

Spirituality and Mental Health Across Cultures

Edited by Alexander Moreira-Almeida, Bruno Paz Mosqueiro, and Dinesh Bhugra

Publisher: Oxford University Press Print Publication Date: Aug 2021 Print ISBN-13: 9780198846833 Published online: Jul 2021

DOI: 10.1093/med/ 9780198846833.001.0001

African religions, spirituality, and mental health healing practices a

Chapter:

African religions, spirituality, and mental health healing practices

Author(s):

Olatunde Ayinde, Akin Ojagbemi, Victor Makanjuola, and Oye Gureje

DOI: 10.1093/med/9780198846833.003.0017

Introduction



It is a universal human experience to seek meaning and purpose in life. This is often achieved through partaking in activities that give value to one's life and help in the experience of connectedness to self, to the community and to a higher being, which may in turn lead to a feeling of wholeness, harmony, and of hope (1, 2, 3, 4). In many cultures around the world, the vehicle for this uniquely human quest is 'spirituality', defined in this chapter as a search for meaning and purpose and for a relationship with the transcendent (5).

While 'spirituality' may or may not be associated with, or originate from, a religion (6, 7) in many contexts globally, religion is the most common vehicle for connectedness to a higher being in many settings including the African setting. Religion as used here connotes an organized system

of belief, practices, symbolic objects, places, and officials that facilitate closeness to a sacred reality (6, 7). In Africa, 'spirituality' and religion are often used interchangeably and the epistemological distinction between them is almost non-existent.

The origin of religions on the African continent, as elsewhere, is a subject of considerable debate. However, there seems to be some evidence to suggest that religion arose as a by-product of psychological mechanisms that evolved in humans for reasons such as survival and social interaction (8). Some cognitive psychologists (8) believe that the psychological foundations of religion include the cognitive tendency to find causal explanation for natural events and the ability to recognize that other people have intentions and desires. These mechanisms are responsible for our ability to imagine purposeful agents behind naturally occurring events and phenomena. African religions may also trace their origin to the experiences and deep reflections of the ancestors of African peoples in response to the yearnings of the human spirit to find meaning within the context of Africa's diverse cultural heritage (9).

Whatever the origin, the reality is that religion has been part of African peoples from the dawn of history and continues to serve as the glue that holds together entire communities of peoples that are not related by birth. A Gallup survey of adults in 114 countries found that between 85% and 100% of respondents in Africa admitted that religion was important in their daily lives (10). In a more recent nationwide panel study in South Africa (11), between 89.6% and 91.8% identified themselves as religiously affiliated, while 88.0%–90.3% perceived religion to be important in their lives. These findings are only rivalled by those reported from South-East Asian countries (10).

From birth to death, every event in the life of an African is infused with religious rituals and meanings—daily life events and family life, important thresholds in life, kinship, occupation, leadership, social structure, and interactions. Gyekye captures the ubiquitous presence of religion in African societies in these words: 'to be born into African society is to be born into a culture that is intensely and pervasively religious and that means, and requires, participating in the religious beliefs and rituals of the community' (12). Mbiti (13) expressed a similar sentiment: 'to be is to be religious in a religious universe. These ideas drive the philosophical understanding of African myths, customs, traditions, beliefs, morals, actions and social relationships.' To Africans, religion is not an aspect of life; it is '... the glorification of everyday life, imagined and enacted through customs and ritual performance, in folk tales and proverbs, creation myths, prayer and invocation, music and dance' (14).

African conception of religion and African religions



In African thought systems, it is almost an impossible task to isolate religion and give it a concrete or precise definition. However, in an attempt to bring an African understanding to the description of religion, Beyers defines religion as 'the continual participation in traditions (myths and rituals) passed on from one generation to the next' (15). For an African, religion is inextricably woven into the entire fabric of life, of being and existence. It dominates language, thought patterns, social relationships, attitudes, ethics and, philosophical dispositions. Religion in the African context goes beyond beliefs, worship, and ceremonies. It is the final source of reference in terms of morals and ethics, tradition, culture, and custom, a guide for daily living and social relationships, and the place of the individual in the overall socio-political scheme of society.

Perhaps, the most important function of religion among Africans is that of personal and ethnic identity, as well as a framework for kinship with members of one's family, alive or dead (13). According to Mbiti, to exist at all as a human being in a traditional African community is to be completely immersed in its beliefs, traditions, ceremonies, and festivals. In other words, for Africans, religion is intimately linked to tribal and communal identity as well as kinship. Therefore, in practice, there is no unitary African religion. Thus, Africa has a multiplicity of ethnic groups, each with their own unique culture, language, norms, and religion (16, 17). It is for this reason, for example, that one can refer to a 'Yoruba religion' in that ethnic group in Nigeria or an 'Akan religion' in Ghana.

African religions are almost entirely focused on a celebration of life in the here and now, a continuing, dynamic, communal relationship among entities both physical and supernatural, in time and space, 'a concern for community and the expression of common humanity' popularly known as 'Ubuntu' in Bantu languages (14). Related to this is the African affirmation of differences and diversity in religious persuasion, a striking capacity to accommodate religions different from theirs. Africans

approach religion with an attitude that 'the road to the market cannot be a single one; there are several roads to the market' (Yoruba proverb). Perhaps the reason why Africans are able to be very tolerant of other religions is the very nature of their belief system. The pantheon of often indeterminate number of deities, spirits, and ancestors co-exist quite harmoniously in the African's mind, each deity with his own niche. The organizational structure of the pantheon is quite flexible. There is a chief god who is not too concerned about the day-to-day running of affairs and has delegated most functions to lesser gods, deities, and spirits. A person is therefore at liberty to pour libations to or offer sacrifices to countless other spiritual entities without necessarily violating any oath of allegiance to his own family god, if this is what the medicine man has prescribed. Unlike the God of Islam or of Christianity, neither the chief god nor his lesser companions in African traditional religions are jealous or demand absolute loyalty; the adherents of one deity are quite free to join adherents of another deity to worship, celebrate, and provide solidarity during festivals. Fundamentalism is therefore unheard of in African traditional religion.

African religious cosmology



Despite the plurality of religions and the diverse ways of religious expression on the continent, African religions share many essential features, such that some scholars of religion have concluded that the same philosophy underlies all of them. According to Turaki (18), some of these common features include the belief in a Supreme Being, belief in spirits and divinities, the cult of ancestors, and the use of magic, charms, and spiritual forces. Indeed, other scholars have suggested that it is possible to recognize some core traits of nearly all African religions to enable scholars to speak of a traditional African religion (ATR), in the singular generic sense (19).

In African religious cosmology, the transcendent is imagined as both a dynamic, impersonal power that permeates the entire universe, and also as a personal, immanent reality that has influence over all human activities (15). The universe is envisioned as a living, dynamic entity, with two parallel spheres. The physical realm is the abode of man, animals, plants, and the rest of animate beings, as well as phenomena and inanimate objects. The spiritual sphere is the abode of God, deities (or gods), and spirits. Yet, there are also a few African cultures that hold strong beliefs about gods that live close to the earth and spirits that roam the earth (20). Man is the centre of this religious ontology; one form of ontological existence presupposes the other and all forms exist in complete unity and harmonious balance (13).

Apart from these ontological categories of existence, there also exists a power, a life force or energy that permeates the entire universe. The ultimate source and controller of this power is a Supreme Deity, who has granted access to some of its power to lesser deities or gods and spirits. In African traditional religion, it is believed that a special category of

humans exits: witches, wizards, priests, and medicine men who have the ability and knowledge to access, manipulate, and use this mystical power for either good or evil in the community. The African religious world view is holistic, with little distinction between the physical and the spiritual world: men become spirits and return to their place of origin in the spiritual realm when they die, living men can be inhabited by spirits, and so can inanimate objects and phenomena: 'everything and everyone is connected to everything and everyone else' (15).

The idea of God in the Christian or Islamic fashion, or a Supreme Deity in African religions, poses a bit of controversy. Some scholars of African religions opine that the idea of God is a Eurocentric concept that missionaries brought to Africa in a bid to find a deity close to their God in the African pantheons in order to ease their missionary work, and that the idea of a deity is more polytheistic than monotheistic among African cultures. Other scholars maintain that the notion that Africans do not subscribe to the idea of a supreme God is incorrect.

What appears to be more correct, however, is that the organization of spiritual personages in African religions is often patterned after the social-political structures and realities of the culture in question, with a Supreme Being at the apex of the hierarchy (13). Although this Being is perceived personally, contact with him is only possible through mediators and councillors: gods, spirits, and ancestors. The worship and veneration of these mediators do not detract from the Supreme Being and is an indication of the worship of God (19). This is a fundamental difference between African religions and the Abrahamic religions, in which God is portrayed as being fiercely jealous and demanding in absolute loyalty and worship. Mbiti notes that there is hardly any African culture without the notion of a Supreme Deity, albeit known by different names in different cultures (13). God is perceived as being all-powerful and all-knowing, with no beginning and no end. God is both transcendent and immanent, and is involved in the daily affairs of men. In many cultures, he is considered to be the king, ruler, and master of the universe. Creation and sustenance of life is attributed to him. God is also considered to be the origin of human traditions, consisting of moral code and rules for ethical living. Morality flows from God to humans through the ancestors. In some cases, God can also afflict individual humans or entire communities with calamities, diseases, or mental illness as a form of punishment when they commit certain offences or contravene certain rituals (13). In African religions, the worship of God is not primarily for redemption or for paradise but for continued sustenance in the here and now.

African religions are also characterized by the worship and/or veneration of a huge number of spiritual beings, spirits, and the 'living dead' (13). Gods, deities, or divinities are manifestations of God, his associates, or his children in the spiritual abode. In some cases, they are deified humans or national heroes. Their number and attributes vary from culture to culture. There are divinities of death, thunder, war, iron, fertility, as well as river and mountain divinities. Each is a messenger of God and acts as an

intermediary between God and man. Each deity has its own specialty and it is not uncommon for the worshipper of a river deity to approach the priest of the fertility god to solve a fertility problem without causing any rancour between the gods. Spirits are lower in hierarchy to gods but superior to men, and were either created ab initio, or are the end point of humans when they die. Spirits are invisible and are believed to be ubiquitous. They can be benevolent or malicious, can sometimes be employed by witches and medicine men to cause harm or illness, and are commonly believed to be involved in the causation of mental illness and epilepsy. Spirits are also believed to possess persons to cause illness or to act through them as mediums. They can be approached through mediums, traditional healers, and diviners to convey important information, such as the cause of a mental illness, from the spiritual world to men. Spirits can reside in men, animals, plants, rivers, mountains, inanimate objects, and phenomena. They are generally feared but can be appeased through sacrifices and prayers.

Ancestors are deceased members of the family or community who have attained an elevated status in the spiritual realm. They function essentially to mediate between their descendants and God and deities. They are the conduits through which traditions and moral behaviour flow from God to man, and they are often consulted for personal, family, and communal problems and decisions. A close relationship with them is supposed to bring spiritual harmony and good fortune, while neglecting them is considered to be dangerous and can lead to misfortune. Ancestors also act as guardians of family affairs and daily activities, traditions, and moral behaviour. Ancestors are believed to accompany and act as guides to their earthly descendants through their cyclical journey through birth, childhood, adolescent, adulthood, death, and sometimes rebirth, and are an essential part of the initiation rites and rites of passage at each of the crossroads of life, having navigated these dangerous journeys themselves successfully in their own time. Political and moral authority as well as the family and social structures of society are often claimed to flow directly from the ancestors who act as the custodians of society's morals and social structure. Persons who have died through suicide or who did not procreate while alive are commonly believed to be denied elevation to the status of ancestors.

Worship in African religions can take the form of private communion or communal expressions of worship manifested in prayers, invocations, appeasement, salutations, sacrifice, and offerings. These are often accompanied by rich symbolism, rites and ritual, colourful visual and oral arts forms as well as music, dance, and general outpouring of emotion. Community elders, kings, and other traditional leaders, as well as herbalists and traditional healers are believed to have both political and sacred powers, and therefore feature prominently in communal worship.

Laws, customs, norms, rules, observances, and taboos often have sacred values and contravening them can bring about personal and/or communal calamity and illness as judgement and punishment from the spiritual

Page 6 of 15

PRINTED FROM OXFORD MEDICINE ONLINE (www.oxfordmedicine.com). © Oxford University Press, 2021. All Rights Reserved. Under the terms of the licence agreement, an individual user may print out a PDF of a single chapter of a title in Oxford Medicine Online for personal use (for details see Privacy Policy and Legal Notice).

world. Respect and obedience to parents and authority figures may assume a religious significance. Interpersonal difficulties often take on religious significance such that quarrels and misunderstandings may become occasions for accusation of witchcraft, sorcery, and magic. In almost all African religions, the spirit of men never die; children are born, grow old, die, and return to the spirit world where they either become ancestors or are reborn, in a cyclical fashion. With very few exceptions, African religions have no notion of heaven or hell.

Aspects of African religions and spirituality relevant to mental health theory and practice



Mental wellbeing, resilience, and risk factors for mental illness

As it is in practically all religions, there are elements of African religions that promote mental well-being and confer some measure of resilience. Some of the hypothesized mediators of the salutary effects of religion on mental well-being include social support, security in personal and communal identity, coping, positive emotions such as a sense of purpose, meaning, self-confidence, hope and acceptance engendered by religious beliefs, as well as other unknown psychological mechanisms (21). However, two proposed mechanisms need to be particularly emphasized. There is an intense focus of African religions on communal existence and relationship. The advantages this may confer on mental well-being include social support and solidarity in times of stress and adversity. As African cultures are largely socio-centric or collectivist, it is important to understand that in religion, as in therapies, families, kinship, tribes, or clans can play an important role. The pervasive influence of religion in everyday life may be a veritable source of daily comfort, meaning, and security. However, this may also become counterproductive, as mundane relationship failures and adversity may take on serious spiritual connotations. For example, a quarrel with a parent leading to the parent withdrawing 'parental blessing' is a serious situation with possible psychological impacts. Similarly, adversity may also become more significant as a risk factor for mental illness. For example, infertility and suicide have profound religious and spiritual dimensions in the African religious context, such that these conditions impose additional burdens of risk. That is, the fact of being infertile or of having a family member who died by suicide may be interpreted as indicative of more profound spiritual meaning for self and for one's family. Perhaps a deity has been offended or an ancestor is visiting retribution for some infraction. There may also be additional concerns that a person who dies by suicide would be denied the elevation to ancestorhood and its perks, or that the spirit of someone who dies childless would lose the chance of communicating with the physical world after death. It is therefore of benefit to enquire in clinical settings whether otherwise understandable adversity and loss has some religious significance to warrant special spiritual support in addition to bio-psycho-social management.

Traditional healers commonly double as religious leaders and advisers in all aspects of life (13). The counsel they offer for psychosocial difficulties that do not rise to the level of psychopathology, as well as the mediation between their clients and their ancestors for advice on day-to-day decisions and problems, may be a source of psychological resilience (22). It is common for traditional healers to offer supplications and sacrifices to ward off evil spirits, illness, and adversity. These rituals and sacrifices have been hypothesized to have psychotherapeutic effects (23, 24). Some of these practices and the beliefs underlying them have often been taken along to their new religions by converts to Islam and Christianity (25). It is therefore important that mental health practitioners enquire and explore about such beliefs and to what degree they influence patients' world view, even when such patients do not profess African religions.

Causal attribution of mental illness and religious interpretation of psychopathology

Elements of African traditional religion are relevant to causal attribution of illness, including mental illness. Even though biological and psychosocial factors are believed to play a role in the aetiology of mental disorders, there are often additional supernatural causes (26, 27, 28). Many Africans express beliefs that mental illnesses result from curses, witchcraft, demon possession, and punishment for sin committed at various times either by the patient, their family, or community. In addition, beliefs that mental illnesses are contagious through body fluids are often expressed (29). The most commonly expressed biological causes of mental illnesses include head trauma (especially in childhood), fevers, and psychoactive substance abuse (30). Others include stress and hereditary factors. When beliefs in bio-psych-social causation of mental illnesses are expressed, such illnesses are thought to have initially started as a 'spiritual attack' (31). In other instances, witches can take advantage of diseases with primary biomedical causation to make them more severe or run a chronic unremitting course.

Supernatural causal attribution, in addition to other health system factors, have been shown to influence help-seeking behaviour, stigma, and delay in accessing effective conventional mental health care (32, 33, 34, 35). For example, beliefs that mental illnesses may be contagious, and are the result of punishment for wrongdoing may result in, negative attitudes and stigmatization of patients and families by members of their community (36). Traditional remedies for wrongdoing may include ritual cleansing that restores social balance and reintegration into community life (37).

Healing and African religions

Traditional healing in the African context is faith healing according to African religions. Healing in traditional medicine is a much broader concept than the provision of care for health problems. Traditional African healing may also comprise consultation for clairvoyance (38) as

well as for solutions to a wide range of social and economic challenges, including prowess in career, dating, fertility, and finances (39). The major categories of African traditional healers include herbalists, diviners, shrine priests, and witchcraft practitioners (38). However, many combinations, such as herbalist and Christian or herbalist and Islam have also been identified. In general, an eclectic approach to healing is not uncommon with a healer drawing from experience in herbalism, divination, and use of rituals. A majority of African traditional healers provide both physical and mental health services (38). Their practice is often a reflection of the absence of a strict mind-body dichotomy in the African conceptualization of health and ill health. In general, healers have received training through many years of apprenticeship and rely on signs and symptoms to make a diagnosis (38).

The management of patients by African traditional healers involves history taking (during which they inquire about presenting complaints, duration of illness, circumstances surrounding the onset of illness), a 'physical examination' and investigation (often by consulting some oracles). Diagnosis may be commonly made through divination and/or analyses of the presenting signs and symptoms. Treatment options include the use of herbs, rituals, sacrifices, and sorcery. For mental health conditions, approaches such as scarification and flogging (40) are also not uncommon. These practices often reflect a belief about a need to drain bad blood or to drive away demons possessing the patients. The common currency of interaction between the healer and the people they serve is the belief system. Hence, the healer is in a way a custodian of the beliefs related to causation and treatment of mental illness. He has the power and skills to invoke good spirits and gods for healing, appease angry ancestors, cast out malevolent spirits, and communicate with the spiritual world to find the cause of illness and the indicated treatment. These beliefs help form explanatory models of causes and treatment as well as the course of various mental illnesses. Traditional healers also use animal and plant materials, some of which have been known to have active pharmacological properties. However, some of these agents have more symbolic or sacramental functions, with some simply having names that rhyme with their functions, and are used symbolically in therapeutic chants and incantations (41).

African religions, help-seeking behaviour, and global mental health

Healing practices based on African traditional religions are the de facto mental health care in most of Africa (38). Healers are more in number than mental health professionals and are more readily accessible to the community. In a survey of patients with schizophrenia in Xhosa-speaking South Africa, 84% had consulted traditional healers for their symptoms (42). Conservative estimates from other African countries—for example, Nigeria—suggest that approximately 60% of patients using traditional healing as the first point of contact for a variety of health conditions do so because of a mental illness (43). An important reason for the popularity of

Page 9 of 15

PRINTED FROM OXFORD MEDICINE ONLINE (www.oxfordmedicine.com). © Oxford University Press, 2021. All Rights Reserved. Under the terms of the licence agreement, an individual user may print out a PDF of a single chapter of a title in Oxford Medicine Online for personal use (for details see Privacy Policy and Legal Notice).

traditional healing in Africa is that users find the underlying tenets of traditional healing practices to be congruent with their own beliefs, values, and norms (32). African traditional healing is also generally perceived to have efficacy for prevention, treatment, and rehabilitation of mental health conditions. A study in Ethiopia, which explored the possible contributions of traditional healing to the healthcare delivery system, found that 57.2% of the population endorsed the efficacy of traditional healing for the treatment of mental illnesses (44). Several other African studies have demonstrated perceived efficacy of traditional healing practices for mental disorders by the community (45, 46).

Traditional healing practices substantially tap into the psychological, social, and spiritual basis of health and ill health. Healers explore these three dimensions in arriving at the cause of illness and in proffering treatment options. For this reason, they are particularly effective in mental health conditions for which psychological, social, and spiritual explanations and treatments are efficacious. A recent systematic review (47) assessed the effectiveness of treatment of traditional healers in lowand middle-income countries, including countries in Africa, and found evidence of effectiveness for common mental disorders such as anxiety and depression, as well as psychosocial concerns that do not reach a diagnostic threshold. These are conditions known to be more commonly amenable to psychosocial interventions. Among the common elements of psychological treatment recognized in traditional healing include catharsis and cognitive restructuring, as well as elements of hope and faith (23). The traditional healer has also been described as a social organizer who incorporates into their treatment efforts at restoring social and spiritual harmony and balance, renewal of family structures, restoration of community identity, and social cohesion (23).

A continent in transition: interactions of African religions with Islam, Christianity, globalization, and modern politics



African religions have gone through three partly overlapping phases in the history of the continent. Precolonial African religions enjoyed a monopoly of influence on the total way of life of African peoples. The second phase corresponds with a period of gentle evangelization of African peoples and, if there was any clash at all with African traditional religions, it was subtle and African people found ways of making Abrahamic religions coexist with traditional religions with minimal conflict. This was accomplished by either simultaneously holding two different religious world views, or by merging those views into a somewhat coherent whole, or by the partial acceptance and rejection of concepts.

One of the results of these processes is the rise of the independent Christian churches where Africans have managed to practise a syncretic form of Christianity that gives Africans freedom to design their own Christian liturgy that is rich in songs, dance, rituals, and active emotional

Page 10 of 15

PRINTED FROM OXFORD MEDICINE ONLINE (www.oxfordmedicine.com). © Oxford University Press, 2021. All Rights Reserved. Under the terms of the licence agreement, an individual user may print out a PDF of a single chapter of a title in Oxford Medicine Online for personal use (for details see Privacy Policy and Legal Notice).

displays (48). They are able to express their traditional religious ethos and solidarity, which may include fortification against evil spirits and enemies, as well as regular prayers for healing, sustenance, and prosperity. Emerging from this second phase and overlapping with it is a third phase in which there is a clear growth of Christian and Islamic fundamentalism on the continent. In this phase, more extreme views about the supremacy of one religion over the other, and jostling for dominance among them, are producing friction and even violence.

The rise of Christian and Islamic fundamentalism is taking place against the backdrop of globalization and the pervasive influence of Western cultures. So, while there is tension between the two Abrahamic religions seeking prominence, both are in apparent agreement in regard to the place and status of African traditional religions: they are now cast as backward, fetishistic, and evil. Their adherents are regarded as relics of an embarrassing past. On the other hand, Islam and Christianity are viewed as modern, progressive, salvific religions associated with economic prosperity and status. The adherents of African religions in most of post-colonial Africa are now becoming the minority because most traditional communities have been overtaken by Islam and Christianity. Furthermore, it would seem that African religions no longer enjoy the monopoly of influence they once had on the religious life and social cognition of Africans.

Even so, several scholars of religion have suggested that religious conversion for Africans is often never complete (49). An indication of this is that elements of African religious beliefs and practices continue to survive as part and parcel of the liturgy of African independent churches, such as the Aladura Church Movement in Nigeria (48), in the music and healing rituals of the Gnawa cults in Morocco, and Candomblé in Afro-Caribbean countries (14). Across Africa, different demographic segments of the society professing one or other Abrahamic religion have reason to consult traditional healers. Hence, elements of African religions continue to exert a powerful influence on thoughts, emotions, and behaviour of Africans at the subconscious level, and deserve a generous attention in mental health service provision on the continent.

Practical considerations and competence for mental health practitioners working on the continent



Psychiatrists working on the continent need to recognize and admit their own religious world view, which may likely be one of Islam or Christianity, while working with persons who profess African religions. The temptation to view the belief systems in African traditional religions with disdain is ever present and should be overcome in clinical settings. Not only should practitioners be open-minded by using beneficial elements of the belief systems for the rapeutic purposes while discouraging the harmful ones with respect and dignity, they should also be aware of psychosocial stressors that may be related to religious beliefs, and address them appropriately. There is room for collaborative care models incorporating

useful elements of African religions into conventional care, and reducing potentially harmful beliefs and practices. Future research would need to tease out which elements of, and to which extent, African religious views continue to influence attitudes and behaviours that promote mental wellbeing and resilience, as well as the harmful elements to de-emphasize in mental health care.

References

- 1. Hassed CS. Depression: dispirited or spiritually deprived? *Medical Journal of Australia*. 2000;173:545–7.
- 2. Humphreys J. Spirituality and distress in sheltered battered women. *Journal of Nursing Scholarship.* 2000;32:273–8.
- 3. McSherry W. Education issues surrounding the teaching of spirituality. *Nursing Standard*. 2000;14:40–3.
- 4. Puchalski CM, Vitillo R, Hull SK, et al. Improving the spiritual dimension of whole person care: reaching national and international consensus. *Journal of Palliative Medicine*. 2014;17:642–56.
- 5. Swinton J. Healthcare spirituality: a question of knowledge. In: R Cobb, C Puchalsk, B Rumbold (eds), *Oxford textbook of spirituality in healthcare*. New York: Oxford University Press; 2012:99-104.
- 6. Koenig HG, McCullough ME, Larson DB. *Handbook of religion and health*. New York: Oxford University Press; 2001.
- 7. Mbiti JS. Introduction to African religion. London: Heinemann; 1975.
- 8. Atran S, Norenzayan A. Religion's evolutionary landscape: counterintuition, commitment, compassion, communion. *Behavioral and Brain Sciences*. 2004;27:713–30.
- 9. Opoku KA. African traditional religion: an enduring heritage. In: Olupona J, Nyang S (eds), *Religious Plurality in Africa: Essays in Honour of John S Mbiti*. Berlin: Mouton de Gruyter; 1993:67–82.
- 10. Gallup Inc. Religiosity highest in world's poorest nations. *Gallup.com*. 2010.
- 11. Tomita A, Ramlall S. A nationwide panel study on religious involvement and depression in South Africa: evidence from the South African national income dynamics study. *Journal of Religion and Health*. 2018;57:2279–89.
- 12. Gyekye K. *African cultural values: an introduction*. Accra: Sankofa Publishing Company; 1996.
- 13. Mbiti JS. *African religions and philosophy*. Portsmouth, NH: Heinemann; 1976.

- 14. Ward K. African Traditional Religion. In: Palmer M (ed.), *World religions: a comrehensive guide to the religions of the world*. London: Times Books; 2004:86–93.
- 15. Beyers J. What is religion? An African understanding. *HTS Teologiese Studies/Theological Studies*. 2010;66(1):341.
- 16. Heine B, Nurse D. *African languages: an introduction*. Cambridge, UK: Cambridge University Press; 2000.
- 17. Kpanake L. Cultural concepts of the person and mental health in Africa. *Transcult Psychiatry*. 2018;55:198–218.
- 18. Turaki Y. *Christianity and African gods: a method in theology.* Potchefstroomse Universiteit vir Christelike Hoër Onderwys; 1999.
- 19. Krüger JS, Lubbe G, Steyn HC. *The human search for meaning: a multireligious introduction to the religions of humankind*. Pretoria, SA: Van Schaik; 2009.
- 20. Sundermeier T. Was ist religion? Religionswissenschaft im theologischen kontext; ein studienbuch. Kaiser Gütersloher Verlagshaus, Gütersloh; 1999.
- 21. Moreira-Almeida A, Lotufo Neto F, Koenig HG. Religiousness and mental health: a review. *Revista Brasileira de Psiquiatria*. 2006;28:242–50.
- 22. White P. The concept of diseases and health care in African traditional religion in Ghana. *HTS Teologiese Studies/Theological Studies*. 2015;71:7.
- 23. Cheetham RW, Griffiths JA. The traditional healer/diviner as psychotherapist. *South African Medical Journal*. 1982;62:957–8.
- 24. Awanbor D. The healing process in African psychotherapy. *American Journal of Psychotherapy*. 1982;36:206–13.
- 25. Aina OF. 'Psychotherapy by environmental manipulation' and the observed symbolic rites on prayer mountains in Nigeria. *Mental Health, Religion & Culture*. 2006;9:1–13.
- 26. Cohen JC, Montoya JC. *Using technology to fight corruption in pharmaceutical purchasing: lessons learned from the Chilean experience*. Washington, DC: World Bank Institute; February 2001.
- 27. Gureje O, Lasebikan VO, Ephraim-Oluwanuga O, et al. Community study of knowledge of and attitude to mental illness in Nigeria. *British Journal of Psychiatry.* 2005;186:436–41.
- 28. Makanjuola R. Yoruba traditional healers in psychiatry. I. Healers' concepts of the nature and aetiology of mental disorders. *African Journal of Medicine and Medical Sciences*. 1987;16:53–9.

- 29. Ojagbemi A, Gureje O. The importance of faith-based mental healthcare in African urbanized sites. *Current Opinion in Psychiatry*. 2020;33:271-7.
- 30. Iheanacho T, Stefanovics E, Ezeanolue EE. Clergy's beliefs about mental illness and their perception of its treatability: experience from a church-based prevention of mother-to-child HIV transmission (PMTCT) trial in Nigeria. *Journal of Religion and Health*. 2018;57:1483–96.
- 31. Kpobi L, Swartz L, Keikelame MJ. Ghanaian traditional and faith healers' explanatory models for epilepsy. *Epilepsy & Behaviour*. 2018;84:88–92.
- 32. Gureje O, Nortje G, Makanjuola V, et al. The role of global traditional and complementary systems of medicine in the treatment of mental health disorders. *Lancet Psychiatry*. 2015;2:168–77.
- 33. Ae-Ngibise K, Cooper S, Adiibokah E, et al. 'Whether you like it or not people with mental problems are going to go to them': a qualitative exploration into the widespread use of traditional and faith healers in the provision of mental health care in Ghana. *International Review of Psychiatry.* 2010;22:558-67.
- 34. Sorsdahl K, Stein DJ, Grimsrud A, et al. Traditional healers in the treatment of common mental disorders in South Africa: *Journal of Nervous and Mental Disease*. 2009;197:434-41.
- 35. Burns JK, Tomita A. Traditional and religious healers in the pathway to care for people with mental disorders in Africa: a systematic review and meta-analysis. *Social Psychiatry and Psychiatric Epidemiology*. 2015;50:867-77.
- 36. Henok A, Lamaro T. Knowledge about and attitude towards epilepsy among Menit community, Southwest Ethiopia. *Ethiopian Journal of Health Sciences*. 2017;27:47–58.
- 37. Adjei P, Akpalu A, Laryea R, et al. Beliefs on epilepsy in Northern Ghana. *Epilepsy & Behaviour*. 2013;29:316–21.
- 38. Esan O, Appiah-Poku J, Othieno C, et al. A survey of traditional and faith healers providing mental health care in three sub-Saharan African countries. *Social Psychiatry and Psychiatric Epidemiology.* 2019;54:395–403.
- 39. Peltzer K. Utilization and practice of traditional/complementary/alternative medicine (TM/CAM) in South Africa. *African Journal of Traditional, Complementary and Alternative Medicines*. 2009;6:175–85.
- 40. Keikelame MJ, Swartz L. 'By working together and caring for one another we can win this fight': A qualitative exploration of a traditional

healer's perspectives of care of people with epilepsy in a South African urban township in Cape Town. *Epilepsy & Behaviour*. 2018;79:230–3.

- 41. Makanjuola R, Jaiyeola A. Yoruba traditional healers in psychiatry. II. Management of psychiatric disorders. *African Journal of Medicine and Medical Sciences*. 1987;16:61–73.
- 42. Babb DA, Pemba L, Seatlanyane P, et al. Use of traditional medicine by HIV-infected individuals in South Africa in the era of antiretroviral therapy. *Psychology, Health & Medicine*. 2007;12:314–20.
- 43. Odinka PC, Oche M, Ndukuba AC, et al. The socio-demographic characteristics and patterns of help-seeking among patients with schizophrenia in south-east Nigeria. *Journal of Health Care for the Poor and Underserved*. 2014;25:180-91.
- 44. Birhan W, Giday M, Teklehaymanot T. The contribution of traditional healers' clinics to public health care system in Addis Ababa, Ethiopia: a cross-sectional study. *Journal of Ethnobiology and Ethnomedicine*. 2011;7:39.
- 45. Abbo C. Profiles and outcome of traditional healing practices for severe mental illnesses in two districts of Eastern Uganda. *Global Health Action*. 2011;4:7117.
- 46. Sorketti EA, Zainal NZ, Habil MH. The treatment outcome of psychotic disorders by traditional healers in central Sudan. *International Journal of Social Psychiatry*. 2013;59:365–76.
- 47. Nortje G, Oladeji B, Gureje O, et al. Effectiveness of traditional healers in treating mental disorders: a systematic review. *Lancet Psychiatry*. 2016;3:154–70.
- 48. Dada AO. Old wine in new bottle. Black Theology. 2014;12:19-32.
- 49. Nadel SF. Nupe religion. Abingdon, Oxon: Routledge; 1954.