability that account for 23% of individuals with mental illness. For example, alcohol and drug abuse in South Africa are the leading cause of PTSD, which increases the risk of an individual becoming affected with mental illness (Seedat, van Niekerk, Jewkes, Suffla, & Ratele, 2009).
Why Do Africans Prefer Traditional Healers?

In all African regions, traditional healers are resourceful and play a pivotal role in many spheres of people’s lives since they are traditional medicine knowledge storehouses (Yeboah, 2000). African traditional healers serve important roles as educators about traditional culture, cosmology, and spirituality. They also serve as counselors, social workers, and skilled psychotherapists as well as custodians of indigenous knowledge systems (Mills, Cooper, & Kanfer, 2005).

The services of traditional healers go far beyond the uses of herbs for physical illnesses. A particular example of the role of traditional healing extends to Mozambique. Traditional healers were found to be invaluable in post-civil war social reconstruction and community rebuilding in Mozambique, particularly in the rural areas (Heber, Fleisher, Ross, & Stanwick, 1989). It is doubtful whether modern psychological and psychiatric services would have been appropriate in Mozambique since traditional healing was highly involved by rendering culturally relevant psychological services that included communication with the ancestors (Heber et al., 1989).

There are strong indications that traditional health care systems are still in use by the majority of the people not only in Africa but across the world. In Africa, the healers are variously addressed as Babalawo, Adahunse, or Oniseegun among the Yoruba speaking people of Nigeria; Abia Ibok among the Ibibio community of Nigeria; Dibia among the Igbo of Nigeria; Boka among the Hausa speaking people of Nigeria; and Sangoma or Nyanga among South Africans (Cook, 2009).

Abdullahi (2011) stated, “In indigenous African communities, the traditional doctors are well known for treating patients holistically. They (the traditional doctors) usually attempt to
reconnect the social and emotional equilibrium of patients based on community rules and relationships” (Introduction, para. 2), unlike medical doctors who only treat diseases in patients.

In many of these communities, traditional healers often act, in part, as an intermediary between the visible and invisible worlds; between the living and the dead or ancestors, sometimes to determine which spirits are at work and how to bring the sick person back into harmony with the ancestors.

The arrival of the Europeans marked a significant turning point in the history of this age-long tradition and culture. In this project, the trends and challenges of African traditional medicine were examined with emphasis on the efforts towards the integration of Traditional Medicine [TM] into the mainstream of health care systems (Hilton et al., 2001). Over the past decade, the global psychiatric community has noticed a dramatic increase in mental health disorders. The African continent has a greater number of mentally ill patients without adequate care or no care delivered that include availability, affordability, and familiarity (Hilton et al., 2001).

There is growing documentation of the meagre financial and human resources dedicated to mental health care, especially in Africa. Africans spend less than 1% of their national health budgets on mental health. There is one psychiatrist for every 2.5 million people, one psychologist for every 2.5 million people, and one psychiatric nurse for every 500,000 people in Africa. It is troubling to report that 44% of African countries do not have a mental health policy while 33% do not have a mental health plan (Bone, Dell, Koskie, Kushniruk, & Shorting, 2011). In Africa, there is a gross inadequacy of beds for those requiring hospital care for mental illness with an average of .34 beds per 10,000 population; 73% of which are in psychiatric hospitals.
Many Africans prefer the traditional healers because they are familiar, widely available, and affordable (Hilton et al., 2001).

**Affordability**

Gureje and Lasebikan (2006) stated that traditional healers, like any other profession, are rewarded for their services. In African societies, the payment for a treatment depends on its efficacy. They do not request payment until after the treatment is given. This is another reason many prefer traditional healers to Western doctors who require payment before the patient has assessed the effectiveness of the treatment (Gureje & Lasebikan, 2006). Consequently, patients seeking help for mental disorders in Africa primarily depend on alternative or informal sources of care such as traditional and religious healers who may be the only ones available (Gureje & Lasebikan).

The explanation given to clients are acceptable rather than allopathic medicine. Some patients believe their problems can be handled better by traditional healers than modern medical practitioners (Corrigall, Lund, Patel, Plagerson, & Funk, 2008). The cost of traditional medicine is lower and more flexible than hospitals and modern medicine. It affords the clients the opportunity to settle their bills when they can afford them. The patient can pay their bills only when they are fully recovered and can work to pay their bills (Corrigall et al., 2008).

**Availability**

Traditional healers could be found easily and are accessible in all parts of Africa, even in places where hospitals, clinics, and health centers cannot be found. In most cases, when hospitals and clinics are available, they frequently lack both professional and basic drugs. The ratio of Western trained doctors for the continent of Africa as a whole is 1:10,000 as compared with America’s ratio of 1:200 Western trained doctors (Corrigall et al., 2008). In Zimbabwe, there are
few biomedical practitioners, and only a few of them have specialized in mental health such as psychologists or psychiatric nurses (Corrigall et al., 2008). These professionals are usually concentrated in the urban areas; as a result, the majority of the rural population turns to African traditional medicine for care rather than go to somewhere else for treatment.

**Familiarity**

According to Nelson Mandela Metropolitan University’s research, traditional healers’ familiarity with culture bound syndromes, and traditions, and their relationships with patients and their families place them in a position to serve as an alternative to mainstream health providers. Mufamadi (2009) stated that people visited tradition healers due to their familiarity to traditional healers that include the belief that illness arises from supernatural causes and indicated the displeasure of ancestral gods or evil spirits. Traditional healers also deal with traditional ailments. People who are visiting the traditional healers are familiar that culture-bound syndromes usually do not respond to Western medicine and must be treated by traditional healers (Mufamadi, 2009). Nelson Mandela Metropolitan University research also indicated that the culture bound syndromes that cannot be treated with Western medicine includes spirit possession, sorcery, ancestral wrath neglect of cultural rites or practices.

According to Middleton (as cited in Campbell, 2002), ancestors may be described as spirits similar to guardian angels. Mtshali, a Zulu traditional healer, defined the ancestors as people who do not actually die, they pass over, then contact us. They help us. Their learned that there are on earth by the will of God (Middleton, as cited in Campbell, 2002). The ancestors, therefore use traditional healers as instruments to manifest or make known their intentions (Middleton, as cited in Campbell, 2002). They take on an important function in daily life. If one loses touch with the ancestors, this may impact one’s luck in life (McKay, McCadam, &
Gonzales, 1996). Traditional healers in South Africa are believed to have both mystical powers and authority (Kale, 1995). Traditional healers in South Africa believed that ancestors, therefore, play a pivotal role in notifying the traditional healer of disharmony in the environment. The traditional healer will then use this guidance to establish harmony. According to a WHO 2003 report, mental patients prefer traditional healers because of their confidence in the system and because they have been raised in the community. They might even have family members who are tradition healers.

Stigmatization of African Tradition Medicine

The arrival of Western medicine in the African countries had a negative impact on traditional African medicine. For instance, ancestral medicine was viewed as inferior, and therefore, it was stigmatized and marginalized. As a result, the development of this branch of African knowledge was stymied for a long time. In some extreme cases, traditional African medicine was completely banned due to its association with ‘witchcraft.’ In the eyes of the colonists, this supposed ‘witchcraft’ was regarded as ‘backward’ and ‘superstitious’ and therefore something undesirable that Westerners believed should be eliminated. For instance, the South African Medical Association outlawed traditional medical system in South Africa in 1957 (Hassim, Heywood, & Berger, 2007). The South Africa Witchcraft Suppression Act of 1957 and the Witchcraft Suppression Amendment Act of 1970 also declared TM illegal thereby barring the specialists or traditional African doctors from doing their medical practices in South Africa (Hassim et al., 2007).

The embargo of TM was partly based on the belief that the conception of disease and illness in Africa was historically embedded in “witchcraft” where, in Western knowledge, witchcraft reinforces backwardness, superstition and concept of the Dark Continent.
Nevertheless, modern studies have shown that etiologies of diseases in Africa are viewed from both normal and supernatural perspectives (Bello, 2006; Erinosho, 1998, 2005, 2006; Jegede, 1996; Oke, 1995). Novins et al. (2004) argued that the enduring joint distrust between allopathic and TM practitioners in Africa have endlessly disadvantaged and dissatisfied the process of incorporation and integration between traditional and modern medicines as well as the problems in regulating traditional medical practices.

Novins et al. (2004) stated that the Western-trained doctors seem unwilling to allow TM and their practitioners to be included in the modern medical system or medical care in Africa. For instance, an Ebomoyi (2009) study indicated that Nigerian medical students have reservation about the integration of TM into the majority of health care establishment in the country. This was suggested that not much was being done in medical schools to inspire the teaching of TM as they keep recitation in some parts of the world (Konadu, 2010).

Another fundamental stigmatization of TM is the widespread reported cases of fake healers and healing, though, this is not limited to TM practice only. Ebomoyi (1982) observed that since the proficient healers could be rendering beneficial services to a large population, it might be a common place to encounter quacks among the practitioners. Traditional healers have no guidelines with regards to medication administration. Herbal medicine was frequently used in treating mental illness, emotional distress, and correct balance between physical and natural cycles (Madzhie et al., 2014). The problem lay in the fact that dosage cannot be quantified when symptoms of a disease increase or decrease. Traditional healers have knowledge about personal sanitation, viruses, and bacteria and their effects on the human body. Most of the drugs are prepared under unsanitary conditions and stored under unhygienic condition (Watters, 2012). It
has been reported that some patients have contracted nosocomial infections and traditional healers infecting themselves.

Traditional African Healers Treatment Methods

Diagnosis is a key part of African practice of TM. This entails a systematic quest to find the origins of a particular disease and determine why it has affected a particular person at a particular time (WHO, 1978). Atindanbila and Thompson (2011) suggested that the African traditional healers use patients’ histories, family histories, physical examinations, and divination for diagnostics.

In African TM, practitioners treat all age groups and all health problems using and administering medicines that are readily available and affordable (WHO, 1996). The treatment guide used by traditional healer practitioners (THP) in general and diviners in particular may vary greatly and depends on the THP’s own knowledge and skills as well as the nature of the patient’s illness. According to WHO (1996), the African traditional healer’s treatment is comprehensive and has curative, protective, and preventive elements that can be either natural or ritual or both, depending on the cause of the disease. Ngoma, Prince, and Mann (2003) argued that the mode of administration of medications includes, among others, oral ingestion, steaming, sniffing of substances, cuts (the African traditional medicine form of injection) or body piercing in accordance to the African traditional medicine form of acupuncture.

Physical Examinations of the Client

This is the most relevant diagnostic method employed by a large number of traditional healers. The traditional healers collect a homogenous physical and psychosocial history of the client, looking for such signs as the following: bizarre speech patterns, untidy appearance, being withdrawn, fear, nightmares and similar behaviors. More history information is also collected
from family members, friends and communities where the client resides. Traditional healers use this base line history to create the diagnosis and the treatment formulations (Atindabala & Thompson 2011). Satisfactory healing involves not merely the recovery from physical symptoms but also the social and psychological reintegration of the patient into his or her community (WHO, 1996).

**Divination**

The African concept of disease and medicine is the foundation of traditional medicine treatment (Atindanbilia & Thompson, 2011). “Unlike the situation elsewhere, in countries of the African Region, medicines have a personality and potent living force” (WHO, 1996, p.130). For example, neurosis is viewed differently in Africa than elsewhere. African THPs make use of divination to unravel the mental and psychological problems of their patients (WHO, 1978). Divination and oracles, therefore, plays a significant role in the treatment of neurosis and helps retrace a patient’s life from his metaphysical past to determine how it impacts the present and future (Atindanbilia & Thompson, 2011).

In Ghana, the healers are priests and priestesses of cults and other fetish agencies. The group derives their healing powers from a Supreme Being, lesser gods, and ancestors (Omotezejelle, 2004). In order to get into contact, the healers use secret objects that represents different aspects of people’s life, such as birth, happiness, riches, and death. These objects are thrown like dice on the ground and the solutions to the client’s problems are interpreted from a configuration of items (Omotezejelle, 2004). The supernatural spirits communicate through these items. The common communication channels with spirits are through cowries with soothsayers (Atindanbila, & Thompson, 2011). The process of divination will then involve such techniques and belief as the casting of divination objects, extra-sensory perception or ability of
interpretation of dreams and visions (WHO, 1996). In situations where divination is utilized, diagnosis may comprise of a combination of observation, where the patient’s physical symptoms are noted, and patient self-diagnosis, where the patient reports their problem to the THP (WHO, 1996). Where necessary, the impressions of other family members regarding the patient’s illness may also be obtained.

**Occult Therapy**

The dictionary definition of occult refers to it as hidden, secret and mysterious, particularly pertaining to the supernatural (Atindanbila & Thompson, 2011). Examples of occult practices are astrology, witchcraft (Wicca), the black arts, fortune telling, magic (both black and white), Ouija boards, Tarot cards, spiritism, parapsychology, and Satanism (Moodley, 1999).

Moodley, (1999) confirmed that in the metaphysical division of traditional medicine, prayers, invocations, or incantations are offered to some mysterious and powerful forces. Senah (1988) suggested that traditional Africans believe that mental illnesses, which are caused by supernatural powers, can be treated by larger doses of magic-religion force. Vontress (2000) claimed that African occult healing involved making diagnoses that are unscientific and religious-based and interventions that are psychological, spiritual, and physical. For example, dance and music are sometimes used as part of African occult healing practices. Vontress (2000) noted that the ravage of poverty, drought, disease and the shortage of Western doctors have unfortunately resulted in the continued use of folk or occult therapy by the African traditional healers.

Many traditional healing practices, including those of Africans, involve the use of rituals. Practitioners of African occult therapy are often erroneously referred to as shamans or shamanic practitioners who should rather be viewed as herbalists, spiritual, and ritualistic healers (WHO,
Occult therapy can treat spiritual illness, neck swellings, and other physical and mental illnesses. They also are counselors who give advice and use healing cultural artifacts and icons, such as stones, beads, and roots (Vontress, 2000). Atindanbila and Thompson (2011) stated that the traditional healer’s treatment by occult therapy excludes their patient from eating some special kind of food during the period of treatment and after treatment, alcohol, or sex during or after treatment. No treatment by the healer is completely effective without adequately consulting with the spirit connected with the misfortune (WHO, 1996).

In their study, O’Neill et al. (2015) argued that traditional African healers instructed their patient to wash their body with their special concoction for a recommended period of time. O’Neill et al. claimed that the washing was believed to apply the needed Koranic verses onto the body and remove the ‘blockages’ that were making the person sick. De Andrade and Ross (2005) suggested that traditional healers use psychic and telepathic abilities to detect and diagnose their patient’s pain and disease before the patient’s self-report.

Kwansa (2010) suggested that “spiritual’ occult therapy has been used by African traditional healers to treat diseases such as malaria and HIV or AIDS. Another method of using occult therapy is to invoke the blessings of ancestors (Kwansa). Communication with ancestors forms an important part of the African healing tradition. For example, traditional African healers believe that their ancestors serve as a “lobby” in the spirit realm (De Andrade & Ross, 2005). They can make appeals for doing good things on their descendants’ behalf.

In order to provide good treatment, the traditional African healers perceived that a mental illness had supernatural origin, which can be treated or controlled by the enormous forces of occultism. Every traditional healer had his or her own skills to fight the different evil forces. The traditional healer said prayers, invocation and incantations to make the treatment more potent.
Some of the clients were given holy water or salt to add to their diet and sometimes animals were offered to pacify the God because Africans believed they must maintain a good relationship with the ancestors (Kwansa, 2010).

**Restraints**

Most African traditional healers have confirmed that they have carried out forced treatment and restrained violent people in distress on the basis of ‘consent’ given by relatives who typically bring the person to the healer (WHO, 1996). According to a WHO report, it was confirmed that 80% of African traditional healers had used chains to restrain their patient when they became aggressive. Some mental patients are indeed violent and recalcitrant. In order to keep them under control, physical restraints such as chains, ropes, and handcuffs were used to immobilize them. It is appalling to mention that some clients were physically or verbally abused and forced to take sedative herbal concoctions without their consent (as cited in Omonezejele, 2004).

**Traditional Healers Pharmacognosy**

A traditional African diasporic healer (in the Toba community in Central Chaco, Argentina) used pharmacognosy for the treatment of parasitosis and skin disorders, as well as for the control of their etiological agents or vectors (Omonezejele, 2004). Senah (1988) stated that traditional healers believe that every mental illness has a corresponding plant or animal product that can cure or neutralize its effect. Oke (1995) suggested that traditional African healers use various parts of plants such as the leaves, the roots, backs, and the seeds for treatment of various diseases. At various times, these parts of plants are blended with mud, earth, and small animals and insects. The herbs are processed into any of the following forms; emulsions, ointments, concoctions and powders. The solvents the traditional healers use vary such as water, alcohol,
honey, and oil. The routes of administration of the herbs take various forms, such as oral inhalations, enemas, instillations into the nostrils, eyes, and ears (Oke, 1995). Medicinal plants provide the primary ingredients for the treatment of diseases with an inflammatory or infectious component as it is the case of old wounds, skin diseases, and malfunctions affecting internal organs such as the liver, lungs, prostate, and kidneys (WHO, 1996).

Traditional healers also have used pharmacognosy as a part of the diet to their patients. For instance, the fruit of Tetra pleura was put into a soup (a thick sauce with meat or fish and fufu), or the fruit pulp was scraped and ground into a powder (Oke, 1995). In the traditional African healer’s treatment process, the plant would be left to stand in boiling water for about 30 minutes, and then the extract could be used. Treatment and choice of herbs was determined by the presenting complaint. Patients were either given the mix for hypertension or, if they suffered from both hypertension and diabetes, they received a mix for each condition (WHO, 1996).

**Prophylactic Therapy**

A prophylactic is a treatment designed and used to prevent a disease from occurring. For example, prophylactic antibiotics may be used after a bout of rheumatic fever to prevent the subsequent development of Sydenham's chorea (Hartwell, 2014).

Based on the African traditional healer prevention approach to mental illness, traditional healers uses prophylactic treatment approaches or prescriptions that call for animal sacrifices to placate the spirits or shades who may have been afflicting the patient with bad luck or poor health. The first form of treatment administered is purification through administration of an enema or induced vomiting (Hartwell, 2014).

Treatment is comprehensive and has curative, protective, and preventive elements. It can either be natural or ritual, or both, depending on the cause of the disease. It includes among
others, ritual sacrifice to appease the ancestors, ritual and magical strengthening of people and possessions, steaming, purification (for example, ritual washing, or the use of emetics or purgatives), sniffing of substances, cuts (African mode of injection), wearing charms, and piercing (African acupuncture) for prevention (Hammond-Tooke, 1989). Herbal medication is the most common therapeutic method used by African traditional healers – some are used as placebos, others for sympathetic magic, but many have definite medicinal value. Other methods include psychosocial counseling, simple surgical methods, rituals and symbolism. Protection may simply refer to maintaining the personal and environmental balance essential to health. It may involve matching hot and cold items or sour and sweet substances. Rituals for protection are performed for both persons and residences (Hammond-Tooke, 1989).

These rituals may include meticulous avoidance of forbidden objects and the careful execution of ritual observances. A taboo limit contact between people and objects that may be defiling or between healthy persons and those who are either contaminated or weak, such as postpartum mothers, newborn infants, and others in various marginal conditions. For example, the Yoruba have a smallpox deity served by a priest who is immune to the disease following recovery from it. They also use their left hand to handle dirty objects to keep the right hand clean for eating. In African villages, disease and misfortune are religious experiences and must be approached from a religious perspective. That is why these same protection rituals are currently being performed for Christians (Orhioghene, 2014).

Africans live in a world peopled by vengeful ghosts and spirits, witches, sorcerers, and angry or jealous relatives and neighbors. The Akan tribal society has cultural mechanisms that allowed it to absorb most forms of psychiatric disturbance (WHO, 1996).
One mechanism that is found widely in Africa is confession, which lowers guilt and stress levels, removes social tensions and accusations, and usually decreases symptoms. The traditional healer as psychiatrist explains the causes of illness in animistic terms familiar to patients who grew up in a world peopled by spirits (Trease, & Evans, 2002). Robert Edgerton (1966) conducted research in East Africa dealing with this subject of prophylactic therapy among the Hehe of Tanzania, the Sebei of Uganda, and the Pokot and Kamba of Kenya. Village members can list culturally defined behaviors that identify a person as psychotic including hiding in the bush, wandering around naked, and talking nonsense (Edgerton, 1971). The traditional healer as psychiatrist explains the causes of illness in animistic terms familiar to patients who grew up in a world peopled by spirits. The medicines that are prescribed for psychiatric problems frequently produce psychopharmacological effects (Edgerton, 1966).

**Psychotherapy**

Edgerton (1966) suggested that South African psychiatrists believed patients who thought that their illness was due to supernatural forces were more likely to seek spiritual and herbal healing for the treatment of their ill health. Edgerton (1966) also stated that traditional healers were trained to use the following counseling methods to create a therapeutic effect in their clients; these include music, confession, Bible quotations, and therapeutic interventions. For example, music and drama therapy has been used to treat emotional problems as far back as biblical times when David used to play music for Saul when he was tormented mentally (Batto, 1984). Traditional healers teach their clients therapeutic songs which portray the impression that deity is the anchor on which they lean. The patients also drum, dance, and socialized during such functions. Washington (2010) suggested that traditional healers encouraged (social interest) among the members there by solving their emotional problem. Dancing, which is also a form of
exercise, increases the production of endorphins in the body which gradually increases the individual spirit.

Saloojee, Burns, and Motala (2014) argued that many of the therapeutic techniques of traditional healers involved direct contact with the body in terms of acquiring information, treatments, as well as actual manifestations of the healing which they believe that the body is a container that channels the energy for healing. Washington (2010) also suggested that traditional healers consider the body as a vehicle in which clients can unearth the underlying causes of their problems as their client integrated their energy to work during the psychotherapy state.

**Therapeutic Interventions**

Traditional healers use a lot of applied psychology in the cause of their healing sessions. When they interview the clients, they use the same techniques in responding therapeutically, which involves paraphrasing, clarifying, and using open ended interrogation and focusing. All of these methods aid the clients to open up about their feelings (Joensuu et al., 2016). Traditional healers tell their clients that witchcraft practice is responsible for their problems, and people who envy them are also a cause of their problems.

Traditional healers teach their clients avoidance behaviors to reduce anxiety by not coming face to face with the enemy, or they can be given some charms, amulets, or talismans to wear to guard against any further evil forces and enemies during treatment and after discharge. The young are immunized against some diseases such as high fever and tetanus. Similarly, clients are asked to confess their sins by offering sacrifices to make peace with the gods and to help them recover quickly after the purification. Bible quotations are giving to the clients per their respective problems. Examples of such a quotation is where Christ healed a variety of diseases (Mathew 8:1-9, Revised Standard Version). Sometimes, clients are requested to fast and
perform certain religious practices. Animal bones from lions, hyenas, ant-eaters, baboons, crocodiles, wild pigs, goats, antelopes, and others form the large majority of the objects. There are bones for all psycho-socio-spiritual polarities. The bones represent all of the forces that affect any human being anywhere, whatever their culture (Cumes, 2014). In some African cultures, it is performed using sacred divination plates made of wood; in others it is performed on the ground, within a circle (Lindsay 2005; Thorpe 1993), or the use of divination pots and slaughtering of animals to prevent harm to or cure their clients (Sarpong 2002).

Evolving Perceptions of African Traditional Healers

Many African governments began to recognize the importance of traditional healers in the late 20th century and because of diminishing revenues and foreign aid, there have not been any major changes in the treatment methods used (Atindabila & Thompson, 2011). African Union countries under auspices of the United Nations decided to hold a meeting in Lusaka, Zambia, and declared 2001-2010 the decade of African traditional medicine. The purpose was to gather all member countries who were interested in the promotion of traditional medicine in the continent, to make traditional medicine safe, effective, and affordable. African traditional medicine was readily practiced in many countries because of these proclamations and hence traditional medicine was made available to many Africans. For instance, traditional healing is a system that varies from culture to culture and region to region (Mokgobi, 2014). The Brazilian Africans had left Africa many centuries ago, and the practice of traditional healing has evolved based on their life experiences. Candomble religion is as such because of the Brazilian experience. African diasporic healers must modify their views and practices of African traditional healing to handle their real-life experiences.
African traditional medicine is as old as the people’s culture. The introduction of Western medicine is dominant in both the rural and urban areas (Atwoli et al., 2013). The traditional alternative medicine was sought by Africans more than Western medicine. Patients in developing countries sought traditional alternative medicine as a part of their treatment regime; hence, traditional medicine became very popular (James & Peltzer, 2012). As time went on, the government didn’t recognize the importance of traditional medicine, especially for mental health issues. In most cases, mental health issues came last for priorities for African policy makers (Green, 2000).

Between 1988 and 1990 some member states of the African region under WHO adopted resolutions to improve mental health services and each was expected to formulate mental health policy programs and action plans. Researchers found that after a couple of years there had been no progress made in the implementation of the WHO policies; even though, there was substantial evidence that a large proportion of the world health burden was attributable to mental disorders and this trend was projected to rise in many African countries (Green, 2000). WHO policies should (a) End stigmatization of traditional medicine, (b) Establish effective budgets and policies to enhance mental health systems and (c) Reduce the factors that cause mental disorders.

There are strong indications that traditional health systems are still misused by numerous people in Africa and across the globe. Some African countries during and after colonization at first protested the marginalization of traditional medicine, such as occurred in Nigeria in 1922 when a group of native healers protested that traditional medicine was not legally recognized (Bello, 2006). Despite the diminution of the value of traditional medicine, WHO again in 2001 was at the forefront of promoting the development of mental health policies involving traditional medicine, which would establish a set of objectives. The primary goal of the WHO objectives
has been to change governmental and public perceptions of traditional medicine and to truncate the occurrences of mental disorders, coupled with addiction (Bello, 2006). The policies should also include increasing and effective usage of budgets allocated for mental illness. The policy goals should also include maximization of public resources to families who provide care to their loved ones. The most important goal is to fend off avenues that tend to trigger mental illnesses. Plus, to increase research to inhibit or cure mental illness (Bello, 2006).

WHO and the International Development Research Centre have supported numerous African countries in conducting research related to medicinal plants. They have developed guidelines and model instrument for the establishment of African traditional medicine in health institutions. The renovation includes development of national policies, regulatory framework, and upgrading the skills of African traditional healers (Gureje, 2000). Although, African traditional medicine has undergone many improvements and changes, it is still plagued with problems that need to be overcome including the unscientific method of delivery of health care service, diagnostic difficulties, and unsanitary preparation of herbs (Gyasi, Mensah, Adjei, & Agyemang, 2011).

**Unscientific Method of Delivery**

The African traditional healers still deliver medicine in a rudimentary manner and it makes it difficult to scientifically compare its results with those of Western medicine (WHO, 2001). The traditional health healers’ system is unscientific because it relies exclusively on observation and practical experience, handed down from generation to generation verbally or in writing (WHO, 2001). According to traditional African cosmology, the universe comprises two worlds; the world in which man lives, and the world of the ancestral spirits (Gyas et al., 2011). Ozumba (2004) also argued that African traditional healer’s treatment approach to mental illness
was unscientific because it dealt with spiritual methods which cannot be quantified or qualified as scientific. As Mualadzi (2001) pointed out, missionaries were particularly negative towards traditional healers, viewing them as an impediment to repentance. In addition, failure to recognize the traditional health system can result in dangerous situations, including toxic drug-herb interactions, and a failure to administer the most effective treatments (De-Graft Aikins, Boynton, & Atanga, 2010) and cases of delayed treatment (Barker et al., 2006) or even abandoned treatment (Amoaha et al., 2014).

The medical health practitioners expressed a negative attitude towards traditional health practitioners. One of the reasons mentioned was the unscientific methods used by traditional health practitioners in treating patients. Similar concerns were expressed in a multi-method study conducted by Peu, Troskie and Hattingh (2001) regarding the attitude of community health nurses towards the integration of traditional health practitioners into primary healthcare in nurses who raised concerns about the traditional healers' unhygienic practices and believed that this was a constraint that could hinder the integration of modern health care and traditional healing systems (Peu, Troskie, & Hattingh, 2001).

In the traditional African healers’ understanding, their healing process is holistic (Thorpe, 1993). This implies that the healer deals with the complete person and provides treatment for physical, psychological, spiritual, and social symptoms. Traditional healers do not separate the natural from the spiritual or the physical from the supernatural. This would cause them to address health issues from two major perspectives – spiritual and physical.

**Diagnostic Difficulties**

Traditional healers are primarily illiterate and possess very little knowledge of anatomy and physiology. They find it difficult to conduct their practices without flaws (Marsland, 2007).
Yeboah (2000) stated that traditional African healers have no system in place for the training of new generations of traditional healers in the truly traditional system. The consequences are that it is likely that these practices will become ineffective or fail to develop because of inadequate treatment outcomes. Hewson (2015) stated that poor and inadequate supply and utilization of information to traditional health by traditional healer’s practitioners poses a lot of problem in traditional health care delivery to the individual affected. In spite of the acknowledgement of the continued utilization of traditional medicine and its effectiveness in management of various health problems, it is not documented (Ozumba, 2004). As such, the utilization of traditional medicine continues to depend on undocumented testimonies of patients often spread through social networks (Peu et al., 2001).

**Lack of Dosiology**

In their study Atindanbila and Thompson (2011) stated that most of the healers have no dosage guidelines. Atindanbila and Thompson also argued that traditional healers have a poor method of preparing dosages of any pharmaceutical as it is prescribed. Dosage depends on the healer’s imagination when symptoms either are not relieved or when other symptoms arise. Traditional healers have no guidelines with regards to medication administration (Omeregbe, 1993). Herbal medicine is frequently use in treating mental illness, emotional distress and correct balance between physical and natural cycles (Orhioghene, 2014). Orhioghene suggested that most of the problem lies in the fact that dosage cannot be quantified when symptoms of a disease increase or decrease.

**Metaphysical Approach**

Metaphysics has variously been defined as the science of the ultimate or super-sensible reality but enjoys a stricter definition as the science of being as being (Ozumba, 2004).
Onyenwenyi (1985) also agreed that metaphysics takes the form of a set or body of belief and practices in relation to the ultimate reality. Ojong (1996) stated that African metaphysics has hardly revolved systematically around the potentialities of the individual to give lasting solutions and answers to problems. Metaphysics, therefore, is a philosophical outlook, which tries to reach “a more comprehensive, all embracing, totalistic view of reality without neglecting the unique place of individual things in the holism of reality” (Ozumba, 2004, p. 12). The non-variable nature of assessment leaves much to be desired by the scientific world. Spiritual explanation is given to all sickness even those that have scientific prognosis such as cerebral malaria or typhoid fever. According to Omonzejele (2003), most of the African traditional healers have no dosage guidelines. Rohrer, Rohland, Denison, Pierce, and Rasmussen (2007) also argued that the traditional healers had no proper dosage of any pharmaceutical prescribed, this dosage information can benefit the client-healer relationship when symptoms either are not relieved or when other symptoms arise.

**Unsanitary Herb Preparation**

Atindanbila and Thompson (2011) indicated that traditional African healers have little knowledge about personal hygiene, microbiology, and traditional guideline when administrating medical treatment. In addition, traditional healers have knowledge about personal sanitation, virus, and bacteria and their effects on the human body (O’Neill et al., 2015). Most of the drugs are prepared under unsanitary conditions and stored under unhygienic conditions (Gureje & Lasebikan, 2006). It has been reported that some patients have contracted nosocomial infections and traditional healers infecting themselves (Omeregbe, 1993, p. 11). For example, WHO (2003) estimates that most African countries have less than 1% of health budget on mental health in both traditional and modern hospital.
Referrals from Traditional Healers to Hospitals

Many hospitals in Africa complain of admitting patients with mental impairment that have been delayed longer than desirable in the clinic of incompetent traditional healers who are ignorant of their own limit of power (Oke, 1995, p. 11). White (2015) argued that tension existed between African traditional healers and public officials. It has been noted that allopathic practitioners tend to have biases against cooperating with traditional healers due to prejudices or fear of competition (Koss-Chioino, 2006, p. 23).

Policy Constraints Faced by Traditional Mental Illness Healers

Mental health policies in most countries in Africa are feeble, in draft form, or don’t survive because of poor implementation. For example, many governments have failed to recognize the potential worth of traditional mental health practitioners for primary care, established a bad climate for healers, and health staff working together as a team, and reinforced secretive practices (Hoff, 1992). In his study, Willbur (1992) also argued that lack of government support in some ongoing projects has discouraged healers from attending training courses to enhance their skills. For instance, many traditional healers were not interested in their nations’ sponsored primary health programs (Willbur, 1992.)

Another policy constraint is the lack of open amicable, transparent discussions on vital health goals, coordination, and supportive dialogue between healers and African states has led to misunderstandings (Willbur, 1992). In his study, Willbur (1992) stated that:

Where the role of the healer in relation to other members of the primary care team was not clearly defined, and the tasks they were to perform were not specifically described, problems arose in both training and working setting. For example, a weakness of many
community workers’ health programmes was that the range of assigned duties was too broad and the tasks were poorly defined. (p. 185)

Willbur stated that the role of healers was not made clear, some feared the integration into the primary health care programmer might threaten their status, income, and freedom of action in the community.

Another major constraint was the divergence between the customary holistic, spiritual–orientated healing and modern Western scientific-treatment orientated approach which reflects a fundamental disparity in concepts on the causation of disease and the promotion of health (Willbur, 1992). Willbur suggested that disparity causes barriers between traditional and modern practitioners not least in the planning and implementation of training projects for healers. For instance, traditional healing practices such as witchcraft and sorcery can inflict perilous psychological anxiety and bodily impairment (Willbur, 1992). Based on this constraint, it is clearly the reverse of the modern biomedical approach because traditional healers are adamantly ingrained and often quite resistant to adaptation mainly where belief in supernatural powers is in jeopardy.

Willbur (1992) also claimed that the activities of swindlers and unscrupulous traditional healers may obscure the valuable contributions of honest majority of decent traditional providers. When isolated incidents of traditional healers’ imperfections are amplified in the media, they tend to thwart the working relationship and cooperation among the traditional and modern health sector. Willbur concluded that lack of follow up, evaluation, and data can indicate how effective the training had been and the degree of community satisfaction with their primary care activities were not available.
Conclusion and Recommendations to Improve Traditional Mental Health Care in Africa

Toma stated that a primary problem in treating people with mental disorders is delayed presentation for care and the best method to prevent the long term adverse effects of complications (Burns, 2011). Efforts to advance pathways to mental health care in most regions of Africa need to include a plan to involve informal professionals and traditional healers (Teferra & Shibre, 2012). For example, a successful partnership had been established between traditional healers and biomedical services in African countries in relationship to TB and HIV counseling, screening, and management (Busia & Kasilo, 2010).

Integration of Traditional African Medicine and Western Medicine

One of WHO’s goals is to promote appropriate mental health policies for maximum utilization of locally available resources at the national level, including traditional healing services (WHO, 2002). No legal framework is in place in Africa for the practice of traditional medicine. The void of a legal framework and mechanism for implementation of the objectives makes it hard to carry out WHO’s goal. Western medicine has an international code of medical ethics, which provide safeguards for patients and African traditional medicine should have the same. African traditional healers should allow the patient to choose the type of care, they want.

Koss-Chioino (2006) stated that when patients visited traditional healers and biomedical health services for the same problems, they were less likely to be distressed because they had an effective outcome in their treatment. The degree of distress after attending both providers is eliminated because the biomedical health workers concentrated on physical rather than psychosocial problems, whereas, traditional healers focused more attention on interpersonal and psychosocial problems that caused the distress (Teferra & Shibre, 2012). When patients used
both systems, they have received comprehensive care combining physical and psychosocial treatment, rather than using them one at a time.

A WHO report (2001) stated that healers were worried that while they refer patients to Western educated professionals, the latter did not refer patients to them. The Western trained therapists should learn to have a double referral system and also respect African norms. The government should encourage researchers to analyze the chemical elements of herbs to come out with active components and possible side effects of the herbs (Atindabila & Thompson, 2011). The African traditional healers should be included in the college curriculum of African educational institutions. It should be a requirement, just like pharmacy is to all Western training institutions. Instead of regarding it as a primitive form of therapy in modern society, this measure will aid young students to understand the importance of traditional African medicine in treatments.

Akpomuvie (2011) emphasized that the most important purpose of the merging of African and Western medicine is to increase the number of health professionals to provide total health coverage to all as well as meeting the problems of today’s health challenges (Akpomuvie, 2011). Integration requires the training of traditional medical practices with traditional healers. The integration will enable the provision of primary health care almost to the entire population. The WHO has outlined numerous obstacles for the integration of African traditional medicine with Western medicine. Integration requires that both systems should be tolerated equally because now traditional healers are marginally only tolerated.

Soreketti Koriana (2008) emphasized that developing nations should consider adopting the amalgamation of the dual system into the legal health services In parity –this includes education of health practitioners in both treatment systems. The practice of both systems in
parallel and independent educational systems to train practitioners. Individuals have the right to consult practitioners who are either Western or African healers (Soreketti Koriana, 2008).

In order to be successful with the integration, African governments will be involved in the provision of colleges, research institutions, and traditional medical schools dealing with the traditional system of health care. The governments of Africa should embrace both the integration of both systems in whatever form and make public pronouncement to the level of Allopathic medicine and increase public enlightenment campaign to change public opinions with respect to the existing pattern. Another practical way to improve public, cultural, or ethnic health technology and practice is to establish research institutions (Akpomuvie, 2011).

Laws relating to the establishment of such institutions should be implemented with regards to how such research should be carried on. The research should be based on the various African local medicine practices in order to advance herbal medicine. Besides creating research institutes, the Ministries of Health could create autonomous divisions to cater to traditional medicine. The countries should set up a council of traditional medicine of reputable professionals in all major fields related to traditional medicine. Besides that, a registry should be instituted to register all qualified traditional healers for quality control and to avoid dishonest professionals from practicing. A National Institute of Traditional Medicine should be established in each country for considering co-recognition of traditional and modern medicine. This Institute would be similar to the National Medical Research Council in many African countries.

**Conclusion**

The many problems ascribed to mental disorders in the world and particularly in Africa present a great challenge to health planners, requiring them to reconsider the appropriate ways of increasing the use of traditional healers as valuable resource for providing primary care to
communities. African states and nongovernmental organizations should provide guidelines that address limiting problems and difficulties in caring for the mentally impaired by traditional healers.

Health professionals in African countries need to take into account the inadequate provisions in the mental health sector. The traditional healer has a key position and influence in their community because of their role in giving resonance and ethnically appropriate primary health care. In most countries in Africa where needs are immense and funds scarce, traditional healers play an important part in helping people in their communities to improve their quality of life in all areas of health care.
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