

South African traditional healers' perceptions and treatment of the symptoms of depression.

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Abstract

While depression is experienced worldwide, the World Health Organization indicated that over 80% of this disease burden is found in low- and middle-income countries, with 16% of depressive disorder cases being found in Africa. Specifically, in South Africa, the lifetime prevalence of major depressive disorder is 9.7%. Research conducted on traditional healing estimates that as high as 80% of black individuals in South Africa choose to consult traditional healers. Although there was initial consensus that the use of traditional healers reflected a lack of access to alternative resources, more recent research has however indicated that traditional healers are consulted even when psychiatric facilities and medication are available. Research has illustrated that many patients that chose to consult traditional healers do so as a result of their shared beliefs, and traditional healers' ability to understand the cultural frameworks underlying illness. The current study investigated how traditional healers in the Eastern Cape perceive and treat phenomena currently understood as the symptoms of depression and how these understandings can be incorporated into collaborations between Western medicine and traditional healing practice. A qualitative research design was used to examine the perspectives and treatment methods of isiXhosa traditional healers in the Eastern Cape. Four healers participated in the study. Key findings indicated that there is no single cause or definition of the phenomenon of depression by healers. Causality is greatly attributed to spiritual causes and ancestors play a key role in guiding the diagnosis and multiple treatment interventions employed by healers to treat the experience of depression. Finally, all traditional healers expressed a willingness to collaborate and work with the Western healthcare system, however, they indicated a strong need for greater recognition as a valid healthcare system.

Keywords

depression, mental illness, social constructionism, South Africa, traditional healer, symptoms, treatment

Introduction

Traditional healing has always played a key role within the South African health care system. Research on traditional healing has estimated that as high as 80% of black¹ individuals in urban and rural areas of South Africa chose to consult traditional healers before consulting clinics, hospitals or private doctors (Mendu & Ross, 2019; Ramgoon et al., 2011). Although there was initial consensus that the use of traditional healers reflected a lack of access to alternative resources, more recent research has however indicated that traditional healers are consulted even when psychiatric facilities and medication

are available. Thus illustrating that the choice lies in the healers' ability to understand the cultural frameworks underlying their clients' illnesses – particularly in their experience of mental illnesses in which cultural determinants have a greater influence (Read, 2012; Burns & Tomita, 2015). These findings emphasise the value of understanding how the expression and experience of emotional distress is shaped by culture (Kirmayer, 2001).

Traditional healing medicine is understood to be the culmination of knowledge, practices and skills rooted in experiences, theories and beliefs that are indigenous to different cultures. It is used

¹ **Race:** (racial categories are defined here in accordance with the Employment Equity Act of SA, No. 55 of 1998.)

to diagnose, treat and prevent mental and physical illnesses as well as to maintain overall health (Abbo, 2011). According to Simonds and Christopher (2013), in many regions of Africa, between 25-40% of individuals seek medical care related to their mental health from traditional healers, who fulfil the role of both doctor and psychologist (Mufamadi & Sodi, 2010). These healers are held in high esteem within societies in South Africa, where the statistic for individuals seeking their care is much higher. Traditional healers, therefore, carry a significant burden of mental health care, further emphasizing the importance of the medical systems' engagement with traditional healers (Abbo, 2011).

Although research indicates that traditional healing practices are effective within the social environments in which they operate, arguments against traditional healing practices continue (Incayawar, 2008; Mokgobi, 2014). In the past, for some 'Western-trained' practitioners, illness explanations that fell outside of the natural sciences were deemed to be pseudoscientific, 'primitive' and incorrect (Freeman & Motsei., 1992; Shaughnessy, 1999), thus contributing to negative perceptions of traditional healers and their practices. More recently, Patel (2011), identified concerns from 'Western-trained' practitioners regarding the 'unscientific' and 'unorthodox' practices of traditional healers as a barrier to collaboration between the two systems.

Despite the high number of black South Africans that consult traditional healers, within the history of this country colonial authorities and the apartheid government failed to recognize the value of this form of treatment. These authorities subsequently imposed a Western worldview onto the South African population and did not determine or incorporate the validity of an African worldview (Christie & Collins, 1982). Only after the democratic elections in 1994 were the integration of both health care systems considered by the new government. Integration attempts are still ongoing many years later (Sorsdahl et al., 2010). As emphasized by Reyes Cruz and Sonn (2015), psychology in South Africa "still struggles theoretically and

methodologically to see culture in its full complexity"(p.6). Mental health care professionals are, consequently, under increasing pressure to become 'culturally competent' in understanding how common mental illnesses are constructed and understood within traditional African discourse (Starkowitz, 2013). , It is clear that the nature of mental health within the South African context requires a unique, tailored approach to the needs of this country.

According to the World Health Organization, depression is one of the most prevalent mental disorders, globally affecting 4.4% of the population. Their projections estimate that it will become the primary contributor to disease by the year 2030 (Whiteford et al., 2013). Over 80% of this disease burden is found in low- and middle-income countries, with 16% of depressive disorder cases found in Africa (Seedat & Angermeyer., 2009; Herman et al., 2009). Specifically, in South Africa, the lifetime prevalence of major depressive disorder is 9.7%, with less than a quarter of these affected individuals able to access and receive medical treatment (Herman et al., 2009). In addition to the lack of resources in South Africa, the stigma surrounding mental health poses challenges for the treatment of these conditions and many individuals suffering from depression who do not seek help fear discrimination (Egbe et al., 2014).

Traditional healing has a strong influence on how mental illnesses, like depression, are understood and treated (Msotho et al., 2008). Findings from studies that have assessed the role traditional healers play in mental health interventions have indicated that while traditional healers recognized the symptoms of acute illnesses, they expressed strong beliefs about supernatural forces as the ultimate cause of mental illness, influencing their approach to treatment methods (Abbo, 2011).

Starkowitz's (2013) study at the University of Pretoria investigated African traditional healers' understanding of depression as a mental illness and its implications for social work practice within urban areas of Johannesburg. The research found that the conception of depression

amongst traditional healers was in a state of uncertainty and was heavily dependent on individual interpretations, thus indicating no unified perception of depression within this context (Starkowitz, 2013). These findings support a social constructionist conceptualization of depression and the experiences of, as well as the meaning ascribed to these experiences, differing across cultures (Bullard, 2002; Burr, 2003; Parker et al., 1995). Social constructionism further argues that the phenomenon of depression is far more complex than how it has been portrayed in the Diagnostic and Statistical Manual (Robertson et al., 2005). Depression is defined by the American Psychiatric Association (2013) as “a lowered mood or loss of interest or pleasure in all or almost all activities for a period of two weeks. There is the presence of at least five of the following: diminished mood; diminished interest in activities; weight loss or gain; insomnia or hypersomnia; psychomotor agitation or retardation; fatigue; feelings of worthlessness; inappropriate guilt; diminished ability to think or concentrate and recurrent thoughts of death” (p.160-161). Social constructionism argues, for an understanding of depression as a discursive phenomenon influenced by time, context and culture (Burr, 2003, Parker et al., 1995).

Patel et al., (2001) further highlight that in many African languages there is not a corresponding word for the concept of depression, begging the question of how this phenomenon is perceived and understood within different languages and cultures. Understanding African traditional healers’ perceptions and treatment of depression could provide insight in this regard, and is therefore important for the healthcare systems within the context of South Africa.

The aim of this study was therefore to explore how traditional healers in the Eastern Cape perceive and treat the phenomena currently understood as the symptoms of depression, as well as to gain insight into the underlying cultural paradigms and indigenous knowledge systems to better understand how these can be incorporated into clinical practice.

Method

Research Design

A qualitative research design using semi-structured one-on-one interviews was employed to explore traditional healers’ views on and the treatment of the symptoms of depression. The use of semi-structured interviews allowed for a certain amount of pre-determined topics and questions that enabled the researcher to explore detailed accounts of the respondents’ beliefs and perceptions surrounding depression (De Vos et al., 2011). Semi-structured interviews further allowed the researcher to follow certain avenues of interest while giving participants the freedom to disclose as little or as much information as they would like (Lune & Berg, 2017).

Social constructionism was used as the theoretical framework to guide this study. This theory of knowledge emphasizes the role of language in both its description and construction of reality (Durrheim, 1997). Willig (2001) further argues that accounts of human experience are never direct reflections of environmental conditions, but are rather interpretations influenced by social factors. Furthermore, this perspective acknowledges the different implications that alternate constructions of reality have and was therefore specifically apt to guide this study.

Participants

This research focused on interviewing isiXhosa-speaking traditional healers that have practised in the Eastern Cape. Based on the scope of the study a sample of four traditional healers was gained for participation. The four participants (TH001-004) included both male and female practitioners, which had an age range of 25 to 64 years old and a 3 to 43-year duration of practice as traditional healers. Participants were recruited through the use of non-probability, purposive sampling. Purposive sampling is specifically used to select and

identify information-rich cases that relate to the phenomenon under study (Palinkas et al., 2015).

Procedure

Ethical approval for the current study was obtained from the Rhodes University Human Ethics Committee. After obtaining approval, potential participants were identified through a collegial network and contacted. The aims and objectives of the study were explained to all potential participants as well as their right to voluntary participation. After informed consent was obtained from each participant, data collection was initiated, and one on one semi-structured interviews were conducted with each of the four participants. All interviews were conducted in English. Two interviews were conducted in person and two were conducted via the online video conference platform, Zoom. Following the analysis of the data, follow-up interviews were conducted with three of the four participants to share the findings, ensure that the data had been captured and understood correctly as well as to allow for any additional information to be shared. One participant was not contactable for a follow-up interview following the data analysis.

Data analysis

This qualitative study employed thematic analysis to identify, organize and give insight into patterns of meaning and themes from the dataset (Braun & Clarke, 2012). This method of analysis allowed the researcher to gain insight into collective and shared meanings and experiences (Braun & Clarke, 2012)

A phased process, as outlined by Braun and Clarke, was implemented in the analysis phase of the research. Following data collection, all interviews were transcribed verbatim. Each transcript was read and coded. Repeat codes from the dataset were then generated into themes. Thereafter, the follow-up interviews were conducted with the participants to discuss the findings. Data from the follow-up interviews also underwent analysis and was integrated into the initial results.

Results

Characteristics of Participants

Four isiXhosa traditional healers participated in individual interviews. Three participants were male and one participant was female. All four participants had completed their training as traditional healers and had been practising independently for at least three years. Two of the four participants had been practising as independent traditional healers for over twenty-five years. Three of the four participants disclosed that they had completed tertiary education and one participant did not mention their level of education. All four participants had attended to, or treated a person experiencing the symptoms associated with depression and were familiar with the concept. Two of the participants disclosed that they had experienced depression themselves.

Themes and Subthemes

The findings from this research study will be presented in the main themes and subthemes identified in the data. Verbatim quotes from the interviews will be used to support the reported themes.

Theme 1: No single cause or definition of the phenomenon understood as depression.

When participants were asked about their understanding of depression, all four participants reported that depression has more than one cause, and two participants elaborated that there is no single definition or understanding of depression and illness in their culture and practice, emphasizing a holistic approach to understanding illness.

“The thing about African traditional healing is that there is no one definition of an illness. People can suffer from the same thing for different reasons.”

TH004

“This depression you are talking about yes here on medical or clinical we call it a depression, yes but in our culture, we do not call it as a depression I do not say it is not a depression”

TH001

“I must describe what an illness is in our profession. It’s not just a physical phenomenon... because of our cosmology and how we view human beings. In Xhosa, cosmology health is defined as a complete state of balance between the individual self, the family unit, the community, and ancestors, and the environment. All those have to be in equilibrium and if any of these factors are interrupted then you are sick.”

TH003

Subtheme 1.1: Depression caused by ancestors

In discussing the causes of depression, three of the four traditional healers related it to individuals resisting a calling from their ancestors. They further explained how the ancestors specifically play a causative role in individuals’ experiences of the symptoms of depression, either because an individual has ‘upset’ the ancestors in some way, or because an individual is resisting a calling from the ancestors. Specifically, one healer mentioned depression being a form of lesson for ‘wrongdoing’.

“Sometimes the ancestors cause those problems when the person refuses to do things. The ancestors grab their attention.”

TH002

“So the ancestors are angry now you need to do something about that which will please the ancestors or you may ask for forgiveness to the ancestors...so the ancestors, the spirit will haunt you causing all these signs of depression”

TH001

Subtheme 1.2: Depression of the mind/state of being

In speaking of their understanding of the experience of the concept known as depression, three participants referred to depression as an illness of the mind. Specifically attributing depression to cause unhealthy thought processes and behaviours, flights of thoughts in your head, and an impediment in your thinking ability.

“When there is a shift in your thinking pattern you can’t think properly because there is something you feel standing against you and thinking how you would like to think or you not acting how you would like to act”

TH004

Only one healer referred to depression as a state of unhappiness.

“A person is unhappy, when they have depression, they are unhappy and that causes the abnormality.”

TH002

Subtheme 1.3: Depression caused by Energy (blocked energy/bad spirits)

The healers further all reported that depression can causally be linked to ‘Spirit’ and ‘energy’.

“In the very centre of depression, we would argue it’s a question of energy” [later calls it Spirit] TH004

In discussing spirit and energy as a cause for the experience of depression, again the healers referred to “bad spirits” from ancestors haunting a person. This spirit would ‘block’ the person, causing their bodies not to function optimally – individuals who are experiencing ‘depression’s energy’ is ‘unclean and unbalanced’ making it hard for energy to move through the body. One healer specifically discussed depression as being the result of ‘bad energy’ due to an inequilibrium between the individual, their family, community, ancestors, and environment – indicating that a holistic balance is needed for individuals to function optimally.

“Sometimes a person can have a dirty spirit or is bewitched than this can also show as symptoms of depression. So yes, it can happen because of bad spirits...there are evil spirits that can cause that in a person.”

TH002

“A depression most of the time it is caused by two things its either you are haunted or there is that spiritual. I do not want to say evil right now but it bad it is a bad spirit.”

TH001

“Health is defined as a complete state of balance between the individual self, the family unit, the community, the ancestors, and the environment. All those have to be in equilibrium, if any of these factors are interrupted, then you are sick... spiritual blockages also affect the equilibrium”

TH003

Subtheme 1.4: The outward manifestation of depression (symptoms are person-specific)

Overall, regarding the outward manifestation (symptoms) of depression, most healers reported that the symptoms differ for each person. Interestingly, one healer explained that symptoms of depression differ by gender and economic status. It was explained that males suffering from depression are more likely to withdraw and isolate, whereas females tend to seek change in their lives. Some of the most common symptoms reported by the healers include loneliness, tearfulness, loss of appetite, suicidal ideation, struggles with regular tasks, and a feeling of losing control over their life. However, despite the commonality of some symptoms experienced by individuals suffering from what is understood as depression, the healers emphasized the importance of uncovering the individual's causes as this will guide their treatment.

“Someone isolating, losing interest in things they would ordinarily be interested in, losing control of their life in the way, their life passing them, them observing it and feeling they don't have control over it, they can't redirect it to the direction they want it to go and stuff, the only thing is that we as traditional healers you could find ten people with this very symptoms but different reasons why these symptoms are there.”

TH004

“... it's incomplete if you can't get to the root of the depression, diagnosing someone by saying you have depression is not enough...”

TH003

Theme 2: Multiple interventions/treatment approaches for the symptoms of the phenomenon of depression

As mentioned previously, all healers agreed that there are multiple causes for the experience of depression, as such, all healers explained that before being able to treat depression, they first ask the ancestors to guide them.

“... where us as traditional healers we bow down first to inquire what is the issue and then we get the solution as well for the issue from the ancestors.”

TH004

“I tell them ... the role of the ancestors in these diagnoses ... I invoke my ancestors... The patient isn't allowed to tell us their symptoms ... I use 'insango'(marijuana) which we

mix with 'imphepho' whereas a GP would only use 'mphepho'. Marijuana is reserved for specialists ... the ancestors start telling me what is wrong. Then I would dig deeper as the ancestors tell me more. The patient will confirm what they tell me. Other family members can also help confirm what I have been told... It's a spiritual thing – which I then tell the patient. They would agree and say 'phosa' which means I agree. 'andiva' when they don't agree.”

TH003

Once the healers have invoked the ancestors to inquire into the causes of an individual's experience of depression, they receive guidance regarding how to treat the individual's illness. Healers explained that their treatment approach consists of various 'things', the combination of which is person-specific. They also critiqued the Western-medical approach to treating depression.

“There is no 'muthi' which is one size fits all. You have to consider their health and what illnesses they have.”

TH003

“I have an issue with Western depression medication because basically the same medicine is given to people right...”

TH004

“The Western medical practitioner cannot cure depression the way I cure it.”

TH001

Subtheme 2.1: Inducing a state of healing

In outlining their approach to treatment for the experience of what is understood as depression, all healers utilize a combination of herbs and rituals. The use of such herbs and rituals is guided by the ancestors and relates to the cause underlying the person's experience. Ancestors guide what herbs to use as well as dosages, frequently measured in terms of a 'pinch', a 'knife point' or a 'scoop'. One of the healers specifically explained that herbs are prescribed according to an individual's health, medical background, and other medications they may be on. For depression specifically, this healer prescribes a mixture of herbs to be drunk thrice daily to induce a detox, along with herbs to be steamed and inhaled once a week. Two healers described using herbs when depression is caused by a bad spirit.

“... we use traditional medicine, muthi, or we burn incense or use “isilawu” a foamy medicine. This makes them burp out the air [spirit].”

TH002

“Other herbs, like ‘phind’, ‘umshave’, used to clear ‘bewitching’ energy of other herbs that block chakras”

TH004

In addition, the healers spoke of healing depression through rituals involving dancing with the rhythm of a drumbeat, being cleansed and animal slaughter to ‘cleanse the blood’.

“...someone who is suffering with depression my healing would be I must dance and perform all the rituals my ancestors want then all will be fine”

TH004

“...they just need blood when you are giving offering, you use a cow or a sheep or a goat or a chicken. Then that blood is a clean blood it is what the ancestors are happy about.”

TH001

Subtheme 2.2: Counselling on multiple levels.

The healers further discussed treating the experience of depression through counselling individuals regarding their problems. Two healers spoke specifically of counselling on both an individual and group level and one healer stressed the importance of involving the family within the counselling process, as they too may play a causative role in the individual’s experience of depression.

“I treat these within a family unit and at an individual level. Family unit because indigenous people don’t experience illness at an individual level... when I’m healing someone with depression, I’m healing the family as well because that depression is also transferrable... I’m not only treating the individual but rather the root level. Where the depression started. Person zero.”

TH003

Theme 3: Collaboration with medical professionals

In discussing the treatment of depression by traditional healers, the participants agreed that there is room for both the traditional and

biomedical approaches. Their views on treatment by either profession were discussed in terms of the underlying causes of depression. Two healers agreed that the biomedical model can be successful in treating depression and suggested that patients first see a doctor/psychologist before seeking help from a traditional healer, as sometimes the depression may be caused by factors that a ‘western medical practitioner’ can treat. One participant explained that doctors’ results and diagnoses can often be helpful to traditional healers during their ‘discover phase’. However, the healers stated that if the biomedical approach to the treatment of depression was not successful, traditional healing may be more appropriate as healers’ clear spirits that doctors are unable to see.

“If it [depression] is caused by the world things, then psychologist”

TH004

“Sometimes people have evil spirits, or they are going through witchcraft and doctors won’t be able to see that. They might identify something, but not be able to take out that evil spirit ... if they can come in, they would be able to see that this is witchcraft”

TH002

Subtheme 3.1: Traditional healing and Western medicine working as collaborative disciplines.

When participants were asked whether they would be willing to collaborate with medical professionals, all confirmed that they would. Many healers indicated that collaboration is already happening and that there are referrals between the two systems.

Two healers attributed this collaboration to the establishment of the Traditional Health Practitioners Council.

“Yes the processes could and should work together, some people are already working together”

TH004

A policy was signed during President Mbeki’s term, that allowed us to go to clinics and assist people who have unhealed wounds or issues...Dr Motsoaledi from the state, that year he was the minister of the health department that year. It is Dr Motsoaledi who came up with the idea of this thing called THP ‘Traditional Health Practitioners’.”

TH002

However, in further discussing successful collaboration between the two systems of healing in the future, many healers argued for a greater need for the formalization and recognition of traditional healing, emphasizing that the medical healthcare regime still needs to address ‘systemic oppression’.

“It will need to be recognized as a valid health system which can compete with biomedicine. One has been oppressed and the other has been given a platform in the last 100 years. Biomedical doctors need to accept traditional doctors as doctors.”

TH003

“We as traditional healers still fighting trying to call the government to come closer”

TH001

Subtheme 3.2: The way forward: orientation of psychologists

Reference was made by some of the healers to a complementary approach for treating depression by psychologists and healers in the future.

“They can collaborate with us because, like them, psychologists talk with people and identify different illnesses that way. They can be able to interpret some of the issues with the person.”

TH002

“Psychologists can coach the family and explain psychology to them... In our culture, we are used to supporting people who are depressed because they have a calling, but they [family] don't know how to support someone who is depressed ...because they lost a job or got into a fight with a boyfriend”

TH003

When asked how clinical psychologists can incorporate traditional healers’ conceptualizations into their practice, emphasis was placed on learning. Two participants recommended that psychologists include readings on spirituality, energy and culture into their study. In addition, for optimal collaboration and trust, one participant emphasized that traditional healers should study psychology.

“It must be compulsory that when you study to become a traditional healer you must also study towards a psychology degree”

TH004

This healer specifically shared their vision for the future;

“...a holistic hospital with traditional healers, psychologists and colon cleansers ...where they can come together and deal with these challenges”

TH004

Discussion

This paper has reported findings from a study that aimed to gain an understanding of traditional healers’ perceptions of the phenomenon understood within psychiatric models as depression.

The findings from this study have provided insightful information into the work of traditional healers with regard to this phenomenon. Pertinent findings specifically illustrate how traditional healers understand the concept of depression, the multiple causes that they attribute to the experience of depression, their treatment approaches and ultimately their perspective on collaboration with medical health practitioners, like psychologists, in the future.

The Western medical model defines depression as “a lowered mood or loss of interest or pleasure in all or almost all activities for a period of two weeks” (American Psychiatric Association, 2013, p.160-161) followed by diagnostic criteria outlined in the DSM-V. On the other hand, traditional healers reported that in their practice, there is no single definition of depression. They elaborated that an individual’s experience of depression has many causes which is consistent with research conducted by Shange and Ross (2022), who found that in explaining the causes associated with mental illness, traditional healers outlined four areas; supernatural/spiritual causes, sociocultural causes, psycho-social causes and physical causes. This can, in part, be seen as similar to a mental health care practitioner’s view of depression from a biopsychosocial model.

Within this model, illnesses are understood to be the result of an interaction between biological, psychological and social factors (Taukeni, 2020), therefore, not attributing any single cause to the experience of an illness such as depression. Thus both mental health practitioners and traditional healers view the causes of depression from a more holistic standpoint. However, the differences between the two models could lie in the conceptualization of the phenomenon of depression. Within the medical model, depression is conceptualized through a focus on symptomology, whereas traditional healers place greater emphasis on the causal factors of the experience of depression.

Similarities in the understanding of the phenomenon of depression from this study included traditional healers' experience of depression as an illness of the mind, mirroring Western medical understandings of depression as a mental illness. Both models recognized symptomology relating to diminished ability to think and concentrate as well as thoughts about death. The healers further outlined common symptoms of depression such as loneliness, tearfulness, loss of appetite, suicidal ideation, struggles with regular tasks and a feeling of losing control over their life. This indicates some overlap with the symptoms of depression outlined within the DSM-V used by the medical model. However, while there is some similarity in both practitioners' understanding of the symptoms of depression, as highlighted previously, traditional healers place greater emphasis on causality within their conceptualization and treatment of the phenomenon of depression.

Central to the practice of traditional healing is the link to ancestors. Healers from this study not only referenced ancestors in guiding their understanding, diagnosis, and treatment of depression, but specifically emphasized the role of the ancestors in its cause. According to Ndeti, (2007), many patients that choose to consult traditional healers do so as a result of their shared beliefs, as the healers understand the central role of ancestral spirits and supernatural forces. As illustrated in the results of this research,

traditional healers' point of departure in understanding, diagnosing and treating illnesses, such as depression, is the supernatural. Western medical practitioners, therefore, according to traditional healing practices, neglect to consider these factors in individuals' experiences of mental illnesses like depression. These findings imply that, from the viewpoint of traditional healing, mental illnesses such as depression, when caused by spiritual factors, cannot be treated by biomedicine. It is further argued that failure to perform certain rituals may lead to ancestors withdrawing their protection, resulting in 'unfavourable outcomes' (Shange & Ross, 2022). This emphasizes the importance of cultural beliefs, rituals and the role of ancestors in causing and treating illnesses like depression.

Furthermore, findings from this study highlighted various treatment methods employed by traditional healers in their approach to treating the phenomenon of depression. Again, central to the selection of these treatments is understanding the underlying causes of an individual's depression. The specific method of treatment is then guided by the ancestors. Results illustrated that treatment by traditional healers from this study is predominantly done through a combination of methods. The selected combination is person-specific and can include the use of herbs, rituals and counselling. These results are consistent with findings from Ngobe et al., (2021) who emphasized the use of herbal remedies, supplemented by counselling as front-line treatment by traditional healers for the experience of depression. Similarly, the use of drumming ceremonies as outlined by healers in this study as a treatment approach for depression, is also common practice amongst traditional healers from other cultures (Fancourt et al., 2016, Ngobe et al., 2021). Some of these practices are comparable to those followed by Western medical practitioners in treating depression through a combination of anti-depressants and psychotherapy. In addition, the treatment of depression by psychologists also relies on identifying the underlying causes of an individuals' experience of depression and tailoring the therapeutic approach to target these causes. The Western medical approach has,

however, been criticized by traditional healing practices for predominantly using the same medication (anti-depressants) as well as neglecting to consider spiritual/supernatural causes within psychotherapeutic treatment. Crawford and Lipsedge (2004) specifically reported that while some black South Africans valued the ability of biomedicine to help ease symptoms, they had less confidence in the Western model's ability to confront the origins of the illnesses. As such, this approach may not be conceptualized as an authentic healing experience (Crawford & Lipsedge, 2004).

Ultimately, while there are differences, the approach to understanding and treating the phenomenon of depression by traditional healers in this study does share some commonalities with Western approaches. Hatala et al., (2015) highlighted the importance of similarities between the two healthcare systems in providing direction for discussions and collaboration. The overlaps found through this exploration can therefore be used as a bridge towards an integrative approach between the two systems. All participants indicated a willingness to collaborate with Western-trained healthcare professionals and a few indicated already established relationships alongside this system.

This willingness for collaboration has been reported by other researchers in South Africa (Mashamaite, 2015; Sigida, 2016; Ngobe et al., 2021). Shange & Ross (2022), reported that traditional healers were in favour of partnering with Western practitioners specifically because they saw value in services that they cannot provide, enhancing the overall wellbeing of individuals – a shared objective for both systems. This mirrors responses within the present study in which healers recognized that the differences in approaches and knowledge could complement one another and work together to provide the best overall care to individuals experiencing depression. Through this exploration, the traditional healers from this study have highlighted an opportunity for both professions to learn from one another, suggesting incorporating knowledge systems from traditional practices into Western training and

vice versa to increase our understanding, acceptance and ability to collaborate. Thus viewing depression as a discursive phenomenon influenced by time, context and culture. In addition, an important contribution from collaboration between the two systems has been highlighted by Mpinga et al., (2013). They argued that given the high number of South Africans opting for traditional medicine, its integration with Western healthcare could contribute to realizing the right to equity in mental health care in its accessibility and cultural acceptability (Mpinga et al., 2013). This need was also emphasized by the healers in this study who argued for greater recognition of traditional medicine as a valid healthcare system that is equal to biomedicine.

Limitations

Given the scope of this research, the study was limited to one particular context with four participants. Traditional healers in South Africa occur across the country, are trained within various 'schools' and work within various contexts and cultures. As such, the four participants from the present study are not representative of all traditional healers in South Africa. The results are thus offered as descriptive of the participants' perceptions.

Furthermore, no participant took up the offer for the interviews to be conducted in their home language using a translator. The interviews were therefore conducted in English and as a result, a multitude of cultural knowledge and understandings may have been lost in translation.

Lastly, there are possible issues with positionality as the researcher is from a different culture to the participants. This may have influenced participants' level of disclosure.

Conclusion and Recommendations

Findings from this study on traditional healers' perceptions and treatment of the symptoms of depression reflected that there is common ground between the healers and Western psychology. Their views on future collaboration with the

Western healthcare systems provide hope and opportunity for these services to work together in a complimentary manner, strengthening and improving the understanding and treatment of depression. This, however, requires further in-depth work to add to the limited body of existing research and to manifest means of integration of bringing the two systems together.

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tables and figures. 3 (total).

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