Cultural–Spiritual Dimension to Management of Mental Illnessin Sub–Saharan Africa: A Narrative Review

Susan Maua[1], Joyzy Pius Egunjobi[1, 2]

1. *Department of Counselling Psychology, Catholic University of Eastern Africa, Nairobi, Kenya*
2. *Psycho-Spiritual Institute of Lux Terra Leadership Foundation, Nairobi, Kenya*

Abstract: *Mental illness is a subject that draws mixed reactions in the African context. This review aims to highlight and synthesize studies that examine mental illness as explained in the cultural and religious context, and mitigation for mental illness. The study is a review of articles published in PubMed in English between 2017 and 2023 exploring mental illness in the cultural and religious context among people living in sub-Saharan Africa. The findings showed that culture and spirituality play a vital role in explaining causes of mental illness and will subsequently influence the help seeking behavior of affected individuals and their families. When mental illness was perceived to be supernaturally caused, the diagnosis and management follow the same trajectory. Multicultural psychotherapists can leverage on the strengths of traditional and faith healing to promote wellbeing and wellness. Culture and spirituality should not be overlooked as complementary health services among the sub-Saharan Africans.*

Keywords: *faith healers, traditional healers, mental illness; sub-Sahara Africa*

I.   Introduction

Mental health has been a subject of concern in the recent past resulting in heightened reporting in media and increased awareness creation initiatives. The electronic and print media is awash with reports of homicides and suicides, and many of these cases has been attributed to mental health. According to the World Health Organization (WHO, 2022), mental health is a "state of well-being in which an individual can cope with the normal stresses of life, work productively and fruitfully, and is able to make a contribution to his or her community". On the other hand, mental health disorder also referred to as mental illness refers to disturbance in thinking, emotional regulation or behavior usually associated with distress or impairment in important areas of functioning. This is commonly evidenced through the loss of meaning and purpose in life, reduced desire to engage meaningfully and withdrawal from once exciting activities. Additionally, the World Health Organization estimates that in 2019 1 in every 8 people in the world were living with a mental disorder. In 2020 the number living with anxiety and depressive disorders increased significantly due to COVID-19 pandemic(Egunjobi, 2020). Globally, suicide and depression are important contributors to the burden of mental health disorders and Kenya is no exception. For instance, Ongeri et al. (2022), estimates suicide-specific mortality rate at 14.7 per 100,000 population per year despite underreporting due to stigma, legal restrictions, and under-representation of those not utilizing health facilities. One of the most common causes of suicide is mental illness. Sadly, most people do not have access to effective care. Instead, they suffer stigma, prejudice, and social exclusion.

Several studies in low income countries (van der Watt et al., 2021; Jimenez Fernandez et al., 2018; Kpobi& Swartz, 2018; Kpobi& Swartz, 2019) points to traditional and faith healing as an important part of the healthcare system. It is the most available alternative treatment and care for illnesses including mental illness. This could be due in part to the shortage of psychiatrists for example 0.184 per 100,000 population in Kenya (WHO, 2019), high cost of hospitalization, and perceived causes of mental illness. In most African cultures, psychiatric

problems are not recognized for what they are but are the result of external attacks on a person. The causes of the mental disturbance are perceived as the result of a curse, witchcraft, evil spirits or some unfulfilled cultural deed (Egunjobi, 2019). Consequently, treatment and management of mental illness is likely to follow a similar trajectory. There has been attempts in several countries to integrate these non-biomedical mental healthcare methods into the larger healthcare system with little success. For instance, in Ghana attempts at integration have been generally unsuccessful due to the practitioners' beliefs surrounding the power of each system of care to heal the patient (Kpobi& Swartz, 2019). Similarly, Akol et al. (2018) contends that traditional healers believed traditional medicine is the only effective treatment for mental illness due to the spiritual nature of the condition.What truly is the place of culture and religion/spirituality in the understanding and healing of mental disorders? This is the question of interest in this study.

II.   Purpose

This review aims to highlight and synthesize studies that examinemental illnessas explained in the cultural and religious context, and mitigation for mental illness.

III.   Methods

The current study utilized secondary data drawn from studies available by open access in PubMed and published in English between 2017 and 2023. The studies were either qualitative or included a qualitive component such as Focus Group Discussions, In-depth interviews, semi-structured interviews, or ethnographic and where results were reported.

Three hundred and eight (308) studies were identified from the search out of which two hundred and ninety-seven (297) were excluded since they did not meet the eligibility criteria. The remaining eleven (11) full text articles were assessed for eligibility. Out of these six (6) were excluded because they were explanatory models, randomized control trial, or the outcome discussed other subjects besides mental illness. Five studies have been included in the qualitative synthesis. Papers were included that reported results from research carried out among traditional or faith healers, and health care workers. Studies excluded were systematic reviews, randomized control trials, discussed subjects other than mental illness such as HIV, intimate partner violence and explanatory models with focus on specific mental illnesses.Studies considered eligible for full text screening were retrieved for full review.

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Table 1

A Summary of Included Studies

Author/Year	Research questions/ Aims	Country	Methodological Approach	Study Design	Sample Size/ population	Key Findings
Bitta, M. A., Kariuki, S. M., Gona, J., Abubakar, A., & Newton, C. R. J. C. (2019)	(i) What are some of the common MNSD in the community, including their local terms? (ii) How do people with MNSD present? (iii) How do you manage these disorders? (iv)What are your perceptions about collaboration with traditional healers/primary health care providers?	Kenya	8 FGDs with primary health care providers and traditional health practitioners	Qualitative	28 traditional health practitioners; 32 health care providers	**Causes:** Biological causes ranged from structural or functional abnormalitiesof the brain which were either congenitally acquired or were secondary to other organic causes such as infections and substance use (health care providers); Supernatural causes such as possession with evil spirits were mostly ascribed to mental illnesses (traditional health practitioners). **Common presentations**: isolation and appearing worried all the time, hallucinations, paranoia, speaking to oneself, aggressive behavior, unkempt appearance and depressive symptoms. **Management:** Traditional health practitioners managedthe disorders depending on the attributed cause and on whether the required treatment modality is within their scope. There was no consensus on specific methods of managing the disorders. The health care providers either managed patients at the facilities e.g. patients with depression with sedatives or referred patients to tertiary facilities without adequate examination. **Collaboration:** Traditional health practitioners were willing to collaborate with health care providers and theyroutinely referred patients who they could not manage; Health care providers were not willing to collaborate with the traditional healers. In their view, they worsened the prognosis of patients with mental illness.
Musyimi, C. W., Mutiso, V. N., Loeffen, L., Krumeich, A., &Ndetei, D. M. (2018)	To explore the perspectives of traditional and faith healers on their mental health practice in rural Kenya.	Kenya	4 FGDs consisting of traditional healers (n = 2), faith healers (n = 2)	Qualitative	36 participants	**Causes:** healers distinguished mental disorders based primarily on the presented symptoms by the patient and own knowledge base e.g. the person runs aimlessly or attributed to traditional beliefs such as witchcraft. **Diagnosis:** observation of physical appearance; interviews with the patient or those accompanying the patient; referrals to health facilities where the patient cannot express themselves; purely traditional discourse where a variety of spiritual

						and supernatural methods were used to determine the patient's problem. **Treatments:** faith healers methods varied from counselling and prayer, casting out demons and conducting home visits to offer additional help. Herbalists focused on use of herbs while witchdoctors/diviners used spiritual skills to expel mental illness. **Solutions:** rules and regulations to address malpractice, provision of training, enhanced awareness on modes of treatment, collaboration with biomedical health providers and embracing religion.
Pullen, S. J., Herman, A. R., Lange, B. C., Christian-Brathwaite, N., Ulloa, M., Kempeh, M. P., Karnga, D. G., Fallah, M. P., Menyongai, J., Jr, Harris, B., Alonso, Y., Henderson, D. C., &Borba, C. P. (2021)	To gain a better understanding of mental illnesses and treatments used to treat mental illness, social determinants of health in Liberia, and cultural idioms of distress from the perspective of traditional healers and utilizers of traditional medicine.	Liberia	In-depth interviews with traditional healers and recipients of traditional medicine	Semi structured Qualitative research design	24 Liberian traditional healers and 11 recipients of traditional healing	**Common mental health problems:** open mole, African science, epilepsy, depression, mental illness, socioeconomic distress. **Problem attribution:** throwing curses, genetic and evil spirits, demon possession, war trauma, substance use. **Socialdeterminants:** Unemployment, poverty, lack of education, nepotism, home and food insecurity, lack of facilities to care for marginalized persons (elderly, those with disability, those with mental illness, etc.), and lack of access to modern mental health care. **Treatment approaches**: herbal remedies, counselling, traditional and modern medicine for some illnesses such as depression or epilepsy depending on its cause. **Attitudes and beliefs towards western medicine:** varied with some preference to modern medicine but there was also strong preference for traditional medicine as important of culture as well as belief in God and spirituality.
Akol, A., Moland, K. M., Babirye, J. N., &Engebretsen, I. M. S. (2018)	To explore traditional healers' views on their collaboration with biomedical health systems so	Uganda	In-depth interviews with 20 purposively selected traditional healers	Qualitative	20 traditional healers	**Causes:** Spiritual explanations including ancestors and neo-Pentecostal worship, social explanations including witchcraft and evil-eye, and physical or natural agents like maggots, infections and substance abuse. **Perception of formal health system:** traditional healers believed traditional medicine is the only effective treatment for mental illness due to the spiritual nature of the condition. Clinical practitioners were perceived as not

	as to inform the implementation of strategies to improve access to Child and Adolescent Mental Health services in Uganda.					competent to manage mental health conditions. **Collaboration:** traditional healers' willingness to collaborate with biomedical practitioners is hampered by mistrust. Patients interchangeably used traditional and biomedical sectors depending on access and illness interpretation.
Ngobe, A., Semenya, S., &Sodi, T. (2021)	To explore the different types of mental illness treated by Swati traditional healers, their opinions on the causes of mental illness, and the intervention methods they use to treat patients presenting with mental illness.	South Africa	Semi-structured in-depth interviews with 10 purposively sampled Swati traditional healers	Phenomenology	10 traditional healers specializing in mental illness treatment	**Types and causes of mental illness:** adjustment disorders, depression, mental illness due to ancestral calling, mental illness due to bewitchment, mental illness due to breaking of taboos, psychotic disturbance and substance induced mental illness. **Intervention methods:** assessment is done bycombination ofdivination (i.e. throwing of bones), with history-taking and physical observation of patients to ensure treatmentgiven is holistic and address the body, soul and spirit,and not only a single mental sickness. Ancestors were consulted for advice and guidance about the problems of the patient, and specific method of treatment to utilize. Multiple therapies comprising of herbal remedies, nasal ingestion, steaming, and ritual enactments depending on the ailment. Some referrals are also made to western trained health care providers.

IV.   Results

The focus of the five studies can be described in three dominant themes: perceived causes of mental illness, diagnosis, and management of mental illness.

4.1 Perceived Causes of Mental Illness

All studies reported supernatural causes of mental illness which included ancestral calling, evil spirits, curses, witchcraft, demon possession and spiritual explanations. Besides, four out of five studies reported biological causes including genetic predisposition and substance induced mental illness.

4.2 Diagnosis of Mental Illness

The most common methods of diagnosis in all the studies were based on physical appearance and symptoms that can be observed such as unkempt appearance, aggression, speaking to oneself or being silent and looking worried. History taking from the clients and the accompanying relatives was reported in all the studies. In one study, participants reported making referrals to health facilities for laboratory examinations (Musyimi et al, 2018) before proceeding with treatment. Spiritual or supernatural methods was also reported in two studies (Ngobe et al, 2021; Akol et al, 2018) in which prayersfor revelation and divination where ancestors are consultedfor advice and guidance on the client condition.

4.3 Management of Mental Illness

Management of mental illnesses depended on the attributable cause across all the studies. However, the treatment approach was dependent on healer'sexpertise and intuition that is not easily describable. In all the studies,traditional medicine in different combinations was used. Herbalists used herbs and animal extracts, concoctions, and counselling;diviners used spiritual skills to expel spirits; and faith healers used prayers, counselling, rituals to cast out demons and even home visits. One study (Ngobe et al, 2021)reported more specific multiple therapies including herbal medications, steaming, nasal ingestion and inhalations, and rituals.On the other hand, co-management with traditional, spiritual and biomedical approaches was done in all studies except Akol et al (2018) which held that traditional treatments were considered superior in treating mental illness of a spiritual nature.

V.   Discussions

The aim of this review was to highlight and synthesize studies that examine mental illness as explained in the cultural and religious context and mitigation for mental illness. The findings showed that the cause of mental illness in the sub-Saharan African cultural context is perceived to be supernatural and spiritual. According toBhugra et al. (2021), culture is an important influence on how people express distress, explain it, and determine their help seeking behavior. What is viewed as the cause of the problem will influence the point of entry into mental healthcare. On the other hand, religion and spirituality play a vital role in healing of people belonging to a given religion and may impact on their help seeking behavior. For example, symptoms of mental illness may be regarded as a curse or punishment for sin or be seen as having a biomedical cause (Koenig et al., 2020; Abbasi& Berkley Centre-Georgetown University, 2020).

From the reviewed studies, mental suffering is viewed from two perspectives: i) the traditional, in which displeasure from ancestral spirits, witchcraft sent by enemies,and curses among others; and ii) the spiritual, in which demon possession, curses and punishment for sin are construed to be causes of mental illness. These findings resonate with other studies in sub-Sahara Africa, for instance, (Okafor et al., 2022; Amunga, 2020) that reports ancestral curses, bewitchment, forces from unseen world as cultural explanations of mental illness. Also, the Yorubas of Nigeria believe that physical or mental illness can be sent to a person (Egunjobi, 2020). That is, sickness can be because of human manipulation.Consequently, traditional healers are the first step or sole

providers of mental healthcare. In addition, most studies (Bitta et al, 2019; Musyimi et al., 2018; Pullen et al., 2018; Ngobe et al., 2021) recognized to some extent biomedical causal factors to mental illness.

Further, (Musyimi et al., 2018; Pullen et al., 2021) postulates that belief in God and spirituality are important aspects of mental healthcare. According to faith healers, mental illness is the result of demon possession and evil spirits. Similarly, some Christian communities do conceptualize mental illness as sin, demon possession or lack of faith which in return may influence individual members help-seeking behavior. Indeed, Scrutton (2020) elucidates that such perceptions of mental illness will affect how the church may respond to the congregation afflicted. It also deflects attention from the bio-psycho-socio-techno-spiritual causes of mental illness. According to her there are two schools of thought- the one that embraces sin and demon possession as the cause which then supports the practice of exorcism. On the other hand, are those that rejects the existence of demons hence ignoring the spiritual aspect of mental illness. Besides, the first school of thought is backed by many passages in the Bible that recognizes the existence of evil spirits, exorcism and even healing. For example, people who were ill with various diseases …the demon possessed... and he healed them (Matt. 4:24); disciples were given power to drive out impure spirits and heal every disease (Matt. 10:1); unclean spirits were driven out of many who were demon possessed (Acts 8:7), among others.Whereas exorcism has its place in healing of the believers it may also lead to stigma for those who do not receive the healing.

The diagnosis of mental illness from the reviewed studies showed that observation, history taking from clients and close family members, divination and to some extent laboratory investigations were common methods used by traditional and faith healers. The reliance on supernatural and spiritual explanations to mental illness is in line with their characteristics as traditional and faith healers. From all the reviewed studies, the expertise, knowledge and intuition of the traditional or faith healer determines the method(s) employed and what the illness will be attributed to. Besides, in the African context when there is an illness the first questions asked are who has caused it and why.These questions are best answered from the traditional or spiritual realm where the healers will use divination to understand the presenting problems in a holistic manner. Akol et al. (2018) and Ngobe et al. (2021) contends that mental illness is effectively treated by traditional medicine. Diagnosis is holistic addressing body, soul and spirit. This is supported by other studies, for example, South Africa has more than 200,000 traditional healers, 70-80% of the population is estimated to consume traditional medicine for their physical and spiritual well-being (Xego et al., 2021). This means that people tend to continue to pursue traditional support rather than modern medicine because of cultural values, holistic practices, and a common value system.It is important to note that a great proportion of sub-Sahara Africa does not have access to quality biomedical healthcare diagnosis and treatment.

In addition, there has been an exponential growth of charismatic faith healers in the past two decades. Many writers (Dein, 2020; Llyod& Waller, 2020; Llyod et al., 2022) postulate that evangelical Christians consistently endorse spiritual etiologies for mental illness which includes the belief that it can be solely treated spiritually. For instance, in a study conducted among 446 self-identified evangelical Christians, 31% of respondents reported experiencing teaching which exclusively spiritualized their mental distress. However, 94% of the respondents endorsed psychological therapy as effective while 73% of respondents endorsed non-spiritual causal attributions for mental distress (Llyod& Waller, 2020). Interestingly, a large proportion still endorsed positive interactions within their churches, despite the presence of spiritualized teaching. This shows that while the teachings may spiritualize the problem, individual perceptions still pointed to a variety of causal factors. In addition, psychological and psychiatric treatments was endorsed by the churches and individuals received support.

All the reviewed studies postulated that management of mental illness depended on the established diagnosis. For example, Ngobe et al., (2021) in holistically addressing mental illness accommodated clients in their homestead until they recovered. They interrogated clients about their thoughts as well as feelings and provided counselling on how to deal with negative thinking and adopting new ways of life. This was in addition to ritualized divinations, herbal remedies and concoctions provided. In contrast, Bitta et al. (2019) health care

providers administered prescription drugs for illnesses with known diagnosis but also left the alcohol abusers with no intervention due to lack of capacity. The traditional healers in this case used concoctions and herbs as in other reviewed studies. On the other hand, the faith healers used to cast out demons and evil spirits, counselling, prayers, encouragement through the word of God and show of hope through Jesus. Similarly, Dein (2020) affirms that religious rituals and prayers aim at restoration of wholeness in the physical, psychological, spiritual, and social dimensions. This restoration forms the bedrock of Pentecostal belief in the power of the holy spirit to heal physically and psychologically hence the strong attraction to evangelical churches. Essentially, there is a thin line where faith and traditional healing divination is used. For instance, in 2010 a Tanzanian retired Lutheran priest became an overnight sensation by administering a concoction that could cure any chronic disease. He claimed that God in a special dream gave him a recipe for a herbal concoction and all one required was drink a cup. Approximately four million people flocked to Loliondo, Tanzania in search of cure for serious illnesses.

VI.   Limitations and Recommendations

The limitationof the studies under review was the small samples and the subjective nature of the matters under investigation. This study was also limited to five open-sourcearticles published in the English language. The studies had more traditional healing covered than faith healing. There is need for more extensive research on the subject of faith healing.

VII.   Implications for Multicultural Therapy

Therapists ought to integrate client's religious values and beliefs in therapy for holistic healing. This position of integration is equally supported by Llyod& Waller (2020) who advocates for an integrative model of therapy in which the therapists sensitively inquire as to the clients' cultural and psychospiritual values and beliefs just as they do the physical health. Fundamentally, therapists ought to wear a cultural and spiritual lens to effectively understand and support the clients' holistic healing. Faith healers and mental healthcare providers can also be natural allies considering that both aim towards wellness and wellbeing. In addition, a greater population in sub-Sahara Africa embraces both faith and traditional healing which can be leveraged on by multicultural psychotherapists.

Physical, psychological, social, cultural, spiritual and other interrelated factors contribute to mental health, and there are inseparable links between mental and physical health. As all the reviewed studies suggested there is still ambivalence in western medicine approach in acceptance of faith and traditional healing yet the general population seems to embrace both with a stronger preference to the indigenous.

Conclusion

In this study, we sought to provide some insights into the different dimensions of indigenous and faith healing in the sub-SaharaAfrica context from published literature.It is clear that,culture and spirituality playvital roles in understanding and dealing with the causes of mental illness and help seeking behavior. Perceived supernaturally, the diagnosis and management follow the same trajectory. Multicultural psychotherapists can leverage on the strengths of traditional and faith healing to promote wellbeing and wellness. Traditional and faith healing modalities should not be overlooked as complementary mental health services among the sub-Sahara Africans.

References

[1.]   Abbasi, F. & Berkley Center-Georgetown University. "A Prayer, a Prozac, or Both: Navigating Faith-Based Mental Health" (2020). *Pandemic Response and Religion in the USA: Health.* 87.https://scholarworks.wmich.edu/religion-pandemic-health/87

[2.]   Akol, A., Moland, K. M., Babirye, J. N., &Engebretsen, I. M. S. (2018). "We are like co-wives": Traditional healers' views on collaborating with the formal Child and Adolescent Mental Health System in Uganda. *BMC health services research*, *18*(1), 258. https://doi.org/10.1186/s12913-018-3063-4

[3.]   Amunga, C. N. (2020). The Impact of Cultural Beliefs on Mental Health: A World View from Selected Communities in Western Kenya. *East African Journal of Traditions, Culture and Religion*, *2*(1), 34–38. https://doi.org/10.37284/eajtcr.2.1.21

[4.]   Bhugra, D., Watson, C., &Wijesuriya, R. (2021). Culture and mental illnesses. *International Review of Psychiatry*, *33*(1-2), 1–2. https://doi.org/10.1080/09540261.2020.1777748

[5.]   Dein, S. (2020). Religious healing and mental health. *Mental Health, Religion & Culture*, *23*(8), 657–665. https://doi.org/10.1080/13674676.2020.1834220

[6.]   Egunjobi, J. P. (2020). The Perception of Covid-19 as a Fear Factor in the Preparation for the Pandemic Aftermath. https://doi.org/10.13140/RG.2.2.14933.17125

[7.]   Egunjobi, J. P. (2019). The Yoruba psycho-spiritual heritage and its implication for counselors. In Okpalaenwe, Elizabeth Ngozi (Ed.). *Psyscho-spiritual Practices in African Communities.* Kenya, Nairobi

[8.]   Jimenez Fernandez, R., Corral Liria, I., Rodriguez Vázquez, R., Cabrera Fernandez, S., Losa Iglesias, M. E., &Becerro de Bengoa Vallejo, R. (2018). Exploring the knowledge, explanatory models of illness, and patterns of healthcare-seeking behaviour of Fang culture-bound syndromes in Equatorial Guinea. *PLOS ONE*, *13*(9), e0201339. https://doi.org/10.1371/journal.pone.0201339

[9.]   Koenig, H. G., Al-Zaben, F., &VanderWeele, T. J. (2020). Religion and psychiatry: recent developments in research. *BJPsych Advances*, 1–11. https://doi.org/10.1192/bja.2019.81

[10.]   Kpobi, L., & Swartz, L. (2018). Implications of healing power and positioning for collaboration between formal mental health services and traditional/alternative medicine: the case of Ghana. *Global Health Action*, *11*(1), 1445333. https://doi.org/10.1080/16549716.2018.1445333

[11.]   Kpobi, L., & Swartz, L. (2019). Indigenous and faith healing for mental health in Ghana: An examination of the literature on reported beliefs, practices and use of alternative mental health care in Ghana. *African Journal of Primary Health Care & Family Medicine*, *11*(1). https://doi.org/10.4102/phcfm.v11i1.1941

[12.]   Lloyd, C. E. M., & Waller, R. M. (2020). Demon? Disorder? Or none of the above? A survey of the attitudes and experiences of evangelical Christians with mental distress. *Mental Health, Religion & Culture*, 1–12. https://doi.org/10.1080/13674676.2019.1675148

[13.]   Lloyd, C. E. M., Mengistu, B. S., & Reid, G. (2022). "His Main Problem Was Not Being in a Relationship with God": Perceptions of Depression, Help-Seeking, and Treatment in Evangelical Christianity. *Frontiers in Psychology*, *13*. https://doi.org/10.3389/fpsyg.2022.831534

[14.]   Okafor, I. P., Oyewale, D. V., Ohazurike, C., &Ogunyemi, A. O. (2022). Role of traditional beliefs in the knowledge and perceptions of mental health and illness amongst rural-dwelling women in western Nigeria. *African Journal of Primary Health Care & Family Medicine*, *14*(1). https://doi.org/10.4102/phcfm.v14i1.3547

[15.]   Ongeri, L., Larsen, D. A., Jenkins, R., Shaw, A., Connolly, H., Lyon, J., Kariuki, S., Penninx, B., Newton, C. R., Sifuna, P., &Ogutu, B. (2022). Community suicide rates and related factors within a surveillance platform in Western Kenya. *BMC Psychiatry*, *22*(1). https://doi.org/10.1186/s12888-021-03649-6

[16.]   Scrutton, A. (2020). Mental illness and demon possession: Reading the New Testament. In *Spirit possession and communication in religious and cultural contexts* (pp. 32-56). Routledge.

[17.]   *The Holy Bible: New International Version.* (2015). Biblica.

[18.]   van der Watt, A. S. J., Biederman, S. V., Abdulmalik, J. O., Mbanga, I., Das-Brailsford, P., & Seedat, S. (2021). Becoming a Xhosa traditional healer: The calling, illness, conflict and belonging. *South African Journal of Psychiatry*, *27*. https://doi.org/10.4102/sajpsychiatry.v27i0.1528

[19.]   WHO-World Health Organization. (2019). Global Health Observatory Data Repository. *Global Health Observatory Data Repository*.

[20.]   World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

[21.]   Xego, S., Kambizi, L., &Nchu, F. (2021). Embracing Herbal Medicine Through Collaboration Among Traditional Healers, Biomedical Health Practitioners and Research Institutes: A Review. *Plant Archives*, *21*(2), 632-638.