

## The Role of African Traditional Healers in the Management of Mental Challenges in Africa

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*This paper is aimed at describing the practices of African Traditional Healers, highlighting their contributions to those seeking relief to their mental health challenges and offering recommendations on how to improve on their services. This is because, reports from the World Health Organization (2003) show that the prevalence of the mental illness is epidemically high and that by the year 2020, depression is estimated to be the leading health problem in the world. The African faces considerable mental health challenges that are linked to civil wars, unemployment and AIDS epidemic. Unfortunately there are only a few trained mental health professionals in the continent to handle these conditions. Therefore, African Traditional Healers are widely sought after by masses of non-elite and elite Africans to meet their psycho-social needs, yet little is written in the literature about the practices of these healers and how they contribute to the maintenance of mental health throughout the continent.*

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**Keywords:** African traditional healers, mental health challenges, treatment modalities of African traditional healers, diagnostic techniques of African traditional healers

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### INTRODUCTION

It is likely that people throughout the world are assured that they can live a lifetime without ever having to experience a mental illness. This belief is misleading given that the prevalence of mental illness is very high; depression for one is estimated to be the leading global health problem by the year 2020 (World Health Organization, 2003). Further, WHO ranks mental disorders as the second cause of loss of productive life following heart diseases. It goes without saying that for the multitude of individuals who are not diagnosed or treated for their mental health challenges, there is a greater likelihood that they will not lead healthy lives in comparison to those who receive such care.

As a developing continent, Africa is a vast region comprised of people who generally have strong ties to longstanding cultural traditions and who may also experience considerable trauma-induced mental disorders that result from the impact of civil wars, entrenched poverty, pervasive hunger, and the widespread HIV/AIDS epidemic. Other sources of trauma-related illnesses include environmental degradation, increasing gaps between the rich and poor, decreased trust in governments, and the deterioration of public services (Ventevogel, 2006). African Traditional healers are widely sought after by masses of non-elite Africans to meet their medical and “psychotherapeutic” needs, yet little is written in the literature about the practices of these healers and

how they contribute to the maintenance of mental health throughout the continent. In this paper we describe the practices of traditional healers, highlight their likely contributions to those seeking relief to their problems, and offer recommendations on how Africans and non-Africans alike can work together with these widely sought-after practitioners to promote a healthier Africa.

### Why There is a Cause for Concern of Mental Health

The causes for global concern over mental health problems can be categorized into the following: high prevalence of severe mental disorders, increase in stress-related disorders and an increase in domestic, physical, and psychological violence. We denote particular attention to African nations.

### High Prevalence of Severe Mental Disorders

The prevalence of mental disorder is occurring worldwide. For example, WHO (2003) reports the one in four people in the world will be affected by mental disorders at some point in their lives and that 10% of the world's population suffers from depression. The following are statistical estimates of the prevalence of mental disorders in the world:

1. 2 out of every 200 children in Africa develop depression but those from non-intact homes or villages, and who are abused or neglected have higher incidence of 5:100

2. International depression rates for school-aged students are 78% of all students in a school year and 16-25% of student population experiences it at any given time. Of the students who reported experiencing depressions, the majority indicated that the frequency of their bouts was one to two times in a month.
3. The South African Depression and Anxiety Support Group found that the incidence of depression is even higher in South Africa than the global average, closer to 15% (Green 1996).

#### **Increase in Stress-Related Disorders**

After conducting several surveys on the topic of stress and illness, the researchers from WHO (2003) concluded that stress is hitting a fevered pitch in every nation. So alarmed were they by the results that they cited stress as a 'global epidemic.'

Many studies are unanimous in their findings that stress can be dangerous if not well handled (Hogan, Carlson & Dua, 2002; Kinnan, 2001). Findings indicate that when stress reaches excessive portions, it can lead to medical conditions like hypertension, migraines, cancer, depression, suicide, musculoskeletal problems, ulcers and skin diseases. It can also lead to harmful habits like smoking and drinking, which may cause or intensify other diseases.

#### **Increase in Domestic Physical & Psychological Violence**

Domestic violence occurs in all countries and affects people in all religions, classes, and ethnicities (Sliep, 2006). Researchers at the Gender Studies Centre in Ghana in 2001 demonstrated clearly that women experience significantly more domestic physical and psychological violence than men. In the study it was found that 1 in 3 women have experienced physical violence from their current partners. Women also need permission to do anything (e.g., trading, visit friends, or send a child to hospital) from their partners, which is an experience that was identified by study participants as a source of stress (Gender Studies Centre in Ghana, 2001). Apart from the physical violence, participants reports that their male partners use the following as psychological punishments: refusing sex, food or talking to them, refusing to provide money or food, returning home for the day being unexpectedly late, or berating them in public.

The above three categories of factors alone forcibly reiterate the fact that mental health is an eminent health problem that calls for multifactorial approach from all professionals and academicians to arrest or ameliorate it. We turn next to a description of how Africans in general view the causes of mental health problems.

#### **African Conception of the Causation of Mental Illness**

Many authorities have it that according to the traditional African thinking, mental disorders are perceived to be the results of malevolent intervention of witches or ancestors, and other cosmic forces who wish to correct an inappropriate social behavior (Danquah 1982, Twumasi 1988). Senah (1988) explains that severe mental disorders like schizophrenia and bipolar disorders which are perceived by traditional Africans to be caused by infringement of the law of supernatural forces, the Supreme Being, Ancestors or lesser gods. Bankowski (1996) explains that in most traditional African societies, mental illness can also be thought to be induced by human beings by means of sorcery, witchcraft, magic or by divine agents like departed ancestors and angry gods. Many traditionally-oriented Africans who are called to become traditional healers are chosen by supernatural agents like the deities, ancestors and the Supreme Being. These chosen healers are widely known to display signs like aggression, social withdrawal, or bizarre behaviors until which time they accept the calling and undergo training (Mufamadi & Sodi 1999).

#### **The Patronage of Traditional Healers by Clients**

WHO estimates that 80% the people in Africa use traditional medicinal sector as their first contact place for all types of mental/physical health problems. The researchers attribute this high patronage to the fact that the treatment is holistic by taking into account the spiritual, physical as well as the psychosocial aspects of health. Studying the health seeking behaviors of participants from Burkina Faso, Razali (1996) found that a strong belief that modern methods are deemed good for physical illnesses but powerless against supernatural causes. The participants in this study expressed that Western methods alone deal merely with symptoms to give temporary relief, but the underlying social and moral problems still remain.

Relative to the use of herbs and other indigenous medicines, Atindanbila (2000) found that only 2% of the psychiatric patients in the hospital used hospital drugs *solely* for the treatment of their disorders. The remaining patients had visited the traditional healers in addition to the hospital therapies.

Madu (1997) explained that because traditional Africans believe that sickness of an emotional or psychological nature originates as a punishment from the gods for evil, Western-influenced models of psychotherapy have limited cache.

According to WHO (2003) the popularity of traditional mental healers is due to the following reasons:

- (1) Confidence in the system: The explanations offered to the clients as the cause of their illnesses are more acceptable than the allopathic medicine. Some even believe that

- mental illness can be handled better by traditional healers than modern medicine.
- (2) **Affordability.** The cost is cheaper and flexible than allopathic medicine. It affords the clients the opportunity to settle their bills when they can afford. More often than not, they pay the bills only when they are fully recovered and can work towards paying the bills. Through oral tradition, some people also do self-medication which reduces the cost.
  - (3) **Accessibility:** traditional healers are found in remote areas where hospital facilities cannot be found. Even in such places where facilities are found, they lack the basic drugs and mental health staff to manage them. WHO statistics have it that in Zimbabwe it is estimated that the ratio of traditional healers to the population is 1:234 in the urban areas and 1:956 in rural areas. The estimated proportions for the continent as a whole is 1:200 as compared with 1:100,000 for Western-trained medical doctors and 1:1,000,000 psychiatrists.

#### **Types of African Traditional Healers For Mental Disorders**

Twumasi (1988) classified the African traditional healers of mental illness into the following groups: Herbalists, Spiritualists/Diviners, Faith Healers and Traditional Birth Attendants.

##### **The Herbalists**

Herbalists are the most numerous of the traditional healers and they acquire their powers and skills training from relatives through training and the oral tradition. The herbalists use mostly herbs from the environment. They are mostly the first contact people for clients who manifest mental distress. They have herbs for all types of mental disorders. They operate mostly on permanent sites and could be called to attend a patient in crisis situations. Of late, some of them sell their medical preparations in markets and from moving vehicles. For the efficacy of the herbs, the clients are normally advised to abstain from certain practices (such as sex) and foods whilst on those herbs.

##### **Spiritualists/Diviners**

Osei (1994) remarked that in the 1930s, the shrines were the first resort of people for who were (presumably) mentally ill, whether trivially or gravely, because the illness is regarded as supernaturally determined and hence outside the province of hospitals. These interveners are priests and priestesses of cults and other fetish agencies. Common examples of such practitioners in northern Ghana include the 'Bagnabas', Balkol-burgas (soothsayers), 'Tigare', and Malams'. The Okomfos, another group of spiritualists, dominate in the southern part of Ghana.

All groups derive their healing powers from the Supreme Being, lesser gods or the Ancestors. They use mostly divination in diagnosing the conditions, especially the unexplainable, and assume charismatic roles during healing sessions. They wear particular regalia which serve both for the therapeutic and identification purposes for their clients. Although they attend to all types of illnesses, they deal mostly with the somatoform, dissociative and anxiety disorders.

##### **Faith Healers**

According to Osei (1994) the trend of psychiatric clients patronizing both shrines and herbalists started declining in the late 1940s when the indigenous African churches started springing up. This change came from many modernist Africans who considered themselves too sophisticated to visit a shrine and turned to the spiritual churches.

Faith healers try to blend traditional values and those of Christianity in their healing rituals. Most of the Syncretic (spiritual) movements partake in this type of healing. Common among these are the Aladura, Nakaba, Mosama Disco Church just to mention a few. They rely on the redramatization of the events of Pentecost which is manifested in possession and "speaking in tongues". In addition to this redramatization, faith healers use Holy Water as well as elements that combine both traditional religion and indigenous practices, such as the singing of hymnals, dancing, practices in the sacrificing of animals, use of natural pharmaceuticals and occult practices. They also rely greatly on certain psychotherapy approaches (described below) to bring relief to their clients. Most of the clients after recovery become members of that church.

Another group of faith healers is the "one man" churches or wandering virtuosos whose main practice is preaching the word of God and healing people of psychological conditions through prayers, songs and other spiritual rituals. According to Twumasi (1988), apart from church services, leaders of these churches also operate healing sessions. Certain days of the week or occasions are set aside for healing purposes. Some also have clinics where both their church members and non-members go for healing.

##### **Traditional Birth Attendants**

Traditional Birth Attendants are normally middle aged women (50-70 years) and their skills are acquired either after lengthy experiences with relatives or through spirit possession. The mental problems they handle mostly are puerperal psychoses and postpartum depression. They also do counselling with couples experiencing marital conflicts. They also provide health education to couples on matters related to the proper maternal diet and self-care of women during childbirth (Twumasi, 1988).

### **Diagnostic Techniques of the Traditional Mental Health Healers**

An ardent scholar of traditional medicine, Senah (1988), indicated that many traditional healers use the following diagnostic tools in order to reach any meaningful diagnosis: detailed history taking, physical examination, and divination.

#### **Detailed History Taking**

This is the most important diagnostic method used by most traditional healers. This method is where the healer takes a very detailed physical and psychosocial history of the client. They take a detailed history of the signs like bizarre content of speech, removing clothes, untidy appearance, being withdrawn and looking frightened, nightmares, duration and the relieving agents for the condition. They also make use of information gathered from secondary sources like co-workers, relatives and friends about the nature of onset and the symptomatology. They use this to serve as baseline information to establish the diagnosis and also to assess the progress of the treatment made.

Questions are asked to reveal the illness in the context of the patient's life: social relationships, physical environment and spiritual relationships. Healers may ask questions like: Do you have enemies? Does anyone wish you ill? Do you want something you can't have? Are your ancestors displeased with you for any reason?

During the interviews, they use certain techniques that facilitate therapeutic communication. These include paraphrasing the sentences of the client, using open-ended questions, focusing the conversation, body language and using therapeutic touches on the client. More often than not, the clients present the aetiology of their conditions to the healers indirectly after the anamnesis. It is also therapeutic since the client is given the chance to vent out the feelings.

#### **Physical Examination of the Client**

Like orthodox medical practitioners, they also do inspection, palpation and percussion on the client to facilitate and also validate their diagnoses after the history taking. This physical examination is also highly therapeutic for the clients.

Depending on the nature of complaints presented by the client, the Traditional Healer might ask for the client's urine, faeces, vomitus and sputum for examination.

#### **Divination**

This is also one of their most powerful diagnostic tools. It is a means of getting into contact with the metaphysical world to unveil the secrets responsible for the clients' ailment. This will accurately direct the traditional practitioner to the aetiology, prognosis and

the management of the condition. They use varied means for this purpose depending on one's training orientation. These are sacred objects that represent different aspects of people's life like death, happiness, riches and childbirth. These objects are thrown like a dice on the ground and clues to the clients' problems are interpreted from the configuration of the items. The gods speak to them through these items. The common media are cowries, ordeals, soothsayers and mirror/palm/water gazing.

### **TREATMENT METHODOLOGIES OF TRADITIONAL HEALERS**

Komla (1997) explains that clients believe that a healer cannot treat any illness without adequately dealing with the spiritual factors that ultimately account for their misfortunes. Therefore, there is always the tendency to look beyond the physical treatment of illness towards the spiritual. Thus treatment often includes abstaining from particular types of food, alcohol, or sex during and or after treatment.

The therapeutic approaches to ailments by these practitioners can be discussed under five broad headings as below:

#### **Traditional Pharmacopoeia**

Traditional healers, and particularly herbalists, believe that every disorder has a corresponding plant or animal product that can neutralise its effect (Senah, 1988). They use elements of plants like leaves, roots, seeds and barks. They may be used in isolation or combined with mud, and heap earth and small animals. These herbs are normally processed into any of the following forms: concoctions, emulsions, ointments and powders. The solvents they use vary like water, alcohol, honey and oil. The routes of administration of the herbs take forms like oral, inhalations, enemas, instillations into the nostrils, eyes and the ears.

#### **Restraints**

These are methods used to control psychotic patients who are aggressive or in the acute stage. They include physical measures like using ropes or chains to immobilize them. Some even resort to beating them to make them weak in order not to harm themselves or others. Sedative herbal preparations are also forced down their throats as concoctions or instillations into their nose. Others use spiritual restraints like prayers, incantations, fasting to calm the aggressive clients.

#### **Occult Therapy**

Senah (1988) also has it that the traditional African believes that mental illness which has supernatural origins can only be managed by larger doses of magico-religious forces. Each traditional healer in his or her own orientation has been equipped with varied forms of weapons to be able to fight the

invisible forces. The healer utters prayers, incantations and invocations to effect treatment. Some of the clients are given Holy Water or salt to add to their diets. Furthermore, animals are sometimes offered to pacify the gods. Some are also asked to abstain from particular types of food, alcohol, or sex during and or after treatment

#### **Preventive Medicine**

According to Danquah (1982), the client is made to believe that witchcraft practice is responsible for the condition and people who envy him or her are the cause of the problems. The client is then taught avoidance behaviour to reduce the anxiety by not coming face to face with the enemy or can be given some charms, amulets, talismans to wear for protection against any further evil forces, enemies or bewitchment during treatment and after discharge from the treatment centre. Children are also given immunizations against tetanus and high fever.

#### **Psychotherapy**

The healers use the following techniques during counselling to help create a therapeutic effect in their clients depending on one's training and orientation: music, confession, bible quotations and therapeutic intervention.

**Music and Dramatherapy:** Both dramatherapy and music as use for emotional problems dates back to the Biblical times when David used to play music for Saul when he was tormented mentally. The Holy Book reports that the latter was instantly healed by the music (1 Samuel 16:14-23). In the same way, the traditional healers have equally endorsed the importance of music as a form of therapy.

Those who employ these approaches teach the clients therapeutic songs which portray the impression that the Supreme Being is the anchor upon which they are leaning. The clients also drum, dance and socialize with each other during such occasions. This also fastens the 'team spirit' amongst the members therefore cushioning the emotional problems. The dancing which is also a form of exercise leads to a production of endorphins in the body which eventually elevate the individuals' spirit.

**Confessions:** Using this approach, clients are asked to confess their sins and offer sacrifices to pacify the gods. Some do deliverances after the confession and it helps them to recover very fast after the ventilation.

**Bible Quotations:** The clients are normally given quotations from the Bible which are relevant to their respective problems. Examples of such quotations include: Mt. 6:25-31 where Christ entreats his followers to resist anxiety and Mt. 8:1-9 where he healed a variety of diseases. In addition to this, the clients are normally asked to fast and perform certain occult practices.

**Therapeutic Interventions:** The traditional healers use a lot of applied psychology during the healing sessions. In interviewing the clients, they use the

same techniques in responding therapeutically which include paraphrasing, clarifying, using open-ended questions and focussing. All these methods help the patients to ventilate the feeling which can be highly therapeutic.

#### **CHALLENGES TO TRADITIONAL HEALING PRACTICES**

In the past the African governments did not recognize these contributions made by traditional healers but around the 1990s due to diminishing revenues as a result of structural adjustments programs and cuts in foreign aid, they were forced to reconsider the advantages of African Traditional Medicine. So in July 2001 at Lusaka Zambia, the African Union declared 2001-2010 to be the decade for African Traditional Medicine. The goal was to bring all the stakeholders in an effort to make safe, efficacious, quality and affordable African Traditional Medicine available to the vast majority of the people.

This goal was supported by WHO and International Development Research Centre (IDRC ). Since then, these two organizations supported many African countries on researches related to plant medicine and developed various guidelines and model instruments for the institutionalization of African traditional medicine in the health institutions. These included the development of national policies, regulatory frameworks, upgrading the skills, and knowledge and registration of African traditional practitioners. Despite these recent perks, African traditional medicine continues to be affected by the challenges described below.

#### **Unscientific Ways of Practice**

There are many setbacks in the practice of African traditional medicine that are rendering it from becoming scientific and they include the following:

**Diagnostic Difficulties:** Most of the Traditional Practitioners are not highly educated and do not have a sound knowledge on the anatomy and physiology of the body, therefore they find it difficult to come out with the correct patho-physiological processes and diagnosis. They rely mostly on the signs and symptoms.

**Lack of Doxology:** Most of the healers have no dosage guidelines. In addition to ensuring that the proper dosage of any pharmaceutical is prescribed, this dosage information can benefit the client-healer relationship when symptoms either are not relieved or when other symptoms arise.

**The Metaphysical Approach:** The non-verifiable nature of the diagnosis leaves much to be desired by the scientific world. Spiritual explanation is given to all illnesses even those that have scientific explanations like cerebral malaria.

**Unhygienic Preparation of Herbs:** Since they have little or no knowledge about personal hygiene, microbiology and their effects on health, most of

their drugs are prepared under unhygienic conditions. This results in some of the patients contracting nosocomial infections and traditional healers at times infecting themselves.

#### **Referrals**

Many orthodox hospitals complain of receiving patients with mental disorders that have been delayed longer than desirable in the clinics of incompetent traditional healers who are ignorant of their own limits of power.

#### **Loss of Knowledge and Herbs**

The plants used for the herbs are diminishing at an alarming rate due to either the degradation of the environment or human activities like farming, deforestation and improper methods of harvesting. Apart from that, there is a loss of indigenous knowledge as the elders die without having passed the knowledge to the younger generation. This is partly explained by the fact that the educated look down upon their practices.

#### **Attitudes of Public Officials & Allopathic Practitioners towards African Traditional Healers**

According to Green (1996) Public officials and allopathic practitioners tend to have biases against working with African traditional healers due to prejudices or fear of competition. Hence their services are not officially supported or recognized in national health systems. Some also argue that although some herbs have beneficial effects, they may interact with western drugs and prove lethal. Others also fear that if the Governments officially recognize the collaboration, they will legitimize the unproven or harmful practices..

#### **Lack of a Code of Ethics in African Traditional Medicine**

One of the main constraints of African traditional healers is the lack of uniform code of ethics to protect the clients, practitioners and the society. The practitioners are also given paternalism in which they decide everything for the client which does not allow the clients to be active in the decision making of their health issues. Related to ethics is the question of confidentiality. Healers are known in some countries like Ghana to discuss the health problems of their clients in public as means of advertising their therapies in violation of confidentiality in therapies. Due to the lack of ethics to enforce legitimate membership, charlatans who cannot cope with the economic woes have moved to urban areas as a means of survival but have no knowledge about the herbs.

#### **RECOMMENDATIONS AND CONCLUSIONS**

At a 2006 conference of the Association of African Psychiatrists and Allied Health Professions (AAPAP) in Addis Ababa, Ethiopia, Ventevogel (2006) wrote

that despite the growth in psychiatry in Ethiopia over the span of 30 years, the infrastructure for mental health services in Africa generally was considerably under-resourced. WHO (2003) estimates that most African countries have less than 1% of health budget on mental health.

According to Omonzejele(2003) “Africa would do itself a disservice if because of the limitations associated with ATM, it should be entirely discarded. It served us in the past, it may even serve us better now if we harness its strengths and its weaknesses” He made the following suggestions which are worth mentioning:

1. “We must accept that our heritage must be brought up to meet high standards” (p. 101). To Omonzejele, it is knowledge in the health care that must be subjected to objective tests, because however well it works, it cannot be exempted from the rule of universal test.
2. Western Medicine has the International Code of Medical Ethics which protects patients, and African traditional medicine should also have uniform ethics to take care of such protection. African traditional healers are given paternalistic authority by those who seek their services, in which they decide everything for the patients. These practices should give room to autonomy for the clients. The code of ethics should also address the issue of confidentiality in which African traditional practitioners openly discuss the health problems of their clients in public in violation of confidentiality.
3. WHO reported that in 2003 traditional healers are worried that while they refer patients to Western-trained therapists, the latter do not refer patients to them. Western-trained therapists should learn to have a double referral system for each other.
4. Researchers should also be encouraged and motivated to analyze the chemical components of the herbs to come out with active ingredients and possible side effects of the herbs.
5. African traditional healers should also be integrated into the basic and tertiary school curriculum in the African schools. It should, however, be made a compulsory paper just like pharmacy in all the Health Training Institutions in Africa. Instead of viewing it as a primitive form of therapy in modern society, this measure will help the youth to study and rediscover the valuable knowledge of treatment.
6. The governments of Africa should stop paying lip services to African traditional medicine but take immediate pragmatic measures to improve their practices in the following ways:
  - a. Organize the African traditional practitioners into associations where they can be given basic knowledge on mental health with certificates to practise.

- b. Enough budgetary allocation should be made available to the section and be managed by officials who are committed in restoring African traditional medicine.
- c. The African traditional practitioners should be taught of the need to plant herbs, preserve them and the proper harvesting methods of the herbs

### CONCLUSION

Teh (1998) mentioned that African traditional medicine dates back as far as 4,000 years and is still the main form of therapy for nearly 60-90% of clients in Africa whether physical or mental disorders. Teh reminds us that in assuming a holistic approach to illness, these healers look not only at the causes but also the consequences of the illness on the individual and the community as a whole. They understand that a person has mental, psychosocial and spiritual components fused into one entity.

Despite the contributions of African traditional medicine to the alleviation and prevention of mental health in Africa, an additional challenge is their lack of recognition by formal institutions like schools and work places, schools. For instance an employer will not usually recognize a medical report or excuse duty form from a traditional healer. This attitude to African traditional medicine should change, especially given the recommendations mentioned above, because to Mufamadi (2001) 'Indigenous healing should not be regarded as an "interim phase" that would fade away as more people become "civilized". On the contrary, it is there to stay because it is valid and scientific'. According to her, there is a need to include the traditional therapy within the mainstream of healing.

It can be concluded that African traditional healers contribute to the recovery of patients with psychosomatic and anxiety disorders that cannot be easily managed with orthodox medicine. However, there is the need to re-train them in more scientific ways in preparing and dispensing their herbs. There is also the urgent need to educate these healers on how to preserve the trees from extinction and the need to marry traditional beliefs with scientific methods in diagnosing and treating their clients.

### REFERENCES

Atindanbila, S. (2000). Patients' perception of the quality of psychiatric services: A study at the Accra Psychiatric Hospital. A thesis presented to the Psychology Department of the University of Ghana.

Bamkowiński et al (1996). Resonances between traditional healers and persons seeking help. *INITO* Vol.17, No.2, 146-149.

Green, E. (1996). *Indigenous healers and the African State: policy issues covering African Indigenous healers of Mozambique and South Africa*. New York: Pact Pub.

Danquah, S.A. (1982). The practice of behaviour therapy in West Africa: A case of Ghana. *Behaviour Therapy and Experience Psychiatry*, 13, 1, 5-13.

Hogan, J., Carlson, J., & Dua, J. (2002). Stressors and stress reactions among university personnel. *International Journal of Stress Management* 9 (4), 289-310

Kinnam, G. (2001). Pressure points: A Review of research on stressors and strains in U.K. academics. *Educational Psychological Journal*, 21 (4), 474-492.

Komla, T. (1997). *Traditional Medicine in Contemporary Ghana: A Public Policy Analysis*. *Social Science and Medicine*, 45, 7, 1065-1094.

Madu, S. M. (1997). Traditional healing systems and (Western) psychotherapy in **Africa**. In S. M. Madu, P. K. Baguna, & A. Prity (Eds.), *African traditional healing: Psychotherapeutic investigation* (pp. 28-40). Kampala, Uganda: Access Communications.

Mufamadi, J. & Sodi, T. (1999). The process of becoming an indigenous healer among the Vhavenda speaking people of South Africa. In (Eds.) Madu, S. N., Baguna, P.K. & Pritz, A. *Cross-cultural dialogue on psychotherapy in Africa*. World Council for Psychotherapy African Chapter. Pietersburg: UNIN PRESS.

Mufamadi, J. (2001). A group of traditional healers' perceptions of and approaches to the treatment of mental illness. A paper presented at the indigenous knowledge conference. University of Saskatchewan: Saskatoon, Canada.

Omonzejele, F. P. (2003) *Current Ethical and other Problems in the Practice of African Traditional Medicine: Nigeria*

Osei, Y. (1994). *Psychiatric Service in a Developing Country - The Case of Ghana* *Curare*, 17, 39-43.

Razali (1996). *Psychiatric and Self-Healers in Malaysia*. *World Health Forum*, 15.

Senah. (1988). *The Role of Traditional Medicine in Ghana*. A paper presented at the Nursing Dept., University of Ghana, Legon.

Sliep, Y., Weingarten, K., & Gilbert, A. (2004). Narrative theatre as an interactive community approach to mobilizing collective action in Northern Uganda. *Families, Systems, and Health*, 22, 306-320.

Teh, R.N. (1998). The Role of Traditional Medical Practitioners in the Context of the African Traditional Concept of Health & Healing: A paper presented at the International Mental Health Workshop Traditional Healers.

Twumasi, P.A. (1988). Social Foundations of the Interplay Between Traditional and Modern Medical Systems. An Inaugural Lecture at the University of Ghana, Legon.

Ventevogel, P. (2006). Mental health in Africa: time for action. Report of the Annual Conference of the Association of African Psychiatrists & Allied Health Professions, April 24-25 2006, Addis Ababa, Ethiopia. Intervention (War Trauma Foundation, Intervention, 4, 272-274.

World\_Health\_Organization (2003). Traditional Medicine- Growing Needs and Potential. Geneva, World Health Organization