

Conceptualization of Mental illness and Treatment practice among Traditional
Healers at Gondar city

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Abstract

The aim of the study was to explore traditional healers' conception and treatment practice concerning mental illness. To achieve this aim qualitative approach was employed because the study was exploratory in nature, since much has not been done about the topic and population being studied. The researcher, therefore, sought information and built a picture based on participants' idea. The study was conducted at Gondar city located in Amhara regional state of Ethiopia. The population in this study comprise of traditional healers who are located at Gondar city. Purposive sampling was employed to select eight traditional healers and two clients. Semi structured interview and non participant observation were used to collect data. All the interviews were conducted by the researcher and audio-taped. The observation was also conducted by the researcher. Initial/open, axial, and selective coding types were conducted to condense the huge data and made fit into the preconceived themes. Thematic analysis is the particular data analysis technique used in the study. Themes that have actual and/or potential relationship with the overarching objective are selected and discussed. The study concludes that Traditional healers are able to recognize disorders related to psychosis easily being limited for other mental disorders; They have multiple explanation about causes of mental illness, including; supernatural, biological and psychosocial explanations. Traditional healers employ different techniques for diagnosing mental disorders including; Different religious books like Awed Negest; through symptom identification and by using different herbal medicines. It is also found that traditional healers employ different treatment modalities as an intervention for mental disorders including: herbal medicines, spiritual interventions, traditional rituals and counseling.

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Chapter One: Introduction

1.1. Background

Mental health is an essential part of health, and it has been defined by the World Health Organization (WHO) as a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2005). Mental illness, on the other hand, defined by WHO as suffering, disability or morbidity due to mental, neurological and substance use disorders, which can occur due to different factors like the genetic, biological and psychological make-up of individuals and adverse social factors (WHO, 2013a).

American Psychiatric Association (APA) also define mental illness as a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders according to APA (2013) are usually associated with significant distress or disability in social, occupational, or other important activities. However the association places some exclusion regarding situations that should not be considered as mental illness. For instance an expectable or culturally approved response to a common stressor or loss, such as death of loved one, is not a mental disorder. In addition socially deviant behaviors (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above in the definition (APA, 2013).

Mental disorders are commonly growing in the world and they are associated with significant adverse social costs (Kessler, Gaxiola, Alonso, Chatterji, Lee, Ormel, Üstün, & Wang, 2009; WHO, 2013a). Therefore the care for people with mental disorders is a growing

public health concern, because mental disorders are highly prevalent and place a high emotional duty on individuals, families, and society (Steel, Marnane, Iranpour, Chey, Jackson, Patel, & Silove, 2014). According WHO (2008) over 450 million people are estimated to be suffering from mental illness worldwide. In addition People with mental disorders experience disproportionately higher rates of disability and mortality, for example, people with major depression and schizophrenia have a 40% - 60% greater chance of dying prematurely than the general population (WHO, 2013a). According to WHO (2013a) mental, neurological, and substance use disorders together account for 13 % of the global burden of disease in the year 2004.

However only a small proportion of people with mental illness receive any form of modern treatment and most untreated cases are found in developing countries (WHO, 2001a; WHO, 2003). According to WHO (2013a) in low and middle income countries between 76% - 85% of people with severe mental disorders receive no treatment for their disorders. In these countries the number of specialized and general health workers dealing with mental health is grossly insufficient (WHO, 2013a). Generally modern health care systems have not yet adequately responded to the burden of mental disorders as a consequence, the gap between the need for treatment and its provision is large all over the world (WHO, 2013a).

Due to this inadequacy in modern mental health care and other reasons people seek help for their mental health concerns through different intervention options. One among these different intervention options is traditional medicine. Traditional medicine is widely used in the prevention, diagnosis and treatment of different health problems including, mental illness. The World Health Organization (WHO, 2013b) defines the term traditional medicine in its traditional medicine strategy 2014- 2023 as follows:

The sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness. pp: 15

In the definition above WHO emphasizes traditional medicine as being part of a particular culture. Therefore a simpler formulation might be that traditional medicine, or traditional healing as it is often called, is a helping tradition that is intimately interlinked with the culture itself. On the other hand the terms complementary and alternative medicine are used interchangeably with traditional medicine in some countries, these terms refers to traditional medicine that is practiced in a country but not part of the country's own culture (WHO, 2013b).

In the last decade, there has been a global increase in the use of traditional medicine in both developed and developing countries. World Health Organization (2001b) reports that 80% of African population uses traditional medicine for their health care needs. According to this report, in countries for which more detailed data are available, the percentage of population that uses traditional medicine ranges from more than 80 % in Burundi and Ethiopia, to 80% in Burkina Faso, the Democratic Republic of Congo and South Africa; and 60% in Tanzania and Uganda. The use of traditional and/or alternative medicine is also growing in developed countries despite the high accessibility of modern medicine for example, United States, 42%; Australia, 48%; France, 49%; Belgium, 38%, of the population uses traditional and or alternative medicine for health care needs (WHO. 2002).

Interest in traditional medicine is growing around the world due to different reasons including: cultural acceptability, perceived efficacy, affordability and accessibility of traditional medicine (Kassay, 2006; FMOH, 2012; WHO, 2013b). In addition, inaccessibility of modern

health services in terms of geography, cost or time and shortage of well-trained modern health care professionals are contributing factors in the increased use of traditional medicine (WHO, 2002). As indicated above the burden of mental illness is very high in developing countries however there is no or at least poor treatment facilities (WHO, 2013b). Therefore traditional healers are an important source of psychiatric support in many parts of the world, including Africa. They are the first professionals contacted for mental health concerns in many parts of Africa (Romero, 2002; Abdullahi, 2011).

The use of traditional medicine for the prevention, diagnosis and treatment of mental and physical health problems is also common in Ethiopia, over 80% of the population in the country relays on traditional medicine for health care needs (WHO, 2001b). Traditional medicine in Ethiopia as reported by WHO (2001b) includes medical preparations from plants, animal and mineral substances, as well as spiritual healing, traditional midwifery, hydrotherapy, massages, copping, counter irritation, surgery, and bone setting.

Traditional healing is playing a very important role in Ethiopian population (Kassay, 2006). In Ethiopian population traditional medicine is more preferable than modern medicine when dealing with mental health problems due to different factors (Alem et al., 1999; Mengesha et al, 2015). Among the different reasons in the practice and preference of traditional healing for mental health problems in Ethiopia, one is scarcity, inaccessibility, and relative expensiveness of modern psychiatric services for the majority of the population in Ethiopia (FMOH, 2012). On the other hand the community perception concerning mental illness and attitude towards modern mental health care as well the perceptions of the community in accepting traditional practices as the best option were other factors (Tefera & shibre, 2012; Tibeb & Tesfay, 2015).

There are different perspectives regarding mental illness in Ethiopia depending on the culture, for instance some studies reported that mental illness is associated with supernatural factors like spirit possession, evil eye, bewitchments, religious difficulties and others (Jacobsson, 2002; Tefera and shibre, 2012.; Nicole & Shyngle, 2013; Kahsay, 2015). Studies conducted in different African countries report that traditional healers in recognizing mental illness focus on predominantly behavioral symptoms with psychotic features and they have limited awareness of mental disorders (Mufamadi & Sodi, 2010; Sorsdahl, Stein, & Flisher, 2010; Ngobe, 2015;). However there is shortage of research concerning conception and treatment practice of mental illness among traditional healers in the Ethiopian context.

Even though so many studies have been done concerning traditional medicine in Ethiopia most of the studies focused on the role and contribution of traditional medicine in health care; perception and attitude towards traditional medicine and communities traditional perception of mental illness rather than traditional healers (Jacobsson, 2002; Dikasso, Urga, Addis & Tadele, 2002; Tefera and shibre, 2012; Nicole & Shyngle, 2013; Kahsay, 2015). Therefore there is still a research gap about conception of mental illness and treatment practice among traditional healers. That means how traditional healers recognize and explain symptoms and causes of mental illness as well as their practice in the intervention of mental illness are not investigated as much as needed in the Ethiopian context. Therefore, the current study aimed at filling this gap focusing on how traditional healers conceptualize mental illness and what kind of interventions they provide for people with mental illness. Exploring traditional healer's conception of mental illness as well as their explanation regarding the causes and treatment options for mental disorders plays a fundamental role for the development of mental health service.

1.2. Statement of the Problem

The vivid problem concerning mental illness, as to the WHO projection, is mental illness' an ever increasing burden and a far limited, especially in developing countries, mental health services (WHO, 2005). It is even a low priority area in many developing countries (Saxena, Sharan, & Saraceno, 2003). For example, as part of the Project Atlas, the World Health Organization (WHO) collected information from 191 countries, of the 191 countries, 32% of these countries did not have a dedicated budget for mental health services. Countries in the African (79%) and South East Asian regions (63%) spent less than 1% of their health budget on mental health (Saxena et al., 2003).

Ethiopia, as part of the developing world is no exception in this regard. Mental illness in the country is regarded as the leading non-communicable problem. Furthermore it is associated with an increased burden to incapacity and disability. According to the FMOH (2012), in a predominantly rural area of the country, mental illness comprised 11% of the total burden of disease. Even though, as described above, the burden of mental illness is higher, the treatments in Ethiopia, like all other developing nations, are highly limited. For example, in 2006 less than 10% of persons with severe mental illness had contact with modern psychiatric services. 15 to 20 percent of people who attend general medical clinics do so due to mental disorders, although their mental health problems are often not recognized (WHO, 2006).

In this juncture, if there is an increased mental illness burden and too limited mental health services, one may wonder what the people in Ethiopia do about it. When it comes to modern psychiatric services in the country Amanuel Specialized Mental Hospital has been serving as not only a hospital but also as a center of mental health concerns since the second half of the 20th century. For many years in Ethiopia mental health services were limited to this hospital located

in the capital, Addis Ababa that is Amanuel Specialized Mental Hospital (Alem, 2004; Fekadu et al., 2007). Although there are some additional mental health facilities since then, it is acknowledged that they are inaccessible, not fully integrated with the general health services with very few mental health professionals (FMOH, 2012).

Due to the limited facilities as well as a highly rooted practice and poor awareness, in the Ethiopian communities, severe mental disorders are more often attributed to supernatural causes, for example spirit possession, bewitchment or evil eye, rather than as a result of biomedical or psychosocial causes (Bekele et al., 2009; kassay et al., 2006; Kahsay, 2015; Tefera and shibre, 2012). As a consequence, individuals with mental disorders and/or their families often prefer to seek help from religious and/or traditional healers rather than modern health facilities, even when available (Bekele et al., 2009; Girma and Tesfaye, 2011).

Therefore, patients usually resort to modern mental health-care services only after they have failed to recover from receiving traditional treatments. The bottom line in here is most of the population turn towards traditional treatments that appear to be more accessible than the modern ones (Bekele et al., 2009; WHO, 2002; Kassy et al., 2006). In justifying this, the vast majority of Ethiopia's population lives in rural areas where access to modern mental health care is far limited (FMOH, 2012).

As a result, issue of traditional medicine should be seriously taken into account. Some people recommend integration of traditional medicine with the modern treatment (Bekele et al., 2009; Kahsay, 2015). However, such action first calls for an examination of the existing traditional medicine. Despite this fact, there is limited data regarding the conception and treatment practice of traditional healers concerning mental illness in Ethiopia.

Even though so many studies concerning traditional medicine in Ethiopia (Jacobsson, 2002; Nicole & Shyngle, 2013; Tefera and shibre, 2012; Dikasso et al., 2002) have been conducted none of them have specifically examined conceptions and treatment practice of traditional healers for mental illness. In the Ethiopian community, as reported in different studies (Kassy et al., 2006; Anderson, 2007) traditional healers are respected and perceived as having some skills gifted from God. As a result, their conception and practice regarding mental illness can have great impact on the communities' perception and treatment seeking behavior. Therefore the current study aimed at filling this gap through qualitative investigation by focusing on the following basic research questions:

- ✓ How traditional healers, conceptualize mental illness and its causes?
- ✓ What are the diagnostic methods and intervention strategies traditional healers employ in helping people with mental illness?
- ✓ What are the challenges and opportunities traditional healers experience in working on mental disorder?
- ✓ What do traditional healers suggest concerning the integration of traditional healing with modern health care?

1.3. Objectives

The study overarching objective is to explore traditional healers' conception and practice regarding mental illness. With this general objective of the study, the study aimed at addressing the following specific objectives:

- To explore how traditional healers conceptualize mental illness and its causes.
- To assess diagnostic methods and intervention strategies traditional healers employ in helping people with mental illness.
- To determine challenges and opportunities that traditional healers are experiencing while working with people having mental illness.
- To assess traditional healers suggestion regarding integration of traditional healing with modern health care.

1.4. Significance of the study

The very objective of the study was to explore the conceptualization of mental illness and treatment practice among traditional healers at Gondar. The researcher believes that the results of the study would be helpful in many ways. Thus, the following are among the main contributions of the study:

- ✓ First of all the findings of the study are very helpful and important for traditional healers working on mental health, because it gives them an opportunity to evaluate their understanding and practice regarding mental disorders.
- ✓ Understanding the conceptualization of mental illness and treatment practice among traditional healers is also significant for professionals working on mental health (psychiatrists, psychologists and social workers). It will help them to address culture related problems and to develop collaboration with traditional healers.
- ✓ The finding is also vital for people seeking treatment, help and support for mental health problems because they can understand the knowledge and treatment practice that traditional healers hold regarding mental illness and make informed decision regarding where to get help and intervention for their mental health concerns.
- ✓ In addition the study provides an insight for the concerned policy makers in particular the Ministry of Health and Ethiopian Food and Drug Administration and Control Authority (EFDACA) because it can help them in developing regulations and strategies regarding traditional healing and mental illness.
- ✓ Finally Since limited research has been done concerning this issue in Ethiopia, this research can be a stepping-stone for further research.

1.5. Scope of the study

The study was delimited to the extent of becoming manageable enough to the researcher. The study has been delimited in different aspects. The present study focuses on traditional healers' conceptualization and treatment practice of mental illness. It did not consider traditional healers' conception and treatment of other medicinal disorders. Second it is delimited to traditional healers only, excluding religious healers. All of the participants of the study were primarily herbalists integrating spiritual intervention, however those healers who are practicing spiritual healing solely such as '*Atmakis*' and *priests* from the church were not the focus of the study. Third, the study site or population is another aspect that has been delimited. Taking time and financial constraints into account, this study has been delimited to focus only on traditional healers working at Gondar city excluding healers at the surrounding Woreda (Districts).

1.6. Limitations of the study

The researcher had found it difficult to conduct the study as he wanted because of different reasons. Therefore in the process of conducting the study the researcher experienced the following challenges:

- The research is qualitative in nature, and therefore there may be lack of generalisability and transferability. The results cannot be offered as fact it is rather an exploratory study of a group of traditional healers, therefore the results are very specific to this sample.
- Throughout the research process the position of the researcher was as an outsider. Therefore this may have an impact on the quality of the data gathered as well as the interpretation made.
- The availability and openness of traditional healers was a big challenge because they were busy with responsibilities both in their role as traditional healers and breadwinners.

This results in a small sample of traditional healers as well as patients visiting traditional healers.

- The observation was planned to be video recorded but due to problems related with the willingness both in the side of healers and clients the researcher forced to employ paper based recording.

1.7. Definition of key Terms

The following terms have been defined and used in the study as follows:

Concept of mental illness: refers to traditional healers' conception, understanding and perception about the symptoms and causes of mental illness.

Traditional healers: refers to People giving treatment for mental disorders based on indigenes knowledge at Gondar city, known with the Amharic name '*Yebahil hakim የባህል ሐኪም*'.

Treatment practice: refers to diagnostic methods, treatment modalities and other therapeutic activities practiced among traditional healers in the treatment of mental illness.

Chapter two: Literature Review

2.1. Overview on Mental illness

2.1.1. Concept of Mental illness

For all people, mental, physical and social health is vital elements of life that are closely interwoven and deeply interdependent. As an understanding of this relationship increases, it becomes even more apparent that mental health is crucial to the overall well being of individuals, societies and countries. Any attempt at describing the concept of mental illness and treatment practice among traditional healers, would not be complete without first looking at what is meant by mental illness.

WHO (2005a) defines mental health as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and able to make a contribution to his or her community. Therefore we can say that mental health is more than the mere lack of mental disorders rather it is an essential component of health and it is a resource to help us deal with stresses and challenges of everyday life. On the other hand the American Psychiatric Association (APA) Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR), mental illness/disorder is defined by an individual's level of distress, disability, and increased risk of harming themselves or others (APA, 2000). It means that a mental health problem is considered as disorder only if the problem is clinically significant behavioral or psychological syndrome or pattern that is typically associated with a painful symptom (distress) or impairment in one or more areas of functioning.

Even if APA and the WHO set a scientific definition for the terms mental health and mental illness the concept is still a socially constructed and defined concept. This implies that different societies, groups, cultures, institutions and professions have diverse ways of conceptualizing its nature and causes, determining what is mentally healthy and unhealthy, and deciding what

interventions, if any, are appropriate. Therefore the focus of this study is to dig out the concept of mental illness and the treatment practice among traditional healers.

2.1.2. Global burden of Mental disorders

Mental disorders are highly prevalent and exact a high emotional toll on individuals, families and society (WHO, 2013a; Kessler et al., 2009; WHO, 2008) Mental disorders are universal, affecting people of all countries and societies, regardless of age, gender and income. Therefore mental illnesses frequently lead individuals and families in to poverty (Kessler et al., 2009; WHO, 2013a).

Neuropsychiatric conditions are the number one contributors to the world wide burden of non communicable diseases. Including disorders such as Schizophrenia, mood disorders, substance abuse and dementia, these conditions contribute more to the global burden of disease than cancer or cardiovascular disease. Generally according to WHO mental, neurological, and substance use disorders together accounting 13 % of the global burden of disease in the year 2004 (WHO, 2013a and WHO, 2008). This figure is expected to rise to 15% in 2020, when it is estimated that depression will be the second most disabling health condition in the world (Lopez et al., 2006). Another study conducted in 2007 reported that mental disorders account for nearly 14% of the global burden of disease (Prince et al., 2007). In a recent systematic review concerning the global prevalence of common mental disorders (Steel et al., 2014) the aggregate life time prevalence of common mental disorder was estimated at 29.2%.

Mental disorders are not only highly prevalent medical conditions but also they are highly disabling. Measured by years lived with disability and by premature death in disability-adjusted life years (DALYs), Murray (2012) report that mental and behavioral disorders contribute substantially to the global burden of disease, which they estimate at 7.4% of disability-adjusted years (DALYs).

According to the WHO projection, the burden of mental illness is escalating in developing countries, which is also where mental health resources are most scarce (WHO, 2005a). For example in sub-Saharan Africa, mental disorders account for nearly 10% of the total burden of disease (Stein & Seadat, 2007). However in many developing countries, mental health is assigned a low priority. For example, as part of the Project Atlas, WHO collected information from 191 countries. Of the 191 countries, 32% did not have a dedicated budget for mental health services (WHO, 2005). Countries in the African (79%) and South East Asian regions (63%) spent less than 1% of their health budget on mental health (Saxena et al., 2003).

As reported by WHO (2013 investing 14) in low and middle income countries between 76%-85% of people with severe mental disorders receive no treatment for their disorders. In these countries the number of specialized and general health workers dealing with mental health is grossly insufficient (WHO, 2013a). Generally modern health care systems have not yet adequately responded to the burden of mental disorders: as a consequence, the gap between the need for treatment and its provision is large all over the world (WHO, 2013).

2.1.3. Mental illness and Mental Health care in Ethiopia

As parts of the developing world Mental illnesses are also common in Ethiopia, they are associated with a high burden due to disability and mortality and it is the leading non-communicable disorder in terms of burden (FMOH, 2012),. Indeed, in a predominantly rural area of Ethiopia, mental illness comprised 11% of the total burden of disease, with schizophrenia and depression included in the top ten most burdensome conditions (FMOH, 2012). The following table from Ethiopian Ministry of Health (FMOH, 2012) summarizes the prevalence and incidence of the major mental disorders and substance abuse disorders, as well as the impact in terms of suicide attempts and completed suicide.

Mental illness	prevalence %
Schizophrenia	0.5
Bipolar disorder	0.5
Depression	5.0
Suicide completed	7.7/100000/year
Suicide attempt	3.2
Alcohol problem drinking	2.2-3.7
Alcohol dependency	1.5
Cannabis abuse	1.5
Childhood mental disorder	12-25
Epilepsy	1.0
Dementia	No data

Table 1: Prevalence and Impact of Priority Illnesses in Ethiopia Source: National Mental Health Strategy 2012/13 - 2015/16. (FMOH, 2012)

On the other hand burden of Disease study in Butajira, southern Ethiopia by Abdulahi, et al., (2001) showed that mental illness in Ethiopia contributes 12.45% of burden of disease In Ethiopia 15 to 20 % of people who attend general medical clinics do so because of mental disorders, although their mental health problems are often not recognized (WHO, 2001a).

Decades before WHO reports that among the population with mental illness worldwide only small proportions receive any form of modern care and treatment. In addition most untreated cases are found in low income countries (WHO, 2003). In Ethiopia, for example, less than 10% of persons with severe mental illness had contact with modern psychiatric services (WHO, 2001a).

Currently there is only one dedicated psychiatric hospital located in the capital, Addis Ababa with 268 beds, known currently by the name *Amanuel Specialized Mental Health Hospital* (FMOH, 2012). However in addition to the specialized hospital number of psychiatric units throughout the regional states has grown to 57, each staffed by one or more psychiatric

nurses (FMOH, 2012). Psychiatrists and senior psychiatric nurses from Addis Ababa visit these units annually in order to provide support (FMOH, 2012)..

Generally according to the Federal Ministry of Health (MOH) mental health service is provided in the country through four types of facilities: outpatient facilities, inpatient facilities, the mental hospital, and residential facilities (FMOH, 2012). The following table from Federal Ministry of health will give us summarized information regarding the current mental health service in Ethiopia.

Resources	Total numbers
General Psychiatric Centers and Clinics	1 facility in Amanuel hospital providing service to all wards 1 long-stay unit in Gefersa (190 beds)
In-patient psychiatric units	2 in Addis Ababa (Amanuel=268 beds, Armed Forces = 50 beds) 2 in regional towns (Jimma= 26 beds, Mekelle = 9 beds)
Out-patient psychiatric clinics	4 in Addis Ababa (Tikur Anbessa, Amanuel, St Paul's & Zewditu) 6 in regional towns (Adama, Harar, Hawassa, Jijiga, Jimma, Mekele)
Nurse-led psychiatric units	57 (in regional, zonal and district hospitals outside Addis Ababa)
Children and Adolescent services	2 out-patient services in Addis Ababa (St Paul's, Yekatit 12)
Prison	In-patient unit in Kalit Prison, Addis Ababa (35 beds)
Police	In-patient unit in Police Referral Hospital (5 beds)
Centers for Substance abuse treatment	2 out-patient facilities in Addis Ababa (Amanuel, St Paul's) 2 in-patient facilities (Amanuel = 16 beds, St Paul's = 5 beds; total 2 beds)Plan underway to open 5 additional regional centers

Table 2: Psychiatric and Substance Abuse Beds and Facilities: Source: FMOH (2012)

As we can see from the table currently in additions to Amanuel Hospital there are other facilities working on mental health in Ethiopia. However in its mental health policy, the Federal Ministry of Health (FMOH, 2012) stated that mental health services providing settings in the country are inaccessible, not fully integrated with the general health services; provide inadequate

quality of care with low resources, lacks organized referral system and there are very few mental health professionals compared to the general population (FMOH, 2012)

According to different studies, in Ethiopia severe mental illness is often attributed to supernatural causes, such as spirit possession, bewitchment and evil eye rather than as a result of biomedical or psychosocial causes (Bekele et al., 2009; FMOH, 2012; Jacobsson, 2002; Nicole & Shyngle, 2013; Kahsay, 2015; Tefera and shibre, 2012). Therefore, due to very scarce, inaccessible, and relatively expensive modern psychiatric services for the majority of the population and the communities perception of mental illness People often seek help from religious and traditional healers rather than modern health facilities (Bekele et al., 2009 and Jacobsson, 2002). In addition, patients usually resort to modern mental health-care services only after they have failed to recover via receiving traditional treatments (Bekele et al., 2009).

2. 2. Traditional Healing

2.2.1. Definition and Trends

Prior to the emergence of modern scientific methods of disease prevention and treatment, people from different cultural backgrounds have since pre-historic times, used different herbal plants, plant extracts, animal products and mineral substances as the means to prevent, treat and/or manage ill-health (Gyasi et al., 2011). This indigenous system of health care delivery is widely known as traditional medicine which describes a group of health care practices and products with a long history of use.

As a result of the diverse nature of traditional medicine several definitions have been proposed. The World Health Organization (WHO) however observed the difficulty in assigning a single correct definition that describes the diverse range of elements that characterize traditional

medicine, and has suggested a working definition in its traditional medicine strategy 2014- 2023 (WHO, 2013a). which could be applied wherever necessary:

The sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness pp:15

Based on the World Health Organization (WHO) definition, traditional medicine involve a variety of products as well as practices which may involve herbal treatments, animal products such as snake fats or oils, skeletons, beliefs and meditations and even those which cannot be explain such as the practice of spiritual healing. The term traditional medicine frequently refers to knowledge developed by indigenous cultures that incorporates plant, animal and mineral-based medicines, spiritual therapies and manual techniques designed to treat illness or maintain wellbeing (WHO, 2003) this form of health care system plays an important role in the health of millions of people all over the world particularly in developing countries, including Ethiopia.

On the other hand a traditional healer is an educated or layperson who claims ability or a healing power to cure illnesses. He could have a particular skill to treat specific types of complaints or afflictions and might have gained a reputation in her/his own community or elsewhere. The World Health Organization several decades before (1976) defines African traditional healer as:

Competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious backgrounds as well as the `prevailing knowledge, attitudes and beliefs regarding physical, mental and social well-being and the causation of disease and disability in the community. pp: 1

Traditional healers may base their powers or practices on religion, the supernatural power, and experience, apparent ship or family heritage (Birhan et al., 2011). Traditional medical practices, share many of the same core values. These practices tend to be characterized by a holistic and highly individualized approach to treatment, an emphasis on maximizing the body's inherent healing ability, involving patients as active participants in their own care, addressing physical, mental, and spiritual attributes of a disease, and placing a strong emphasis on prevention and wellness (WHO 2013b).

This approach to health care delivery belongs to the traditions of each culture, and has been handed down from generation to generation (WHO, 2013b). Tribes, cultures and indigenous people of nations throughout the world have evolved this system of traditional medicine for generations, and communities have found most of these medical practices valuable and affordable and still depend on them for their health care needs. With the growing popularity of traditional medicine globally (WHO, 2002) many people now depends on traditional medicine either for primary, secondary or complementary healthcare needs Traditional medicine is used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses. In some Asian and African countries traditional medicine forms the primary mode of health care for 80% of the population (WHO, 2002) and it has established preventive, curative and rehabilitative role.

The use of traditional medicine in developing and developed countries is increasingly expanding worldwide (WHO, 2001b). WHO estimates that about 60% of the world's population uses traditional medicine for treating their sicknesses and up to 80% of the population living in the African region depends on traditional medicine for some aspects of primary health care (WHO, 2002) either on its own or in conjunction with modern biomedical care. However the percentage of people using traditional medicine varies from country to country. It is assuming

greater importance in the primary health care of individuals and communities in many developing countries like Rwanda 70%, Benin 70%, India 70%, Tanzania 60%, Uganda 60% and Ethiopia 90% was also shown (Leonard 2008; WHO, 2002; WHO, 2001b). The use traditional medicine is not only prevalent in developing world but also its growing in developed countries (WHO, 2001b) for instance when we see the percentage of population using traditional medicine for health care in certain developed countries, Canada 70%, Belgium 31%, USA 42%, Australia 48% and Franc 49% (WHO, 2001b and WHO, 2002).

African traditional medicine is the primary, and often the only, accessible health-care option for the vast majority of people living in sub-Saharan Africa (WHO. 2001b). It is a system that was in place serving the people of Africa for countless generations before the first Europeans brought a biomedical approach to health to the continent. (Romero, 2002 and Abdullahi, 2011)

Interest in traditional medicine is growing around the world due to different reasons including: cultural acceptability, perceived efficacy, affordability and accessibility of traditional medicine, (WHO, 2013b; Yineger & Yewhalaw, 2007; Kassay, 2006). In addition inaccessibility of modern health services in terms of geography, cost or time, shortage of well-trained modern health professionals, need for alternative option, frequent resistance of certain chronic diseases against modern medicine are other contributing factors in the increased use of traditional medicine (WHO, 2002; FMOH, 2012). In case of affordability: traditional medicine was not only relatively cheaper than modern medicine, but also payable in kind according to the wealth of the client (Addis et al., 2001 and Giday et al., 2007).

Regarding the role that traditional healers are playing Moagi (2009) maintains that traditional healers still play an important role in assisting people who present with either mental

or physical health problems in Africa. In addition Skuse (2007) argues that traditional healers are a significant source of psychiatric support in many parts of the world, including Africa. In addition traditional medicine is not only a vital source of health care, but also an important source of income for many communities (Skuse, 2007)

2.2.2.. Types of traditional healers

The definition for the term traditional medicine encompasses different kinds of indigenous practices (WHO 2013b) based on the disorders they specialize and healing service they provide there are different types of traditional healers with different ways of approaching health problems: such as bone setters (*Wegesha*), birth attendants (*Yelimd awalji*), tooth extractors, herbalists (*Medhanit Awaki*), as well as witch doctors, (like *debteras* and *tenquay*) and spiritual healers (such as *Wuqabi*, *Kalicha* and *Atmaki*). In many cases, however they are not mutually exclusive a mixture of methods and different kinds of healing approaches are combined with more physical/psychological approaches within one specific kind of traditional healer. Therefore the following section deals with some kinds of traditional healers that are practiced in Ethiopia in relation with mental illness.

1. Herbalists

Herbalists use in one way or the other plants and plant products in their medical practices. Medicinal plants are a key element of traditional therapies, and detailed knowledge of these plants is handed down from generation to generation by traditional practitioners. According to the WHO (2004), herbal medicines includes: crude plant material such as leaves, flowers, fruit, seed, stems, wood, bark, roots, fresh juices, gums, fixed oils, essential oils, resins and dry powders of herbs. The herbs are produced through extraction, fractionation, purification, concentration, or other physical or biological processes (WHO, 2013b).

Herbalists are acquiring their powers and skills from relatives through training and the oral tradition. They have herbs for almost all types of mental disorders and they operate mostly on permanent sites and could be called to attend patients in crisis situations. During the administration of these medical plants the clients are normally advised to abstain from certain practices (such as sex, work) and foods and drinks (like coffee, Alcohol) for the efficacy of the herbs (Samuel & Chalmer, 2011).

In Ethiopia, medicinal plants and knowledge of their use provide a vital contribution to human and livestock health care needs throughout the country. These plants are generally readily available, have minimal side-effects and are free and/or affordable. Such usage is high especially in rural areas where access to conventional medicine is lacking due to the absence of vehicular roads (FMOH, 2012 and WHO, 2006). Herbalists in Ethiopia known by different names like *Medhanit awakis (kitel betashs)* which means healers using plants as their primary means of providing treatment. The *Medhanit awaki (Herbalists)* diagnose disease conditions mostly by physical examination and questioning patients. Sometimes they prescribe medicines based on descriptions from informants (Ngobe, 2015).. Although the *medhanit awakis* make efforts to modernize their practices, they do not normally employ any of the equipment and techniques used in modern medical or pharmaceutical practices (Kassay, 2006).

Most of the herbal remedies in Ethiopia are interrelated to Orthodox Christianity religious practices. There are different traditional and religious scripts concerning the preparation of herbs as well as the treatment and intervention of different disorders (Dejene, 2008.). Among the different spiritual books of related with traditional medicine “*Metshafe-Tibeb*” (Book of wisdom) which describes usage of many medicinal plants along with spiritual remedies is the one the oldest. Therefore after doing diagnosis of the person with a problem visiting traditional

healer by using different diagnostic techniques the healer will provide intervention based on what is written in the book *Metshafe -Tibeb* and other similar books (Dejene, 2008).

2. Spiritual Healers

Most of the healers look at all aspects of the individual; the spiritual, emotional, mental and physical, as they are interrelated. There are some who describe the work they do in terms of working with energy, the mind and the spirit. Spiritual healers are especially defined as those who diagnose and treat patients by spiritual and divination practices. According to Dejene (2008), the history of traditional medicine in Ethiopia showed that healers put much emphasis on the supernatural power. The major reason why traditional healing is often associated with spirituality is usually due to that healers often trace the source of their knowledge to religious teachings (Fekadu et al., 2015; kahsay,2015; Dejene, 2008; Kassay, 2006)

A study conducted by Mekonen, (1998), on indigenous medicine in Ethiopia reported that among the healers participated in the study 89% were found related to EOTC (Ethiopian Orthodox Tewahdo Church). In Ethiopia there are different religious intervention methods used in the prevention and treatment of mental disorders including: holy water, holy ash, holy oil, honey, prayer and religious songs and others (Anderson, 2007; Jacobsson & Merdasa, 1991; Fekadu et al., 2015; kahsay, 2015).

Specifically, the primary form of well-accepted traditional religious-magical healing for every Orthodox Christian in Ethiopia is the holy water (*Tsebel*) (Ragunathan & Solomon, (2009) Holy Water used in Church to bless anything/any ailment it wishes to make blessed, no matter what it may be. In Ethiopian community holy water (*Tsebel*), is preferred over modern medicine in the culture of mental illness, which is believed to be the result of spirit possession. Even spirits are thought to be entering a person's body during certain times of day or when a person is

guilty of impure thoughts (Anderson (2007)). These spirits are believed to be most likely to be entering a person's body during the nighttime, especially when a person is alone and outside of his or her home (Anderson, 2007)

According to a study conducted in Ethiopia by Anderson (2007) spiritual healing has its own therapeutic process, philosophy and techniques Anderson reports in his study in the following way:

Demons are exorcised with holy Water. If a man is sick, sometimes, holy Water is supplied for drinking, pouring over his hands, and sprinkling his face and body. Holy Water sanctifies whoever is washed by it, frees him from uncleanness and attacks of the power of darkness, and secures that wherever it is sprinkled there is freedom from pestilence and snares of Satan (Anderson, 2007).

Holy water (*Tsebel*) is commonly used to ward off evil spirits from patients who are believed to be possessed by the devil (Jacobsson & Merdasa, 1991). Holy Water should be taken for a minimum of seven consecutive days and for as many as 21 days. If after one week a person is not cured, he/she should continue for another full week or two if necessary. By drinking the holy water, the evils that are believed to cause illness are expelled from the body in resulting physical excretions of urine, feces, sweat, and vomit (Anderson, 2007).

In addition to the holy water in spiritual healing '*Kitab*' is worn for the purpose of protecting oneself against the evil eye (*Buda*) (Jacobsson & Merdasa, 1991). The use of holy ash (*Emnet*) in the healing rituals of the EOTC is also known for mental disorders which includes both the use of incense ash and soil in the church. Incense ash and soil of holy grounds are used in different ways. First, this can be taken in dry form and used on the forehead or overall over the face to bless one's self. Secondly, it can be mixed with holy Water in a mixture to be ingested.

In the same ways as holy Water on its own, such a mixture is thought to flush out the evils living inside the body (Anderson, 2007).

Prayer and the signs of the cross are used in all the healing rituals of spiritual healing in Ethiopia. Materials such as *Emnet*, *Kiba Kidus*, *Tsebel* cannot perform their healing duty without proper combination with prayer and the cross, and this church healing will not work on those who don't believe in it (Anderson, 2007).

3. Traditional Birth Attendants

Midwifery is one of the most common practices of traditional medicine in Ethiopia. It is performed by traditional midwives commonly known in Amharic as '*yelmid awalajs*' (traditional birth attendants) most of them are 50-70 years aged women. Traditional birth attendants depending on the need, they carry out their practice with or without the administration of herbal medicines.

These Birth attendants acquired skills either after lengthy experiences with relatives or through spirit possession. The mental problems they handle mostly are puerperal psychoses and postpartum depression. They also provide health education to couples on matters related to the proper maternal diet and self-care of women during childbirth and counseling with couples experiencing marital conflicts (Samuel & Chalmer, 2011).

4. The diviner-wizard

These practitioners are supposed to be in direct contact with the devil, or at least they are in contact with the spiritual world and have the capacity to become possessed. Through this contact with the spiritual world they can tell what has happened to a person and what the cause of his problems is and what will happen in the future. The diviners are believed to be specialists in divination within the supernatural context which gives them the ability to divine the cause of illness and misfortune (Samuel & Chalmer, 2011). Diviners are the most important

intermediaries between humans and the supernatural. The ancestors call them and they regard themselves as servants of the ancestors. Diviners concentrate on diagnosing the unexplainable. They analyze the causes of specific events and interpret the messages of the ancestors (Samuel & Chalmer, 2011).

These persons might be clergymen or having a Muslim background. They can prepare amulets; they can make offerings, and give advice about what to do. The Muslim diviners often use chat, which is to chew and, for example, spit on the head and the face of the client (Jacobsson, 2002; Jacobsson & Merdasa, 1991; Kebede et al., 2006). The more widely known diviners are grouped into two categories according to their religious beliefs. Members of the Orthodox Christian clergy are called the *Debtera*, who represent a class of traditional healers who have been highly educated in *Kene*, the songs and hymns and even participate in the services of the church (Jacobsson, 2002). The other groups include members of the Muslim community known as *kalicha*. These practitioners are supposed to be in direct contact with the devil, or at least they are in contact with the spiritual world and have the capacity to become possessed (Samuel & Chalmer, 2011).

Debteras usually look upon mental disorders as possession by evil spirits, which are thus treated mostly by praying and eventually exorcising the evil spirit from the patient. The *debteras* are renowned for their prayer which is known as *degmit*, which they perform on behalf of clients. Along with this, they prepare holy Water (*tsebel*) and *kitab* amulets containing a written script. *kalicha on the other hand* is a religious leader who, through an ecstatic ritual, can investigate the causes of a disorder and advise the patient on what to do. They conduct special ceremonies which include the use of excessive smoke by burning incense such as myrrh, and frankincense

(*etan*). Similar to the *debteras*, the *kalichas* also prepare *kitab*s of their own kind to be worn by their clients for the purpose of protecting oneself against the evil spirits (Jacobsson, 2002).

5. Traditional/spiritual consolers

According to Rangunathan & Solomon, (2009), traditional healers are usually old and wise and know how to listen and talk to their patients as a whole. They may give valuable advice, make useful comments or give explanations. This can reduce or take away people's guilt, worries and other painful feelings, such as during family conflicts, feeling experience after death or confusing and puzzling situation (Rangunathan & Solomon, 2009).

People with mental illness may be agitated, afraid, talk nonsense or hear voices that do not exist. They may laugh and sing a lot sleep very little especially persons who are depressed and are very sad, think that they have no value, have no hope and may want to kill themselves. (APA, 2000) These symptoms sometimes disappear with counseling from traditional/spiritual healers because they can help people understand and sort out these situations. Most of the time people trust traditional healers and respect their advice. Especially, the soul-father, (*Yenefs- abbat*) is a kind of family spiritual-doctor who makes frequent visit to the home and performs such healing services as required and giving some sort of counseling and guidance (Rangunathan & Solomon, 2009).

2.2.3. Traditional healing in Ethiopia

In Ethiopian community, health is seen as a 'gift of God'. According to their perceptions, the devils considered to be the cause of a number of diseases, while God is believed to provide the healing through different ways (Kahsay, 2015; Tibebe and Tesfay, 2015; Rangunathan & Solomon, 2009). These perceptions are related to the belief that supernatural forces are involved in causation of disease and interventions (Kassy, 2006 and Fekadu, 2015).. Therefore traditional

and spiritual interventions are widely used all over the country. As reported by WHO over 80% of the population in the country relies on traditional medicine for health care needs (WHO (2001b). Traditional medicine as reported by WHO (2001) includes medical preparations from plants, animal and mineral substances, as well as spiritual healing, traditional midwifery, hydrotherapy, massage, cupping, counter irritation, surgery, and bone setting .

In Ethiopia, the true beginning of traditional medicines cannot be known exactly, historians estimated that traditional pharmacopeias existed as early as the fifteenth century (Anderson, 2007). The earliest traditional pharmacopeia is linked with the text of traditional Ethiopian remedies, *Metschafe Tibeb* (Book of wisdom), which describes usage of many medicinal plants along with spiritual remedies written in Ge'ez, a language used now only in EOTC. Therefore healers provide intervention based on what is written in this and other similar books (Dejene, 2008 and Anderson, 2007)

It is widely believed in Ethiopia that the skill of traditional health practitioners is given by God and knowledge on traditional medicines is passed orally from parents to a favorite child, usually a son or is acquired by some spiritual procedures (Anderson, 2007; FMOH, 2006; World Bank, 2008). The vast majority of Ethiopia's population lives in rural areas where the health care coverage is low and where existing public sector resources are being stretched to the limits. Traditional healing is still playing a very important role in Ethiopian population for instance, according to a population-based survey conducted in Wolayita, 90% of population uses traditional medicine for different health problems (Dikasso, et al., 2002).

Ethiopian population traditional medicine is more preferable than modern medicine when dealing with mental health problems due to different factors (Alem et al., 1999 Mulatu, 1999, Mengesha et al, 2015). Among the different reasons in the practice and preference of traditional

healing for mental health problems in Ethiopia one is scarcity, inaccessibility, and relative expensiveness of modern psychiatric services for the majority of the population in Ethiopia (FMOH, 2012). On the other hand the community perception concerning mental illness and attitude towards modern mental health care as well the perceptions of the community in accepting traditional practices as the best option were other factors (Tefera and shibre,2012, Tibeb and Tesfay, 2015).Therefore, the issue of traditional medicine should be seriously taken into account in Ethiopian

2.3. Mental illness and Traditional healing

Mental health and illness covers a broad landscape that encompasses personal growth and well being, everyday problems in living, common disorders such as anxiety and depression, and severe mental disorders such as schizophrenia or manic-depressive illness (Kirmayer et al., 2009). This wide range of conditions is currently understood and situated in a predominantly Eurocentric western paradigm and often managed with mental health programs and interventions that may not recognize, or meet the health needs of indigenous peoples, particularly such programs ignore cultural, historical, and social political contexts most of the time (Vukic et al., 2009).

The American psychological association defines mental illness in the diagnostic and statistical manual of mental disorders, Fifth Edition (DSM-5), based on an individual's level of distress, disability, and increased risk of harming themselves or others (APA, 2013). However people in different cultures have their own conception of mental health and mental illness. The conception of illness is largely determined by a society's culture and worldview. Society's cultural roots influence everything from an individual's interpretation of symptoms to the manifestation and tolerance of behaviors associated with mental illness. Therefore it is widely

accepted among researchers and clinicians that culture, which refers to systems of knowledge, concepts, rules, and practices that are learned and transmitted across generations. (APA, 2013), significantly influences perceptions and the impact of mental illness.

Sam and Moreira (2012) postulated that culture should be seen as an inherent part of mental illness. They also emphasized that culture does not just influence mental health and illness but it is an essential part of it. Indeed, to understand mental illness is to understand culture and understanding culture makes mental illness comprehensible. Among the different cultural groups holding their own conception and practice regarding mental illness, traditional healers are one. There are different indigenous practices among traditional healers in the assessment, diagnosis and intervention of mental disorders (WHO, 2013b). Traditional healing is an ancient, intact, complex holistic healthcare system practiced by indigenous people worldwide that is profound and more deeply rooted and complex than is commonly understood (WHO, 2013b).

The art of traditional healing places an emphasis on: (a) the spirit world, (b) supernatural forces, and (c) religion, which is considered virtually identical to medicine (Avery, 1991). In many countries, traditional healers play an important role in the treatment of mental illness and in some countries they are important resources in the provision of primary mental health services (WHO, 2001b.).

Traditional healers in African countries including Ethiopia have their own conception of the symptoms, causes and intervention strategies for mental disorders. Studies conducted in different African countries report that traditional healers in recognizing mental illness focus on predominantly behavioral symptoms with psychotic features including: shouting, screaming, crying, singing, laughing uncontrollably, uttering incoherently, isolation, shouting, confusion and strange behavior, undressing and urinating in public, violent and aggressive behavior, picking up garbage (Ngobe, 2015; Mufamadi & Sodi, 2010 and Sorsdahl et al., 2010). In a similar way

Alem et al. (1999) examined key community informants' beliefs and practices regarding mental illness in a rural Ethiopian town. They found that the prototypical symptoms of mental illness were reported as talkativeness, aggressiveness, strange behavior, wandering, nakedness, self-neglect and destructiveness.

Traditional healers in Africa have also their own explanations regarding the causal factors for mental illness that is different from the modern psychiatric explanations. Traditionally, it is believed that mental illness can be caused by the malevolent wishes of evil-minded people, bad spirits, the evil eye (buda) and the hostile feelings, ill will and envy of common people. According to Ngobe (2015), supernatural powers can cause misfortune and illness. These could be a consequence of acts committed by the patient or his/her family or due to action of other persons who used supernatural means to inflict misfortune. Generally African traditional healers when they explain the causes of mental illness give much emphasis for supernatural factors including: ancestral calling, witchcraft and sorcery, demonic possession not being protected spiritually, and others (Ngobe, 2015; Madzhe, 2013; Jacobson, 2002).

In Ethiopian traditional healing severely mentally ill are regarded by all current religious-cultural groups as being possessed by evil spirits. Evil spirits gain possession of their victims because they break rules, mistreat their guardian spirits, commit sins, accidentally do not pray enough or just pass a place where the spirits are particularly dangerous. The spirits might be inherited from one of the parents (Jacobsson, 2002).

According to studies conducted traditional healers even though they emphasize supernatural factors as causes of mental illness they also acknowledge different biological and psychosocial factors causing mental illness such as genetic predisposition, substance abuse, genetic

predisposition, injuries to the head, life stressors, social conditions, and (Ngobe, 2015; Sorsdahl et al., 2010)

In Ethiopia traditional healers understanding and perception regarding the cases for mental illness according to Jacobsson (2002) can be categorized into four different categories as biological, psychological, supernatural and par psychological. However Jacobsson (2002) in his categorization informs that by biological it means due to spiritual heredity, that is, the spirit passes from father to son or daughter and par- psychological is when mental disorders are because of a malicious wish of somebody who wants to harm another person for a variety of reasons. Therefore the person who wants to harm another person consults a practitioner of witchcraft and sorcery, usually called '*tonquai*'. This practitioner, for example, prepares a drug from various plants, which is given to the victim in his food and which will cause him to go mad or will give him somatic problems.

A study by Nicole & Shyngle (2014) about perceptions of mental illness in Ethiopia reports the perceived causes of mental illness as Supernatural forces, particularly bad spirits, poisoning or the use of magic to inflict harm, as well as religious difficulties, such as lack of belief in God and failure to fulfill religious duties, were mentioned in a number of participants' responses. Other findings indicate that most people in Ethiopia believe traditional treatments are best for spirit possession (Alem et al., 1999) as well as epilepsy and mental retardation.

In addition to the belief and perception regarding mental illness every healing modality assesses and categorizes patients' distress according to its own philosophy of illness, which is embedded within a larger cosmological worldview. The diagnostic practices of traditional healing have been a subject of only a few systematic studies. The available studies used qualitative methods including focus group discussions and interviews with traditional healers.

Diagnostic approaches used include a combination of history taking, examination or observation of the patient and divination (Sorsdahl et al., 2010). Divination refers to the revelation of knowledge from supernatural sources such as spirits or ancestors, by using a variety of methods including: tossing of arte facts such as shells or bones, use of mirrors, animal sacrifice, drumming, trance, or prayer (Ngobe, 2015; Madzhe, 2013; Sorsdahl et al., 2010)

In contrast to modern psychiatry which emphasizes the importance of specific symptoms or behaviors to diagnose a syndrome, the emphasis in traditional healing is on divining the ultimate supernatural cause of a problem with little emphasis on particular symptoms (Sorsdahl et al., 2010). Under traditional healing, the same illness or behavior may receive different diagnoses depending on different personal or social circumstances in which it occurs. In general, diagnosis of mental disorders and the treatment prescribed by traditional healers are often based on the indigenous beliefs and cultural interpretations of the problem peculiar to each local culture. (Shankar et al., 2006).

The intervention strategies employed among traditional healers are often in keeping with the beliefs about causation of mental disorders and generally aimed to reduce or eliminate the cause of the illness rather than targeting the symptoms (Shankar et al., 2006). In the treatment of mental disorders both pharmacological and non-pharmacological treatment approaches are used by traditional healers. Pharmacological methods commonly involve the use and preparations of different herbs with varying routes of administration. Potentially every part of selected plants may be used for herbal remedies, prepared and administered in numerous ways, including boiling, pounding, burning and macerating, followed by drinking, inhaling, sniffing, rubbing, and smearing. Such use is based on the experience, oral tradition and divine revelation of the healers rather than any scientific evidence of efficacy (Semenya and Potgieter, 2014).

The practice of traditional healing in Ethiopia largely influenced by the introduction of Semitic religions such as Judaism Christianity and Islam from overseas and the practice generally consist both empirical and supernatural elements (Anderson, 2007). A number of techniques were used in the prevention and cure of different mental disorders. Some of the techniques particularly for mental disorders including *plants* such as leaves, flowers, seeds, bark, sap and roots of a wide variety of plants ; animal medicine such as honey , butter , sheep fat , certain insects with medicinal properties; holly water, praying and other different spiritual and cultural techniques (Dejen, 2008; Anderson, 2007).

For instance in Ethiopian Orthodox Church (EOTC) the primary form of well-accepted traditional religious-magical healing practice is the holy water ('Tsebel'). Blessed holy water used to drink for healing diseases (Anderson, 2007). Other popular healing methods in church include fasting, and penance. In addition, priest giving some sort of counsel and guidance. Apart from this the soul-father, is a kind of family spiritual-doctor makes frequent visits to the home and performs healing services as required (Ragunathan & Solomon, 2009). Generally healing in Ethiopian traditional medicine is not only concerned with curing of diseases but also with the protection and promotion of human physical, spiritual, social, mental and material wellbeing (Anderson, 2007).

Even though so many studies have been done concerning traditional medicine there is still a research gap on the conception of mental illness and treatment practice among traditional healers. That means how traditional healers perceive and explain the symptoms and causes mental illness as well as their practice in the intervention of mental illness not investigated as much as needed in Ethiopian context. Therefore, the current study aims at filling this gap by focuses on how traditional healers working at Gondar, Ethiopia conceptualize mental illness as

well as on how and what kind of treatment and intervention they provide for people with who present with mental illness. Which mean the way traditional healers make diagnosis of a mental disorder, and materials and the process involved in the traditional intervention for mental illness based on the data collected from a face to face interview with the healers and non participant observation conducted by the researcher at three healing centers.

An understanding and appreciation of the concepts of mental illnesses held by traditional healers, as well as their treatment practices, would help plan mental health services in developing world contexts and might shed light on the debate concerning the most appropriate way to collaborate with traditional healers. It is also important for the Ethiopian public to be informed about the practices of healers in relation to mental health care so that they can make informed decisions about their choice in mental health serves providers.

Chapter Three: Methods

Because the very objective of the study is exploring conceptualization of mental illness and treatment practices among traditional healers at Gondar city, a qualitative research design was employed. This section outlines the ways in which the research was carried out, which includes research design, sampling and sampling technique, data collection methods and procedures, as well as data analysis methods employed in the study.

3.1. Research Design

Among the four research paradigms positivism, post positivism, constructivism and critical theory, in the current study the researcher followed a *constructivist* paradigm. Constructivists believe that reality is constructed by social actors and people's perceptions of it. In other words, the purpose of this study is to explore the conceptualization of mental illness as well as treatment modalities or intervention strategies constructed by traditional healers. In the current study having constructivism as a paradigm, qualitative approach has been employed.

Qualitative approach was employed because of the following reasons. To begin with the first reason, Flick (2009) had reasoned out that qualitative research is often described as a naturalistic, interpretative approach, concerned with exploring phenomena from the interior. Cognizant of this fact, this research had an objective of exploring traditional healers' conception of mental illness as well as the intervention they provide for people with mental disorders. Hence, qualitative approach was appropriate to arrive at the intended objective. On the other hand, as the study aimed at having in-depth information regarding traditional healers conceptualization of mental illness quantification has, therefore, little or no room in this research. Therefore in order to get the desired in-depth information from participants the researcher should give freedom for them in expressing their thoughts and/or experiences. Third the issue at hand (i.e. mental illness and traditional healing) is least researched in Ethiopia, at least to the knowledge of the

researcher. This necessitates a closer look at the issue. And it is acknowledged that methods in qualitative approach are good at providing in-depth knowledge. Thus qualitative approach was believed to be vigorously important approach to investigate issues related with mental illness.

Having qualitative research tradition as an approach to explore traditional healer's conception of mental illness and treatment practice an exploratory design is found the preferred research strategy here. Furthermore, exploratory study is recommended when very little prior research has been conducted (Mayer & Greenwood, 1980). In the Ethiopian context, no or little research has been conducted on the concept of mental illness and treatment practice among traditional healers at list to the knowledge of the researcher.

Generally, an exploratory qualitative study ranked as the most appropriate methodology for the current study for a number of reasons. First, the research questions were geared toward an exploratory approach. Second the researcher was limited in the degree of control he could exert over the behavioral event. Third, the study involved a contemporary context allowing for the use of observation and interviews. Hence, an exploratory qualitative study was conducted among traditional healers working at Gondar city in order to explore their conception and practice concerning mental illness.

3.2. Area of the study

The study was conducted at Gondar city capital of North Gondar administrative zone, which is located 740 km North West of Addis Ababa, the capital city of Ethiopia. Some potential advantages of selecting the area for the study were taken into account. First of all since getting and contacting traditional healers' easy with the help of Traditional Healers Association at Gondar. The area (Gondar city) being fairly untouched particularly with the issues of traditional healing and mental illness was another reason to select it.

3.3. Sample and Sampling Strategy

To select participants for the study, purposeful sampling techniques was employed. For qualitative study, non-probability sampling is more often applied (Yin, 2011) According to Burns (2000) the usual form of non-probability sampling is termed as purposive or purposeful sampling. This means a case is selected because it has some particular attributes to enable researchers to investigate a phenomenon and to achieve the purpose of the study (Burns, 2000; Yin, 2011). As previously stated, traditional healers at Gondar city were target population, of which eight of them were selected as a sample for the study. In addition two samples (from visiting clients) were included for the purpose of triangulation. Generally eight traditional healers selected in order to explore their understanding of mental illness and the treatment practice. Although there are no universally accepted rules and/or trends regarding sample size of qualitative studies (Patton, 2002), having Eight (8) participants (traditional healers in this case) was believed to be quite good sample size. In line with this, purposive sampling strategy was employed to select traditional healers and clients.

In the current study some criteria were applied to assist the selection of traditional healers working at Gondar city. Any traditional healer selected as a sample had to fulfill the determined criteria. Consequently, the following criteria were used in selecting the participants of the study.

- (1) Those healers who were voluntary to participate in the study.
- (2) Those who stayed for a relatively long time working as traditional healer at Gondar city; at least five years and above.
- (3) Those healers who are located only at Gondar city rather than the surrounding districts.
- (4) Traditional healers who have more experience in working with or giving treatment for people having a mental disorder.

By having these criteria and the purpose of the study in mind the researcher with the support of traditional healers' association chairman at Gondar city selected eight traditional healers and two clients for the current study through purposive sampling. The two clients were selected based on their willingness, ability to communicate with the researcher during the interview, and those with mental health problems.

3.4. Method of data collection

In order to gather the required information regarding the concept of mental illness and treatment practice among traditional healers at Gondar city two different data collection methods/tools were employed namely, *semi-structured interview* and *non participant observation*.

Semi-structured interviews

As a methodological term, the interview is regarded as one of the oldest and most widely used research technique in the social sciences (Coleman & Briggs, 2007). In the current study, semi-structured interview was employed as main instrument to gather data about the concept of mental illness and treatment practice of each traditional healer participating in the study. Burns (2000) states structured interviews cannot encapsulate all subtleties and personal interpretations. Therefore, it was anticipated that a more open-ended approach to interviewing may have provided more opportunities for eliciting information about traditional healers understanding of mental illness and their treatment practice.

The researcher conducted an intensive interview with eight traditional healers at Gondar city by having interview guide in advance. The interview guide for traditional healers for example was designed to include the following points in advance: (The interview guide is attached in appendices A and B)

- Background information about traditional healer. (Age, sex and educational status, religion, and years of working as traditional healer).
- Traditional healers' general conception and understanding about mental illness.
- Signs and symptoms of mental illness according to traditional healers.
- Traditional healers' explanation regarding the different factors causing mental illness.
- Methods and tools of diagnosis for mental disorders among traditional healers.

In addition to the interview with the main samples (traditional healers) patients who are visiting traditional healers were complementary samples for the study. Therefore the interview guide for the two patient participants for example was designed to include the following points in advance: (The interview guide is attached in appendices C and D)

- Background information about the patient. (Age, sex, and educational status).
- Patients' observation concerning the treatment of mental disorders by traditional healers for
- The kind of intervention they obtained and observed in traditional healing centers.

Non participant observation

In addition to interview non participant observation was another data collection tool to explore mental illness concept and treatment practice among traditional healers at Gondar city. Observation has been widely used in qualitative research. Since data collected by observation is not limited by participants' knowledge or memory, it is viewed as useful technique to provide an additional source of data for verifying the information obtained by other research techniques (Gall, Gall., & Borg, 2007). In the current study non participant observation was used as a data collection method for verifying the information obtained through interview with traditional healers and patients visiting traditional healers.

In the present study the role of the observer during the observation was obviously as a researcher which means his role as an observer or researcher was evident for the participants (healers and patients). Participants of the observation (people to be observed) were both traditional healers and patients with mental disorders visiting traditional healing center for their mental health problems.

The observation was conducted at four selected traditional healing centers. The healing centers were selected among the centers of the healers participated in the study based on their willingness and availability of mental health related healing during the data collection time. Generally purposive sampling was employed in selecting the centers for the non participant observation. The observation was conducted once in each of the selected healing centers by making the focus of observation on traditional healers, clients and the interaction between them through paper based recording. Issues to be observed were not explicitly put in a guideline (checklist) form in order to let the researcher feel free and go back and forth without any restriction however generally focuses on the following points:

- ✓ Relationships among healers and patients including rapport establishments.
- ✓ The way traditional healers make diagnosis and assessment of a patient with a mental disorder.
- ✓ The treatment modalities or intervention strategies the healer is practicing; including the process in implementing intervention strategies.
- ✓ Different materials used in diagnosis and treatment such as spiritual scripts or books, medical plants, etc.
- ✓ Availability of social and cultural guidance and consultation.
- ✓ Behavioral manifestations and reactions of patients during the healing process.

3.5. Data collection procedures

In the data collection process the first step was establishing formal contact with Traditional Healers' Association head office so as to get their collaboration in identifying key informants or participants of the study and to get the address for each of the traditional healers. First contact with the head of the association was made after the researcher gets the address and office of the association to discuss their willingness to support and be the part of the present study.

At the data collection stage of the present study the researcher contacted the head of Traditional Healers Association at Gondar city and then after showing an official letter from Addis Ababa University School of Psychology the researcher discussed about the aim of the present study extensively. After having an extensive discussion regarding the aim of the study and the data collection procedures the head of the association helped the researcher in selecting traditional healers who have more experience on treating or healing people with mental disorders in the city. Therefore the researcher with the help of the association head identified eight (8) traditional healers as the main samples of the study and two (2) patients visiting traditional healers as complementary samples of the study. In selecting both traditional healers and clients purposive sampling was employed as a sampling technique.

After selecting the required sample as participants of the study the researcher get the address and phone number of the selected traditional healers so as to get their consent to participate in the study and also to arrange time and place for conducting the interview. Then the researcher contacts each of the selected traditional healers some of them with their phone number and some others through going to their home and/or healing centers. After the researcher secured permission from each of traditional healers conduct the interview one by one with each of traditional healers by arranging appropriate time and place for each of the participants. Regarding the data collection

procedure from clients visiting traditional healers they were selected for the purpose of collecting supplementary data and triangulation. Each of the interviews with patients was conducted after having an open discussion with them to secure permission and to arrange the time and place for the interview to be conducted.

All the interviews were conducted by the researcher and the data collected through the interview was collected by speaking to the respondents face-to-face. Before conducting the interview, necessary rapport was established and the purpose of the interview was explained clearly to the participants. The respondents were also assured that responses will be kept in absolute confidentiality. They were also being assured that they will not be held responsible for the research outcome and their responses will be reported only as part of the entire group responses.

In addition to the interview non participant direct observation was the second tool of data collection to support the data from the interview. Therefore the observation was conducted once in each of the selected healing centers by making the focus of the observation on the interaction between the healer and clients. All the observation was conducted through paper based recording by the researcher taking from one to one and half hours depending on the situation in each of the healing centers.

3.6. Methods of Data Analysis

In qualitative research tradition data analysis begins while data is gathered. According to Goodson and Sikes (2001) in qualitative research data analysis means making sense of and interpreting the data. Interpretation is core in qualitative data analysis, for instance in their statement Gall et al., (2007) about the ways of analyzing data in a qualitative study, they suggest

interpretational analysis as one of strategies to analyze data. Gall et al., (2007) define interpretational analysis as:

“a process of examining qualitative data closely in order to find constructs, themes, and patterns that can be used to describe and explain the phenomenon being studied” (p.466).

Generally it is indicated in Yin (2011), that there are three common methods, among the many, of data analysis in qualitative research: case studies, summarizing responses to open-ended questions item by item, and theme analysis. Since thematic analysis is suggested as the useful method in analyzing lengthy narrating material of observation and semi-structured interview data of this study has actually been analyzed using this method.

After collecting the data through interview and observation the second task was transcribing all the interviews. The first task was transcribing all the tape recorded interviews directly with the language used for interview which is Amharic. All the interviews were transcribed by the researcher after listening repeatedly to each of the tape recorded interviews in order to understand all the interviews adequately and to transcribe properly. Finally all ten (10) interviews (eight from traditional healer informants and two from patient informants) transcribed properly.

The next task after completing the transcription process was translation of the transcribed data from the language used for interview which is Amharic to English so as to make the gathered data appropriate for final analysis. In order to be cautious of any professional and/or technical matters and in order to associate translation of the transcripts with topic and purpose of the study all the interviews were translated by the researcher.

Finally after the transcription and translation (preconditions to qualitative data analysis) tasks have been completed; coding was the next task of data analysis process. In qualitative research, moreover, there are three distinct coding types: open/initial, axial and selective coding (Willig, 2008). The researcher in the current study employed all of the three distinct codings in order to make the raw translated data appropriate and meaningful. The researcher started /initial coding by writing the comments after reading the whole sentence of the transcript. Then the researcher trays to relate each of the comments based on similarity and relatedness through using axial coding. Finally the researcher developed themes based on the codes. Based on the collected data, six distinct themes were developed and three broad clusters have been categorized to incorporate the themes. These final themes were: *conceptualization of mental illness, perceived causes of mental illness, assessment and diagnosis of mental illness, intervention strategies for mental illness in traditional healing, opportunities and challenges in working with people having mental illness, and traditional healer's suggestions about integration of modern mental healthcare and traditional healing.*

3.7. Ethical Considerations

Each participant of the study was informed about confidentiality. Each participant of the study agreed to participate voluntarily. All participants of the study declared their willingness to participate. Generally, participants were voluntarily participated in the study and the aim of the study was explained to participants who agreed to participate. Privacy and confidentiality of information given by each respondent were kept properly and name was not recorded instead pseudo names were used. Participants were requested to be audio-recorded.

Chapter Four: Findings

The finding section starts by providing brief description about demographic variables and then proceeds to its main task of presenting respondents description about mental illness. The presentation puts the finding one by one starting with respondents' conceptualization of mental illness and finalizing on their opinion concerning integration of traditional healing with modern psychiatric intervention.

Generally, there were six themes developed from the collected data. These final themes were grouped in to three broad categories in as: *conceptualization of mental illness, treatment practices and additional concerns*. The first cluster which is concerned with traditional healers' conceptualization and understanding of mental illness include two themes these are: (a) *general conception of mental illness*, (b) *perceived causes of mental illness*. On the other hand the second cluster that is concerned with the practices in the diagnosis and treatment of mental illness among traditional healers incorporate two themes: as (a) *assessment and diagnosis of mental illness*, (b) *intervention strategies for mental illness*. Finally the third cluster comprise additional issues concerned with traditional healing and mental illness that need to be focused as the researcher selects in relation to the topic of the study these include: (a) *opportunities and challenges in working with people having mental illness as a traditional healer*, (b) *opinion and suggestions regarding integration of modern mental healthcare and traditional healing*.

4.1. Socio-demographic characteristics of participants

This section presents descriptions of demographic characteristics of respondents that are important in understanding the context in which traditional healers are working. The description focuses on selected demographic variables that may have impact on their conception of mental illness and the treatment strategies they employ as an intervention for mental illness. Therefore

the demographic variables consists their *age, sex, religion, educational status, and length of time working as a traditional healer.*

Variables	Categories	N	%	Total
Sex	Male	7	87.5	8
	Female	1	12.5	
Age	32-50	5	62.5	8
	Above 50	3	37.5	
Religion	Orthodox Christian	8	100	8
Educational status	Basic education	2	25	8
	Religious education only	4	50	
	8-12 grades modern education with religious education	2	25	
Years of working as traditional healer	8-20	4	50	8
	Above 20	4	50	

Table 1: Demographic characteristics of respondents

As indicated in the above table, 7(87.5%) of the participant traditional healers were males and only 1(12.5%) female healer were participated in the interview. The number of males and females is not proportional this is due to the openness and willingness of traditional healers because it was difficult to get female healers as participants. Regarding the age of participants' majority of the respondents 5 (62.5%) found between 32-50 age ranges. However the rest 3(37.5%) of the participant healers were above 50 years of age. Another demographic variable taken in to account in the current study was religion of the respondents therefore, in terms of religion, all the participants were Orthodox Christians.

The participants' academic status was another variable that is reported in the above table therefore, when we see the respondents educational status, the majority of respondents 4 (50 %) attend religious and 2 (25%) of the respondents were found attending basic education (Adult education). Only the rest 2 (25%) of the respondents were found completing a certain grade of modern education, from being grade eight to grade twelve. However almost all of the

respondents 7(87.5%) report they attend religious education provided by the Ethiopian Orthodox Church named as '*yeabnet tmihrt*'. Finally the remaining demographic variable was years of experience in working as a traditional healer therefore, 4 (50%) of the respondents worked as a traditional healer from 8-20 years and the rest 4 (50 %) of respondents worked as a traditional healer for more than 20 years (up to 36 years).

On the other hand for the two participants selected from people visiting traditional healers for the purpose of triangulation, the demographic variables include age, sex and educational status. Regarding their age one was 31 and the other was 28 years old; both of them were female and about their educational statuses one was completing grade twelve and the other didn't attend any school.

In presenting the findings of the study regarding conception of mental illness and treatment practice among traditional healers the researcher use names when it is important. However all the names mentioned in the presentation are not real names for the safety and privacy of the respondents.

4.2. Conceptualization of Mental Illness among Traditional Healers

The primary aim and objective of the study was to dig out traditional healers' indigenous conception of mental illness. Therefore the first cluster as indicted above concerned with traditional healers conceptualization of mental illness and include two themes, specifically: conception of mental illness and perceived causes of mental illness. These two themes under this cluster focus on the informants (Traditional healers) understanding and explanation regarding what of mental illness and causes for mental illness. All the information concerning these themes was collected directly from traditional healers by asking them directly during the interview.

4.2.1. Conception of Mental Illness

Respondents of the study forward different explanations regarding what is mental illness. Starting from the terms they use to describe or name mental illness their explanation was indigenous to their culture. Most of the participants were using different traditional terms rather than using the direct Amharic version of formal modern term mental illness which is '*yeaemiro himem*'. Almost all of the traditional healers participated in the study are not familiar with the modern well accepted formal term mental illness ('*yeaemiro himem*' in Amharic) instead they employ informal traditional terms such as: '*Ebidet*' (which laterally mean madness'), '*buda*' (which is related with the evil eye), '*Tslaea senay*' (similar with demonic possession). In addition the names they employ to call a person with mental disorder is similar with these informal traditional terms and this was creating some confusion during the interview in explaining what is and what is not mental illness. We can understand this confusion from the following statement from one of the respondents:

In my understanding mental illness is related only with a problem known as 'Alzheimer'. This disorder disturbs people's attention and concentration resulted from feelings of sadness and anxiety due to different reasons such as losing significant others. However what you just tell me as an example are not mental disorders rather it is madness (Ebdet in Amharic). They are totally unrelated with mental illness rather they are resulted from possessions by different spirits we call them 'yayerganen' (literary mean evils on the air)

As the collected data reveled each of the healers working at Gondar city has their own conception and explanation regarding what is and what is not mental illness. For instance one of the informants Tibebe having an experience of 30 years working as a traditional healer spatially

on mental health problems, reports that the first action he does as a traditional healer whenever a new client visiting is differentiating the disorders and deciding what kind of treatment is appropriate..

According to Tibebe's explanation mental illness can be grouped into three broad categories. First of all the disorder can be related with problems in nerves and other biological factors. In this case traditional healers should make a referral to modern health facilities because the disorder requires modern medical treatment. The second category is when the disorder is related with demonic possession due to different factors. Finally according to Tibebe's explanation mental illness can be related with 'zar' and 'jinni' sprites. Therefore if the problem is related with the second and third conditions traditional healing can bring a change. Regarding this point we better have the direct statement from Tibebe stated as follows:

One of the complications that is considered mental disorder is nerve (problems related to nerves). So in diagnosis if I get the problem related with nerves I directly tell the client to visit modern healthcare facilities. The second thing we consider as mental illness is 'tslay senay' (demonic possession) that makes the person feel faint and some fluids will flow from his mouth and noise after we give him herbal medicine. The other thing that I want to tell you about mental illness is 'Zar buda' (Zar sprite) if this is the case the patient shouts and speaks loudly at the moment of diagnosis. Therefore generally this is what it meant by mental illness for me as a traditional healer.

Similarly another respondent healer Mersha, working about eight years as a traditional healer mentioned three things when explaining what mental illness is. In his explanation Mersha, emphasizes supernatural powers as the root of mental illness. Among the three specific disorders

he mentioned as examples for mental illness, one is purely biological or medical disorder. However the other two disorders he mentioned related with psychotic disorders. Generally Mersha explains mental illness in the following way:

As my understanding mental illness includes different disorders. The one and the primary is called 'yimitil beshita' (traditional name for epilepsy) which is resulted from demonic possession. The second problem I consider part of mental illness is 'Bicha weba (yellow fever)' because it makes the person feel faint and loss control on his body. The third disorder that I considered as a mental disorder is 'rabbis' named in Amharic 'yewusha likift.

In the study most of the respondents' in explaining what is meant by mental illness they were emphasizing on generalized explanations rather than focusing on specific mental disorders. Traditional healers participated in the study instead of giving different classifications of disorders in their explanation they focus on supernatural powers particularly on *demons* and *demonic possession*. However some of the respondents also mentioned some sort of psychosocial and cultural explanations.

Generally traditional healers participated in the study focus on supernatural powers in explaining mental illness. They explain mental illness as possession by different superhuman powers such as demon, jinni and the zar. However some participant healers acknowledge biological and psychosocial factors. In addition respondents when explaining the signs and symptoms of mental illness focus on psychotic symptoms and they are limited in recognizing disorders without psychotic features. For instance we can see some of the symptoms listed by the respondents as manifestations of mental illness during the interview:

. . . They show unusual behavior such as going out of home at inappropriate time, collecting garbage in the street, speaking loudly when it is not necessary and fighting with other

Tibebe

They become talkative, show strange behaviors, being undressed in public, and they become aggressive even it becomes difficult to perform the healing ...

Derege

When we see the symptoms these people (people with mental disorder) don't have control on themselves rather the demon is controlling them. Consequently they can't understand what is good and bad, they insult and even bit others eat something not good for their health, collect garbage and they are aggressive.

Bewuketu

Generally as we can understand from the participants' response traditional healers in Gondar understand mental illness in a limited way and their conception of mental illness is different from the modern conceptions. Even though some healers include psychosocial and biological explanation traditional healers give much emphasis for supernatural powers in explaining mental illness. Most of the healers identify mental illness based on the symptoms presented whereas others focus on the causal factors to understand and explain mental illness. However, almost all participants in identifying symptoms of mental illness focus on explicit psychotic symptoms only.

4.2.2. Perceived causes of mental illness

One among the basic research questions of the study was to identify traditional healers' explanations regarding different factors causing mental illness. Therefore the discussion here focus on presenting the respondents reaction regarding the causative factors for mental illness.

Traditional healers participated in the present study list out different factors that can be considered causes for mental illness. Most of the time traditional healers made classification of disorders depending on the causative factors. Based on the collected data from respondents in order to make the presentation organized perceived causes of mental illness among traditional healers categorized into three broad categories these are: *supernatural causes*, *biomedical causes* and *psychosocial causes*. Therefore the section below focuses on these categories.

4.2.2.1. Supernatural causes

As we can understand from the interview talking about the causal factors for mental illness significant numbers of participants mentioned supernatural powers as the major causes. Within the broad category supernatural power which is related with both good and bad sprites there are different specific factors. Therefore the following are different supernatural causes of mental illness as reported by traditional healers in Gondar city.

1) Gods' will

Among the different supernatural causal factors causing mental illness, according to informants one is will of God. Mental illness can be resulted from Gods' will for different reasons. Most of the healers believe health is gift of God and God protects people always from evil things like mental illness. However this gift and protection can be disturbed due to different reasons such as; when a person is not praying and not completing his religious duties properly.

On the other hand mental illness may be due to the sin of the person or sometimes Gods' will to teach him something important in his personal, social and spiritual life.

2) Evil eye

Another explanation given by the respondents regarding causative factors for mental disorders was the evil eye which is named in Amharic '*buda*'. Regarding the evil eye or '*buda*' as a cause of mental illness healers participating in the study respond in two different ways. That is, some of them report about '*zar buda*' (one among the zar sprites) and some others report about what they call '*yesewu buda*' (person possessing evil power). Respondents explain the so called '*yesewu buda*' as different from '*zar buda*' it is, when people who possess evil power in different ways exert deadly power over others by their eye. For instance Tibebe one of the participants responds as follows about what is called '*yesewu buda*':

. . . there is also what we call '*yesewu buda*' which indicts people or some cultural groups who possess an evil power to make people mad by simply staring on him/her but regarding this issue modern medical science and the community disbelief and rise some concerns about how a person can make this kind of evil things on other persons.

However Bewuketu, one among the respondents disagree with the idea of '*yesewu buda*' rather he explains it as the work of the evil sprites or demons aimed at creating conflict among the community through different ways. The following direct statement from Bewuketu about the evil eye will help us to understand the concern better:

. . . . When we say '*buda belawu*' (evil eye) it doesn't mean the person is eating or posing pain and distress on the other person. As I understand from my experience and from my reading of different books, no one is created with evil power to attack others by

observing. Even if the person who is expected to attack stares on the victim (patient) all the things are done by demons. The demons first possess the eyes of the person or perpetrator and the demons attack the victim on behalf of that person. The demons will speak the name of that person in the healing processes to create tension and conflict among the community members.

Generally most of the healers agreed that whether related with demonic possession or with some particular communities possessing evil power to attack others it is a leading supernatural factor causing mental illness in the area. As respondents report among the different patients visiting traditional healers the majority is related with evil eye. People with mental disorder due to the evil eye present different behavioral symptoms including: laughing, aggressiveness, crying and feeling pain on their heart. Tibebe explains about the symptoms that a person suffering from an evil attack present in the statement below:

Most of the time people suffering from this problem feel pain on their heart (around their chest) and after some time it makes them sleep down. Then at the morning time the feeling on heart may not be significant as it was before but rather the person loss control on his behavior and may cry. Sometimes they may want to go anywhere without reason and plan.

3) Bewitchments

Another causative factor for mental disorder reported by respondents is what they call it in Amharic '*Dgimt*' which is similar with bewitchments. In this case mental illness is resulted from the evil work of others. This is most of the time resulted when a person becomes jealous of his friend, his neighbor or any person he knows. The jealousy can be related with educational successes, success in business or social life. Therefore when a person is unable to win the

computation in any other way he just go to traditional healers wither '*Debteras*' or '*witch doctors*' and consult them about his plan and interest regarding that person he become jealous. Then the healer may give him traditional medicine that will have negative impact on the mental state of the victim and the victim will develop a mental disorder. Bewuketu explain these issues briefly as:

On the other hand mental illness can be a resulted from evil works of some people on others. There is what we call '**dgimt**' which will be done based on the spiritual name of the person using different spiritual scripts and traditional plants in order to disturb his mental health and overall life. These evil things are done with the help of witch doctors like '**debteras**' and **tenquys**

4) Demonic possessions: Zar and Jinni sprites

Here under the title demonic possession there are different but related issues raised by the respondents as causes for mental illness. Even though they provide different names for these spiritual entities from the respondents' explanation we can understand that all are related with demonic possession in one or another way, therefore the researcher grouped them in to one category for the purpose of organized presentation.

When they explain about demons and evil spirits in general respondents use a unique traditional name to call evil spirits in gize language *tslay senay* (*literally mean hater of good things*). Sometimes they call it '*yeayer ganenin*' (*demons around the air*) based different biblical stories about how they were created and come into this world. According to the respondents demons can appear in different forms to cause mental illness such as '*Zar*' and '*Jinni*' spirits. In addition demons or evil spirits have their own identities and power to disturb human life. In

explaining about evil spirits or demons most of the healers based themselves on holly bible particularly the writing found in the book of Revelation 12:7-13:

And there was war in heaven: Michael and his angels fought against the dragon. And the dragon fought with his angels and prevailed not nether was their pace found any more in heaven and the grate dragon was cast out, that old serpent, called the devil, and Satan, which deceived the whole world: he was cast out into the earth, and his angels were cast out with him.

Traditional healers in Gondar city interpret this part of the bible based on the tradition of Ethiopian orthodox Tewahdo church (EOTC). Therefore, according to the tradition of EOTC after the war in heaven between angels led by the archangel Michael and those led by the Dragon those identified with the devil and Satan were defeated. Therefore those who were identified with Satan in the war were going to heal but those angels who were doubtful to identify with Dragon and Michael were cast out into the earth. Those who were cast out to earth called in Ethiopian tradition *yeayer ganenin* (*literally mean Demons around the air*). These demons as participants report appear in different forms such as zar, jinni, wukabi, adbar , kolle etc.

Among the different evil powers informants were talking about, zar and jinni were main factors causing mental illness for the majority of the community. As we can understand from the collected data Jinni's are believed to share many characteristics with human beings. They fall in love, get married, have family and die, but they also have some superhuman abilities, such as flying, moving mountains, invisibility, and doing miracles. Some of the respondents report that they have mysterious communication with these creatures in different ways, we can understand this concern better from the statement bellow by Derege, one of the respondents:

They have some similarities with human being for example jinnis have their own names and they have families. However they have also different qualities that we human beings don't have such as invisibility that is moving from one place to the other without people's awareness. However we can bring them to awareness by using different mysteries techniques and we can make an open discussion regarding particular client and the healing.

According to the participants the term 'zar' refers to both a spirit causing the disorder, the illness brought on by spirit possession and the rituals necessary for intervention. The 'zar' spirits pass generations that is, from parents or grandparents to the chosen child or grandchild. The zar spirits have different kinds and categories based on the way they appear to disturb human life such as 'yset zar', 'yekebt zar', 'yewenz zar' etc. During the interview almost all of the respondents were repeatedly discussing about one particular kind of zar spirit named as 'yset zar' (literally means female zar) which is mostly associated with sexual disorders (dysfunctions). We can understand further this point from the following statement by one of the respondents:

. . . 'yset zar' is mostly related with sexual dysfunction. When a person shows inappropriate sexual behavior or stay alone around rivers and desert areas particularly in the midday or midnight the demon (yset zar) will posses him. Then after the person go back home this demon makes sexual intercourse with him as an attractive lady in his dreams at night. This will be repeated so many nights and the person becomes less interested to have sex with his actual sex mate. Finally the person experience erectile dysfunction and other sexual dysfunctions in his life.

(Mersha)

Generally respondents report that Demons have power and mission to harm human beings due to different reasons. There are also situations in which people become more prone to Demons such as: being alone at the dark night, touching blood of animals and not praying properly Tibebe explained more this point as follows:

There are situations that can make a person more prone to demonic possession such as walking alone at night and mid day. As it is written in the bible and other spiritual books in EOTC the demons have third governing power in the world. Therefore they have their own time from the day and night and we have to keep ourselves from being in conflict with them. There are books that can provide general direction about when and where is better for people not to be in conflict with demons.

4.2.2.2. Biomedical Causes

From the perceived causes of mental illness among traditional healers biomedical factors are other categories. Respondents during the interview even if they give great emphases for supernatural factors as causes for mental illness their explanation is not limited only on supernatural powers rather they also provide biomedical explanations. Even though it is not in-depth respondents report different possible biological causes of mental illness, such as genetic endowment, problems related with the nerves, accidents on brain and other physical disorders.

Regarding genetic factors traditional healers report it as one cause for mental illness with a local name '*tewars*'. In traditional healing genetic factors are sometimes associated with zar spirits, as the zar possession of the ancestors transited to the selected child or grandchild among the family members. Another biological or medical factor reported by traditional healers as a cause for mental illness is problem related with nerves and the brain in general. As participants

explained there are methods to differentiate whether the disorder is related with medical factors or not. For instance Tibebe informs about the method to differentiate a disorder caused by biomedical and other factors:

. . . One of the problems which can be considered mental illness is nerve (problems related with nerves). To diagnosis a mental disorder most of the time I use a traditional medical plant that can be administered for the client through snaffling in his nose. After the client takes the medicine if the problem is related with biomedical factors there are some fluids from his nose. Consequently when we make diagnosis if we get the problem related with nerves (biomedical) directly I inform clients and their family to consult medical doctors.

2.2.2.3. Psychosocial Causes

According to the respondents mental illness in traditional healing is not only perceived as result of supernatural and biological factor. However different psychosocial and cultural factors can play significant role in causing mental illness. Therefore respondents reported different psychosocial factors causing mental illness including: stress, economic problems, family conflicts, death of relatives, addiction to different substances (such as chat) and alcohol (such as *Tela and Hareqe*). In explaining how these psychosocial factors causing mental illness Bewuketu one among the respondents reported the following::

. . . In my opinion in addition to super natural factors mental illness most of the time caused also due to different psychosocial factors. For instance when a person becomes unable to manage his family's life economically or become unable to fulfill basic needs may develop stress. Then because of the stress he may loss hope and will become addicted to different substances like 'birr', Hareqe' 'Tella'

and others. Therefore due to the stress inside and the addiction developed he become unable to think and act properly then other symptoms of mental illness will appear one by one”

However when the respondents were explaining psychosocial factors as a cause for mental disorders, they associate these factors with supernatural powers in different ways. They report that these psychosocial factors can make people more prone to demonic possession. We can understand better this from Bewuketus’ statement concerning the way these psychosocial factors cause a mental illness:

. . . When a person is addicted to different substances he may loss control on his behavior. As a result he will go to some unsafe and dangerous places in inappropriate time. This means he is providing chance for demons because the demons need this kind of situations to possess

4.3. Treatment Practice for Mental illness among Traditional healers

There are two themes in this cluster which dealt with the process and methods of treatment healers are practicing as an intervention for mental disorders. Therefore the two themes presented under this cluster are *diagnosis of mental illness and intervention strategies for mental disorders*. All the information regarding these two themes is compiled from three different sources including: asking directly traditional healers, asking clients visiting traditional healers for mental health concern and from the direct non participant observation at four healing centers.

4.3.1. Assessment and Diagnosis of Mental illness

Under this theme the way clients come to visit traditional healer, how diagnosis is made and how traditional healers make referral is focused. Therefore according to the respondents clients visiting traditional healers come through different ways from different sources of referral. First

clients referred informally from modern health care professionals when traditional treatment is considered appropriate for particular disorder. Teshale, one among the respondents report that most of his clients come to visit him after getting information from modern health care professionals as their problem can be treated easily with traditional healing:

For your surprise most of my clients told me that the medical doctors working in Gondar university hospital told them to visit my healing center for their different mental health problems

(Teshale)

On the other hand based on the severity of the disorder clients alone or with their relatives may visit traditional healers by personal interest and initiation. This happen most of the time after the family gets information about traditional medicine from people who have knowledge and experience about it. According the respondents the third way that people referred from is holly water sites. In this case people may be advised to visit traditional healers (particularly of herbalist) in addition to the spiritual treatment in the holly water sites. Therefore based on the information from respondents we can say that traditional healers in Gondar city have about three referral sources that they get clients.

After consulting clients or their family coming from different referral sources the next step in traditional healing is making assessment and diagnosis. Among the specific objectives of the study one was to identify diagnostic tools and methods employed in traditional healing for diagnosing mental disorder. Therefore in the next section the focus is on assessment and diagnosis of mental illness among traditional healers.

As assessment and diagnosis is a core step in the modern psychiatric care it is also very important in traditional healing. Generally according to respondents we can categories methods

of assessment and diagnosis of mental disorder in traditional healing into three broad categories. This categorization is based on the materials employed and the procedures involved during the diagnosis and assessments.

The first way traditional healers in Gondar city conduct diagnosis of mental illness is based on traditional and religious books such as: *Awude negest*, *Metshafe tibebi (book of wisdom)*, *Metshafe fewus (book of healing)*, *Etse debdabe*. In these traditional and spiritual books except the first one there are descriptions for different disorders including their symptoms, causes and interventions strategies. The healer will focus on these books in order to identify the kind of the disorder and to select appropriate intervention method. The following quote from Mersha illustrates how the book '*Awude negest*' is employed as a diagnostic tool for mental disorders among traditional healers:

. . We traditional healers have different system and material for diagnosis as it is in the modern medicine. For example there is a book entitled '*Awude negest*' we get it from our ancestors. Based on this book we can diagnose people with mental illness by using only his and his mother's spiritual name. In addition after calculating clients' date of birth we can understand the problem and intervention appropriate for him

According to respondents the system of diagnosing particular disorder based on clients spiritual name with the help of '*Awude negest*' is called '*hasabe fenewat*'. The second way traditional healers make assessment and diagnosis of a person with mental disorder is by using herbal plants. In this diagnosis approach after discussions with clients and their family healers administer medicinal plant through different ways such as fumigating or sniffing. Then the client after taking herbal medicine will present different signs and symptoms that indicate what kind of

disorder he/she has. One among the respondents Tibebe describes this traditional diagnostic process as follows:

In order to identify what type of disorder the person is coming with we employ different medical plants. Traditional medicines we use in this stage can't have any side effect on clients' health. Therefore after taking the medicine if the client becomes silent and some kind of fluid is dropping out from his nose, the disorder is related with nerves. Therefore if this is the case we inform the clients about the necessity of modern treatment. However if the disorder is one that can be treated better with traditional healing the client after taking herbal medicine shows behavioral signs and symptoms like garrulousness, crying, aggressiveness. Finally the demon possessing that patient will declare from which kind of demon he is and where or how he get and posses that person.

Finally in addition to the methods and materials above some of the respondents report that they depend themselves on symptom identification in diagnosing mental illness. However as we can understand from the interview and from the direct observation traditional healers explanation concerning symptoms of mental illness focus only on explicit behavioral symptoms Therefore the following were some of the most commonly identified signs and symptoms that traditional healers in Gondar city consider as manifestations of mental illness in diagnosis.

- ✓ Talking and laughing alone,
- ✓ Aggressiveness/destructiveness,
- ✓ Unsteady eyes,
- ✓ Picking and hoarding rubbish,
- ✓ Running away or binge restless,
- ✓ Removing clothes

After diagnosis the next step in traditional healing can be intervention or referral depending on the nature of the disorder. According to respondents traditional healers have their own informal unwritten referral system. In traditional healing healers make referral due to different reasons. First if the problem is beyond the capacity of traditional intervention and there is a need for modern intervention healers will make an informal oral referral to modern health care facilities. Second referral can be made if spiritual treatment (mostly holy water) is needed for the effectiveness of the intervention whether side by side with the herbal treatment or without the herbal treatment. This kind of referral most of the time done based on the book '*Awude negest*' based on this book the healer will calculate the best and lucky day of the month and by considering celebration of any saint on that particular day according to tradition. The holy water site selected based on the calculation among the different holy water sites in the surrounding environment. In addition how long to stay in the holy water site is decided by the healer, mostly for one or two weeks.

... based on the book '*awde negest*' I calculate the lucky day and appropriate holy water site for the client and finally I recommend him to go to the selected holy water site and get spiritual treatment most probably for about two or more weeks.

Teshale

Finally referral in traditional healing can be made among traditional healers themselves based on experience and success history of each healer for different disorders. For instance Teshale one of the participants reports that patient with chronic mental illness most of the time referred to him from other traditional healers around Gondar.

Most of the time traditional healers working around Gondar, whenever they face challenge from people with severe mental disorder they send them to me after efforts. This is the reason why they give me the nick name ‘Tikur Anbes’ since Tikur Anbesa (Black Lion) hospital is the largest referral hospital in Ethiopia.

4.3.2. Intervention Strategies for mental disorders

After diagnosing and identifying the disorder if referral is not an option the second action is providing intervention through different treatment modalities available in traditional healing. According to the respondents there are different treatment strategies for healing mental illness. These treatment modalities vary from healer to healer depending on background, knowledge and experience of the healer. In this study the treatment modalities employed by traditional healers for treating people with mental illness categorized in to three categories based on similarities as: *herbal medicines, spiritual treatments, traditional rituals and consultations*

The first and mostly reported treatment modality by the respondents was the use of herbs or herbal medicines in different ways. There are different medical plants that participants report are important in the treatment of mental illness. These herbal medicines are known with traditional names, participants list some medicines that are important in treating mental illness including: *etse mendoke, etse muda, etse kered, etse fetho , etse abrk, etse rhut.*

Regarding the administration of these herbal medicines participants report different ways including: bathing with the herbs; taking in drops as tablets; smearing on the body; fumigating and smelling. However some of respondents report that for patients with mental disorder due to different reasons the herbs administered only in three ways such as through washing, smelling and fumigating the herbs. We can understand these from the following statement by Bewuketu:

Most of the time traditional medicines we employ for mental disorders are plants that are against illness people are suffering. Therefore these herbal medicines administered through different ways for people with mental illness such as drinking, smelling and washing/bathing with the herb.

According to the respondents information the second category among different treatment modalities employed in traditional treatment of mental illness is spiritual or religious treatments. Therefore there are different spiritual techniques employed in traditional healing for the purpose of healing people with mental disorder. Among these spiritual techniques the very dominant one is *Tsebel (Holy water)* treatment: As it is reported by the respondents the basic aim of holly water treatment in traditional healing is to expel the evil sprite from deep inside the patient. There are two different ways regarding the administration of holly water treatment in traditional healing. First it can be administered by herbalists themselves through mixing the holly water with different herbal medicines. And sometimes it can be administered by other spiritual healers like priests and monks named '*Atmaki*' based on the recommendation of the herbalist (*Medhanit Awaki*).

Holy water is not the only spiritual intervention available in traditional healing there are also other spiritual techniques reported by the informants as important in the treatment of mental illness. These spiritual treatments include using '*eminet*' (holly ash), '*kiba kidus*' (holy oil) and prayers by healers through reading different spiritual scripts such as '*Seyfe melekot*', '*Timrte hibuat*', '*Dirsane Michal*' and '*Gedle Tkle Haymanot*', '*Seyfe Mlekot*', '*Anktse Brhan*'. '*Mefthe sray*' (this book that incorporate different explanation for disorders, praying like 'asmat' or hidden names of God and these names expected to have healing power). Tibebe informs that these spiritual scripts are used when the problem is severe in the following dialogue:

When the problem is related with Demonic possession /ganen/ the healing process will be very difficult. Sometimes it may take three weeks and more but after efforts made by using different medical plants and religious scripts such as dirsane Michal, Gedle Tkle Haymanot, Seyfe Mlekot, Anktse Brhan, Mefthe Sray, Mestime Aganint the person will show some improvements.

According to the informant's herbal medicine and spiritual interventions are not the only intervention strategies practiced in traditional healing rather these are dominant and most used treatment modalities. Therefore the other category of treatment modalities practiced in traditional healing as an intervention for people with mental health problems include different rituals and consultations. Ritualistic interventions are rare in most of the healers participated in the study but there are some healers practicing it as intervention option for mental illness.

As respondents report there are different ritualistic ceremonies practiced by traditional healers for the purpose of healing mental illness and spilling out the evil spirit inside the patient's body. These different ceremonies can be conducted by the healer, the patient alone or it can be performed by the patients' family. Most of the time as informants explained the ritualistic ceremonies are related with demons and demonic possession (such as zar, jinni, kalcha, kole, wukabe, adbar. etc.)

Such ceremonies include gifts of food and other materials to the demons by going back to the place that the patient is possessed or area that is beloved to be the residence for evil spirits like rivers and desert areas. In the ceremonies there is also communication between demons and healers regarding the patient and his health condition then the patient asks an apology and provides the gift. On the other hand ritualistic ceremonies can be conducted at home with coffee ceremony and it includes praying, chanting depending on the kind of the disorder.

In addition to the different traditional treatment strategies employed traditional healers in Gondar city also provide counseling and consultation regarding different psychosocial problems. As informants report healers in the area consult the community with different issues including: marriage, family life, sexual incompatibly, solving conflicts, how to lead personal business and others.

4.4. Additional concerns on mental illness and traditional healing

The themes in this cluster were two and focus on issues related with mental illness and traditional healing based on purpose of the study. The first one focuses on *the challenges and opportunities* that traditional healers are experiencing in working on mental health problems. The second focuses on traditional healers view and suggestions regarding *integration of traditional healing with modern psychiatric interventions*.

4.4.1. Challenges and opportunities

There are different pathways in mental health care, one among these pathways is traditional healing and this pathway has it is own opportunities and challenges both for the healer and the community. Here in the present study the focus is on the opportunities and challenges that traditional healers facing in providing help and intervention for people with mental illness.

When the respondents were asked about the opportunity that they get through providing an intervention for people with mental illness the first thing they forwarded was internal satisfaction and respect from community. According to respondents this satisfaction results from different reasons including being accessible to the community both economically and geographically and also by healing disorders that cannot be treated with modern medicine. One of the respondents Mersha reported about the opportunities of traditional medicine by comparing with the modern medicine as follows:

. . . And for your surprise in traditional healing unlike the modern one we have what we call 'markesha' (similar with antidote). That is, if the drug prescribed are not comfortable and causing more side effects on patient we can replace with another medication that can reduces the side effect of the first medicine that is why it's named as 'markesha' (antidote).

In addition to personal satisfaction and respect from the community respondents reported traditional healing is source of income for them. Therefore through working as traditional healer they are helping their families in different ways. In addition to the direct formal payments that traditional healers receive some of their clients provide gifts after getting treatment by their own personal interest. The following modern ground plus house is the one that is built for Tibebe by his client covering all the cost after getting treatment for severe mental illness.

Providing intervention for people with mental disorders as a traditional healer in addition to the opportunities it has also different challenges. Respondents report that they are facing so many challenges because of being a traditional healer in general and in working with people having mental illness in particular. Therefore among the challenges traditional healers in Gondar city are facing: the first is misunderstanding and negative attitude from the community. Due to different factors some members of community perceive traditional healers as evil believers and misinterpret their practice as an evil act against religious beliefs by misperceiving them with wizards.

On the other hand most of the respondents mentioned financial problems as one among the challenges in their practice because lack of financial stability results in poor service delivery to their clients. In addition nowadays it becomes very difficult to get medical plants (herbs) easily

around the village; they have to go far in search of medicinal plants and this takes a lot of money and time. One of the respondents Mersha elaborates this challenge in the statement below;

There is shortage of medical plants nowadays especially with the problem of urbanization we have to go far away from our localities to get these plants. Consequently this is challenging the time and quality of service we have to provide for the community

As it is mentioned by most of the respondents the other very difficult challenge traditional healers particularly those working on mental illness are facing is lack of place or site for the healing or intervention. Most of the healing sites are located within the community so that the surrounding communities are always complaining about the disturbing sounds that come out of the clients during exorcism and other interventions. The next statement from Tibebe helps us to understand better this challenge:

The big challenge that we are facing still is lack of appropriate place for intervention. Spatially for me after 1999 E.C when I came to live in the urban environment getting a conformable place for healing is challenging my work. My neighbors even if they visit my home whenever they face a problem they always complaining and even they report to the police as I am disturbing.

4.4.2. Healers suggestion about Integration of Traditional healing with Modern health care

This is the last theme which focuses on traditional healers view concerning integration of traditional healing with modern health care particularly in providing treatment for people with mental disorders. Regarding the possibility of integration or collaboration between traditional healers and modern health care professionals almost all of the informants except one respond yes we can integrate and work in collaboration with modern medical professionals. Most of the

respondents also report they are currently working in some way collaboratively with the modern health care professionals. Regarding this point Teshale one among the respondents reported the following statement:

Currently am doing my work in collaboration with the modern health care professionals. For your surprise both the local community and medical doctors provide me a nick name Tikur Anbesa (since Black lion hospital is the largest referral hospital in Ethiopia) most of the patients come to visit my healing center after making an effort in both spiritual treatments like holly water and modern medical treatment in the hospital.

Respondents also raise some points regarding the advantages of integration. These include: sharing knowledge, skill and experience between traditional healers and modern health care professionals; traditional healers can get some technical and material support for preparing and storing herbal medicines; Finally to take care of some problems related with drug side effects; to facilitate the referral system collaboration is very important. In addition respondents recommend that before integration there are so many task need to be done in both sides the primary and most important one is working together in creating awareness and changing attitude of the community regarding traditional healing.

Chapter Five: Discussions

5.1. Discussions of Selected theme

This chapter presents and discusses the findings of the study in relation to the objectives, literature reviewed and other related information. It also reviews the contribution of the study in terms of the aims set out in chapter one. These findings will be discussed according to the emerging themes identified however only those themes/issues that have actual or potential relationship with overarching objective of the study discussed here. Accordingly the findings are discussed in the following order:

- *Conceptualization of mental illness*
- *Perceived causes of mental illness*
- *Treatment practice for mental disorders*

Therefore themes ranging from traditional healers conception of mental illness, their explanation about the causes of mental disorder as well as the diagnostic methods and treatment modalities being practiced discussed in this section in light of the major objectives and the available literature reviewed in chapter two.

5.1.1. Conceptualization of Mental illness

One among the basic research questions of the study was to explore the fundamental conception of mental illness among traditional healers in the study area. This objective focuses on how traditional healers explain mental illness as a disorder and how they differentiate mental illness from other medical disorders. In addition conception in the present study incorporates the signs and symptoms that traditional healers consider as manifestations of mental illness in diagnosing people with mental illness. Generally the focus here is on the traditional conception of mental illness among traditional healers at Gondar city.

Mental illness was understood by traditional healers in Gondar city as unique category of illness different from biomedical disorders and it was commonly defined as distortions in thought pattern and behavior whereby an individual loses contact with reality. Most of the healers in identifying mental illness focus on the signs and symptoms therefore the study identified a variety of behaviors that traditional healers believe denoted mental illness. These behaviors include: *aggressiveness/destructiveness, unsteady eyes, and bizarre content of speech, picking and hoarding rubbish, running away or binge restless, removing clothes, talking and laughing alone and other unusual behaviors.* The study also revealed that when talking about mental illness traditional healers in the study area use their own traditional terms that are not formal and appropriate in modern psychiatry such as ‘*ebdet*’ (literally mean madness), ‘*buda*’ (evil eye) ‘*likift*’ and ‘*ganenin*’ (literally mean demon).

In addition the study revealed that traditional healers participated in the present study understand and explain mental health problems based on their own traditional perspectives that are influenced by different factors such as religion, culture and norms. The present study shows that most of the healers participated in the study in explaining mental illness focus on the psychotic symptoms and they were recognizing easily disorders with psychotic symptoms rather being limited in recognizing other mental disorders. In addition traditional healers place more emphasis on supernatural factors rather than biological condition and socio-cultural factors in explaining mental illness,

Findings of the present study are consistent with findings of previous studies. For example, a study by Ngobe (2015) found that traditional healers are highly consulted as primary care givers, they were also found to hold multiple explanations for mental disorders whereby psychotic illness was used as an exemplar of mental illness. In addition Abbo and his associates (2009) in their study conducted in Uganda regarding prevalence and severity of mental illnesses handled by traditional

healers report that traditional healers recognize easily certain mental disorders with psychosis. Other studies conducted in African countries arrived at similar findings by reporting findings that traditional healers are limited in recognizing mental illness and focus on overt psychotic symptoms (Sorsdahl, et al., 2010 and Teuton et al., 2007). This limitation in recognizing mental disorders and less emphasis on non psychotic disorders may lead traditional healers to misdiagnosis, under diagnosis and at least minimal proper diagnosis (ATPS, 2013)

According to Kleinman (1980), culture is an important factor affecting how people perceive severe mental illness. There is a general belief that people from Western countries and non-Western countries have different views regarding the causes of mental illness, the former being more biologically-oriented with the latter tending to emphasize religious-magical views (Masumoto, 2012). This is found in the present study because traditional healers participated in the study explain mental illness based on their surrounding culture and by emphasizing religious-magical views. Therefore traditional beliefs and cultural values should be seen as contributing valuable information about the perceptions and realities of mental health (Nicole & Shyngle, 2014).

Sam and Moreira (2012) postulated that culture should be seen as an inherent part of mental illness. They also emphasized that culture does not just influence mental health and illness but it is an essential part of it. Indeed, to understand mental illness is to understand culture and understanding culture makes mental illness comprehensible. Sam and Moreira (2012) are of the idea that in the Western world, mental illness is conceptualized from a bio-medical model that is independent of culture. It is widely accepted among researchers and clinicians that culture, which includes a group's beliefs, values and normative behaviors (Masumoto, 2012) significantly, influences perceptions and impact of mental illness (Masumoto, 2012).

As the finding of the study revealed traditional healers focus on explicit psychotic symptoms in conceptualizing mental illness by ignoring the implicit cognitive symptoms. This suggests that one has to display behaviors that attracts public attention and is therefore socially disruptive, to be recognized and diagnosed as having mental disorder among traditional healers. Alem et al. (1999) examined key community informants' beliefs and practices regarding mental illness in a rural Ethiopian town. They found that the prototypical symptoms of mental illness were reported as talkativeness, aggressiveness, strange behavior, wandering, nakedness, self-neglect and destructiveness.

5.1.2. Perceived causes of mental illness

Exploring the causes of mental illness as perceived by traditional healers was another objective of the study. Mental illnesses vary according to the causes in traditional healing. The distinction between the causes is usually made in terms of the symptoms that an individual displays. The causes of mental disorders were understood to be generally complex and varying among each individual. It has been focused by traditional healers in Gondar city that biological, psychological, and environmental factors can contribute to the development and progression of mental illness.

The study revealed that traditional healers have multiple explanations regarding the causal factors for mental illness including *supernatural*, *biological* and *psychosocial* explanations. Among these multiple explanations regarding the causes of mental illness supernatural factors were given more emphasis among traditional healers in Gondar city. This is may be resulted from healers religious, educational and cultural background because most of the healers participated in the study have background in religious education and most of them were from the rural environment. The study revealed that different supernatural factors can cause mental illness

including; possession by evil spirits (like zar and jinni spirits), evil practices of individuals who presumed to have special abilities or bewitchments (*digimit*), evil eye (*buda*).

The findings from the present study are consistent with findings of previous studies regarding the multiple explanations hold by traditional healers. For example, a study by Jacobson (2002) found that understanding and perception of traditional healers in Ethiopia regarding the causes for mental disorders can be categorized into four categories as biological, psychological, supernatural and par psychological. In addition Mulatu's (1999) finding identifies four causal belief dimensions for mental illness: psychosocial stressors, supernatural retribution, biomedical defects and socio-economic deprivation. A recent study by Ngobe (2015) clustered causes of mental illness as perceived by traditional healers in to four categories namely: supernatural, socio-cultural, psychological as well as biological.

The findings regarding traditional healers' emphasis on supernatural powers in explaining causes of mental illness is found similar with other studies in Ethiopia and abroad, for instance Jacobson (2002) highlight the role of supernatural/spiritual factors in causing a mental disorder and Nicole & Shyngle (2014) report similar finding with the current study regarding perceived causes of mental illness among traditional healers by focusing on supernatural forces, particularly bad spirits, the use of magic to inflict harm, as well as religious difficulties. These supernatural conceptualizations emphasize the importance of understanding the causes of symptoms which could include spirit possession, being the victim of a bad spell or not being protected spiritually. Traditionally, it is believed that mental illness can be caused by the malevolent wishes of evil-minded people, bad spirits, the evil eye (*buda*) and the hostile feelings, ill will and envy of common people (Madzhie, 2013; Tefera and Shibre, 2012; Kassay et al, 2006; Nicole & Shyngle, 2014). Generally previous studies on mental illness in Africa and Ethiopia

highlighted the role of supernatural factors in causing mental illness (Ngobe, 2015; kahsay, 2015; Nicole & Shyngle, 2014; Sorsdahl et al, 2010)

The finding of the present study showed that within different superhuman factors causing mental illness traditional healers in Gondar city give much emphasis for what they call in Amharic '*buda*' (evil eye) and '*Digmit or wulesh*' (bewitchments) as significant factors causing mental illness in the community they are working. Traditional healers give two different explanations regarding '*buda*' or evil eye as a factor causing mental health problem. Some of the healers explain it as an evil work of people having an evil power to harm others possessing it from their ancestors genetically and some others clarify it as the work of demons (evil spirits). In the second case the demons use the person to inflict pain on others and create tensions and conflicts among the community.

Bewitchments were another supernatural factor given more emphasis in explaining causes for mental disorder. Bewitchment or Digmt is when a person becomes mentally ill from a malicious wish and work of someone who wants to harm another person for a variety of reasons. This person to complete his evil mission may consult practitioners, usually called '*Tenquay*' or '*Debtera*'. Therefore *debtors and tenquays* prepare drugs from various plants, or communicate with the evil spirits to harm the mental health of targeted individual.

Ngobe (2015) in her study about Swati traditional healers' conceptualization of causes and treatment of mental illness supports the finding of the present study by clarifying bewitchment as one major factor causing mental illness. She reports that mental illness can be a consequence of actions committed on the patient by other people who used supernatural means to inflict misfortune and such can be done as a result of jealousy at the successes of the victim.

The finding of the study identified that even if respondents place more emphasis on supernatural factors in explaining the causes for mental illness they also acknowledged different biological and psychosocial factors. From the biological factors genetic endowment, problems related with nerves and brain injuries were identified causing mental illness as perceived by traditional healers. Previous studies support the notion that mental illness runs in families and that the transmission of risk is due to heredity. Family, twin and adoption studies have also shown that, for schizophrenia, autism, manic depressive illness, major depression, attention deficit hyperactivity disorder, panic disorder and other mental illnesses (Hyman, 2000). A study by Madzhe (2013) reports similar finding with the current study that biological factors such as disturbance in the people's blood flow and blockage of oxygen believed to be causes for mental illness. Similar findings were arrived at in other studies that focused on African countries regarding the perceived biological factors causing mental illness (Ngobe, 2015 Nicole & Shyngle, 2014; Sorsdahl et al, 2010)

Jacobsson (2002) in his study about Traditional treatment of mental and psychosomatic disorders in Ethiopia report that some biological factors were traditionally perceived as causes for mental illness. However for Jacobsson biological mean spiritual heredity, that is, the spirit passes from father to son or daughter. In this regard the finding of the present study is different from the information reported by Jacobsson (2002) this is may be due to that some healers participated in the study are working in collaboration with Gondar university hospital and may some information about the biomedical causes of mental illness.

Stress, economic problems, family conflicts, death of relatives, addiction to different substances were some of the psychosocial factors identified in the present study causing mental illness. Findings of the present study regarding perceived psychosocial factors causing mental illness were consistent with previous studies. For example, a study by Madzhe conducted in South Africa

(2013) found worrying too much, poverty and death of a family member as causes of mental illness.

This finding is also in accordance with a study by Jacobsson (2002) which reports that mental illness is believed to be resulted from psychological causes such as grief at some close relative's death or some other disaster. Generally the notion psychosocial and cultural factors can cause mental illness as perceived by traditional healers supported by other similar studies (Sorsdahl et al., 2010; Madzhie, 2013 and Ngobe, 2015).

Generally the present finding regarding traditional healers' explanation about biological and psychosocial causes of mental illness supports the idea by Nicole & Shyngle, (2014), which says that a simplistic model of Ethiopian perceptions of mental illness being solely supernatural is not sufficient.

5.1.3. Treatment practice for mental illness

Every healing modality assesses and categorizes patients' distress according to its own philosophy of illness, which is embedded within a larger cosmological worldview. The finding of the present study revealed that traditional healers employ their own unique methods of assessments and diagnosis for mental illness based on traditional beliefs. This finding is similar with a study in Kenya reported by African Technology Policy Studies (2013) that states diagnosis of mental disorders and the treatment prescribed by traditional healers are often based on the indigenous beliefs and cultural interpretations of the problem peculiar to each local culture.

The study identified different diagnostic methods that traditional healers in the study area employ to diagnose mental disorders. Depending on the knowledge and experience of the healer these methods vary from each healer and the other. This notion is supported by Ngoma et al.,

(2003) in which they report diagnostic procedures might vary due to factors like the healers' preference and the nature of training received by the healer.

In one way diagnosis is made based on different religious books like *Awude Negest* through following the principles in the book the healer identify the disorder and decide the better intervening option. The study also identified another method of diagnosis which is using different herbal medicines. That means through instilling of herbal nasal drops or sniffing herbal medicine to identify the types and causes of the disorder. As the finding reports diagnosis in traditional healing is also made through direct observation and communication with the patient or his family focusing on the signs and symptoms presented on the patient.

According to different studies African traditional healers employ dream analysis and bone throwing as common diagnostic methods and tools in diagnosing people with mental illness (Sorsdahl et al., 2010 and Madzhie, 2013). However this is not true for traditional healers at Gondar city because none of these diagnostic methods was found practiced by participants rather diagnosis of mental disorder conducted in other ways. This may be resulted from the cultural difference among African countries.

The finding of the study that states diagnosis in traditional healing made based on the symptoms presented supports the idea by Ngobe (2015). The finding by Ngobe (2015), states that diagnosis in traditional healing comprises combination of information, including observation of physical symptoms, patients self diagnosis and sometimes the impression of other family members regarding the patients illness. Generally while modern psychiatrists rely on the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases, (ICD-10) for diagnosing and treating disorders, African traditional healers utilize practical experience and observation handed down from generation to generation. (Muhammad & Sodi, 2010; Sorsdahl et al., 2010).

The current study revealed that patients visiting traditional healers are referred from different sources including holy water sites and medical clinics. On the other hand traditional healers make an informal referral to different bodies including medical clinics, spiritual healers and to other traditional healers based on experience and specialization. Supporting this finding a study by Ngobe (2015), reports that traditional healers sometimes refer their patients to relevant people who can advice concerning their needs. According to the finding traditional healers at Gondar city believe every illness requires different intervention, some illness can only be treated by Modern health care facilities while others are only treatable by indigenous healers.

The other concern in this section is about the treatment strategies employed by traditional healers as an intervention for mental illness. Different treatment methods are followed depending on the illness one present with and patients are treated on the basis of what has caused their illness. The treatment modalities employed by traditional healers are often in keeping with the traditional beliefs about causation of mental disorders and generally aimed to reduce or eliminate cause of the illness rather than targeting the symptoms. Therefore the finding of the current study revealed multiple treatment modalities that traditional healers in the study area are practicing such as herbal medicine, spiritual interventions, counseling and ritualistic interventions. Treatment in traditional healing is comprehensive and has curative, protective and preventive elements, and can be either natural or ritual, or both depending on the cause of the disorder.

Findings from the current study revealed that among the different treatment modalities most of the healers participated in the present study depend on herbal medicine for different kinds of mental disorders. The most known herbal medications reported by traditional healers as being effective in the treatment of mental illness include: *Etse mendok*, *Eetse muda*, *Etse kerend*, *Etse fetho*, *Eetse abrk*, *Eetse rhuot*. The herbs administered in various ways, including drinking,

inhaling, sniffing, rubbing, bathing and smearing. Such use is based on the experience, oral tradition and different traditional scripts rather than any scientific evidence.

The findings from the present study are consistent with findings from previous studies, For example, a study conducted in the Limpopo province, South Africa by Semenya, (2014) found that both pharmacological and non-pharmacological treatment approaches are used in traditional healing. Pharmacological methods commonly involve the use and preparations of different types of herbs with varying routes of administration. Supporting the current finding Ngobe (2015) in her study find that instilling of herbal nasal, use of an oral medicine, bathing or washing with herbal water, burning/inhabiting of herbs were interventions employed by traditional healers. Generally the use of herbal medicine for the treatment of mental disorders among traditional healers is also reported in different studies such as (Sorsdahl et al., 2010 and Madzhie, 2013) The findings of the current study also revealed that traditional healers at Gondar city in addition to herbal medicine employ different spiritual interventions for prevention and treatment of mental disorders. These spiritual interventions are employed attempted to bring peace and harmony between the living and the spiritual world. These spiritual interventions include: *Tsebel* (holy water), holy ash, holy oil, praying and others depending on the severity and cause of the disorder.

A number of investigators report that different spiritual techniques were employed in the prevention and cure of mental disorders. Some of the spiritual techniques employed in Ethiopian traditional healing particularly for mental disorders include holly water healing, holly ash, holy oil, and honey of the church, praying and other different spiritual and cultural techniques (Dejen, 2008 and Anderson, 2007)

In the current study it is found that traditional healers at Gondar city also employ counseling and traditional rituals like the zar cult ceremony as intervention for mental health problems. This

finding concerning use of ritualistic intervention for mental illness among traditional healers found similar with what is reported by different studies conducted in African region (Sorsdahl et al., 2010; Madzhe, 2013 and Ngobe, 2015). However the ritualistic ceremonies performed in Ethiopia for healing mental illness are quite different from those practiced in other African regions.

Chapter Six: Summary, Conclusions and Recommendations

6.1. Summary

This study was conducted for the purpose of exploring traditional healers' conceptualization and treatment practice of mental illness at Gondar city .An exploratory qualitative method of research was utilized. Two types of instruments (interview and observation) were used to collect the necessary information. . Traditional healers at Gondar city were target population, of which eight of them were selected as samples for the study and two visiting clients were add for the purpose of triangulation. Analyses were carried out based on thematic analysis of qualitative data. Based on the objectives and the research questions mentioned in statement of the problem the following summary of major findings is presented:

Traditional healers at Gondar city conceptualize mental illness as distinct disorder different from other medical disorders. They explain mental illness as possession by different superhuman powers such as demon, jinni and the zar. However some healers acknowledge biological and psychosocial factors. In identifying a mental disorder traditional healers focus on psychotic symptoms and Most commonly identified signs and symptoms were: Talking and laughing alone, aggressiveness, unsteady eyes, bizarre content of speech, picking and hoarding rubbish, running away, removing clothes.

Traditional healers have multiple explanations regarding the causal factors for mental disorders including: *supernatural*, *biological* and *psychosocial* explanations. Among these, supernatural factors were given more emphasis such as; possession by evil spirits (like zar and jinni spirits), evil practices of individuals who presumed to have special abilities or bewitchments (*digimit*), evil eye (*buda*). Even if respondents place more emphasis on supernatural factors in explaining causes for mental illness they also acknowledged the

contribution of biological and psychosocial factors. From the biological factors genetic endowment, problems related with nerves and brain injuries were identified causing mental illness. Stress, economic problems, family conflicts, death of relatives, addiction to different substances were some of the psychosocial factors identified as causing mental illness traditional healers.

Three diagnosis methods employed to diagnose mental disorders by traditional healers were identified. In one way diagnosis is made based on different religious books like *Awude Negest* through following principles in the book. The study also identified another method of diagnosis which is using different herbal medicines. That means through instilling of herbal nasal drops or sniffing herbal medicine to identify the types and causes of the disorder. Diagnosis in traditional healing is also made through direct observation and communication with the patient or his family focusing on the signs and symptoms presented.

Treatment in traditional healing is comprehensive and has curative, protective and preventive elements, and can be either natural or ritual, or both depending on the cause of the disorder. Multiple treatment modalities that traditional healers in the study area are practicing such as herbal medicine, spiritual interventions, counseling and ritualistic interventions. The most known herbal medications reported by traditional healers as being effective in the treatment of mental illness include: *Etse mendok*, *Eetse muda*, *Etse kerend*, *Etse fetho*, *Eetse abrk*, *Eetse rhuot*. The herbs administered in various ways, including drinking, inhaling, sniffing, rubbing, bathing and smearing

The opportunities that traditional healers experience while working on mental illness were internal satisfaction, respect from community and generating income. On the other hand misunderstanding and negative attitude of the community, financial problems difficult to get

medical plants (herbs) easily and lack of appropriate place for healing were reported as challenges.

Almost all of the informants except one respond yes we can integrate and work in collaboration with modern medical professionals. They also recommend that, before integration both parts should work together in creating awareness regarding traditional healing.

6.2. Conclusions

Based on the findings the following conclusions are made. The conclusions are drawn in line with the research questions and/or objectives intended to be answered or achieved

- ✓ Regarding the first research question dealing with traditional healers' conceptualization of mental illness, the most important finding is that traditional healers' conception of mental illness is broad. Traditional healers generally are able to recognize mental illness differentiating from other medical problems; however they are able to recognize disorders related to psychosis being limited especially for common mental disorders without psychotic symptoms.
- ✓ The second research question was concerned with the perceived causes of mental illness among traditional healers. The conclusion is that traditional healers in Gondar city hold multiple explanations regarding causal factors for mental illness, including; supernatural, biological and psychosocial explanations. Believing that these multiple factors causing mental disorder giving more emphasis for supernatural factors as leading causes of mental illness.
- ✓ The third research question was concerned about the diagnostic methods and tools that traditional healers employ in order make diagnosis of mental disorders. Concerning this question the study conclude that traditional healers utilize different materials and

techniques in diagnosing mental illness. Therefore traditional healers around Gondar diagnose mental illness in the following ways such as: based on different religious books like *Awed Negest*; through direct observation and communication with the patient and his family by focusing on the symptoms presented as well as by using different herbal medicines.

- ✓ Regarding the fourth research question which is about specific interventions traditional healers employ in helping people with mental illness. The conclusion is that, traditional healers employ different treatment modalities as an intervention for mental disorders including different herbal medicines, spiritual interventions, traditional rituals and counseling.
- ✓ When they are working with people having mental disorder traditional healers are facing different challenges including: lack of appropriate place for healing, communities' negative attitude, and shortage of medicinal plants.
- ✓ Traditional healers are willing to work in collaboration with modern health workers and support integration of traditional healing with modern medicine. They recommend tasks need to be done before the integration beginning from creating awareness and changing the community's attitude about traditional healing.

6.3. Recommendations

Based on the conclusions made from the findings the following recommendations are forwarded:

Traditional healers are working with significant number of population with mental health problems. Their perception and practice concerning mental disorder can influence the perception and behavior of the community. Therefore the concerned organizations (Federal Ministry of Health and Ethiopian Food and Drug Administration and Control Authority) should work closely on policies and regulations to integrate traditional healers in the general health care services

There are different indigenous diagnosis and intervention strategies employed by traditional healers that are important in the treatment of mental disorders therefore researchers in the area should focus on the effectiveness of these methods. In addition traditional healers are willing to work in collaboration with modern health care workers as they are working with the University of Gondar, pharmacy department. Therefore strategies aimed at integrating traditional healers and professionals from other departments like psychiatry and psychology should be developed and implemented by the university.

The community's misperception and negative opinion regarding traditional healing is one among the challenges that traditional healers are facing, therefore both Zerabruk traditional healers association and other concerned bodies need to work in collaboration in creating awareness about traditional healing. Finally further research is also needed on replacing this study using larger samples that represent traditional healers from various regions.

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Appendences

Appendix - A

Addis Ababa University

School of Psychology

Interview Guide: For Traditional healers

I am a clinical psychology MA (Masters of Art) student in Addis Ababa University, School of psychology conducting a research regarding the concept of mental illness and treatment practice among traditional healers in Gondar. The Purpose of the study is to explore the conception, explanation and treatment practice of traditional healers concerning mental illness. Purpose of this study will only be realized if you provide me with all the required information. The interview has two parts. The first part is all about background information, whereas the second part is concerned with mental illness and traditional healing. I need to assure you that any information you will provide here will be kept very confidential and you will not be held responsible for the research outcome. Therefore, you are kindly requested to give your genuine responses. I sincerely express my gratitude in advance for devoting your time and energy to respond to this interview.

Thank you!

Part One: Background Information

1. Would you tell me your full name?
2. What is your age?
3. What is your educational status?
4. How long have you been working as a traditional healer?

Part Two: Questions concerning mental illness and treatment practice among traditional healers

1. Would you tell me what do you understand by the term mental illness or disorder? How do you define and explain mental illness?
2. What kind of symptoms do you consider to identify mental illness?
3. How you diagnose a person as having a mental disorder as a traditional healer?
4. Would you tell me the different factors causing mental illness?
5. Most of the time when you work as a traditional healer on which kinds of disorders you consult and give treatment?
6. What kinds of treatments are available in traditional healing for healing a mental disorder? In what way is the treatment provided? If it is herbal medicine how it is administered?
7. Can we integrate traditional healing with the modern healthcare? If you say yes what should be done? If you say no why not?
8. What opportunities and challenges do you observe in treating a person with mental disorder as a traditional healer?
9. Anything you need to say at the end?

Thank you very much once again!!

አዲስ አበባ ዩኒቨርሲቲ

የሳይኮሎጂ ትምህርት ቤት

ለባህል ሀኪሞች የተዘጋጀ ቃል መጠይቅ መመሪያ

መግቢያ

በአዲስ አበባ ዩኒቨርሲቲ በክሊኒካል ሳይኮሎጂ የሁለተኛ ድግሪ ተማሪ ስሆን፣ የባሕል ሀኪሞች ለአእምሮ ህምም ያላችዉን ግንዛቤ እና የህክምና ክንዋኔዎች በተመለከተ የመመሪያ ጥናታዊ ጽሑፍ በማዘጋጀት ላይ እገኛለሁ። የጥናቱም ዓላማ የባሕል ሀኪሞች ስለ አእምሮ ህምም ያላችዉን ግንዛቤ፣ ማብራሪያና የህክምና ክንዋኔዎች መመርመር ወይም ማጥናት ነዉ። የጥናቱ ዓላማ ከግብ የሚደርሰዉ አስፈላጊዉን ተገቢና እዉነተኛ መረጃ ከእናንተ ማግኘት ሲቻል ነዉ።

ቃል መጠይቁ ሁልት ክፍሎች አሉት። የመጀመርያዉ ክፍል ዳራዊ መረጃን የሚጠይቅ ሲሆን ፡ሁለተኛዉ ክፍል ደግሞ የአእምሮ ህመምንና የባሕል ህክምናን የሚመለከቱ ጥያቄዎችን የያዘ ነዉ። በዚህ ቃል መጠይቅ የምትሰጡት ማንኛዉም መረጃ ምስጢራዊነቱ ሙሉ በሙሉ የተጠበቀ መሆኑን ላረጋግጥ እዉዳለሁ። እንዲሁም የጥናቱ ወጤት ምንም ይሁን ምን እርስዎ ተጠያቂ አይደሉም። ስለዚህ ለጥያቄዎቹ ትኩረት ሰጥተዉ በማድመጥ ተገቢዉን ምላሽ በመስጠት ይተባበሩኝ ዘንድ በአክብሮት እጤይቃለሁ። ጊዜዎን እና ጉልበትዎን ሰዉተዉ ይህንን ቃል መጠይቅ ለመመለስ ለሚያደርጉት ትብብር ከወዲሁ አመሰግናለሁ።

አመሰግናለሁ ።

ክፍል አንድ፡ ዳራዊ መረጃ

1. ሙሉ ስምዎን ቢነግሩኝ?
2. ጾታ?
3. እድሜዎ ስንት ነው?
4. የትምህርት ደረጃዎስ?
5. በባህል ህክምና ለምን ያህል ጊዜ ሰርተዋል?

ክፍል ሁለት፡ የአእምሮ ህመምንና የባሕል ህክምናን የሚመለከቱ ጥያቄዎች

1. የአእምሮ ህመምን በምን መልኩ ይረዱታል? ምንድን ነው? በእርስዎ አገላለጽ ምን ብልጫ ይተረጉሙታል? በባህል ህክምናዎ የአእምሮ ህመም ምን ዓይነት ስያሜ ይሰጠዋል?
2. አንድ ደንበኛ/ሰው/ የአእምሮ ህመም አለበት ለማለት ምን ዓይነት የህመም ምልክቶች ወይም ስሜቶችን ግምት ውስጥ ያስገባሉ? መገለጫዎች ምን ምን ናቸው?
3. አንድ ደንበኛ/ሰው/ የአእምሮ ህመም አለበት ለማለት ምርመራ ለማድረግ የሚከናወነው በምን ዓይነት መንገድ ነው?
4. ለአእምሮ ህመም መነሻ ምክንያቱ /መንስኤው ምንድን ነው ብለው ያምናሉ? በሽታውን ሊያባብሱ የሚችሉ ነግሮችን ቢገልጹልኝ?
5. አብዛኛውን ጊዜ ህክምና እና ምክር ለማግኘት ወደ እርስዎ የሚመጡ የትኛው ችግር ያጋጠማቸው ናቸው?
6. በባህል ህክምናዎ ለአእምሮ ህመምን የሚሰጡት ህክምናዎች ምን ምን ናቸው? ህክምናዎ በምን ዓይነት መንገድ ይሰጣል? በመድሃኒት? በምክር? መድሃኒቶች ካሉ አወሳሰዳቸው ቢገለጽ? ሌሎች ህክምናዎ የሚሰጣቸው መንገዶች ካሉ ቢብራሩልኝ?
7. ለአእምሮ ህመምን የክህምና አገልግሎት ሲሰጡ ያስተዋሏቸው በጎ አጋጣሚዎች እና ተግዳሮቶችን በዝርዝር ያስረዱኝ?
8. የባህል ህክምናን ከዘመናዊው ህክምና ጋር አጣምሮ ማስኬድ ይቻላል? ይቻላል ካሉ እንዴት? አይቻልም ካሉ ለምን?
9. በመጨረሻ ማለት የሚፈልጉት ካለ እድሉን ልሰጥዎት?

ስለ ትብብርዎ በድጋሜ በጣም አመሰግናለሁ።

Appendix- C
Addis Ababa University
School of psychology
Interview Guide For clients

Introduction

I am a clinical psychology MA (Masters of Art) student in Addis Ababa University, School of psychology conducting a research regarding the concept of mental illness and treatment practice among traditional healers in Gondar. The Purpose of the study is to explore the conception, explanation and treatment practice of traditional healers concerning mental illness. Purpose of this study will only be realized if you provide me with all the required information. The interview has two parts. The first part is all about background information, whereas the second part is concerned with mental illness and traditional healing. I need to assure you that any information you will provide here will be kept very confidential and you will not be held responsible for the research outcome. Therefore, you are kindly requested to give your genuine responses. I sincerely express my gratitude in advance for devoting your time and energy to respond to this interview.

Thank you!

Part One: Background Information

1. Would you tell me your full name?
2. What is your age?
3. What religion do you follow?
4. What is your educational status?

Part Two: Questions concerning mental illness and treatment practice of traditional healers

1. What kind of treatments or intervention did you get from the traditional healers?
2. What is the advantage and disadvantage traditional treatment for mental illness?
3. Tell me about your experience regarding traditional healers and traditional healing?
4. What do you think about integrating traditional healing with the modern one? If yes how? If no why not?

Appendix D

አዲስ አበባ ዩኒቨርሲቲ

የሳይኮሎጂ ትምህርት ቤት

ለባህል ህክምና ተጠቃሚዎች የተዘጋጀ ቃል መጠይቅ መመሪያ

መግቢያ

በአዲስ አበባ ዩኒቨርሲቲ በክሊኒካል ሳይኮሎጂ የሁለተኛ ድግሪ ተማሪ ስሆን፣ የባህል ህኪሞች ለአእምሮ ህምም ያላቸውን ግንዛቤ እና የህክምና ክንዋኔዎች በተመለከተ የመመሪያ ጥናታዊ ጽሑፍ በማዘጋጀት ላይ እገኛለሁ። የጥናቱም ዓላማ የባህል ህኪሞች ስለ አእምሮ ህምም ያላቸውን ግንዛቤ፣ ማብራሪያና የህክምና ክንዋኔዎች መመርመር ወይም ማጥናት ነው። የጥናቱ ዓላማ ከግብ የሚደርሰው አስፈላጊውን ተገቢና እውነተኛ መረጃ ከእናንተ ማግኘት ሲቻል ነው።

ቃል መጠይቁ ሁልጊዜ ክፍሎች አሉት። የመጀመሪያው ክፍል ዳራዊ መረጃን የሚጠይቅ ሲሆን ፡ሁለተኛው ክፍል ደግሞ የአእምሮ ህመምንና የባህል ህክምናን የሚመለከቱ ጥያቄዎችን የያዘ ነው። በዚህ ቃል መጠይቅ የምትሰጡት ማንኛውም መረጃ ምስጢራዊነቱ ሙሉ በሙሉ የተጠበቀ መሆኑን ላረጋግጥ እወዳለሁ። እንዲሁም የጥናቱ ወጤት ምንም ይሁን ምን እርስዎ ተጠያቂ አይደሉም። ስለዚህ ለጥያቄዎቹ ትኩረት ሰጥተዋል። በማድመጥ ተገቢውን ምላሽ በመስጠት ይተባበሩኝ ዘንድ በአክብሮት እጤይቃለሁ። ጊዜዎን እና ጉልበትዎን ሰጧቸው ይህንን ቃል መጠይቅ ለመመለስ ለሚያደርጉት ትብብር ከወዲሁ አመሰግናለሁ።

አመሰግናለሁ ።

ክፍል አንድ፡ ዳራዊ መረጃ

1. ሙሉ ስምዎን ቢነግሩኝ?
2. ጾታ?
3. እድሜዎ ስንት ነው?
4. የትምህርት ደረጃዎስ?

ክፍል ሁለት፡ የአእምሮ ህመምንና የባሕል ህክምናን የሚመለከቱ ጥያቄዎች

1. በባህል ሃኪሞች ያገኙት ህክምና ምን ዓይነት ነው? በምክር፣በመድሃኒት?
2. የአእምሮ ህመምን በባህል ህክምና መታከም ያለውን ጥቅምና ጉዳት በዝርዝር ቢያስረዱኝ?
3. የባህል ህክምናንና የአእምሮ ህመምን በተመለከተ ያለዎትን ተሞክሮ ፣ልምድ ወይም አጋጣሚ ቢያጫወቱኝ ?
4. የባህል ህክምናን ከዘመናዊዉ ህክምና ጋር አጣምሮ ማስኬድ ይቻላል?ይቻላል ካሉ እንዴት? አይቻልም ካሉ ለምን?

Appendix - E
Addis Ababa University
School of Psychology
Guidelines for observation

The Purpose of the study is to explore the conception, explanation and treatment practice of traditional healers regarding mental illness. In order to archive this objective interview and observation will be used as a data collection instruments. In the study the role of the observer during the observation will be obviously as a researcher which means his role as an observer or researcher will be evident for the participants (healers and patients). Participants of the observation (people to be observed) will be both traditional healers and patients with mental disorder visiting traditional haling center at Gondar and also the healers and patient interaction during diagnosis and intervention will be focused during the observation. The observation will be video recorded if participants are agreeable.

The observation will be conducted once at four selected traditional healing centers based on by focusing the following points:

- ✓ Relationships among healers and patients including rapport establishments.
- ✓ The way traditional healers make diagnosis and assessment of a patient with a mental disorder.
- ✓ The treatment modalities or intervention strategies the healer is practicing including the process in implementing the intervention strategies.
- ✓ Different materials used in diagnosis and treatment such as different spiritual scripts or books, medical plants, holly cross etc.
- ✓ Availability of social and cultural guidance and consultation.
- ✓ Behavioral manifestations and reactions of patients during the healing process.

DECLARATION

I, the undersigned, declare that this thesis work is mine and every material used has been duly acknowledged.

Name: Ashenafi Desalegn

Signature: _____

Date: _____

This thesis has been submitted with my approval as university advisor

Name: Tigist Wuhib (PhD.)

Signature: _____

Date: _____

Approval

This work has been approved for summation in Partial Fulfillment of the Requirements for the Degree of Master of Arts in Clinical Psychology at Addis Ababa University.

Signature

Date