

South African Muslim faith healers perceptions of mental illness:

Understanding, aetiology and treatment

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This is a final draft of the article. The published article can be found at:

<http://link.springer.com/article/10.1007%2Fs10943-007-9133-2>

Ally, Y., & Laher, S. (2008). South African Muslim faith healers perceptions of mental illness: Understanding, aetiology and treatment. *Journal of Religion and Health*, 47, 45-56.

ABSTRACT

The important role that religious beliefs may have on perceptions of mental illness cannot be ignored. Many religions including Islam advocate witchcraft and spirit possession- all of which are thought to influence the behaviour of a person so as to resemble that of a mentally ill individual. Thus this research explored Muslim Faith Healers perceptions of mental and spiritual illness in terms of their understanding of the distinctions between the two, the aetiologies and the treatments thereof. Six Muslim Healers in the Johannesburg community were interviewed and thematic content analysis was used to analyse the data. From the results it is clear that the faith healers were aware of the distinction between mental and spiritual illnesses. It was also apparent that Islam has a clear taxonomy that distinguishes illness and the causes thereof. Treatments are then advised accordingly. Thus this paper argues that the predominant Western view of the aetiology and understanding of mental illness needs

to acknowledge the various culturally inclined taxonomies of mental illness so as to better understand and aid clients.

Keywords: Religion, mental illness, spiritual illness, faith healers, Islamic medicine

INTRODUCTION

According to Ratele, Duncan, Hook, Mkhize, Kiguwa and Collins (2004), modern psychology is essentially a Western product, which was brought to developing countries with the purpose of a) transferring knowledge's and technology; and b) to prove psychology as an objective, value-free and universal science. In line with this universalistic orientation- psychologists have attempted to understand people in developing societies with reference to conceptual categories and theories developed in the West. This is supported by Gergen, Gulerce, Lock and Misra (1996) who claim that the eagerness to demonstrate the universality of psychological processes resulted in psychologists viewing culture as an impediment. Meyer, Moore and Viljoen (2003) add to this by stating that by ignoring the cultural context and the belief system of African people- a lot of pain has been caused as a consequence of misdiagnosis and the application of inappropriate therapeutic techniques. They cite the example of schizophrenia which is frequently misdiagnosed amongst African patients. Ill-informed psychologists and psychiatrists diagnosed paranoid delusions and auditory hallucinations to patients who believed that they were bewitched or that ancestors had spoken to them.

Furthermore, according to Mkhize (2004), it does not make sense to exclusively explain the psychological needs and experiences of people in developing societies

with particular reference to philosophical systems imported from the West. About 80-90% of people from developing societies rely on traditional healing for healthcare. Thus, what Mkhize suggests as a potential solution to this, is indigenisation - an attempt to blend imported theoretical and methodological frameworks with the unique elements of the culture in question. Currently western models understand cultural and/or spiritual conceptualisations from non-western cultures as merely a means of coping with illness rather than an independent principle deserving further merit and attention (Greenwood, Hussain, Burns & Raphael, 2000). Thus, not only is there a need to broaden aetiological understandings, there is a need to incorporate these understandings into diagnosis and treatments so as to better understand and aid clients from non-western backgrounds. Given this, this study explores Muslim faith healers perceptions of mental illness. In the discussion that follows, mental illness is defined and explored in terms of its conceptualization in various religions. The concept of Faith Healing is also clarified.

CONCEPTUAL FRAMEWORK

A mental disorder¹ is considered in the DSM-IV-TR (2004, p.xxxi) as “a clinically significant behavioural or a psychological syndrome or pattern that occurs in an individual and that is associated with present distress, disability or significantly increased risk of suffering death, pain, disability, or an important loss of freedom.” Thus, the DSM-IV-TR’s (2004) conceptualization of mental illness tends to focus on mental illness as a manifestation of a behavioural, psychological or biological dysfunction in the individual. Hayward (1999) suggests that culture shapes the expression of mental illness and consequently, it can be said that an individual will

¹ Even though the terms mental illness and mental disorder are distinct, they are often used interchangeably. As such, the terms are used interchangeably in this study.

manifest and express his/her psychological ailments in a manner that will be appropriate and allowed in that particular culture. The DSM-IV-TR (2004) acknowledges this and states that the ethnic and cultural context of the individual needs to be taken into account, as the cultural context plays a role in the expression of and evaluation of symptoms and dysfunction.

Swartz (2002, p.6) views culture as “a set of guidelines (both implicit and explicit) which individuals inherit as members of a particular society, and which tells them how to view the world, how to experience it emotionally, and how to behave in it in relation to other people, to supernatural forces or gods, and to the natural environment.” When it comes to mental illness though, culture is often equated with religious beliefs and this appears to be the most important determinant of ones perception of mental illness. Religion advocates witchcraft and spirit possession- which are thought to influence the behaviour of a person so as to resemble that of a mentally ill individual (Karim, Saeed, Rana, Mubbashar & Jenkins, 2004; Morrison & Thornton, 1999)

Witchcraft and the belief therein is found in many societies. The origins of the witch organisation go as far back as the ancient fertility religions of the world (Hole, 1940). Kapferer (2003), states that the belief in the influence of witchcraft is geographically diverse and that the belief therein is found in Africa, Asia, South-Pacific and the Caribbean. Igwe (2004) adds to this by stating that in Nigeria, witchcraft is common amongst all ethnic and religious backgrounds and has a controlling impact on the thinking and perceptions of the people whose culture incorporates witchcraft as part of their culture/religion. Morrison & Thornton (1999) discuss the belief in witchcraft

amongst African-American individuals in the southeastern region of the United States. This belief in spiritual ailments can be said to be echoed in modern Westernized societies as well. According to Stafford (2005), there has been a rapid increase in demonic interference as well as the number of exorcisms performed in the United States.

According to Eldam (2003, p.58), witchcraft can be considered as an 'innate power' that certain men and women may possess. Witchcraft is believed to cause epileptic fits, excessive weight gain, death, illness, accidents, infertility and miscarriages (Igwe, 2004). Victims of possession may show supernatural strength or agility. They may arch their spines backward, while others may roll on the ground; the tone of voice of the inflicted changes and the individual will use the plural *we*; and on rare occasions a foreign language is spoken (MacNutt, 1995). Stafford (2005) adds to this by stating that some of the other features include rolling eyes, screaming, gagging, smells, and a cold feeling in the room. During the deliverance of an oppressing spirit from a victim, bodily contortions, changes in the voice and changes in facial expression can be observed (Stafford, 2005).

In Islam-magic, sorcery and witchcraft all fall under the term '*sihr*'. *Sihr*, according to Abdussalam-Bali (2004) is defined as an act that brings one closer to the devil - by using the devil. *Sihr* is further described as a word stemming from the Arabs and can be considered as the English equivalent to witchcraft (Eldam, 2003). It can thus be taken as an occult science and as an act is accomplished by gaining proximity towards the *shaytaan* (devil).

The Muslim belief in the existence of this art is precipitated not only by cultural affiliations, but also by the religious book of Islam, the Qur'aan. Evidence from the Holy Qur'aan says "...*Suleiman (Solomon) did not disbelieve, but the devils disbelieved teaching men magic...*" (Abdussalam-Bali, 2004, p.21). It is further stated by the author that the Qur'aan says "*I take refuge with the Lord of the daybreak from the evil of what He has created, from the evil of darkness when it gathers, from the evil of the women who blow on knots, from the evil of an envier when he envies*" (Abdussalam-Bali, 2004, p.22). This, according to Abdussalam-Bali (2004) is a reference to female sorcerers who blow on thread knots while making their spells. Lethargy, illness, bad dreams and voice hearing are other symptoms of bewitchment that are identified by Islam (Abdussalam-Bali, 2004).

In addition to witchcraft, the Quraan also identifies ill will or jealous intentions of others as a source of one can becoming ill (Stein, 2000). This is termed 'nazr' in Islam.

Demonic possessions and the existence of *jinn* also form part of the culture of Islam. According to Hussain and Cochrane (2002) jinn are a separate race that can appear in different forms and can cause harm by possessing a human. Jinn can also cause physical illness, anger or sadness. They can be used by sorcerers to wreck marriages, cause lunacy, constant pain in the body or even epilepsy (Abdussalam-Bali, 2004; Hussain & Cochrane, 2004; Karim, et al, 2004). Jinn possession also manifest with bizarre, multiple behaviours and odd movements that may be considered as either psychotic or non-psychotic disorders (Al Habeeb, 2004).

According to Stein (2000), the introduction of Islam in Morocco influenced the Moroccans views of mental illness in that patients would ascribe the beginnings of what would be considered as schizophrenia to a possession by jinn. Depression is also ascribed as being caused by the vengeance of jinn (Stein, 2000). However, it is important to note that not all jinn are evil. What determines whether a jinn is evil or good are its beneficial or harmful effects (Al-Habeeb, 2004). Thus, it is believed that if a possessed individual is displaying religious qualities, then it is a good jinn, whereas, if the individual displays qualities that are against the doctrines of religion, then it is an evil jinn or an evil spirit that has possessed the body (Eldam, 2003). Evil jinn like evil sorcerers are usually regarded as those who have aligned themselves with the devil. Coker (2004) adds to this by stating that when the jinn are evil, they may be referred to as devils or evil spirits, often interchangeably. This is supported by Weber (1920, as cited in Eldam, 2003, p. 26) who points out that “Demonology is the doctrine that a devil or any other spirit is able to control the body and the mind of the person”.

Based on this, one can say that the terms demon, evil spirit and jinn all depict the same process i.e. the possession of an individual by an unseen denomination. Thus, one can say that the terminology used to describe a religious/cultural diagnosis will depend largely upon the culture or religion that the diagnosis applies to. For example, in Islam, it is common to hear of a jinn possession, whereas in the Christian faith, the term evil spirit or spirit possession is used.

Similar beliefs are encountered in the Balinese culture where the Balinese distinguish between sekala and niskala. Sekala refers to the concrete aspect of illness which can

be removed by a health practitioner. Niskala on the other hand refers to disorders caused by a supernatural force or black magic and can only be treated by a traditional healer (Kurihara, Kato, Sakamoto, Reverger & Kitamura, 2000).

It is believed that the art of witchcraft is passed on by inheritance (Eldam, 2003); while sorcery is not something that is not necessarily inherited- but can be learnt. Thus, the ability that the sorcerer has to wreck marriages, cause pain and harm to people can be said to be learnt. Witchcraft can be assumed to exist on a pendulum, with the one extreme expressing the witch as having malevolence as a motivator; while on the other side of the pendulum is the witchdoctor-often called in to cure the ailments thereof, or to defeat the spells of the evil witch (Hole, 1940). The witchdoctor is often referred to as a faith healer.

Faith healers can be considered those individuals who have attained a comprehensive understanding of, and practice from within a particular religious or cultural viewpoint (Al-Habeeb, 2004); that enables them to effectively render assistance to those community members who are afflicted by a religious-cultural diagnosis (Khan, 2002). As elaborated by the African Regional Office Experts Group (WHO, 2000, as cited in Eldam, 2003, p. 47) a traditional healer is “a person who is recognized by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious background as well as on the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well-being and the causation of disease and disability”.

As mentioned by Eldam (2003), different forms of traditional healers exist, ranging from bonesetters, traditional midwives, herbalists and religious healers (Shamans, Priests, Moulana's).

For example, in India, 'Babas' (Holy men) are the mediums through which spirits and jaadoo (black magic) are removed from those afflicted (Stafford, 2005). A person who is deranged will be brought to the baba by family members. As the afflicted individual approaches the temple, they become visibly agitated. This is believed to be the cause of the spirit or 'bhut'. The Baba will initiate a ritual ceremony that entails the waving of arti (tray of lights), and once the ceremony is on its way, the body of the victim is totally possessed by the bhut. The body of the person may fall into a trance like state, or groan, bash its head against the wall, or even "exhibit bizarre gyrations of supernatural force" (Stafford, 2005, p. 15).

The Healer in African tradition is most commonly known as a *sangoma* (from the Zulu word, *izangoma*) (Kale, 1995). According to Hund (2004), the role that the Healer plays is holistic as the patient seeks help for a variety of illnesses i.e. Patients visit traditional Healers for treatment of various illnesses including sexually transmitted diseases, divulgence of secrets, protection against witchcraft, prophecies of future events, and annual check ups. In addition to rendering traditional medical treatments, the traditional healer also deals with culture-bound syndromes that do not respond to Western treatments. Spirit possession, ancestral wrath and sorcery are examples of such culture-bound syndromes (Hund, 2004).

In the Islamic faith, traditional Healer's (Moulana's, Sheikh's or Matawaa's) are the mediums through which mental illness is dealt with, as they are considered well equipped to drive the evil spirit or the evil eye away (Sayed, 2003). Exorcists in the Islamic faith recite specific verses from the holy Qur'aan and splash water on the affected parts of the person (Khan, 2002). It is important to note that according to Khan (2002), a 'real' exorcist will not reveal the actual reason for the person's ailment. The rationale lies in the fact that if people are told that they are bewitched or possessed- it is bound to disturb them.

This study thus seeks to add to a growing body of knowledge, by focusing on South African Muslim Faith Healers perceptions of mental illness; with a view to commenting on the influence that religious beliefs have on the aetiology and treatment of mental illness.

METHODS

SAMPLE

A non-probability convenience sample of six Muslim Faith-Healers was used. All Faith Healers had at least 5 years of experience in the field. Four of the Faith Healers also had the qualification of Moulana. A Moulana can be considered as an individual who has achieved a comprehensive understanding of the principles, laws and teachings of Islam. The level of Moulana can be equated to a postgraduate level of training in Islamic studies as evidenced by a recent decision by a South African institution to admit Moulana's into their Masters degree in Islamic studies. All six

faith healers although born in South Africa are of Indian origin. Thus one needs to emphasize and acknowledge at the outset that the perceptions presented in this article are not solely located within an Islamic culture. Rather, the South Africa Muslim faith healers perceptions of mental illness is a combination of different ideas and experiences that originated in Islamic, Indian and local traditional medicine.

INSTRUMENTS

A semi-structured interview schedule, consisting of 12 open-ended questions and 9 closed ended questions was used. Closed ended questions were used primarily to determine the scope of practice of the faith healer and to obtain clarification on issues. Open ended questions dealt with issues of understanding, aetiology and treatment of mental and spiritual illness. The use of this qualitative methodology is recommended in research of this nature due to the depth of understanding and detail that it elicits (Greenwood, et al, 2000)

The interview schedule was developed by the researchers in relation to appropriate literature reviewed. The interview schedule was further constructed in consultation with community members, and academics familiar with the fields of religion and psychology. The schedule was piloted on 1 faith healer and two Muslim students prior to the research being conducted and except for a few questions which required rephrasing to better clarify meaning, the schedule was appropriate for use in the study.

PROCEDURE

Approval to conduct the research was obtained from the Committee for Research on Human Subjects at the University of the Witwatersrand. The faith healers participation

in the study was voluntary and informed consent was obtained. Faith healers were provided with feedback in the form of a three page report on completion of this study. A potential sample of faith healers was identified by using the information provided by community members about faith healers in and around Johannesburg. Faith healers were contacted telephonically to request their assistance and arrange a suitable time for the interview. The interview was conducted at the faith healers premises. Follow-up interviews were carried out where deemed necessary. Interviews were tape recorded, transcribed and analyzed.

DATA ANALYSIS

Thematic content analysis was used as an analysis technique, as it enabled the researcher to sift through the recorded data collected from the faith healers in a systematic manner (Babbie & Mouton, 2005). The process of selective reduction enabled the researcher to focus on specific words/patterns that were indicative of the research question (Henning, 2004). This technique allowed for the data to be placed into broader themes and for relevant issues to be highlighted.

RESULTS AND DISCUSSION

From the interview material obtained, the perceptions of the faith healers fell into three broad categories, namely, the understanding of mental and spiritual illness, causes of mental and spiritual illness and the treatments/methods of healing prescribed.

UNDERSTANDING OF MENTAL AND SPIRITUAL ILLNESS

According to the faith healers, a person in Islam is conceptualised as being the combination of four interacting parts, namely, mind (Aql), body (Jism), self (nafs) and soul/spirit (Ruh). All four parts interact continuously with each other to maintain a harmonious balance in the body. Disease occurs when this balance is interrupted for some reason. The person functions within a natural environment that consists of tangible and rationally explained beings as well as a supernatural environment within which intangible or unseen forces function. It is within this environment that the balance between the four interacting parts may be disturbed resulting in physical, mental and/or spiritual illnesses that may impact on one or more parts of the individual. This concurs with the conceptualisation of the person in Islam presented by Ashy (1999), Al-Zeera (2001) and Carter and Rashidi (2003).

According to the faith healers mental illness has dualistic causes. On the one hand, they acknowledge that *“like physical illnesses can be brought on in a natural way, mental illness can also be brought on in a natural way”* (M5). Symptoms typical of an inability to comprehend logical reasoning, hallucinations and deluded thinking; changes in sleeping and eating patterns were thus identified. This description of mental illness according to the faith healers can be said to be linked to how mental illness is conceptualized in the academic literature. The DSM- IV-TR (2004) in particular, conceptualizes mental illness as being a manifestation of a behavioural, psychological or biological dysfunction in the individual.

However faith healers also distinguished spiritual illnesses which present with physical or psychological symptoms which are characteristic of mental illnesses. A

spiritual illness is considered by the faith healers as “...*some unseen force, that can't be diagnosed by any mechanical means or via any instruments of such*” (M1). It is further described as presenting “...*various physical symptoms of unexplained aches and pains and in very rare circumstances unexplained abnormal behaviour*” (M2). As stated by a faith healer “...*they make the jaadoo (black magic) to present itself in a medical condition...*” (M5). This is confirmed by Igwe (2004), who states that medical illnesses such as epileptic fits, excessive weight gain and infertility are associated with witchcraft. Stafford (2005) also reported physical and psychological symptoms as symptoms of spiritual possession. Thus, even though a distinction between mental illness and a spiritual illness was agreed upon by all the faith healers, there exists an overarching believe that the symptoms of spiritual illnesses present in psychological or physical forms.

This interpretation of the person and illness concurs with earlier discussion on African and Asian perceptions of illness suggesting similarities between Asian, African and Islamic perceptions of illness in terms of their prescription to a spirituality principle. It also suggests that present understandings of mental illness are located within a Eurocentric, western model which does not devote adequate attention to this realm.

CAUSES OF MENTAL AND SPIRITUAL ILLNESS

Faith healers identified the ‘*inability to handle pressures and stress of everyday life*’ (M2), ‘*traumatic incidences*’ (M3), ‘*childhood trauma*’ (M3) and ‘*chemical imbalances in the brain*’ (M6) as some of the likely causes of the onset of mental illness. However they also elaborated on the causes of spiritual illness which produced medical and/or psychological symptoms. Spiritual illness in Islam according

to the faith healers can be split into two broad categories, namely jaadoo (black magic) and ill will (nazr).

Black Magic

Black magic, as derived from the interviews is said to be achieved using plants or through the help of jinn. This concurs with the understanding of voodoo presented by Morrison & Thornton (1999). According to them voodoo is defined as ‘a system of magic, divination, herbalism, and conjuring involving root doctors and herbalists...Mythical possession is a common part of the rituals in which laos (spirits) enter into people’ (p. 446). According to a faith healer, if the medicinal properties of plants are mastered by individuals, they can be placed in food or rubbed onto the clothing of individuals to cause harm. Usually this results in erratic behavior, fear and hallucinations.

In addition to the hallucinative properties that can be found in plants, it is believed that black magic can be sent by jinn. Jinn are according to a faith healer “...*a species that exist on earth in a realm of their own...*” (M1). This is similar to Hussain and Cochrane’s (2002) conceptualization of jinn as being a species that have the ability to possess. Another faith healer stated that “*Jinn is err... a combination. When the Bible said the Qur’aan said that the combination of men, Allah has made us out off clay, right, now the combination of jinn is smokeless fire*” (M6). According to the faith healers, jinn cannot be seen by the ordinary human eye, yet if jinn are sent to one, the person can be harmed by the jinn possessing him/her. These possessions will “...*harm him in some way which either causes him to become ill or generally a high fever, and sometimes in jinn possession the person displays strength which is not*

normal... he might start speaking funny, like speaking in a strange language, or giving information which people cannot generally... you know attain by just looking around” (M1). This fits in with Stafford’s (2005) description of the characteristics of a spiritual illness. Bashing the head, rolling eyes, screaming, as well as changes in facial expression and tone of voice can be observed in those claiming to be affected by spiritual ailments. It is also believed that more than one jinn can possess the body of the inflicted and in the words of a Faith healer “...we’ll always say like they use in your peoples terminology you see a split personality...” (M1).

Abdussalam-Bali (2004) also states that there are different methods of acquiring the control of jinn; and that once this has been accomplished, the sorcerer or witch will have the ability to either use it for good (to cure people from their spiritual afflictions) or for bad (to harm those who are the targets of jealousy). Thus, the person who has malevolence as a motivator (Hole, 1940) can be said to be that individual who will utilize the power of the jinn to harm others.

Gaining mastery over the jinn is a process that according to the faith healers is dangerous and bears risks to ones sanity. When the faith healers were probed with regards to this process, it was revealed that a specific Surah (Verse) from the Qur’aan needed to be recited over a period of time. During this time “...you are put through tests by the jinn...physically strong, you’ve got to be mentally strong. And on different days they’ll have different tests for you. If you pass those tests than only will you get them under your control. And if you fail its like you lose your sanity forever” (M2).

III Will

Ill will is according to the faith healers the second broad category of spiritual illness. As described by a faith healer “... *each person within his eyes has something which he is not aware of. If he is somebody of a jealous nature, he will radiate evil. If he is a good hearted person, he will radiate good, so by him looking jealously at somebody, it can just make him sick, maybe you know, and he ... err, he might not even realize that he's doing it, but he can make the person sick...*” (M1). One can thus say that nazr or the evil eye can be caused by any human being. It can thus be said that to have an evil eye one does not require training or the undergoing of various tests, as is typical of witchcraft or jinn control.

It is believed by the faith healers that the evil eye results in lethargy, loss of appetite, disturbed sleep patterns, bad luck and misfortune. As suggested by the faith healers “*you find a person is just... becomes bad luck, nothing goes right for him in life, he's lethargic he's ...he doesn't feel like going on in life*” (M3). As outlined in McWilliams (1994), these symptoms are typical of an individual who is experiencing a clinical depression.

Thus, one realizes how there is an attached psychological aspect to spiritual illnesses that are believed to be caused by “*unseen forces that can't be diagnosed by any mechanical means....*” (M1). Furthermore the behaviour displayed by a patient who seeks help from a faith healer may be misunderstood as being a spiritual illness instead of a psychological one, as the symptoms of the two illnesses was ascertained through the interviews as being similar. The opposite can also be said to apply to a

psychologist or a medical practitioner, who may misdiagnose a spiritual illness as a psychological or medical illness.

TREATMENT OF MENTAL AND SPIRITUAL ILLNESS

According to the faith healers interviewed, since spiritual illnesses manifest with psychological and/or medical symptoms, assistance from a psychologist and/or doctor may help in alleviating the symptoms but if the illness is spiritual, then a spiritual treatment is required. Thus, even though the symptoms will be temporarily alleviated, the individual will only be cured once the impact of the jaadoo/nazr is removed (Ashy, 1999).

Hence the healers read specific verses from the Holy Qur'aan when diagnosing and treating spiritual illnesses "... *We put our hand on to the patients head and that is a form of positive energy. So when we reciting the Qur'aan you will find that ... the energy is transformed into them...*" (M3). These verses are read and then blown onto the client and/or into natural products, eg. water, honey, sugar, salt, olive oil, and the person is to use them when cooking, or they are to be ingested by the individual. Also, the verses of the Qur'aan are written on a piece of paper to be kept with the person at all times (a taweez/protective amulet). This is supported by Khan (2002) who states that the exorcist in the Islamic faith recite specific verses from the holy Qur'aan and splash water on the affected parts of the person. From the interviews, it can be said that the healers believe that this will either cleanse the inflicted person from the inside out, or will form a protection for that person from the effects of jaadoo and/or nazr.

Treatments used, specifically the use of natural products, originates from Islamic (Unani) medicine which has its roots in treatments prescribed in the teachings of the Prophet Muhammed (p.b.u.h) – Tibb-an-Nabawi. As described by Kasule (2005), Tibb-an-Nabawi refers to the specific words and actions of the Prophet Mohamed (p.b.u.h) with regards to disease, treatment of disease, and care of patients. Tibb-an-Nabawi integrates body, mind, matter and soul. As such, it is mentioned that Tibb-an-Nabawi can be used to cure psychological, medical and spiritual illnesses. It is further mentioned that recitation of the Qur'aan and other spiritual practices like daily prayer (namaaz/salaah) and constant remembrance of the Almighty (Zikr) can be effective in the treatments and healing of patients (Ashy, 1999; Carter & Rashidi, 2003; Kasule, 2005; Syed, 2003).

Further elaboration of the impact of spiritual practices on the precipitation of and the curing of spiritual illness was obtained from a faith healer who reported that “...*our deen (religion) has taught us that if a person ... reads namaaz regularly and properly, reads Qur'aan then inshaAllah (with the will of God) firstly he would be less susceptible to err these type of things, also he's cure will be faster, and if a person is far away from deen, does not perform salaah, or lead an Islamic lifestyle then they may be more susceptible*” (M5). Thus, it can be said that a spiritual illness will have spiritually inclined cures, in the form of spiritual practices. It is important to note that even though spiritual practices are regarded as vital in the treatment of mental illness, it does not make one immune to the effects of black magic and ill will. What it does, according to the faith healers is that it “...*assists ...in strengthening you spiritually*” (M1).

According to the faith healers, an essential element in treatment is belief. Belief in the Almighty and in the fact that through the grace of the Almighty the spiritual element causing the illness will be removed. One does not have to follow Islam or any of the other religions but a firm belief in the Almighty needs to be present.

Collaboration between healthcare practitioners

All the faith healers interviewed were in favour of collaborating with medical and psychological practitioners specifically because they understood that illness could be either medical, psychological and/or spiritual.

“...if I had to get a client coming in and you know they show err symptoms of err...let’s take a flu for example right, I’ll say to them you know what go to the doctor. The doctor is umm more knowledgeable with medical side...with the medical side so you rather go there where if I have a person coming in and you can see they emotional and they aren’t affected in any spiritual way then ill say you know what you rather go to a psychologist because you’ll need someone who’s going to help you get to your problems and explain to you why you feeling that way...” (M2).

Thus, it can be hypothesized that the collaboration purported by the faith healers serves as a kind of psychological filter for both the faith healer and the patient concerned. For the patient it puts to rest that medical assistance was sought, and for the faith healer, it can be said that having a patient who has been to a medical or psychological practitioner will result in the treatments they subsequently prescribe being done with more confidence. Consequently, it can be said that in order to reduce the confusion between the various paradigms, attempts to blend Western theoretical

frameworks with the unique elements of the culture in question should be pursued (Mkhize, 2004).

CONCLUSION

Thus, this study focused on South African Muslim faith healers perceptions of mental illness. It was ascertained that religious conceptualisations play a key role in the understanding, aetiology and treatment of mental illness and mental illness like symptoms. The causes of mental illness were seen as stemming from dualistic points i.e. biological factors (medical/psychological) and/or from spiritually inclined taxonomies. Treatments were based within religious doctrine. The implication of this is that an understanding of diverse belief systems is imperative if one is to holistically and effectively prescribe treatments to individuals from non-Western cultures.

Although the DSM-IV-TR (2004) states that cultural considerations in the evaluation and treatment of individuals are important; and although Western investigators have come across startling Eastern conclusions concerning mental processes and ways of promoting psychological well-being- there exists a tendency for it to be dismissed as mere superstition (Sheikh & Furnham, 1996). Likewise, there are many modern psychiatrists who believe in the existence of supernatural spirits, yet a spiritual diagnosis or diagnosis by religious variables would not be made by them (Al-Habeeb, 2004).

With this said, it can be ascertained that even though Western empiricism has opened its doors to the possibility of alternate aetiologies, the treatments of and ultimately explanations of mental illness are seen within the framework of the Western viewpoint - which only considers objectively observable and measurable phenomena

as real (Stafford, 2005). Given the diverse nature inherent in the South African context, this Western viewpoint needs to re-align itself with the various culturally inclined taxonomies that exist. 'Knowledge about the human self and behavior is not a product of a single culture but the result of all human experiences in every human culture. Truth is born in open dialogue, not in isolation' (Ashy, 1999, p. 267).

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