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# The Impeding and Expediating Factors in the Work of Traditional Healersina Zezuru Shona Community

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**Abstract:** Studies have shown the scarcity of mental health practitioners against the gaps in mental health needs. African countries have used traditional healers to service their communities with very few western trained mental health practitioners. This study aimed to explore the challenges and factors facilitating the work of Zezuru Shona traditional healers in attending to mentally ill people, with the view of capturing the psychological themes entrenched in their culturally constructed experiences. In-depth, semi-structured interviews were conducted with ten traditional healers and analyzed using the interpretive phenomenological explication method by Hycner. Results revealed the behavioral (discrimination, theft and treatment failure) and emotional challenges (anger and Jealosy) in the work of traditional healers, while financial and educational factors expedite their work. Conventional healers report that they experience discomfort when faced with situations that affect their work. These findings suggest that the expediting and impeding factors faced by traditional healers in delivering a service are internal and external. There is an uneven playing field for the indigenous knowledge healing system and mainstream psychology. Zimbabwean policymakers must smoothen the work of traditional healers along ethical lines. The indigenous knowledge healing system and mainstream psychology need to discover how working together can complement the weakness of the other with their strength to improve mental health. The traditional healing system is an available and cheaper resource that needs recognition and constant review to improve access to mental health.

**Key words:** traditional healer, mainstream psychology, conventional healer, mental illness

## 1. Introduction

Evidence of the existence of mental illness dates back to 5000 BCE, as supported by the discovery of trephined skulls in some regions of ancient cultures (Porter, 2002). This information suggests that mental conditions existed before colonization. The question then becomes; how did African people successfully continue to thrive in the existence of mental illness as a challenge. The most probable argument would be that they were able to identify mental illness within their culture. After that, they were able to study it, leading to its definition, identification of its causes, and development of treatment strategies. During this time of early man, there was someone at the forefront with revered knowledge in the phenomenon; most probably, this individual would be the cultural healer referred to as traditional healers.

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Foerschner (2010) suggested that early man believed that a spiritual phenomenon caused mental illness. The presence of traditional healers was the crucial broker in ensuring the health of society, which maintained balance. Life existed with continuation, which meant that the system was able to subdue their challenges. However, the coming of white people to Africa (especially Zimbabwe) led to cultural diffusion, which destabilized the African culture. The introduction of biomedical health care and Christianity contrasted with the traditional health system (Chavhunduka, 2001).

To establish themselves and dominate, white people had to transform the culture of Africans by destroying their identity. Zimbabweans believed in the connection between the dead and the living through the spirit medium. This belief helped them to maintain balance, which was essential to ensure a healthy and peaceful life. The establishment of the Witchcraft Suppression Act in 1899 by white colonial settlers, indicated their ignorance and downplayed the existence of the African culture. The act branded the African ethos witchcraft, which labeled the belief of Africans as unacceptable and evil. Although this happened, the Zimbabwean people kept their consensus in believing that a spirit component was existing in their life in the form of good (Mudzimu) and evil (Shavi) (Chavhunduka, 2001).

Traditional healers had to operate in hiding from the law risking their lives to ensure that a culturally sensitive health system was maintained. In the past, when witchcraft was suspected, people did not conduct themselves haphazardly. They sought the guidance of their chiefs and traditional healers.

Even after independence from colonial rule, the ruling party in Zimbabwe adopted the Witchcraft Suppression Act of 1899 to the demise of their own culture and people. The first credible recognition of the African Culture came in 1980 after independence with the formation of the Zimbabwe National Traditional Healers Association (ZINATHA) (Chavhunduka, 2001). The government of Zimbabwe formed ZINATHA to regulate the work of traditional healers while working with western medicine to cure illness. This aim remained poorly effectuated as the health system did not recognize them. Their significant recognition came on 1 July 2006 with the amendment of the Witchcraft Suppression Act as Zimbabwe legally realized witchcraft practices by amending some sections of this act as contained in section 89 (Gwiza, 2006). This recognition came late as the Organisation of African Unity had already recognized and advocated for member states to support the use of indigenous knowledge systems in Health systems in 2001. Even though the World Health Organization has verified the indigenous knowledge system, the health system has not formally accepted traditional healers as an alternative treatment option (WHO, 2001).

In this paper, we explored using qualitative methods, the challenges faced by traditional healers, and the factors which facilitate their work. The results aim to develop a culture-sensitive environment when interacting with traditional healers in the treatment of mental illness in Zimbabwe.

## 2. Methodology

The researchers conducted in-depth semi-structured interviews with ten traditional healers. We recruited the participants from the Goromonzi district between June to October 2015. The researcher used a combination of purposeful and snowball sampling to recruit established traditional healers who were known to be treating mental illness in the community. Participants were Shona Zezuru speaking traditional healers. Table one shows the participants' demographic characteristics.

One of the authors (P.T) conducted the interviews, a black male mother tongue of Zezuru Shona language, who had lived in some communities where the participants reside.

The participants were asked during the interviews to describe the challenges and facilitating factors that they have encountered in their work with mentally ill people. Interviews lasted between 60 and 90 minutes. The researcher conducted interviews at the traditional healer's place of work, at a convenient time and in a private space. Interviews were audio-recorded, transcribed, and translated by (P.T). The researcher took detailed notes during these interviews. Data were analyzed using an interpretive phenomenological approach (IPA) as elucidated by Hycner (1999).

The researchers obtained ethical permission to conduct the study from the University of Limpopo Research and Ethics Committee (Project number TREC/10/2014: PG). Written permission was obtained in written form to conduct the interviews and audio record them. Researchers took steps to protect the identity of participants when storing data and reporting findings.

## 3. Findings

The traditional healers reported constant interaction with mentally ill people in their work. They perceive the Western-trained practitioners as an equal profession in treating people with mental illness. Traditional healers managed to identify the impeding and expediting factors which described their experience in their work with the phenomenology of mental illness. There was considerable overlap in the ideas which they expressed about the phenomenon, which made it difficult to contrast the views.

### 3.1 Challenges Faced by Traditional Healers

Like other professions, traditional healers appear to have problems that they face in their practice. Professionals in this field need to be mindful of them. Among others, the challenges include treatment failure, theft, and a traditional healer's emotional states such as anger and jealousy. The themes and their subthemes are summarized below.

3.1.1 Treatment Failure (Mushonga Unotadza Kurapa)

Some traditional healers acknowledge that specific interventions may work with some but not all their clients. A client may receive proper treatment and fail to improve while the same medicine may have been successful with another client with a similar problem. The following verbatim expressions illustrate the theme of treatment failure:

> The medication that we give to clients does work at times to treat a variety of conditions. However, some clients may not respond positively to the same medicine that may have been effective in treating another client with a similar situation. The same person who might not have responded positively to my medications may go to the next practitioner. A similar client might improve when attended by a different traditional healer with even weak medicine (Participant 1).

> The medicine that you might have given to the patient might not be getting to the blood well. The failure or refusal of medication to be absorbed into the client's bloodstream, it might be as the cause of ineffective treatment (Participant 5).

Traditional healers acknowledged that there are some limitations in terms of their interventions. They do admit that some clients do not respond positively to their treatment; however, they are open and allow them to consider the second opinion. Usually, this second opinion turns to change the outcome no matter the strength of medicine used.

3.1.2 Anger (kutsamwa)

Many traditional healers stated that a practitioner could not be effective if he/she is emotionally troubled. In other words, emotions like anger, as illustrated in the following extract, can negatively affect the productivity of a traditional healer.

> There are other things, such as anger, that can affect your work. It will make it difficult for you to go and fetch some medicine from the bush (Participant 4).

The work of traditional healers needs them to be in harmony with themselves and others for their intervention to be effective. Emotional regulation is a beneficial skill as they have constant interaction with clients and the spiritual world.

3.1.3 Jealous (godo)

Jealous relatives of traditional healers may conduct mantras, which may negatively affect the effectiveness of a traditional healer. This negative behavior against traditional healers usually happens when the relatives do not receive direct monetary assistance from the gift.

> Relatives may envy the benefits which you get from being a traditional healer. Once they start asking for some of the money which you get from clients, they might never stop requesting. If you fail to give them one day, it will make them angry. They will use medicine to treat your place so that sick people will no-longer come to consult (Participant 4).

> Relatives who are unhappy with a traditional healer's benefits can speak to the spirit medium to block it (kuutsindikira kana kutsipika). They will manage to do this by shouting (kupopotera) at the spirit medium on a wooden plate. Once they close the plate, the traditional healer will no-longer be successful in his work (Participant 6).

Evil intentions can motivate some relatives to the extent of harming the work of traditional healers. The established connection between the traditional healer and ancestral spirit can be interrupted by such evil intentions and actions by others.

3.1.4 Concerns by Traditional Healers Around the Theft of Ideas and Intellectual Property (Kuba)

Traditional healers raised alarms about those who steal their ideas. They felt that they are being used by other professionals who interact with them intending to take their ideas.

> At times we share information on how we treat mental illness with others. These people will then use this information that we have given them to make themselves prevalent at our expense. They will behave as if the information that they have obtained from us is theirs (Participant 1).

> Western-trained professionals want to know the source of our herbs when we interact with them. Once they see the tree, they take it to be their own and will no longer recognize me as the person who gave them the information. They want to make money alone (Participant 8).

Traditional healers do not trust others who might want to understand their methods of healing. They perceive the action of biomedical practitioners as a greedy tendency by others to steal and use their knowledge. This unfair relationship brings us to focus on the legal issue of intellectual property, vis-à-vis indigenous knowledge systems.

3.1.5 Discrimination (Rusarura)

Traditional healers feel discriminated by the authorities and churches who view their practice as unscientific and evil. Such a perception pointed out that some members of the community are of the view that nothing good comes from traditional healing. The following extracts illustrate this:

> Some members of the public and the authorities do not understand how we treat people. For example, I am not allowed by the authorities to travel freely, carrying my medicines. I have to always say to them I am selling some supplements whenever they stop and examine my belongings. Once I say this is a drug, I will have a big problem with the authorities who want to control and test my drug (Participant 3).

The labeling of the work practiced by traditional healers as evil deters some Christians from consulting them. An uneven working environment favoring biomedical practitioners makes it difficult for conventional healers to compete for clients.

An analysis of the working environment suggests that authorities deliberately make an effort to diminish the role and value of traditional healing. This kind of negative attitude is likely to hinder efforts aimed at encouraging collaboration between western trained health practitioners and traditional healers. Various examples of discrimination have presented below.

(1) One-Way Referral System (kusapihwawo varwere)

Traditional healers reported that the current interaction had turned them to be recruiters of patients for biomedical practitioners. On the other hand, they do not get any patients referred to them by doctors.

> The main barrier in collaborating with our western trained counterparts is this so-called referral system, which, in my view, is only one way. In those cases where some western health practitioners may want to refer to us, they would do so privately. It is not something that is being done openly (Participant 4).

> The referral system is only one-sided. Medical practitioners say if people come with conditions such as asthma, we should refer to the hospital. We are told not to stay with people in such situations. Traditional healers can treat cancer and other mental illness, and we need referrals to manage them. We have become agents that only assist the hospital system in using their drugs and making money (Participant 9).

Traditional healers indicated that they are not recognized and treated as equals when it comes to health care delivery. The power dynamics embedded in this kind of relationship between western trained healers and traditional healing systems seem to hamper prospects for meaningful dialogue between the two systems.

(2) Unfair assessment of the traditional healing system by the authorities (Kusaongororwa zvakanaka)

Traditional healers reported that the biomedical health system authorities do not have adequate knowledge to assess and pass judgment on their structure. These authorities use criteria developed for the biomedical system to judge and disqualify the traditional healing system.

> We ask the authorities as to what it is that they want to investigate in our work. We do so because they have no clue about our healing system. Biomedical health Council and researchers view that mainstream western health care is the only way. They do not understand our organization of healing (Participant 4).

Traditional healers suggest that the authorities do not seem to understand and embrace the epistemology that serves as a foundation for traditional healing. Instead, the authorities tend to use the western epistemological lens to judge and disqualify a system that requires a different approach to understand.

(3) The high costs for healthcare standards compliance (Mari yekuti gwenzi revhenekwe):

Traditional healers are expected by the authorities to pay unrealistic fees to have researchers test their medicine. The participants perceive this requirement as a hindrance to formalizing their medication due to the high cost involved.

> There is a problem with drug control. We need our drugs to be controlled. To have our medicines tested, mainstream health system expects us to pay an amount of $2000 for each drug. Then I asked them: What do

> you want to investigate? The truth is that no one has bothered to understand how our system works. The biomedical Council and researchers are familiar with mainstream medicine only. They do not know about our way of doing (Participant 7).

Traditional healers indicated that the amounts being charged for them to comply with the healthcare standards that are designed based on the western-oriented system. They perceive the mainstream health system as an unfair assessor of their medicine and healthcare standards. Traditional healers are willing to be subjected to an objective and well-informed assessment when considering their work.

### 3.2 Facilitating Factors in the Work of Traditional Healers

Traditional healers have identified and used specific enablers to help them to promote their effectiveness in their work with mentally ill people. These include remuneration for work done and the opportunities that are provided for the traditional healers to teach each other.

3.2.1 Remuneration for the Work Done

Issues of honesty and fair compensation for work rendered appeared to influence the practice of traditional healing. Traditional healers are of the view that payment of services is a small component in the gestalt of their work, which is healing a client.

(1) Honesty (kuvimbika):

Traditional healers emphasized the ethical issue of morality on their part and also on the part of their clients. They expressed a view about the need for the client, to be honest, and for them as practitioners to be equally honest. Honesty was understood to be helping clients to make an informed decision regarding treatment. Some participants pointed out that they will only accept payment for treatment offered and completed.

> What makes my job more comfortable to do is honesty. If you are honest, everything will go well. If I am going to charge $100, I will tell the client before conducting intervention that I need such an amount for the service rendered. I do not change the fee for service haphazardly. This information on the cost allows the client to make an informed decision based on whether or not they can afford the amount that I have charged (Participant 2).

> If there is a problem and things are not working, or there is an argument. I will refund the client his/her consultation fee. In some cases, I may consider giving back to the client a part of the consultation fee if I feel that I have partly provided some treatment. I will advise such a person to seek treatment for their condition elsewhere (Participant 3).

Issues of honesty and fairness seem to be central in the traditional healer's dealings with the clients. This practice suggests that some ethical principles in their work guide the traditional healers. Such high ethical standards seem to translate into some positive therapeutic gains for the client.

(2) Affordability for services rendered (Kubhadhara kusingaremere vanhu)

Traditional healers try hard to ensure that what they charge for their services is affordable for their clients. They seemed to emphasize flexibility concerning payments. This attitude towards clients rendered the service offered by the traditional healer accessible and affordable.

> If there is no money, I will still attend to the client. I will then negotiate with the client to pay me using whatever is affordable for them. For example, if you come with a DVD player, or stove or even any other useful item, I will keep that as a promise to pay (Participant 3).

> If you do not have money at the time of your consultation, I may keep one of your valuable items like DVD player or stove as surety. I will then go ahead to provide treatment to the client. The client may later

come to collect their valuable item when they have managed to raise the money owed to me (Participant 10).

Traditional healers engage in negotiating batter trade and other payment arrangements with the clients before being involved in treatment. In this process, the interests of the client appear to be paramount to the traditional healer. Traditional healers seem to be motivated by the need to improve the mental health of the clients than the associated financial gain.

(3) Continuous Professional Development (Kudzidzisana)

The excerpts from the participants' narratives suggest that they do value ongoing professional development, which is acquired mainly through some form of peer education. They feel that when those who have knowledge and experience in specific areas teach others, they all benefit.

> For our work to be smooth, we teach each other. Those who know better in certain areas will teach others (Participant 10).

> What helps a lot is when someone who knows teaches others. You will all be benefiting (Participant 7).

The above extract suggests that traditional healers are amenable to learn from their peers to increase their knowledge and skills. The implication here is that the traditional healers have developed their system of continuous professional development that is guided by some principles of sharing, trust, and peer education.

## 4. Discussion

Our findings indicate that traditional healers face several challenges in treating mentally ill people. These challenges can be internal (emotional and spiritual) and external factors (interpersonal).

We do not have data that allows us to assess the effectiveness of the traditional healing practices described by the participants in this study. However, our interaction with traditional healers in Goromonzi, Zimbabwe, indicates that traditional healers have endured challenges from the conception of African people in managing mental illnesses. This history seems to support a long time establishment of an African health system that seems to be effective and culturally effective. The system seems to have found ways of surviving a serious paradigm shift from primitive techniques to the current technology, though they have preserved their signature. Our findings suggest that traditional healers are open to collaboration in developing the public health system.

Our findings identified challenges faced by traditional healers that, in Western medicine and psychology, are referred to as internal and external factors. The shared views of participants can be perceived by western medicine and psychology as emotional, spiritual, and interpersonal challenges. African communities and the current research have identified some specific factors impeding the work of traditional healers. These factors include some illnesses that are challenging for the traditional healers to treat (Ngobe (2015). However, there were some points of divergence. The study by Ngobe (2015) found that some conventional healers attributed the failure to treat certain conditions as a result of negligence by the traditional healer to use traditional medicines correctly. While in the current study, traditional healers suggested that treatment failure might be due to a breakdown of the blood and medicine to mix. This difference in the rationale for treatment failure suggests the presence of intergroup dynamics, and a careful exploration will draw boundaries on inter-cultural lines between different groups. In such a situation, incomplete information would worsen power struggle as dominant field becomes authoritative, which affects the desire to provide culture-sensitive health care (Abraham, 2007).

Most of the traditional healers who participated in the present study indicated their willingness to refer patients that they cannot treat to other practitioners. This acknowledgment of treatment failure makes them amenable to collaborative work with their peers and biomedical practitioners. In support of this, Colvin, Gumede, Grimwade, Maher, and Wilkinson (2003) discovered that the current collaborative work is a one-sided unidirectional approach. Inference suggests that traditional healers seem to be highly concerned about the well-being of the client than the money that they could potentially receive from a client. Mbwayo et al. (2013) and van Niekerk (2014) have emphasized the lack of a reciprocal relationship by stating that western-trained doctors discriminate against traditional healers. However, after realizing that many patients access both traditional African treatment and Western biomedical services simultaneously (Van Niekerk, 2014), then it strongly suggests that they are equally good. Instead of fighting the traditional system which is against the declaration of WHO from 200 to 2010 to focus the indigenous knowledge system (OAU, 2001, XXXVII), the biomedical system should be respectful and share the health environment with conventional healers for the benefit of their patients.

The present study revealed that traditional healers regard anger (kutsamwa) as one of the challenges in their work. Emotions like anger can negatively affect the effectiveness of a conventional healer, as they cause traditional healers to be unstable, which in turn may affect patient safety. Some previous studies by AE-Ngibise, Cooper, Adiibokah, Akpaulu, Lund, Doku, & The Mhapp Research Programme Consortium (2010), Chan (2008), WHO (2008), Vinorkor (2004) and WHO (2002), have also found that safety concerns mark the work of traditional healers. While these studies are in agreement to some extent regarding safety concerns, they do have their differences. Traditional healers in the current study have emphasized referring, which ensures patient safety when anger is involved. Making referrals suggest that traditional healers are not here solely to make money, but they are bound by strong ethical guidelines that promote a patient to seek a second opinion and awareness of professional competence.

Traditional healers indicated that there is unfair practice due to a one-way referral system. In support of these results, a study by Chan (2008) found that non-Western healing practices are said to be failing to ensure quality. Literature confirms that indigenous practitioners' active involvement in the health care system is scoffed and not recognized (Shai-Mahoko, 1996). Also, AE-Ngibise et al. (2010) found that mostly maltreatment amongst traditional and faith healers was very real. The misinformed definition of quality, which is discriminatory as it is an imposition of Western perspective criteria on an African system, is inhuman. The traditional healing systems should be defined according to the African guidelines, while bother sides make negotiations concerning guidelines in the process of building collaboration. Nare, Pienaar, and Mphuthi (2018) suggested that the formal coexistence of Western-trained professionals and traditional healers will ease the burden on primary health care.

Unlike in the present study, Shizha and Charema (2011) found that the work of conventional healers lacks in hygiene and sanitation. The authors suggested that cleanliness can be improved through training and the use of gloves to examine clients. In an earlier study, Atherton (2007) criticizes African traditional healing practices by arguing that it has poor hygiene standards and is imprecise in terms of dosage. Studies focusing on dosage do not consider the fact that some researchers are assessing a system which they do not understand. The best way would be to study dosage criteria according to the African traditional healing system. If dosage were a problem, then a significant number of patients of conventional healers would be dying from an overdose. It would be interesting to investigate this as research to stop the speculation.

Most participants shared that issues of honesty and fairness are central in the traditional healer’s dealings with the clients. These behaviors indicate a high standard of ethics within their healing system. Such a view

contrasts what Bojuwoye and Sodi (2010) suggested, as they believe that traditional healers need to learn ethical procedures and ensure that they uphold patients' rights. Bogus practitioners are in every field, and the solution is identifying and dealing with them according to the regulating body guidelines.

Some participants did acknowledge that their effectiveness as conventional healers may be negatively affected by their relatives who may be jealous. These relatives with evil intentions and actions may want to interrupt the connection with the ancestors as these spiritual forces, which affect their effectiveness, blocking the channel believed in providing the necessary guidance. There is a consensus between current findings and those from a study by Flint (2015), which compared South African and Native American experiences and found that jealousy and the need to bring disrepute to a successful person by bringing about misfortune influence witchcraft.

Some of the participants did raise concerns that they are being used by other professionals who interact with them intending to steal their ideas. This has made traditional healers be faced with a dilemma when it comes to sharing information about their practice. For example, some conventional healers indicated researchers use them by getting their knowledge and use it without due recognition. The results of the current study are consistent with the results of an earlier study by Mposhi, Manyeruke, and Hamauswa (2013), which found that Zimbabwe is lagging in the establishment of a sound legislative system that would cover the issues of access and benefit-sharing for biological resources found in the country. In other words, anyone can access natural resources as well as indigenous knowledge and can develop products without meaningful recognition of the indigenous communities. Given these potential intellectual property rights (IPR) infringements, Abbott (2009) suggests that there should be a system put in place, as is the case in China.

Participants reported that they feel discriminated by the authorities, churches, and other community members who view their practices as unscientific and evil. These people see nothing good coming from traditional healing. Some previous studies have also found that discrimination is a challenge faced by conventional healers (Mbwayo et al., 2013; Summerton (2006); Van Niekerk, 2014; Wreford, 2005). In another earlier study, Atindanbila and Thompson (2011) found that traditional healers are being discriminated against since some perceive them in Western scientific circles as unscientific. Some members of the biomedical community see the conventional healing system as having no sound anatomy and physiology knowledge. Despite this lack of recognition, a considerable number of patients in the developing world utilize the services of both traditional healers and Western-trained health practitioners (Van Niekerk, 2014). Both systems must find ways to work together for the benefits of clients. There is no superior system, as they both have strengths and weaknesses. Working together to complement each other will ensure that the health system will be improved.

Traditional healers are aware that authorities do not have adequate knowledge to assess and pass judgment on their system. These authorities use criteria developed for the biomedical system to judge and disqualify the traditional healing system. The side-lining of conventional healing practices from incorporation into the country's health care system has been unfair discrimination (Chan, 2008: Mapara 2009: Mposhi et al., 2013). The findings above suggest that authorities tend to use the western epistemological lens to judge and disqualify a system that requires to be understood and judged using a different approach.

Traditional healers are honesty and fair when dealing with clients. They discuss payment, which helps the client to choose between engaging them or not. If their treatment has not been effective, they return some money to assist the client in future consultations. They are open to admitting their weaknesses, which suggests that they are aware of competence limits with specific clients. This practice suggests that some ethical principles in their work guide. Such high ethical standards seem to translate into some positive therapeutic gains for the client.

Traditional healers have a calling and work for the benefit of the community in a symbiotic relationship. They engage in negotiating payment and allow alternative payment arrangements with the clients before being involved in treatment. Traditional healers' work ethic suggests that the interests of the client appear to be paramount to them. They seem to be motivated by the need to improve the mental health of the clients than the associated financial gain. In their system, the poor are embraced and provided with the flexibility, which makes health accessible.

Traditional healers have been able to interact in some ways, which helps their system to endure challenges. They are a group of professionals who are not as selfish as they teach each other. This sharing of information is equal to continuous professional development in the biomedical system. A profound outcome can be witnessed if conventional healers and biomedical healers could share information honestly and openly.

The fact that the interviewer was a young Shona Zezuru speaking man may have influenced how the participants responded to the questions. Such a situation presents the need for more research to establish a comparison of the findings with the attitudes and beliefs of traditional healers in other parts of the country.

Despite the identified limitations, our findings are an enlightening view of the world of traditional healers. They present a conventional healing system as more than what the Western perspective suggests, by explaining their challenges and facilitating factors that restore dignity among African healing system. Also, traditional healers have presented the need to address mental illness from a collaborative approach.

## 5. Conclusion

These findings suggest that the challenges faced by traditional healers in delivering a service are internal and external. There is an uneven playing field between the indigenous knowledge healing system and mainstream psychology. Traditional healers should use the media to share their ethical principles with the nation. Policy formulation targeting the smoothe functioning along ethical lines is essential to control both biomedical practitioners and traditional healers. Mainstream psychology can learn from the experiences of traditional healers and discover how working together can complement the weakness of the other with their strength to improve mental health. There should be documentation of traditional healers’ work, which helps to preserve it. The traditional healing system is an available and cheaper resource that needs recognition and constant review to improve access to mental health.

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## Competing Interests

The authors declare that they have no financial or personal relationships that may have inappropriately influenced them in writing this article.

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