

# Understanding trance states from the perspective of South African traditional healers - in relation to psychosis

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## Abstract

Studies conducted on psychosis, sleep and trance states have indicated that the phenomenon of trance occurs quite similarly to that of psychosis. Trance states (or, altered states of consciousness) are defined as mental states in which there is an alteration in the informational or representational relationships between consciousness and the world, whereby the mechanisms of consciousness have an increased tendency to produce misrepresentations like hallucinations, delusions and memory or temporal distortions. This research study aimed to contribute to the knowledge of trance states, particularly as represented by the language and social processes of traditional healers in South Africa, and as experienced by them. This knowledge is geared towards providing insight on the experience and treatment of the similarly occurring phenomenon of psychosis in clinical settings. Through a qualitative study, this research found that strategies of exploration, building recognition and familiarity, and self-monitoring are used by traditional healers to reduce the distress caused by intrusive and disruptive symptoms of trance, as well as to maintain a stable self-identity while experiencing trance states.

**Keywords:** *trance states, alternate states of consciousness, psychosis, traditional healers, mental healthcare*

## Context

Studies conducted on psychosis, sleep, and trance states, such as those by Silverman (1967), Kahan and LaBerge (1994), Saucerman (1997), Castillo (2003), Fernando, Moreira-Almeida, Caixeta, Leao and Newberg (2012), and Randal, Geekie, Lambrecht and Taitimu (2018) have indicated that the phenomenon of trance occurs quite similarly to that of psychosis. Trance states (or, altered states of consciousness) are defined as mental states in which there is an alteration in the informational or representational relationships between consciousness and the world, whereby the mechanisms of consciousness have an increased tendency to produce misrepresentations like hallucinations, delusions and memory or temporal distortions (Revonsuo, Kallio & Sikka, 2009; Roche, 2017). Quite similarly, psychosis, is defined as a clinical syndrome composed of several symptoms in which delusions, hallucinations and thought disorder are regarded as core clinical features (Gaebel & Zielasek, 2015).

Trance states, the focus of this study, form part of a recent academic return to the study of (altered) consciousness in various fields such as anthropology, cognitive science, neuroscience, psychiatry, and psychology. In comparing the phenomena of psychosis and trance states, Silverman (1967) found no significant differences between the two states, but rather that the difference lay in the outcome - the progression of the state and its effect on the individual - as determined by the cultural context within which either phenomenon is experienced. Later, Kahan and LaBerge (1994), Saucerman (1997), Ng (2001), Castillo (2003), Fernando et al. (2012) and Mainieri, Peres, Moreira-Almeida, Mathiak, Habel, and Kohn (2017) drew parallels with Silverman's findings, reporting significant similarity and overlap between the two phenomena. Research by Castillo (2006), Olugbile et al. (2009), Phillips (2009), Mohr et al. (2011), Kaselionyte and Gumley (2019) and Serfaty, Cherniak and Strous (2020) emphasized the importance of understanding the cultural context or worldview of the individual experiencing either phenomenon. These studies found that research participants cultural context or worldview was important in determining the outcome of a trance or psychotic episode.

The study of trance states involves studying people who frequently experience them, and thus research focus has centred on shamans, a broad umbrella term which denotes a family of worldwide traditions, whereby some practitioners focus on entering altered states of consciousness voluntarily and involuntarily, and in which they

experience interacting with 'spirits' and ancestors or travel to other 'realms' to heal and serve their communities (Flor-Henry, Shapiro & Sombrun, 2017; Randal et al., 2018). Falling under the umbrella term of shamans, traditional healers – the focus of this study – are further defined by Mokgobi (2014) as “..different types of healers with different types of training and expertise” for example, “the diviner uses bones and the spirits of the ancestors to diagnose and prescribe medication for different physiological, psychiatric and spiritual conditions. This category includes those that deal with '*mafofonyane*' (schizophrenia) and '*malopo*' (being possessed by the spirits of the ancestors..)” ( p. 5). These shamans, or more specifically, traditional healers, are described to voluntarily enter trance states through inductive techniques such as repetitive auditory stimulation via drumming, chanting, or singing; use of psychoactive substances, sensory deprivation, or meditation (Peres et al., 2012; Nardini-Bubols, da Silva & dos Santos-Silva, 2019; Huels et al., 2021).

Through the study of shamans in India, China, Nigeria as well as South Africa by Ng (2000), Castillo (2003; 2006), Ogubile et al. (2009), Edwards (2011) and Mohr et al. (2011), a significant difference in treatment outcomes, particularly between individuals living in 'pre-modern' societies and western societies, is found<sup>i</sup>. The reported differences in treatment outcomes in these studies showed higher rates of positive treatment outcomes in 'pre-modern' societies, which is attributed to the culturally specific worldviews commonly held in these societies (Ng, 2000; Castillo, 2003, 2006; Ogubile et al., 2009; Edwards, 2011; Mohr et al., 2011). Thus, some research indicates that the phenomena of trance and psychosis overlap, and the difference in treatment outcomes for people experiencing psychosis is dependent on the type of society the individual is part of.

Given these research findings, Krippner (2002) made a call for the study of shamans and for the religious or spiritual worldview of persons who experience psychosis - and undergo psychiatric care - to be incorporated into treatments. A deeper study of shamans and their worldviews therefore may prove invaluable for better treatment outcomes for persons who experience psychosis (Ogubile et al., 2009; Phillips et al., 2009; Mohr et al., 2011; Washington, 2010; Nardini-Bubols et al., 2019).

This study aimed to heed the call made by Krippner (2002) by conducting a qualitative study with South African traditional healers, with a focus on understanding traditional healers' worldviews on trance states as well as its personal and social function for the healer. This focus was driven by an underlying social constructionist theoretical paradigm, which is concerned with the ways that contextual, linguistic, and relational factors combine to determine the kinds of people humans will develop into and how their views of the world (or, reality) will develop (Raskin, 2002; Kretchmar, 2021). This paradigm supports the nature of the research question, which sought to produce knowledge on trance states not in essentialist, realist terms, but as constructed through the social processes within the traditional healer context, particularly, the language (language is used synonymously with narrative) with which this phenomenon is represented and experienced (Burr, 1995; Kretchmar, 2021). The discrepancies in treatment outcomes as discussed above, provided the motivation for the gathering of knowledge on trance states, produced through an understanding of the worldview on trance from those who frequently experience this phenomenon in 'pre-modern' societies.

This study aims to contribute to the knowledge of trance states, particularly as represented by the language and social processes of traditional healers in South Africa, and as experienced by them. This knowledge is geared towards providing insight on the experience and treatment of the similarly occurring phenomenon of psychosis of psychiatric healthcare settings.

## **Method**

This study aimed to gain a rich understanding of trance states through the lens of South African traditional healers, specifically through exploration of the language with which the phenomena is experienced, represented, and understood. Therefore, the complex and detailed elements particular to the phenomenon itself and the context within which it occurs (Bryman, 2012) necessitated that this study be qualitative and anchored by a case study design, which is well-suited to a descriptive research study. The specific aims and objectives of the study were: (1) gain a rich understanding of the experience and use of trance states by traditional healers; (2) understand the methods through which traditional healers navigate their trance states and maintain a stable sense of self, thus, maintain psychological

well-being and (3) how these understandings may inform the treatment of the similarly occurring phenomena of psychosis in psychiatric settings.

### **Recruitment and screening**

An initial traditional healer was recruited from a contact obtained from a colleague. Purposive snowball sampling was then used to gain access to further traditional healers, through the initial healer's professional network. Four research participants were selected through generic purposive sampling, where one chooses participants according to their own judgement, specifically selecting cases with a specific purpose or end goal in mind (Jupp, 2006; Etikan, Musa & Alkassim, 2016). The four traditional healers comprise the unit of analysis, whereby the two sampling strategies employed allowed for a purposeful selection of traditional healers who met the following criteria (and thereby ensuring the reliability of the study): (1) They are a South African traditional healer, thus, they practice from an indigenous South African culture; (2) They frequently induce and/or experience trance states in relation to their practice as a healer and (3) they have been practicing as a traditional healer for a minimum of three years.

### **Participant demographics**

Participants fell between the ages of 24 and 63, with an average age of 43 years. There were three women, and one man and traditional healing practice was via the Tswana, Xhosa and Zulu cultures. All participants reported that the trance states they experience are involuntary and that it is through these states that they conduct their practice as a traditional healer. Two of the four healers reported a previous psychiatric diagnosis of Major Depressive Disorder with psychotic features, before consulting traditional healers to interpret their trance state experiences.

### **Interviews and transcription**

To best meet the study objectives - set out by the research questions - semi-structured interviews were conducted using two interview schedules. The first interview, an explorative interview, involved an explanation of the research study and an exploration of the research topic. This interview was guided by the following questions:

1. What is your understanding and experience of trance state like?
2. What do trance states mean to you, how are they of value in your practice?
3. Is your view shared across healers? If there are alternative views, do you know what they are and what they mean? Is there a hierarchy of (alternate) views?
4. Please describe what a typical day, week and month look like for you.
5. Please describe how you understand yourself in the world.
6. How do trance states feature in your daily life?
7. How do you maintain how you operate in and understand yourself in the world after a trance state?
8. What is your understanding of psychosis and psychology?

These explorative interviews were all conducted face-to-face in accordance with level one COVID-19 regulations, which were applicable at the time. The explorative interview lasted between 90 minutes and 180 minutes (average 127,5 minutes). The second interview, a verification interview, involved sharing with each participant the main themes and sub-themes derived through data analysis, checking the data across participants, and getting feedback on the data analysis. One participant was not able to complete this second interview. The verification interviews were all conducted telephonically, in accordance with level three COVID-19 regulations which were applicable at the time. A voice recorder was used in conjunction with researcher notes for both interview sessions. Participants were informed of these recording tools within the consent form for participants. Interviews were transcribed verbatim to guide the data analysis.

### **Coding and analysis**

After verifying the accuracy of the transcriptions with the interview recordings, transcripts were analysed via thematic analysis. Thus, each transcript was read line by line and sentence-level codes were created. Codes were sorted into subthemes by categorizing each code into one or more of the interview questions it related to. Sub-themes were then

organised in a hierarchy based on the frequency with which they appeared in each interview. The most frequently occurring subthemes were then grouped together into four main themes, which would best encapsulate participants responses on their understanding of trance states and in the practical ways in which this understanding may be employed in psychiatric settings.

## **Standpoint**

The interest in this topic originated from the first author's exodus from formal religion and a subsequent exploration of spirituality, in which concepts were frequently linked to psychological concepts. Spiritual exploration gradually came to focus on Eastern spirituality, which is primarily centred on the individual. Later, the focus moved on to African spirituality, which allowed for a continued exploration of Eastern spiritual concepts (given the similarities in ideology), but in a way that is more accessible given the context of South Africa.

## **Findings**

Findings are presented in the four major themes derived from the data analysis. The first theme describes trance as defined by traditional healers and the methods used to facilitate mastery of oneself within-and-without the trance state experience. The second theme describes the worldview through which traditional healers understand trance states and thus, the basis on which mastery of oneself, or, of one's trance state experience is built upon. The third theme discusses the ways in which traditional healers maintain healthy functioning, despite the intrusion of involuntary trance states and associated disruptive symptoms. The final theme focuses on the lens through which traditional healers perceive psychosis to be understood and treated in psychiatric healthcare systems and subsequently, their perceived limitations and negative effects of treating psychosis in the psychiatric setting. The four major themes are displayed as headings and subthemes are indicated in bold text. Where individual participant responses are described, pseudonyms have been used to protect the participants identities and direct quotes have been used for an enriched representation of the data.

### **Theme 1: Attitude of surrender to trance**

Participants described their initial experience of trance as terrifying: in-and-of-itself due to perceiving atypical phenomena, but more especially because of the way in which the trance states disrupted their daily functioning. They explained that the process of being diagnosed with 'the calling' and undergoing initiation as a traditional healer normalised their trance state experiences and provided them a safe space to surrender to these experiences. The attitude of surrender is described in two initiation-related ceremonies, in which participants were encouraged to allow themselves to fully experience their involuntary trance states without resistance.

Participants described generally being in an involuntary, almost constant trance state, that can only be influenced in terms of intensity, but cannot be completely removed. They also describe trance states to increase or decrease in intensity involuntarily. The trance states are described as initially: disturbing and frightening; causing disorganised behaviour (for example: random, aggressive outbursts or, what Gogo Lolo calls the perfect example, uncontrolled screaming when she only intended to yawn); feeling like one is losing their mind; hearing voices and/or seeing hallucinations and visions; feeling fatigued and demotivated; loss of interest in activities; mood swings, in particular, feeling angry and sad; as well as withdrawing from others and self-isolating.

The traditional healers explained trance as an event in which a human being is being 'taken over' (physically inhabited by an ancestral spirit). Participants describe '**takeover**' as a constant (1) 'mellow' state of awareness of the 'ancestral realm', which can then increase to (2) a 'partial takeover', whereby an 'ancestral spirit' inhabits a person but egoic or subjective consciousness is not lost, which can then further escalate to (3) a 'full takeover', whereby the 'ancestral spirit' inhabits the person to the extent that egoic consciousness is lost. Given this definition, trance state and takeover are hereby used interchangeably. Gogo Valala illustrated the stages of takeover, by informing the interviewer that she can see the ancestors during the interview, "...but they are not talking to me, so I am in a mellow trance right now." She explains that when the ancestral spirits want to communicate with her "...the takeover will become stronger – increase in intensity – and the ancestor that wants to talk will inhabit my body." Gogo Valala was the only participant

who reported experiencing only mellow and full takeovers - not partial takeovers – therefore, her egoic consciousness would disappear upon being inhabited by an ancestral spirit and the ancestor would speak directly to those who are consulting her, through her. “When the ancestor is done talking, the intensity of the takeover will decrease, it will go back into a mellow takeover and I will come back (egoic consciousness returns) but I will not know/remember what happened...the person who is consulting must tell me what the ancestor said, so that I can interpret the message for them.”

These partial and full ‘takeover’ states are described by participants to fluctuate involuntarily, but they explain that they can be manipulated by oneself through the methods of sensory deprivation or stimulation - for example, participants described: lighting candles and burning sage; covering oneself with a white sheet; beating of drums, clapping hands, singing and/or smoking cannabis. Participants explain that they influence the trance state intensity for a variety of reasons, for example, healers reported that at times, their daily obligations do not allow for a ‘partial’ or ‘full’ takeover to occur, thus they often successfully appease an inhabiting spirit with gifts or negotiate for the spirit to return later in the day. Participants explain that trance, in any of its stages, is mostly used in consultation with clients, communicating messages from the ancestral realm; foreseeing future events through the throwing of bones; making diagnoses; choosing treatment strategies and making herbal remedies.

The participants then described initiation, a process in which the initiate learns how to manipulate the trance state and use it in their practice as a traditional healer. Following a diagnosis of having ‘the calling’, individuals experiencing these trance state symptoms are enrolled into an initiation school, in which they live with an experienced traditional healer (which they refer to as a ‘*gobela*’ or teacher) and other initiates for an unspecified duration. Gogo Lolo and Gogo Taheedi, who have both been initiates and have also served as *gobela*’s, emphasized that the duration of one’s initiation is individually determined, based on the initiate’s pace of learning the practices of traditional healing and their mastery of oneself within-and-without a trance state.

Although initiation is explained to involve various ceremonies, participants described two distinct ceremonies that are dedicated to **surrendering** to trance state phenomena, as a means of learning to master oneself within-and-without trance states. These ceremonies involve increasing the degree of intensity of the trance state, or, allowing a trance state to unfold without interference or resistance. The first ceremony occurs daily at three a.m. or alternatively, when the initiate finds themselves involuntarily in a partial/full takeover, whereby they’re hearing voices and/or seeing visions. This ceremony was reported by all participants, but Gogo Lolo describes the process step-by-step as follows: “...they will put the initiate in a small dark room - where we consult the ancestral spirits - they strip them naked and cover their body over the head with a white sheet... everyone in the room will gather in a circle around the initiate, clapping their hands, beating drums and singing along to a song that the initiate must start... the *gobela* will tell the initiate to dance to the drums, this helps the takeover to become more intense... when the initiate is in a partial/full takeover, indicated by a change in their voice (which tells us that the ancestral spirit has entered their body), the *gobela* will tell the initiate to kneel...the *gobela* will address the spirit, stating his own clan names and that of the initiate and asking the spirit of its intentions with the initiate...when the *gobela* is done, they will thank the spirit, everyone will say ‘*yebo sekunjalo*’ (‘it is as it should be’) and the *gobela* will ask the spirit to leave the initiates body, telling the initiate to dance vigorously and stomp their feet to the drums, so they can shake out the spirit.” In this ceremony, participants explain that because the trance state occurs in the presence of an experienced teacher, as well as multiple helpers, the initiate feels safe to allow the trance state to increase in intensity, even if it produces intrusive and disruptive symptoms as earlier described. Moreover, the *gobela*’s inquiry of the inhabiting spirits identity and its intentions, is reported by participants to help the initiate understand their calling diagnosis, specifically in terms of its cause and purpose in their life.

The second ceremony is described by Gogo Taheedi, who had a difficult time coming to terms with her calling diagnosis given that she was an esteemed tertiary student at an international university, and her trance symptoms thus disrupted her studies significantly, to the point of having to return to South Africa. Gogo Taheedi explains that this ceremony is done for initiates who are highly conflicted with their calling diagnosis and their trance symptoms, for the purpose of allowing the initiate to experience themselves and their symptoms freely, without disturbance and

responsibility to fulfil daily obligations. Gogo Taheedi describes the process as follows: “...an initiate is removed from the community and placed in an isolated hut, situated in a natural, undeveloped area (usually a forest) ... they are then left to live alone in this hut for an unspecified duration (also depending on their individual progress), in which they only interact with their ‘watchers’ - those who accompany the initiate for care and safety reasons - when they bring the initiate their meals.” Gogo Taheedi and Diboko – who also started experiencing trance symptoms while undertaking studies at a South African university - explained that experiencing themselves enter trance states on their own and seeing their ability to continue functioning as they know themselves to be, in spite of trance state interference in their daily functioning, greatly assisted in shaping their perception of themselves as ‘normal’; capable of enduring trance states without fear of its imagined or real effects; increased their self-confidence and changed their self-perception as an abnormal, malfunctioning individual, to an individual experiencing normal, albeit unique states of consciousness.

In summary, both these ceremonies (and the initiation process in general) are explained by participants as opportunities to experience trance states freely and without fear, given that they are in the presence of experienced helpers such as their *gobela*. As is visibly clear through the methods of the ceremonies, participants describe the process of initiation - and practicing as a healer thereafter- as a process of humbling oneself, or as Gogo Lolo and Gogo Valala put it, “...becoming a slave to the spirit”, by **surrendering** to the trance experience.

## **Theme 2: Trance and a worldview of multiple selves-in-one**

Although participants were derived from various South African cultures, all described that South African traditional healer’s share a similar worldview on being or personhood, where differences amongst healers only occur in terms of the methods used in their practice of traditional healing.

Personhood, according to the participants, is described as time fluid, whereby living human beings are composed of a multitude of human beings that lived before them, or their ancestors from preceding generations. Thus, a human living in the present day is understood not only as a singular subject “I”, but rather as an “I” made up of the many humans that have come before them, particularly those within one’s ancestral lineage – although, Gogo Valala adds that one can have ancestors that are not genetically connected to them.

This understanding thus paints a picture of each human being as having multiple-selves-in-one, each being a singular, compacted constellation of many people. This understanding therefore allows for fluidity and **variation in experiences of consciousness**, whereby the perception of voices or people – that are not heard or seen by others - are normalised, and rather understood as an experience of one of the multiple-selves carried within oneself, or, of the multiple-selves carried within another. In a trance state, these multi-selves are described to be experienced as distinct others outside of oneself, with the capacity to completely take over the consciousness of the individual within trance. Therefore, a further understanding of the interaction between one within trance state and the multiple beings within oneself is required, particularly by understanding the function of ancestral spirits.

Participants explained that there are seven types of ancestral spirits, and each serves a different function in the spirit realm. The spirit realm is explained to exist within the physical realm but is unseen to most people because it is ‘of spirit’ and thus, immaterial. Ancestral spirits, who have physically died, continue to live on as a spirit entity in the spirit realm and participate in the daily lives of the living, communing with ‘god’ on behalf of their living families. In totality, participants mentioned five of the seven spirits: mondawo, umdi, umnguni, abalosi/madlozi and inzalabantu; explaining that the presence of each spirit can be identified through the specific symptoms it causes upon inhabiting the body. For example, when a mondawo spirit is seeking to garner attention from the symptomatic individual, Gogo Lolo explains that “...mondawo cause headaches or illness in the meninges, when they are seeking attention to communicate with you”.

Participants explain that although each person constantly carries their ancestral spirits with them, trance state is a distinctly different form of consciousness, due to the active awareness of the spirits carried within oneself. Moreover, the intensity of the trance state is again explained to vary, according to the degree of **dominance on consciousness**

that a spirit is imposing on an individual. A full takeover is thus an ancestral spirit completely dominating one's consciousness and thereby, the one within trance loses their egoic consciousness, or their subjective "I".

Although each spirit serves a specific function, one experiencing trance states is explained to be usually inhabited by (or, consciously aware of) a specific dominating spirit, the *inzalabantu*: the family head that has birthed the family, is the closest to god and communes with god directly on the family's behalf. The *inzalabantu* is described as the main spirit that increases the intensity of a trance state, inhabiting one's body by dominating their egoic consciousness, and which can then be identified through the onset of specific symptoms, for example, Diboko says that "...my grandfather is my main dominating spirit, I know it is him inhabiting my body when I have asthmatic symptoms like tightness in my chest and difficulty breathing". The *inzalabantu* is not the only spirit that can inhabit one's body, all spirits are reported to have this ability, however it is the *inzalabantu* that will mostly impose and dominate one's consciousness when communicating a message or giving instructions to the individual in trance.

Participants emphasize that all humans are multiple-selves-in-one, although not all humans have the ability to be aware of these multiple-selves by way of trance states. Gogo Valala explains how the calling diagnosis sets traditional healers apart from the general population: "...all people are born with their fists closed... in one fist they carry their time of death, and in the other, their gifts (special abilities) and life purpose. The calling, therefore, is a gift given at birth, one of many possible gifts and life purposes that each human receives from god. The calling is one kind of life purpose, in which one is chosen by their ancestral spirits to be the point of connection between the physical and spirit realm. This particular gift necessitates the experience of trance, to perceive the spirit realm and mediate between the two worlds of material and immaterial. So not everyone receives the same gifts at birth and naturally then, not everyone will enter involuntary trance states or even use them in their practice as a traditional healer, depending on the abilities that they've been given."

In summary, participants describe human beings as a constellation of all the human beings who lived before them, particularly those in one's ancestral lineage. In fulfilling their role as mediators between the living and god, ancestral spirits communicate with the called living, those whose god-given life purpose at birth is to serve their communities, by mediating on their behalf in the ancestral, or spirit realm. Ancestral spirits communicate via trance state by dominating one's egoic consciousness, inhabiting the individual's body to the extent that one becomes fully aware of the spirits presence, hearing its voice, seeing the spirit, and communicating with it as a distinct, separate entity.

### **Theme 3: Managing trance through integrated support**

The participants description of trance state as involuntary and the related disruptive symptoms - which they have now learned to recognise as signals of an ancestral spirit takeover – do not change or cease through the initiation process. Rather, participants describe a lifelong process (which begins at initiation with the help of an experienced teacher) of learning to recognise the 'disruptive symptoms' as signals of a trance state becoming more intense and managing the trance, so to not completely disrupt their lives by surrendering to the experience.

Participants have had to accept frequent disruptions in their cognition, mood, and behaviour as a part of fulfilling their calling. Although the initial fear and trepidation is explained to cease with continuous surrender, some of the distress that these symptoms cause do not cease. Participants describe the challenges of living in a continuous trance state which they cannot control as: (1) having difficulty differentiating one's own emotions versus those of inhabiting spirits, in an effort to reduce mood swings; (2) feeling 'violated' due to being constantly connected to other beings and constantly receiving information from them; (3) overstimulation due to information overload from ancestral spirits/realm and needing to isolate oneself to process that information; (4) isolation and depression due to the unique nature of the trance experience and (5) difficulty receiving some ancestral communications which come in uncomfortable ways that have not experienced before and which are sometimes related to one's personal history, thereby creating internal conflict and sometimes trauma.

Given that trance states occur so similarly to psychotic episodes, it is expected that these intrusive and disruptive symptoms cause the symptomatic individual much distress. However, a difference clearly lies between traditional

healers and people experiencing psychosis, given that traditional healers remain functional, serving their communities in highly regarded positions with much responsibility, and use these psychotic-like episodes to fulfil their role.

Participants describe a **lifelong dedication to the attitude of surrender** and to **intentionally fostering a sense of stability of self**. Gogo Lolo and Gogo Valala place emphasis on remaining humble and curious, almost childlike when experiencing and making sense of their trance states, saying that this approach assists them to continuously learn and adapt to the various ways in which a trance state can unfold, for example, the variation in symptoms of onset or variation of the informational content perceived within the state.

In addition to this attitude, all participants, most especially Gogo Taheedi and Diboko, describe the importance of being intentional in pursuing a sense of stability, and thus contentedness, in their lives by: (1) pursuing happiness by actively engaging in activities that they enjoy; (2) seeking emotional support from a social network of individuals who experience similar altered states of consciousness; (3) emphasizing their connection to their physical body through sensory stimulation like singing and playing drums, walking barefoot or burning incense; (4) routinely performing 'mental gymnastics' by reflecting on the origin of symptoms and tracing back where or to whom they belong, for example, reviewing the events of the day and determining if these match their current mood or if it is occurring spontaneously; and finally ((5) being patient and understanding with themselves, allowing time and practice to be their greatest teacher.

In summary, traditional healers described a lifelong dedication to facilitating an attitude of surrender to trance experiences and a daily routine of intentional pursuit of a stable sense of self, to maintain stability of oneself and thus manage the interfering symptoms of trance. An attitude of surrender helps them to continually learn the various ways in which a trance state can unfold and thus adapt to the variations of trance experiences. Moreover, they emphasized the importance of intentionally pursuing stability within oneself, by pursuing activities that they enjoy; garnering support from fellow traditional healers that work with trance – or others who also experience altered states of consciousness – and routinely performing 'mental gymnastics', which involves sorting through one's own thoughts, mood and behaviours in contrast to their daily experiences and personal history.

#### **Theme 4: Comments on the medical model and its treatment of psychosis**

Participants spoke to the **limitations to the success of treatment** and the **possible negative effects of treatment** of psychosis through the lens of the medical model and its understanding and treatment of psychosis: first, the understanding of oneself as abnormal and subsequently feeling isolated; second, the lack of sufficient resources in South African healthcare systems and third, non-integration of indigenous knowledge systems in mental healthcare.

Gogo Taheedi and Diboko have personally experienced being treated for depression and psychosis in a psychiatric setting. They describe their experience in the psychiatric system as isolating, due to the medical model's perspective of a psychotic patient as functioning abnormally due to neurological impairment. Gogo Taheedi said "I felt like I was reduced to an accumulation of malfunctioning cells, I felt inferior and rejected, because my experiences did not meet the benchmark of normal, socially acceptable states of consciousness." Diboko expanded on this feeling of abnormality, particularly with regards to the impact of his symptoms on his studies, saying that he began failing and wondered if he just wasn't "cut out for school like other people." These feelings of inferiority, isolation and rejection, are reported by Gogo Taheedi and Diboko as resulting in a loss of self-esteem, decreased confidence in oneself and their abilities, feelings of anxiety, fear and distrust of oneself.

Over and above this negative view of oneself, participants explained that the lack of sufficient resources in South Africa – in reference to the services available in psychiatric hospitals/clinics; the professional personnel available to administer these services, and thus the comprehensiveness of services - meant that their treatment strongly centred on psychotropic medication and less on making sense of their experience. Gogo Taheedi, who was studying abroad at the time, reported this too, explaining that the lack of understanding her experience is what motivated her to return to South Africa, where she felt she might have a better chance of understanding her experiences.

Participants explained how traditional healers understand trance or psychotic-like symptoms, saying many illnesses – physical, psychological, and spiritual - can present with psychotic-like features which aren't caused by the calling, but can rather be caused by amafufunyana (earlier mentioned in the literature review in Sepedi as mafofonyane), bewitching or multiple stressors that lead to a psychotic break. Although participants say they are not opposed to these psychotic-like conditions being treated within the psychiatric domain, they share being highly concerned about treatment methods in psychiatric hospitals, which they understand to provide a somewhat singular, streamlined, one-size-fits-all method of treatment and which they suspect may not be very appropriate to the individual, or may even be detrimental to one's return to health.

Participants explain that they believe mental health professionals are making their best effort to treat psychosis – as Gogo Valala says, "...they are doing their best with the training they have been given" - but believe many people experiencing psychosis are at a disservice, due to the lack of integration of indigenous knowledge systems into the healthcare sector. The participants had a shared belief that indigenous knowledge systems should be integrated, to provide persons who experience psychosis with an **alternative interpretation of their diagnosis**, which may assist to foster healthy self-esteem, self-trust and reduce fear of the psychotic symptoms. They believe that integration may rather encourage confidence in one's ability to self-monitor, make sense of their experience and thereby begin to build stability of self, in the face of intrusive and disruptive symptoms.

Participants further explained that in their practice, they consult with many people who are often not part of traditional South African cultures and thus do not subscribe to the ideas of ancestral realms, spirits, and personhood as multiple-selves-in-one. Rather, participants explained that it is imperative in their practice, to modify their diagnostic findings and treatments strategies, to align with the worldview of their client. They emphasize that this ensures that the understanding of the diagnosis resonates with the client and makes treatment effective. In cases whereby such a translation in worldviews is not possible, traditional healers make referrals to better suited practitioners for example, a psychiatrist.

In summary, traditional healers described limitations and possible negative effects that they believe are associated with the treatment of psychosis by mental health professionals, in accordance with the medical model, namely: (1) the view of people experiencing psychosis as abnormal and malfunctioning, which leads to patients feeling isolated, rejected, afraid and distrusting of themselves, having poor self-esteem and decreased confidence in one's abilities; (2) scarce resources in South African mental healthcare systems leads to treatment that primarily focuses on medication and not on building a personal understanding of one's psychotic episodes, which leads to poor insight, judgement and perpetuates negative self-evaluation; and (3) non-integration of indigenous knowledge systems in mental healthcare leads to limited alternatives of understanding one's diagnosis and restricts patients to the understanding of themselves as abnormal and malfunctioning, which further perpetuate negative self-evaluation.

## Discussion

Given their personal experiences within psychiatric settings and within the indigenous healing space via initiation, participants conclude that allowing a trance state - or psychotic episode - to unfold, with the aim of increasing understanding of the experience and of oneself within it, is imperative for a successful treatment strategy. With the aim to apply findings from traditional healers to the psychiatric setting, themes and subthemes derived from participant responses are hereby translated into related psychological concepts, potentially allowing for a transfer of the methods through which traditional healers manage their trance symptoms into psychotherapeutic treatment methods. The themes and subthemes that are most appropriate for such a transfer are: **surrender** to the trance experience; **intentionally fostering a sense of stability of self** and allowing for **alternative understandings of one's psychiatric diagnosis**.

Participant's description of managing trance by repeatedly surrendering to one's trance state experience, gives the impression that traditional healers dedicate themselves to a habit of building **recognition** of trance phenomena, "the ability to identify information as having been encountered previously" (*Recognition Memory*, n.d.) and "...as such that a correct response can be identified..." (Britannica, 2019). Therefore, the attitude of surrender towards a trance state,

allows for the one in trance to build a repository of their trance experiences and over time, the ability to recognize trance state in all its variations. Building on this concept, participants emphasized that the duration and success of initiation is entirely dependent on the initiate's willingness to surrender to the trance experience and allow it to be, whereas resistance of trance and internal conflict about the calling diagnosis, only prolong the process for the initiate and worsen the interference of trance symptoms in daily functioning. This further highlights the usefulness of building recognition in lieu of managing trance symptoms, that by continuous and repeated surrender, recognition over time grows into **familiarity**: the ability to identify a correct response (within the trance state) (Britannica, 2019) and therefore, within an otherwise seemingly chaotic, disorganised experience. Thus, by building recognition of trance phenomena and becoming familiar with these over time, traditional healers have described a strategy that promotes the first steps towards mastery, if not over the trance state itself, then at the least, of oneself within-and-without the trance experience.

Parallel to this attitude of surrender, participants add that the understanding of oneself as a being with multiple-selves-in-one, necessitates that one intentionally fosters a stable sense of a self – since the egoic, subjective self is capable of being taken over by a multitude of others. The methods used to generate a stable sense of self indicate that participants perform a consistent routine of **self-monitoring** and **reflection**, guided by **self-compassion**. By self-monitoring, participants exercise, and thereby increase, their ability to regulate self-presentations, emotions, and behaviours in response to their trance state and daily life experiences (Cherry, 2021). Self-monitoring is then used to reflect on the origin of thoughts, moods and behaviours and guided by self-compassion, then decide on the meaning that these have for oneself, or in relation to the other multiple beings within-oneself. The process of reflection as guided by self-compassion likely fosters a healthy distance between atypical thoughts, moods and behaviours and the individual, leaving space for a self-evaluation that is accepting of these without judgement and negative appraisal of oneself.

The concepts/strategies described above highlight the potential usefulness of facilitating a process whereby, persons' who experience psychosis can engage in understanding their psychotic episodes: how they happen, the informational content of the psychotic episode and their experience of themselves while they happen. Keeping to what participants have emphasized as most useful in engaging in this way, is creating a safe space within which a person experiencing psychosis can engage with the content of the psychotic episode without fear and with the trust that they are in the presence of appropriate helpers. By emphasizing therapeutic engagement with one's psychotic episode in this way, persons' can (1) build recognition of psychotic episodes and thereby increase their ability to seek medical attention quickly and, (2) become familiar with the occurrence and content of these, thereby potentially decreasing the distress experienced due to accompanying intrusive symptoms, possibly then increasing one's ability to exert self-control, or identify correct responses as regards to the disruptive symptoms. Through recognition and familiarity, persons experiencing psychosis may then be able to begin a process of self-monitoring, which can assist to further grow their familiarity with psychotic phenomena and thus help them to quickly identify correct responses such as seeking medical attention, eliminating immediate risk factors, and garnering appropriate support.

Expanding on these potentially transferrable strategies of building recognition and familiarity, as well as employing self-monitoring and reflection - as guided by self-compassion - there appears to be some other potentially useful takeaways for those experiencing psychosis in the psychiatric setting. These takeaways are particularly centred around managing psychotic symptoms through alternative understandings presented by traditional healers.

The findings indicate that incorporating a person's religious/spiritual worldview to offer alternative understandings – or to enhance the personal meaning of the general medical/psychological understanding of their diagnosis – can potentially assist patients to create some distance, or redirect them to be guided by self-compassion in making sense of their experiences, and thus avoid understandings that lead to a person feeling wholly accountable for their disorder and thereafter reaching damaging, negative self-evaluations that strengthen a poor prognosis. In addition, offering an alternative understanding that is tied into a person's religious worldview, will likely increase their sources of support and may even contribute towards a stronger buy-in to take responsibility for managing their disorder, or at least their response to it, given that the disorder is then linked to not only one's physical, but also spiritual well-being. Moreover,

opening the alternatives of understanding might allow persons to incorporate personally meaningful, creative, and diverse methods to foster a stable sense of self, methods that may not rely primarily on the services provided by mental healthcare practitioners, but still encourage self-efficacy via self-monitoring and reflection.

The findings also highlight the need for mental healthcare practitioners to reflect on the methods of their practice, based on the reported perceived limitations of treatment strategies and the negative effects on one's self-evaluation – which were felt by participants when consulting mental healthcare practitioners with trance state symptoms. These limitations and negative effects invite contemplation by practitioners on how the services they administer are experienced by psychiatric patients and how this experience informs the usefulness and efficacy of treatment.

Finally, some limitations appear regarding the applicability of these research findings. Participants shared some thought-provoking information about their understanding of trance states and how their understanding shapes their perception of how psychosis is treated by mental healthcare practitioners. However, some of the takeaways proposed by the findings stand in contrast with ethical treatment procedures and practice in the mental healthcare setting, and thus indicate some limitations to applying these findings to people experiencing psychosis in the psychiatric setting.

The first takeaway is the motivation by traditional healers to allow a takeover – or when applied to the psychiatric setting, a psychotic episode – to be, or to happen without resistance. Although approaching a psychotic episode in this way will likely increase recognition and familiarity with the episode (provided that the experience is regularly reflected on or meaningfully engaged with, as the traditional healers do through self-monitoring) and thereby potentially reduce the distress associated with psychotic episodes, research has nonetheless linked poorer treatment outcomes with untreated psychosis (Chou et al., 2016). Effectively, the goal of mental healthcare practitioners is to reduce the likelihood of a repeated psychotic episode, in addition to remitting an active psychotic episode as quickly as possible, given that treatment delay is associated with impaired recovery in each symptom dimension (Drake et al., 2020 and Chou et al., 2016). Moreover, the aberrant experiences of a psychotic episode can severely impair insight and judgement (McGlashan, 2006) and thus one's ability to rationally engage in making meaning of the experience. Thus, encouraging a psychotic person to spend time within an acute psychotic episode is contrary to best practice and may prove dangerous for the patient and others.

The second takeaway of incorporating a person's worldview to form alternative or personally meaningful understandings of their diagnosis, may prove to be a challenge if one's worldview stands in contrast with the best practice of treatment. For example, by incorporating one's personal worldview, a person may conclude that they no longer need psychotropic medication and thus put themselves and possibly others at risk with their consequently impaired insight and judgement. In addition, although these findings raise considerations for mental healthcare practitioners about putting a patient's best interests first – i.e. the negative effect on a patient's self-evaluation - incorporating these findings may place mental healthcare practitioners in an ethical dilemma of having to choose between (1) empirically proven best practice of treatment and (2) providing treatment within a worldview that resonates with the patient and protects them from a poor prognosis, by way of reducing negative self-evaluation based on the understanding provided by the worldview.

Finally, the participants highlight an existing problem in the South African healthcare sector - whereby medication-based intervention is more readily available than psychotherapeutic services - and thus limits the potential of these findings being tested and implemented, given that these findings are mostly concerned with meaning-making which falls under the domain of psychotherapy.

### **Limitations**

Although this study has reached its aims of deriving an understanding of trance phenomena through the lens of traditional healers in South Africa, there are limitations to its reliability and generalization or, transferability of findings. This study consisted of four participants, which is appropriate for a detailed case study, but not for one that aims to transfer findings onto the larger population of people experiencing psychosis in South African psychiatric settings. Scientific rigour would have been improved through interviewing more participants who could report on and confirm the findings on a larger scale. However, for this study, increasing the participant pool was limited by the high costs

associated with a study involving numerous participants, given that many traditional healers – including the participants of this study – prefer to discuss their experiences and practices in-person. In addition to this limitation, participants frequently shared that it was at times difficult for them to explain trance phenomena and its related practices in English, stating that they have learned and practised traditional healing in their home language(s), and thus translating concepts into English, may result in some loss of the full meaning of what they wish to convey. Finally, despite the efforts of the first author to allow the data to ‘speak for itself’, researcher bias cannot be avoided, and it is possible that the first author’s subjectivity may have influenced data collection and/or analysis.

### **Future directions**

This study has met its aims of deriving a detailed understanding of trance states through the perspective of South African traditional healers and relating that to the phenomenon of psychosis. The larger goal of this study is to explore the ways in which this understanding might inform treatment strategies and thus potentially improve treatment outcomes for people experiencing psychosis, by incorporating the data derived from traditional healers. The findings, discussion and limitations of the data highlight important considerations for future research.

The traditional healers who participated in this study have used trance states in their practice for a range of four to forty-five years and have retained normal functioning in their personal, occupational, and social roles. Therefore, the practices of these healers in managing trance state experiences are worth further investigation.

In support of the specific method of allowing a trance state to be, recent studies have indicated that there is less evidence supporting the hypothesis that psychosis is neurotoxic and degenerative. Rather, these studies have found that structural and functional changes are present before the first psychotic episode and that only impaired treatment response is indicated in untreated psychosis (Bora, Yalincetin, Akdede and Alptekin, 2018). Therefore, there may be room for allowing patients ‘to be’ during a psychotic episode, for the purpose of fostering recognition, familiarity, self-monitoring and psychotherapeutic exploration of psychotic episodes and further research could potentially support this suggestion by traditional healers.

In addition to the findings of this study, there is substantial empirical evidence pointing to improved treatment outcomes by incorporating persons’ religious worldviews into treatment strategies. Therefore, there is an opportunity to make attempts at grounding the methods and understanding of traditional healers of managing trance state, into appropriate psychotherapeutic modalities that can be administered to people experiencing psychosis in clinical research trials. To strengthen incorporating these methods and practices into the psychiatric setting, there is also an opportunity for further research to be conducted primarily on these methods and understandings described by traditional healers to translate these into appropriate, existing theoretical frameworks that can be applied as a psychotherapeutic modality.

### **Summary**

This study explored the understanding of trance states by South African traditional healers, with an aim to relate these understandings to psychosis, which is shown to occur similarly to the phenomena of trance states. Four participants reported on their understanding of trance and their approach to trance state experiences; the worldview on personhood through which they make sense of trance state experiences; the methods they use to manage the intrusive and disruptive elements of trance; the methods they use to foster a stable sense of self as well as their perspective on the treatment of psychosis within the psychiatric healthcare system.

The perspectives of the traditional healers indicated possible novel ways of treating psychosis, by: (1) allowing a psychotic episode to unfold for the sake of building recognition, familiarity, self-monitoring and a psychotherapeutic exploration of the personal meaning of a trance state and the contents thereof; (2) incorporating the religious/spiritual worldviews of patients into diagnostic explanation and thus their understanding of their diagnosis, to encourage buy-in for self-management and self-efficacy by patients as well as reduce possible negative self-evaluation due to the diagnosis and (3) raising considerations for mental healthcare practitioners regarding their approach to treating psychosis in the psychiatric setting.

There exist ethical dilemmas in the application of the traditional healer's responses to people experiencing psychosis, for example, allowing them to remain psychotic for the purposes of exploration, recognition, familiarity, and self-monitoring, but whereby best medical practice currently indicates that a psychotic episode be treated as soon as possible. However, recent studies debunking the neurotoxicity and degenerative hypotheses of psychosis may open possibilities in applying the methods used by traditional healers, as guided by future research, which has an opportunity to explore these methods further and apply them through appropriate psychotherapeutic modalities in clinical trials.

### **Ethics Approval**

Approval was obtained from the Rhodes University Ethical Standards Committee. The procedures used in this study adhere to the ethical considerations stipulated in the RUESC protocol.

### **Conflict of interest**

The authors declare that they have no conflict of interest.

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<sup>i</sup> 'Pre-modern' is used in the literature to signify societies that commonly use and live by indigenous knowledge systems.