

Figure 11 Percentile distributions of medicinal plants parts used by traditional healers in Kavango regions.

Below is Table 3 with medicinal plants used to treat mental diseases/ailments in Kavango regions with a number of species according to their taxa of families, local names, specimen voucher number and the time of recovery.

Table 3 Medicinal plants used to treat mental diseases/ailments in Kavango regions, Namibia

Scientific name	Family	Local Name*	Voucher Specimen No.	Time of recovery
<i>Combretum</i> sp.	Combretaceae	<i>Murenga</i>	IKSTF0529	One week
<i>Strychnos spinose</i>	Loganiaceae	<i>Uguni</i>	IKSTF0549	2-3 weeks
<i>Elaeodendron transvaalense</i>	Celastraceae	<i>Mupuko</i>	IKSTF0532	2-3 weeks
<i>Acacia erioloba</i>	Fabaceae	<i>Ghuntu/untu</i>	IKSTF0538	2-3 weeks
<i>Ficus glumosa</i>	Moraceae	<i>Ghukuyu</i>	IKSTF0556	Two days
<i>Laggera decurrens</i>	Asteraceae	<i>Lindindinyime</i>	IKSTF0563	Two weeks
<i>Ancylanthos rubiginosus</i>	Rubiaceae	<i>Mpindu</i>	IKSTF0540	One week
<i>Diplorhynchus condylocarpon</i>	Apocynaceae	<i>Murere</i>	IKSTF0552	One week
<i>Ozoroa longipes</i>	Anacardiaceae	<i>Mukanga</i>	IKSTF0520	One week
<i>Pseudolachnostylis maprouneifolia</i>	Phyllanthaceae	<i>Mulyavambi</i>	IKSTF0533	One week
<i>Cardiospermum grandiflorum</i>	Sapindaceae	<i>Karenga</i>	IKSTF0557	Two weeks
<i>Ehretia namibiensis</i>	Boraginaceae	<i>Muyenge</i>	IKSTF0527	2-3 days
<i>Securidaca longipedunculata</i> Fresen	Polygalaceae	<i>Muviyu</i>	IKSTF0565	One week
<i>Annona stenophylla</i>	Annonaceae	<i>Muroro</i>	IKSTF0566	One week
<i>Combretum platypetalum</i>	Combretaceae	<i>Mukongo</i>	IKSTF0567	One month
<i>Commiphora angolensis</i>	Burseraceae	<i>Muvovo</i>	IKSTF0539	3-4 days
<i>Dialium engleranum</i>	Fabaceae	<i>Muthimba</i>	IKSTF0551	Two days
<i>Ximenia americana</i>	Olacaceae	<i>Mpeke</i>	IKSTF0542	1-2 days
<i>Diospyros virgata</i>	Ebenaceae	<i>Nyambi</i>	IKSTF0544	One month

<i>Bobgunnia madagascariensis</i>	Fabaceae	<i>Mutengura</i>	IKSTF0530	One month
<i>Acalypha brachiata</i> <i>Krauss</i>	Euphorbiaceae	<i>Mulyatangombe</i>	IKSTF0548	One month
<i>Momordica balsamina</i>	Cucurbitaceae	<i>Karuweruwe</i>	IKSTF0568	Two weeks
<i>Asparagus nelsii</i>	Asparagaceae	<i>Kayanambo</i>	IKSTF0514	3 months
<i>Capparis tomentosa</i>	Capparaceae	<i>Mulyangwe</i>	IKSTF0537	2-3 days
<i>Baikiaea plurijuga</i>	Fabaceae	<i>Ghughaha</i>	IKSPS0534	One year
<i>Euclea divinorum</i>	Ebenaceae	<i>Mpumutji</i>	IKSTF0536	One year
<i>Pterocarpus angolensis</i>	Fabaceae	<i>Ghughuva</i>	IKSTF0543	One year
<i>Albizia tanganyicensis</i>	Fabaceae	<i>Mupako</i>	IKSTF0541	One day
<i>Commiphora africana</i>	Burseraceae	<i>Mughogho</i>	IKSTF0531	3-4 days
<i>Dichapetalum cymosum</i>	Dichapetalaceae	<i>Namuthata</i>	IKSTF0526	One day
<i>Guibourtia coleosperma</i>	Fabaceae	<i>Ghushivi</i>	IKSTF0521	One day
<i>Ochna pulchra</i>	Ochnaceae	<i>Ghushika</i>	IKSTF0569	Two weeks
<i>Salacia luebbertii</i>	Celastraceae	<i>Muna /Katughuru</i>	IKSTF0558	One week
<i>Pterocarpus lucens</i>	Fabaceae	<i>Ghupako</i>	IKSTF0559	Three weeks
<i>Diospyros mespiliformis</i>	Ebenaceae	<i>Mutunda</i>	IKSTF0561	Four weeks
<i>Chenopodium pumilio</i>	Chenopodiaceae	<i>Mukwengo</i>	IKSTF0562	One weeks
<i>Dichapetalum rhodesicum</i>	Dichapetalaceae	<i>Mukweyu</i>	IKSTF0564	Three weeks

The plants in Table 3 were used by the traditional healers, at different levels, to treat the three common mental disorders. They produced different therapeutic effects on the *muveri* (sick person). As indicated in the introduction, medicinal plants have therapeutic power/s which need to be “enticed or seduced” by the traditional healers to produce a transformative effect on the

muveri (sick person). Many of the traditional healers indicated to me that medicinal plants (*mutondo*) have healing or spiritual power/s. Kasenge explained:

Karunganyambi (God) is the one who has created people and people are faced with many challenges including illness. Therefore, God has also created plants which people can use for so many things such as prevention of misfortunes like lightning strike, but importantly as medicine (*mutondo*). Therefore, my son we have a saying that heal with God so that the Ancestors can hear you (*Kupanga naNyambi hathimu ghakuyuve*).

Traditional healers grow some medicinal plants in their yards but most of the plants are collected along the river or inland a few kilometres from the homestead. Healers like Kasenge view plants as living organisms with healing powers from the ancestors (*vadimu*) and God (*nyambi/karungu*). Central to the narrative above is the power of medicinal plants that needs to be evoked through the ancestors and God (*nyambi/karungu*).

The ancestors were consulted through the divination device, the *katemba*, to guide healers in their selection of plants. With the blessings of the ancestors, traditional healers sent the *tungangwena* (trainees) to collect the plants. While harvesting plants the *tungangwena* were under the protection of the spirit of the ancestors (*vadimu*) - who guided them and protected them from dangerous animals of the wild. When I accompanied the *tungangwena* to collect the plants I carefully followed in their footsteps for protection and safety. While in the field I was taught techniques for interacting with the plants which are seen as living organisms and part of nature (*ntjitwe*). For instance, when the *tungangwena* gave me the plants I had to take the end of the plant offered to me and give it a quick pull while the *tungangwena* would tug in the opposite direction, before releasing the plant: like a plant itself would 'hold on' for a moment before it is pulled from the earth or releases a branch. No exchange of words takes place at this moment, but it is a form of communication which symbolizes that the plant is collected in a peaceful manner, that it is alive and is highly valued or respected, that it releases itself and its potential to the person who collects it.

Traditional healers also speak to the plants during healing ceremonies as demonstrated in Chapter 5. Plants need to be collected and handled with care so that their healing power is

preserved or stored, and can be transferred to the sick person during the administration or healing ceremony to produce therapeutic effects. Nonetheless, plants still need to be persuaded or seduced by the traditional healers to produce the therapeutic effect discussed in the next sections.

6.4 Therapeutic powers of medicinal plants on mental illness

Since time immemorial, mankind has used plant extracts from different plants to cure diseases and bring relief from physical agony (Taid et al 2014, p.6).

Petrovska (2012, p.56) noted that people have always searched for medicinal plants in nature, and argued that the origins of the use of medicinal plants were driven by the instinctive human struggle against illness. As shown in Figures 3 and 4 above, traditional healers make use of plants and their extracts therapeutically and plants continue to play an essential role in health care. I argue that the plants' therapeutic powers need to be 'enticed' by the traditional healers. These transformative abilities of plants, their healing essence, liveliness and energy are linked or entangled with humans through the movement of air, breath and wind between them and brings about change (and healing) across space and even time (Gibson 2010, p.56; Low, 2009). A medicinal plant can be picked in one place and at a certain time and utilized at another time and in a different setting: its aroma, vitality and ability to heal can be released elsewhere if it is handled properly.

During my stay with traditional healers I observed a number of *muveri* (sick persons) with mild to severe mentally related disorders being treated with medicinal plants. The medicinal plants were central to the management of mental illness, since they were widely utilised for ritual ceremonies, as well as administered to the *muveri* (sick persons) in different forms⁵⁰. Plants were used everywhere, as an omnipresent source of therapeutic powers evoked by the traditional healers: through respectful harvesting, rituals, talking to the plants and calling on the ancestors to entice the former's healing potential to benefit the *muveri*.

⁵⁰ see 6.4 below

I argue that the visibility of medicinal plants in the healing process had a symbolic meaning as well: it gave the sick person and family members the assurance that the illness was being treated. The plants also had a psycho-physiological effect: it produced a particular smell which was believed to chase away bad spirits as well as providing protection to the sick person. When plants were used on the sick person's body, ingested or inhaled, they acted as agents of power that gave rise to the hope of curing or removing the illness from the afflicted person. It seemed that the power of plants had to be 'released' by the traditional healers, drawing on their broader spectrum of local healing methods. The plants' aroma drew the attention of the ancestors. When administered, the plants had healing effects, but also served to spiritually protect the afflicted. Thus traditional healing was comprehensive in that it not only focused on the curative process but included protective and preventive elements.

As shown in Chapter 5, traditional healers view some illnesses as natural and others as supernatural phenomena governed by a hierarchy of vital powers beginning with the most powerful deity, followed by lesser spiritual entities, ancestral spirits and living persons (Truter 2007, 57). As such, medicinal plants are not only used to treat the illness but also to manage the interactions between the spiritual and physical well-being of the sick persons (ibid). I argue therefore that plants not only possess medicinal value, they also have transformative abilities to cure, protect from or prevent illness. Thus, for healers the power of medicinal plants is constituted through accepted forms of local healing operating on a different level from other forms of healing. During my research I observed the transformative power of medicinal plants. For instance, while plants possess therapeutic power in their habitat (which is anywhere in the region) that ability was not actually visible to the lay person: although the plant's presence symbolized healing potential. The therapeutic potential of the plant had to be triggered by the traditional healers - through e.g. the way in which it is collected and prepared, where it is collected, how it is administered, the rituals accompanying or prefacing this process etc - for the purpose of treating a particular ailment or illness.

There were individuals, especially the elderly, who knew the value of certain plants and used them personally or for their families. If their home treatment did not succeed, traditional healers were approached to evoke the medicinal plants' 'meta-power' - e.g. through rituals and

communicating with the ancestors, - to produce a therapeutic effect on the sick person. Although this could easily be interpreted as a placebo effect, studies nonetheless show that a placebo can induce a real biological effect triggered by any number of stimuli, including conditioning, expectancy, therapeutic relationship, and andsociocultural meaning (Thompson et al 2009, p.15). Furthermore, stimuli may act through any number of biological pathways: some identified and others still unknown (Thompson et al 2009, p.15).

The transformative power of plants were activated by boiling, powdering, crushing and soaking, among others, as a way of increasing their rate of reaction to produce more therapeutic power. Many scholars working with plants mention this power and agentivity of medicinal plants (Rival and McKey 2008, p.12; Riva and McKey, 2008). Consequently, plants are no longer only seen as material used in the traditional healing but rather as living organisms that are able to breathe, live, reproduce, feed, poison, defend against, or even hide themselves from predators (Gibson 2010, p.57).

Traditional healers in Kavango have a somewhat similar understanding of the power of plants – they see them as living entities in nature with therapeutic power which could be activated as part of their traditional healing - since God, through the ancestors, had made such plants available and they can be ‘activated’ inter alia through the *katemba* (divination device). Importantly, a plant comes from nature, where there is constant movement, so their potentiality intermingles with the wind, air, people and animals.

Cohen, who studied *kruiedokters* (herbal doctors), alluded to the power of medicinal plants and used the Afrikaans term *krag* (Cohen 2015, p.20) - which can be loosely translated to mean power, vitality, or strength. *Krag* is a kind of ‘body energy’ that waxes and wanes with the ups and downs of everyday life (Ibid, p.20). Cohen explained that while *bossiemedisyne* (bush medicine) or medicinal plants were used by patients to regain health and their strength, other forms of healing (such as jokes, guitar playing and food) were also used as catalysts to alleviate various illnesses, including high blood pressure, diabetes, colds and flu, and swelling in the limbs, among others (Green et al 2015, p.7). Importantly Cohen (2015, p.21) takes note of the power of medicinal plants:

The *krag* (power, vitality, or strength) is in the plants themselves, which enables them to do their healing work, (and) is closely associated with the *krag van die natuur* (the power of nature), this in turn being closely associated with *die Here* (the Lord).

Cohen's conceptualization of the power of medicinal plants among *kruiedokters*, which he relates to nature and God, is similar to the Kavango traditional healer's version mentioned earlier in the chapter: the term used is "Heal with God so that the ancestors can hear you (*Kupanga naNyambi hathimu ghakuyuve*)".

From the above there is a clear link between the power of medicinal plants in the plant itself - as in Cohen's argument, attaching that power to both nature and God. While medicinal plants possess the power to heal the sick or chase away bad spirits, I surmise that that power needs to be tapped into, or teased out, to produce a therapeutic effect on a person- and I would argue that traditional healers possess such knowledge and ability. Therefore, through their ritual ceremonies and administrations of the plants to sick persons, the power of medicinal plants has a real effect on sufferers. In traditional healing in Kavango the reality of experiencing the power of medicinal plants is located in nature, ancestors and God. Thus, people who were identified as suffering from mental illness are treated with medicinal plants but the success of such treatment is embedded also in the skill of the healer to 'activate' it, the power of the ancestors and of God (*Nyambi/Karunga*).

I noted earlier that traditional healers in Kavango locally diagnose sick persons into three categories namely; *nyambi*, *kasenge* and *ndjangura* (see Chapter 5 on these local classifications of mental illness). The treatment provided by traditional healers seemed more successful in these cases of what Goldberg and Huxley (1992) referred to as 'common mental disorders' (CMD), i.e. those principally encountered in community settings. All those treated by the traditional healers were brought to them by the sick person's family members.

Following diagnosis the traditional healers would begin treatment, always with the *kudjamba*

ritual ceremony after sunset⁵¹. Following the ritual ceremony the sick person was treated with various healing methods namely (1) *kufuka* (to cover/steaming with decoction or infusion), (2) *kudima* (splashing and bathing), (3) *Kuyoteka* (inhalation), (4) *kurukita* (induced vomiting), (5) *kuhupira* (induced diarrhea), (6) *kushotja* (eye and ear drops) and (7) the drinking of a decoction or infusion. (See Figure 6 below) The most common route of administration was oral (12 citations), followed by steaming (8 citations) for the medicinal plants prescriptions. Other routes of administration were based on combined approaches such as oral and steaming (7 citations) and oral and eye drops.

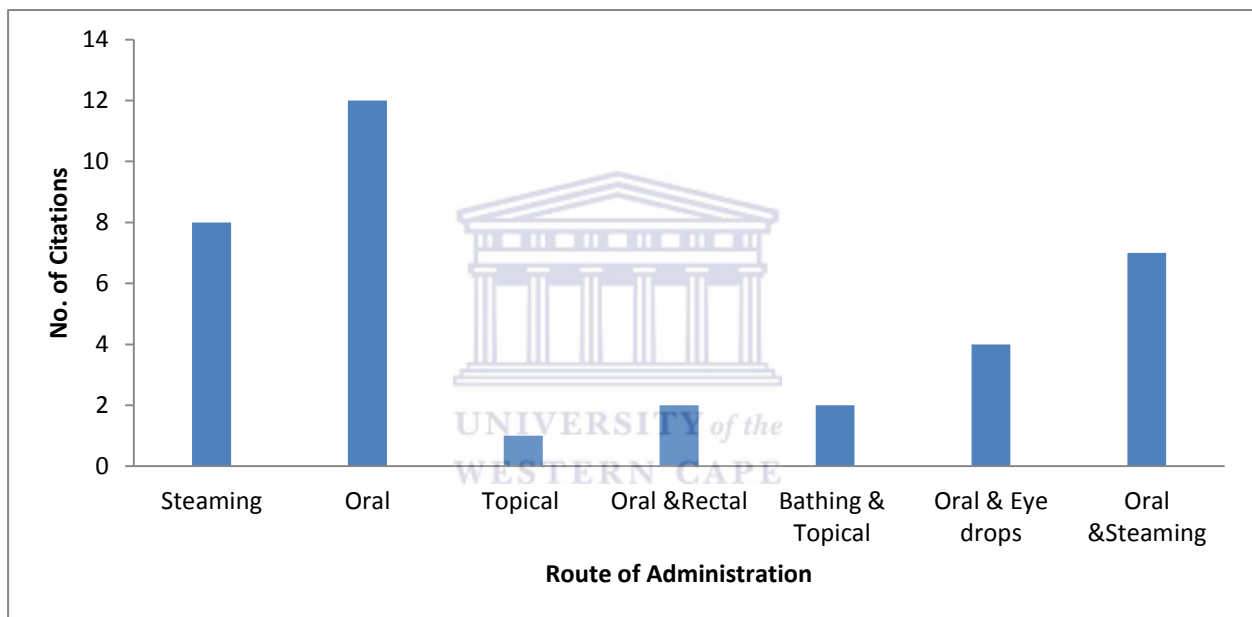


Figure 12 Route of administration of medicinal plants used by traditional healers in Kavango regions

6.5 Plants at work: administration and healing methods using medicinal plants

6.5.1 *Kufuka* (to cover/steaming with decoction or infusion) and *kudima* (splashing and bathing)

Once the traditional healer has determined the diagnosis through the *katemba* (divination

⁵¹Vide chapter 5 on this ritual ceremony.

device) - for all the three common mentally related illnesses (*kasenge*, *nyambi* and *ndjangura* illness) - the sick persons (*muveri*) underwent a healing journey, which could involve ingesting, steaming, washing (or both) or sprinkling with medicinal plants. During the treatment the mentally ill person was covered with a blanket, sitting over a heated pot containing medicinal plants. The roots and leaves of the following medicinal plants were usually placed in the pot; (1) *mulyavambi* (*Pseudolachnostylis maprouneifolia*) (2) *kayanambo* (*Asparagus nelsii*) and (3) *nyambi* (*Diospyros virgate*). These plants were believed to fulfill different functions in the treatment and healing process of the sick (*muveri*). As Kaghonda, a junior traditional healer, explained while we were collecting *Kayanambo* (*Asparagus nelsii*) in the field:

Maika, here is *kayanambo* the plant that we normally use to chase bad spirits (*varodi* and *vadimu*)⁵².” I went closer to him to see it and touched the plant’s leaves. “Here, smell it,” said Kaghonda, “this plant is significant in the treatment of mental illness because as long as the bad spirits are present, the *muveri* (sick person) will not get well. You see Maika, we boil these leaves and roots⁵³ in a pot and cover the person so that the medication can go into the body and the strong smell chases away the *varodi* (witches).

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I observed that after the patient had been ‘steamed’ the traditional healer would usually end the treatment by splashing or sprinkling the rest of the hot, plant-infused water on the sick person, using a tail of a cow⁵⁴. I attended these sessions - they normally happened after sunset or early in the morning before sunrise, at the homestead of the traditional healer or in the bush⁵⁵. Only family members were allowed to attend the ritual, for privacy and confidential purposes. During the ritual of *kudima* some of the water was splashed on the family members, and at times on me⁵⁶. Thus, Both *kufuka* (to cover/ steaming with decoction or infusion) and *kudima* (to splash and bathe) treatment are believed to protect the patient against the *varodi* (witches)

⁵².*Varodi* are the witches and *vadimu* in this case referred to the angry ancestors

⁵³ Kaghonda warned me that the roots should be boiled with a lot of water for an hour before they were ready to be used for the ritual. The roots are believed to be poisonous if not administered correctly.

⁵⁴ This process is locally known as *kudima*

⁵⁵ I only attended the ritual sessions that were done at the traditional healers place, because the one that are conducted in the bush usually can raise suspicion of witchcraft activities among the locals so I avoided such sessions.

⁵⁶ The water was always hot and had a very strong, tenacious smell from the medicinal plants. Whenever I attended such rituals I tried to take a shower before I met with people who had not been involved with the ritual.

and *vadimu* (angry ancestors). Kaghonda told me that if a person goes through this process neither the *varodi* (witches) nor *vadimu* (angry ancestors) will attack the person again.

6.5.2 *Kuyoteka* (inhalation), *kurukita* (induced vomiting) and *kuhupira* (induced diarrhea)

Two medicinal plants namely *mutengura* (*Swartzia madagascariensis*)⁵⁷ and *mpindu* (*Ancylanthos rubiginosus*)⁵⁸ were used for inhalation and to induce vomiting respectively. *Uguni* (*Strychnos spinosa*) was used for *kuhupira* (induced diarrhea). In this regard, *mutengura* (*Swartzia madagascariensis*) was utilised for inhalation to treat *kasenge* and *ndjangura* illness – especially when the *muveri* (sick persons) were aggressive. *Mpindu* (*Ancylanthos rubiginosus*) was mainly used to treat mood-related disorders for *nyambi* illness – e.g. when the *muveri* (sick persons) refused to speak. The plant was responsible for alleviating the mood of such a person. I also observed that, in some cases, *mpindu* (*Ancylanthos rubiginosus*) was used as an antidote – e.g. when a *muveri* (sick persons) had been over-sedated with *mutengura* (*Swartzia madagascariensis*). The latter was used as a sedative to calm mentally ill persons who presented with aggressive behavior. I observed that mentally ill persons who were given this plant were not only calmed but eventually fell asleep. Nawandambu, a senior female traditional healer, explained:

If a person is suffering from *nyambi*, besides the drum healing ceremony the person should also be treated with a medicinal plant by the name of *mutengura* through *kuyoteka* (inhalation) healing method. You take the leaves and roots of *mutengura* and burn them on the fire. Then the *nyambi muveri* should sit around the fire to inhale the smoke from the medicinal plants: in the process the illness in the chest will be

⁵⁷ *Mutengura* (*Swartzia madagascariensis*) acted as a sedative usually after the treatment the patient will be calm and eventually fall asleep. The plants were used for aggressive patients. But I noticed that the *Mutengura palnt* is also well known among women, who used it to control their cheating husbands by putting the plants in their food. It is believed that the medicine prevents the husband from taking interest in other women and such a man can only act on the instructions of his wife. When I asked women about the plant some of them broke into laughter, but confirmed the usage of the plants on men.

⁵⁸ *Mpindu* (*Ancylanthos rubiginosus*) was mainly used to treat mood disorders for *nyambi* patients who refused to talk to anyone, to alleviate the mood of such a person. In some cases it was also used as an antidote in patients who were over-sedated with *mutengura*. Such patients were given *mpindu* so that they could become active again. Both *mutengura* and *mpindu* were believed to stimulate hunger, so family members were advised to have food ready for the patients.

demolished.

Lucia Shashipampo (female senior traditional healer) believed that *kurukita* (induced vomiting) was the key in treating *kasenge*:

If a person is suffering from *kasenge* it important to give such a person the medicinal plant by the name of *uguni* (*Strychnos spinosa*) to drink, so that a person can vomit in order to remove the illness or the foreign object from the chest: *kasenge* appears when a witch gives his/her victim something to eat (usually meat) while he/she is asleep. Therefore, such a person needs to be saved by inducing vomiting so that the foreign object can be removed from the body. However, at times the foreign object can be in the stomach and the *katemba* (divination device/oracle) will pick it up: then the medication should be given via the anus: the process known as *kuhupira* (induced diarrhea)” she laughed, “... my son I am not insulting you but that is what we do here. But we do not do it here in the house, no. You have to take the person in the bushes in the early hours before everyone wakes up.

I observed that rituals were prominent in the treatment of mental illness in Kavango. Truter (2007, p.59) pointed out that in many African communities, if the cause of the sickness is perceived to be bewitchment, a number of rituals may be performed in order to cast out the spell. These may include the induction of vomiting, enemas, blood-letting, whistling or elaborate rituals such as animal sacrifices (Truter 2007, p 59). Truter (Ibid) explained that rituals play an important role since many Africans believe that if the ancestors withdraw their protection and gift of good fortune, the descendant is left vulnerable to all sorts of misfortunes and diseases. The wrath of the ancestors is usually evoked by discord in the home, the violation of customs and traditions or non-observance of certain taboos, therefore traditional medicine’s rituals aim to restore balance and harmony in terms of the beliefs and values of culture. Truter (Ibid) concluded that rituals reduce patients’ anxiety, serve to relieve feelings of guilt and often produce a calming effect on the patient.

6.5.3 *Kushotja* (eye and ear drops)

One of the healing methods used in the treatment of mental illness was the administration of medication as eye or ear drops, known among the *vanganga* as *kushotja*. The fresh leaves for plants such as *mpumutji* (*Euclea divinorum*) and *namuthata* (*Dichapetalum cymosum*) were boiled and the liquid extract from these plants was used as eye or ear drops. The *vanganga* believe that a mentally ill person screams and says things which do not make sense because they see and hear the ghost or person bewitching them. Eye and ear drops protect the mentally ill person from the ghost and the witch. However, George Mukoya, a male healer, had a different version;

Sometimes the madness can run into the eyes of a person, and that is why they scream, run around and say all kind of things, which is why we give the medications in the eyes of a person.

In other instances administration via the eye and ear was pursued if the sick person refused to drink the medications. Healer Lucia Shashipampo believed that the medication (*mutondo*) could be more easily be absorbed by the body, compared to other healing methods. However, she warned about the risk of overdosing the person and cautioned that this method should only be utilised by an experienced person, or under supervision.

It was quite fascinating to observe that traditional healers never administered these plants on their own, but rather in combination with other plants as a cocktail or mixture. The above medicinal plants were also used differently by different healers for the same condition. Cocktails given to the patient contained the following medicinal plants, mostly (1) *mulyavambi* (*Pseudolachnostylis maprounefolia*) (2) *kayanambo* (*Asparagus nelsii*) (3) *nyambi* (*Diospyros virgate*) (4) *mutengura* (*Swartzia madagascariensis*) and (5) *mpindu* (*Ancylanthos rubiginosus*). Table 4 below sets out the plant part used, stating mode and route of administration, including and the estimated time of recovery as observed or narrated to me by the healers.



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Table 4 Top five medicinal plants prescribed by the traditional healers in Kavango Region to treat mental illness.

No.	Plant name	Scientific name	Collection no.	Plant parts	state of use	Mode of prep.	Direction of use	Time recovery
1	Mulyavambi	<i>Pseudolachnostylis maprouneifolia</i>	IKSTF 546	Roots & Leaves	Dry & Fresh	Boiling	Oral	One week
2.	Kayanambo	<i>Asparagus nelsii</i>	IKSTF0514	Roots & Leaves	Fresh & Dry	Boiling	Steam	Three months
3.	Nyambi	<i>Diospyros virgate</i>	IKSTF0544	Roots & Leaves	Fresh & Dry	Boiling	Oral & Eye Drops	Two days
4.	Mutengura	<i>Swartzia madagascariensis</i>	UNME228	Roots & Leaves	Fresh & Dry	Boiling	Oral & Steaming	One month
5.	Mpindu	<i>Ancylanthos rubiginosus</i>	IKSTF0552	Leaves	Fresh	boiling	Oral	One week

6.6 Social stigma of mentally ill persons

Stigma is not a new phenomenon in relation to mental illness. Goffman (1963) defined stigma as a mark that set a person apart and reduced him or her from a whole person to one tainted or 'spoiled'. Goffman noted the way stigma is "marked" as something easily visible or simply suspected: either way, it has major effects. It became clear to me that mentally ill persons were handled and treated differently from the rest of the *muveri* (sick persons). Those suffering from *ndjangura* and *kasenge* - who presented with aggressive behavior - were isolated and tied to a tree in the yard during the day. At night they were tied to a pole of the thatch house. The idea was supposedly not to harm them but rather to prevent them from harming others, or themselves. At times they were heavily dosed with *mutengura* (*Swartzia madagascariensis*) especially at night to prevent them from making too much noise, so that other *muveri* (sick persons) could sleep. Family members were responsible for the care of the mentally ill persons while they were at the traditional healer's place. Family members provided food and clothing and infrequently washed the mentally ill. Junior traditional healers mostly visited the sick persons when giving medication (*mutondo*) or if alerted by a family member about any urgent need. The caregiver-sick person relation improved for the mentally ill persons who made progress and who could be re-integrated into society. For those whose condition remained the same or worsened, nothing changed. In fact some family members complained that they were tired of looking after them.

Kleinman, (2009, p.606) noted that the lack of mental health interventions in many countries left families and social networks unprepared to care for the mentally ill. Kleinman warned about the stigma of mental ill persons: firstly, that the poor conditions of care provided without professional support could amplify the stigma of mental illness and secondly, the social and financial burden of care could exacerbate the mistreatment of the mentally ill within families. In Kavango - where mental health care facilities are non-existent - traditional healers became the only hope for the mentally ill and their family members. Thus, family members are constantly faced with the severe financial burden of looking after the mentally ill, and at times they might neglect or mistreat them. In some cases family members gave up on severely mentally ill persons and they were neither taken to the traditional healers nor to the hospital. They could be

seen roaming around in filthy clothes, naked or half naked, neglected and avoided.

During my fieldwork there were three men in different villages who were in the above condition. The first one was at Kangweru village, a young man in his mid-thirties, a former soldier who had been relieved of his duties due to mental illness. I learned that he had been diagnosed with schizophrenia and received his monthly antipsychotic injection at the hospital, in Rundu. During the day he roamed around in extremely dirty and ragged clothes, incomprehensibly talking to himself. He no longer had friends and family avoided him. The second case was at Mamono village. He was in his forties and was not being treated - either at the hospital or by the traditional healers. The third case was at Mbwata village where the senior traditional healer by the name of Shamwaka lives. This man, also in his forties, walked around the village, talking to himself incessantly. He was not receiving any treatment. These people were avoided and not allowed to attend social events such as weddings, funerals, or when others met. They are seen as mad, or abnormal, and unable to participate in normal society. They were rejected, either consciously or unconsciously. Nobody seemed to care much, because their mental illness was seen as chronic and there was nothing that could be done for them⁵⁹.

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Such persistent, active avoidance, abandonment, or even imprisonment in institutions or homes for the mentally ill is what Guo and Kleinman (2011) refers to as social death. In this regard, they highlighted the Chinese notions of personhood which requires that individuals fulfill social obligations, “save face” and exhibit self-control, in order to be considered fully human. Therefore, those who cannot fulfill these requirements belong nowhere; they are ignored, humiliated, and treated as non-persons (Guo and Kleinman 2011; Zhang and Daum 2013; Lee et al. 2006). In this context the stigma of mental illness is worse than other stigmas since the mentally ill persons are socially excluded from ordinary life, lose their protection and become rejected by their local worlds, the state, and even institutions like aid organizations and religious groups (Zhang and Daum 2013).

6.7 Conclusion

In this chapter I have discussed traditional healing of mental illness with a particular focus on medicinal plants as treatment. I have argued that medicinal plants have therapeutic powers which need to be “seduced” by the traditional healers to have the healing effect on the sick person (*muveri*). I further argued that plants are not only seen as material used in the traditional healing but rather as living organisms with their own abilities (Gibson 2010, p.57). In addition the chapter also discussed how medicinal plants were used by traditional healers in treating the three common mental disorders namely; *ndjangura*, *kasenge* and *nyambi*. These local categories or classifications of mental illness can also be referred to as “culture-bound syndromes” (DSMIV, 1994; Littlewood and Lipsedge, 1989).

Although there is little evidence to support the efficacy of the medicinal plants (Swartz (1996, 153) which I have discussed, local communities draw on both biomedical and traditional taxonomies and treatments in order to address mental illness (Long and Zietkiewicz 1998,p. 15). Therefore, it is imperative that indigenous healing in mental health be seriously considered in terms of collaboration between the biomedical and the traditional, for the benefit of all. An understanding of local perspectives of common mental disorders will allow biomedicine to provide culturally sensitive and locally acceptable health care. At present collaboration between biomedicine and traditional healing in Namibia is still in its infancy but there is little effort from the government to guide this. In this regard, the Mental Health Policy document in Namibia of 2005 is notably silent on the issue of traditional healing while the status of the Traditional Health Bill also hangs in the air (New Era 2004).

CHAPTER SEVEN

7 GENERAL CONCLUSION

This chapter summarises and draws together the main points that have emerged from this thesis. In addition it also touch briefly on some areas in which research might be taken forward in the future. My first encounter with anthropological perspective on mental illness was during the course of my MA in medical anthropology in 2009. As part of the structured course work at the time we were introduced to both anthropological and sociological theories on mental illness. Nonetheless, at that stage I did not take much interest in anthropological theories on mental illness given my nursing background - I had been trained in a biomedical model which often presents psychiatry as a hegemonic worldwide system (Watters 2011). However, for the purposes of my doctorate, I had to engage with mental illness from the viewpoint for medical anthropology.

The main aim of this thesis was to explore the social and cultural construction of mental illness from the traditional healers' perspective in Kavango. As such, the study examined mental illness within the realm of expertise that of *vanganga* (traditional healers) and explored the various local aetiologies and treatment as well as the social and cultural meaning of these illnesses. In particular the thesis discussed 'local' notions of mental illnesses and treatment (including medicinal plants) in Kavango. I focused on three local, commonly diagnosed, illness categories used by the *vavanga* themselves, namely; (1) *nyambi* (2) *kasenge* and (3) *ndjangura*. These are specific to Kavango people - and based in their local cultural setting - (DSMIV, 1994; Littlewood & Lipsedge, 1989) yet they are not discrete categories. They do differ in terms of manifestation and underlying assumptions, explanations and treatment (Long and Zietkiewicz 1997, p. 7).

While traditional healers view these local notions of mental illness as static, in reality they are active and vary over time (see Foucault, 1967). They are also being reproduced, evolve and can be idiosyncratic and context dependent (Ventevogel et al 2013, p. 2). By presenting traditional healers' local constructions of mental illness I do not view their aetiologies as rigid - given the

changing nature of our social world and the efforts of individuals to adapt to these changes. I thus view these local notions as an ongoing process or work in progress. The *vanganga* in Kavango construct mental illness through their diagnostic methods, operate from the point of view of traditional healing systems and use spiritual forces as a mode of communication with the ancestors through the *katemba* (divination device). In this way they determine the cause of, and identify, the illness. Within these systems, mental illness is frequently seen as a sign that the family has deviated from cultural norms, as a form of harm instigated by a jealous person or as a physical problem (Teuton et al 2007, p. 1262).

Thus the thesis argues that while traditional healers view mental illness as a physical ailment that causes disruption of mind/head/brain they also understand it is as a possible result of social deviance, ancestral wrath or witchcraft. Accordingly, traditional healer's therapeutic action aims not only to treat, and preferably cure, the sufferers, but also to restore the social order disrupted by the angry ancestors or witches. In this regard, the *vanganga* (traditional healers) restore the social order at family level through the *kutjamba* ritual ceremony, and at the community level, through the *kuvetera ngoma* (drum ritual ceremony). Unlike most studies in which mental illness has been constituted as highly individual, personal and private (Swartz 1996), the *vanganga's* explanation of mental illness includes components of social and psychological approaches which provide meaning for the mentally ill persons and their families (Teuton et al 2007, p. 1262).

The understanding of local notion of mental illness by traditional healers which came out of this thesis can make a significant contribution to the study of mental illness in cross cultural settings which can be used to influence mental health policy to improve the health of the people in Namibia and Kavango in particular where mental health care are almost non-existent at the moment. As I have stated in my introduction remarks that the study is situated against the background of the World health organization's 2005 statement of "No health without mental health" (WHO 2005). Thus, this study is a response to this call for the improvement of mental health globally: a prioritised area of study, research and practice aimed achieving equity in health worldwide (Kohrt and Mendenhall 2015, p. 37). In order to achieve these goals various disciplines should come together to facilitate the development and implementation of

appropriate mental health policies which are sensible to contextual factors such social and cultural factors among others.

As I have shown throughout thesis, psychiatry and traditional healing are both important to deliver health service in non-stigmatizing, culturally compelling manner to achieve the vision of mental health for all (Kohrt and Mendenhall 2015, p. 37). Being knowledgeable about local understandings and treatment of mental illness can also be useful to health care workers - in identifying local way of expressing distress and as avenues to identify potential individuals in need of psychological and ultimately provide mental health services. To conclude this section on local notion of mental illness I strongly argue in this thesis that mental illness cannot be isolated from the context in which it occurs - instead potential interventions could be multiple- e.g. psychiatric services, as well as traditional healers.

The thesis also discussed various categories of traditional healers in Kavango, their diagnostic process as well as their current lack of legal status. I argued that the current classification of traditional healers into the broader categories of herbalist, diviner, and medium-diviner makes it difficult to distinguish between them. I provided a new way of refining the classification of traditional healers in Kavango, thereby including levels of training and knowledge but also the area of speciality.

Despite various calls for the recognition and regulation of traditional healers and medicines in Kavango, this issue has remains contentious and ineffective (Rautenbach 2008, p. 2). The thesis thus argued that there is urgent need to utilize traditional healers as part of the health care team in order to address the daunting and rapidly growing burden of mental illness - which is currently not met by the official health care system, and to help bridge the cultural gap in the conceptual appreciation of health and illness.

I explored medicinal plants and their application by traditional healers to treat various mental illnesses. I argued that medicinal plants possess powers that need to be “enticed or seduced” by healers in order to produce a therapeutic effect on the *muveri* (sick person). I contend that medicinal plants are perceived to have transformative abilities that can affect the people who

utilize them (Hsu and Harris, 2012, p. 24). I can, however, not speak to the pharmacological make-up of the medicinal plants used.

7.1 Some recommendation for future research on mental illness in Kavango and Namibia in general

My first recommendation on the integration of traditional healers into primary health care, as I have argued that traditional healers in Kavango provide basis health care to the people by using medicinal plants and ritual performance not only for mental illness but for other health problems as well. Therefore, there is a need to recognise, regulate and empower them via training and resources to improve health care for the people as per WHO call since 1978.

Secondly, there is a urgent need for a strong political will to speed up the traditional healers bill so that is be passed to facilitate the registration and regulation of traditional healer in Namibia. Thirdly, although my focus for this thesis was on traditional healers, medicinal plants and mental illness I highly recommend that government should consider building a psychiatric hospital in Kavango since a lot of them still do not have access to biomedicine and psychiatric services are non-existent which a barrier in elevating mental health in the region.

I end with a quote from Sir Isaac Newton which state that **“I can calculate the motions of the heavens, but not the madness of men.”**

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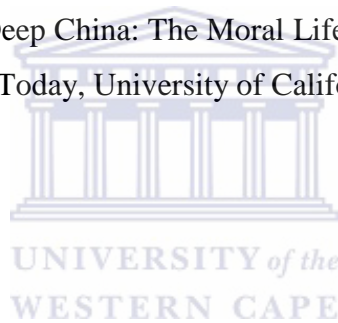
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APPENDICES

APPENDIX 1: Information sheet

UNIVERSITY OF THE WESTERN CAPE

DEPARTMENT OF ANTHROPOLOGY AND SOCIOLOGY

Private Bag X17, Bellville, 7535, Cape Town, South Africa

Tel: (021) 959-2336; Fax: (021) 959-2830

November 2013

Title: The use of medicinal plants to treat mental illness in Kavango east and west regions, Namibia.

Researcher: Michael Shirungu

You are invited to participate in a study on the use of medicinal plants to treat mental illness in Kavango east and west regions, Namibia by Michael Shirungu under the supervision of Prof Diana Gibson at the University of the Western Cape, Anthropology/Sociology department. The information will be used to write a PhD dissertation and (with your permission) publish the results. Participation in this study is voluntary. With your permission, our conversations will be recorded and data will be used for publication. If you wish, pseudonyms will be used. If you would like to see the information about yourself and/or what you said at any time, you can do so. I will keep your identity strictly confidential. You may withdraw from this study whenever you wish, and if you do, all information you provided will be discarded. Your withdrawal from the study will in no way affect your access to or the use of traditional plant medicines or pharmaceuticals. If you agree to participate in this study, you will be asked to sign a consent and access and benefit sharing agreement which will protect and inform you of your rights as a participant.

Thank you for taking the time to read this leaflet. If you are unclear about anything or need further information, feel free to contact us at:

Researcher: Michael Shirungu 0812355093

Supervisor: Prof Diana Gibson: (021) 959 3349



UNIVERSITY of the
WESTERN CAPE

APPENDIX 2: Informed consent

UNIVERSITY OF THE WESTERN CAPE: DEPARTMENT ANTHROPOLOGY AND SOCIOLOGY. Private Bag X17, Bellville, 7535, Cape Town, South Africa Tel: (021) 959-2336; Fax: (021) 959-2830

November 2013

Title: The use of medicinal plants to treat mental illness in Kavango east and west regions, Namibia.

I... have been explained in the language that I understand about the nature and purpose of the study. Therefore, I am participating in the study on my own will and I can withdraw from the study at any time I wish to. The researcher has explained to me that this information will be treated as confidential and my name will be anonymous. I

Understand that the information will be used for academic purposes.

I therefore I give my consent to take part in this study.

Participant's signature

Date.....

For any enquiries regarding the study or wish to report any problems you have experienced related to the study, please contact the principal researcher: Mr. Michael Shirungu

University of the Western Cape

Private Bag X17, Belville 7535

Cell phone Number (SA) 85 +2279 234 1932

Cell phone Number (Nam) 86 +264 2355 093

Supervisor: Prof. Diana Gibson (021) 959 3349 Fax: (021) 959-3686

APPENDIX 3: Access and benefit sharing agreement

UNIVERSITY OF THE WESTERN CAPE: DEPARTMENT OF ANTHROPOLOGY AND SOCIOLOGY

Private Bag X17, Bellville, 7535, Cape Town, South Africa

Tel: (021) 959-2336; Fax: (021) 959-2830

November 2013

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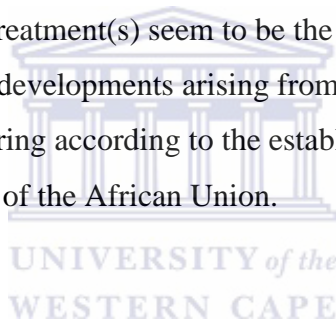
In response to the **recipient's** (researcher) request for the **material** (plants), the **provider** should understand and agree to:

1. The above material is the property of the provider and is made available as a service to the research community.
2. The material will be used for teaching or not-for – profit research purposes only.
3. The material will only be made available to other researchers with the approval of the provider.
4. Any material delivered pursuant to this agreement is understood to be experimental in nature and may have hazardous properties. The provider makes no representations and extends no warranties of any kind, either expressed or implied. There are no express or implied warranties of merchantability or fitness for a particular purpose, or that the use of the material will not infringe any patent, copyright, trademark, or other propriety rights.
5. Unless prohibited by law recipient assumes all liability for claims and for damages against it by third parties which may arise from the use, storage or disposal of the material except that, to the extent permitted by law, the provider shall be liable to the recipient when damage is caused by the gross negligence or wilful misconduct of the provider.

6. The recipient agrees to use the material in compliance with all applicable statutes and regulations.
7. The material is provided at no cost, or with an optional transmittal fee solely to reimburse the provider for its preparation and distribution costs.
8. Each party are to receive a signed copy of this agreement upon which the provider will transfer the material.

Benefit sharing:

1. The researchers endeavours not to give false hopes or make promises which cannot be fulfilled.
2. The researchers will share of results of this research, so that the whole community is informed regarding which treatment(s) seem to be the most effective.
3. In the event of commercial developments arising from this research, the researchers agree to a principle of benefit sharing according to the established principles of South African law and relevant guidelines of the African Union.



Provider information:

Name.....Surname.....
 Id number.....Sign.....
 Place of transfer.....

Recipient's details

Name.....Surname.....
 Id number.....Sign.....
 Place of transfer.....

Researcher: Michael Shirungu

Cell phone Number (Nam) 86 +264 2355 093/
 (SA) 85 +2279 234 1932

Supervisor: Prof Diana Gibson: (021) 959 3349

APPENDIX 4: Informed consent for audio recording

UNIVERSITY OF THE WESTERN CAPE: DEPARTMENT ANTHROPOLOGY AND SOCIOLOGY. Private Bag X17, Bellville, 7535, Cape Town, South Africa Tel: (021) 959-2336; Fax: (021) 959-2830

Title: The use of medicinal plants to treat mental illness in Kavango east and west regions, Namibia.

You are invited to participate in a study on **the use of medicinal plants to treat mental illness in Kavango east and west regions, Namibia.** With your permission, our conversations will be audio recorded and data will be used for documentation, research, and publication. If you wish, pseudonyms will be used. If you would like to see the information about yourself and/or what you said at any time, you can do so. I will keep your identity strictly confidential. You may withdraw from this study whenever you wish, and if you do, all information you provided will be discarded. Your withdrawal from the study will in no way affect your access to or the use of traditional plant medicines or pharmaceuticals.

If you agree to participate in this study, you will be asked to sign a consent and access and benefit sharing agreement which will protect and inform you of your rights as a participant. Thank you for taking the time to read this leaflet. If you are unclear about anything or need further information, feel free to contact us at:

Procedures:

If you participate in this study, you will ask questions which will be recorded. Your participation is completely voluntary. You may withdraw from this study at any time without penalty.

Benefits and Risks:

No risk greater than those experienced in ordinary conversation are anticipated. Everyone will be asked to respect the privacy of the other group members. All participants will be asked not to disclose anything said within the context of the discussion.

Confidentiality:

Anonymous data from this study will be analysed by the researchers. No individual participant will be identified or linked to the results. Study records, including this consent form signed by

you will be kept in a locked office at the University of Namibia the Western Cape. The results of this study will be used for thesis and may be presented at meetings and seminars; however, your identity will not be disclosed. All information obtained in this study will be kept strictly confidential.

Consent:

By signing this consent form, you are indicating that you fully understand the above information and agree to participate in this focus group.

Participant's signature: _____



APPENDIX 5: Informed consent for video recording

UNIVERSITY OF THE WESTERN CAPE: DEPARTMENT ANTHROPOLOGY AND SOCIOLOGY. Private Bag X17, Bellville, 7535, Cape Town, South Africa Tel: (021) 959-2336; Fax: (021) 959-2830

Title: The use of medicinal plants to treat mental illness in Kavango east and west regions, Namibia.

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Consent:

By signing this consent form, you are indicating that you fully understand the above information and agree to participate in this focus group.

Participant's signature: _____



APPENDIX 6: Michael Shirungu & Nguwo a traditional healer whom the local have nicknamed as Kasenge. Below is the certificate fom NETHA.



MEMBERSHIP CERTIFICATE

WESTERN CAPE TRADITIONAL HEALERS ASSOCIATION
 P.O. Box 24103
 Windhoek
 Namibia
 Tel: (061) 218480
 Reg. NO. W083

NETHA "Head Office"
 New Tel: (061) 246168-9
 After hours: (061) 237219

Ref. Name: NGUWO
 Surname: MASHANGO
 I.D. Number: 2004080700011
 Place of Birth: RUNISU
 Date of Birth: 05-04-20
 Nationality: NAMIBIAN

This is to testify that the bearer of this certificate is a traditional healer and is authorised by the Namibia Eagle Traditional Healers Association (NETHA) to practice traditional medicine.

Signature, Secretary General [Signature]
 Signature, Chairman [Signature]
 Date Issued: 18-09-96

van die TB-infeksie is nie die TB-infeksie nie die TB-infeksie