A qualitative case study of traditional healing approaches to mental health and emotional well-being in African communities.

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Abstract
Background
Mental health disorders are increasing globally, yet many African communities continue to rely on traditional healing practices for emotional and psychological well-being. Traditional healers often function as spiritual guides and informal therapists, addressing conditions such as depression, anxiety, grief, and trauma. This study explored the contribution of traditional healing to mental health support in rural African communities and examined perceptions of effectiveness, trust, and collaboration with formal healthcare services.

Methods
A qualitative case study design was employed. Data were collected through in-depth interviews and focus group discussions with 30 participants from two rural communities in KwaZulu-Natal, South Africa. Participants were purposively selected and included 10 traditional healers, 10 community members with lived experience of traditional mental health care, and 10 community health workers. Data were analysed using thematic content analysis.

Results
Of the 30 participants, 60% were female, and 40% were male, with ages ranging from 28 to 67 years (mean age: 45 years). Among traditional healers, 80% had more than ten years of practice experience, while half of the community members reported repeated use of traditional mental health services. Community health workers had an average of five years of service. Findings revealed that traditional healing practices are deeply embedded in spiritual beliefs, ancestral communication, and communal support systems. Rituals, herbal remedies and cleansing ceremonies were regarded as central to emotional healing, particularly for spiritually or family-related distress. Traditional healers were highly trusted, whereas collaboration between traditional and biomedical practitioners was limited, largely due to mutual scepticism and the absence of formal integration frameworks.

Conclusion
Traditional healing plays a vital and culturally relevant role in mental health support in rural African communities, especially where formal services are limited.

Recommendation
Policy frameworks that promote respectful collaboration, culturally sensitive training, and community education are essential to support integrated mental health care models.

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Background Information

Globally, mental health disorders are on the rise, yet access to appropriate care remains highly uneven, particularly in low- and middle-income countries. In many African contexts, formal mental health services are limited by resource constraints, geographic inaccessibility, and cultural disconnects between biomedical approaches and local belief systems. As a result, many individuals turn to traditional healers, trusted figures who provide spiritual guidance, emotional support, and culturally embedded healing practices. These healers often address conditions such as depression, anxiety, grief, and trauma through rituals, herbal treatments, and ancestral communication. While traditional healing plays a critical role in community well-being, its contribution to mental health care remains poorly integrated within public health frameworks and is under-researched in academic literature.

Research Objectives

The objectives of this study were:

- To explore the role of traditional healing practices in supporting mental health and emotional well-being in African rural communities.
- To examine community perceptions of the effectiveness and trustworthiness of traditional healers in addressing mental health needs.
- To assess the current level of collaboration between traditional healing systems and formal biomedical health services.

Methodology
Study Design

This study adopted a *cross-sectional qualitative case study design*. The research employed qualitative data collection methods (in-depth interviews and focus group discussions) to explore perceptions and experiences related to traditional healing practices for mental health. The study was not designed to quantify mental health outcomes but to explore in-depth themes related to trust, cultural meaning, and collaboration.

Study Setting

The research was conducted in two rural communities in KwaZulu-Natal, South Africa: Community A, located in the uMkhanyakude District, and Community B, located in the Zululand District. These communities were selected due to their known reliance on traditional healing practices and the limited availability of formal mental health services. Data collection took place between January and March 2024.

Participants

Participants included three groups:

- Traditional healers (n=10)
- Community members with lived experience of using traditional mental health services (n=10)
- Community health workers (n=10)

Eligibility criteria

Participants were eligible if they were 18 years or older, resided in the target communities, and had either provided or used traditional mental health services within the past two years. For community health workers, eligibility requires at least one year of active practice in the area.

Exclusion criteria

Individuals unable to provide informed consent, those currently undergoing acute psychiatric treatment, and those with cognitive impairments that would affect participation were excluded. Participant recruitment was conducted using purposive sampling through community leaders, local health committees, and traditional healer networks.

Bias

To minimize selection bias, participants were recruited through multiple independent community networks. Researcher bias was addressed through reflexive journaling and peer debriefing. Interview and focus group guides were piloted for cultural appropriateness. To limit social desirability bias, data collection was conducted in neutral, private settings without the presence of community leaders.

Study Size

The study size (n=30) was determined based on qualitative research standards and data saturation. It was estimated that 30 participants across three stakeholder groups would allow for thematic saturation, the point at which no new themes emerge, while providing sufficient diversity of perspectives.

Data Measurement/Sources

Data were collected through semi-structured in-depth interviews and focus group discussions using pre-tested interview guides. Interviews were conducted in isiZulu and English, based on participant preference, and were audio-recorded with consent. Transcripts were translated and

checked for accuracy. Field notes were also used as supplementary data. Thematic content analysis was used to identify and categorize key themes.

Variables

The primary variables explored in the study were:

- Trust in traditional vs. biomedical mental health care
- Perceived effectiveness of traditional healing for mental health
- Types of traditional healing practices used
- Degree of collaboration between traditional and formal systems
- Barriers to integrated care

These variables were identified based on the study objectives and literature review and were explored qualitatively through interview coding.

Statistical Analysis

Thematic content analysis was conducted using NVivo 14 software. Coding reliability was checked by two independent coders. Missing data (e.g., unanswered questions) were noted but did not affect thematic analysis, as saturation was reached across themes.

Ethical Consideration

Ethical approval was granted by the Research Ethics Committee of Mangosuthu University of Technology, approved on 15 December 2023. Written informed consent was obtained from all participants. The study adhered to the ethical principles of voluntary participation, confidentiality, and respect for cultural values.

Results and Findings

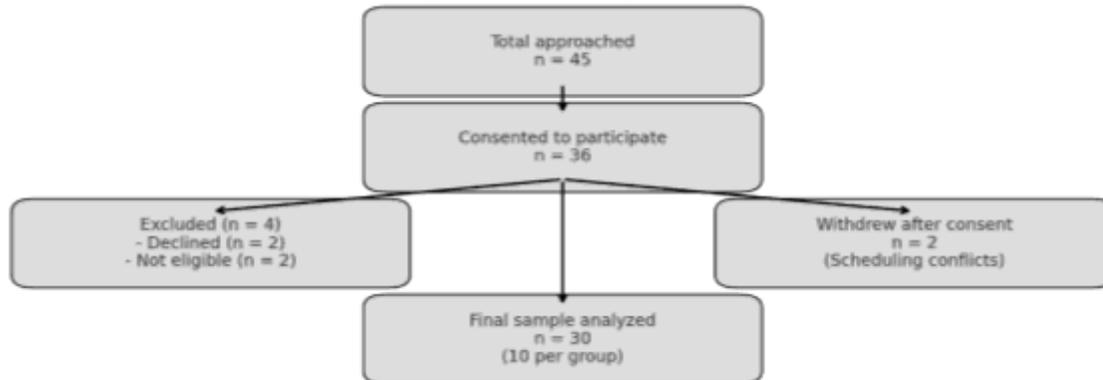### Diagram 1: Participant flow diagram

Figure 1, rituals and ceremonies accounted for the largest share (35%), followed closely by herbal treatments (30%). Ancestral communication represented 20% of reported practices, while communal support and counselling comprised 15%. This distribution reflects the deeply spiritual and holistic nature of traditional healing, where emotional restoration is pursued not only through medicinal means but also through cultural rituals and community-based support structures. The relatively high prominence of rituals underscores the centrality of spiritual and ancestral beliefs in addressing mental health concerns.
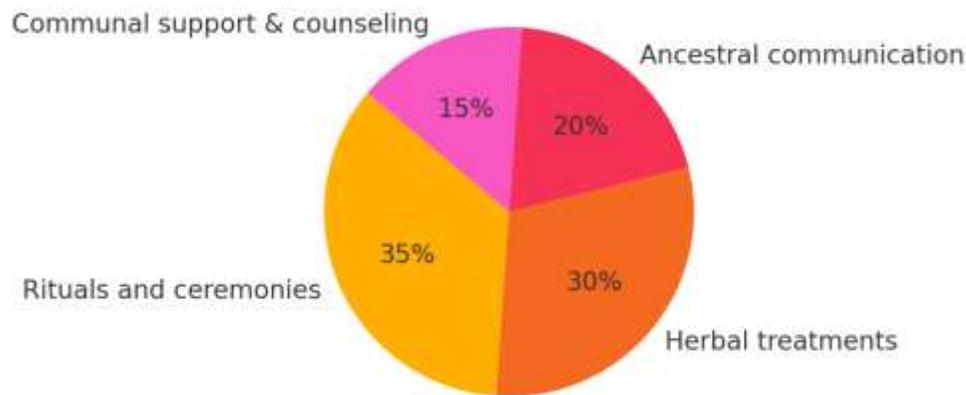
Figure 1: The graph represents key components of traditional healing practices

Figure 2, a notable 80% of participants reported high trust in traditional healers, compared to only 40% for biomedical practitioners. This finding highlights the cultural resonance and social embeddedness of traditional healers in these communities. It also suggests that formal healthcare providers may struggle with issues of cultural relevance and community rapport. The lower trust in biomedical systems may partially explain the limited uptake of formal mental health services in these settings and points to a need for culturally sensitive engagement strategies by public health professionals.
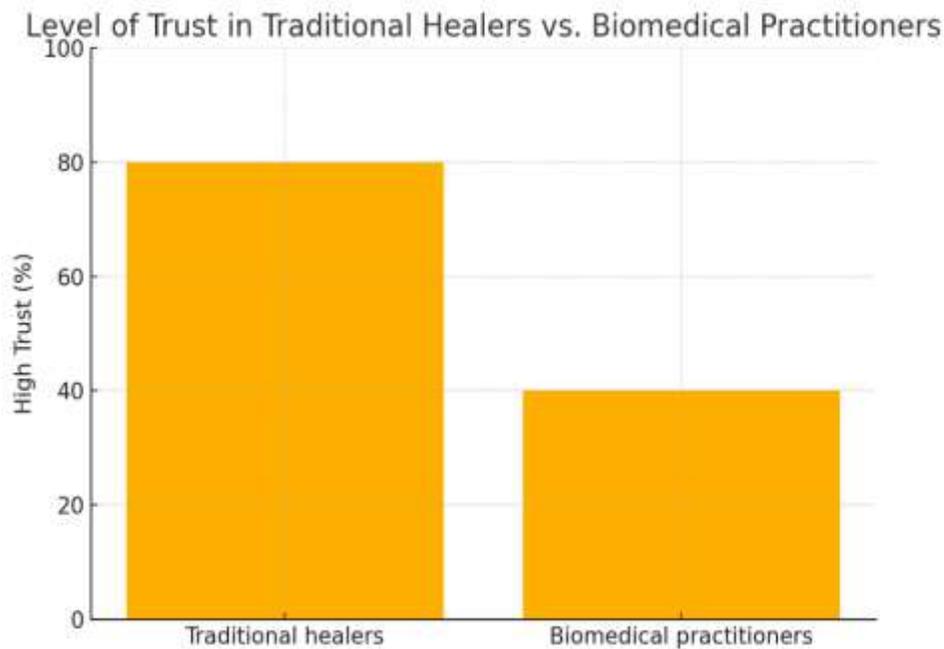
Figure 2: The graph represents the level of trust in Traditional Healers vs. Biomedical Practitioners

Figure 3 demonstrates the minimal level of collaboration between traditional and biomedical practitioners. Only 5% of participants reported active collaboration, 10% reported occasional interaction, and a striking 85% indicated minimal or no collaboration. This result highlights a significant gap in integrated mental health service delivery. The mutual scepticism, lack of policy frameworks, and absence of structured communication channels between the two systems are evident barriers. Addressing this fragmentation is crucial for developing comprehensive, culturally inclusive mental health care models that leverage the strengths of both traditional and biomedical approaches.
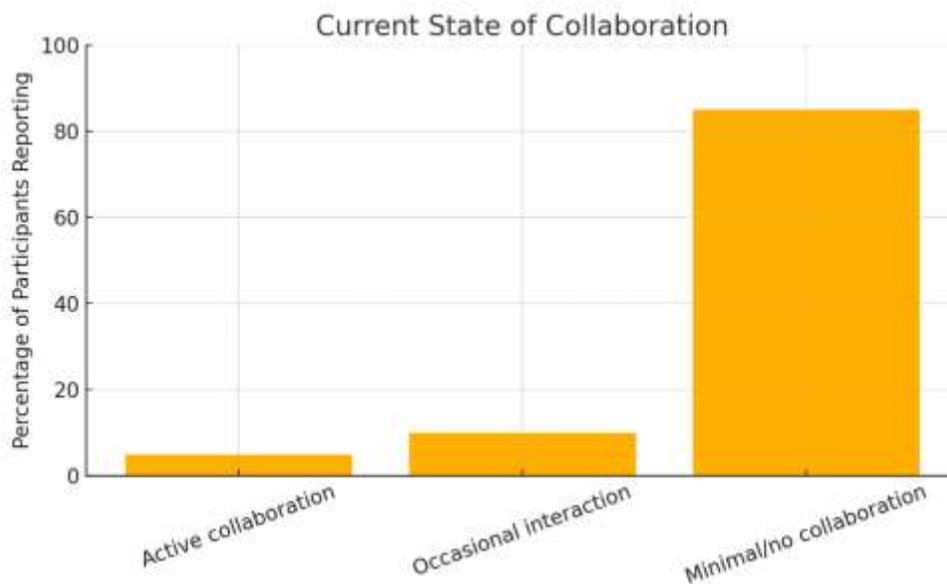
Figure 3: The graph represents the current state of collaboration

Figure 4 illustrates the dominant themes emerging from participants' narratives about traditional healing practices for mental health and emotional well-being. The theme of *high trust in traditional healers* was most prominent, with 95% of participants expressing strong confidence in the abilities of traditional healers to address mental and emotional concerns. This finding aligns with the deeply rooted cultural role these practitioners occupy within the community. Closely following was the theme of *cultural integration of healing* (90%), highlighting those traditional practices are not perceived merely as health interventions but as inseparable from the spiritual and cultural fabric of daily life. The *centrality of ritual and ceremony* was emphasized by 85% of participants, reinforcing the importance of spiritual rites in the process of emotional restoration. *Lack of collaboration with formal health systems* also emerged strongly (80%), reflecting persistent barriers to integrated care, with many participants citing experiences of mutual scepticism between traditional and biomedical practitioners. Finally, *herbal medicine as complementary* was referenced by 70% of participants, indicating that while herbal remedies are an important component, they are often used alongside or in support of ritual-based practices rather than as standalone treatments. Together, these results underscore the multifaceted and culturally embedded nature of traditional healing in mental health care, while also highlighting opportunities and challenges for integration with formal systems.
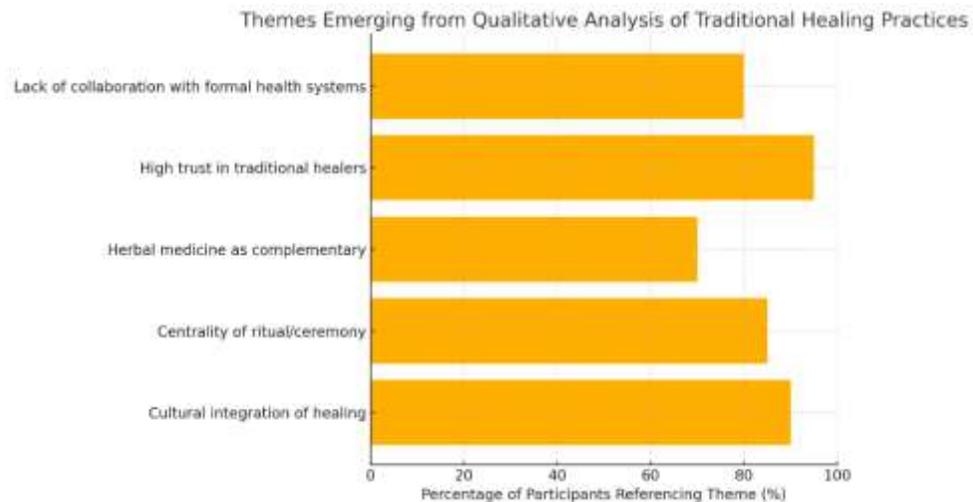
Figure 4: The graph represents the qualitative results, which show the key themes that emerged from your interviews and focus groups, along with the percentage of participants who strongly referenced each theme.

Table 1: Themes, Categories, and Codes Generated from Qualitative Data

Theme	Category	Codes
Cultural and spiritual foundations of healing	Spiritual belief systems	Ancestral guidance; Spiritual causation of illness; Ritual healing
Perceived effectiveness of traditional healing	Healing outcomes	Emotional relief; Mental restoration; Holistic care
Trust and accessibility of traditional healers	Patient–healer relationship	Trustworthiness; Cultural familiarity; Availability
Types of traditional mental health practices	Healing modalities	Herbal remedies; Cleansing ceremonies; Prayer and rituals
Barriers to collaboration with biomedical services	Systemic challenges	Mutual scepticism; Lack of policy; Professional mistrust
Role of traditional healers in community mental health	Social support	Counselling role; Family mediation; Community cohesion
Perceptions of biomedical mental health services	Service limitations	Inaccessibility; Cultural disconnect; Stigma
Need for integrated mental health models	Future expectations	Collaboration, Mutual respect, Training, and referral pathways

Illustrative Quotations by Theme
Theme 1: Cultural and Spiritual Foundations of Healing

Participants described mental health problems as closely linked to spiritual and ancestral factors.

"Some illnesses are not from the body but from the ancestors who want to be heard."
(Traditional healer, female, 56 years)

"When someone is mentally disturbed, it is often because something in the family line is not right."
(Community elder, male, 62 years)

Theme 2: Perceived Effectiveness of Traditional Healing

Respondents reported emotional relief and psychological restoration following traditional interventions.

"After the cleansing ceremony, my mind became calm, and I could sleep again."
(Community member, female, 38 years)

"The healer listens first, then treats the problem from the root."
(Community member, male, 44 years)

Theme 3: Trust and Accessibility of Traditional Healers

Traditional healers were viewed as approachable and culturally aligned.

"We trust them because they understand our culture and our problems."
(Community health worker, female, 41 years)

"You don't need money or appointments; the healer is always there."
(Community member, male, 35 years)

Theme 4: Types of Traditional Mental Health Practices

Various treatment methods were described as central to healing.

"Herbs clean the body, and rituals clean the spirit."
(Traditional healer, male, 60 years)

"Prayer and ceremony work together; one alone is not enough."
(Traditional healer, female, 49 years)

Theme 5: Barriers to Collaboration with Biomedical Services

Participants highlighted strained relationships between systems.

"Clinics don't respect traditional healing, so cooperation becomes difficult."
(Traditional healer, male, 54 years)

"There is no policy that tells us how to work together."
(Community health worker, male, 47 years)

Theme 6: Role of Traditional Healers in Community Mental Health

Healers were described as counsellors and mediators.

"We don't only treat sickness; we help families talk and heal."
(Traditional healer, female, 58 years)

Theme 7: Perceptions of Biomedical Mental Health Services

Formal services were viewed as limited or culturally disconnected.

"At the hospital, they give pills, but they don't ask about your spirit."
(Community member, female, 32 years)

Theme 8: Need for Integrated Mental Health Models

Participants expressed strong support for collaboration.

"If doctors and healers work together, patients will benefit more."
(Community health worker, female, 39 years)

"Respect on both sides can help our people heal better."
(Traditional healer, male, 61 years)

Discussion

The findings of this study demonstrate that traditional healing practices remain a deeply valued and integral source of mental health support in African rural communities, especially in contexts where formal services are limited. The high levels of trust reported in traditional healers (Figure 2), with 80% of participants expressing strong confidence, reflect the enduring cultural relevance of these practitioners. This echoes similar results from Patel et al. (2011), who noted that in low-resource settings, traditional healers are often perceived as more approachable and culturally aligned than biomedical professionals, particularly when addressing emotional and spiritual dimensions of health. The study also revealed that healing rituals and ceremonies (Figure 1) constitute a core part of mental health care, cited by 35% of participants as primary interventions, supported by herbal treatments (30%) and ancestral communication (20%). These findings align with Ngoma et al. (2003), who observed that African conceptualizations of mental illness frequently involve explanations of spiritual imbalance or ancestral disapproval, for which ritual interventions are essential. 95% of participants highlighted their trust in traditional healers, while 90% referenced the cultural integration of these practices (Qualitative Themes Graph). Similar to studies by Sorsdahl et al. (2010), this suggests that emotional well-being is inseparable from the broader

cultural and spiritual context, and that effective mental health interventions must account for this cultural embeddedness. Conversely, the near absence of collaboration between traditional and biomedical practitioners (Figure 3), with 85% reporting minimal or no collaboration, reflects systemic barriers identified in previous research. For example, Audet et al. (2017) documented widespread mistrust and lack of communication between traditional healers and formal healthcare providers in South Africa, largely due to colonial legacies of medical dominance and the absence of policy frameworks for respectful engagement. Our findings confirm that these tensions persist, with participants and healers alike reporting mutual scepticism and uncertainty about potential partnerships. While the prominence of herbal medicine (70% in qualitative results) complements findings from Abbo et al. (2008), who documented the widespread use of plant-based remedies for anxiety and depression in Uganda, our study also highlights those herbal treatments are often used as adjuncts rather than substitutes for ritual and communal practices. This integrated approach underscores the need for a nuanced understanding of traditional healing systems that goes beyond mere pharmacological perspectives. Overall, this study contributes to the growing body of literature (Patel et al., 2011; Sorsdahl et al., 2010; Audet et al., 2017) advocating for culturally sensitive models of mental health care in African contexts. It suggests that respectful collaboration frameworks, currently lacking, could bridge the trust gap and improve mental health outcomes by leveraging both biomedical expertise and culturally resonant traditional practices.

Generalizability

While the study's findings are specific to the two communities investigated, they align closely with existing literature from similar settings across sub-Saharan Africa (Patel et al., 2011; Sorsdahl et al., 2010; Audet et al., 2017). Thus, the insights from this research may be cautiously generalizable to other rural and underserved African communities where traditional healing remains a dominant form of mental health support. Further research in diverse settings will be needed to fully understand the broader applicability of these findings.

Conclusion

Traditional healing plays a vital and culturally relevant role in mental health support in rural African communities, especially where formal services are limited.

Limitations

It was geographically limited to two rural communities in KwaZulu-Natal, which may not reflect the full range of traditional healing practices or mental health experiences across different regions of South Africa or other African countries. Furthermore, purposive sampling may have introduced selection bias, and the reliance on self-reported data could be influenced by social desirability bias among participants.

Recommendations

Policymakers should develop formal frameworks to promote respectful collaboration between traditional healers and biomedical practitioners. Culturally sensitive training for both sectors is needed to reduce mistrust and enhance understanding. Public health initiatives should also incorporate community education programs to destigmatize traditional practices and promote integrated mental health care models. Additionally, further research should explore effective models of collaboration and evaluate their impact on patient outcomes, helping to shape evidence-based policies that are grounded in local cultural realities.

Biography

Dr. Sibonelo Thanda Mbanjwa is a dedicated lecturer in the Department of Nature Conservation at Mangosuthu University of Technology (MUT), South Africa. He holds a Ph.D. in Environmental Science and specializes in biodiversity conservation, sustainable development, and environmental education. Dr. Mbanjwa is deeply committed to community engagement, student mentorship, and the integration of indigenous knowledge systems into conservation practices. His work bridges academia and practical application, empowering students and communities through innovative teaching, research, and outreach initiatives.

Acknowledgements

Competing Interests

The author has no relevant financial or non-financial interests to disclose.

Author Contributions

The author contributed to the study conception and design. Material preparation, data collection, and research were performed by Mbanjwa S.T.

Data Availability

The data supporting the findings of this study are available upon reasonable request from the corresponding author. Due to ethical considerations and confidentiality agreements, individual participant data cannot be publicly shared. However, anonymized and aggregated data may be provided for academic or research purposes upon institutional approval.

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PUBLISHER DETAILS: