

**INVESTIGATING THE PRACTICES IN THE MANAGEMENT OF ANXIETY
DISORDERS BY ZULU TRADITIONAL HEALERS**

by

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DECLARATION OF ORIGINALITY

I, N.I. Linda (student number: 201200092), declare that

“Investigating the practices in the management of anxiety disorders by Zulu traditional healers”

is my own original work and all sources that were consulted and quoted have been acknowledged in the reference list.

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ABSTRACT

The aim and objectives of the study were to investigate the management of anxiety disorders by Zulu traditional healers. Here the term management refers not exclusively to treatment but rather encompasses conceptualisation and causes of anxiety, symptom presentation and diagnostic procedures, treatment methods, and referral of patients with anxiety.

The study was conducted at KwaDlangezwa and Esikhawini areas in Zululand, South Africa. A qualitative approach was adopted for the study. A snowball sampling technique was used to collect the sample. The inclusion criterion was diviners who are currently in practice. The sample comprised of 14 diviners. Semi-structured interviews were used in the collection of data. The interviews were audio-recorded and transcribed verbatim. The data was analysed and interpreted using thematic content analysis.

Within the study the concept of anxiety was understood in relation to the causes. Anxiety was discussed under the headings of functional and pathological anxiety. The diviners diagnose and treat exclusively pathological anxiety. Pathological anxiety was said to be caused by either witchcraft or ancestral calling. In the category of pathological anxiety three types of anxiety were described, and they were *inyoni* (affecting mostly children), *uvalo lwezilwane* (anxiety through bewitchment and *uvalo lwedlozi* (related to ancestral calling). The diviners indicated that anxiety is not a mental disorder but rather a physical illness. Although the treatment methods varied amongst the diviners, they were all indicated to be effective. If a patient was not responsive to treatment, the patient would be referred to other healers first and then a referral to clinics or/ and hospitals would be made. However, if there was an underlying medical condition, patients would be referred immediately to clinics and/or hospitals.

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LIST OF ABBREVIATIONS AND ACRONYMS

CBT:	Cognitive Behavioural Therapy
DSM-V:	Diagnostic and Statistical Manual of Mental Disorders V
NICE:	National Institute of Health and Care
WHO:	World Health Organization
SSRIS:	Serotonin Reuptake Inhibitors
NSRIS:	Norepinephrine and Serotonin Reuptake Inhibitors
BZDS:	Benzodiazepines

CHAPTER 1: INTRODUCTION

1.1. Introduction

Anxiety disorders are amongst the most commonly diagnosed mental disorders. They affect approximately 12% of the population, and cause mild to severe impairment (NICE, 2013). The associated symptoms of anxiety include blushing, profuse sweating, trembling, nausea, and difficulty talking. Many anxiety disorders tend to develop during childhood and persist if they are not treated or managed early. The causes of anxiety disorders have been attributed to several factors ranging from biological factors, psychological factors and challenging environmental factors which include: stressful post-traumatic life events, familial history of anxiety, childhood development issues, substance use and other medical and psychiatric illnesses.

Anxiety disorders are generally responsive to psychotherapies such as Cognitive Behavioural Therapy (CBT), behavioural therapies and also to pharmacotherapy (NICE, 2013). However, at times they necessitate hospitalisation, especially if they cause severe distress in an individual's daily functioning. Apart from western medicines and psychotherapies, traditional healers have been found to successfully treat and manage anxiety and anxiety related illnesses. However, this finding is yet to be extensively researched.

Many African countries are still reliant on traditional healers. According to the World Health Organization (WHO), traditional healers are often the primary source where a large number of African people receive healthcare. The World Health Organisation estimates that 80% the people in Africa use traditional medicines, while in South Africa it is estimated that between 60% and 80% of people consult traditional healers before going to primary health care practitioners (Atindanbila & Thompson, 2011; Truter, 2007). It is with no doubt that traditional healers play a significant role in the health care systems of many countries around the world.

The South African healthcare system has been largely dominated by western perspectives and modes of treatment, and they are accepted as they are based on

scientific and rational knowledge. In contrast, traditional and faith healing is criticised for being based on mystical and magical religious beliefs (Peltzer & Khoza, 2002). Nonetheless, there is much interest in traditional medicine; the literature documenting traditional healers' perspectives and modes of treatment of certain illnesses is insufficient. In order to address this issue there needs to be more research geared at better understanding of traditional medicine's frameworks of conceptualizing and managing of mental disorders. Additionally, such studies would facilitate the process of including traditional healers in the formal health care system. Additionally, they will aid clinicians in understanding patients from an African background and consequently improving clinician cultural competency.

Apart from physical illnesses such as asthma, HIV/AIDS and strokes, traditional healers have been said to successfully treat a range of psychological illnesses as well. These illnesses include depression, mood disorders, and schizophrenia and anxiety disorders. According to Sorsdahl, Flisher, Wilson and Stein (2010) there are a few studies have been conducted in South Africa investigating traditional healers' perceptions of, and approaches to, the treatment of mental illness, none of them have specifically examined non-psychotic disorders. Anxiety disorders which fall under the umbrella term of non-psychotic disorders are such disorders that have not been investigated from a cultural perspective.

1.2. Motivation

Zulu traditional healers play an important role in the primary health care of both rural and urban populations in South Africa. The South African healthcare system has been largely dominated by western perspectives and modes of treatment, and they are accepted as they are based on scientific and rational knowledge.

Nonetheless, there is growing interest in traditional medicine; the literature documenting traditional healers' perspectives and modes of treatment of certain illnesses is insufficient. In order to address this issue there needs to be extensive research on traditional medicine and the various illnesses treated by these healers to better understand the frameworks of conceptualizing and managing of certain illnesses. Furthermore, by conducting studies in this area guarantees an almost smoother inclusion of traditional healers into the multi-disciplinary team.

1.3. Problem statement

Although the use of traditional medicines among South Africans, especially among those individuals from African descent, seems to be rather common, there is still little known about traditional practitioners' modes of managing and treating certain disorders. Traditional healers have been found to be effective in treating psychological illnesses such as mood disorders, depression, somatoform disorders, and schizophrenia and anxiety disorders. However, it is still unclear how they go about treating some of these illnesses. Much research has focused on schizophrenia and its associated features and consequently has overlooked some illnesses. Due to this reason there is vague understanding about the conceptualisation of illnesses such as anxiety. It is unclear whether traditional healers understand anxiety merely as an experienced reaction towards perceived harm or if anxiety is an illness that is to be treated similarly to illnesses such as schizophrenia. Furthermore, aspects such as symptomatology, aetiology and treatments need to be studied to ensure that all these aspects are consistent with the Diagnostic Statistical Manual-V. However, if they are found not to be consistent, a comprehensive framework could be established so that it is adapted for individuals from African descent.

1.4. Aims of the study

- The overall aim of this study was to investigate the management practice of anxiety disorders by Zulu traditional healers.
- Secondly, the aim was to describe the Traditional healers' conceptualisation of anxiety and anxiety related illnesses.
- Thirdly, delineate symptom presentations of individuals with anxiety treated by Zulu traditional healers and Anxiety symptom presentation described in the DSM-V.
- Thirdly, to obtain the traditional healers' understanding in light of the causes as well as the treatment methods of anxiety.
- Lastly, the aim was to determine whether the traditional healers refer those individuals that have been diagnosed with anxiety related illnesses.

1.5. Research Methods

1.5.1. Target Population

Welman, Kruger and Mitchell (2005) define a target population as a “group of prospective participants to whom the researcher wants to generalise the results of a study”. Furthermore a sample is described as the actual participants that are selected from the population and this is dependent upon the selection method. For this particular study there were 14 IsiZulu speaking traditional healers (*Izangoma*) who were sampled from *Esikhawini* Township and the *KwaDlangezwa* area.

1.5.2. Research Approach

The approach that was adopted for this study was of a qualitative nature since the nature of the research was descriptive. The participants were sampled from a population of traditional healers. The sampling method for the study was the non-probability sampling procedure, specifically snowball sampling. Each participant was requested to identify successive participants. The information was gathered through the means of semi-structured interviews. In analysing of the data, thematic content analysis was used. Thematic content analysis is valuable in delineate commonly occurring themes.

1.5.3. Procedure

The researcher visited traditional healers in their own work places. The data was collected through semi-structured interviews. The interviews were either audio-recorded or noted down if the participant wished not to be audio-recorded. The data was first transcribed and then translated from IsiZulu into English by the researcher. The information was analysed and presented using thematic content analysis.

1.6. Significance of the study

The information gathered in this study will not only contribute to the body of knowledge of psychology but will extend to practice and the medical community at large. This research project is anticipated to assist psychology practitioners who treat

anxiety and anxiety related disorders to better understand the illness from the cultural viewpoint of the individuals. Furthermore, if traditional healers are to be included in the multi-disciplinary team, it is vital to understand the perspectives and treatment modes of mental illnesses such as anxiety disorders. Lastly, this study anticipates aiding the understanding of referral practices by traditional healers for patients diagnosed with anxiety and anxiety related disorders. This understanding of referral practices, firstly, could improve communication and co-operation between different types of healers and, secondly, it could lead to the development of a comprehensive framework for managing anxiety disorders.

1.7. Summary

This chapter introduced the research project. Herein the problem statement, aims and objectives, research method and value of this research project were presented. The next chapter reviews the appropriate literature that was considered for this research project.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

South Africa is a culturally diverse country and the health care system acknowledges the importance of the traditional medicine that is used in conjunction with western medicine in alleviating physical and mental illness. Makgobi (2012) states that due to the increasing costs of western or modern health care, more and more developing countries and the poor are forced to seek alternative routes to primary health care. Traditional medicine is commonly practised in rural areas and it is often the first choice for many poor people who simply do not have the financial means to access western or modernised health care. Besides accessibility issues another factor regarding the widespread use of traditional medicine is the way illnesses are viewed by the different paradigms, namely traditional medicine and western medicine.

Traditional medicine seems to differ from western medicine in that traditional medicine adopts rather a holistic view of the illness whilst western paradigms seek to fragment an individual by focusing on one aspect that is causing the illness such as the physiological presentation of the illness (Madu, 2013). On the contrary, traditional medicine considers all aspects causing the illness such as physical, emotional and spiritual aspects of an individual in the healing process. Traditional healers therefore view an illness as not merely originating from a distinct source but a combination of elements/sources. Thus the racial and cultural diverse nature of clients and patients encountered by health practitioners on a daily basis necessitates too for the practitioner to be aware of these contrasting perspectives, as well as having a cultural awareness and sensitivity towards the patient's world view.

The following sections discuss the traditional medicine perspective as well as the perspective of western medicine. The culture of focus in the literature reviewed is on the Zulu cultural group. In the discussion of traditional medicine and healing, current literature on the concepts of African cosmology and the types of traditional healers in the Zulu culture will be included. The explanatory framework of illnesses managed by traditional healers will also be reviewed. This will include anxiety and anxiety related illnesses. This section will also highlight the different types of anxiety disorder currently identified and discussed in the DSM-V.

2.2 Traditional Medicine and Healing

2.2.1 Introduction

Despite significant advances in the modern or western health sector, literature suggests that traditional medicine and healing methods still play a pivotal role in the health care systems across Africa and the world. The World Health Organization, WHO (2003) defines traditional medicine as “diverse health practices, approaches, knowledge and beliefs incorporating plant, animal and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness”. As mentioned earlier, traditional medicine in South African is estimated to be used by almost 80% of the population. Research suggests that the use traditional medicine is also favoured by the populations in countries such as India, Thailand, Nigeria, and Swaziland (Nduli, 2002). It is, however, interesting to note that traditional medicine is rather used frequently in rural areas in South Africa (Nduli, 2002). This could be attributed to several factors such as difficulties in accessing primary health care services which are usually clustered in urban areas, misperception towards western medicine, and the deep-rooted beliefs in culture and maintaining cultural practices/rituals.

Traditional medicine is used quite prevalently in other societies as well. For example, the Chinese, Native Americans, Australian Aborigines, Indians and the Maori in New Zealand rely on traditional healing in dealing with physiological, psychiatric and spiritual conditions (Mokgobi, 2012). Traditional healing is not homogenous; it is rather varied from culture to culture and from region to region. Craffert (1997) puts forth that illness and health care systems in any society (whether traditional or Western) are in one way or another determined by or closely connected to the culture or world-views of those societies. Every society develops its own cultural way of dealing with illnesses. Nduli (2002) suggests that traditional medicine is a holistic approach that embodies the collective wisdom of indigenous knowledge and it is handed down over many generations. Mokgobi (2012) maintains that indigenous knowledge is given to a few select individuals in the form of traditional healers. Before reviewing the traditional healers found in the Zulu culture, the first order of

business will be to understand the cosmological and belief systems that inform traditional medicine in South Africa.

2.2.2 African Cosmology

African traditional understanding of health and illnesses is conceptualised in relation to African cosmology (Levers, 2006). According to Washington (2010) cosmology refers to how a people organize or views the universe. This organization consists of the family values, beliefs, ethos, and traditions. Levers (2006) further states that a world view of a particular society or culture is embedded in its cultural beliefs and traditions; and the cultural beliefs and traditions becomes a reference of that culture in creating the meaning of their world.

The word Zulu means God's people or people of heaven. Implied in the name is the true belief of the people, that is, God is central and that they (the Zulu) are divine (Washington, 2012). The God equivalent in the Zulu culture is known as *Umvelinqangi* (Ngubane, 1977). *Umvelinqangi* is the God Almighty whom is given the highest praise and all rites are directed towards this spiritual entity (Ngubane, 1977). Because he is not spoken to directly, prayers and wishes are communicated to Him through ancestors. The name used to refer to ancestors differs across ethnic groups. The Bapedi, Batswana, and Basotho call them *badimo* and they are *amadlozi* (Mokgobi, 2012). Ancestors are the spirits of the deceased family members and relatives of that particular family. These will include parents, grand-parents, great-grand-parents, aunts and uncles. They are believed to be the mediators between the living and Umvelinqangi (Gumede, 1990). Ancestors are considered to be actively involved in the lives of the living; and they communicate with the living mostly through dreams, lightning, wild animals, illness and misfortune. Gumede (1990a) asserts that ancestral spirits are essentially good and they ensure well-being of the living. However, at times they are can be responsible for the misfortunes experienced by the living. The misfortunes is said to occur when the living do not respect the traditional rituals in the life cycle such as birth, marriage and death. When a transgression occurs and the ancestors are angered, the living will pay homage in the form of rituals. These rituals are the means by which the living ask forgiveness, give praise and offer gratitude. Essentially, ancestors are considered to play a protective in the role of the living. Ngubane (1977) maintains that ancestors,

although invisible, reside in the household and they tend to retain similar temperaments and status as when they were living.

There are other spiritual entities and phenomena which are said to impact greatly on the well-being of the living. The dark spirit such as sorcerers and witches (*abathakathi*) are known to cause misfortunes and ill to the living. A natural element such as lightning entering a household is also believed to be the work of witches. In cases where it was found that a witch was responsible for the misfortune, a traditional healer's services can be hired to advise and retaliate on behalf of the individual who suffered (Gumede, 1990). There are different types of traditional healers in South Africa and they fall under various categories. The following section considers the types of traditional healers found in the Zulu culture.

2.2.3 Traditional Conceptualisation of Illness

The African traditional view of medicine is that illnesses are generally attributed to the supernatural world. Sokhela (1984) states that these illnesses with their causation ascribed to the supernatural or external forces are used in explaining those illnesses that are not common but "out-of-the-ordinary". He further states that this theory (supernatural causation) is used when ordinary treatments and explanations have failed. Ngubane (1977) states that there are some illnesses that are naturally occurring and these include influenza, measles and chicken-pox. These illnesses are usually alleviated without consulting a traditional doctor. In his research Washington (2010) identifies two main categories of illnesses which are consistent with the previous research by Sokhela and Ngubane. Two such categories are *imkhuhlane* and *ukufa kwabantu* (*Imikhuhlane* refers to those illnesses that are a result of natural causes. This category includes *isithuthwane* (epilepsy), *isifuba somoya* (asthma) and *ufuzo* (familial/genetic disorders) such as *isidalwa* (mental retardation) and *uhlanya* (schizophrenia) (Washington, 2010). *Ukufa kwabantu* are disorders that tend to occur among African/black people. Some illnesses are believed to be man-made and result from malicious acts by others (Atindanbila & Thompson, 2011). These malicious individuals employ supernatural or magical means to injure their victims. Illnesses under this category include *amafufunyane*

(spirit possession) and *uvalo or ixhala* (anxiety which is aimed at lowering the defences) (Washington, 2010).

Central to African cosmology and conceptualisation of illnesses is that health and well-being is dependent upon the maintenance of harmony between the individual, his cosmos and the natural world, witchcraft and genetics. This was also consistent with the findings of a study by Kleinman (1980) of native healers on Taiwan. The same study found that clients' sicknesses were seen to be caused by disharmony in the system of correspondences that extends from the cosmos to the individual, ultimately affecting the bodily organs and the flow of *ki* or life energy. Other causative factors include sorcery, heredity, incorrect behaviour, and bad luck.

2.2.3.1 Witchcraft

Courtright, Chirambo, Lewallen, Chana and Kanjaloti (2000) states that witchcraft is prevalent in African communities as cited in Mokgobi (2012). In almost all African communities there are beliefs in the existence of witchcraft although not all individuals in African societies, which are generally the minority, hold beliefs of witchcraft. Gumede (1990) describes a witch or sorcerer as an individual possessing power to bring upon harm on others. In the Zulu culture these people are known as *abathakathi*. In other South African cultures such as SeSotho and Bapedi these people are termed as *baloi*. These individuals are believed to have the abilities to cast spells and they harness nature's elements such as lightning to bring destruction to others of whom they are usually envious (Ngubane, 1977). Furthermore, Mokgobi (2012) asserts that in many instance these *abathakathi* are close to the bewitched such as relatives, family members, neighbours and friends.

Ngubane (1977) further states that there are two types of sorcerers - night and day sorcerers. Night sorcerers are mostly men or elderly women. Night sorcerers are believed to leave harmful medicine and/or objects in the path where others are going to pass making them contract illness when they come into contact with this medicine or object. Day sorcerers are said to use their powers for those individuals with whom they are in conflict. The day sorcerer is believed to use harmful *muti* or a substance that is placed in a person's food (*idliso*) and their path (*umeqo*). Witches are believed

to cause death, accidents and illnesses such as madness (psychotic-like illnesses) or *mafofonyane*.

There are usually negative implications for an individual who is believed to practise witchcraft. Many newspapers report on the humiliation and cruelty suffered by these individuals at the hands of the community. It is well documented that in South African provinces such as Limpopo and Mpumalanga witches are often hunted down and banished from the community and in other instances the homestead of the accused is burnt and the identified perpetrator is burnt. According to Mokgobi (2012) there was a reported 70% of burnt accused in the Limpopo Province in 1995. In many instances when an individual falls ill or a misfortune has occurred and a traditional healer is consulted, the name of the accused is usually revealed or, instead, they give vague descriptions or features, and the relationship to the accused is revealed (Mokgobi, 2012). Another cause of illness is believed to be the displeasure of ancestors in cases when one has not performed rituals required by the ancestors and/or and custom (Nduli, 2002).

2.2.3.2 Ancestors

As discussed above ancestor generally play a protective role in ensuring the well-being of the members of that particular family. There are some instances when ancestors will show their wrath and their displeasure towards the living. These instances comprise of events when certain customs are not being followed and certain rituals are not performed for them (Ngubane, 1977). Ancestors are believed to hold the powers to make an individual fall sick when communicating a need for a ritual to be performed. This form of communication is seen as nudging the family member to perform the required ritual. In other cases an individual may fall ill due to the ancestors wanting the person to take up ancestral calling (Ngubane, 1997). As with witchcraft, an individual will present with psychotic-like symptoms. However, when it is due to ancestral calling, the symptoms will dissipate once this person accepts this calling and undergoes training.

2.2.4 Traditional healers in South Africa

Traditional healers are recognized in many parts of the world as a viable and sometimes only alternative to health care. The World Health Organization (2002) and policy makers acknowledge the role traditional practitioners can play in alleviating dire health conditions, especially in the developing countries where health care is not easily accessed. A traditional healer is defined as “a person who possesses the gifts of receiving spiritual guidance from the ancestral world” (Moagi, 2009). Traditional healers play an important role in rendering health care services to individuals in the community. They assist in diagnosing and treating physical and mental problems (Makhanya, 2012). They also serve as counsellors and social workers as well as custodians of indigenous knowledge systems (Mokgobi, 2012).

In South Africa traditional African health practice has been mainstreamed in South Africa by the promulgation of the Traditional Health Practitioners Act, No. 35 of 2004. The Act serves the purpose of (a) establishing the Interim Traditional Healers’ Council of South Africa, (b) providing for the registration, training and practice of traditional healers and (c) serving and protecting the interest of the public who use the services of traditional health practitioners. There are still ongoing challenges regarding the regulation of traditional healers in South Africa. Some of these challenges pertain to the issues of registration and training. There are still large numbers of South African traditional healers that not registered. Moreover, there are some unregistered foreign nationals that practice as traditional healers. This is interconnected to issues of malpractice and low credibility of traditional practitioners. Additionally, since training of traditional healers is not regulated, this raises problems of quality assurance and verification of the training that is received by initiates (Mokgobi, 2012).

Training of traditional healers varies according to category (see below sections for different categories). Traditional healing is generally not by choice but rather it is a calling by that individual’s ancestors. Mokgobi (2012) suggests that this calling can come about through illness such as schizophrenia and psychosis as well as visitation of ancestors through dreams. In determining if the calling is authentic and is indeed from the ancestral spirits, a diviner will verify this. When it has been established that one possesses a calling, one then undergoes a training process known as

ukuthwasa. Mokgobi (2012) further indicates that not all traditional healers can train prospective traditional healers. Training is in itself a speciality and a calling. During the training period the trainee stays at the trainer's homestead. The training process exposes the trainee to a variety of things such as different medicinal plants and animal extracts to use, interpreting the bones, dream analysis, communicating with the ancestors and different illnesses and how to treat them (Nduli, 2002). Once training is completed the trainee performs certain rituals and then a graduation ceremony can take place.

There are several categories of traditional healers in South Africa. Truter (2007) argues that traditional healers perform different functions and they fall into different categories. Each category entails a specific method of diagnosis and treatment. The four main identified categories are:

- *Izangoma* (Diviners)
- *Izinyanga* (Traditional doctors/herbalists)
- *Abathandazi* (Faith healers)
- *Ababelethisi* (Birth attendants)

2.2.4.1 *Izangoma* (Diviners)

Izangoma or diviners are considered the most senior of traditional healers (Truter, 2007). It is usually a woman but there are also males. Diviners are said to be both diagnosticians and healers. Diviners use bones and ancestral spirits to diagnose and treat physical and psychiatric illnesses. In reading bones they look at how the bones fall and consider this as the message from the ancestors. They identify the causes of specific events and interpret the messages of the ancestors through divining. They also prescribe medication to most of the patients they diagnosis. They also rely on dreams to communicate with ancestors in receiving guidance and advice for treatment of illnesses. In South African cultures diviners are known by different names. In the Xhosa culture they are referred to as *amagqira*, *mungome* in Venda and *selaoli* in Sotho (Makhanya, 2012).

2.2.4.2 *Izinyanga* (Traditional doctors/herbalists)

As the name infers, the herbalist or traditional doctor specialises in the use of herbs in treating illnesses. *Izinyanga* possess extensive knowledge of curative herbs natural treatments and medicinal mixtures of animals (Makhanya, 2012). Unlike diviners, *Izinyanga* does not receive a calling, but chooses to become an *inyanga*. About 90% of *izinyanga* are male. Their curative expertise comprise of preventive treatments, rituals as well as preparation for fortune. *Izinyanga* training is rather different from diviners in that they do not receive divinity but rather spend years as apprentices to a master herbalist (Makhanya, 2012). The *muti* prescribed by *izinyanga* can be administered orally through smelling and as emetics.

2.2.4.3 *Abathandazi* (Faith healers)

Faith healers or *abathandazi* or *baprofethi* often belong to either a mission or an African independent church (Makhanya, 2012). Faith healers heal through prayer, laying hands on patients and holy water. Faith healers hold assertions that their healing powers come from the almighty and through trance-like states they receive their healing abilities; and they are able to communicate with spirits (Truter, 2007). For faith healers' training entails only purification rites and close contact with the healer. This type of healing integrates both African healing and Christianity.

2.2.4.4 *Ababelethisi* (Birth attendants)

Birth attendants or *ababelethisi* tend to be elderly women. Their work centres on pregnancy problems and assisting women during the delivery period. Their responsibilities during this period comprise of ritual bathing of the mother, ritual removal of the placentas and providing healing medicine. Additionally, birth attendants provide advice on postpartum issues and give support for breastfeeding as well as counsel on marital issues, contraception and fertility (Makhanya, 2012).

2.2.5 Traditional Diagnosis and Management of Illnesses

According to Good, Hunter, Katz and Katz (1979) pointed out that the diagnosis of illnesses in traditional medicine is largely based on the healer's observing aspects of the patient's behavior, divination, clinical examination; and diagnosis is usually in accordance of that individual's cultural perspective. Inherently wellness relies on the

holistic combination of mind, body, spirit and community or extended family. Research such as Ngubane (1977) and Sokhela (1984) documents diagnostic procedures that are common among Zulu traditional healers. These involve the use of rituals. The rituals often involve social negotiations and negotiations with ancestral spirits of that individual. Another form of diagnostic procedure is gathering of collateral from the ill individual and their family members, and so with the treatment plan or programme there is high involvement of the family.

Sokhela (1984) (see below tables) identified several methods in which Zulu traditional healers make their diagnosis and as well as how they go about treating various illnesses. The category in which the traditional healer falls will inform the diagnostic methods along with the treatment methods used by that traditional healer.

Table 2.2.4.1: Diagnostic methods

<i>ukubhula ngamanzi</i>	Divination using water
<i>ukubhula ngamathambo</i>	Divination using bones
<i>ukubhula ngabalози</i>	Divination by ventriloquism
<i>ukubhula ngekhanda</i>	Divination by head through guiding ancestral shades
<i>ukubhula ngesibuko</i>	Divination with the aid of a mirror
<i>Ukubona</i>	Precognition
<i>ukubeka izandla</i>	Laying on of hands
<i>Imibono</i>	Symbolic visions revealing the illness
<i>Amaphupho</i>	Dreams revealing illness
<i>Ukugida</i>	Ritualistic dancing and singing
<i>umthandazo</i>	Divination through prayer

Derived from Sokhela (1984)

Table 2.2.4.2: Treatment methods

<i>ukuphalaza</i>	Induced vomiting through emetic
<i>ukugquma</i>	Steaming to induce perspiration
<i>ukushunqisa</i>	Fumigating the house with smoke
<i>ukuhogela</i>	Inhaling treated smoke
<i>ukutshopa</i>	Acupuncture, usually using porcupine quills

ukugeza/ukuhlamba	Bathing cure
ukugcaba	Incisions for the insertion of curative mixtures
ukuncinda	Sucking, for example, hot medicine from fingertips
ukuthoba	A fomenting treatment applied
ukuchatha	Enema
ukuqinisa	General term commonly implying the strengthening or fortifying of the patient

Derived from Sokhela (1984)

Washington (2010) assert that the Zulu People have a harmonious relationship with nature, and that there are certain herbs that are extracted only in the morning, day, evening or night. It is believed that the full healing power is manifested at specific universe time periods and one must approach that herb at the proper time that *uMvelinqangi* has bestowed upon it with its full power. Thus *amakhubalo* (herbal medicines) that are used for *umsebezi* (ritual), colour classification of the medicine and time of day and season of administration become significant. The colours of the medicines are *imithi emnyama* (black medicine), *imithi ebomvu* (red medicine) and *imithi emhlophe* (white medicine). *Amakhubalo* (herbal medicine) is organized according to colour are:

- *Ubulawu* – A liquid medicine used across all colours.
- *Insizi* – Powdered herbs, roots or animal medicine that is always used as a black medicine to pull out an illness.
- *Intelezi* – A liquid medicine used as a white medicine to render free from imperfections often after sickness is taken out with a red or black medicine.

2.3 Anxiety and Anxiety Disorders

2.3.1 Conceptualizing Anxiety

A majority of psychological models stand in agreement that anxiety is part of everyday life. The experience of anxiety lies on a continuum from a normal, adaptive response to a more maladaptive form which can lead to the disruption of a person's life. Fear is distinguishable from anxiety. Fear is defined as a response to a known

and readily identifiable (mostly external) threat whereas anxiety is a response to a threat that is unknown, internal and often vague (Sadock & Sadock, 2010). Anxiety may be triggered in response to particular situations, people or events. It can also be triggered in anticipation of an event. Anxiety is characterized as an unpleasant state, nervousness, headaches, perspiration, palpitations and restlessness amongst others (Barlow & Durand, 2009).

Generally, anxiety disorders as described in the DSM-V (2013) include disorders that share features of excessive fear, anxiety and behavioural disturbances. Although highly comorbid to each other, anxiety disorders are very different. These disorders are distinguished from one another by the type of objects and situations that create fear, anxiety or avoidance within that particular individual. Anxiety disorders are typically different from transient fear. The DSM-V classification of anxiety disorders include: Separation Anxiety Disorder; Selective Mutism; Specific Phobia; Social Anxiety Disorder; Panic Disorder; Agoraphobia; and Generalized Anxiety Disorder.

2.3.1.1 Separation Anxiety Disorder

An individual who experiences Separation Anxiety Disorder is described as being fearful or anxious when separated from major attachment figures. This fear and anxiety of separation is usually developmentally inappropriate. In this condition there is typically unrealistic and persistent fear of possible harm to the attachment figure which could lead to permanent loss. The individual will be reluctant to be away from attachment figures and/or will at times experience nightmares, enuresis, and other physical symptoms such as headaches and stomach discomfort.

2.3.1.2 Selective Mutism

This condition is characterized by distortions in speech whereby an individual is unable to speak in specific settings or to specific individuals. The individual is capable of speech and is able to comprehend the spoken language. This impacts greatly on the individual academically or/and occupationally.

2.3.1.3 Specific Phobia

In the DSM-V (2013) individuals with Specific Phobia experience fear or anxiety that is related to exposure to specific objects or situations. Consequently the individual makes frantic efforts to actively avoid contact with the object or situation. The fear or anxiety is generally disproportionate to the immediate threat. The phobias vary from specific animals to natural environments.

2.3.1.4 Social Anxiety Disorder

Social Anxiety Disorder, also known as Social Phobia, is an anxiety disorder in which an individual experiences fear or anxiety of social interactions and situations that involve possible scrutiny (DSM-V, 2013). The thought of being negatively evaluated induces fear of humiliation, embarrassment and rejection.

2.3.1.5 Panic Disorder

People who suffer from Panic Disorder experience recurrent and unexpected panic attacks consequently the individual fears that they will experience panic attacks in the future. Panic attacks are characterized by intense fear or discomfort that is accompanied by physical symptoms which includes heart palpitation, increased breathing, shortness of breath and excessive sweating. Panic attacks may be due to either identifiable or unidentifiable stimulus (DSM-V, 2013).

2.3.1.6 Agoraphobia

Individuals with Agoraphobia experience fear or anxiety to certain situations which include: using public transportation, being in open spaces, being in closed spaces and standing in a line or in a crowd, and being outside of their home alone (DSM-V, 2013).

2.3.1.7 Generalized Anxiety Disorder

This type of anxiety disorder is characterized by persistent and excessive anxiety about several aspects of life such as work or academic performance that the individual feels they are unable to control.

There are many psychological and physiological approaches that are available today which seemed to effectively treat and manage anxiety disorders. Somatic control

techniques such as relaxation training, meditation, biofeedback and stress management have been identified as effective in managing anxiety. Probably the most effective psychological approach that has proven efficacy is Cognitive-Behavioural Therapy (CBT) (Kearney & Trull, 2012). Research has shown that patients with anxiety disorders often benefit from medications that affect various neurotransmitters, particularly serotonin and norepinephrine. Medications can help reduce symptoms of anxiety, especially when combined with CBT. The main physiological treatments that are used to treat anxiety are selective serotonin reuptake inhibitors (SSRIS), norepinephrine and serotonin reuptake inhibitors (NSRIS) and benzodiazepines (BZDS). Medication is usually taken for 6 to 12 months. In more severe cases medication can be taken for several years. Drug treatment is effective for 60 to 80 percent of adults with anxiety disorders but less so for people with severe, long term anxiety comorbid with other mental disorders (Kearney & Trull, 2012). Relapse rates can also be high when a person stops taking the drug.

2.3.2 Psychoanalytic View of Anxiety

The concept of anxiety was probably first discussed in the psychoanalytic models. For Freud anxiety underlies most adult neuroses and anxiety arises from the childhood conflicts as well as from unconscious internal conflicts or impulses (Marwick, 1984). It is when the conflict becomes too intense that neuroses in the form of basic anxiety will arise. Freud understood anxiety developmentally. Freud proposed that the first experience of anxiety was at birth. He termed this as primary anxiety. Primary anxiety occurs when the ego feels threatened by abandonment, separation and loss of love; all these give rise to anxiety (Barlow & Durand, 2009). He also regarded anxiety as being transformed libido which stemmed from repression. Thus a person will experience anxiety when that person represses or is prevented from expressing their sexual drives (Barlow & Durand, 2009). This idea was later developed by his followers termed neo-Freudians such as Horney. Horney, extending on the idea of Freud's repression, proposed that basic anxiety is strongly related to aggression (Marwick, 1984). For Horney during the stages of socialisation of the child by the parents, the child might become so frustrated with the parents' attempts to socialize him that he becomes aggressive towards them. The child

comes to the realisation that their frustration and the resulting aggression cannot be expressed because of fear of possible abandonment by the parents or the parents alienating their affection and support. It is this conflict situation that leads the child to repress his/her hostility, and it is the cause of anxiety. So, as per this theory, anxious people are prone to lose control of their aggressive impulse, and also aggressive people who sense that possible expression of aggression will endanger their survival are prone to become anxious.

2.3.3 Traditional Medicine View of Anxiety

Cultural explanations of mental disorder as well as anxiety disorders offer a vague concept or definition of anxiety. Anxiety is typically described in relation to a physiological and psychological state where an individual experiences fear and uncertainty about a situation. That is, an individual will experience anxiety when there is a perceived threat regardless if the stimuli are readily identifiable or not. Apart from the physical aspects, traditional healers usually associate anxiety with witchcraft (Sokhela, Edwards & Makunga, 1987). The fears and anxious feelings experienced are a result of the malicious intents of others. As suggested earlier, witchcraft or dark magic will be aimed at lowering the individual's defences. These defences are said to protect the individual from harm, particularly witchcraft. When the defences are lowered, the individual could be easily bewitched or controlled through dark magic. This explanation differs significantly from some of the psychological explanations of anxiety.

In treatment of anxiety, the healer will employ multiple methods. These include the fusion of natural compounds such as *amakhubalo* (herbal medicines); religion and *umsebezi* (rituals); and natural methods which include *ukuphalaza* (induced vomiting) to name a few (Sokhela, Edwards & Makunga, 1984). Another method which has been found effective for treating and managing anxiety illnesses is preventative medicine. According to Madu (2013), in preventative medicine the client is taught avoidance behaviours in order to reduce anxiety. These behaviours include minimal to no contact with the enemy or the individual who bewitched them. Moreover, the patient is also given charms or talismans to wear for protection against further evil or enemies. Although these modes of treatment by traditional

healer are said to have a significantly good success rate, there are instances where collaboration takes place with western practitioners.

2.4 Referral Practices

Collaboration with and referral of patients to western health professionals by traditional healers is still an ongoing challenge. Traditional healers tend to be reluctant to refer clients to other medical practitioners. However, not all traditional healers subscribe to this notion. It has been found that most faith healers, approximately 68%, do not refer any patient to any other health professionals. However, there are some cases where they do refer; these include cases of physical and chronic disorders such as wounds, diabetes, high blood pressure, ulcers, fractures, sexually transmitted diseases, cancer, eye and ear problems (Peltzer, 1999). In a study conducted by Sordahl and Flisher (2013) it was found that herbalists were less likely than any other type of healer to refer, whereas diviners were more likely to refer mentally ill patients to western health professionals.

Additionally, they found a number of predictors of traditional healers' referral practices. These included their attitudes towards western medicine: those healers who had positive attitudes were more likely to refer their patients. Another predictor was perceived behavioural and past behaviour; that is, traditional healers who had referred previous cases would be confident to refer again. The last predictor was the intention for referring. Intentions for referral vary among the healers. Some refer patients mainly because a client is in need of medical drips or if they felt the presenting symptoms were beyond their treatment competencies. The most common problems that were referred to western practitioners included: asthma, allergies, HIV/AIDS, cancer, and psychological illnesses such as sexual abuse, substance use, depression, anxiety, psychosocial problems, and insomnia (Peltzer & Khoza, 2002).

2.5 Summary

In this chapter the current literature related to the traditional healers and their management of illnesses such as anxiety disorders was reviewed. The diagnostic and treatment methods were also highlighted. In closing the chapter, the concepts of anxiety and anxiety disorder disorders were also reviewed.

CHAPTER 3: RESEARCH METHODS

3.1 Introduction

This chapter explores the following aspects of the study: theoretical perspective, research design, sampling design and the procedure for collecting and analysing the data. Since the aim of this study was to investigate the management practices of anxiety disorders by Zulu traditional healers, it is believed that the methods chosen were suitable for participants and provided in depth information on Zulu traditional healers' experiences in managing anxiety disorder.

3.2 Research Design: Hermeneutic Phenomenology

The research design for this research was hermeneutic phenomenology, the work of Martin Heidegger and Husserl (1889-1976). Since Hermeneutic phenomenology is born from the philosophical movement that is phenomenology, it would be erroneous not to first discuss the foundation of this both philosophical perspective and research approach. The phenomenological movement was pioneered by Husserl (1859-1938) in understanding philosophy. Contributions by later theorists, such as Heidegger (1889-1976), have sought to move away from a philosophical discipline which focuses on consciousness and essences of phenomena towards elaborating existential and hermeneutic (interpretive) dimensions that can be applicable in research (Kafle, 2011). In applied research, phenomenology is the study of phenomena: their nature and meanings. The focus is on the way things appear to us through experience or in our consciousness where the phenomenological researcher aims to provide a rich textured description of lived experience (Laverty, 2003). Phenomenology can also be understood as a discipline that aims to focus on people's perceptions of the world in which they live in and what it means to them (Kafle, 2011). Phenomenological tradition can be classified under three major headings which include; transcendental phenomenology, hermeneutic phenomenology, existential phenomenology. The focus of this study is on hermeneutic phenomenology (Kafle, 2011).

Hermeneutic phenomenology comes from the works of Martin Heidegger (1889-1976). Hermeneutic phenomenology is focused on subjective experience of

individuals and groups. It is an attempt to unveil the world as experienced by the subject through their life world stories. Its emphasis is on the world as lived by a person, not the world or reality as something separate from the person (Lavery, 2003). The focus is to illuminate details and aspects within experience in our lives with the goal of creating meaning and achieving a sense of understanding (Lavery, 2003). This type of perspective emphasises the understanding of subjective experience, gaining insights into people's motivations and actions and conventional wisdom. Essentially, hermeneutic phenomenological methods are particularly effective at bringing to the fore the experiences and perceptions of individuals from their own perspectives.

Hermeneutic Phenomenology has been conceptualized as a philosophy, a research method and an overarching perspective from which all qualitative research is sourced. As a research method, Hermeneutic Phenomenology was chosen as a design specifically for this study because of its ability to gain insights, perspectives and attitudes of people in their lived experience (Kafle, 2011). This method was deemed appropriate to bring forth the lived experiences of traditional healers in understanding and treating a wide range of mental illnesses including anxiety. The phenomenon of Anxiety disorders would be understood solely from the perspective of the traditional healers and not predetermined understanding offered by the western perspectives on the subject matter at hand. The researcher also avoided any preconceived beliefs she might have had about traditional healers and their management of anxiety disorders. The researcher would become totally immersed in the phenomenon under investigation and began to understand the phenomenon as described by traditional healers.

In data gathering there are various tools that can be utilized that include interview, observation, and protocols. Since the purpose is to generate the life world stories the research participants (Kafle, 2011). In this particular study the interview tool was used. Data is recommended to be processed uncovering the thematic aspects. The researcher reviewed the data again and again until there was a common understanding.

3.3 Research Approach

In conducting this research a qualitative research approach was adopted. Welman, Kruger and Mitchell (2005) describe qualitative research as an approach to research rather than a design. Qualitative research has a number of characteristics. The most fundamental one is its express commitment to viewing actions, events, norms, values, etc. from the perspective of the population being studied. One of the main purposes of qualitative research is to provide a detailed description of the social settings of those being investigated. Qualitative researchers tend to support an open and unstructured research strategy. An open research strategy enhances the opportunity of encountering entirely unexpected issues, which may be of interest to the researcher. Thus, due to the descriptive nature of the research which was to describe the Zulu traditional healers' management practices for anxiety and anxiety related illnesses, this type of approach was deemed appropriate.

3.4 Research Sample

A non-probability sampling design was used in this study whereby participants were recruited by means of a snowball sampling method. Each participant was requested to identify successive participants. The participants were from both Esikhawini and KwaDlangezwa areas. Initially, researcher approached community members from KwaDlangezwa with the knowledge of plasticising traditional healers in the area. Once the traditional healers were identified the successive traditional healers were identified by the previous participants. The traditional healers in the KwaDlangezwa area referred the researcher to other traditional healers at the Esikhawini Area. All chosen participants met the criteria of being traditional healers and they were currently in practice. Additionally, participants chosen met the criteria of practicing as both a diagnostician and healer (*isangoma*). The sample consisted of size was fourteen (14) participants. This size was considered appropriate since the aim of the study was to understand the management practices rather than statically generalizing the results to the entire population of traditional healers.

3.5 Inclusion Criteria

The participants that were included in the study had to meet a specific criteria. The criteria included:

- The traditional healer had to reside in either KwaDlangezwa or Esikhawini area.
- To be currently in practice.
- To be practicing as both a diagnostician and healer (*isangoma*).
- To be Zulu-speaking and belonging to the *Zulu* clan
- To be able to consent to participate in the study
- To be willing to participate

3.6 Location of the Study

The study was conducted at both KwaDlangezwa and Esikhawini (*J1, H1 and H2*) areas in Zululand region, South Africa. The traditional healers were visited in their respective working environments. This location was chosen on the basis that the traditional healers were known to heal a wide range of illness including mental related illnesses. This is supported previous studies conducted in this area which include Makhaya (2012) and Sokhela et al. (1984).

3.7 Entry Negotiation

In gaining entry into the research setting, the research obtained permission from the local chief in February 2015. The granted permission enabled the researcher access to the participants in the mentioned area. In building good rapport with the traditional healers the research was transparent with the participants and attended to all their concerns pertaining to participation. The researcher explained to the participants the aims and the purpose of the study. It was explained to the healers that since it was an academic study the results would be public in Journals. Some of the traditional healers showed great concerns that since their medicines and herbs were sacred, they could not divulge information regarding mixing of the herbs. The traditional healers were reassured that the study was concerned with healing and not the mixing of certain herbs. All the traditional healers were made aware that in

participating the main benefit was enrichment of the Mental Health Care field and their contributions could inform understanding and treatment of African patients diagnosed with Anxiety.

3.8 Data Collection

In collection of data the qualitative approach of individual interviews was chosen. The interview process was of a semi-structured format where there were pre-composed questions and additional questions arose from the interview. Two techniques were used to collect and store the information. Firstly, the interviews were hand-noted and, secondly, the interviews were audio-recorded on a permanent recording device. The information collected was transcribed from the participants' home language (IsiZulu) into English by the researcher.

Each identified participant was visited at their respective consultation rooms (which were mostly at their homes). Upon arrival at each participant's consultation room, the participant was debriefed regarding the study and informed consent was obtained to participate in the study. No prior appointments were made for visitation as the researcher did not have access to the participant's telephone and cell phone numbers. After being identified by a successive participant, the next would be visited the following day. If need arose, an appointment would be made for an agreed upon date.

3.8.1 Data Collection Instrument

A semi-structured interview-questionnaire was used as a research tool to collect data from participants. The questionnaire which was designed by the researcher was formulated in both IsiZulu and English. Participants had a choice to respond in the language that which they were most comfortable which commonly was isiZulu. Questions were divided into two main categories namely demographic and content items. The demographic items were given an overview of the participants in this study which include their gender and race. The content items consisted of seven open-ended questions. Each item was designed to elicit information relating to a particular subject such as conceptualisation and causes of anxiety. The open-ended

nature of the questions allowed for the participants to express their experiences and attitudes towards the subject in question. The participants' initial responses were used as base for other questions. During the interviews the researcher encouraged participants to elaborate on the emerging themes.

3.9 Data Analysis

The data collected was analysed using Thematic Content Analysis (TCA). This type of technique was chosen since it is useful in isolating frequently occurring themes. The data that was collected through the use of interviews with the traditional healers was first transcribed and then translated from isiZulu into English by the researcher. The commonly occurring themes among the interviews were isolated and categorised accordingly. This enabled better data presentation and discussion in the successive chapter.

3.10 Issues of Trustworthiness

The principal researcher is fluent in English and isiZulu, and she was the only investigator involved in conducting interviews, keeping records, and gathering and interpretation of data, thereby assuring confidentiality and the standardized recording of information. The trustworthiness of the content in the research instrument was ensured by having the supervisor, editor, faculty board research committee and higher degree committee to ensure that the items were appropriate for the sample being studied and that questions are appropriate for this particular study.

3.11 Ethical considerations

The University's Policy and Procedures on Research Ethics and its Policy and Procedures on Managing and Preventing Acts of Plagiarism were read and understood. The research ethics clearance was obtained prior to the collection of any data. Permission to conduct research from participants was obtained from the local chief. The research did not fall into any category that requires special ethical obligations. Participants were given consent forms and they were debriefed about the nature of the study and also the aims of the study. The participants were assured of their right to privacy and were informed that their identities would remain

anonymous. Participants were also assured that they would not suffer any physical or emotional harm. All participants were made aware of their right to decline to participate at any moment during the interview if they felt uncomfortable with the process. The interviews were recorded on a permanent recording device. After transcribing and translation of the collected data, all the audio recordings were destroyed.

3.12 Summary

The researcher used the qualitative research approach. The researcher conducted unstructured interviews that were predominantly open-ended. Depending on the participants' responses, probing questions arose during the interviews. The data was collected from a sample of 14 participants from the *Esikhawini* and *KwaDlangezwa* areas in KwaZulu-Natal. Consent was obtained from participants. Anonymity and confidentiality were ensured during the interviews as well as in the reports.

CHAPTER 4: RESULTS

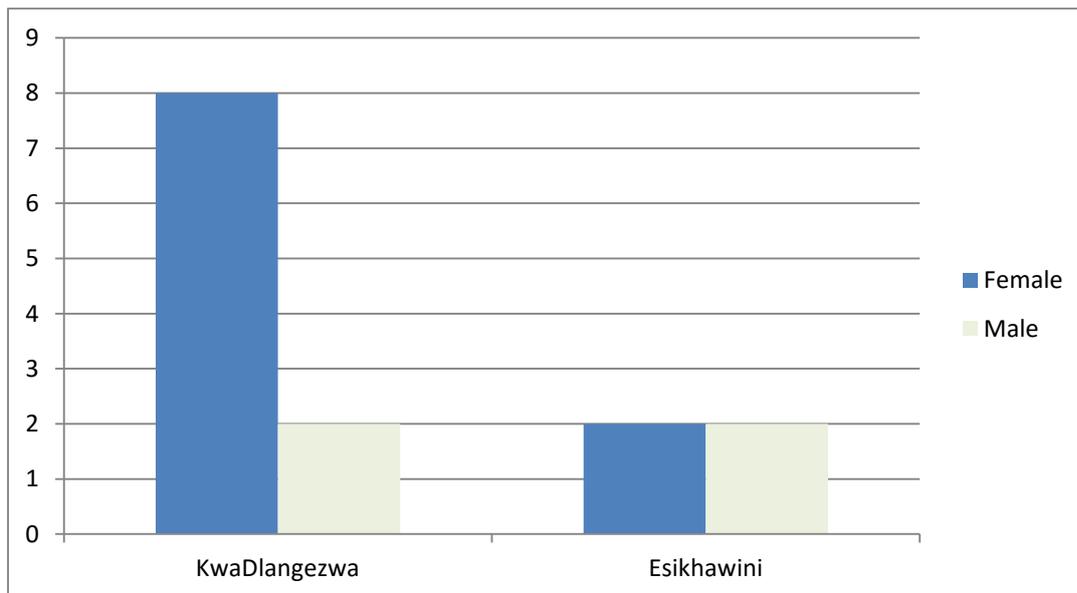
4.1 Introduction

This chapter will present the analysis of the results. The first section contains the characteristics of the diviners who participated in the study. In the second section the qualitative data in the form of themes that were identified is presented. The last section is a summation of the chapter.

4.2 Characteristics of Participants

The participants used in the study were comprised only of diviners as they are both diagnosticians and healers. The diviners comprised of 10 diviners from KwaDlangezwa and 4 diviners (*izingoma*) from Esikhawini. The diviners from KwaDlangezwa comprised of two (2) males and eight (8) females whilst the diviners from Esikhawini included two (2) males and two (2) females. This is evidence to the literature which indicates that diviners are generally females. The below table presents the gender of the diviners as per areas visited for this study.

Table 4.1: *Number of diviners per area*



The table below presents the means and standard deviations for the diviners according to age and the number of years in practice.

Table 4.2: Mean and standard deviation for age and years in practice

Diviner	Age	Years in practice
1	65	37
2	65	2
3	70	23
4	59	29
5	64	20
6	67	53
7	46	12
8	52	15
9	60	38
10	28	3
11	57	40
12	52	30
13	69	31
14	71	18
	Mean = 58.928	Mean = 25.071
	SD = 11.631	SD =14.568

The ages of the participants ranged from 28 years to 65 years and the average age was *mean*= 58.93 years while the standard deviation was *sd*= 11.63, whilst the average for the number of years in practice for all the diviners was *mean*= 25.07 years and the standard deviation was *sd*= 14.57.

4.3 Themes Identified in the Transcripts

This section presents the qualitative results which contain six main themes that pertain to how Zulu diviners in the two areas of KwaDlangezwa and Esikhawini understand, diagnose and treat anxiety or anxiety disorders. The identified themes were functional vs. pathological anxiety; anxiety is not a psychiatric or psychological condition; physical manifestation of anxiety; divination in diagnosis of anxiety; treatment of anxiety; and acknowledging own limitations and referrals.

4.3.1 Functional versus Pathological Anxiety (Theme 1)

In understanding what anxiety is as per Zulu traditional healers, in their description of the concept of anxiety the diviners distinguished between two main categories of anxiety. They distinguished between normal anxiety (functional anxiety) and the anxiety that becomes pathological. The diviners stated that functional anxiety usually has immediate identifiable stimuli. However, there are instances where there are no identifiable stimuli and the experienced anxiety is also functional and/or not an

immediate threat to life. Functional anxiety is not life threatening whereas pathological anxiety is usually life-threatening if not attended to immediately. Moreover, in differentiating between the two categories of anxiety the diviners mentioned the causes of each type of experienced anxiety.

4.3.1.1 Functional anxiety

Functional anxiety as mentioned above anxiety is generally not life threatening and serves the purpose of cautioning a person of pending danger and in others instances anxiety plays a role in warning of possible problems in body such as medical problems. Some of the identifiable stimuli that the diviners identified included objects, animals and situations which bring about the anxiety in a person. The diviners also identified some of the causes of this type of anxiety.

Diviner 1 stated:

“Anxiety in a person comes in different ways. There is anxiety that comes from its own. Another person will be scared of a specific animal. Like if a huge snake was to enter in this room we will all be scared and feel fearful. Another person will be fearful or anxious to be among many people or talking in front of many people. So that type of anxiety is not an illness it is temporary anxiety ehhs its temporary anxiety. Maybe they are shy and they are not good at speaking in public where others are not”.

Three other diviners stated that another functional anxiety type served a warning purpose in possibly dangerous situations that one will meet ahead or if they will hear bad news such as death in the family.

Diviner 3 in support of the other healers stated anxiety does play a warning function when one is about to encounter an accident.

“How can I explain it er or sometimes when you going to meet an accident you experience anxiety maybe you experience anxiety before you meet the accident. So this type of anxiety is to warn you to beware that there is an accident ahead or an accident that will happen to you.”

Diviner 11 also affirmed this and stated:

“Anxiety is a straight forward thing it doesn’t just happen but sometimes it happens when you will hear something not pleasant like a death of a relative or someone who will die.”

Another diviner stated that one can experience anxiety without any identifiable source; however, this type of anxiety is normal. This anxiety can come about when one is scared to be alone but once the person is in the presence of others the anxiety will stop.

Diviner 10:

“Anxiety is feeling scared er sometimes you will feel scared and do not know why. Someone will be scared to even sleep alone and their hearts will start beating very fast and will run out of the room and will try to sit with others so to stop this anxiety”.

Diviner 8 said that anxiety can also be attributed to psychiatric conditions such as epilepsy, and physical illness such as asthma and heart problems and poor diet:

“Anxiety is divided into two categories the other one is caused by illnesses such as asthma and idlozi. Anxiety actually can be caused by for examples high heartbeat, epilepsy can also cause anxiety, poor healthy diet to those who eats much fats and sugar these people are at high risk of experiencing sweating, high blood pressure and anxiety... some experience anxiety because of the body reaction toward a certain medication that is not good for that person’s immune system.”

Diviner 14 said that another type of anxiety, although it borders on pathology, is when one experiences trauma. The diviner gave an example of a child who is sexually abused:

“Sometimes in another person where maybe er maybe let’s say a child was abused then maybe they were sexually abused er that child will become scared of men and they will be scared to be around men. When they are around a man that child will start to feel very scared and maybe they will even cry or maybe feel anxious and will start even shaking. But you see this one is not a sickness and will not kill the child but the child must go to hospital for this one.”

Another healer stated that anxiety in children is caused by *inyoni* (the child easily gets frightened); however, this anxiety is not life-threatening and can be easily treated through a process of *ukulahlwa*. This is process whereby the parents consult a traditional healer and the healer will make a body incision especially at the back of the head and then rub some *muthi* into the incision.

Diviner 2 said that:

“...a child because children also experience anxiety they will get fearful or a big fright when er maybe a glass fall but that anxiety is called isishozi or inyoni and that can also be treated.”

4.3.1.2 Pathological anxiety

Pathological anxiety on the other hand is usually life-threatening and requires the person to immediately seek help from a traditional healer, although all the diviners were in agreement that this type of anxiety typically does not necessarily present immediate danger or readily identifiable stimuli of the experienced anxiety. The diviners attributed the cause of this anxiety to sorcery or witchcraft.

This form of sorcery or witchcraft occurs in three main ways such as *ukuphoswa nemithi* (sending *muthi* to another person without direct contact); *ukukafula* (spitting out *muthi* whilst calling someone else’s name); and *imibango* (disputes such as competing for a man). Diviner 1 explained that when a person uses sorcery on the other person the person will experience anxiety but will not know where this anxiety comes from:

“Like anxiety that comes from ukuphoswa ngemithi (witchcraft) and there is person will say I’m dying of anxiety I’m dying of anxiety without seeing anything that scares them.”

Diviner 3 explained the anxiety experienced through *ukukhafula*:

“You feel that anxiety that it’s the anxiety that comes from person witchcraft/ sorcery or their using muthi ukumukhafula while calling their name and then they will experience anxiety without knowing what is causing that anxiety and

they will feel sad and feel like crying uhhh and there is a particular way of treating that anxiety.”

Diviner 5 also affirmed this and said:

“Another person when men are courting them and they use muthi to win over women the women or that woman will experience anxiety like hhi hhi hhi hhi hhi when that man courting the woman she will feel anxiety and she feels like crying”.

Diviner 6 added to this by stating that:

“Anxiety mainly comes from ukuphoswa by men or else other women competing for your man... like young people who is being bewitched by a man (ukugadlwa) using muthi on them (emphosa ngomuthi) you see and then they experience anxiety and they can be treated using a substance for stopping anxiety called indabuloluvalo.”

Healer 4 also described this form of anxiety and its manifestations:

“Anxiety is painful it as if you are hearing loud footsteps gqi gqi gqi gqi gqi. It is a man-mad by people to other people it just doesn’t occur by itself ehene so you see sometimes like you as a young female and then they gadla you hear that ukugadla saying I want that woman and you will feel anxiety and you qha qha qha qha they are shouting your name (ukukhafula) with something or muthi and this thing will come and connect to you quickly. This anxiety will hit you and the person will come to you immediately. Wegogo anxiety is a complex thing gogo.”

Diviner 13 explained that pathological anxiety is a more serious form of anxiety. A person experiencing this type of anxiety will also experience some physical manifestations:

“But the anxiety that is illness is different. So there are ehhe ehhe but this type of anxiety where the person is constantly feeling anxious is a serious illness because the person will stop eating and will complain that they don’t have energy and be seriously ill because the anxiety does not stop all day since

morning the person will have anxiety anxiety anxiety and they will even start shaking. Then this will call for use to treat the person traditionally and get imuthi that is aimed and treating anxiety.”

Diviners 14 said:

“In another person it is caused by muthi (ukuphoswa) from a person like...maybe let me make an example a man uthumela intomabazane ngezizwe (using muthi to get a woman to fall in love with you) the woman will experience anxiety. At first the woman will start feeling tired and feel sleepy and then they will experience anxiety that is (ukuphoswa) and the same can happen to a man when the woman is using muthi on him”.

Two diviners identified another cause of another form of pathological anxiety. This anxiety is caused by calling from the ancestors. When ancestors want someone to take up a calling, that person will experience anxiety. It lasts only until the person consults with a traditional healer to inform him/her about this calling. Once a person accepts this calling then the anxiety will stop.

Diviner 14 said

“In another person...another anxiety will be like anxiety ehh it is not anxiety but you have a gift or a calling that you should accept. So maybe healers and doctors will not understand it. You will go many healers and doctors and they will examine you eh and they will try everything and fail and at the end they just need to accept that calling. So it will be this calling that will prevent you from getting treatment and maybe there will come that one person who will say that you are not mad and you don't have anxiety you just need to start using amagobongo and you will be alright.”

Diviner 12 said:

“You see this thing can come in many ways...like some maybe who should be a sangoma like me. Before I became a sangoma I was having a lot of anxiety and I didn't know where it was coming from but when my family sent me to a sangoma they told I had a calling and I should become a sangoma. So there

are many other sangomas that will tell you that they also experienced anxiety because of this calling.”

4.3.2 Anxiety is not a Psychiatric or Psychological Disorder (Theme 2)

The diviners were all in agreement that anxiety is not a mental or a psychological disorder but rather one of many manifestations of witchcraft. The main distinguishing fact between anxiety and mental illness is that a mentally ill person is out-of-touch with reality whereas with anxiety a person is in touch with reality. Furthermore, in their descriptions the healers distinguished between anxiety and mental illness by describing the symptoms of mental illness. The descriptions of mental illness included some psychotic-like symptoms such as visual hallucinations and odd behaviours such picking up papers. Some of the diviners stated that treatment of a mad person is more difficult than the person who experiences anxiety.

Diviner 11 stated that anxiety is not a mental illness because in patients with anxiety the patient does not display bizarre behaviours as compared to mad people:

“It is not a mental illness. Like someone who is not well in the head they start having symptoms like they will start seeing things that other people do not see so this thing gradually develops or they will say I can feel a headache and this is developing gradually or sometimes they will stare into space and will burst out laughing or maybe laugh and clap their hands.”

Diviner 9 also supported this and said:

“It is not a mental illness. Like someone who is not well in the head they start having symptoms like they will start seeing things that other people do not see so this thing gradually develops or they will say I can feel a headache and this is developing gradually or sometimes they will stare into space and will burst out laughing or maybe laugh and clap their hands. And then we will check it traditionally.

And healer 8 said that:

“Eh anxiety is not a mental illness. Someone with anxiety does not get mentally disturbed. Their mind is fully functioning. Whereas a mad person is damaged in

the head and in such cases eh these people are even very hard to treat...you find it very hard to treat them as they use izilwane and herbs such as uduka nezwe. So it is very difficult. Anxiety doesn't cause you to be mad in the head it just makes want to go to a man that's all."

4.3.3 Physical Manifestation of Anxiety (Theme 3)

In describing anxiety the diviners identified several symptoms such as physiological presentations such as headaches, heart palpitations, excessive sweating, decreased energy, and weight loss. Other manifestations include feelings of being scared or frightened and they mainly keep to themselves.

Diviner 3 stated the main symptom presentation of anxiety is fearfulness:

"A person with anxiety...ehh they always feel scared because they don't what this anxiety is, they are always scared maybe they are always scared. When you ask them what's wrong they will say "ey, I'm feeling scared and I don't know why and it doesn't stop. They are always scared they are always scared".

Diviner 1 added that the symptoms of anxiety include fearfulness, increased heartbeat and sadness:

"The symptoms that a person has anxiety ehheh the person will feel scared. When you enter a room they will feel scared and be uhhh! I'm dying of anxiety ohh what is this anxiety and you scared me...another person, like I said where this illness is really in them they will feel anxious now and again now..... So it will be feeling fearful ehheh and loss of energy and their heart ehheh they feel like their heart pounding and they feel down. They person will feel their heart pounding and you can see them sweating until they are wet. So those are the symptoms that I look for when the person suffers from anxiety".

Diviner 4 verified these symptoms and added that a person with anxiety experiences some sleeping difficulties due to the persistent experienced anxiety:

"Wegogo anxiety is no child's play gogo you lose weight a lot ehheh you lose tremendous amount of weight gogo because night after night after night, day and day and night you feel this anxiety and your eyes turn dark. The body gets

affected the whole body even the illnesses that were not apparent will start showing. You don't sleep at all."

Diviner 12 also stated that anxiety symptoms involve fear, keeping to one's self and weight loss:

"People suffering from anxiety normally have fear, sitting alone and they enjoy company from others. In other cases they can also lose weight and their body structure changes there might be no signs of anxiety."

Diviner 2 said that they do not know the symptoms of anxiety but rather they just feel what the patient is feeling and that is how they know the symptoms of whatever the person is presenting with. The diviner was unable to clearly state the symptoms that they felt:

"No, it has never happened to me I don't know about other but to me I have never seen a person with anxiety without having to sense them. I cannot just see a person and say they have anxiety. So me alone I can sense a person. I cannot just tell by looking at a person."

4.3.4 Divination in Diagnosis of Anxiety (Theme 4)

In addition to the symptom presentation the diviners identified three methods they use to diagnose anxiety. The methods are: divination through throwing bones, divination through sensing, and divination through holy water. The last method (which is used by three diviners) entailed praying for water and then speaking of what they saw in the water.

Diviners 3 and 11 were amongst the diviners that used the bone throwing method to diagnose anxiety.

Diviner 3 who used the bone throwing method said that:

"You see I use ukhlole ngamathanbo (use bones) to understand what is happening in this person. You see diviners have what we call iskhwama (a bag) that they get during training. So the person who is sick like sick with anxiety they will blow into the bag after I blow and they I will throw the bones. The bones will tell me what is wrong with this person."

And diviner 11 who also use the bone throwing method indicated that:

“Eh you see my child the things that are related to ancestors and traditional healing are very complex and you cannot just share with anyone. Unlike you and white doctors we do not have machines that tell us this is the problem with this person. No we don't. We use divinity of the ancestors, the gift from the ancestors ehhe yes. A real sangoma a real one will use ithambo (bones) to check what is wrong with the person. That is our machine. So a person with anxiety I will just throw my bones and I will know. I will even know how I should heal that person.”

Diviner 2 was one of the two diviners who diagnosed through sensing the patients' symptoms or illness:

“So er the gift or the talent that God gave us as traditional healers, you can sense the person if the person has a problem that this person has this kind of problem. You feel the anxiety within you and you tell the person that they are suffering from anxiety and they will agree with you. The time the person agrees with you they will then ask you to help them. Another person maybe they will say straight from the start that they are feeling anxious.”

Diviner 7 stated that in diagnosing patients they use water as a method of diagnosis of anxiety:

“In my healing eh my gift the gift I was given is using water. I'm to hlola for a person using water. When a person comes to me they come with water and I pray for that water and all their troubles will be revealed to me. The thing is I'm a sangoma-mthandazi which is why I use water.”

4.3.5 Treatment of Anxiety (Theme 5)

The diviners used in this study stated that they treated anxiety and they all agreed that anxiety can be treated rather easily. They said that they mainly treat pathological anxiety which is anxiety that comes about due to sorcery or witchcraft. Although the methods some of the diviners used differed quite significantly, they stated that their methods were nonetheless effective. The methods included induced *ukupahalazisa*,

vomiting using a specialized herb known as *idabulaluvalo*. This herb is mixed with other herbs (*amakhubalo*). Some stated that they make small body incisions and rub the mixture of herbs or *idabulaluvalo* by itself onto the small incision. Some of the diviners would give them holy water that they have prayed for.

Diviner 1 said her method of treating anxiety included *ukupahalazisa* and making body incisions after being cleansed in the forest in order to strengthen the person against future witchcraft. The patient will also be given waist-ropes to wear for protection:

“...we then find that this type of anxiety the person uyaphoswa and ugadlwa by someone. I then take my muthi for induced vomiting or strengthen the person through making incision in a forest. So when the person suffers from the persistent anxiety...we will take a black chicken to stop this anxiety and mix with izikhokwane (substances) and other muthi for anxiety that is mixed in stopping anxiety. So we strengthen the person and it will end the anxiety and if there is someone using witchcraft the thing will go back to them and that person will experience the anxiety. So when we come back the person will be smeared in the blood of a white chicken along with other compounds you see that. After that they will go and be cleansed and afterwards we will make incisions and we will give them izincweba (a rope that they will wear around the waist) to protect the person, which will work with the body incisions eh.”

Diviner 2 who treat mainly using water indicated that treatment methods differ:

“Er er it differs my child. A person will have a gift although we are all traditional healers we are different. Another person will have a gift where they will heal through using muthi and another will heal with just water only by praying for that water and you give them that water to drink and give them instructions on how to use that water and that person will be healed... so I use water and also muthi when there is a need or the person is too sick.”

Diviner 6 and 10 also used water in their treating of anxiety. But diviner 10 also made the patients vomit as well as make an incision if *idlozi* instructs her to do this.

“I just use water and I pray for that water and then I will give them muthi to go use at home.”

And

“If I am instructed to use water I pray so that water can change to holly and use them for ukuphalaziseni that person sometimes we are instructed to do body incisions and we do so but I should cleanse the person before incision because have bad luck (isinyama) and medicine cannot work under this conditions. Cleansing is a process whereby you remove all the shadows of the people and also bad luck but I do it if I am instructed. Because of different disease that we faced we take our patients to the clinic so that they should also check their blood pressure and if there is any virus in your immune system.”

Diviner 13 indicated that anxiety is easy treated although the methods he used to treat slightly differed from the other diviners. He stated that he used three main herbs (*amakhubalo*); however, he does not make any body incisions.

“Anxiety, it is so easy to treat then to actually make it when you make it for someone who is going to use it on another person. In treating it you need to have indabulaluvalo, ikhubalo (herbs), ubala, umemezi those are amakhubalo and you need to get the herb called ingebhe and is mixed with indabulaluvalo. The person will then use this ephalaze with it for about three days and the anxiety will stop however they will also see the person who used this muthi on them. When use this ikhubalo to phalalaza and bath with it they will definitely see the person who did this to them. There is no need to make body incisions they need to phalaza only.”

Diviner 4 indicated that she would cleanse her patients before any treatment occurred. Her methods were, however, similar to the other diviners; she also used the *ukuphalazisa* method:

“First things first gogo I do not treat a person without purifying them with water. There is a Zulu tradition that if I treat you I have to wash you before you get healed because maybe if I try and treat you and you have isinyama (bad luck) and my muthi will be ineffective. And after that I give you muthi called idabulaluvalo that will treat the anxiety and you will never feel it again. When you are treated by someone who doesn't know anxiety it will come back. I

personally bury it and it will never come back to you. You don't bury it with your hands you bury it with your feet ehene gogo."

The patients are mainly treated at the diviners' homes and the time taken to totally be rid of the anxiety ranged from one day to about three days. Most of the diviners will give some concoction (*imbiza*) for the patient to take home for patient to use at home until they no longer experience any anxiety.

Diviner 1 shared that treatment occurs mainly at their house until the patient is free of this anxiety. She further indicated that treatment is a gradual process and it will take a few days for the anxiety to cease.

"No my child it doesn't work like that it doesn't stop immediately. There will be concussions and substances that they will use...they will drink it and vomit and vomit and vomit and will steam and vomit that goes with this anxiety you see that. So gradually gradually gradually. So it doesn't end immediately. The symptoms will also be less and less. So it differs from person to person some I will treat them in at my home until they don't have anxiety".

Diviner 3 also treats patients in her home and also give patients izimbiza to use at home:

"For me I will give them to take home and use at home and I will check up on them oh how they are doing and they will say ai mama I'm getting better now and I do experience anxiety anymore."

Diviner 4 indicated that in her treatment it only takes one day to treat the patient. Because of her burying methods the anxiety ends immediately and it will never come back:

"When I treat you the anxiety ends instantly like I said we go outside the home and bury it. After you bury it you never feel it again. Wegogo I know anxiety. You leave here feeling fine and healthy again...I don't say these things because er because I claim that I am good. The person will come to me and say yey wegogo I don't feel the anxiety. No has ever come back and complained that the anxiety is still there ayi no gogo (laugh) yey I know anxiety."

4.3.6 Acknowledging own Limitations and Referrals (Theme 6)

A majority of the diviners said that they treated anxiety effectively and in most cases there will be no need to refer a patient on. However, they acknowledged that there were instances or situations where a patient will present to them with a condition and some form of anxiety that they were not familiar with and they would refer these patients on. Most of the diviners stated that they will first seek advice from their trainers and also the trainers are the first person they refer to. If the trainer is not available then they will refer to the local diviners. Clinics and hospitals were the last places where the diviners referred patients with anxiety presentation unless there is another medical condition in existence such as heart conditions, HIV/AIDS or when a person is mad.

Diviners 1, 2, 8 and 9 were amongst the healers who said they will refer to their trainers, local healers as well as local clinics.

Diviner 1 said that:

“You mean referring them on. It happens. Yes, it happens. Like me I’m not jealous and I’m not greedy. When I see that something beyond my abilities because we are not gifted in the same way, I will take my patient to someone else and will ask for their assistance. And they will advise that you Makhosi should have done like this and like that...In other instances where I can see that this illness requires white people I take my patient to the clinic”.

Diviner 2 stated that:

“Yes it happens, yes I do. Let’s say that the anxiety has been there for a long time to a point where it has developed in the brain and it is affecting their head. So you need to take that person to the clinic or they go to the hospital so that the doctors can examine and assess them they will get pills. You have done your part as a healer and it worked however now there is damage to the brain and you cannot heal damage to the brain and that needs doctors’ attention who have studied for it and have the right medication”

While diviner 8 said:

“Sometimes it happens...you mean the one with anxiety? Oh yes you treat it easily but sometimes it happens that er you see the anxiety that affects the

heart it becomes very tricky to treat so when you are assessing the person and you find that the damage to the heart is very big you then I send that person to the hospital to be treated so the doctors treat them first and then they come back to me and I will treat them traditionally.”

Diviner 14 stated that they will refer patients who experienced anxiety that was caused by trauma; they will refer these patients to receive counselling:

“Like I said...er what can I say er when the person is suffering from anxiety I can treat them easily but remember I said some times like a child who was maybe abused or who was raped they will be scared of a man or just being around men so sometimes it is better that I such cases you send a child to the clinic to be seen by counsellors so they can get some counselling.”

Two of the diviners said that there was no need for them to refer patients as they trust in their own abilities and their expertise. They stated that their treatment methods for anxiety were guaranteed to stop the anxiety.

For example, diviner 4 stated:

“No need for that, like I said I don’t treat you without cleansing and when I treat you properly you should get a black chicken and a white chicken ai wegogo I tell you after we bury the anxiety will never come back again. There are illnesses that I specialize in like anxiety and ibande” so no there is no need to refer on because I know anxiety gogo.”

4.4 Summary

This chapter present the quantitative and qualitative results of the study. The quantitative results present the characteristics of the diviners. There were 14 diviners used in the overall study. The diviners were from the KwaDlangezwa and Isikhawini areas. The KwaDlangezwa group was comprised of ten diviners that included eight females and two males. The Esikhawini group of diviners was comprised of four diviners with two females and two males. In the qualitative results there were six (6) main themes that were identified.

The first theme was functional vs. pathological anxiety. Under this theme the healers described two forms of anxiety, namely functional anxiety and pathological anxiety. They attributed the causes of anxiety to possible medical conditions and as a physiological response to pending danger as well as trauma, whereas pathological anxiety was related they said to both witchcraft and ancestral calling.

The second theme which was anxiety is not a psychiatric or psychological condition. For all of the diviners used in this study the understanding of mental and psychological disorders are related to the behavioural disturbances that a person will experience. However, anxiety manifestations do not affect behaviour such as notable oddness. Anxiety therefore does not qualify as a mental disorder.

The third theme which is physical manifestations of anxiety encompassed the main symptoms that were identified by the diviners in this study which were: fearfulness, headaches, heart palpitations, sweating, fatigue, and insomnia and weight loss. The fourth theme was divination in diagnosing anxiety. Here the healers identified various methods they use to diagnose anxiety. These methods included bone throwing, sensing the illness and the use of water. The fifth theme identified the various treatment methods used by the diviners in the study. These included *ukuphalazisa*, body incisions, burying and strengthening the patient. The last theme addressed the referral issue. A majority of the diviners would refer among themselves first before referring to clinics and hospitals. Clinics and hospitals would be referred to if there is an underlying medical condition such as HIV/ AIDS.

CHAPTER 5: DISCUSSION AND CONCLUSION

5.1 Introduction

Mental disorders impose a significant drain on national resources. Common mental disorders are highly prevalent in both the developed and the developing world. Results from the South African Stress and Health Study indicate that approximately 30% of adults have experienced a DSM-IV disorder in their lifetime; this includes 16% with an anxiety disorder, 10% with a mood disorder and 13% with a substance use disorder (Sorsdahl et al., 2010). Most South Africans have limited access to psychiatric care thus they will consult with traditional healers for psychiatric care. As mentioned in the introduction section there is a still high reliance on traditional healers' services mainly by the black people in our country. Traditional healers are easily available, accessible and affordable, mostly in black communities and, according to Truter (2007), the population-traditional healers' service ratio is (1:5000) compared to the western health practitioners' ratio which is 1:40 000. Therefore traditional healers treat more people than do western practitioners. Literature also documents that most people in South Africa use both modes of healing in treatments of most illnesses (Madu, 2013; Truter, 2007). Despite this fact that most people make use of the services of both traditional healers and western health practitioners, integration of these systems has been slow.

Some of the challenges that have hindered the processes of integrating are perceptions of attitudes of health practitioners towards traditional healers (Mokgobi, 2012). A study conducted by Mokgobi in 2012 found that amongst health practitioners psychiatrists and physicians were the most reluctant to integrate traditional healers in the formal health care system. These negative attitudes can be attributed to the fact that traditional healers' methods have unproven efficacy and also to the non-scientific treatment methods of many psychiatric and psychological conditions. In addressing this, researchers should conduct more studies that are not only aimed at proving the scientific validity of traditional healers' approaches to healing but also at seeking to understand psychiatric and psychological illness as per the worldview in which they exist, particularly the worldview of most black people in South Africa.

This study aimed to bridge this gap in literature by investigating anxiety disorders which is one of the most prevalent mental disorders. This study sought to address five main areas regarding traditional healers and their approach to anxiety disorders, and they are conceptualisation of anxiety, theories of causality, symptom presentation, treatment and referring of patients. The findings of this studying will benefit both the field of indigenous psychology and the broader field of psychology.

5.2 Main Findings

The main findings of the research study will be presented in five main headings which are the conceptualisation of the term 'anxiety' and identified explanations of the causes of anxiety; anxiety and mental illnesses; criteria for diagnosing anxiety; treatment and management plans and the referral of patients with anxiety. The headings are divided into six sections with the view to achieving the research aim and objectives.

5.2.1 Conceptualizing and Causes Anxiety

The conceptualisation and the causes of anxiety are deliberately discussed under the same heading because they were found to be interlinked. The traditional healers in this study used the words 'fear' and 'anxiety' synonymously. The terms *uvalo* or *igebhe* were used to refer to both fear and anxiety. The diviners' conceptualisation of the term 'anxiety' was divided into two main categories which were functional anxiety and pathological anxiety. It is important to state at this point that the diviners mentioned two main distinguishing factors between these categories. Firstly, it was life-threatening aspect of the experienced anxiety. Here the diviners referred to the duration of the somatic sensation of the experienced anxiety. These somatic sensations were identified to be a constant fear and pounding of the heart. In functional anxiety this sensation is temporary. The feelings of fear therefore last for several minutes whereas in pathological anxiety the feelings of fear and the rapid heartbeat are constant and do not stop. The second distinguishing factor pertained to readily identifiable stimuli. If there is an existing and external source, the diviners termed this as functional anxiety. On the contrary, in pathological anxiety there is no distinct or an immediate identifiable source.

The diviners described functional anxiety as normal fear which is part of everyday functioning. This type of anxiety was said to be temporary, lasting only for a few minutes. Functional anxiety as per the diviners' understanding served a primitive function of the 'fight or flight' response against potential danger such as getting a fright when one encounters an animal that they fear. This was consistent with the existing literature which maintains that fear is an adaptive response to perceived threat or danger (Sadock & Sadock, 2010). It is noteworthy at this point that the diviners stated that fear of animals such as snakes or situations such as speaking or being in a crowd are a common occurrence and does not necessarily constitute an anxiety illness and/or require the intervention of a traditional healer; irrespective if the experienced anxiety is disproportional. In the DSM-V for specific phobia disorders, however, such anxiety provoking objects and situations constitute a disorder if a person displays anxiety that is disproportional (DSM-V, 2013). Here one gathers that for the diviners, functional anxiety almost always has identifiable stimuli which are tangible or there is an identifiable source that causes the anxiety. The diviners, however, stated that there are some instances where functional anxiety exists and the source cannot be readily identifiable. The diviners identified one particular instance where there is no readily identifiable source but nonetheless a person will experience anxiety. The diviners stated that this instance was when a person would hear news of the death of a relative or an immediate family member. Subsequently that person will experience anxiety until that person is informed of the passing of the relative or family member. One can safely say that functional anxiety is the literature equivalent of fear.

As mentioned earlier pathological anxiety is life-threatening since the somatic sensation is constant and long lasting. For pathological anxiety there is no external identifiable source. The experienced anxiety is internal and most often the person who experiences it usually does not know where the anxiety comes from. This type of anxiety requires the person to consult with a traditional healer who will not only be able to explain the origin of this anxiety but also treat it. The diviners asserted that if pathological anxiety is left untreated, death would be the result. In describing pathological anxiety one has to first understand the origin or cause of this anxiety. The diviners all agreed that pathological anxiety is one of those illnesses which are man-made. The cause of pathological anxiety was attributed to witchcraft and

ancestors. This explanation of pathological anxiety was consistent with the literature of traditional healers' understanding of illnesses. Previously studies such as Ngubane (1977) and Sokhele (1984) found that traditional healers subscribe to the theory of supernatural causation and that illnesses are a result of external or supernatural powers. This was also consistent with the finding by Washington (2010) that anxiety (*Uvalo or ixhala*) was a result of witchcraft.

5.2.1.1 Witchcraft

The diviners posited that the main cause of pathological anxiety which the diviners also termed as *Igebhe/ uvalo lwezilwane*, was a result of the malicious intents of other people. This form of witchcraft occurs in three main ways which are:

- a. *Ukuphoswa nemithi* (sending *muthi* to another person without direct contact).
- b. *Ukukafula* (spitting out *muthi* whilst calling someone else's name).
- c. *Imibango* (disputes such as competing for a man).

The diviners explained that this form of witchcraft occurs mostly among young people, for example, when a man is courting a woman and he wants that woman to love him or to stop the woman from having an interest in other men but him, the man will use this form of witchcraft. So when the man uses this type of sorcery the woman will immediately feel anxious and she will want to go visit that man immediately. Another instance will be when two women are competing over a man, the two women will use *muthi* on the man so that the man only has interest in her and not the other woman. The person experiencing the anxiety usually does not know what is causing the anxiety. When the person consults with a traditional healer, they will be made aware and know the origin of the experienced anxiety. The traditional healer will intervene by treating the anxiety and, in cases where it is between two women, if the person who experiences the anxiety wishes to send it back to the woman who initially sent it, they will be granted this wish.

5.2.1.2 Ancestral Calling

Ancestors are said to generally play a protective role over a person by ensuring well-being and good health. However, there are documented instances where ancestors will bring ill-health to a person. Such instances are when the ancestral spirits want

someone to take up the calling of being a traditional healer and the person is reluctant; the person will then fall ill until the calling is accepted. The diviners' explanation of pathological anxiety was consistent with the notion of ancestral calling. The diviners stated that a person may experience anxiety if they possess such a calling and they are either reluctant to accept it or (in most cases) they are unaware of it. Once they consult with a traditional healer with experience in this area, they would then be aware of the origin of this pathological anxiety.

5.2.2 Anxiety and Mental Illness

The understanding of mental illness by traditional healers differs significantly from the western theories of mental illnesses. Whereas western theories' understanding and description of mental illness - including anxiety disorders - encompasses significant distress caused to an individual and disruptions in behaviour, affecting the functioning across several settings, in the Zulu culture the concept of mental illness is used to refer to an individual who is mad (*uhlanya*). According to Washington (2010) the Zulu people perceive *ukuhlanya* as related to either not complying with the calling to become a traditional healer or to having been bewitched. Other authors such as Ellis (2011) as cited in Makhanya (2012) maintain that Zulu people tend to regard mental illness such as madness (*ukuhlanya*) as stemming from bewitchment. The findings in this study were consistent with the literature.

The diviners in this study maintained that anxiety is not a mental condition. This was consistent with the findings by Sorsdahl et al. (2010), which investigated the explanatory models of mental disorders and treatment practices among traditional healers in Mpumalanga. They found that in distinguishing mental illness there had to be some presentation of psychosis. Mental conditions, according to the diviners' understanding, entails being out of touch with reality and displaying bizarre behaviour, i.e. wandering around aimlessly, picking up papers, talking to one's self and aggressiveness. Since people who suffer from anxiety, according to the diviners' perspective, are in touch with reality and do not display odd behaviour, thus a person who suffers from anxiety should not be considered to be suffering from mental illness. One can see at this point the existence of illness for traditional healers is very much dependent on symptom presentation.

5.2.3 Diagnostic Criteria for Anxiety

The American Psychiatric Association states that each disorder that is included in the DSM-V has a set of diagnostic criteria which indicates the symptoms that must be present for a disorder as well as the duration of the symptoms to qualify as a disorder. The criteria set is accompanied by exclusionary symptoms and disorders that should be ruled out before making a particular diagnosis. In the anxiety disorders spectrum that is found in the DSM-V there seven anxiety disorders that are described. These included Separation Anxiety Disorder; Selective Mutism; Specific Phobia; Social Anxiety Disorder; Panic Disorder; Agoraphobia; and Generalized Anxiety Disorder. The diagnostic criteria also entail a procedure of diagnosing through assessment, testing and the testing instrument.

Traditional healers as with health practitioners have their own set of diagnostic criteria and assessment procedures that they follow prior to making a diagnosis. There seems to be some similarities between the diagnostic classification of illness for the traditional healers and those that are presented in the DSM-V. In the DSM-V a mental disorder generally exists on a continuum with almost generic features but are distinguishable by factors such as developmental level of the onset and unique features of the disorder that are not found in orders. This was also true for the diviners in the study. When one analyses the identified themes in chapter four, the diviners described three different types of anxiety illnesses which can be classified under the umbrella heading of anxiety conditions. These were, namely:

- 5.2.3.1 *Inyoni* - this form of anxiety exclusively affects children and is diagnosable in children who have not undergone the process of *ukulahlwa* or *ukukhipha inoni*. This is a process aimed at strengthening the child so he/she will not be so easily frightened.
- 5.2.3.2 *Igebhe/uvalo lwezilwane* - This form of anxiety is similar to the above discussed pathological anxiety which is a result of witchcraft. This anxiety was discussed under the sub-heading 'Witchcraft' in 5.2.1.1.
- 5.2.3.3 *Igebhe/uvalo lwedlozi* - This type of anxiety was said to be brought on by ancestral calling. This was also discussed in the subheading 5.2.1.2.

For the diviners the diagnostic procedure encompasses two broad aspects and they will consider the symptom presentation and have specific yet unique methods of diagnosing illnesses. I use the word ‘consider’ rather loosely. Most of the diviners did not rely on the symptom presentation in coming to a diagnosis. They relied on their divination to make a diagnosis. The symptoms were identified by only a handful of the diviners. The symptoms were characteristic of *Igebhe/uvalo lwezilwane* and *Igebhe/uvalo lwedlozi*. There were some similarities amongst the symptoms that were identified by the diviners and those found in the DSM-V as presented in the below table.

Table 5.2.3.1 Symptom Presentation of Anxiety

Symptoms	DSM-V	Diviners
<i>Fearfulness</i>	X	X
<i>Nervousness</i>	X	X
<i>Perspiration</i>	X	X
<i>Shortness of breath</i>	X	
<i>Heart palpitations</i>	X	X
<i>Sleeping problems</i>	X	X
<i>Headaches</i>	X	X
<i>Dry mouth</i>	X	
<i>Muscle tension</i>	X	
<i>Fatigue</i>	X	X
<i>Dizziness</i>	X	
<i>Nausea</i>	X	
<i>Weight loss</i>		x

The diviners stated that in diagnosing anxiety illnesses they used divination. This was consistent with literature. Sokhele (1984) identified several methods which traditional healers use to make a diagnosis (refer to table 2.2.4.1 in section 2.2.4). The diviners in this study used three main methods and they are:

- ***Divination through throwing bones*** - In the bone throwing method, which is used by most of the diviners, the diviner will throw bones on the floor and they will read and interpret the positioning of the bones.
- ***Divinations through sensing*** - . In the method of divination through senses (this was reported by two diviners) the diviner will physically experience the symptoms of the patients. The diviner will then inform the patient of these symptoms.
- ***Divination through water*** - This method (which is used by three diviners) entailed praying for water and then speaking of what they saw in the water. This was interesting because literature says that the use of water in divination is used almost exclusively by faith healers. However, this is evidence to the fact that the categories of traditional healers are not defined (Truter, 2007).

5.2.4 Treating Anxiety

In distinguishing between the three kinds of anxiety illnesses the diviners all agreed that anxiety is an uncomplicated condition to treat. According to the diviners their treatment methods were effective although the methods differed amongst the diviners. The diviners measured the effectiveness of their treatment from patient feedback. The diviners indicated that patient feedback would mostly be positive and the patients said they no longer experienced anxiety. This claim, however, is not based on fact as none of the patients treated by the diviners were included in the study.

The treatment methods or techniques used by the diviners in the study were similar to the identified methods in previous studies (Sokhela, Edwards & Makunga, 1984; Sokhele, 1984 & Ngubane, 1977). It is important to mention here that during the treatment course the diviners indicated that they would also cleanse the patient by making them bath so that the *muthi* that they used would be effective. There were three main treatment techniques that the diviners identified to be effective in the treatment of anxiety illnesses and these included:

- *Ukupaphalazisa* (induced vomiting) using a specialized herb known as *idabulaluvalo* mixed with other herbs (*amakhubalo*). The diviners indicated that when the patient vomits the *muthi* that was used on them will leave the

patient's system. The main herb (*indabulaluvulo*) will reduce the experience of anxiety.

- *Ukugcaba* (small body incisions) and rubbing a mixture of herbs or *idabulaluvulo* on to the small incisions. The diviners would make these incisions on the abdomen on the area known as the celiac plexus (or solar plexus). This area which the diviners termed *ucabango* was the main area that would bring about the anxiety if affected. The making of incisions which they termed as *ukuqinisa* is aimed at strengthening the person against further harm or bewitchment. One diviner indicated that in strengthening a person they will also give them a rope to wear around the waist. This is consistent with literature. Strengthening entails reinforcing the defences against the person being easily bewitched or controlled.
- *Amanzi athandazeliwe* (holy water) is given to the patient to drink and with which to bath.

The treatment plan according to the diviners requires that treatment of patients, in most cases, takes place at their homes. Some of the diviners stated that the patient will reside with the diviner throughout the course of treatment. For these diviners this gave them easy access to the patient to address additional symptoms if they occurred. Other healers said after the main ritual of *ukuphalazisa* and strengthening the patient, the patient goes back home. The patient is given additional concoction to use until they no longer experience the anxiety. The diviners also brought to light that treatment of patients does not necessitate the involvement of the family. Unless in cases of an infant witch *Inyoni*, parents bring the child to the healer and the healer would instruct them of the ritual (if any) that needs to be performed for the child. The duration of treatment according to the diviners was one day to about three days.

5.2.5 Referral of Patients with Anxiety

Almost all the diviners were confident of their treatment methods so that in most cases it was not necessary for them to refer patients to other health practitioners. The diviners maintained that it is only in rare cases that they will refer patients to

other health practitioners. This was almost parallel with the finding by Sordahl and Flisher (2013) that diviners were more likely to refer mentally ill patients to western health professionals. The diviners in this study stated that they would refer patients only if the manifestations of a disorder necessitated medication. Such manifestations include psychotic-like disorders. They acknowledged that psychosis (*ukuhlanya*) is a complex mental condition and in most cases will require intervention of both modes of healing. They further stated that if the condition they were treating did not fall within the realms of supernatural cause theory (witchcraft and ancestral spirits) and other cultural explanations of illnesses, they will immediately refer the patient. They also maintained that if there were manifestations of physical diseases such as asthma, cancer and sexually transmitted diseases, they will refer these patients. This is also demonstrated in the study by Pelzer (1999) that traditional healers tend to refer patients with medical conditions. The diviners disclosed that referral would occur once their treatment methods failed.

In referring patients with anxiety the healers have a chain-like referral practice. They indicated that if the patient that they were treating was not responsive to their treatment plan they would first seek advice from their mentors/trainers (*ogobela*). If this failed then they would refer these patients to the mentors. If the mentor was unavailable or the mentors themselves were unable to treat the patient, they would refer to other healers in the area. The diviners all seemed to be in agreement that referrals to clinics and hospitals would be instituted when other healers have failed. An exception, however, was that if the patient had symptoms of a medical condition, particularly HIV/AIDS, they would refer these patients immediately to hospitals. Another healer indicated that in cases where they discover that the anxiety is related to a previous trauma they will immediately refer these patients to the clinics.

A majority of the diviners had a relatively positive attitude towards western medicine. The diviners indicated that they had healthy working relationships with the local clinics and hospitals. They stated that the attitude of the nursing staff towards them was one factor that made them refer patients. The nursing practitioners (who are mainly black) were described as welcoming, non-judgmental and very informative.

This was consistent with a finding in a study by Muelelwa, Sodi and Maake (1998) which found that most nurses in rural hospitals to perceive indigenous healers as

helpful to the community and to encourage joint health promotion between modern and traditional practitioners. However in the same study they found that whilst most nurses wanted traditional healers to refer patients to the hospital, less than half would send a patient to a traditional healer. On the contrary the diviners in the current study indicated these nursing practitioners would also refer patients to the diviners because most of the nurses are aware of the illnesses that require the intervention of traditional healers. For the diviners this was a mutually benefitting relationship. Another factor which the diviners highlighted was the literacy programmes which aim to educate the healers about illnesses. The diviners praised the programmes as they were made aware which patients they should immediately refer to clinic and/or hospitals. There were, however, two healers who had confidence in their expertise in treating most illnesses that they stated they found it unnecessary to refer patients. This was not necessarily attributed to negative attitudes towards western practitioners but rather they previously had not referred any patients to clinics or hospitals, hence they currently do not refer patients.

5.3 Limitations of the Study

The present study has realised its aim and objectives. The study was conducted on only a small number of diviners in two areas (KwaDlangezwa and Esikhawini) in the Zululand region. The findings might not be an accurate representation of the diviners' understanding and management approaches to anxiety illnesses throughout the Zululand region, nor of other Zulu traditional healers nationwide. Additionally, the exclusion of other traditional healers such as faith healers and herbalists limited the findings in that their understanding of anxiety and possible treatment of anxiety were not reflected in the present study.

A second limitation perhaps was related to the effectiveness of the treatment methods of the diviners used. In describing their treatment methods the diviners made claims that their methods were effective based on patient feedback. The efficacy of the treatment methods was taken as fact since the study did not determine patients' perspectives of the effectiveness of the treatment methods.

The third limitation was the reluctance of diviners to participate in the research study. The diviners mentioned two main reasons that contributed to their refusal to

participate in the study. The first was related to monetary compensation for participating. Most of the diviners that were approached flatly refused to participate if they would not be compensated for their contribution. This slowed the data collection process significantly because finding a willing participant would take several days. The second reason the diviners cited was that their knowledge is sacred. Even amongst those diviners that participated they were guarded in sharing knowledge. This was evident in their descriptions of the herbs that are used in treatment; they were hesitant to share the exact herbs that are used. This affects the findings in that the medicines used were not properly presented.

The last limitation which probably is the most important is the use of the term *ingebhe* in the research instrument. Of the 14 diviners used only five diviners knew this term. It was when the term *uvalo* was used that they understood what the researcher was talking about. This synonymous use of these terms to refer to anxiety might have affected the findings, particularly the conceptualisation of anxiety.

5.4 Recommendations

The current study has laid the foundation for future research to investigate further about traditional healers' management of anxiety. The findings in this study represent only one cultural group, the Zulu culture. Research on traditional healers of the different cultural groups found in South Africa would enable richer knowledge of anxiety disorders. The study was limited to a relatively small sample which was exclusive to diviners and did not consider other traditional healers. Studies focusing on other traditional healers would aid in establishing if the all categories of traditional healers understand the concept of anxiety similar to the findings in this study.

Determining whether the synonymous use of the term 'anxiety' as found in this study is indeed encompassing of anxiety and anxiety illnesses described by the diviners would be of paramount importance. Additionally, research studies should continue to study the properties of plant extracts used by traditional healer in treatment of illnesses such as anxiety illnesses.

5.5 Conclusion

The findings in this study suggest how Zulu traditional healers, particularly diviners, treat anxiety disorders. In conceptualising anxiety the diviners differentiated between two types, functional anxiety and pathological anxiety. However, anxiety was understood as merely an illness and not a mental condition. The focus of treatment for the healers was on pathological anxiety which was said to be caused by either witchcraft or ancestral calling. Furthermore, the diviners distinguished between three types of anxiety which are *inyoni* (affecting mostly children), *uvalo lwezilwane* (anxiety through bewitchment) and *uvalo lwedlozi* (related to ancestral calling). The diviners maintained that in establishing a diagnosis, symptom presentation is not the main focus but nonetheless they identified several symptoms that are typical of anxiety illnesses.

To reach a diagnosis the diviners indicated that divination is the most crucial aspect. They described three main techniques which included divination through bone throwing, sensing and praying over the water. In treating anxiety illnesses the diviners identified a number of herbs that they used; however, a common herb was *indbulalualo*. The methods used with these herbs included induced vomiting and making body incisions on the solar plexus area. Another method they identified was drinking of holy water. The duration of treatment varied from one day to three days. Most of the diviners referred their patients to clinics or hospitals if there was an underlying medical condition or if their methods were not effective.

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APPENDIX A: RESEARCH INSTRUMENT

English Version

Biographical information

Gender	
Age	
Home language	
Years in practice	

1. Do you treat anxiety and anxiety related illnesses?
2. How do you understand anxiety?
3. What causes anxiety?
4. How is a person who suffers from anxiety different from one suffering from other mental illnesses?
5. What do you see in a person that makes you conclude that he or she is suffering from anxiety?
6. How do you treat anxiety?
7. Do you refer patients with anxiety to other health practitioners?

IsiZulu Version

Biographical information

Ubulili	
Iminyaka yakho	
Ulimi lwasekhaya	
Iminyaka usebenza	

1. Kuyenzeka yini umuntu onesifo sengebhe mona olangazelayo alapheke na?

2. Ukuqonda kanjani ukugula komuntu ophazamiseke ngokufa kwengebhe uma kwenzeka na?
3. Sidalwa yini lesi simo sokulangazelela noma isifo sengebhe na?
4. Wehluke kanjani umuntu onesifo sengebhe kumuntu ohlanyayo?
5. Ikuphi okugqamayo kumuntu onesifo sengebhe noma olangazelayo na?
6. Usilepha kanjani lesisifo uma indlela ikhona?
7. Uyakwaziyini ukuthumela ogulayo ngalesisifo kwabanye abanolwazi okulapha konales isifo na?

ANNEXURE A: PARTICIPANT INFORMED CONSENT

INFORMED CONSENT DECLARATION

Investigating the practices in the management of anxiety disorders by Zulu traditional healers

Nondumiso Innocentia Linda from the Department of Psychology, University of Zululand has requested my consent to participate in the above-mentioned research project.

The nature and the purpose of the research project and of this informed consent declaration have been explained to me in a language that I understand.

I am aware that:

1. The purpose of the research is to find out how Zulu traditional healers identify and manage anxiety disorders.
2. The University of Zululand has given ethical clearance to this research project.
3. By participating in this research I understand that findings will enhance understanding of anxiety disorders with regards to identification and treatment from the African perspective; subsequently improving management of anxiety disorders for the mental health profession at large.
4. I will participate in the project by responding to questions posed by the researcher.
5. My participation is entirely voluntary and should I at any stage wish to withdraw from participating further, I may do so without any negative consequences.
6. I will not be compensated for my participation in the project, but my out-of-pocket expenses will be reimbursed.
7. Since information gathered from the research will be treated with confidentiality, there are no foreseen risks associated with my participation in the research.
8. The researcher intends to publish the research results in the form of a dissertation and articles. However, confidentiality and anonymity of records

will be maintained and that my name and identity will not be revealed to anyone who has not been involved in the conduct of the research.

- 9. I will not receive feedback/results in the form of a written or/and verbal report regarding the results obtained during the study.
- 10. Any further questions that I might have concerning the research or my participation will be answered by:

Mrs C. Hermann (Supervisor)

Tel. no.: 035 902 6607

- 11. By signing this informed consent declaration I am not waiving any legal claims, rights or remedies.
- 12. A copy of this informed consent declaration will be given to me, and the original will be kept on record.

I,, have read the above information/confirm that the above information has been explained to me in a language that I understand and I am aware of this document's contents. I have asked all questions that I wish to ask and these have been answered to my satisfaction. I fully understand what is expected of me during the research.

I have not been pressurised in any way and voluntarily agree to participate in the above-mentioned project.

.....
Participant's signature

.....
Date

INFORMED CONSENT DECLARATION

Investigating the practices in the management of anxiety disorders by Zulu traditional healers

Mina, Nondumiso Innocentia Linda ovela emnyangweni wezenqondo enyuvesi yaseZululand.

Ngichazeliwe ngohlobo nezi nezinhliso zoncwaningo kanye nalencwadi ngolimu engilinqondayo.

Ngichazeliwe ukuba:

1. Inhloso yoncwaningo ukuthola ukuba abelaphi besintu baselapha kanjani isifo sengebhe.
2. Inyuvisi inginikile isitifiketi semvume yokukwenza uncwaningo.
3. Ngokuzibandakanye kuloluncwaningo, ngiyandonda ukuthi imiphumela izonika ulwazi olunzulu okubalula nokwelaphi isifo sengebhe ngokuqonda kwesintu. Ngaleyondlela kuzonyusa izinga lokwelapha lesisifo kanye nokuphakamisa izinga lolwazi lwezenqondo.
4. Ngizozibandakanya kuloluncwaningo ngokuphendula imibuzo.
5. Ukuzibandanya kwami kuwukuzinikela umakwenzeka ngifisa ukuyeka ngingenza kanjalo nanoma isisphi isikhathi. Ekuyekeni kwami ngiyaqonda okuba akokho okubi okuzongehlela.
6. Angeke ngibhadalwe ekuzibandakanyeni kwami kodwa izindleko engizobhekana nazo ziyokhekhelwa.
7. Ngokuba uhlobo lwaloluncwaningo luyimfihlo akukho okububi okungahle kungwehlela.
8. Umcwaningi unenhloso yokushicilela imiphumela kodwake iminigwane namagama ayongcina eyimfihlo kulabo abangazibandakanyanga nocwaningo.
9. Angeke ngithole mphumela yoncwaningo ngokomlomo okanye incwadi ebhaliwe.
10. Umakwenzeka udinga eminye imininigwane, ungaxhumana nami okanye ubhekeleli woncwaningo. Ongakumana nombhekeleli wami:

Nkosikazi C. Hermann

Tel.: 035 902 6607

11. Ngokusayinda lesivumelwano angeke ngithathe izinyathelo kwezomthetho.

12. Ngizonikezwa ikhophi yalencwadi, eyempela iyogcina.

Mina,.....ngikufundile okungehla futhi ngiyakuma ukuthi kuchaziwe kimi ngolimu engiliqondayo nokuthi ngiyakwazi okuqukethwe yilencwadi. Ngibuze yoke imibuzo ebengifisa ukuyibuza yaphendulwa yonke ngokungiculisa. Ngiyakwazi okulidilwe kimi kulolucwaningo.

Angiphoqwanga ekuzibandakanyeni kwami futhi ngiyavuma ukuzibandakanya kulolucwaningo.

.....
Signature

.....
Usuku