

## **PLACEBO OR REALITY? A CRITICAL APPRAISAL OF THE PSYCHOLOGY UNDERPINNING INDIGENOUS HEALING AMONG THE MAUNGWE PEOPLE IN MAKONI DISTRICT IN ZIMBABWE**

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### **ABSTRACT**

This article examines the psychology underpinning indigenous healing among the Maungwe People in Makoni District. It interrogates what indigenous healing is, the psychology used by indigenous healers in the management of diseases, health models used in indigenous healing, and how psychology relates to culture. Lastly, the study looks at the efficacy or myth of indigenous medicine. The population of the indigenous healers in Makoni was twenty-nine ZINATHA registered indigenous healers and herbalists. A sample of ten indigenous healers was used. A purposive sampling method and multi-sited ethnography were used. In-depth interviews and observations were the data generation methods used. Results showed that indigenous healers use various ways that have psychological implications for the patient, such as the use of animal skin or black, white, or red clothes thrown over their shoulders when they are carrying out their healing activities. Other indigenous healers put a special head-gear called “ngundu” on their heads. The “ngundu,” which has black feathers stuck around it, is worn when getting into “matare,” a process done by indigenous healers to ascertain why the patient is suffering from a certain disease. The use of divining equipment called ‘hakata’ also has a psychological effect. The results also show that indigenous medicine is effective, as it has been used for centuries to treat various diseases. It was recommended that trainee indigenous medicinal practitioners should also master the psychological rituals which are used in the indigenous healing process.

**Keywords:** *psychology, Indigenous psychology, Indigenous healing*

### **1.0 BACKGROUND TO THE STUDY**

The successful treatment of diseases depends not only on the efficacy of the drug but also on a host of other psychological factors. According to World Bank (2003), therapeutic herbs are considered supernatural in Zimbabwean traditional medicine. However, magical properties only become effective when a healer incorporates a system of rituals, divinations, and symbols into treatment. In addition to the traditional healer, the entire local society plays a role in the effectiveness of the healing magic. The main question that this article tries to answer is the psychological effects of the environments that surround the patient in the healing process. How does an individual's belief system contribute to the success of the healing process? What effect do the activities done by the indigenous healer in the treatment process have on the success or failure of the treatment process?

The idea of faith is not merely based on revelation or experience but on the hope and assurance that our conviction will manifest at one stage or the other. Even where faith has failed to produce concrete results due to people's observation of natural occurrences or witnesses, People are convinced that the results and functionality of their belief are laid on the degree of their experience and the manifest import of their creative identity. People are not divorced from the existence of their cosmic nature in time and space. The belief system of an individual in the efficacy of the medicine and all the activities had done by the healer has a great impact on the success of the treatment plan. The effectiveness of indigenous medicine has been in debate for quite some time. This article endeavours to provide some insights into this issue of the efficacy of indigenous medicine.

### **1.1 STATEMENT OF THE PROBLEM**

Successful treatment of an individual depends not only on the efficacy of the medicine, but the belief system of an individual has an important role in the success of the healing process. The environment where treatment is taking place, together with the procedures done during the healing process, is crucial for the success of the healing outcome. The question to be addressed by this research is what is the psychology underpinning indigenous healing among the Maungwe People in Makoni District in Zimbabwe?

### **1.2 RESEARCH QUESTIONS**

1. What is indigenous healing?
2. What is the psychology used by indigenous healers in the healing process?
3. How is psychology related to culture?
4. What are the psychological activities done before and after the healing process?

### **1.3 RELATED STUDIES**

#### **1.3.1 Indigenous healing**

Characteristics of indigenous healing and healers have been offered in the literature. Edwards (2011) noted that some theorists had described the "universal shamanic tradition" to outline intrinsic qualities of indigenous healing: reliance on the use of community, group, and family networks to protect and reconnect individuals and/or problem-solve to address pressing concerns; community participation in spiritual and religious traditions intended for healing; and consideration of healers as keepers of spiritual wisdom, empowered with transcendent skills. Other characteristics of indigenous healing include metaphysical aetiology of illness (e.g., the influence of deities, figures, or energies), harmony between universal contrasts (e.g., male-female or good-evil), energy and motion (e.g., laying on of hands), and the involvement of the collective (e.g., families, tribe, or community). Gelfand (2008) asserts that indigenous healing practices define wellness as the homeostasis of physical, social, personal, and spiritual dimensions of the human experience and the holism of mind, body, and spirit. Bourdillon (2007) argued that, unlike counselling and psychotherapy, healing methods that have been steeped in the cultural worldviews of Western Europe and reflect consonant values (e.g., individualism, linear thinking, internal locus of responsibility, and separation of mind and body), indigenous healing methods are thought to originate outside of Western frameworks and operate from contrasting values (e.g., collectivism, circular thinking, external locus of responsibility, and the essential interconnection of mind, body, spirit, and the universe).

### 1.3.2 Psychology used by indigenous healers in the diagnosis of illness

McGuire (2011) asserts that symbolic healing is very important in the indigenous healing system. One of the components of symbolic healing is identifying and naming the patient's problem, be it the type of illness affecting the client or the description of the kind of social problem affecting the client. The above idea was shared by Lau and Hartman (2008) and Leventhal, Meyer and Nerenz (2010), who propose that naming a disease is very critical, and it is one of the constituents of the five dimensions of the disease depiction model, namely causes, identity, timeline, consequences, and cure. Gelfand (2008) notes that most of them use this technique among the Shona indigenous healers. Before the patient has had any conversation with the healer, the healer tells the patient what they are suffering from. If this is true, this psychologically primes the patient to believe that whatever treatment they are going to receive, it is going to work and they are going to get healed.

According to Gelfand (2008), some indigenous healers use "*Hakata*", divining equipment used to divine the cause of sickness or find the answer to other problems that their patient brings him. The use of the '*Hakata*' is psychological in the sense that the patient, because of their cultural background, is likely to believe and adhere to whatever the healer prescribes because of the patient's belief that the knowledge is from the spirits that assist the healer in diagnosing the cause of illness or problems. Other IMPs even tell the patient their name, where he comes from, their identification number on the identity card, and why they have visited the IMPs. The above scenario, if done correctly, makes the patient believe that whatever is going to be done by the healer is going to restore the client's health or solve the client's problems. The idea of telling the patient their name and why they have visited the healer is meant to psychic up the patient to be ready for treatment (Frommer 2002).

### 1.3.3 Psychology of healthy relationships among Africans and the African belief system

Edwards (2011) argues that psychodynamics in the psychological healing system refers to explaining the frequently concealed, uncertain, psychosomatic, ancestral, societal, traditional strains, and motives for reasons behind any phenomena in the form of dreams. Edwards (2011) notes that the psychodynamic perspective dictates that familial visitations will caution, guide, threaten or assure a person if there are problems.

Indigenous understandings of existence, life, and well-being are closely interconnected through a focus on guaranteeing good relations with the group of ancestors (*Vadzimu*) and the Almighty (*Musikavanhu*) (Edwards, 2011). Persons strive to ensure that the relationship with the ancestors is good by participating in traditional ritualistic and ceremonious gatherings to avert disease and encourage well-being. The aspect of spirits and magic is vital to understanding well-being issues in the Shona cosmology (Abbo (2011).

Bourdillon (2007) argues that the Shona do not only want to be healed when they are sick, but they also want to find out the cause of the illness. The Shona's main concern is why the ancestral spirits have not protected them as per their responsibilities. One of the key issues among the Shona cosmology is the concept of '*Ubuntu*'. Ubuntu means 'I am because we are'. It also refers to the fact that a person is a person through others" (Gelfand 2010). Bourdillon (2007) argues that *Ubuntu* refers to dignity, human care, and community spirituality. Any defiance of what is expected by the community in terms of behaviour violates the aspect of Ubuntu, and the individual can be punished through illness or misfortunes.

Battiste (2008) proposes that the healers' duties consist of assisting with fertility issues, healing, and protecting individual community members. Ubuntu is epitomized by indigenous healers in their practice of compassionate caring, helping and healing those who are ill (Kim, 2008; Ruddle, 2011).

The Natives in Africa acknowledge that there is only a single highest God (Mbiti, 2012). Despite their opinion about God, they trust in family spirits, which they regard to be in constant communion with humanity. These spirits require respect, and they are believed to have the power to bless or punish their worshippers (Sarpong, 2009). Traditional African belief in God is motivated by aspects of where they live, their culture, language, and societal and political views.

Sarpong (2009) points out that the traditional titles of God are ever inexistent in the manner Africans view the world, and this notion has been transferred from one generation to the other generation by word of mouth. Sarpong (2009) concludes that there is no atheism (the denial of God's existence) in indigenous African societies and that Africans are very much linked to God. According to traditional African healers' beliefs, the creator is omnipresent and is there for everyone (Mbiti, 2012). However, God is believed to operate using ancestors and seers (Chavhunduka, 1994). The implication is that God does the healing but functions using intermediaries like ancestors, plants, and lesser gods (Obinna, 2012).

Edwards (2011) asserts that in Shona folklore, ancestors are addressed as '*Vadzimu*' (those who are dead). The same author went on to say that various special ceremonies are performed, for example, '*kurovaguva*' (bringing the deceased member of the family into the family spiritually). This ceremony underlines the Shona belief that those who have died have crossed to another form of the world, and still have an influence and a role in protecting those who are still alive. Edwards (2011) notes that sometimes appropriate ceremonies need to be performed to ascertain perfect fitness, safety, and success.

Chavhunduka (2004) thinks an enduring bond exists between those who still live and the dead in Shona philosophy. Edwards (2011) argues that ancestral spirits are keepers of posterity. They are regarded with high esteem, dignity, and awe amongst their offspring and are consulted through the performance of rituals. Ancestors are celebrated and consulted from time to time. Gelfand (2008) argues that the Shona believe that ancestors know more than anyone alive. The Shona also believe that the living dead have outstanding power and are omnipresent (Chavhunduka, 2004).

Edwards (2011) argues that the Shona believed that the ancestors could bless and curse, provided they were honoured or despised at that time. According to Shona's belief, good health, fortune, and prosperity are rewarded to those who are obedient and fulfil the ancestral requirements, but those who dare to disobey the ancestors suffer economic misfortune and sickness (Mpofu, 2009; Sofowora, 2008; Dunlop, 2009). The Shona believes that all members of a particular family who lived before them are the ancestors, and periodically, beer, together with the slaughtering of a cow, is offered to the ancestors so that they can continue to protect the living family members.

Gelfand (2008) notes that indigenous healing involves several types of alternative healing methods, such as biologically-based therapies, massaging, manipulative, and body-based techniques, together with the use of energy therapies. Bourdillon (2010) further points out that in Zimbabwe, massage is incorporated into the healing process by indigenous healers called

'*kurumikwa*', where the indigenous healer removes a foreign body '*chiposwa*' from the body of the patient. The foreign body '*chiposwa*' is presumed to have been sent by a witch. Energy therapies are also adopted as indigenous healers sometimes use smouldering herbs. At the same time, the patient is covered with a blanket so that the heat and smoke make the patient sweat in a process known in Shona as '*kufukira*' (Frommer, 2002).

In Zimbabwe, medical schools offer courses in community medicine, which could also result in more people wanting to practice IM. IM courses in colleges and universities in Zimbabwe may also contribute to a positive attitude towards IM by the public. The recognition of ZINATHA in Zimbabwe as a regulatory body of IMPs was a welcome development, but still, a lot can be done to utilize it (Chavhunduka, 1994).

### **1.3.4 The intersection of psychology and culture and the indigenous healing process**

The traditional background of a person, the web of understandings of sickness and curing, and how a person understands diseases and treatment-seeking provides a plan of wellness (Kleinman, 2010; Good and Good, 2011; Moodley, 2010). The above statement highlights that culture, illness, and healing are intricately woven as each feeds into the other.

The disease is viewed in the context of a specific culture, the symbols linked with the disease, the care arrangements that influence the knowledge of the disease and the societal responses to the victim (Good and Good, 2011). Mitchel (2010) and Moodley (2010) note a link between a patient's traditional views about illness concerning their understanding of the cure of such diseases.

In the Zimbabwean context, the aspect of spirituality plays a vital part in the lives of the Shona, and anything that disturbs the spiritual connection of the Shona, results in physical illness, and restoration to health can be made by proper reconnection within the ancestral spirits (Bourdillon, 2007; Gelfand 2010). In customary remedial viewpoints, the disease does not denote the challenges connected with the mind and body but also the soul. The gods, ancestors, spirits, and the environs are all valid locus points for appreciating causality and cure (Chavhunduka, 1994). There is an all-inclusive understanding of well-being in indigenous remedial where physical, emotional, spiritual, and psychological wellness is viewed as intimate (Roth, 2009; Good and Good, 2011). Clients seek assistance from indigenous healers because they are in a situation to solve their physical, spiritual, mental well-being or emotional challenges.

According to Gelfand (2008), the Shona regard sickness as metaphysical. Kleinman (2010) notes that the magic-religious aspect of the disease is reckoned to be more important than the pathological effects. Ancestors who feel they have been forgotten too soon, sorcerers and witches, and spirits possessions are some of the common causes of diseases in the African culture (Gessler 2012). Healing sometimes develops into a method of managing the ailment, disability, and distress rather than eradicating symptoms (Waldram, 2013). Rappaport (2009) notes that the indigenous practitioner is normally part of the patient's social system; hence, the remedial process is usually rooted in an everyday context. The remedial procedure incorporates the economic, social, historical, and traditional background of the individual's disease and focuses on an individual (Finkler, 2010; Waldram, 2013). To get full benefits from indigenous healing, the individual is supposed to be in a frame of mind that is ready to be cured, trust in the indigenous healing, and comply with the determination of the supernatural (McCabe, 2009; Eyong, 2010).



Bourdillon (2007) argues that sometimes, some activities need to be done as groundwork before and after the remedial procedure for the healing to be complete. These preparations may include buying certain foodstuffs such as milk or bringing a chicken or goat to the healer, which may be used as part of the treatment. The person's belief system becomes crucial, and the patient becomes psychologically prepared to get healed. According to Hammond-Tooke (2008), the traditional healer's healing powers are based on their unique appeal, understanding of cues of illness, rituals, and ceremonies. This helps the client believe in magic, and they finally surrender themselves to the healer and the spirits. Suppose the indigenous medical healer is knowledgeable in herbs. In that case, clients may have total trust in a healer's capability, which, in turn, enhances an unquestioned belief in the healer's power, who is expected to act as a link with the spiritual world (Moodley, 2010).

#### **1.3.4.1 Kleinman's Model explaining illness**

Okello and Neema (2010) point out that explanatory models of illness influence health-seeking behaviour. Healing is anchored in a cultural and social context. Each society has beliefs about treatment choice, illness beliefs, and the medical practitioner's role (Kleinman, Eisenberg and Good, 2011).

#### **1.3.4.2 The African holistic model of health care**

The goal of a holistic model is to assist the patient to attain optimum mental, social, emotional, physical, and spiritual well-being (Kleinman, Eisenberg and Good, 2011). Cunningham (2010) concur that, ultimately, the objective of an all-inclusive medical system is to use all the accessible problem-solving and healing modalities to enhance the person's well-being on all levels of well-being, without harming the patient. Abbo (2011) argues that indigenous healing utilizes the all-inclusive model of well-being.

#### **1.3.5 Psychological activities are done before and after the healing process**

When looking for help from a healer, a client might need serious preparations such as not eating certain types of food, purchasing certain things necessary for the ceremony or taking special baths before treatment (Gelfand, 2008). According to Bourdillon (2010), the healer may ask the client to describe the kind of relationship they have with relatives and neighbours so that the healer can have a holistic picture of the client, showing that the mind, the body, and the spirits are not separated in the African perspective. As a result, clients seeking help from indigenous healers must surrender (Peek, 2011; Eyong, 2009). The principal aspect of indigenous remedial emphasizes that what one believes in is important in the healing process. It helps the body, mind, and spirits to recuperate (Mpofu, 2009).

Clients may feel assured that indigenous healers are aware of their agony and discomfort as they have also suffered illnesses before becoming therapists. It is critical that the patient, as they undergo the healing process, mind is psychologically prepared to accept and believe the healing process and procedures (Peek, 2011).

#### **1.3.6 Indigenous medicine efficacy: Myth or reality?**

According to WHO (1984), in traditional medicine, it is necessary to separate myth from reality so that good practices and remedies can be distinguished from patently ineffective and/or unsafe. WHO in 1984 promised to continue to promote the development, teaching, and

application of analytical methods that can be used to evaluate the safety and efficacy of various elements of traditional medicine. Among the activities coordinated by WHO headquarters was the continuing search for indigenous plants for fertility regulation in men and women. In 1983, WHO collaboration centres for traditional medicine continued to strengthen national efforts in research and development. A prerequisite for the success of primary health care is the availability and use of suitable drugs. It is reasonable for decision-makers to identify locally available plants or plant extracts that could usefully be added to the national list of drugs or that could even replace some pharmaceutical preparations that need to be purchased and imported.

Babatola (2008) notes that African medicines and the spiritual healers that administer these medicines are an important part of African society. For many centuries and even millenniums, these healers, with their spiritual and naturalistic remedies, have been responsible for taking care of the African world in terms of health. Babatola (2008) argues that traditional African medicines have been a greater help to all of society and modern science but still lie at the root of much controversy over their ability to be a good healing tool. Some doctors and scientists believe that a possible placebo effect may be the root of what makes these remedies and rituals work. Still, evidence suggests that many of the ingredients in our medicines today are also found in natural animals and plant products used by healers. Babatola (2008) argues that many pharmaceutical companies have recently been looking at the content of these natural substances to find chemical compounds that can help modern science produce modern medicines to cure diseases. The fact that modern-day societies use the indigenous healers' remedies in contemporary medicine shows that these indigenous medicines work and are not fake. Indigenous medicine has been tested in community laboratories for centuries. They have been tested in the practicality of treating various diseases and found effective and useful.

## **1.4 METHODOLOGY AND METHODS**

### **1.4.1 Research design used: Multi-sited ethnography**

The research design used in the present study is multi-sited ethnography. Multi-sited ethnography involves interrelating with research participants in scattered sites, applying an eclectic mix of research techniques. This entails that this research method enabled the researcher to have a polymorphous commitment to the research participants. Gobo (2008) argues that multi-sited ethnography makes it possible for the researcher to have multiple data sources. Best and Khan (2006) explain that it is employed in studying micro-cultures or studies dealing with communities of people having rules and understanding of communities of the world in common. Since the research emphasized the challenges of intergenerational transfer of IMK in Makoni District, it made sense to include as many sites as possible rather than investigating IMK transfer at a single location.

## **1.5 POPULATION AND SAMPLE**

The population is the whole group of interest to the researcher, which is to be investigated to get information and draw inferences about that group about a particular area of interest (Creswell, 2009). The study population included twenty-nine ZINATHA registered indigenous healers and herbalists in Makoni District. It is important to note that some indigenous healers in Makoni District were not registered members of ZINATHA; hence the total number of indigenous healers in Makoni is much higher than the reported number given.

### 1.5.1 Purposive Sampling

In De Vos (2009), purposive or judgmental sampling involves the critical judgment concerning elements of a sample possessing typical attributes of the population being studied. The research participants selected in the model should respond to the research questions. The sample size used is small, but it is studied in detail (David and Sutton, 2011). The researcher decided on the facts to be known and set out to find participants eager to give data gained through experience about IMK transfer. Purposive sampling is typified by having key reflective and observant participants, members of the community who know about the topic (Brown, 2008; Corbin and Strauss, 2009).

The researcher used a small sample but studied it in detail, as David and Sutton (2008) advised. The chiefs, headmen, and village elders, acted as village gatekeepers who assisted the researcher in identifying information-rich participants, especially during focus group discussions. Since the research findings would apply to the people of Makoni District only, the researcher was aware of the non-generalisability of the information obtained through purposive sampling (Cohen, Manion and Morrison, 2007). The researcher stopped generating data when the data being developed was the same, and no new data was now being generated. Data saturation was reached when the researcher had interviewed ten IMPs (Denzin and Lincoln, 2011). The researcher used data saturation to determine the sample size for the study.

Using purposive sampling in this study was to choose participants with experience in indigenous medicine and whose diversity in indigenous healing provided the researcher with rich information regarding IMK transfer (Creswell, 2009). This kind of sampling aimed to identify information-rich people knowledgeable in IM and who genuinely assisted in giving information on how IMK is acquired and transmitted to the younger generation. Certain members of the communities possess knowledge of IMK. There is a high diversity of the participants in this study, including spiritualists, herbalists, diagnosis specialists, medicine men and woman healers and traditional midwives. The sample consisted of ten indigenous medical practitioners.

The IMPs were not evenly distributed in the population hence the need to use a snowball sampling method, where efforts were made to track down these participants to get the required information. Since the detailed knowledge of IM is found in a few individuals, it was important to use purposive sampling, targeting the information-rich individuals. Purposive sampling was suitable for this study, considering the effort, the cost and the time used in identifying the research participants in this study (Grix 2005; Devault 2006; Gibson and Freeman 2006).

### 1.6 DATA GENERATION INSTRUMENTS

The data generation instruments utilized were in-depth interviews, focus group discussions, and observations to obtain information that could answer the research objectives. The plan for the study was rooted in participatory action research. This research involved conversations with several healers who were purposefully chosen for their credibility (Tesch, 2010). The in-depth interviews, focus group discussions, and observations fall under Rapid Appraisal Methods (RAM) principles. Rapid Appraisal Methods were used to extrapolate contextual influences affecting the transfer of IMK to younger generations (Ryan, 2008; Parissa, 2008; Myers, 2009, Silverman, 2011).

RAM has been utilized in many areas of the world and describes a group of procedures that mainly include direct observations, key informants' interviews, and focus group discussions.



Affordability and flexibility, coupled with an in-depth understanding of complex socioeconomic processes and systems, are some of the strengths of RAM (Uma and Rodger 2009). Research participants, whose opinions were solicited, included IMPs, assistants of IMPs, herbalists, village elders, and traditional birth attendants.

The researcher entered the new culture of indigenous healing as an outsider (etic) and endeavoured to get detailed knowledge from the know-how and perspectives of those who practice indigenous healing (emic) (Gobo, 2008; Denzin, 2008; Guba and Lincoln, 2005; Patton, 2002) The recursive and interactive nature of this kind of qualitative research made the researcher analyze data immediately since the researcher interacted with the participants during the study (Denzin, 2008; Uma and Rodgers, 2009).

## 1.7 DATA PRESENTATION AND DISCUSSION

**Table 1: Biographic data of participants of healer interviewed and observed (sample of both registered and unregistered IMPs)**

Participant identity	Number of children	Sex	Age	Marital Status	Education level	Employment Status
K01	4	Male	44	Married	Form four	Healer
K02	6	Female	64	widowed	Form four	Healer
K03	6	Male	52	Married	Grade seven	Healer
K04	2	Male	38	Married	Form two	Healer
K05	3	Female	35	Separated	Form two	Healer
K06	5	Female	71	widowed	Form four	Healer
K07	6	Female	65	widowed	No formal education	Healer
K08	5	Male	65	widowed	Standard three	Healer
K09	5	Female	51	widowed	Form two	Healer
K10	5	Male	62	Married	Form two	Healer

Source: Field Data (2017)

### The description of indigenous healing

When the research participants were asked about what they understood by indigenous healing. Their responses are as shown below:

*This is the use of herbs in the treatment of various diseases (K01)*

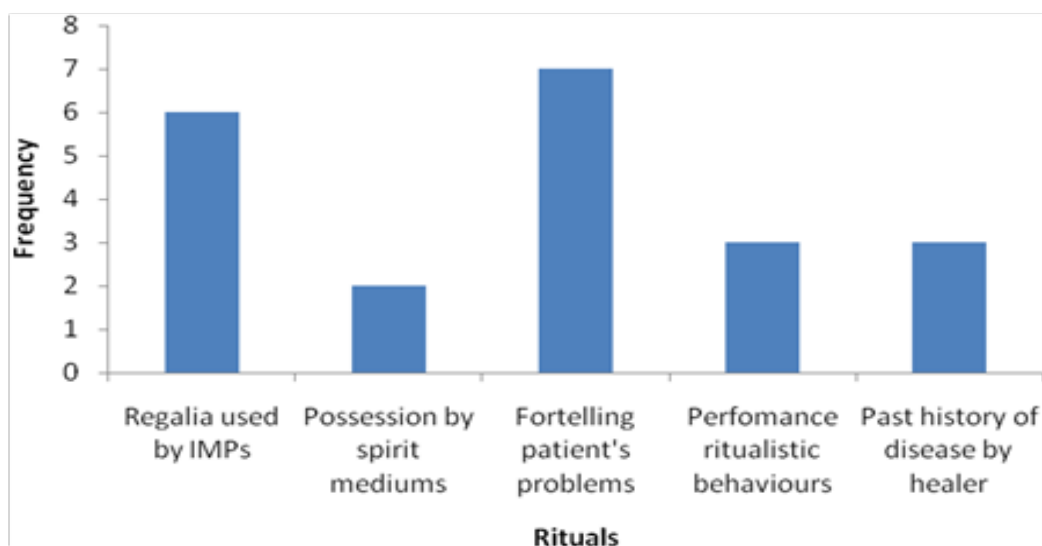
*It is the use of herbs and animal products to treat ailments, and this knowledge is passed from one generation to another (K07)*

*This is the art of treating diseases that are linked to our culture and have been in use for centuries by our forefathers (K04)*

The above excerpt shows that the research participants, though they differed in words, described indigenous healing. Still, they regarded it as using locally available herbs used to treat diseases. This knowledge has been transmitted from one generation to another through

word of mouth and is culturally linked. The way the research participants described indigenous healing aligns with what is in the literature. Gelfand (2008) asserts that indigenous healing practices define wellness as the homeostasis of physical, social, personal, and spiritual dimensions of the human experience and the holism of mind, body, and spirit. Bourdillon (2007) argued that indigenous healing is steeped in Africans' cultural worldviews and reflects their cultural values.

### 1.7.1 IMPs' Psychology of healthy relationships and the implications to the healing process



**Figure 1: Rituals that could psychologically convince a patient about successful treatment**

Six research participants pointed out that the rituals that are performed by IMPs that psychologically convince a patient that the treatment is going to be successful are the regalia used by the IMPs and the aspect of foretelling the patient's problems, and informing the client, why they have come to the healer. The history of successfully treating diseases by the IMP, the performance of ritualistic behaviours, and being possessed by a spirit medium are also responsible for psychologically convincing the client of successful treatment. The following excerpts by the research participants clearly shows how these rituals influence the clients in believing in the efficacy of the healing process:

*A good healer freely attends to people and is hygienic, and he calls a patient by his name, totem, area of origin, family history and tells the client the reason for his visit without being told. Furthermore, they can tell the client their life history and that he is not a trickster. Genuine indigenous medical practitioners' origin is from their ancestors, and they are not expected to purchase the art but it comes from their ancestors. (K06)*

*The environment where the treatment is taking place, such as the hut, which is normally situated some distance from the rest of the compound and the aspect of creating a sacredness of the whole place by removing the shoes and hats for males set the psychological tone for the success of the treatment on the patient. (K03)*

*The fact that the indigenous healer is performing the healing process while the healing spirit possesses them makes the client believe that whatever will be done will assist the client. (K04)*

*Normally, for a person to visit an indigenous medical practitioner, they would have been advised by friends or relatives. That belief the person has in the proficiency of the healer will also convince them that they are going to be successfully treated. (K09)*

*Some IMPs, when you go to their compounds seeking assistance, can tell you your full name, your totem, the names of your family members, where you come from, and the reasons for your coming to them. When this happens, whatever is going to follow, will convince the client that they will be treated successfully. (K07)*

The above excerpts align with the reviewed literature as Bourdillon (2007) noted that the person's belief system becomes crucial, and the patient becomes psychologically prepared to heal. The traditional background of a person, the web of understandings of sickness and curing, and how a person understands diseases and treatment-seeking provides a plan of wellness (Alladin, 2008; Bhugra and Bhui, 2009). Weisz, 2008; Moodley, 2010) noted a link between a patient's traditional views about illness concerning their understanding of the cure of such diseases" In the Zimbabwean context, the aspect of spirituality plays a vital role part in the lives of the Shona. Anything that disturbs the spiritual connection of the Shona results in physical illness and restoration to health can be made by proper reconnection within the ancestral spirits (Bourdillon 2007). According to Edwards (2011), views on health and life are intricately linked by focussing on safeguarding good relations with the body of ancestors (Vadzimu) and God (Musikavanhu).

Bucher (2010) noted that in Shona cosmology, spirits and witchcraft are crucial in understanding well-being issues. The researcher noted that for the treatment to be successful, many psychological issues needed to be addressed, such as the belief of the patient that they are going to be treated successfully, the beliefs of the client as to the causes of illness, the healing environment as well as the activities are done before, during and after treatment of the patient. The researcher noted that IMPs used healing regalia such as robes, rods, oxtail and performed ritualistic behaviours in the treatment room, such as removing shoes and hats. These behaviours and regalia are passed on from one generation to another together with IMK. According to Hammond-Tooke (2008), the traditional healer's healing powers are based on their unique appeal, understanding of cues of illness, rituals, and ceremonies. The healer is expected to tell the client their problem when it started, the cause of the disease, and what is expected to be done to solve the problem without the client telling the healer (Chavhunduka 1994). This helps the client believe in magic, and they finally surrender themselves to the healer and the spirits. To benefit fully from indigenous healing, the individual is supposed to be in a frame of mind that is ready to be cured, trust in the indigenous healing and be prepared to comply with the determination of the supernatural (McCabe, 2009). Suppose the indigenous medical healer is knowledgeable in herbs. In that case, clients may have total trust in a healer's capability, which, in turn, enhances and unquestioned belief in the healer's power, who is expected to act as a link with the spiritual world (Moodley, 2010).

The excerpt that captured the psychological aspects of indigenous healing convinces the client is, “*Capable traditional healers tell the patient his problem, not waiting for the patient to say out what brought them there*”.

The point highlighted by this participant concurs with what is contained in the literature. Edwards (2011) pointed out that psychodynamics in the psychological healing system refers to explaining the often concealed, unclear, psychological, social, familial, cultural tensions, forces, and motives for sources of fundamental occurrences in the form of visions or dreams. The social and cultural setting of the individual, the system of meanings of sickness and healing and the way a person theorises about their sickness and methods of cure construct a wellness schema (Good and Good, 2011; Krause, 2011; Moodley, 2010). Chavhunduka (1994) pointed out that in indigenous healing, sickness does not just denote the challenges linked with the mind and body but also the spirit, where the gods, spirits, ancestors, deities, and the surroundings are all reference points for understanding treatment and disease causation. Indigenous healing is most effective when a person has faith in the spirits and be eager to comply with the resolve of the supernatural (McCabe, 2008; Moodley, 2010). This allows implant in the patient an eagerness to admit magic and mystery and surrender control to the healer and the spirits of the ancestors.

The naming of causes of sickness is part of five dimensions of the sickness representation model, i.e., identity, causes, consequences, timeline, and cure (Leventhal & Diefenbach, 2010; Scharloo et al. 2000). The participants pointed out that the trainee, before being declared an accomplished healer, he/is expected to have mastered the expected healers’ behaviours, rituals and should have acquired healers’ regalia and divining equipment such as ‘hakata,’ The above ideas by the participants underscore that indigenous healing does not only involve knowing the herbs and the diseases they treat, but involves many rituals, and equipment which invariably must be transferred to the young healer.

Some healers use “hakata”, divining instruments used to prophesy the clients’ illness, the causes of the disease and how to overcome them. According to Gelfend (2008), some indigenous healers use “hakata”, divining equipment used to divine the cause of sickness or find the answer to other problems that their patient brings him. Using the ‘hakata’ psychologically can make the patient believe that the knowledge is from the spirits that assist the healer in diagnosing the cause of illness or problems.

Frommer (2002) and Mushita (2011) argued that since n’angas got their indigenous medicinal knowledge as a traditional gift (chipomudzimu), the IMPs are expected to share it and use it to heal people, regardless of the ability of the people to pay or not even if these people are stigmatised by the society (such as thieves, murderers, or prostitutes). According to Gelfend (2008), some indigenous healers use “hakata” to find the answer to illness that their patient brings him. The transfer of IMK should be done together with how this indigenous healing equipment operates. It is, therefore, critical that the apprentice is knowledgeable in the operations of all the equipment associated with healing before they are certified to operate as an independent healer.

Okello and Neema (2010) point out that explanatory models of illness influence health-seeking behaviour. Healing is anchored in a cultural and social context. Each society has beliefs about treatment choice, illness beliefs, and the medical practitioner’s role (Kleinman, Eisenberg and Good, 2011).

### 1.3.4 The African holistic model of health care

The goal of a holistic model is to assist the patient to attain optimum mental, social, emotional, physical, and spiritual well-being (Kleinman, Eisenberg and Good, 2011). Cunningham (2010) concur that, ultimately, the objective of an all-inclusive medical system is to use all the accessible problem-solving and healing modalities to enhance the person's well-being on all levels of.

#### How psychology is related to culture

When the research participants were asked to explain the link between their psychological belief system of how diseases come about and their relation to culture, they responded as shown below:

*My understanding of how diseases are caused culturally is when you do not perform the expected rituals to your ancestors, such that the ancestors stop protecting you(K05)*

*If you do not periodically brew beer and slaughter a cow for your ancestors, then you are likely to be vulnerable to diseases(K02)*

*I believe in the Almighty, and God is the creator of the universe, but I put my problems to God through my ancestors(K01)*

*Our culture defines us; we are all products of our culture, our belief systems are all controlled by our culture(K08)*

The above excerpts show that the belief system of a group of people has a major influence on the way they regard what causes diseases. Culture has a major role to play in the belief in the supernatural in the Africans. The research participants all believed that ultimately there is God the Almighty, *Musikavanhu*. Still, they also thought that ancestors had a role to play in their lives by protecting them from harm. The research participants' responses were like what is suggested by the literature. Literature indicates that disease is viewed in the context of a specific culture, the symbols linked with the disease, the care arrangements that influence the knowledge of the disease and the societal responses to the victim (Good and Good, 2011). Mitchel (2010) and Moodley (2010) note a link between a patient's traditional views about illness concerning their understanding of the cure of such diseases. In the Zimbabwean context, the aspect of spirituality plays a vital part in the lives of the Shona, and anything that disturbs the spiritual connection of the Shona, results in physical illness, and restoration to health can be made by proper reconnection within the ancestral spirits (Bourdillon, 2007; Gelfand 2010). In customary remedial viewpoints, the disease does not denote the challenges connected with the mind and body but also the soul. The gods, ancestors, spirits, and the environs are all valid locus points for appreciating causality and cure (Chavhunduka, 1994).

#### Psychological activities are done before and after the healing process

*The aspect of removing shoes when you are at the healing place gives the place a sacredness, which also assures that you will be treated successfully(K05)*



*The use of a divining instrument called 'Hakata' convinces an individual about the success of the healing process since one will believe that whatever is being prescribed is coming from the ancestors(K07)*

*Sometimes you are told as a patient that you are supposed to take a bath using water mixed with herbs, and that may make you believe that everything is going to be fine(K03)*

*Your belief system in ancestors and indigenous healers makes your psych think that you will be treated successfully(K02)*

When looking for help from a healer, a client might need serious preparations such as not eating certain types of food, purchasing certain things necessary for the ceremony or taking special baths before treatment (Gelfand, 2008). According to Bourdillon (2010), the healer may ask the client to describe the kind of relationship they have with relatives and neighbours so that the healer can have a holistic picture of the client, showing that the mind, the body, and the spirits are not separated in the African perspective.

### **1.7 CONCLUSIONS**

The researcher derived conclusions from research question four are that some rituals psychologically affect the patient during the healing process. The healing place, the 'hut' which act as the surgery, is normally set apart from other houses in the compound, and patients are expected to enter this hut barefooted. Removing shoes when entering this hut gives the patient the impression that this place is sacred and psychologically primes the patient about the success of the treatment. The healing regalia worn by IMPs during the healing session, the use of the divining instruments, the so-called 'hakata' and the foretelling of the patient about their problems or illness by the healer are some of the rituals which have a psychological effect on the patient, regarding the belief in the healing process. Mastering the healing traditions expected of a healer are part of the training package to be acquired by the trainee IMPs.

### **1.8 RECOMMENDATIONS**

The study recommends that when indigenous medical practitioners teach their apprenticeship students about indigenous medicine, they should also teach them about the psychological activities done during treatment by the healer to ensure that their treatment will be holistic.

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