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Explanatory models and treatment practices of mental illnesses among traditional healers in Blantyre, Malawi

Demoubly Kokota[1,2*], Robert C Stewart[3], Catherine Abbo[4], Chiwoza Bandawe[2]

1. Department of Psychology and Medical Humanities, University of Malawi.
2. Department of Psychiatry and Mental Health, Kamuzu University of Health Sciences, Malawi.
3. Division of Psychiatry, University of Edinburgh, UK
4. Department of Psychiatry, Makerere University, Uganda
** dkokota@gmail.com*

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Abstract

This study aimed to explore explanatory models and treatment practices for mental illness/ bio-psycho-social disability by traditional healers in Blantyre, Malawi. The study adopted an exploratory design using qualitative methods. In-depth interviews and focus group discussions were used to collect data. It was conducted in Blantyre, a district in southern Malawi. Participants were traditional healers practising in the district. Purposive sampling was used to select the study sample. In total, ten in-depth interviews and two focus group discussions were conducted. The sample was determined based on data saturation. Thematic analysis was used to analyse the data aided by Nvivo 12. Four themes were identified in the data: presentation of a person with mental illness; types of mental illness; causes of mental illness; and management modalities. The findings show that although traditional healers are capable of recognizing mental illnesses, it is patients exhibiting significant behavioural disturbances that are mostly identified. Supernatural attributions and management dominated. Mistrust of the allopathic health system also exists among the healers.

Keywords:
traditional medicine, traditional healer, treatment, explanatory model, Malawi

Introduction

Traditional and complementary medicine practices have ancient roots and are widely used globally (WHO, 2019). The World Health Organization (WHO) defines traditional medicine as "the total sum of knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve, or treat physical and mental illnesses" (WHO, 2019: 8). Prevalence rates of using traditional practices range from 5% to 74.8% across the world (Frass et al., 2012). Up to 80% of people in low and middle-income countries (LMIC) rely on traditional healers for their health needs including physical, psychological, spiritual, moral and social (WHO, 2019). Traditional healers are widely used because they are easily accessible and affordable (Abbo et al., 2019).

Traditional healers also hold similar explanatory models with their communities for mental illnesses/biopsychosocial disabilities (Wilkinson et al., 1991a). Kleinman defined an explanatory model (EM) as "an idea about a disease episode and how to treat it that is used by everyone involved in a healing process" (Kleinman, 1980: 1). An explanatory model is largely influenced by culture and social setting. These cultural-based notions influence help-seeking behaviours and treatment adherence (Patel, 1995). People seek help that is in line with their beliefs.

Several studies have been done in LMICs looking at traditional healers' explanatory models and treatment practices for different mental illnesses. Most of these studies emphasise the spirit world, supernatural forces, and religion among traditional healers (Bhikha et al., 2012). For example, in a study done in Ghana, it was found that despite an acknowledgement of biological and social causes of mental illness, supernatural causes still dominated (L. Kpobi & Swartz, 2018a). These included factors such as witchcraft, curses and evil spirits. Similar results have emerged in other studies done in South Africa (Sorsdahl et al., 2010), Nigeria and Kenya (Ayinde et al., 2021). Regarding treatment, studies have shown that traditional healing is not uniform but differs from culture to culture. The aim of treatment is usually to establish and eradicate the cause of an illness, which can be

either physical/spiritual or to alter the consequences (L. N. A. Kpobi et al., 2019). Most studies have found that many traditional healers in Africa use herbal medicine to treat mental illness (L. N. A. Kpobi & Swartz, 2018; L. Kpobi & Swartz, 2018b). Other treatments include prayers to drive out bad spirits and traditional dances (Simwaka et al., 2007). Some traditional healers restrain aggressive patients by tying them up with ropes or chains (Esan et al., 2019).

In Malawi, traditional healers are frequently consulted for both physical and mental health problems (Wilkinson et al., 1991b). In one study, up to 60% of caregivers of people with psychotic illness sought their first help from traditional healers (Chilale et al., 2017). In another study, 22.7% of people accessing care for mental illnesses first contacted traditional healers (Kauye et al., 2015). The exact number of traditional healers currently in Malawi is unknown. However, in 2002 there were about 45,000 traditional healers registered with the International Traditional Healers Association in Blantyre District only (Robison et al. 2002). A study of 1566 traditional healers across five districts found that they saw a total of 44,109 patients per week (Harries et al., 2002).

Despite the increased use of traditional healers, we are not aware of any studies that have been done in Malawi to look at their explanatory model and treatment practices specifically for mental illnesses. Although some aspects of African cultures are similar, every culture is unique and it is important to approach each setting differently (Ayinde et al., 2021). Knowledge of the explanatory model and treatment practices of traditional healers can be useful when deciding on regulatory measures and how best traditional and allopathic healthcare workers can collaborate. Therefore, this study aimed to explore explanatory models and treatment practices for mental illness by traditional healers in Blantyre, Malawi.

Method

The study adopted an exploratory design using qualitative methods. An exploratory design is used to investigate a phenomenon that is not clearly understood in a particular setting (Sherab et al., 2019). We used this design to explore

traditional healers' understanding of mental illnesses (causes and concepts) and how they manage them. In-depth interviews (IDIs) and focus group discussions (FGDs) were used to collect data. These methods enabled in-depth probing and questioning of respondents (Sawatsky et al., 2019).

The study was done to inform where and how collaboration between traditional and Western health systems can occur in Malawi. It was part of a large study that was guided by a theoretical framework proposed by Abbo(2011), which calls for collaboration between the two systems to provide more holistic care to people with mental illnesses.

This study was conducted in Blantyre, a district in Southern Malawi. Blantyre is a centre of finance and commerce and the second-largest city, with an estimated population of 800,264 people as of 2018 (NSO, 2018). Blantyre was chosen because it is made up of both rural and urban communities hence making it possible to get the perspective of traditional healers from both settings. It is also where the president of the Malawi Traditional Healers' Umbrella Organisation (MTHUO), an established association of traditional healers in Malawi, is based. This made it easy to access the healers with his help. Participants in the study were traditional healers registered with MTHUO.

Purposive sampling was used to select the study sample (Palinkas et al., 2015). The participants were purposively selected to include traditional healers with different characteristics. For example, traditional healers from both urban and rural Blantyre were included. Different types of traditional healers (herbalists, spiritual healers etc.) were also purposively selected in the sample.

The president of MTHUO provided a list of all registered traditional healers in Blantyre at the time of the study. We then chose traditional healers with different characteristics for the IDIs and FGDs. We phoned the participants to make an appointment. If a participant on the initial list was not interested in being part of the study, we replaced him/her with another participant.

An interview guide was used to guide the data collection. We used the same interview guide for both IDIs and FGDs. The guide had six questions to identify concepts, causes, and treatments for mental disorders among traditional healers. Despite having the guiding questions, the participants were free to discuss any related issue that came up in the course of the interview.

Data Collection Procedure

In total, ten in-depth interviews and two focus group discussions were conducted. All participants for the in-depth interviews were visited at their place of practice. Informed consent was provided by each participant before an interview. We started by interviewing five traditional healers and continued taking on additional participants until saturation was reached.

The focus groups comprised ten participants per group. Those who already took part in the IDIs were not invited to also be in the FGDs. A neutral quiet place was chosen for the focus group discussions. Written informed consent was also provided by all participants before the interviews. All the FGDs participants had to agree to maintain the confidentiality of the information discussed by all participants and researchers during the focus group session. All proceedings were recorded using a digital audio recorder. The focus group discussions began with the facilitator's introduction explaining the session's nature and purpose. The rules of acceptable behaviour during the focus groups were also covered. Some of the rules were 'not disrupting someone when they are talking, always waiting for your turn, not making noise and putting phones on silent.' An 'ice breaker' was used at the beginning of each session to help participants feel at ease and initiate conversation. The discussions were conducted in Chichewa, one of Malawi's languages which is spoken especially in the Southern and Central regions of Malawi. Chichewa was used to enable the participants to freely express themselves. Translation of the data from Chichewa to English was done by an independent translator. We then used another Chichewa native speaker to back-translate. The original and back-translation were then reviewed for accuracy. Each FGD took about 1.5 hours. On the other hand, the in-depth interviews took about 40 minutes to 1 hour.

Data Analysis

The audio recordings were transcribed and uploaded into Nvivo analysis software version 12. Nvivo is a software program developed by QSR International for qualitative data analysis (QDA). We used Nvivo to organize and code the data as well as refining and combining the codes to generate themes.

Thematic analysis was used to analyse the data. Thematic analysis is a method for identifying, analysing and reporting patterns in data (Nowell et al., 2017). We followed Braun and Clarke's recommended six-step process of thematic analysis (Braun & Clarke, 2006). The first step was data familiarisation. This involved actively reading and re-reading the transcripts while observing some of the emerging patterns. Secondly, we generated initial codes from transcripts in a process called coding. A code is a word or phrase that describes a passage of text. The third step was to search for themes. This involved looking at all the codes that were identified and then combining similar codes to generate various themes. We then refined the themes by renaming, combining and dropping some that lacked enough evidence. Thereafter, we organized the themes coherently together with their narratives before reporting them.

Trustworthiness of the Data

Data credibility was ensured by using different ways. The researchers underwent advanced training in qualitative data collection and analysis. During data collection, there was prolonged time spent with participants in the field to ensure that the collected data was reviewed and all gaps were filled before leaving participants. The analysis of every third transcript was repeated by another independent researcher who was not involved in data collection to compare the codes and themes. Huge differences were then discussed. We conducted a meeting with a few of the traditional healers who took part in the study to share the preliminary findings. This was done to verify the accuracy of the findings. The participants' words were also used in the final report. Dependability was ensured by documenting and making explicit all the procedures involved in collecting and

analysing the data. Confirmability was ensured by interviewers documenting their thoughts, prejudices, and observations right after an interview and asking for clarifications when needed.

Ethical Consideration

Both verbal and written information about the study and all ethical considerations were prowvided to participants. Participants were assured of the confidentiality of their identity and the information provided. They were made aware that they could withdraw from the study at any time without giving any reason. To ensure privacy, all interviews were conducted in a private space. The recordings were kept in a secure filing cabinet at Kamuzu University of Health Sciences. Ethical approval was obtained from the College of Medicine Research and Ethics Committee (COMREC) P.02/19/2614. Permission was also obtained from the president of MTHUO.

Results

Demographic Characteristics of the Study Sample

Ten participants took part in the IDIs. Six of the participants were males. The participants included five herbalists, three spiritualists and two who considered themselves as belonging to both groups.

Twenty participants took part in the FGDs (10 per group). 11 of these participants were females. The participants came from different locations around Blantyre. Table 1 below summarises the demographic characteristics of the participants for the IDIs and FGDs respectively.

Table 1: Demographic Characteristics of the study sample

Characteristics	Number of participants (Total number = 30)	
	IDIs	FGDs
GENDER		
Male	6	9
Female	4	11
TYPE OF HEALER		
Herbalist	5	10
Spiritualist	3	5
Mix	2	5

Study Themes

Four themes were identified from the data namely, the presentation of a person with mental illness; types of mental illness; causes of mental illness; and management modalities.

Presentation of a Patient with Mental Illness

All healers agreed that 'mental illness' was a unique type of illness, and the majority said they had encountered such individuals during their practice. The concept of mental illness seemed to correlate with psychosis (loss of touch with reality). Many of the traditional healers identified someone as having a mental illness from behavioural disturbance. It was those showing severe disturbances that were considered as having a mental illness. Patients showing subtle/mild symptoms (not immediately obvious or noticeable), like those that accompany depression (low mood, decreased energy and isolation), were less likely to be considered as having a mental illness:

> Someone who has a mental illness just points at things and talks as if he/she is talking to other people whilst alone. Sometimes, he just scratches himself, picks litter and sometimes undresses and walks around naked. If you give them good clothing to wear, they throw it away and put on rugs

> or dirty clothes. That is when we tell that the person is having a mental illness. (FGD1, participant number 4).
>
> We can tell through the person's behaviour towards other people. For example, swearing at everyone, beating up people, walking naked and stoning other people. (FGD 2, participant number 2).

Types of Mental Illnesses

There were no specific agreed terms used for the diagnosis of particular types of mental illness. The traditional healers only described mental illnesses in terms of symptoms being shown by a patient. It was these symptoms that directed them on what to do. Most healers also mentioned getting instructions from ancestral spirits through visions or dreams to help them make their diagnosis and manage a patient:

> Aaah first I once helped someone who had a mental illness of walking naked. This woman came from an area called Ndirande. She was brought at night and she was naked. After she came here, I helped her and her mental illness ended. (IDI, participant number 1).
>
> Another type of mental illness is when someone just insults people he/she doesn't know. Some when they come, just destroy things and beat up people. They don't talk but just beat up people. That is also a mental illness that I see. (FGD 2, participant 3).

Causes of Mental Illnesses

Participants had multiple explanations of the causes of mental illness. Mental illnesses were attributed to three factors: supernatural, biological and psychological factors. However, supernatural factors dominated. There was a strong belief among traditional healers that mental illnesses are caused by forces beyond the laws of nature or human understanding. Therefore, to manage them, healers also needed to go beyond their common understanding. Apart from diagnosing supernatural forces, traditional healers believed that they could identify the responsible individual

through consultation with ancestral spirits. Table 2 below gives a summary of the supernatural causes of mental illnesses as mentioned by many traditional healers.

Table 2: Supernatural Factors that Can Cause Mental Illnesses

Factor	**Description**	**Quote**
Witchcraft	The use of magic or supernatural powers to harm others	"Sometimes mental illness can come because someone has used you as part of their rituals. For example, someone may want their minibus business to go far and can make another person have a mental illness as part of the ritual" (FGD 2, participant 8).
Evil eye	Putting a curse on someone to reverse their good fortune	"Some may have a mental illness after being cursed by people who do not wish them well and want to destroy them" (IDI, participant number 5).
Neglect of rituals	Failing to follow the instructions needed to complete a certain magical ritual	"Sometimes you can suffer from mental illness because of your own making. Some people will get some herbs to get rich for example and will fail to follow the rituals as instructed. As a result, they can have a mental illness" (FGD 1, participant 5).
Malignant spirits	Evil spirits can possess a person	"I also sometimes see people with mental illnesses caused by evil spirits. These people are many. I will not mention one of them. I can get three people with mental illnesses caused in that way every month. It is evil spirits that come to these people. They fail to sleep at night and they keep on screaming" (IDI, participant 1).

Punishment	Mental illnesses that come as a result of a protection spell	"Sometimes people can go to steal other people's property not knowing that there is a protection spell. They end up getting mental illness because of the protection spell" (IDI, participant number 10).

Apart from supernatural factors, the traditional healers were also aware of some biological and psychological causes of mental illnesses. However, most believe that these only cause a small percentage of mental illnesses which they see and are best treated at allopathic health facilities:

> "Some mental illnesses may start because of smoking too much Indian hemp" (FGD1: Participant number 9).
>
> "Mental illness can come as a result of family history. It might be that in their family their ancestors may have suffered from mental illness. That blood can be transferred through generations. That's when you will find a child getting sick after the other" (FGD1, participant number 12).
>
> "Some can come because of excessive worry or if there is no one you can share your problems with. You will find yourself doing something bad. Mental illnesses can also start in that way" (IDI, participant number 10).

Management Modalities

All traditional healers stated that they can treat mental illnesses. Three main modalities were mentioned: herbal medicine, psychological and spiritual. Amongst the different methods, herbal medicine was the most used. They were very confident that their herbs work especially on mental illnesses caused by supernatural forces. They emphasized their ability to neutralise the effect of witchcraft and other curses or spells. They also claim to protect against such spells in addition to identifying the one responsible. However, most believe that mental illness caused by smoking Indian hemp (Chamba) and chronic illnesses such as HIV are best treated at an allopathic hospital. Most traditional healers were unwilling to mention the specific

types of herbs that they use to manage mental illnesses. They believed that this was their secret to keep.

Many of the traditional healers described a step-by-step process of helping patients with mental illnesses: sedating or calming aggressive patients down so that they are easily handled, administering herbal concoctions, and providing specific instructions to guardians on what to do at home. The administration of herbs is usually combined with some form of ritual:

> "When a patient with a mental illness comes, there is a certain type of herb called 'Khuzumule' that is blown (expelling or blowing air mixed with herbs towards the patient for them to breathe it in) towards the patient to calm them down especially if there are aggressive. This works similarly to the sedative injection that people at allopathic clinics get. When this is done the evil spirit stops tormenting the person and he calms down. That is when we now start giving the person other herbs to treat the mental illness" (IDI, participant number 1).

> "I mix different herbs. Then I wash the patient's head and boil some for the patient to drink. After he had drunk the herbs, I let the patient sit in the sun while covered with a wet cloth. Once the cloth gets dry, that's the end of the mental illness" (IDI, participant number 4).

Apart from herbal medicine, most traditional healers believed that they could use prayers/exorcisms and incantations to drive out evil spirits causing mental illnesses in a person. This assertion was common among spiritualists:

> "Sometimes mental illness comes because of evil spirits; the person is possessed by evil spirits. As for me, I have people who help me conduct prayers. We pray for the patient commanding out the evil spirits and then he/she gets healed" (IDI, participant number 1).

Lastly, traditional healers also believed that some people can get better by providing them with a space to pour out their worries, especially those going through a lot in life:

> "If a person is thinking too much, another method that works is just advising the person- do this and that. We tell them to learn to pour out their worries by talking to other people" (IDI, participant number 2).

Discussion

The study provided qualitative insights into explanatory models and treatment practices for mental illnesses by traditional healers in Blantyre, Malawi. The first theme identified was the presentation of a person with mental illness. The findings are in line with other studies that have found a tendency of traditional healers to diagnose mental illness by looking only at the extreme behavioural problems of patients. For example, Sorsdahl found that disorders without extreme behaviour change (e.g. depression) were more likely to be considered personal or social problems that need individual solutions (Sorsdahl et al., 2010). The similarities might be due to the similar settings in which the studies were conducted. This finding points to the need for traditional healers to be oriented on the other subtle forms of mental illness.

This also highlights some of the conflicting views that exist between the traditional and allopathic systems on what constitutes a mental illness and the right way to treat it. The tendency to ignore the less extreme symptoms may prevent someone from getting the right help quickly, especially during the early stages of different mental illnesses.

The second theme was on types of mental illnesses. There were no agreed terms or diagnoses for mental illness. The healers only described mental illnesses in terms of symptoms being shown by a patient. As such, different healers had different names or types of mental illnesses. One similar study found a reluctance in naming mental illness by traditional healers (Abbo, 2011). The healer stressed that treating a patient was more important than naming an illness. The lack of

consistency in terms of diagnosis has been considered by Western practitioners as a barrier to working with traditional healers (Ae-Ngibise et al., 2010). Differences in the methods used to arrive at a diagnosis by traditional healers may lead to this lack of consistency.

The third theme was the causes of mental illnesses. As has been found in other similar studies (Crabb et al., 2012), traditional healers had multiple explanations for the causes of mental illness despite supernatural factors dominating. This belief in multiple explanatory models has also been found among communities in LMICs (Crabb et al., 2012). For example, Abbo found that having multiple explanatory models causes communities to seek multiple solutions (Abbo et al., 2009). This might also explain why many people in LMIC are prepared to get treatment from both traditional and Western medicine practitioners in the hope that one might work.

The last theme was management modalities. The findings are also consistent with other studies where herbal medicine is most widely used by healers despite multiple management modalities (Abbo, 2011). However, most traditional healers were unwilling to disclose the precise names of herbs that they use for mental illnesses. The lack of transparency can be one way of safeguarding their knowledge. As one study found out, most traditional healers are afraid that their methods will be exploited (Campbell-Hall et al., 2010).

A limitation of the current study can be the number of FGDs conducted. According to some studies, saturation is attained after at least three FGDs (Guest et al., 2016). However, in this study, the FGDs were employed as complementary to the IDIs to allow some level of triangulation. By the time we were doing the 2nd FGD, no new data was coming up in addition to what had already been said in the IDIs and the first FGD.

The results of this study have implications for traditional healers' practices and the potential for collaboration with Western mental health services in Malawi. To begin with, the findings show that traditional healers have a relatively low level

of mental health literacy, and some may be misdiagnosing patients with mental illnesses such as depression. There is, therefore, a need to increase the knowledge of traditional healers, especially concerning forms of mental illness that are less likely to present behavioural disturbances. Depression is one of several mental diseases that might be fatal and is frequently linked to suicide. Traditional healers might benefit from training in a simple psycho-social intervention for mental health issues such as stress and depression, building on their existing practice. Encouraging referral practices for such conditions would be beneficial. Collaboration between traditional healers and mental health practitioners is important for effective diagnosis and treatment of mental illness. At present, collaborative efforts involving "Western" and traditional practitioners take on the form of a one-sided unidirectional, educative approach.

The study highlights the mistrust that exists between the traditional and allopathic health systems. Both traditional and Western healthcare workers need to put aside their own beliefs and be open to engaging in respectful dialogue. This can increase the level of understanding for each other and provide a platform for creating a collaboration model that can work for both groups. Respectful dialogue can help build trust and mutual respect.

Conclusion

This study has contributed to our understanding of Malawi's traditional healers. Most of them look at severe behavioural disturbances to identify mental Disorders. Disorders without extreme behaviour change (e.g. depression) are usually considered personal or social problems that need individual solutions. Supernatural management of mental illnesses especially the use of herbs dominated. There was an unwillingness to disclose the specific type of herds that they use as a way of safeguarding knowledge. Future research should focus on verifying these findings using bigger samples that include traditional healers from other regions of Malawi. Additionally, it is necessary to identify and look into the pharmacological effects of the therapeutic herbs and ways of collaboration.

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