An exploration of the role of Traditional Health Practitioners' dreams in the diagnosis and treatment of mental illness in Blouberg Municipality, Limpopo Province

By

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DEDICATION

This thesis is dedicated to my family, my husband (Motlatso) and my children (Ngoako, Moyahabo, Kgabo, and Pheeha). I am deeply indebted to the inspirations, patience and sacrifices you made to enable me to complete this work.

DECLARATION

I declare that **An exploration of the role of Traditional Health Practitioners' dreams in the diagnosis and treatment of mental illness in Blouberg Municipality, Limpopo Province** is my own work and all the sources I have used and quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any degree.

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ABSTRACT

Dreams have always been intriguing phenomena confronting humankind over many years. They have been perceived differently across time and space, with different meanings attached to their manifestation. The general understanding and perception about dreams was that they emanate from some supernatural powers. Dreams have been some of the subjects of inquiry within the field of psychology. In this context, dreams are commonly perceived to originate from 'within – intra'' the dreamer. This study sought to explore the role that dreams play in the work of Traditional Health Practitioners (THPs) when diagnosing and managing mental illness. The study espoused a qualitative research approach and phenomenology design. Twenty-six THPs were selected through snowball and purposive sampling methods from five villages in Blouberg Municipality (Limpopo Province). Data were collected using in-depth semi-structured interviews and analysed through interpretive phenomenological Analysis (IPA). The following themes were extracted from the findings of the study: the THPs' perception of dreams; the essence of dream for THPs; perceived sources of dreams; methods used to confirm the contents of dreams; and methods used to interpret symbolic dreams. Based on the above phenomenological accounts by the participants, an explanatory model on the use of dreams by THPs in the diagnosis and treatment of mental illnesses was developed. The explanatory model suggests that dreams are divided into four categories, namely: dreams as form of vision; dreams as a form of enlightenment; dreams as a form of awareness raising; and, dreams as a form of spiritual communication. The study made significant contribution through the development of an explanatory model to understand the role of dreams in the diagnosis and treatment of mental illness by Traditional Health Practitioners. The model presented a comprehensive process of dreams as a diagnostic and treatment tool in mental health care practice in the African context.

Key Words: Dreams, Limpopo Province, Mental illness, Traditional Health Practitioners, Treatment

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Abbreviations and Acronyms

AASM	American Academy of Sleep Medicine
BCE	Before the Common Era
CBT	Cognitive-Behavioural Therapy
DOH	Department of Health
DSM IV	Diagnostic and Statistical Manual for Mental Disorders IV
IKS	Indigenous Knowledge Systems
IPA	Interpretive Phenomenological Analysis
PTSD	Posttraumatic Stress Disorder
REM	Rapid Eye Movement
SA	South Africa
TAFH	Traditional and Faith Healers
THP	Traditional Health Practitioners
TREC	Turfloop Research Ethics Committee

CHAPTER ONE
INTRODUCTION

1.1 Background

Dreams have always been intriguing phenomena confronting humankind over many years. They have been perceived differently across time and space, with different meanings attached to their manifestation (Nwoye, 2010). The general understanding and perception about dreams were that they emanate from some supernatural powers (Bakow & Low, 2018; Berg, 2003; Laher, 2014). For example, historical records suggest that Egyptians have long relied on dreams in predicting the future, diagnosing life problems, and in taking important life decisions (Ayer, 1960). In Biblical times, dreams have always been regarded as some of the crucial tools through which God revealed Himself to chosen servants, such as kings and prophets (Nell, 2014). In some instances, dreams were referred to as prophetic visions through which some people could see the future (Peterman et al., 2015). Furthermore, dreams were used in the early Christian and Islamic communities to institute mystical power, impose obedience, and explain violence in some spiritual contexts (Nell, 2014).

Dreams have been some of the subjects of inquiry within the field of psychology. In this context, dreams are commonly perceived to originate from 'within – intra'' the dreamer (Caperton, 2012). It is assumed that dreams encompasses communications that divulge the past, the desires, in addition the goals of the visionary (Kryger et al., 2011). For Carl Jung, a prominent Swiss psychiatrist and psychoanalyst, dreams provide the dreamer with an opportunity for extemporaneous self-representation in a figurative form that reflects the memories of the unconscious (Jung, 1967). The role of the therapist is to uncover the meanings and mysteries embedded in the dreams. One of the prominent psychologists, Sigmund Freud, advanced a thesis arguing that dreams are an expression of the dreamer's fears, wishes, needs, desires and so forth (Roberts, 2018). He further suggested that when left unaddressed, dreams could overwhelm the dreamer, resulting in a state of psychological distress (Moorcroft, 2013). Through the psychoanalytic technique of dream analysis, the dreamer could be helped to gain insight into the meaning of dreams and how best to address the needs.

Within the indigenous African context, traditional practitioners have (over many years) used dreams as some of the mediums through which they practice their trade. The mechanisms or processes involved in the use of dreams by these practitioners have largely remained elusive. Nwoye (2017) puts it succinctly thus 'one neglected perspective is the African psychology of dreams'. This is despite the existence of documented evidence of the importancy and significance of dreams in the lives of people of African ancestry (Tshifhumulo, 2016). In addition, not much has been empirically documented about dreams and their use in mental health care in the African context. Interconnected variables that contribute to dream meaning generation are not fully comprehended. In terms of dreams, how do dreamers view them? Is there a common understanding of what dreams are and why they are important? Which aspects of the dreamer's personality and environment encourage or hinder him or her from interpreting his or her own thoughts and feelings? In attempting to make sense of their dreams, people employ a wide range of methods. Going through this is going to have what effects?

This research investigate the importance of dreams in the healing practices of THPs, with particular focus on mental health care management. To do so, the researcher employed a hermeneutic phenomenological design to establish THPs' notions of dreams as diagnostic and treatment tools in mental health care practice; to determine the nature and types of mental conditions that THPs diagnose through the use of dreams; and to ascertain the meanings that THPs attach to various dreams used in mental health care practice. Sequentially, based on the meanings derived from phenomenological accounts by THPs, in-depth interviews develop guidelines on dreams as diagnostic and treatment tools in mental health care practice. Participants were chosen using snowball sampling. Data were collected using in-depth interviews and analysed using the interpretive phenomenological analysis (IPA). Following the data analysis, the researcher was guided by the procedure for good theory building as proposed by Wacker (1998) to ripen an explanatory model of the study.

1.2 Research problem

Over the years, dreams have been used by African THPs for diagnostic, treatment and other health-related purposes (Bernard, 2013; Bogopa, 2010; Machinga, 2011; Makgahlela & Sodi, 2017). For instance, in some regions of sub-Saharan Africa, *"ditoro" or* dreams are used to forecast future events (Nyowe, 2017; Tshifhumulo, 2016). Moreover, dreams are understood as a way of communication between the natural realm and the supernatural dimensions of the social world (Menczer, 2014; Thorpe, 1991). Despite the findings of these studies, little attention has been given to the role and interpretation of dreams in the area of mental health practice in an African setting (Makhanya, 2016; Mokgobi, 2014; Ramgoon et al., 2011; Sodi & Bojuwoye, 2011; Zuma et al., 2016).

Given the scarcity of empirical studies and research in this area of study, it becomes imperative for efforts to be directed towards research to document how THPs use dreams in their healing practice. Therefore, this proposed study seeks to explore and document the diagnostic and treatment value of dreams in the healing practices of THPs. More specifically, based on the meanings derived from phenomenological accounts by THPs, the investigator aimed to develop an explanatory model on dreams as diagnostic and treatment tools in mental health care practice.

1.3 Operational definition of terms

- **Dreams:** According to Khalil (2016, p. 598), "dreams are a series of thoughts, images and sensations occurring in a person's mind during sleep". For the purpose of this study, a dream will be understood to mean thoughts, images and sensations experienced by THPs often during their sleep.
- **Traditional Health Practitioner:** "A Traditional Health Practitioner refers to someone who is registered in one or more of the categories of traditional health practitioners under the Traditional Health Practitioners Act Number 22 of 2007. These traditional health practitioners are classified into diviners, herbalists, traditional birth attendants and traditional surgeons" (Tshehla, 2015, p. 279). For the purpose of this study, the concept of traditional health practitioner will

refer to a practitioner who uses and interpret dreams in the healing practice.

- **Diagnosis:** Diagnosis refers to an identification of the nature and cause of the illness (Hornby, 2010). In the present study, a diagnosis will have the same meaning.

- **Mental illness:** According to Hornby (2010), this refers to psychological conditions that are characterised by abnormalities in thinking, feelings or behaviours. In the context of the present study, mental illness refers to any mental condition that affects individuals' physical, emotional, intellectual, social or spiritual functioning (World Health Organization [WHO], 2017).

- **Treatment:** Refers to the process of making whole and embracing both spiritual, psychological, emotional and physical aspects of humanity in an individual (Edwards, 2011). The current study will adopt this definition of the healing process.

- **Blouberg Municipality:** This is one of the municipalities in Capricorn District, Limpopo Province. According to Statistics South Africa (2011), the area is predominantly rural and has an estimated population of 162 600. The municipality covers an area of approximately 5 054 km2 and stretches up to Botswana (Mathibela et al., 2015). In the context of the proposed study, Blouberg Municipality will be understood to mean one of the four rural municipalities in Capricorn District, Limpopo Province.

1.4 Purpose of study

1.4.1 Aim of the study

The study sought to explore the role of dreams in the diagnosis and management of mental illness by THPs.

1.4.2 Objectives of the study

- To establish THPs' notions of dreams as diagnostic and treatment tools in mental health care practice.
- To determine the nature and types of mental conditions that THPs diagnose through the use of dreams.

- To ascertain the meanings that THPs attach to various dreams used in mental health care practice.
- Based on the meanings derived from phenomenological accounts by THPs, to develop an explanatory model of dreams as diagnostic and treatment tools in mental health care practice.

1.4.3 Research questions

- How do THPs conceptualise dreams?
- What are THPs' basic ideas about the nature, sources, types and functions of dreams?
- What is the range of characteristics of dreams that THPs make meaning of and use in mental health practice?
- What could be guidelines that can be used by both mental health practitioners (MHP) and THPs to identify and treat mental illness in mental health care practice?

1.5 Significance of the study

"The Traditional Health Practitioners Bill of South Africa, No. 25 of 2007 made attempts at the 'formalisation, regulation, and professionalisation' of the traditional health care system in South Africa, but this bill has never been put into effect" (Zuma et al., 2016, p. 304). As indicated, there are various factors in South Africa that contribute to an increasing number of clients who present with mental health challenges. These clients also consult THPs for the treatment of their mental illnesses. Therefore, it becomes crucial for research efforts to be directed at traditional healing and how it can contribute safely and meaningfully to the health care needs of many South Africans. This aims to encourage communication and collaboration between traditional healers and those trained in more modern medical procedures (Street, 2016). In light of recent changes, including legislation that officially recognises THPs' value, a greater understanding of their role in South African health promotion is now more necessary than ever.

The study hoped to benefit countless South African government departments such as the Departments of Health, Science and Technology, Education, and Arts and Culture in their efforts to support and promote indigenous knowledge systems (IKS), including consensus to integrate the different health systems within medically pluralistic societies. It was also hoped that the study of this nature will further enhance to the acquaintance base of the social sciences and the field of psychology. This is hoped to be achieved through prevailing policies on the nature of dreams and dream interpretation in rural areas, specifically among Northern Sotho THPs of Limpopo Province. It is also hoped that the study will further bring new insight and contribute to the emerging fields of culture and psychology, including African psychology.

1.6 Thesis roadmap

Chapter one: Introduction

Chapter one presents the introduction of the study. The chapter introduces the study by highlighting the background, aim and objectives, problem statement and significance of the study.

Chapter two: Literature review

This chapter presents a literature review of the study. The chapter begins by assessing religious and historical perspectives on dreams. The main emphasis on this aspect was the contribution of religion and history to dreams. There are numerous cultural approaches to dreams that were reviewed. These include the Hindu, Buddhist, Christian, Islamic and Jewish, as well as ancient Mesopotamia, Egypt, Greece and Rome. The review was also extended to other perspectives from Africa, Oceania and the Americas.

Chapter three: Theoretical framework

The chapter presents Afrocentricity as the theoretical framework adopted in the study. The theory was adopted to inquire into the role of THPs' dreams in the diagnosis and treatment of mental illness. At its core, Afrocentricity is an approach to understanding and addressing African-derived people's lives and experiences that was created in African American cultural landscapes. In the Afrocentric worldview, which focuses on African identity from the standpoint of the African people, this notion was born.

Chapter four: Research methodology

Chapter four explains the study's research methodology. Blouberg Municipality's current state is described in detail in the chapter's opening paragraphs. After that, the chapter discusses the study's techniques and materials, including some fundamental methodological concerns. There are a number of factors that go into setting and sampling, data collection, and analysis. Quality standards and ethical issues are covered in the final section of the chapter.

Chapter five: Presentation of research findings

Chapter five presents the study's research findings. The chapter begins by presenting demographic information of the study, where the age, method of treatment, and education are outlined. This is followed by the interpretative Phenomenological Analysis of the study findings, which is divided into different sections**.** The empirical findings of the study established THPs' perception of dreams, the essence of dream for THPs, perceived sources of dreams and methods used to confirm the contents of dreams and to interpret the symbolic dreams.

Chapter six: Discussion of study findings

Chapter six presents the finding of the study's discussion. The discussion begins with an overview of the concept of dreams and dreaming as it was presented in the findings, merging with contemporary debates vis-à-vis the role of THPs' dreams in the diagnosis and treatment of mental illness. The concept of vision was argued to form an important component of dreams. Moreover, the chapter also debated the processes of enlightenment and awareness as essential in the concept of dreams from an African context. After establishing the general overview of dreams and dreaming, the chapter looks at the purpose of dreams, and assumes that it is fundamental to establish the purpose thereof before looking at the role of THPs' dreams in the diagnosis and treatment of mental illnesses.

Chapter seven: Summary of key findings and conclusions

Chapter seven presents the summary of key findings and conclusions

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This chapter presents a literature review of the study. The chapter begins by assessing the religious and historical perspectives of dreams. The main emphasis in this aspect was the contribution of religion and history on dreams. There are numerous cultural approaches to dreams that were reviewed. These include the Hindu, Buddhist, Christian, Islamic and Jewish, as well as ancient Mesopotamia, Egypt, Greece, and Rome. The review was also extended to other perspectives from Africa, Oceania and the Americas. The researcher also made a review of a wide range of theorists from psychology, who have made a consideration that dreams are meaningful. The focus of the review was essentially on how they conceptualise the nature, sources and functions of dreams. This was also extended to methods used to make meaning of dreams, participating motivational factors, and consequences of such a process.

The researcher used three databases namely Scopus, Web of Science, Google Scholar. Through this, 100 items, including 90 research articles and 10 reviews were accessed. These databases, which are frequently searched, include significant collections of popular content. The different keywords such as mental illness, ancestors, dreams, spirituality, traditional medicine, vision, Traditional Health Practitioners, mental health, African medicine and Western medicine, were used to search for the articles from these databases. For additional sources, the researcher used references from the articles obtained through the searches.

2.2 Religious and historical perspectives on dreams

This section focuses on the religious and historical perspective of dreams. It has been established that a plethora of religions, cultural groups and historical moments have perceived dreams as a fundamental element of their existence (Bulkeley, 2008). In this regard, the researcher explores different perspectives around dreams to introduce the reader to the rich, and different ways people have portrayed dreams as meaningful. Moreover, specific dream beliefs and practices are also discussed in detail. Furthermore, throughout history, dreams were used and interpreted in different ways. These include dreams as a source of power

and the capability of understanding and communicating with the dead (Bernard, 2013; Sandford, 2017). This suggests that there are dreams that are considered a symbol or message from the gods. Walsh (1989) asserts that for Shamans, dreams were a notice of their sacred vocation, whereas for the prophets of Israel, dreams were messages from God.

On an important note, an extract from the book of Numbers reveals the role of dreams in ancient Israel. The extract reveals that " Listen to me: If there be a visionary among you, I the Lord make myself known to him in a vision, I speak with him in a dream" (Holy bible, 1989). Moreover, Kilborne (1987) asserts that in ancient Mediterranean cultures, dreams were a source of healing, and people came to the temple of the god Asklepios to incubate healing dreams. Literature reveals that in Mesopotamia, reverence to the gods was for protection on an individual's health. Moreover, dreaming was not a natural aspect; rather, in some instances, rituals were used to prepare someone for dreaming, exorcise bad dreams, impact or disclose the future, or cure an illness.

Moreover, Noegel (2001) asserts that in Mesopotamia, words contained the power of knowledge. In this regard, diviners were professionals who were trained to handle the power in divine words. The Babylonian Dream Book manual contained hundreds of dreams that were categorised into different themes which were accompanied by interpretations. The concept of punning was used as a tool of interpretation, and during the process, some of the elements taken into consideration were the dreamer's occupation, status, state of mind and personal situation. Noegel (2001) argues that it is interesting how numerous inscriptions demonstrate how individuals had an obligation to communicate to the king through dreams that were thought to contain divinatory elements. As a result, Mesopotamian thoughts about dreams are therefore considered to have influenced Greek, Indian, Jewish and Islamic communities (Noegel, 2001).

In ancient Egypt, dream interpretation was considered to be an essential, religious and cultural activity as presented in several papyrus records (Nell, 2014). The 'Letters to the Death' is one of the ancient texts that still exist, dating back to approximately 2150-2005 BCE (Bulkeley, 2008). The tests exemplify how dreams were regarded as a liminal zone in which the world of the non-living and

the visible could see one another. Written records show the use of oracles in all levels of the social structure. An example of this is found in ancient Egypt where dreams were considered as portals to another world, more especially the spirit world (Bulkeley, 2008). The belief was that if a mentally ill patient sleep in one of the temples, the gods will send messages through dreams to help them heal. This suggests that dreams were messages from the dead (Nell, 2014).

In the 12th century, ibn El-Arabi, a theological and philosophical genius regarded as "the greatest master" in the Arab world, proclaimed: "A person must be able to control his ideas within a dream. The development of this attentiveness will be of great benefit to the individual; therefore, everyone should devote themselves to acquiring this talent" (Shah, 1971). Numerous explorers and spiritual gurus, such as Aurobindo (1970) and Steiner (1947), have reported success with lucid dreaming, although Western scholars have for decades rejected such claims. In the 1970s, however, two researchers presented experimental evidence of lucid dreaming, marking a watershed point in the history of dream research. Throughout the late 19th, 20th, and 21st centuries, scientists have offered numerous psychological and neuroscientific ideas regarding dreams. Sigmund Freud's 'The Interpretation of Dreams' (1900) demonstrates his interest in dream interpretation. He examined his patients' dreams to gain insight into their personalities, dynamics, and processes. Freud's emphasis on the use and meaning of dreams was revolutionary in comparison to current focused theorists who have limited their explanations of dreams to various somatic causes, such as the notion that dream images are just random electrical discharges from the brain (Hobson, 2009).

Furthermore, in different cultures, dreams are used and interpreted through their religious and cultural views. This is regarded to be a means of spiritual discipline (Mpofu et al., 2011; Moshabela et al., 2017). To put this into perspective, Nell (2014) found that in African Christian societies, dreams are useful for different religious purposes, for example, dreams serves as a tool for predicting the future in these communities. Moreover, Makgahlela and Sodi (2017) established that in African communities, dreams often constitute a significant cultural natural resource in dealing with bereavement during the mourning period.

2.3 Western psychological perspectives on dreams

This section presents Western psychological perspectives of dreams. Western psychology scholars presented various theories that explain the content and role of dreams in therapy. The scholars include, among others, Sigmund Freud's ego defense theory (Freud, 2013), Jung's dream theory (1967) and Siegel's cognitive dreams theory (Siegel, 2010). The conclusion drawn from these theories was that individuals' dreams are self-directed and are essentially self-reliant. In essence, the Western psychological view asserts that dreams instigate within the dreamer and go on to produce communications that are relevant and meaningful for the effective understanding of the life and concerns of the dreamer and other people around him/her. Moreover, "Freud also suggests that if a reference is made to the dreamer, the reference boils down to be simply an annotation on the dreamer's inner life" (Caperton, 2012, p. 8).

2.3.1 The psychology of dreaming in Africa

It is widely accepted in Western psychology that humans dream on their own and are fundamentally self-reliant in their dreaming process. Eurocentric interpretations of dreams hold that they originate in the dreamer and convey messages that are pertinent to and important to the dreamer's life and concerns. In order to distinguish between Afrocentric and Eurocentric views on dreams, it is necessary to know the origins of dreaming in Africa. There are three distinct sorts of dream origins. Transcendental/vertical as well as intersubjective and individualocentric sources are included. To describe a sort of dream that coins from the dreamer and discourses, the term "individuocentric dreaming" is used (Nwoye, 2017).

In African dreams, there are two types of individualocentric dreams. Two instances of this type of dream are compensatory and anticipatory dreams. "Personal, desire-fulfilment visions that arise in the sleeper as a result to the demands and interruptions of the dreamer's day-to-day life are known as compensatory dreams in Africa" (Nwoye, 2017, p. 20). Compensatory dreams are aimed at helping the dreamer achieve his or her goals and aspirations while they are still asleep. So, for many African married women who have been unable to have children, the idea of conceiving and giving birth to a kid in a dream has taken center stage in their stories. As a result, compensatory dreaming helps the

dreamer meet some of their most pressing needs that they haven't been able to meet in everyday life.

Freud and Jung's ideas on the nature of dreaming are very comparable to the African concept of compensating for dreaming (Caperton, 2012). Using the Freudian framework, a dreamer's reference to another person is reduced to a simple comment about the dreamer's own existence (Caperton, 2012). Dreams, in Freud's view, are at best a dependable indicator of a person's subjective experience, unconscious, and unique personality characteristics. According to Freud, dreams play an important role because they enables therapists to understand the dreamer's inner conflicts. An understanding of individualocentric compensating dreams reveals the character of the dreamer's inner existence in both Africa and the West (Caperton, 2012). Therefore, at this level of individuocentric dreaming, there is no contrast between African and Western ideas of dreaming. Predictive dreaming is a different idea in African thought, and it is activated by the dreamer's particular conscious experience in their daily environment, rather than their unconscious dreams.

According to Africa's transcendental dream source, "some dreams are brought into existence by agents of the spiritual or ancestral realm. While sleeping or trance, a person's dream is defined as an encounter with an agent of the ancestral or spiritual realm by the Zimbabwean Benedict and Nigerian Bishop Akinyele as a visitation or transcendental intervention" (Nwoye, 2017, p. 26). This type of discourse is common in many African dreams, in which the spiritual or ancestral force talks and the dreamer listens to them in the guise of a conversational monologue. An important message or instruction is typically delivered to the dreamer during this meeting. As a result, some leaders of African Independent Churches believe that God communicates his will and instructions to people of all ages through the Bible (Nwoye, 2002). With the power of the Holy Spirit, dreamers seek advice and guidance from their clients on a regular basis in regards to the issues they face (Nwoye, 2002). Others see this as a method to get insights that can help them solve and master the challenges of existing in this environment.

2.3.2 Freud

Freud suggests that dreams constitute a responsible source of information with regards to the dreamer's idiosyncratic reality, unconscious and personality. In essence, knowledge is useful since it helps in understanding the desires and histories as well as the needs of the dreamer (Nwoye, 2015). Freud considers dreams to be the 'imperial road to the unseen' because they are responsible for the expression of unconscious wishes, needs and conflicts. He suggests that as it may be unacceptable to consciously express some thoughts, feelings and needs, they are repressed in the unconscious and find symbolic expression in the symbolic form of a dream (Corey, 2013).

2.3.3 Carl Jung

Carl Jung believed that dreams are natural reflections of the dreamer's current mental state (Kryger et al., 2011). Essentially, dreams help dreamers express their interaction with the outside world through the people, events, and daily activities they encounter. Jung continued by stating that dreams are a form of unconscious self-communication. In Western perspectives, it has been established that repressing unwanted thoughts has a substantial effect on the content of healthy individuals' dreams (Simone, 2016). Jung was not interested in discovering the aetiological reasons of dreams; rather, he believed that the manifest dream is the dream itself, with all of its meaning (Pesant & Zadra, 2004). A therapist's responsibility in Western psychology is to assist dreamers in recognising and accepting the unconscious significance of their dreams. Therapists also use techniques such as free association, Sigmund Freud's dream analysis approach, and Carl Jung's amplification technique to get a deeper knowledge and psychological balance (Moorcroft, 2013).

2.3.4 Adler

Dreams, according to Adler, are mostly about the dreamer's lifestyle and how it connects to the rest of their waking life. Therapists can utilise people's dreams to learn about their values and habits. In other words, dreams do not provide meaningful aid; instead, the interpretation supplied may be valuable in recognising shortcomings that require waking work. As a result, dreams are futile attempts to adapt to waking reality. Dreams are also regarded to have an important role in anticipating the future and delivering precise answers to interpersonal concerns that are carried over from a dream into waking life. As a result, dreams may be said to be doomed from the start. According to Adler's theory of dream interpretation, there are no rules for dream interpretation; however, a professional therapist should be able to operate within the dreamer's exceptional sense and philological. According to Adler, free association can be used to investigate a dream's emotional context. Unlike Jung, Adler believes that dreams lack universal symbols (Pesant & Zadra, 2004).

People dream on their own in Western psychological culture, according to Corey (2013), and their entire dreaming system is self-contained. As a result, the Eurocentric viewpoint and the rest of the world can be distinguished. According to this theory, dreams begin inside the dreamer and deliver messages that are relevant and significant to the dreamer's life and concerns. On the other hand, various Western psychological theories have recently emerged. Adlerian's dream theory, for example, claims that dreams are simply a mirror of the dreamer's daily routines and surroundings. As a result, they are applicable to the dreamer's everyday activities. Psychotherapists can learn about their clients' behaviors and beliefs by examining their dreams, according to this idea. It is stated that dreams are essential in assisting dreamers in resolving their problems (Moorcroft, 2013).

2.3.5 The physiological function of dreams

In addition to Western psychological dream perspectives, physiological dream perspectives also support the psychological function of dreams. To Hobson and McCarley (1977), dreams are merely an aberration of physiological REM (Rapid Eye Movement) processes and have no purpose in and of themselves. According to this theory, dreams are formed in the forebrain as a result of cholinergic brainstem systems (which induce REM sleep). According to the idea, they also synthesise meaningless representations like thoughts, sensations, and images. When it comes to dream imagery, the forebrain "does the best it can to construct even slightly cohesive dream imagery with the relatively chaotic impulses coming up from the brainstem" (Hobson & McCarley, 1977, p. 1347). Sleep is also supposed to include a significant amount of dreaming. Dream interpretation and experience are affected by sleep disruptions (Schredl, 2009; Sonka et al., 2014).

Brain activity during sleep is influenced by memory sources from throughout the day, according to study in neuropsychology (Dale et al., 2014). REM dream activity in insomniacs was studied using in-lab dream collection by Pérusse et al., (2015). There were fewer positive sentiments and more negative material in the dreams of the insomniac, according to the data. In addition, new study shows that sleep-related brain activity are precarious for the merging of newly acquired memories (Peignou & Smith, 2010). As a result, the effect of waking-day events affects the possibilities that recollections are integrated into dream imagery (Schredl, 2006). Real-life violence and computer-simulated violence were both used in the study done by Dale et al. (2014).

According to the findings, real-life ferocity and danger has a greater impact on the imagining mind than virtual violence and danger because of the emotional component involved. Stressors in one's waking life can play a significant influence in influencing the link between sleep disorders and dream experiences in western countries. Anxiety disorders and obsessive-compulsive disorder are significantly linked to sleep disturbances, according to new data (Reynolds et al., 2015). From a Western perspective, various neuropsychological instruments such as the dream intensity scale, sleep patterns questionnaire, and the DSM say that dreams can be measured (Schredl & Bulkeley, 2019). Dream interpretation based on psychology necessitates a more in-depth grasp of the unconscious

arrangement of content that can be discerned through careful analysis (Paquette, 2016).

2.3.6 The cognitive dream theory

Dreams, according to cognitive dream theory, are more than just a mechanism for the brain to integrate perceptual data; they are also a kind of cognitive processing (Carskadon, 1993). Cognitive dream theorist have a stronger emphasis on how dreams are generated rather than what dreams imply. They do not, as with neuroscientific processes, reduce dreams to brain activity. They do not believe that dreams contain hidden significance or an unconscious motivation, in contrast to therapeutic treatments. According to cognitive theorists, the focus is on the parallels and differences between waking and dreaming cognition (Hobson et al., 2000).

Dreams are more than just perceptions; they are also a way of thinking (Foulkes, 1999). The absence of sensory regulation and self-control in the dreaming mind is one of the most notable distinctions between waking cognition and dreaming. While compared to when it is awake, the brain is able to digest information in a more holistic manner during sleeping. Furthermore, when you are awake, your brain builds a narrative out of the facts that is suddenly available. As a result, by merging waking experiences, knowledge, and memory, a virtual replica of waking reality is generated. This indicates that dreaming requires the ability to access and interpret present memories as well as knowledge (Moorcroft, 2013).

2.4 Therapy from a Western perspective

2.4.1 Dreams in Cognitive-Behavioural Therapy

"From the beginning of psychotherapy, the focus on dreams has been mostly in the areas of psychoanalysis, psychodynamic therapy, and less frequently, humanistic or existential therapy" (Sharp & Bugental, 2001, p. 206). Only a few dream analysis principles have been developed according to Cognitive-Behavioral Therapy (CBT). There has been an increase in cognitive therapists' interest in working with dreams (Montangero, 2017). In CBT, referring to dreams is perfectly acceptable when the cognitive processes involved in dreaming are examined. An important part of dreaming is the accumulation of information in

both the literal (semantic) and non-semantic (autobiographical) realms of memory, as well as the visual and audible depiction of these aspects in the dream scenario (Schredl, 2008).

In addition to dreaming, personal experiences can be assimilated into a person's existing memory system. Awakening life events are contextualised during this process by making connections between past experiences and current conditions (Skancke et al., 2014). Dreams are a way of assimilating waking events into the schemata because they aid in the classification of emotional experiences, the comparison of memories and the planning of future actions. These procedures are possible if the dreams represent no severe emotional distress. Such dreams, which are typically nightmares, are very likely to recur as a way of trying to process terrible memories from waking life. CBT has a well-developed treatment for repeated scary dreams (Geiger et al., 2013).

2.4.2 Psychoanalytic therapy
2.4.2.1 Freud's view of human nature

Psychoanalyst Sigmund Freud is credited with developing the deterministic model of human behavior. This suggests that throughout the first six years of life, irrational forces and unconscious impulses influence human behavior and intrinsic urges. However, Freud's original definition of libido was to explain sexual energy, but he later broadened it to include all life's impulses. The human race and the individual are both protected by instincts. They are devoted to growth, development, and new ideas. As a result, libido should be viewed as a source of motivation that includes, but is not limited to, sexual energy. Life instincts are defined by Freud as any behavior that brings pleasure; he sees much of life as an effort to achieve pleasure and avoid misery. In Freud's view, the aggressive desire is due to a fear of death. As a result of their deep-seated wish to die, some people exhibit erratic behavior. This aggressive drive is a significant problem for humanity. According to Freud, the desire for sexual pleasure as well as the desire to harm others are key factors in the behavior of individuals (Moorcroft, 2013).

2.4.2.2 Erikson's psychosocial perspective

Erik Erikson's (1963) theory of development proposes that psychosexual and psychosocial development occur simultaneously. It also implies that at each stage of life, people must find a balance between themselves and our social environment. He depicts the progression over the course of a person's life, split into individual crises to be resolved. "A crisis, according to Erikson, is a life turning moment at which we have the opportunity to progress or regress. We can either overcome our disputes or fail to master the developmental job at these turning times. Erikson is recognised with introducing social components into modern psychoanalysis. Id psychology is the foundation of traditional psychoanalysis. It asserts that instincts and intrapsychic conflicts are the primary determinants of personality development" (Moorcroft, 2013, p. 265).

Contemporary psychoanalysis is mostly based on ego psychology, which acknowledges the importance of intrapsychic conflicts while emphasising the ego's quest for mastery and competence throughout life. "Ego psychology is concerned with both early and later stages of development, as the notion is that current difficulties cannot be reduced to unconscious conflicts from childhood". Adolescence, middle adulthood, and later life all have their own set of crises that must be faced. There is continuity in development, which is shown by stages of growth; each step is related to the others (Moorcroft, 2013). It is beneficial to consider an individual's development from both a psychosexual and a psychosocial standpoint. Erikson said Freud went too far in articulating the ego's role in growth and did not pay plenty attention to social factors all through life (Erikson, 1963).

2.4.2.3 Psychoanalytic theory and therapy from a multicultural perspective

According to Smith (2005), psychoanalytically focused treatment may be altered to apply to the needs of culturally diverse populations if processes are adapted to the context where the therapist works. With its focus on important issues at various phases of development, Erikson's psychosocial approach is particularly applicable to people of color. As part of the therapy process, mental health professionals can aid their clients in retracing their steps at various key points in their life in order to learn how certain events have impacted their lives positively or negatively. To its credit, the psychoanalytic method stresses the significance

of prolonged psychotherapy as a part of therapist education. Educators can help students become more aware of their own countertransference sources, such as racial or ethnic stereotypes and prejudices (Thompson & Grant, 1993).

2.4.3 Existential approach

An existential approach to psychotherapy is primarily a way of thinking rather than a specific method (Russell, 2007). An existential therapist's therapeutic work is informed by this philosophical approach to therapy. It's founded on the idea that we're all responsible for our own actions and decisions. Ultimately, we are the architects of our own lives, and we set our own course. Mainstream psychoanalysis's deterministic view of human nature is at odds with the existential approach.

In psychoanalysis, the forces of the unconscious, irrational drives, and past events are considered as limiting one's freedom. These human limitations are acknowledged by existential psychotherapy while also highlighting our power to choose how we interpret our environment. To put it another way, we are not victims of our circumstances on the basis of a fundamental ontological presupposition. Counselling's primary objective is to assist clients in contemplating their life, identifying their possibilities, and making decisions based on those options. After a client realizes how they've given up control of their life, they can begin the process of consciously constructing their own future (Domhoff, 2019).

According to Yalom (2003), "the first stage in therapy is for the client to take accountability. For one, existential therapists teach their client, who they believe are deceitful, to stop blaming themselves for everything that goes wrong in their lives". Existential counselling, according to Van Deurzen (2002), is not meant to treat people experiencing medical conditions. In existential therapy, the immediate, ongoing experience of the client is given considerable attention in order to aid them in their self-discoveries. Ultimately, the role of the helper is to encourage clients to find the purpose of living (Sharp & Bugental, 2001).

2.4.4 Gestalt approach

An existential, phenomenological, and process-based approach, Gestalt therapists believe people must be perceived in relation with the context in which they exist. According to this view when individuals are aware of what is going on in their life, they will ultimately, know how to change things on their own. A phenomenological and existential approach, it is founded on the premise that people are always changing, reshaping, and rediscovering who they are (Domhoff, 2019).

As an existential approach, gestalt therapy pay much attention on the individual's experience of life, recognising the human capacity for personal growth and healing via connection with others and gaining new perspective (Yontef, 1995). Focusing on the here and now, what and how aspects of human relationships is what this method is all about in the end (Yontef & Jacobs, 2008). Relational Gestalt therapy, as opposed to Perls' method, stresses an interaction between the client and the therapist. A supportive, accepting, empathic, dialogical and challenging approach to Gestalt therapy is now the norm (Cain, 2002).

2.4.4.1 The gestalt approach to dream work

Analysis of dreams in gestalt approach is based on the importance of intellectual insight and the use of free association to discover the unconscious meanings of dreams (Thomas, 2018). To be clear, the Gestalt method isn't a dream interpretation or analysis method. As the dreamer participates in the dream, the dream becomes real. When working with dreams, some people recommend keeping a detailed journal in which one can jot down every detail of the dream and then re-enacting the dream by changing one's appearance, acting as fully as possible, and developing dialogue.

It is expected that each character or portion of the dream represents the client, and that the client develops scripts for interactions between them. One's conflicting and inconsistent sides are expressed in a dream, and the client becomes more aware of his or her sentiments by analysing this dialogue (Domhoff, 2019). "People and things that appear in a person's dreams are all projected features from the dreamer" (Perls, 1969, p. 10).

2.4.5 Social constructionism approach

Every type of approach we've discussed in this literature has unique perspective on life. As diverse and frequently contradictory "truths" coexist, there is a growing belief that one day a single, universal explanation will describe human beings and their life systems (Gergen, 1999). Truth and reality are viewed as subjective perspectives rather than objective, immutable realities in a postmodern world (Moorcroft, 2013). The social constructive theorists believe that an objectively examinable universe is based on science. According to this view individuals reality exists regardless of how one perceives it. People seek therapy because they have gone too far outside of some set norm.

According to social constructionist, people are depressed if their range of sadness is smaller than normal or if their despair lasts longer than it should. The clients then seek assistance in order to return to regular conduct by categorising their sadness as abnormal. There is no such thing as a self-contained reality, according to postmodernists. Social constructionism is a therapeutic technique that highlights the client's world without questioning its accuracy or logic (Weishaar, 1993).People's experiences and the language they choose to express themselves, according to social constructivists, shape reality in significant ways. Moreover, reality is a social construct (Berger & Luckman, 1967). There is an issue when everyone acknowledges it: A person must characterise themselves as depressed in order to be classified as such.

For social constructionist perspective, people suffering from depression may find it difficult to value the value of a good mood in their lives once they have developed a self-definition that contradicts their definition. According to postmodern philosophy, stories' meaning is formed by the language used in them. Every one of those interpretations is true for the person recounting the story. It's also worth noting that everyone involved in a given incident has their own take on what "reality" is (Moorcroft, 2013). When Gergen (1999) and others began to focus on how humans construct knowledge, Berger and Luckman (1967) established the term "social constructionism".

Instead of using an expert approach, social constructionist therapists prefer to collaborate or consult. Clients are regarded as life experts. De Jong and Berg (2008, p. 68) explain the job of the therapist effectively, "We don't consider ourselves specialists in the industry when it comes to identifying and treating client problems. Instead, we want to become experts at studying our customers' frames of reference and unearthing the perceptions that they can use to build more fulfilling lives". Narratives and language processes must be at the forefront of understanding people and assisting them in achieving their intended objectives (Gergen, 1999).

The difference between postmodernism and traditional psychological perspectives can be traced back to four key assumptions in social constructionist theory (Burr, 1995). To begin with, the concept of social constructionism promotes a widely accepted critical approach to knowledge. Social constructionist theorists call into question our long-held beliefs about how the world works and warn us to be cautious of what we take for granted. Another social constructionist perspective asserts that the words and notions we use to make sense of the world are historically and culturally conditioned. Because knowledge is both time and culturally unique, it is impossible to say that our method of thinking is superior to others. Third, people who believe in the social construction of knowledge think that knowledge is formed via the interaction of individuals in social circumstances. Daily interactions with people shape a person's view of reality. As a result, negotiated understandings (social constructions) are regarded as practices rather than abstractions from social reality. As a result, social action and knowledge are inextricably linked (Moorcroft, 2013).

Sigmund Freud, Carl Jung, Alfred Adler, and Hobson all spent a lot of time studying dreams. Their study was mostly psychological and physiological in character (Freud, 1948; Jung, 1974). Regardless, theories have served as the framework for a number of inquiries into the relationship between dreams and spirituality (Nell, 2014). It is vital to do research informed by the lived experiences of African THPs from an African viewpoint to better understand how THPs in South Africa, notably Sepedi-speaking people, use dreams to diagnose and treat mental illness.

2.5 The African perspective on dreams

In Africa, dreams are regarded as an important factor and a natural encounter of human existence (Nwoye, 2017). They are used to predict the future, and are part of "folk healing". Nwoye (2010) and Menczer (2014) are some of the notable proponents of this view, and discovered that most African societies perceive dreams as emanating from supernatural powers. In the African context, this is a widely subscribed belief such that traditional cultures are believed to carry important communications from the gods to the people.

Scholars such as Bakow and Low (2018), Menczer (2014) and Thorpe (1991) are of the view that ancestors communicate messages to the THPs' through dreams to shape the future of dreamt individuals. In essence, dreams are understood as a way of communication between the natural realm and the supernatural realm dimension of the social world (Nwoye, 2017; Tshifhumulo, 2016). This implies that dream interpretation is a consequent from religious and traditional values, and beliefs of the community (Nwoye, 2015).

As indicated earlier in the chapter, it is evident that in Africa, individuals' dreams are understood differently from the European perspective. In as much as this is considered to be a basic part of human existence, the outcome and interpretation of 'to sleep and to dream' significantly differ across the globe. In essence, Nwoye (2017) signifies that the dreams that individuals have during sleep can be good, bad or inexplicable, at least until a framework is created to explain the dream (Nwoye, 2017). This suggests that not every dream carries a meaning that requires interpretation at first sight. Rather, some dreams are just dreams but the distinction comes when the interpretation is made that the true meaning of the dream is revealed.

This position is supported by an anthropological perspective that highlights the fact that what makes the study of dreams intriguing is not the event itself, but rather the people who are laughing, chatting, or shouting with fervor or horror during the actual occurrence of the dream. Instead, it is the multitude of interpretations and meanings that the dreamer and his or her culture generate (Standford, 2017). The study by Roubergue et al. (2013) validated this, discovering that the unique significance of dreams in the grieving process

includes greater recognition of the loss of the significant others, solace, and religiousness. All of these effects were influenced by the interpretations of dreams by these African people. Grief is a universal sensation, yet the interpretation of its linked dreams is surprisingly diverse. Furthermore, throughout cultures, dreams are viewed as emerging from the individual's exterior or inner (Nwoye, 2011).

An important observation is that African people are deeply concerned with *'golora'* (to dream). Throughout the sub-Saharan continent, Nwoye (2017) and Tshifhumulo (2016) found that amongst the Zulus and the Vendas, dreams foretell events. This implies that dreams are perceived as way of communication between the living and non-living dimensions of the social world (Menczer, 2014). Research by Buckley (2012) suggests that approximately 58% of individuals report having a dream of the deceased following their death (Buckley, 2012).

Dreams are considered to be visitation in nature and dream interpretation can be beneficial in one's adjustment after the loss (Sormant & August, 1996; Adams & Hyde, 2008; Nwoye, 2011). Dreaming about the dead is usually vivid and is sometimes set in a place that is a threshold between this world and the next (Hinton et al., 2013). This suggests that dreams are considered to be an external product concerning the person. This is because dreams communicate a plethora of information about how people are: their reaction to their external world (Menczer, 2014).

More than only themselves or their problems, Africans have the ability to dream big (Nell, 2014). This demonstrates that in Africa, dreams are seen as a well-established institution that may forecast events on a national level as well as for individuals and society at large. As a result, Africans tend to daydream about the lives and concerns of others, such as a neighbor or a family member. It is possible to acquire valuable and intriguing information in dreams that may or may not be relevant to the life of someone else, even if the dreamer is not familiar with them (Caperton, 2012).

It appears that at least some efforts to explain the dream in a social, cultural, and interpersonal context have been hindered by these points of view (Nell, 2014). Consequently, in African culture, dreaming is viewed as an additional technique of knowing or accessing the truth that is more precise than regular intuition and insight. A recent study conducted by Kinfemichail and Raju (2017) found that Ethiopians have evolved their own set of social and cultural values linked with dreams in which calamity symbols appear.

2.5.1 African belief system

Dreams and their interpretations, particularly in Africa, are influenced by a society's religious and traditional values and beliefs. This is important to understand (Nell, 2014). In essence, these triangulated dreams are considered seriously as signals from a higher force. It limits the beneficiary's ability to develop a neurotic desire for certainty, leading to a problem of hesitancy and indecision. To put it another way, dream interpretations and advice in the African context are derived from several places other than the recipient's own unconscious mind (Caperton, 2012). Dreams are considered as true acts or channels of communication in diverse cultures, and this is dependent on people's notions about the nature of dreaming.

It's important to examine other factors, such as established methods for interpreting dreams. Among these are the social contexts in which dreams are shared (or not) and disputed, as well as the practical applications of dreams, such as in the treatment and prevention of sickness (Paquette, 2016). Individual dream beliefs and practices, according to Nell (2014, p. 122), are influenced by "Christian religious, traditional African, popular psychological, and bio-medical dream discourses, which are most often passed down through the mothers' generation and then modified by participants' education and personal observation of their dreams".

In order to understand dreams and their interpretation from an African perspective, Asare and Danquah (2017) present an overview of the African belief system. A person's choices are influenced by a wide range of elements, including their religious convictions, personal tastes, background information, and other perspectives. Free will is thought to play a role in the selection of treatment options. Many people's treatment choices in Africa are influenced by their spiritual

beliefs and manner of life. Asare and Danquah (2017) propose that the African belief system may have its roots in the creation myth, in which the Almighty God created the universe and the first human beings. This concept has been passed down from generation to generation by indigenous Africans. This suggests that Africans have a strong belief in the power of spirituality. In addition, the persistence of spiritual beliefs among Africans implies the heredity of this belief, as Asare and Danquah (2017) attest. The explanation for this continuous spiritual belief among Africans is the fact that it is transferred from one generation to another through the parenting and upbringing of children. This, then, explains why an African child grows up believing in a Supreme God.

Believe in the Almighty God and belief in other spirits are two examples of distinct sorts of beliefs. Most herbalists in Ghana, for example, prepare their medicines in accordance with their spiritual convictions (Asare & Danquah, 2017). The elite African, who is well-versed in the technical causes of illness, also takes into account spiritual aspects when treating with illness. To explain health and illness in the Western world, the biopsychosocial model (BSM) is commonly employed (Asare & Danquah, 2017). It includes physical, mental, emotional, and social components in its definition of health. It is not just about the appropriate functioning of the physical system through adequate healthcare and lifestyle for the African, but it goes beyond scientific causes to incorporate spiritual engagement in the well-being of the African (Asare & Danquah, 2017).

2.6 The concept of THPs in South Africa
2.6.1 THPs and the African belief system
THPs are a vital element of the African people's culture and are highly valued by their communities as keepers of the African belief system (Nkosi & Sibiya, 2018). This is due to the fact that they provide a popular and accessible service throughout Africa, yet little is known about what inspires their diagnosis and therapeutic practices (Ngoma et al., 2003). In summary, the general public in South Africa needs to be aware of THPs' mental health treatment methods (De Roubaix, 2016). Furthermore, Ngoma et al. (2003) said that a thorough understanding of the various approaches used by THPs to mental health problems in terms of formulation and management strategies would be beneficial.

2.6.2 The role of THPs

THPs are regarded as respected and influential members of southern African cultures. This means that a THP is someone who uses community-accepted methods to treat medical and mental illnesses (Tshehla, 2015). The literature review has shown that THPs serve in a variety of roles, including as physician, counsellor, psychiatrist, and priest (Mufamadi & Sodi, 2010; De Roubaix, 2016). THPs are also thought to have the ability to diagnose illnesses, particularly mental problems, in many African cultures (Neba, 2011; Tlou, 2013). As a result, THPs have the potential to contribute to South Africa's health-care system. They play an essential and valuable role in helping communities improve their health and quality of life in a country where needs are enormous and resources are scarce (Truter, 2007; Sodi & Bojuwoye, 2011).

People's beliefs, reasoning, and ways of knowing differ in many ways, especially when it comes to conventional healing and mental diseases, because of the differences in human orientation among countries and cultures (Yidana, 2014). This means that in South Africa, different types of THPs who provide mental health services are recognised (Botha & Moletsane, 2012; Corey, 2013). First, herbalists who employ their expertise and understanding of plant, herb, and animal qualities in their work should be considered. Second, it's vital to remember that some Islamic diviners/soothsayers incorporate Qur'anic passages and prayers in their healing. Third, traditional religious shrine priests, who function as conduits for certain deities or ancestors, are largely found in Africa. They are also distinguished by their specific way of dress and work, which includes possession, divination, and spiritual communion with deities. Christian faith healers, for example, are responsible for healing ailments through prophesying, exorcism, the sprinkling of holy water, prayers, and fasts. They are also considered diverse in that they practice different forms of prayer, such as using anointed oils and salts (Swart, 2016; Tabi et al., 2006).

2.6.3 Types of THPs

According to Mokgobi (2014), researchers have detected distinct forms of THPs in different locales in most rural communities in South Africa. THPs are known as "Dingaka" or "Mangaka" in the Bapedi tribe, which is predominantly found in South Africa's Limpopo Province. THPs include diviners ("Ngaka ya ditaola"),

traditional surgeons ("Sedupe"), and traditional birth attendants ("Babelegisi"). A diviner, according to Mokgobi (2014), uses ancestors' bones and spirits to diagnose and prescribe medication for various physiological, psychological, and spiritual ailments.

Despite attempts to differentiate between the different categories of THPs, it is evident that the distinction is not always clear. For instance, the in the Blouberg Municipality in Limpopo Province, the distinction between herbalists and diviners is not clear cut. The majority of THPs consider themselves herbalists, while just a small percentage consider themselves diviners, who act as vital mediators between humans and the supernatural (Nell, 2014). Richter (2012) goes on to say that keeping THPs and diviners separate is becoming more difficult in modern times. As a result, in this study, there is no differentiation made between herbalists and diviners.

2.6.4 African traditional healing and dreams

Traditional medicine is defined as "the beliefs, concepts, and practices recognised by the community to deliver healthcare," according to South Africa's Traditional Health Practitioners Act Number 22 of 2007 (Tshehla, 2015). Such strategies are unique to distinct societies, and for many African countries, they entail a variety of concepts about achieving cosmic equilibrium as a metric of health (Asamoah-Gyadu, 2013; White, 2015). Similarly, the South African traditional health system encompasses not just herbal cures for illness, but also folklore, community customs and values, regulations and behavior thought important for optimum health, as well as the people and institutions required for healthcare delivery (Tabi et al., 2006).

Most African cultures in South Africa believe that supernatural powers are to blame for mental illness, which might include a diverse range of things like sorcery, witchcraft, spirit disturbance, and breaking taboos or kinship rules or religious responsibilities (Edwards, 2011). According to Azongo (2015), these concepts are commonly incorporated in religions, which shape individual worldviews. THP consultation for mental illness diagnosis and treatment is arguably owing to cultural views, values, norms, and people shared by THPs and patients in various communities, particularly in South Africa. Surprisingly, these

shared views about mental health diseases influence how mentally ill people in rural African communities seek care (Sodi & Bojuwoye, 2011).

Every human community has its unique cultural and knowledge systems for explaining, diagnosing, and treating mental diseases, it has been proven (Sodi & Bojuwoye, 2011; Bojuwoye & Sodi, 2010). This suggests that the many ways people conceptualise social and natural contexts reflect their fundamental assumption about and vision of the cosmos, which gives their lives direction and value. This worldview can also be formed as the source of explanation for how things are in the world, including theories of illness, death, and tragedies, as well as how human afflictions and difficulties are treated and managed (Moshabela et al., 2016).

Attempts were made to "formalise, regulate, and professionalise" South Africa's traditional health care system in The Traditional Health Practitioners Bill in South Africa, No. 25 of 2007, although this Bill was never implemented (Zuma et al., 2016). As previously mentioned, there are many elements at play in South Africa that contribute to the rising number of people who are affected by mental illness resulting in them seeking the help of THPs. Hence, it is imperative that research efforts focus on traditional healing and how it may effectively and safely meet the healthcare demands of the large South African population. Furthermore, it is crucial to comprehend the part that this alternative healthcare system can play in South Africa's health promotion given the advancements, which include laws to formally recognise the role of THPs.

2.6.4.1 Epistemology and ontology of African dreams

The African people's perception of the world as a series of interconnected realms of existence has a significant impact on dream psychology (Nwoye, 2011; Tuche, 2009). The life of a human person, according to this worldview, comprises the experience of being in the world while also acknowledging the significance of the other, whether human or spirit, in the human condition of existence. The idea that nothing in life, whether human or spirit, living or dead, self or other, lives in isolation from the other is fundamental to this way of thinking about reality (Achebe, 2002). Instead, the ruling concept of natural and supernatural existence is based on the fundamental idea of inclusion and interconnectivity (Webb, 2012). This distinctive dialectical/ontological principle, which is recognised in African

psychology (Animalu, 1990), is based on the interdependence that exists in human existence between people and spirit, as well as between the individual and the society, including that of the self and "the other."

The African people's practice of ancestor veneration, as well as their trust and faith in the great potential of spirit in the revitalisation of human life, is based on this epistemological understanding of existence as interdependent and interpenetrating (Hemminger, 2001). This African ontology offers some new perspectives on the world, including how individuals view dreams. As previously stated, transcendental experiences arise from human contact and communication (by dreaming) with agents of the invisible or supernatural/abstract world (Nwoye, 2017).

2.6.5 Reasons for consulting THPs in South Africa

THPs are consulted for a variety of purposes in various South African indigenous societies, the most important of which is the execution of good health, including diagnostic, therapeutic, and other health-related purposes. Various types of alternative healers are undeniably a big component of the healthcare system in many low- and middle-income nations (Mkhwanazi, 2016). Because alternative healers are easily accessible, an estimated 80% of the local population consults supplementary medicine practitioners to learn more about their sickness diagnosis and treatment (Tlou, 2013). THPs have formed and recognised themselves as an important part of society in South Africa. This has prompted calls for THPs and western health practitioners to work together. To foster this type of partnership, legislation and policy guidelines have been developed with the goal of integrating traditional health care into current health care systems (Van Rooyen et al., 2015; Department of Health [DOH], 2013).

In various African civilisations, certain THPs serve as diviner-diagnosticians or diviner-mediums, while others serve as herbalists (Neba, 2011). From the perspective of African belief systems, the diviners not only characterise the sickness, but also identify its genesis and context (Semenya et al., 2012). They will be able to prescribe an appropriate plant or animal-based remedy through spiritual means after determining the origin and context (Mpofu, 2011).

The production of herbal formulae that are administered in various forms for therapeutic, preventive, cultural, and symbolic objectives has been mentioned in certain publications by THPs to treat patients with mental problems (Kajawu et al., 2016; Mulaudzi & Matsheta, 2008; Sodi et al., 2011). Other studies have looked at the use of bones and other animal parts (Makgopa & Koma, 2009; Mokgobi, 2014) spirit possession and divination (Truter, 2007), and the use of ceremonial songs and dances (Nattrass, 2005; Sodi, 2009) as therapeutic aids. What the authors cited above suggest is that the traditional methods of treatment play significant role in managing mental health challenges in African settings. THPs provide holistic therapy that includes not just the amelioration of physiological symptoms but also interventions that address the social, cultural, and emotional dimensions in an individual's life.

2.6.6 THPs and mental illness

In the African context, the distinction between mental wellness and mental disease is particularly complicated. The African perspective on mental illness now includes everything from ancestors, folk belief, and witchcraft to modern medical research (Mkize, 2003). All of the systems have been proven to work in tandem within African culture and the individual, and they simply fit and complement one another (Mkize, 2003). The African patient views his or her sickness as something that must be understood and accepted rather than cured or managed. It is no longer a question of explaining how to regulate them, but rather of comprehending their significance (Mkize, 2003). Mental illness is more than a psychiatric or medical ailment; according to African interpretation and experience, it is also a religious and cultural issue (Mbiti, 1996). According to Mkize (2003), symptoms are expressions of a conflict that exists between the patient and other humans, dead or alive, as well as spirits.

It is important to recognise that traditional African healing has existed for millennia (Mokgobi, 2014). Similarly, Mahwasane et al. (2013) propose that ancestors aid in the transmission of traditional knowledge to THPs through dreams. Furthermore, based on the study conducted by Semenya and Potgieter (2014), ancestors appear in dreams of THPs and indicate the locations of plants and important species, allowing THPs to produce the appropriate traditional medicine for treating patients (Semenya & Potgieter, 2014). A THP's job is to figure out

what a dream signifies and what the dream needs to do in order to treat a disease that has developed in the dream (Edwards, 2011; Mpofu, 2011; Sodi & Bojuwoye, 2011). Similarly, Mahwasane et al. (2013) feel that a healer is needed to interpret a dream and determine what the dreamer has to do to treat an ailment that has materialised in a dream. Furthermore, in the South African setting, ancestors visit THPs' or descendants' dreams on occasion to assist them in identifying diseases, sicknesses, and social problems in individuals.

2.6.7 THPs' modes of treatment

THPs in Africa may receive treatments that are either directly curative or contain protective or preventative elements (Nzwei, 1989; Mathibela et al., 2015). This means that they may include both the healer and the patient, as well as the patient's family and community (Kiev, 1989; Semenya, 2012). All treatments are either natural or ritual, and the majority of therapies combine the two (Koumare, 1983; Petrovska, 2012). It is also important to remember that medications and other physical means of treatment are used. Other researchers' arguments hint to the importance of herbal treatments in indigenous African healing. In Nigeria and other parts of Mrica, *'rauwolfia vomitoria'* (medicinal herb) was regularly used as a tranquilliser, according to Prince (1968). Other optimistic assertions about indigenous herbs' favourable pharmacological qualities have also been made.

THPs make their cures in a variety of forms, including powder, solution, soup, and ointment, according on how they will be used. The most common means of giving the medicines, according to Semenya and Potgieter (2014), are oral, cutaneous, nasal, anal, vaginal, and auricular. Medicine is used in a variety of ways. It is sometimes administered as a nasal or ocular drop, or as a drinkable potion. In other cases, the powder is applied to incisions or inhaled in the same way that an aqueous solution spray is inhaled (Sigida, 2016). According to Kiev (1989) and Mathibela (2013), certain limits in traditional medicine correspond to specific Western medicine therapies. Patients receiving certain traditional treatments, for example, are not allowed to drink alcohol.

2.6.8 Traditional herbalists' methods of treating mental disorders

Traditional medicine's usage in the treatment of various illnesses, according to Kpobi et al. (2019), is not a new practise in African countries. This indicates that it has been a long-standing practise. Because many African countries lack mental health experts, traditional and alternative medicine practitioners are increasingly used to treat mental illnesses (Kajawu et al., 2016). Traditional healing approaches for mental illness are widespread across the African continent due to cultural beliefs. The healer's and their patients' shared values frequently contribute to their popularity (Ae-Ngibise et al., 2010). For some people, the aforementioned ideas also include doubts regarding biomedicine's effectiveness in treating specific disorders. The widespread usage of traditional medicine practitioners has been linked to the ready availability of their services, in addition to these belief systems (Sodi et al., 2011).

It has been determined that there is approximately one psychiatrist for every 1.4 million Ghanaians, with the majority of psychiatrists working in urban regions (Kpobi et al., 2014). THPs are estimated to be one for every 200 persons (Ae-Ngibise et al., 2010), indicating their greater availability. This explains why THPs are consulted on a frequent basis. As a result, THPs are anticipated to see roughly 70% of people who require mental health treatment as a first point of contact (Ofori-Atta et al., 2010). Given these considerations, efforts have been made to formalise, standardise, and integrate THPs' activities into Ghana's healthcare profile.

2.6.9 Therapy from an African perspective

In terms of psychology, treatment is built on rituals and a set of symbols and beliefs that are both universal and peculiar to a given society or ethnic group. In the overall therapeutic plan, rituals are classified as peripheral, integral, or universal. Treatments that involve herbal and physical medicines are reinforced by peripheral rituals (Sodi et al., 2011). For example, the indigenous healer may perform a small ceremony, such as a prayer to the ancestors before starting therapy. A ritual may be essential to treatment, implying that it serves a therapeutic purpose.

In this context, a patient may be encouraged to take a purification bath in a river as part of their treatment. All-encompassing or universal therapeutic rituals are designed to allow ancestor spirits to possess a person. As a result, they express their demands and intents to family and community members through possessed individuals. When compared to the first two types, the universal rituals are notable for facilitating "some form of initiation through which the experiencing individual is incorporated into a community of people who share a similar relationship with the spiritual world" (Azongo & Yidana, 2015).

2.7 African cultural views on mental illness

Sodi and Bojuwoye (2011), found that culture plays an essential role in healthcare, and that each culture has its own conception of illness, health, and treatment. Every culture has its own explanation model for health and illness that may be comprehended within its own worldview (So, 2005). As a result, each culture has its own conceptual model of sickness (So, 2005). Only within a cultural context can such attitudes and ideas regarding mental illness be explored (Kabir et al., 2004). Disturbed social ties are said to cause disequilibria in most traditional African cultures, which manifest as physical or mental issues (Juma, 2011).

Battles in interrelationships, "the killing of sacred animals, or the chopping down of sacred trees may cause health problems in an individual, family, or community from an African perspective" (Juma, 2011). Physical diseases (microbiological infection) or psychological-mental illnesses, as well as a breakdown in the individual's and communities' social and spiritual mechanisms, manifest ill-health from a traditional African perspective (Juma, 2011). Juma (2011) discovered that shame and anxiety about not complying with cultural norms made people sick, either emotionally or physically. Cultural standards are crucial, according to Sogolo (1993), as evidenced by the following example: if an African man engages in an adulterous act with his brother's wife, whether or not the act is found, he would experience stress since he has disrupted his social equilibrium.

2.7.1 African categories of psychological disorders

From a traditional standpoint, the African continent contains a wide range of psychological diseases. A slew of African authors have written about some of the

continent's indigenous psychological diseases (Didilon & Olandzobo, 1989; Imperato & Traore, 1979; Morikanyo, 1989; Peltzer, 1995; Prince, 1974; 1989). For example, Nzwei (1989, p. 208) identified six types of mental disease among Nigeria's Igbo people. "The first type of mental disorder, referred to as "onye ala," is the most severe and is comparable to hebephrenic schizophrenia. Even though this is the most severe form of mental disease in the Igbo classification, the person who suffers from it is thought to be harmless. The second and third categories, referred to as "isi mgbaka" and "isi mmebi," are both psychotic disorders with a better prognosis than "cmye ala." Agwu is the fourth mental ailment classification. A person suffering from this disease is considered to be possessed, and the sufferer will act erratically and irresponsibly during this time. The fifth type of mental illness, known as "akaliogoli," is so close to the sixth category (known as "efulefu") in terms of manifestation that the two terms are often used interchangeably".

2.7.2 Traditional and faith healing in the treatment of mental illness

Traditional and spiritual healing for the treatment of mental illness has long been regarded as a significant aspect of African culture. Traditional and faith healers (TAFH), according to Van der Watt (2018), are an integral part of the mental health treatment system in Africa and beyond. This is especially true in low- and middle-income countries, particularly in Africa and Asia, where patients with major mental diseases either do not receive official psychiatric therapy or receive suboptimal care as a result of medical and psychiatric care system inadequacies. Due to paucity and uneven distribution of official health care resources, with fewer health personnel in rural areas than in urban areas, TAFH frequently acts as the initial or alternate point of contact for considerable segments of the population (Van der Watt, 2018).

As previously indicated in this evaluation, the community considers TAFH to be more accessible and cost-effective than conventional health care providers. This is due to the availability of resources and the religious beliefs of the people in African countries. TAFHs are also read occasionally after patients have been admitted to the western health facilities because they deliver culturally appropriately explanations for the cause of mental condition. TAFH is also sensitive to the cultural beliefs of the communities in which it works (Nwoye,

2017). These belief systems influence diagnostic and treatment approaches, as well as the explanation of illness to patients and caregivers, as well as their assessments of treatment appropriateness and effectiveness.

TAFH can recognise a variety of psychiatric illnesses, with psychosis being the most easily recognised. However, its detection is limited. The biochemical idea of depression, for example, is still partially understood, and the disease is commonly misdiagnosed as excessive thinking or concern. Research reveals that biomedically defined psychiatric diseases are not only present, but also detectable in civilisations that do not correspond to scientific paradigms, regardless of culturally diverse understandings of mental sickness (Nwoye, 2017). When diagnosing and treating such problems, TAFH may utilise different culturally appropriate terms.

2.8 Dreams and spirituality

In the African environment, the concept of dreams and spirituality is extremely important. According to the literature so far, dreams in Africa are regarded as spiritual experiences rather than simply happenings that occur while someone is sleeping. Dreams are said to come from the agents of the spiritual (ancestral) realm in most traditional African cultures in South Africa (Ngobe, 2015). This dream source category refers to the idea of a dream as a visitation or a transcendental intervention, staged by a meeting between the dreamer and a specific ancestral or spiritual world agent during sleep or trance (Ross, 2010).

Many African dream narratives imply that the dreamer communicates or engages in dialogue with a spiritual or ancestral agency while sleeping, frequently in the form of a conversational monologue, in which the spiritual agent speaks and the dreamer listens (Edward, 2011; Nkosi, 2012). Furthermore, communication is not limited to just words; it can also involve signs, photos, and locations. In popular African belief, ancestors serve as a conduit between God and the inhabitants of the earth. Through dreams, God's spiritual world and ancestors communicate crucial messages and instructions to the people (Nell, 2014).

It's worth noting that Africans are well-known for being deeply spiritual. Individual religious ideologies infiltrate many elements of people's lives, depending on

which religion they follow, making it difficult to separate religion from daily activity (Nwoye, 2011). This belief assumes that religion is important in people's understanding of any occurrence, including disease and illness (Machinga, 2011). It's also worth noting that a typical indigenous South African perspective on the origin of any specific ailment is largely based on the individual's cosmology or worldview. As a result, ailments with unknown causes are frequently attributed to supernatural entities. This attribution, on the other hand, can only be explained by supernatural means (Laher, 2014). Many people are socialised into these cosmologies, therefore any insight supplied regarding disease aetiology must mirror these cosmologies in order to be useful. It must be convenient for all stakeholders, including patients, affected individuals, and THPs, as well as reflect the cosmology (Mokgobi, 2014).

Medical practitioners in Ghana and across the African continent who have failed to cure their patients of specific diseases frequently send them to spiritual specialists for further study and therapy. This shows that THPs are a valuable addition to western medicine. Divination is a notion that is frequently utilised to get insight or vision into an issue or circumstance. It is defined as a methodical method for organising what appear to be disparate aspects of reality in order to get insight into a situation. Some historians say that it is a collection of techniques involving the art of obtaining information from the spirit realm through a ritual or ceremony in order to foretell the future. In certain indigenous tribes, this is the primary method of detecting and treating ostensibly spiritual issues. Diviners with spiritual abilities are said to be able to discern the illnesses that harm people and society and offer remedies from the deities and the invisible world.

2.9 African traditional approaches to diagnosis and dreams

To establish the link between dreams and THPs in the African setting, many characteristics of African traditional techniques and dreams have been investigated. Aspects such as diagnostics and dreaming from an African viewpoint should also be established. When encountering someone who appears with any psychological illnesses, indigenous African healers, like Western medicine and psychiatry, have two vital duties to perform (Awanbor, 1982). The indigenous healer is supposed to reinterpret the patient's nonspecific complaints in terms of some causative agent, such as ancestral anger or a transgression of

a specific taboo. The indigenous healer can begin to specify the types of inquiries that must be made to investigate the problem by narrowing down the cluster of symptoms and complaints and focusing on a diagnosis (Awanbor, 1982).

The indigenous healer uses some evaluation processes to determine the problem during this vital diagnostic stage, which are an important element of the therapy process induction (Peltzer, 1995). The indigenous healer will employ evaluation devices to disclose the nature and scope of the patient's condition with little or no history of the problem provided by the patient. In addition, numerous diagnostic approaches are performed, such as divination bones and dream interpretation (Chavunduka, 1995). According to Kiev (1989), divination is a sophisticated procedure including the recital of incantations by certain traditional healers in Nigeria.

Makhubu (1978) referred to a Swaziland indigenous healer's diagnosing procedure. The approach involves administering a mind-altering substance to the patient, either orally or by nasal snuff. The patient talks about his illness and his whole life while in an induced altered state of consciousness. The indigenous healer uses therapeutic practises to improve the state of poor health after determining the nature of the illness and providing a culturally suitable diagnosis. Treatments for the physical, social and spiritual ties, and certain psychological states, such as shame and anxiety, demonstrate indigenous healing's holistic approach.

THPs are consulted in South Africa's indigenous communities for a multitude of reasons, the most important of which is to maintain good health. In Africa, consulting THPs to inquire about the diagnosis of various ailments is not a new practise. Both Western and African civilisations have biomedical diagnostic methods such as the DSM IV, psychological assessments, and physiological exams. The biological system, on the other hand, works with a variety of alternative therapeutic modalities in various civilisations, including faith, traditional practise, and spiritual practise. Various types of alternative healers are undeniably a big component of the healthcare system in many low- and middle-income nations (Mkhwanazi, 2016).

One key point to note about these diviners or soothsayers' consultations and what helps them reveal the unknown is that all of the diviners interviewed utilised essentially the same objects for their profession. This suggests that these diviners used a goatskin bag with its contents, a stick, a musical instrument, and two or more spinal bones of an animal as common things. Others used river sand as a means of discovering the unknown. For example, the diviner's staff is around a metre long. The diviner's staff is referred to as "bakolug-dore". This stick is used to point to things or make particular indications that the diviner interprets during a divination session. Cowries and other miscellaneous things are frequently tossed on the floor and the interpretation is given depending on the position of each item. Those that utilise river sand write on the sand and get messages for their clients through the writing.

THPs all around the globe use the same diagnostic and treatment approaches. These include intricate social agreements and exchanges, as well as repeating routines (Moagi, 2009). For example, religious diagnoses are made under the guidance of spiritual powers, and mental diseases are frequently linked to Satan's influence and God's judgement (Ross, 2010). Furthermore, the terms used to characterise a religious/cultural diagnostic are heavily influenced by the society or religion to which the diagnosis is applied (Laher, 2014).

Dreamers are said to encounter ancestors or angels (depending on the context) in their dreams. The dreamer frequently receives a critical message or guidance from God during the encounter. In this sense, some African Independent Churches leaders today continue to believe that God communicates His will and counsel to individuals of all generations (Nwoye, 2015). The inability to understand symbols is seen to be a crucial connection in spiritual problems (Lichtenthal et al., 2011). The relationship is thought to play a role in a vicious cycle in which grief erodes one's sustaining cultural, religious, or spiritual beliefs, making it even more difficult to find meaning in experiences like death and mourning (Burke, Neimeyer, McDevitt-Murphy, Ippolito & Roberts, 2011). Some religious practitioners in Africa believe that dreaming is a way for gaining insights that may be utilised to solve and master the obstacles of living in the human world (Nell, 2012).

2.10 Religious/Prophetic dreams

Dreams have been studied in many situations in the literature thus far, particularly in the African traditional environment. After dealing with conventional African dreams, one should concentrate on dreams that are deemed prophetic or religious. Prophetic dreams are interpreted as heavenly visions. Dreams are said to have a strong moral tone, as though they are heavenly messages intended to promote repentance (Mpofu et al., 2011). Prophesiers claim divine authority, which permits them to glimpse into the future. Dreams, for example, are taken into account by certain Islamic believers. In the Islamic Holy Scriptures, their significance is emphasised. There are twenty-four passages in the Quran that mention dreams and dreaming, including the entire retelling of seven dreams (Salem, 2010).

The Hadith, which is a collection of narratives presented by the Prophet Muhammad, is the second basis of Muslims' belief that dreams are channels for receiving messages from God. A whole chunk of the album is dedicated to dreams and dreaming (Salem et al., 2009). Dreams are commonly interpreted as messages of good things to come, encouragement, and direction, or as threats, danger, or bad news (Salem, 2010). Many Islamic leaders have taken political judgments and instructed political action based on their visions (Edgar, 2004).

According to Sirriyeh (2011), some Muslims utilise dreams to help them make personal decisions such as who to marry, what to study, and what vocation to pursue. According to Islamic dream theology, religious dream visions are classed hierarchically, and the amount of the image's truth value is determined by its position in the hierarchy (Edgar, 2004). Furthermore, according to the belief, there are three kinds of dreams: that is, those inspired by God, those inspired by the devil, and those inspired by the dreamer's worldly spirit (Edgar, 2004). Self-talk reflecting the dreamers' problems and ideas is classified as the second group of dreams, while confused and odd dreams are classified as the third category (Salem, 2010).

Prophecy is thought to have a strong societal influence. It has the power to convert unbelievers to believers and sinners to repentance. The prophet's word is always vital in traditional African communities (Nell, 2014). Precognitive

dreams, for example, in parapsychology, retain components of religious explanations of prophetic dreaming, although attempts are occasionally made to link them to physical factors like geomagnetic activity (Paquette, 2016). Little is known, however, about how THPs seek to relate these dreams with the natural world from an African traditional perspective. The indigenous African concept of the universe as consisting of interpenetrating realms of existence has a profound impact on the psychology of dreaming in Africa, according to studies (Tuche, 2009; Nwoye, 2011; Nwoye, 2017).

2.11 Dreams and interpretations

Dreams, according to Tshifhumulo (2016), are a series of involuntary pictures, feelings, and experiences that occur in a person's head throughout various phases of sleep. A dream generally comprises one or more scenes, multiple people other than the dreamer, and a series of activities and interactions including the dreamer, according to the author. In a single dream, the dreamer is generally cast as both a participant and a spectator in a dramatic play. The events of a dream do not always occur, but the dreamer feels as though he is experiencing something genuine (Osore, 2011). The other function of dreams is that they reveal one's hidden abilities and potential (Tshifhumulo, 2016). Tshifhumulo (2016) claims that Albert Einstein, one of the greatest scientists of all time, had his breakthrough in a dream, and the theory of relativity was formed as a result.

The argument extends to ancient cultures such as Egypt and Greece, who for long years regarded a dream as a supernatural communication or an omen of divine intervention whose message only those with special abilities could decipher (Tshifhumulo, 2016). Furthermore, renowned psychologists like Sigmund Freud, Carl Jung, and Calvin Hall spent a significant amount of time on dream content analysis, yet regardless of societal views and perceptions, the purpose and process remain unclear (Menczer, 2014). It's crucial to analyse how Sigmund Freud reclaimed the dream from the realm of soothsayers and diviners (Gordon, 1998). He recognised the substantial factors of dreams after looking beyond the medical explanation as just somatic and sensory impulses. He then emphasised the importance of dreams as a royal avenue to understanding the mind's unconscious operations. The premise was that the dream is contained in the memory material's uninterrupted 'enhancement.' Freud thought the dreamer's

spontaneous connections to be crucial. Dreams, he believed, were the most significant supplement to the notion of neuroses (Gordon, 1998).

2.12 Dreams and nightmares

Nightmares might be regarded a part of dreams because they generally happen when you're sleeping and you think you're dreaming (Ellis et al., 2019). The viewpoint is backed up by the American Academy of Sleep Medicine, which claims that recurring nightmares are a typical sleep-related condition that can occur alone or in conjunction with a mental disorder (American Academy of Sleep Medicine [AASM], 2014). In the general population, nightmares are claimed to affect 4–5 percent of people, but they can affect as many as 88 percent of those with mental problems (Forbes et al., 2001).

Nightmares are common in many nations and civilizations, including the United States, Canada, Europe, Japan, and the Middle East (Levin & Nielsen, 2007). Though nightmares are sometimes dismissed as a nuisance, they can have serious consequences for those who suffer from them. In addition to waking the person up during the night, nightmares can make it difficult to fall back asleep. Furthermore, nightmares serve as both a symptom and an aggravating element in a variety of mental health issues (Nadorff et al., 2014). To put this in context, dreams are frequently linked to posttraumatic stress disorder (PTSD). According to research, nightmares can last for up to 50 years following a terrible incident (Kaup et al., 1994). As a result, it's possible that some people have PTSD-related dreams as a result of incidents they don't recall.

Furthermore, studies has shown that having dreams before a stressful encounter increases one's likelihood of acquiring PTSD after the event (Bryant et al., 2010). A generalised anxiety disorder is another illness connected with nightmares (Nadorff et al., 2014). Suicidal ideas and behaviour is linked to nightmares (Sjöström et al., 2009). Nightmares are crucial in understanding the distinct variation in suicide risk associated with depression, anxiety, and post-traumatic stress disorder (PTSD) (Nadorff et al., 2011). Furthermore, suicide attempts are linked to dreams, regardless of depression, anxiety, PTSD, drug abuse, or features of Joiner's Interpersonal-Psychological Theory of Suicide (Nadorff et al., 2014).

2.13 Conclusion

This chapter presented a literature review of the study. Various aspects related to the overall focus of the study were touched on. The chapter began by assessing the religious and historical perspective of dreams where the contribution of religion and history on dreams was discussed. It was established that there are numerous cultural approaches to dreams that were reviewed. The review was also extended to other perspectives from Africa, Oceania and the Americas. The researcher also made a review of a wide range of theorists from psychology, who have suggested that dreams are meaningful. The focus of the review was essentially on how they conceptualise the nature, sources and functions of dreams.

CHAPTER THREE
THEORETICAL FRAMEWORK

3.1 Introduction

This study investigates the significance of THPs' dreams in mental illness diagnosis and treatment from an Afrocentric perspective. As an organised opposition to Western epistemology, Molefi Kete Asante developed Afrocentricity. The theory was developed within the African American cultural landscape as a set of concepts that account for the comprehension of an African sense of wholeness while addressing the life and experiences of individuals of African heritage worldwide. The thesis was inspired by the Afrocentric worldview, which explores aspects of African identity from the perspective of African individuals. Molefe Asante invented the term "Afrocentricity" to emphasise the urgent need for Africans to be re-positioned historically, economically, socially, spiritually, politically, emotionally, and philosophically (Mazama, 2001; Mkhize, 2004).

Given the background of Afrocentricity, the current study aligns its objective with the tenets of the Afrocentricity theory. First, THPs' notions of dreams as diagnostic and treatment tools in mental health care practice need to be viewed from an Afrocentric perspective based on the fact that THPs resemble the African religion and healing alternative. Second, the nature and type of mental conditions that are diagnosed through dreams are purely African in nature and dig deep into the African methods of diagnosis and interpretation of dreams. Third, the meanings that THPs attach to dreams resemble a purely African perspective whose interpretation is peculiar to the African way of life. Hence, given the objectives of the study, a better interpretation and understanding thereof would be established by aligning the study with the Afrocentricity theory. In debating Afrocentricity in line with the objectives of the current study, the researcher also triggers the Afrocentric epistemological and ontological basis of the role of THPs dreams in the diagnosis and treatment of mental illness.

3.2 Afrocentricity

Since the beginning of colonialism and the slave trade, information about Africans and their history has been given from a European perspective, which is the starting point for the Afrocentricity paradigm argument. This section and the research as a whole argue that Africans may be examined outside the confines of a European and eurocentric analytic paradigm. In addition, knowledge of the African people may be generated within the framework of the African people. Therefore, Afrocentricity plays a crucial role in matching the current study with Afrocentrism's criteria. This is due to the fact that information created outside the context of Afrocentricity is typically warped in that it celebrates slavers and colonisers while distorting and ignoring African contributions to world progress and their perspectives. Williams (1991) contends that the liberation of Africa from European colonialism was accompanied by cries for the liberation of knowledge by certain Africans who advocated that knowledge be viewed from an African perspective. This method is significant because it prompts an investigation into African ontology and epistemology, which will be discussed later in this chapter.

The Afrocentric paradigm addresses the issue of African identity from the standpoint of African people. The premise is that African philosophy should be centred, situated, orientated, and rooted in African culture. Asante contends that Africans have been degraded and marginalised throughout all social sectors to the point that they are, in most cases, reduced to objects. Africans have lost their cultural grounding and become bewildered, according to Mkabela's (2005) assessment. Afrocentricity is, in essence, a technique that actively functions inside African ways of knowing and being, resulting in the adoption of principles, methods, concepts, and ideas that are taken from our own African cultural experiences (Mazama, 2003). In order to put this into perspective, dream interpretation has always been performed differently in various regions of the world. The interpretation of dreams has been connected with power and the ability to communicate with the dead from an African perspective (Sandford, 2017). This means that certain dreams are interpreted as symbols or divine messages. In essence, the ancient African notion of dreams reveals that they were viewed as a source of inspiration, mystery, and communication.

3.2.1 Afrocentric philosophy

After examining the Afrocentricity consensus, it is essential to note the intellectual roots of the thesis. Asante's conceptual contributions to Afrocentrism argue that Afrocentrism is a means of resolving all cultural, economic, political, and social concerns pertaining to African people (Asante, 1990). According to this trajectory, the thesis is that Afrocentrism cannot be reconciled with any dominant worldview. It is contrary to misunderstanding and superstition. Under Afrocentricity, the function of THPs' dreams in the treatment of mental illness cannot be confused with confusion or superstition, for instance. In this case, it is argued that Africans obey a culture- and context-specific set of norms and processes that, if followed perfectly, would create impeachable results. In addition, Africans are considered as a subject matter from an African perspective in the framework of African ontology and epistemology, which will be emphasised in the next section.

Asante (2009) identified significant obstacles that academics face while utilising Afrocentrism as a philosophical framework. To solve these issues, Asante suggested that the most important question to answer is, "Why have Africans been excluded from global development?" Answering the question will offer insight into how to study topics relevant to Africans. Asante proposes, in response to the question, that a postmodernist would first assert that there is no such thing as "Africans" since there are several varieties of Africans and they are not all equal. In this aspect, the idea is that Africans should not be treated equally because they come from various environments and have distinct experiences.

As part of the philosophical evolution of Afrocentricity, Asante (1990) argues that an Afrocentrist does not doubt the existence of a communal sense of Africanness. Rather, an Afrocentrist would examine geography, dominance of the hegemonic global economy, marginalisation, and power positions as essential to comprehending the lives of Africans. In essence, this means that despite the existence of distinct African tribes, they are differentiated according to their geography, culture, history, and experiences. For example, the function of THPs' dreams in the treatment of mental illness in the province of Limpopo, South Africa, cannot be the same as in a province in Ghana or Nigeria because to differences in location, culture, and other basic elements.

3.3 Theoretical and methodological foundations of Afrocentricity

According to Asante (2009), the application of Afrocentricity as an intellectual attitude in data analysis has been prevalent since the 1960s (Asante, 2009). According to Turner (in Pellebon, 2007), modern Afrocentrism was founded by Asante. Mkabela (2005) supports this notion, claiming that while Afrocentrism was employed as an intellectual concept in the 1960s and 1970s, it was Asante who launched a revolutionary academic movement in which Afrocentrism was utilized as a philosophy and conceptual framework. The paradigm arose from the necessity to preserve and advance African thought and data analysis techniques (Asante, 1990). This appears to contradict the Universalist concept of Eurocentrism, especially positivism, a 19th-century intellectual paradigm that dominated the early 20th century (Kaboub, 2008).

Academically, afrocentricity is characterised in terms of the technology, philosophy, and ideology required to realize the desired change's objectives. Afrocentricity combats intellectual colonialism, which serves to legitimize social, political, and economic colonialism. At least in theory, afrocentricity places Africans at the center of any understanding of African phenomena pertaining to action and behavior. Moreover, according to Asante (2009), Afrocentricity is a commitment to the notion that what is in the best interest of African awareness is morally relevant. In terms of behaviour, it has been suggested that Afrocentrism strives to uphold the notion that "Africanness" itself is a collection of morals.

Afrocentricity exemplifies Africans' persistent desire for a set of beliefs that would unite them as a society. This was deemed significant since it provides an alternative to Eurocentric beliefs that are often seen as better (Chawane, 2016). To put this into context, the African community encompasses a variety of civilizations in which dreams are utilised and interpreted according to their particular religious and cultural beliefs, and this practise is seen as a form of spiritual discipline (Skovdal & Wringe, 2017). Nell (2014) discovered that in African Christian civilizations, dreams are seen as having special religious significance and value. Makgahlela and Sodi (2017) determined that in African cultures, dreams are a key cultural resource for coping with loss throughout the period of grieving.

3.3.1 African epistemology and ontology

According to African epistemology and ontology, culture has a significant impact on cognitive comprehension of the real world (Saint, 2015). According to Brown (2017, p. 215), "one must understand the ontological commitments of a culture in order to appreciate and comprehend its role and nature. The comprehension of African culture and its concepts of reality leads to a thorough comprehension of the African approach to knowledge". According to Saint (2015), the core concept of traditional African philosophy is that there are ancestor spirits whose purposes are recognized and significant to African people. Even though these ancestral spirits are associated with the dead, they play a vital role in the daily lives of Africans in their communities. Saint (2015) observed that for Africans, the truth is significantly more significant than what is presented within the realm of science.

Furthermore, according to Akanmidu (2005), proponents of African epistemology usually emphasise the cultural aspects of knowledge. This, however, stands in stark contrast to the ideological framework of European colonisation, which lauds the superiority of Western reason over non-Western peoples and civilizations. African epistemology, according to Akanmidu (2005), is characterised by Africans' distinctive interpretation of the world. Asante (1999) concedes that it is challenging to demonstrate that Africans and Westerners have distinct worldviews. This is because, despite the similarity of human nature, cultural and environmental influences shape people's perception of reality (Asante, 1993). African epistemology involves what the African intends and comprehends while making a claim to knowing.

As explored in detail later in this chapter, Asante's notion of 'location' is seen as an essential methodological approach for Afrocentricity. In Afrocentricity-based research, the researcher's function, which will be described in depth later in this chapter, is a key idea. In addition, Asante (1992, p. 108) says that "language, myth, ancestral memory, dance-music-art, and science supply the sources of knowledge, the canons of evidence, and the structure of the truth". In this sense, it is often held that by rejecting empiricism, one abandons the quest for canons and structures, thinking that metaphors, processes, and patterns are more effective for comprehending subjective reality. There is a noticeable contrast between the African and European interpretations of dreams in the context of this

study. From a Western psychology perspective, Psychologist Adler says that dream interpretation requires a professional therapist in the sense that one must recognise that dream interpretation is an art with no rules other than to adhere to the dreamer's unique logic and language (Pesant & Zadra, 2004). In African societies, however, the interpretation of dreams does not adhere to a fixed procedure. Rather, it takes a gifted individual, and in the majority of cases, that someone is a THP.

3.4 Basic propositions of the Afrocentric paradigm

Afrocentricity is built mostly on the assumption that Africans' major problem is their unconscious embrace of a Western worldview, perspective, and its accompanying intellectual frameworks (Mazama, 2001). This strategy has the unintended consequence of decentering Africans, which means they have lost their cultural foundation or identity and have become displaced and confused (Asante, 1980). As a result, Asante and other Afrocentric thinkers pushed the Afrocentric paradigm to characterise African culture on a consistent basis. Afrocentricity is commonly defined as the utilization of an African viewpoint to grasp all events (Conyers, 2011). It examines the topic of African identity from the African perspective (Mkabela, 2005). Afrocentricity places African ideas, beliefs, and philosophies at the heart of a comprehension of African culture and behavior (Alkebulan, 2007).

From the perspective of the present study, Western psychology specialists gave several hypotheses that explain the content and significance of dreams in therapy from a Eurocentric framework, which is context-specific, implying that it is inadequate and inappropriate for application in an African setting. Therefore, it is vital to contextualise African worldviews in assessing the significance of THPs' dreams in dream interpretation in respect to Afrocentrism. The concept of "Afrocentricity is pan-African and permeates a number of academic fields, including African studies, sociology, anthropology, political science, and psychology" (Mazama, 2001, p. 387). This suggests that Afrocentricity promotes communal intellectual agency and an open discussion in favour of multiculturalism. This is fundamentally required for the preservation of African culture and society (Asante, 2007). Other experts, like D'Souza and Lefkowitz,

have labeled Afrocentricity pseudoscience and an ideology lacking the rigor to be considered an empirically-based theory of practice (Appiah, 1993).

The Afrocentricity thesis is viewed as a change agent whose purpose is to re-establish the African perspective on the world. This is accomplished by putting Africans at the centre of analyses of African experiences (Asante & Mazama, 2005). Africans are the focus of a research concerning the importance of THPs' dreams in the diagnosis and treatment of mental diseases. Therefore, the method of analysis is pertinent to the people and locale from where they arise. Thus, the Afrocentric perspective becomes an essential analytical framework for this investigation.

3.5 Characteristics of the Afrocentric paradigm

In order to reach sanity, the underlying assumption of the Afrocentricity paradigm is that Africans must reclaim their sense of agency. As a non-structural response to black disorientation and loss of agency, the paradigm is suggested as a revolutionary movement in thought (Asante, 2009). As a starting point, Afrocentric researchers pose the question, "What would African people do if there were no white people?" The questions are intended to illustrate what natural reactions would have occurred in African people's relationships, views toward the environment, kinship patterns, religion, and historical reference points if colonisation and slavery had not occurred.

Asante (2009, p.12) contends that Afrocentricity provides a response to this dilemma "by affirming the centrality of the African subject in the context of African history". "This effectively displaces Europe from the centre of the African reality. As a result, Afrocentricity is a revolutionary concept since it examines concepts, events, personalities, and political processes from the perspective of black people as subjects rather than objects". From the aforementioned findings on the African's role in his metaphysics, four unique features emerged. The distinguishing aspects of Afrocentrism are situating the phenomenon, the investigator's stance, cultural critique, and analytic Afrocentrism.

3.5.1 Locating the phenomena

Afrocentricity holds that no phenomena can be completely comprehended without first locating it. It is said that a phenomena should be analysed in connection to psychological time and space, and that it must always be situated. As a result, this is seen as the sole method for investigating the complicated interrelationships between science and art, design and execution, creation and maintenance, generation and tradition, and other areas neglected by theory. In this sense, the African interpretation of dreams should not be completely divorced from the Western approach.

Caperton (2012) believes that the concept of compensatory dreaming in Africa has a striking resemblance to Freud's and Jung's conceptions of dreaming. In the Freudian paradigm, for instance, a reference to another person in a dream amounts to nothing more than a reflection on the dreamer's inner existence. Dreams reveal the character of the dreamer's inner existence, as evidenced by instances from the present study's findings in chapter five. Consequently, despite the vast disparities between the Eurocentric and Afrocentric interpretations of dreams, there are several parallels.

3.5.2 Position of the investigator

The Afrocentric approach views things as varied, dynamic, and in constant motion. As a result, a person must correctly notice and record the position of occurrences despite variations. The phenomena's location is a crucial theoretical process that influences how the researcher perceives the experience. From a Eurocentric standpoint, the treatment of mental conditions in no way involves the use of dreams. Rather, it is accomplished via the application of psychological techniques, such as CBT. From a Western psychology standpoint, Geiger et al. (2013) present a variety of methods and techniques for coping with treatments and dreams. The authors argue that CBT is utilised frequently when treating nightmares, but seldom when treating dreams in general.

The present study highlighted the significance of THPs' dreams in the diagnosis and treatment of mental illness. Consequently, the approach of treatment in cognitive behavioural therapy (CBT) and the one applied in the current study differ dependent on the investigator's stance. The researcher's theoretical stance is ontologically grounded in the metaphysics of the study participants, which supports the adoption of an Afrocentric perspective.

3.5.3 Cultural criticism

Afrocentricity is a style of cultural critique that investigates the etymological origins of words and phrases to determine the origin of an author. This permits the interaction of ideas with actions and actions with ideas based on what is negative and constructive at the social, political, and economic levels. Ancestors, witchcraft, bones, culture, and spirits are the terms and ideas that dominate the contemporary research and qualify it for an Afrocentricity investigation. The African perspective on mental illness is broad, encompassing ancestors, folk belief, and witchcraft (Mkize, 2003). In the African setting and culture, all systems operate concurrently, making it simple for one individual to fit in and complement the THP (Mkize, 2003).

In essence, for African clients mental illness is perceived as something that must healed or managed, but rather as something that must be understood and accepted Mkize (2003) also emphasises that in the African setting, it is not a matter of describing the control mechanisms, but rather of comprehending their relevance. Mental disease is not merely a psychiatric problem in the African culture. This is due to the fact that African perception and experience indicate that it is a religious and/or cultural issue. For context, Mkize (2003) proposes that for the African therapist, signs are expressions of a struggle between the client and other humans, living or dead, including spirits. Therefore, such cultural critique arguments crucially situate the present study within the Afrocentricity paradigm.

3.5.4 Analytic Afrocentricity

Analytic Afrocentrism is the application of Afrocentric approach ideas to textual analysis. Understanding the principles of the Afrocentric approach in order to apply them as a guide in analysis and discourse is the consensus among Afrocentricity experts. If they are unable to pinpoint the phenomena in time and location, Afrocentricity researchers cannot operate as scientists effectively. This indicate that in some instances, the order of events is as important as place. The two parts of analysis are fundamental to any accurate comprehension of society, history, or personality. As a result, it is the responsibility of Afrocentricitrists to assess the extent to which the myths of society are portrayed as important or peripheral to society. This implies that any textual analysis must incorporate the tangible reality of lived experiences, making historical experiences a crucial aspect of Afrocentricity study. The investigation of Afrocentricity's attitude, direction, and language aims to reveal the author's imagination. This implies that the objective is to provide the author with a chance to convey his or her position on the topic.

3.6 Conclusion

Locating the current study within the parameters of Afrocentricity was found to be suffice considering the various elements of Afrocentricity that have been provoked and debated in this chapter. In debating Afrocentricity in line with the objectives of the study, the researcher triggered the Afrocentric epistemological and ontological basis of the role of THPs' dreams in the diagnosis and treatment of mental illness. The chapter made use of the background of Afrocentricity to align the objectives with major underpinnings and tenets of the theory. The chapter has established that THPs' notions of dreams as diagnostic and treatment tools in mental health care practice need to be viewed and interpreted from an Afrocentric perspective based on the fact that THPs resemble the African religion and healing alternative. The chapter has also established that the nature and type of mental conditions that are diagnosed through dreams are purely African, and dig deep into African methods of diagnosis and interpretation of dreams. In addition, a consideration of meanings that THPs attached to dreams resemble a purely African perspective whose interpretation is peculiar to the African way of life was acknowledged.

CHAPTER FOUR
RESEARCH METHODOLOGY

4.1 Introduction

The preceding chapter offered the thesis's theoretical framework, which situates the study within the Afrocentricity paradigm. This chapter expands on the preceding one and describes the research methods utilised in this study. Beginning with a description of the research region, a narrative of the current situation of Blouberg Municipality is provided. The chapter then presents the study's techniques and materials, detailing important methodological considerations. Setting and sample, data collecting, and data analysis are included. The chapter concludes with a discussion of quality criteria and ethical issues.

4.2 Description of the study area

The research was done at Ga-MaLeboho, a village under Kgoši MaLeboho's control. Blouberg Municipality, one of five local municipalities in the Capricorn District of Limpopo Province, governs the region. Blouberg Municipality is located around 90 to 100 kilometres north-west of Polokwane, the provincial capital of Limpopo. The municipality encompasses roughly 5,054 km2 and extends to the Botswana border, contains a significant amount of THPs in the province, and is mostly rural (Mathibela et al., 2015).

The settlements are economically disadvantaged and share common grazing land located a considerable distance from residential areas. 7900-8000 individuals are projected to reside in Ga- MaLeboho's blend of traditional mud huts and standard brick dwellings (Statistics South Africa, 2011). Few families have water taps in their yards, but the majority of villagers obtain water from strategically located taps. There is a clinic in the centre of a few Blouberg Municipality settlements that provides basic outpatient services, including the care of mental diseases. As a result, the infrastructure is poor, unemployment is rampant, and the people are dependent on natural resources for their livelihoods.

Figure 1

Map of Ga- MaLeboho, adapted from Mathibela et al. (2015)

Despite relatively high rates of reading and education, the region is destitute due to significant unemployment and a big proportion of migrant labour. The infrastructure in the communities is inadequate; the majority of homes have pit latrines with no organised waste management, and the roads are unpaved (Mkhonto et al., 2012). This population predominantly speaks Sepedi, especially a Sepedi dialect known as "Sehanwanwa." The study was, however, limited to the region surrounding the MaLeboho tribal settlements to guarantee that the THPs who were questioned utilised their dreams in their practising environment.

4.3 Research design

4.3.1 Qualitative research approach

The researcher utilised a qualitative research methodology. Qualitative research focuses on studying and comprehending the significance that people or groups attach to a social or human issue (Cresswell, 2014). The qualitative technique is utilised in an effort to adopt a person-centred and holistic viewpoint in order to develop rich knowledge and insight while giving a vivid picture of the reality and social environment of the participants (Holloway, 2005). This form of study is frequently characterised as a located activity that place the observer in the world (Parkinson & Drislane, 2011).

The globe may consist of the places where people live, such as their houses and communities (Terreblanche et al., 2006). There is constantly contact between the researcher and research participants in qualitative fieldwork, through which the informant's world is found and understood (De Vos et al., 2005). As the researcher wished to investigate how THPs utilise dreams to diagnose and treat mental diseases in a clinical context, a qualitative research technique was considered acceptable for the present investigation. The researcher judged qualitative research to be the most acceptable strategy for discovering the participants' worldviews and interpretations of their realities.

In addition, it is essential to justify the choice of qualitative research over quantitative research in a study of this sort. The literature reviewed for this study demonstrates that the use of dreams in the treatment process is contingent on cultural contexts because dreams are influenced by people's way of life and traditional practises (Breen & O'Connor, 2007; Rando, 1993; Eyetsemitan, 2002; Radzilani, 2010). The researcher utilised qualitative research methodology and especially interpretive research paradigms to investigate this hitherto unexplored environment for dreams.

4.3.2 Phenomenological research design

The research design for this study was phenomenology, which is founded in early 20th-century European philosophy (Adams & van Manen, 2008; Van Manen & Van Manen, 2014). Edmund Husserl, the pioneer of this paradigm (Osborne, 1990), was followed by several phenomenologists (Martin Heidegger, Edith Stein, Emmanuel Levins, and Maurice Merledeau-Ponty, to mention a few) who

contributed significantly to its development (van Manen & van Manen, 2014). Essentially, phenomenology refers to a research methodology, a philosophy, and a strategy (Dowling, 2004, p. 31). It has been determined that phenomenology is a method aimed to educate our view and define our perspective. Moreover, it is a notion that was designed to extend our perspective on the world and to examine life events in greater depth. As such, it possesses traits of both philosophy and an inquiry process (Dowling, 2007).

As a philosophy of humans, phenomenology has its roots in the writings of Plato, Socrates, and Aristotle (Fochtman, 2008). Edmond Husserl was the first academic to effectively develop phenomenology as a method for studying the conscious level of human lived experiences (Fochtman, 2008). To put this in context, the Husserlian perspective of phenomenology is fundamental to the idea of a description of the constant characteristics of things as they seem to consciousness. Heidegger, who was Husserl's disciple, created an interestingly different phenomenological method, namely interpretive-hermeneutic phenomenology.

Interpretive-hermeneutic phenomenology is one of the qualitative approaches that aims to comprehend and explain the subjective experiences of individuals' social worlds and the significance that individuals ascribe to encounters in their worldview (Bryman, 2012). Spiegelberg (1969) has maintained, however, that there is no single phenomenological method. Probably the rationale for this reasoning is that each phenomenologist appears to develop unique phenomenological approaches.

Husserl relies on Kant's distinction between noumenon and phenomenon in order to build phenomenology's conceptual framework. Husserl maintained that there are two types of reality: noumenon, which is being in reality itself, and phenomenon, which is the manifestation of reality in consciousness. According to phenomenologists, the explanation of noumenal mechanisms should be the focus of research in the natural sciences, whereas phenomena should be the topic of the human sciences.

The present investigation was epistemologically anchored in phenomenological philosophy in opposition to this view. To investigate the importance of dreams as a diagnostic and therapeutic tool in mental health care practise from the perspective of THPs, the researcher employed a hermeneutic phenomenological methodology to fulfil the study's aims. The emphasis of hermeneutic phenomenology is the subjective experiences of people and groups (Bodhi, 2011). The researcher in the present research, aimed to comprehend and analyse the subjective experiences of participating THPs in relation to the function of dreams in their company, as well as the significance they ascribe to these experiences (Bryman, 2012).

4.4 Population and sampling

The study was undertaken in five Blouberg Municipality communities. Using non-probability sampling techniques, 26 THPs were sampled from the communities as participation samples. The THPs who were questioned were members of the Bapedi tribe, the dominant cultural group in the study area. In Blouberg Municipality, ninety THPs are registered with the local THPs' association. The participants were selected using snowball and purposive sampling methods. In purposive sampling, the researcher selects participants according to present criteria, such as substantial evidence that they are representative of the target population, in this instance THPs, specialising in treatment of mental health illnesses.

Using the snowball sampling method, on the other hand, initial participants were asked to identify more THPs with comparable qualities or characteristics who could contribute to the development of the research (Creswell & Poth, 2017; Babbie, 2010; Babbie, 2015). Moreover, "inclusion sampling criteria are the characteristics that the subject or element must possess to be part of the target population"(Burns, 2011, p. 99). In this study the inclusion criteria were that participants should specialise in treatment of mental health challenges (age 20 and above, having practiced for more than 5 years). This aided the finding of subjects via snowball sampling, in which participants referred the researcher to additional appropriate individuals.

The researcher began fieldwork by identifying gatekeepers, including community leaders and the association of traditional health practitioners. After obtaining permission from the gatekeeper, the researcher contacted a notable THP in the community for the initial interview. At the end of the interview, she was requested to name a few other THPs with competence in dream analysis. This method was used to conduct interviews with all THPs up to the 26th interview, when the researcher decided that data saturation had been reached. After this interview, the researcher no longer sampled participants. "Because sample size restrictions are not precisely stated in phenomenological research, researchers may examine a sample size of five to twenty-five individuals" (Goldberg, 2011). A sample size of 20 THPs was envisioned for this investigation. Nonetheless, data saturation determined when to cease sampling (Groenewald, 2004; Kafle, 2011).

4.5 Data collection

This section presents the data collection procedure of the study. The section covers the instruments used in the process, the procedure followed and other fundamental aspects relating to fieldwork.

4.5.1 Instrument

THPs were interviewed using in-depth semi-structured interviews to acquire information about the importance of their dreams in diagnosing and treating mental illness, as well as information about their dreams and traditional healing methods. The interview guide also included the following topics: I demographic profile: age, gender, and level of education; (ii) questions on traditional practises: the history of becoming a healer, work style, diagnosis, and treatment; and (iii) diseases cured with the use of dreams.

Bryman (2012, p. 112) "argues that in-depth interviews are essential for phenomenological research because they enable the researcher to investigate the subjective experiences of persons". This was obvious in the present study, in which the researcher collected data through in-depth semi-structured interviews (see Appendix 1a: Interview guide English version and Appendix 1b: Sepedi version). In addition, the interviews were done in a location that was convenient for the THPs. All interviews were done in Sepedi, the predominant language in the Blouberg region. To increase the quality of the resulting data, the researcher endeavoured to maintain long-term relationships with each participant.

The interviews were audiotaped and verbatim transcribed. In addition, the transcripts were double-checked by a Sepedi-speaking independent researcher with competence in qualitative research. Refresher notes are one of the greatest benefits of employing tape recorders in social science research. In addition, pertinent information acquired in the field can be recorded on a concise form. Thus, the researcher is able to identify each "item of information" that indicates who said it and when. In addition, tape recordings are useful for notifying a supervisor of what transpired in the field. In such cases, the supervisor can review the interview process and identify areas where various strategies should be employed to get a certain type of information. Using a tape recorder to create a comprehensive transcription of the interview serves this aim most effectively.

During data collection, participants were asked questions that were then transcribed into concepts of dreams as diagnostic and therapeutic tools in mental health care. In addition, the researcher highlighted the nature and types of mental disorders that THPs diagnose through the use of dreams, as well as the meanings that THPs attach to various dreams employed in mental health care practise. As advised by Creswell (2008), non-participant observations and field notes were taken during the data gathering procedure to supplement the data produced through interviews.

THPs were questioned (speaking Sepedi, a local dialect) alone in their consultation rooms using Sepedi. All formal interviews were held at the practitioners' homes, and each practitioner was invited to select a time that was most convenient for him or her. In this study, interviewing techniques and procedures provided by Gorden (1969) and Kahn and Cannell (1957) were utilised. Among these was the requirement that the researcher demonstrate genuine interest in the respondents. Since the questionnaire was open-ended, THPs were allowed to freely and comprehensively describe their vocations.

4.5.2 Procedure

This study's data gathering operations covered three months, from 1 June to 30 August 2019. All participants provided their informed permission in accordance with the University of Limpopo's ethical criteria. Before beginning this investigation, the investigator gained ethical clearance from the University of Limpopo's Research and Ethics Council. Relevant community structures, notably the Local Tribal Authority and Blouberg Traditional Health Practitioners' organisation/Association, granted approval to the gatekeeper. Twenty-six THPs were chosen from the surrounding communities. This was accomplished with the aid of other THPs and gatekeepers.

Following the selection of an acceptable and relevant sample, the following step comprised visiting individual practitioners. The purpose of initial visits was to create rapport with practitioners. During these early visits, the researcher introduced herself, stated that she was a doctoral candidate from the University of Limpopo, and asked if the practitioner would be willing to provide her with any information for her research. Care was made to avoid answering practitioners' inquiries aimed at gaining insight into the nature of the information sought by the researcher. During the subsequent visit, after the necessary rapport had been formed, the definite data collection for the subject of the research was conducted.

Each practitioner was provided with a structured dream analysis performed by a confederate. The goal of this was to see if there was any inter-practitioner consistency on the interpretation of dreams. Arrangements had been made with THPs for the confederate to accompany the researcher to the practitioners, and a transcript of his dream was taken to the practitioners in situations where the confederate was involved in subjects of his concern.

4.6 Data analysis

Interpretive Phenomenological Investigation (IPA), which focuses on the "analysis of how participants make sense of their personal and social worlds, was used to analyse data collected from in-depth semi-structured interviews" (Smith, 2017, p. 187). IPA seeks to investigate in depth, how people interpret their personal and societal worlds. The primary currency of an IPA research is the participant's interpretation of certain experiences and events. The technique is phenomenological in that it entails a thorough analysis of the lifeworld of

participants. IPA emphasises that research is a vigorous course in which the investigator plays a lively role.

IPA was proposed by Conrad (1987), who asserted that the approach seeks to get as near as possible to the participant's reality, also known as the "insider's viewpoint," which cannot be achieved perfectly. This means that the researcher's perceptions greatly contribute to the entry points necessary to create intellect of the other special reality through the interpretive process. Adoption of IPA necessitates that participants make sense of their reality, which suggests that the researcher is attempting to make sense of participants' efforts to make sense of their environment. Consistent with its phenomenological roots, IPA is concerned with attempting to comprehend what it is like from the participant's perspective, which in a sense takes their side. During data analysis, a number of IPA procedures as described by Pietkiewicz and Smith (2014) were followed. These stages are covered in further detail below.

4.6.1 Multiple reading and making notes

This is the initial phase that entails repeated reading of the transcript and listening to the audio in order to immerse researchers in the material and stimulate fresh ideas. Prior to the transcription, the researcher listened to the audio multiple times. She then transcribed the tapes while listening to them. During this phase, the researcher guaranteed that she suspends meanings and interpretations of the examined phenomenon as much as possible in order to join the world of the unique interviewee. Initially, the method was intended to gain a basic understanding of the kind and calibre of each participant's interview. During this approach, the interviewer was able to identify regions of low sound quality for each participant, necessitating attentive active listening in order to record their comments. The primary objective of the second audio hearing was for the researcher to get a comprehensive grasp of the participants' personal experiences with the investigated phenomena, especially from their perspective.

After listening to the interviews twice, the researcher began to transcribe the interviews of each participant. The researcher caught the linguistic, paralinguistic, and nonverbal parts of the interviews throughout the transcribing process. Hycner (1985) concurs with Pietkiewicz and Smith (2004) that, during the transcribing phase, the researcher should leave a broad margin on the left side of the page.

This was also used in the transcriptions of the interviews. As suggested by Hycner (1985), space was then employed to list all the evoked units of generic meaning. All transcripts were transmitted to a language specialist for translation during post-transcription (from Sepedi to English).

After receiving all of the translated interviews, the researcher conducted a parallel assessment of the Sepedi and English transcripts to detect any potential loss of meaning that may have occurred during translation. Where the loss of meaning was discovered, the researcher additionally re-listened to the original audio interviews to recapture the genuine spirit of the words. After determining that all translated transcripts accurately reflected the original interviews, the researcher moved on to the second phase of data interpretation.

4.6.2 Transforming notes into emerging themes

Notes are turned into emergent concepts at this level. The researcher utilised the initial stage's notes rather than the transcript as recommended (Pietkiewicz & Smith, 2014). The researcher translated the initial stage's generated notes into emergent concepts. During this phase, the researcher reviewed and reread the original transcriptions and found important patterns and themes. Significant comments in the notes were turned into emergent themes. Each underlying notion was categorised according to its complete, extensive, and in-depth description. Similarly, the researcher compared converted notes to their original meanings to ensure explanatory coherence. Moustakas (1994) suggests that it is prudent to numerically code each unit of meaning taken from each interview before listing them. This methodology was also employed in this investigation. All extracted units of meaning were numerically coded for each participant. Subsequently, an expert researcher concluded that the proper procedures had been followed and that the meanings had been thoroughly examined.

In addition, the researcher proceeded on to identify linkages and topic clusters. This step of analysis entails identifying links between emerging ideas and categorising them based on their conceptual similarities (Pietkiewicz & Smith, 2014). This phase allows the researcher to uncover the holistic context that feeds the narratives of participants' lived experiences. The researcher determined the relationship between emergent ideas and categorised them based on their conceptual commonalities. The researcher next grouped the relevant units of

meaning for each participant in accordance with the study goals, and then deleted the units of meaning that were repetitive or redundant.

At this stage, it began to become apparent that some units of meaning were converging, hence supporting participant-specific themes. This method was done with all transcripts; some of the patterns that emerged were shared by all participants, while others were unique to individual transcripts. Each theme cluster was coded to contain all of the developed meanings associated with that cluster of meanings. Subsequently, groupings of clusters of themes that highlight a particular vision challenge were combined to build a unique theme structure. This stage required making sense of the themes and attributes of the identified categories. As suggested by Bradley, Curry, and Devers (2007) it involves the features and dimensions of categories, discovering links between categories, uncovering patterns, and evaluating categories against the entire range of data.

Among the study's emergent themes are THPs' perceptions of dreams, in which participants viewed dreams as visions that transmit communication and visitation from the ancestors or gods. Thus, the ancestors communicated or sent spiritual lessons through dreams. On the one hand, some viewed dreams as a normal part of sleep, whilst others viewed them as visions. This section discusses the following subthemes: dreams as a form of vision, dreams as a form of enlightenment, dreams as a way of awareness, and dreams as a form of spiritual communication.

4.6.3 Seeking relationships and clustering themes

The last step includes establishing links between developing topics. The procedure also entails grouping topics according to their conceptual commonalities and assigning descriptive labels to each cluster. Also included is the collection of themes for the whole transcript prior to searching for linkages and clusters. Some themes are eliminated at this stage if they do not fit well with the evolving framework or if their evidence basis is insufficient. A final list includes multiple themes and subordinate themes.

4.7 Quality criteria

In the same way as reliability, validity, and replicability are used to assess quality in a quantitative study, the four quality standards of dependability, credibility, confirmability, and transferability govern qualitative research initiatives (Brown, 2004). "Scientific study is valid when the information sought is obtained via descriptions that enable a comprehension of the meanings and essences of experience," according to phenomenological principles" (Moustakas, 1994, p. 84). Moreover, in the positivist tradition, the quality of research is usually judged on the basis of its ability to satisfy the criteria of reliability, validity, replicability, and generalisability (Shenton, 2004). In the interpretivist tradition on the other hand, the robustness and quality of research is judged on the basis of its trustworthiness (Shenton, 2004).

In essence, the researcher attained trustworthiness by suspending any preconceptions that may have impacted the study's conclusions during the data gathering and explanation stages. This means that the researcher rejected, inhibited, and disqualified all past knowledge and experience commitments, as Moustakas advocated (1994). Second, all of the descriptions, meanings extracted, and interpretations produced from all of the interviews were done such that the participants' lived experiences could be informed without the researcher exerting undue influence.

In addition, the researcher took all interview summaries and returned them to the participants for trustworthy checks. The fact that all of the participants in this study agreed that their summaries accurately reflected the genuine nature of the interviews might be taken as evidence that the interview methods were trustworthy. Researcher's consent was obtained before data collection began. The consent was given freely, the persons were aware of what was expected of them, and the people involved were competent enough to provide their approval. Meaning that participants must be well-informed about the project, comprehend the content, and have the ability to choose whether or not to join before agreeing to take part (Arifin, 2018).

Participants agreed to take part in the study only after being fully informed about the research methods. All participants were asked for their consent in writing and in a timely manner. Individuals who might be interested in participating in the study were contacted and given information about its purpose and methodology for collecting data. As a result, they were able to ask questions and express their worries. A point of emphasis was made that resigning from the study while it was running would have no effect on the participants.

A participant information pamphlet was provided to provide participants further details about the trial. Participants have ample time to read the information sheet and make an informed decision about participating or not. Interviewees must sign an informed consent form before they may be interviewed for the study. This signature was authenticated before the interview. After signing the informed permission form, potential participants were told they may opt out of the study at any moment. In addition, they were informed that the interview would be recorded on audiotape. The interviewees' right to privacy and confidentiality was upheld at every step of the procedure, including the phone call, the interview, the data processing, and the dissemination of the results.

4.7.1 Credibility

The issue of credibility is whether the conclusions formed from the data are valid. This is the amount to which others trust and believe the study's conclusions (De Vos et al., 2011). If the researcher adopts credibility tactics such as extensive and varied field experience, temporal sampling, reflexivity, triangulation, member checking, and structural coherence, the study's rigour is strengthened (Anney, 2014). In this study, the researcher attempted to establish the trustworthiness of the findings in a variety of methods.

The shortest interview lasted around 30 minutes, while the longest lasted almost one hour. Second, the duration of the data collection was three months, plus one additional month for validity checks. Prior to the formal submission of the completed project, the researcher used members of the academic staff and his supervisor to assess different phases of this investigation. Thirdly, the researcher engaged in a discussion with the text, using audio tapes and transcripts, in order to confirm its credibility. Therefore, these procedures are deemed to have increased the study's trustworthiness.

4.7.2 Transferability

Transferability concerns the aspects of applicability. According to Kyngäs et al. (2020) transferability is the ability to administer the results to other participants or contexts. To ensure transferability in the current study, the researcher presented the sampling procedure and discussed the resonance of the findings with existing literature from various contexts. Moreover, transferability needs the researcher to give adequate data and background to allow the viewers to determine whether the results can be practiced to other environments and contexts. The researcher assured transferability by providing a thorough description of the sample population, inclusion and exclusion criteria, interview approach and process. The inclusion of a demographic profile ensured that the sample population was defined in detail and that the study setting was appropriately explained.

4.7.3 Dependability

Dependability refers to the consistency of results in relation to the circumstances in which they were formed (Francis, 2011). According to Trochin (2006), dependability refers to whether we would acquire the same findings if we saw the same item repeatedly. In contrast, the concept of dependability emphasises the necessity for the researcher to account for the ever-changing context in which research is conducted (Trochin, 2006). In qualitative research, dependability is an additional factor used to determine credibility. It is also connected to the consistency of findings (Holloway, 2005), meaning that if the research were replicated in a comparable situation with the same participants, the results would be consistent.

In qualitative research, the researcher and the subjects are the instruments to be evaluated for consistency. For a research project's results to be reliable, they must be examined and evaluated by other parties (De Vos et al., 2011). In this study, the supervisor and co-supervisor were responsible for assessing the data, conclusions, interpretations, and suggestions to ensure they are supported by data.

4.7.4 Conformability

Conformability refers to the extent to which outcomes may be independently validated or corroborated (Francis, 2011). It relates to the impartiality or objectivity of the data and is a factor for assessing data quality (Polit & Berket, 2008). Typically, "qualitative research assumes that each researcher adds a distinct viewpoint to the topic. It is a tool for assessing data quality, and it relates to the neutrality or objectivity of the data based on the agreement of two or more dependent parties that the data is comparable" (Polit et al., 2008). "Conformability is an approach for ensuring neutrality; it denotes the absence of bias in the findings. In qualitative research, neutrality refers to the neutrality of the data, not the neutrality of the researcher" (De Vos et al., 2011, p. 111).

This chapter outlined the step-by-step procedures utilised in this investigation. The paradigm, technique, and procedures used by the researcher in this study are described in depth. If another researcher wishes to validate the findings, the measurements adopted by the researcher imply that a degree of consistency may be demonstrated. The researcher also emphasised that field notes were taken throughout data collecting. These notes were reviewed throughout the explanation of each interview and used as a foundation for observations and a recall of key occasions during the interviews (Anney, 2014).

4.7.5 Qualitative research reflexivity

The reflexive procedure views the researcher as an active participant who actively contributes to the development of knowledge (Patnaik, 2013). Therefore, the researcher considered that reflexive participation was of utmost relevance for establishing the legitimacy and validity of study findings. In addition, it is essential to recognise that the idea of reflexivity is critical since, if not handled with care, it might pose a threat to study findings. This is due to the fact that unequal power dynamics between the researcher and participants cannot be assumed. This implies that the researcher must respect participants and avoid oppressing them at all costs. In this work, methodological and epistemological reflexivity were emphasised. Methodological reflexivity enables the observance of defined research processes (Patnaik, 2013). The procedure entails the testing of research tools and the giving of solutions to hypotheses utilised by the researcher to build reality from the participants' views.

Furthermore, epistemological reflexivity is strongly tied to methodological reflexivity in that the domain of research knowledge is rooted in social constructs based on the researcher's diverse theoretical viewpoints and backgrounds (Patnaik, 2013). This study examines the significance of THPs' dreams in the diagnosis and treatment of mental disorders. To fulfil the study's objectives, the researcher strictly adhered to the predefined processes of the research process, beginning with the selection of the study area and ending with the thesis writing. It is also vital to note that the researcher had a solid understanding of social constructions based on her many theoretical viewpoints and backgrounds. As an illustration, the researcher adopted Afrocentricity as the study's theoretical framework, which is crucial for situating the study within the IKS tradition.

4.8 Ethical considerations

Before beginning the study, the researcher got approval from the Ethics Research Committee of the University of Limpopo (TREC). After obtaining this consent, authorisation to gain entry to the THP village was gained from the *"dintona"* local traditional authority (headmen). In addition, the researcher acquired approval from the local THPs' association to act as a gatekeeper. Before interviews were done, participants were told of the purpose of the study and that their participation was optional, so they might withdraw at any time. In addition, the researcher verified that participants comprehended the significance of their participation in the study and the recruiting process.

4.8.1 Informed consent

Burns et al. (2005) define informed consent as prospective participants' commitment to willingly engage in a research following the assimilation of pertinent information about the investigation. It is a system for ensuring that individuals comprehend what it entails to participate in a certain research project, allowing them to select consciously and intentionally whether or not to do so. Participants in a research study have the right to understand the research, how it will affect them, and the risks and benefits of participating. Participants are also permitted to reject participation in the study (Arifin, 2018). Before conducting interviews, participants were informed of the purpose of the study and that their participation was entirely optional. Therefore, if they did not choose to participate, they may withdraw at any time.

4.8.2 Confidentiality, privacy and anonymity

As it is the researcher's obligation to protect the privacy and identification of study participants, the information received will be treated secretly and stored in a secure location. Babbie and Mouton (2011) state that secrecy relates to the researcher's agreement with participants, if relevant, regarding the handling, management, and dissemination of personally identifiable information. In the current study, pseudonyms were utilised to protect the privacy of participants. Moreover, participants were guaranteed of their privacy throughout and after the interviews. When required, the identities of participants were concealed by obfuscating or removing information judged private and potentially detrimental by the researcher.

Throughout the study procedure, the researcher also respected the participant's rights, cultural values, and dignity. This was observed to verify that participants were not physically or mentally damaged in any manner. This was accomplished by not discriminating against them on the basis of their gender, race, religion, or any other criteria unrelated to their scientific competency. Due to the nature of the investigated subject, some individuals may have had psychological responses. At the conclusion of this research, none of the participants required assistance. During tests for validity, all participants stated that it was a learning experience for them, and several found meaning and healing via their involvement in the study.

4.8.3 Voluntary participation and benefit

The exercise of free will by a human study subject in determining whether to participate in a research activity is referred to as voluntary participation. In social research, informed consent is a key ethical concern. Consent on an informed basis is commonly recognised as a prerequisite for scientific study involving humans (Mouton, 2012). Participants were not coerced, manipulated, or compelled to participate. In addition, they were informed that participants were allowed to withdraw from the research at any moment if they so desired. In addition, they were told that they would get feedback on the findings. They were also reassured that the acquired data would be maintained and protected with the intention of utilising it for the stated purpose.

4.9 Conclusion

This chapter outlined the philosophical basis for adopting phenomenology as a research method. The guiding methodology and the research design that was adopted in the development of the thesis were explained in detail. The researcher used semi-structured and open-ended questions to ensure that the research descriptions reflect participants' lived experiences. Ethical issues pertaining to a study of this nature were discussed accordingly. Quality criteria, namely; credibility, dependability, transferability and conformability were followed to ensure the trustworthiness of the findings. Lastly, the chapter highlighted the ethical issues that guided the researcher in conducting the study.

CHAPTER FIVE
PRESENTATION OF STUDY FINDINGS

5.1 Introduction

The study's findings are presented in this chapter. First, the demographics of participants are shown. This will be broken down into three sections. Initially, the researcher would offer summaries of individual interviews with participants, including the themes that arose through data analysis. A phenomenological account of study participants will be used to create an exploratory model in the second section. During the phenomenological data explication, substantial and distinctive themes arose. This will be summarised in the third section.

5.2 Demographic information

The demographic details of participants are presented in the tables below. These include their age (see table 1), qualifications (see table 2) and style of diagnosis (see table 3).

Table 1

Distribution of Participants by Age

Age cohort	$n = 26$	%
20 to 30	1	3%
31 to 40	2	7%
41 to 50	6	21%
51 to 60	5	17%
60 and above	12	42%

The above table illustrates the distribution of participants' age. Majority of participants were aged 60 years and above, followed by those aged between 41-60 years, then those aged between 20-40 years.

Table 2

Distribution of Participants by Highest Level of Educational Attainment

Educational qualification	n = 26	%
Grade 11 and below	22	85%
Matric	1	4%
Tertiary Education	3	11%

The above table illustrates the distribution of participants by highest level of educational attainment. Majority of participants had attained some basic education, while a few (3) had a post matric education.

Table 3

Distribution of Participants by Methods of Diagnosing Mental Illnesses

Style of Diagnosis	n= 26	%
Bones and dreams	11	39%
Bones only	3	10%
Vision only	10	36%
Vision and bones	5	17%

The above table illustrates the distribution of participants by method used to diagnose mental illnesses. Majority of participants used divination bones and dreams, followed by those who relied exclusively on divination bones. Another small number relied on a combination of visions and divination bones.

5.3 Emergent themes

The following five themes emerged from the findings: a). THPs' perceptions of dreams; b) the essence of dreams for THPs; c). perceived sources of dreams; d). methods used to confirm the contents of dreams; and, e). method used to interpret the symbolic content of dreams. The emergent themes are also reflected in Table 4.

Table 4

Emergent Themes

Themes	Superordinate themes
THPs' perceptions of dreams	• *Dreams as some form of vision* • *Dreams as some form of enlightenment* • *Dreams as some form of awareness raising* • *Dreams as some form of spiritual communication*
The essence of dreams for THPs	• *Dreams as aid for communication between ancestors and the living* • *Dreams as aid in the observances of rituals* • *Dreams as a diagnostic tool* • *Dreams as a source of motivation and empowerment* • *Dreams as aid in the identification of medicinal herbs*
Perceived sources of dreams	• *Ancestors* • *God*
Methods used to confirm the contents of dreams	• *Divination bones* • *Body language*
Method used to interpret the symbolic dreams	• *The use of cultural images* • *The use of ancestral customs*

5.4. Clustered themes and superordinate themes

5.4.1 THPs' perception of dreams

Participants understood dreams to be some form of visions, which convey messages from their ancestors. For some, dreams were appraised as some form of visitations whereby their ancestors communicated with them or gave them some instructions. In essence, through dreams, the ancestors communicated or relayed spiritual messages to THPs. On the one hand, some understood dreams

to be a natural component of sleep. These findings are expounded further under their related subthemes.

Dreams as some form of vision: The current study has revealed that THPs believed that visions are an integral part of dreams. Participants reckoned that often they had visions in their dreams where people whom they know and those that they do not know visit them to give them a message that is significant for a particular purpose. Visions expressed in dreams are diverse, including those having to do with issues of mental illness cases and management. This is supported by the extracts below:

> *"…when it comes to visions (dipono), even my grandmother come through visons if there's something they want to warn me about, then they tell me what I must do, when the sun rises…"* **[Participant 1; gender: Female, age: 69, in-depth interviews].**

> *"Ancestors are the one who shows me visions, visions and dreams are the same. I had visions of people who suffered from (sefolana), womb, mental illness, those that have ancestors, those who want to protect their houses, people that don't have peace at home with their wives, those who have stress, and those are the ones that come to my practice."* **[Participant 12; gender: Female, age; 69, in-depth interviews]**

Some of the participants argued that issues about mental illness are not revealed in a clear vision whereby a dream is presented as revealing a person with a clear mental illness; rather, the person is presented in the dream as being naked, and the nakedness in this regard is a sign of mental illness. This is supported by the extract below:

> *"If it's a mentally ill person I would have a vision of my ancestor holding a naked person with a hand, then I see that this person is being held naked."* **[Participant 2; gender: Female, age: 34, in-depth interviews]**

Moreover, participants also sparked a debate on the distinction between dreams and visions, which was often argued to be the same thing by majority of participants. Every THP has his or her way of receiving a vision that is associated

with mental illness. To put this into perspective, here is what some of the participants had to say:

> *"…my ancestors would come and tell me what they want to tell me while I am asleep. So to me, it comes twice because I can see a vision, or I can dream something while I am sleeping, then the following day the same thing I saw or had a vision about it appears exactly. Ancestors will be telling me not to go anywhere tomorrow, I'll be having a visitor."* **[Participant 17; gender: Female, age: 21, in-depth interviews]**

> *"Some come in vision during the day, I just start sleeping slightly, then have flashback of crazy people, and find that the same people I am seeing are patients who would come to the practice …, and I also see the method of treatments that I should use to treat the patients"* **[Participant 25; gender: Female, age: Female, in-depth interviews]**

> *"It is when the ancestors visit me in dreamland. Ancestors might be coming to correct me with things I don't do accordingly through visions..."* **[Participant 6; gender: Female, age: 50, in-depth interviews]**

Furthermore, the findings revealed that dreams are also understood to be visions rather than merely a component of sleep. Participants 1 and 11 highlighted this point as follows:

> *"Dreaming is to see, I can see a vision…, and then the following day the same thing I saw or had a vision about it appears exactly. Some come in vision during the day… a dream is a vision that is given by ancestors, they show me how I should run my practice..."* **[Participant 1; gender: Female, age: 69, in-depth interviews].**

> *"…dreams and visions are the same. I see them as one thing because what I dream and what I see is what the ancestors bring to me in my visions."* **[Participant 11; gender: Female, age: 53, in-depth interviews]**

The contribution by participants indicates that dreams are cherished as a special place or process where THPs receive important messages that relate to their daily activities. The findings of the study also revealed that visions are an

important component of dreams where THPs were given a message to pass to their clients.

Dreams as some form of enlightenment: Participants regarded dreams to be a channel of enlightenment. They went on to demonstrate that they would receive some important information through dreams. To acquire a better understanding of how dreams bring about this form of enlightenment, here is what some of them had to say:

> *"…dreams just enlighten us in other words. Dreams enlighten us very much way too better than a prophet that calls at church and tells your news, because a dream is your secret..."* **[Participant 2; gender: Female, age: 34, in-depth interviews]**

> *"…dreams make one smart. I am being told at night, while I am sleeping… so that I can be wise, and tomorrow when the patient comes for treatment, I shouldn't be surprised."* **[Participant 14; gender, age, in-depth interviews]**

> *"…dreams help me in many things because they show me medicines, they show me patients, and they make me realise what is good and bad."* **[Participant 15; gender: Female, age: 65, in-depth interviews]**

Based on the above extracts, it appears that dreams enlighten THPs in their practice settings. The concept of enlightenment through dreams in mental health practice has been established as an important concept.

Dreams as some form of awareness raising*:* Dreams are also considered by participants to be important for raising awareness. Participants have revealed that through dreams, they are given important messages that can make them aware when bad things are bound to happen. The kind of awareness that is provided through dreams was considered important in the sense that participants would be forewarned or forearmed for future unpredictable events. Here is what some of the participants had to say:

> *"When I am sleeping at night my ancestors and God show me patients, bad and good. God and ancestors show me dreams. It means they are*

making me aware, it's an awareness, they make me aware of some situations, and the kind of a persons who would be coming to my practice **[Participant 3; gender: Female, age: 26, in-depth interviews]**

"...even my grandmother come through visions if there's something they want to warn me about, then they tell me what I must do, when the sun rises…" **[Participant 1; gender: Female, age: 69, in-depth interviews].**

"When I see bad dreams… I must tell the patient, or if I am close to you, I must also tell you, and again if your ways are not good, I must warn you. This is the purpose of a dream, it is raising awareness, sometimes some people are not keeping up in their lives, and the dreams show them the way." **[Participant 14; gender: Female, age: 65, in-depth interviews]**

"I became aware of my calling, and how to treat mentally ill patients through my dreams; because before I became a THP, the ancestors were visiting in my dreams, they even pulled me out of the church. I was a Christian, so they switched me from being a Christian to a THP." **[Participant 10; gender: Male, age: 81, in-depth interviews]**

"Sometimes dreams give me awareness. Sometimes the ancestors can prevent me from going somewhere and they tell me that I must not go there because of danger." **[Participant 21; gender: Female, age: 58, in-depth interviews]**

"When God and ancestors show me dreams. It means they are making me aware, it's an awareness, they make me aware of some situations, and the kind of a person who would be coming to my practice" **[Participant 3; gender: Female, age: 26, in-depth interviews]**

"… sometimes dreams warns us from doing things that we're not supposed to do, it shows things which we are heading to, and tells us how to avoid some of the things and also how to fight our battles. Through dreams I can see herbs, sometimes our ancestors through dreams make us aware and encourage us on how to keep on working with mentally ill patients. **[Participant 26; gender: Female, age: 56, in-depth interviews]**

"Ancestors show me a lot of work through dreams. …when I am sleeping they show me that at church they operate like this, this one is right but this one is not." **[Participant 2; gender: Female, age: 34, in-depth interviews]**

"They make me aware that this patient is good and this one is bad … they only help with awareness…dream awakens me. They awaken a person that look! Something bad is coming or something good is coming." **[Participant 11; gender: Female, age: 53, in-depth interviews]**

"This is the purpose of a dream, it is to raise awareness, and sometimes some people are not keeping up in their lives, to show them the way. They make you aware. They make you clever that when a witch is coming, a person who is coming is bringing this kind of problem." **[Participant 14; gender: Female, age: 65, in-depth interviews]**

Based on the findings of the study, it appears that dreams play an important role in the provision of awareness among THPs. It was revealed that through dreams, THPs are given instructions on how to prevent certain things from happening.

Dreams as some form of spiritual communication*:* Participants of the study argued that dreams can be spiritual. In essence, they mentioned that they sleep in a normal way, that is, at night or during the day; and when they are asleep, they have dreams where they are given instructions on how to deal with certain issues. Hence, it would appear to be normal dreams, but the specific issues that are contained in the dreams distinguish them as ancestral dreams. In this regard, some participants argued that in the case of mental illnesses, the patient is revealed to them in a dream and it becomes easier to deal with the type of illness that they are presented with. To put this into perspective, some participants had this to say:

"Ancestors don't come in that way you think. I might have this light sleepy mood… Ancestors come and I can sleep like usual, anything can happen when you are sleeping. No one can show you that this is the ancestors. They come in spirit. They come in spirit the same way as they come to

those who are at church." **[Participant 8; gender: Male, age: 43, in-depth interviews]**

"…my grandfather come in spirit. Spirit of a person. Isn't it that a spirit is able…When I wake up, I won't find the person, it's his spirit that comes to me." **[Participant 15; gender: Female, age: 62, in-depth interviews]**

"…yes, the spirit sometimes intervenes, if there is something wrong with the person in the dream it is going to tell me, I will feel it within that, that dream meant this. There is something that we call transparency within a person, you can be in front of the wall but see what happens behind the wall, while you are in front, and that something is not going well in this person. It means it's the spirit." **[Participant 13; gender: Male, age: 53, in-depth interviews]**

"…dreams are felt in your spirit. I dream about patients and medicinal plant…" **[Participant 24; gender: Female, age: 87, in-depth interviews]**

The above extracts demonstrate that dreams can be interpreted as a religion in the sense that there are spiritual connotations that are revealed when THPs receive some important information from the ancestors.

5.4.2 The essence of dreams for THPs

Understanding the function of dreams is fundamental before looking at the role of THPs' dreams in the diagnosis and treatment of mental illnesses. The functions of dreams that were presented by participants in the current study include dreams as aid in communication between ancestors and the living; dreams as aid in the observances of rituals; dreams as a diagnostic tool; dreams as a source of motivation and empowerment; and dreams as aid in the identification of medicinal herbs. These functions have been drawn from the day-to-day activities of THPs.

Dreams as aid in communication between the ancestors and the living: It has been established through the findings of the study that participants believe that when the gods or ancestors have a message for the people or THPs, they communicate with them through dreams. This is evidenced in the following extracts:

"Yes, I'm given these messages when I'm sleeping. Then if a patient has a pain and it happens that when he/she arrive at my place, the same pain that attacked the patient, attack me also, the same way that was revealed to me in the dream." **[Participant 1; gender: Female, age: 69, in-depth interviews]**

"…dreaming is a conversation between a person and his/her ancestors. It is a sign that something may happen or it shows things that could happen." **[Participant 26; gender: Female, age: 56, in-depth interviews]**

"Dreams are often a link between us and the ancestors. It is often the way through which ancestors speak spiritual language with the living. **[Participant 8; gender: Male, age: 43, in-depth interviews]**

"Through dreams I receive visions and encounters with ancestors and God who sometimes shows me patients as well as what might happen in future. God and ancestors show me dreams…, and the kind of a person who would be coming to my practice **[Participant 3; gender: Female, age: 26, in-depth interviews]**

"…when it comes to helping mentally ill people, ancestors just talk to me while I am sleeping, they tell me that this kind of patient is coming and help them in this way." **[Participant 11; gender: Female, age: 53, in-depth interviews]**

"I was dreaming about sick people, and in those dreams, ancestors were telling me what to do to help them." **[Participant 15; gender: Female, age: 65, in-depth interviews]**.

"…dreams reveal unto me the people that will be coming to seek help. Ancestors show me that a person is coming and they also describe the person and also alert me to use these medications to treat them." **[Participant 6; gender: Female, age: 50, in-depth interviews]**

"When I am sleeping at night, I see a man in my dreams coming wearing beats…a voice will say a person wearing these beats will come, and tomorrow that person comes, and already I will be knowing the mental

illness they have. I will just throw the bones procedurally." **[Participant 4; gender: Female, age: 84, in-depth interviews]**

Consensus among participants in the above extracts was that the most common way through which ancestors communicate with THPs is through dreams. It was also established that since the dead live in the spirit, they cannot come in flesh. Hence the only way they can communicate with the living is through their appearance in dreams. Participants also revealed that they even have conversations with their ancestors through dreams.

Dreams as aid in the observance of rituals: Apart from communication, the other function of dreams is to illustrate the performance of rituals. Some participants argued that when they perform certain rituals, they receive instructions and specifications from the ancestors through dreams. For instance, participant 1 indicated that during the treatment of a mentally ill person, they perform rituals such as burning of stones and traditional medicine. This is what the participant had to say:

> *"We treat that person by performing ritual treatments like burning stones as instructed in the dreams, we then steam the person with (dipheko tšao garabela ka magala), we also perform some traditional tests to be sure that the person is losing his/her mind. When that person returns home, he/she will be completely healed."* **[Participant 1; gender: Female, age: 69, in-depth interviews]**

> *"Yes, I even perform rituals on the ancestral tree before I sleep, asking for the increase of power that I operate with to heal people. I will ask them to increase (dipheko) and protect me all the way. That's why I trust the dreams that I am given by my ancestors…we already had knowledge from the dream, but when a person come, we have to introduce him/her to the ancestors. Then they will increase my power to be able to help that person."* **[Participant 2; gender: Female, age: 34, in-depth interviews]**

Responses by the participants reveal that from the perspective of THPs, dreams can be considered an important channel through which they receive messages on what kind of rituals they should perform to treat mentally ill patients.

Dreams as a diagnostic tool: THPs suggested that they consider dreams as instrumental in the diagnosis of mental illnesses. It was revealed that during the process of dreaming, participants receive the diagnosis in different ways. Some participants indicated that they receive dreams before coming for consultation with patients. For others, dreams are received when they are already in the process of consulting. This position is supported by the extracts below:

"I had dreams before I helped people. Ancestors showed me divine bones, the ones that we work with…while I'm asleep at night, I would see them hanging on top telling me the illness of a person who would be coming to my practice. **[Participant 25; gender: Female, age: 62, in-depth interviews]**

"A dream is for identifying a state of the person, but with dreams and divine bones we can see what illnesses affects the person, and how can they be treated." **[Participant 9; gender: male, age: 40, in-depth interviews]**

"…with dreams I can to see ill people…" **[Participant 25; gender: Female, age: 62, in-depth interviews]**

"Dreams help me to identify/diagnose people's problems" **[Participant 1; gender: Female, age: 69, in-depth interviews]**

"Because dreams we are given we don't give ourselves, they tell you that this person has stress and this will turn itself to stroke. You see in the dreams when a person is thinking too much, when you are seating with them you will see that this person is not with us so in the dreams they show you that person inside and tell you the kind of problem they have. They think too much and it turns its self in a body to be a stroke" **[Participant 2; gender: Female, age: 34, in-depth interviews]**

"… I had visions of people who suffered from (sefolana), womb, craziness, those that have ancestors, those who want to protect their houses, people that don't have peace at home with their wives, those who have stress, and those are the ones that come to my practice." **[Participant 12; gender: Female, age; 69, in-depth interviews]**

Moreover, participants indicated that in the African community, mental illness is a spiritual condition that is passed through witchcraft or as punishment from God or the ancestors. Therefore, witchcraft has also been considered to be detected through dreams by some THPs. This is supported by the extracts below:

> *"...the voice will just speak without revealing the person but the medication when ancestors show me, I will know it, even when the patient is bewitched or angered the ancestors."* **[Participant 4; gender: Female, age: 84, in-depth interviews]**

> *"…, if it's a person is coming, they have caused trouble (witched) someone and the person sent back the illness to them, the person is afraid to tell me, my ancestors will tell me that a person of this nature will come, I shouldn't touch them with my muthi. Because if you heal them, that problem is going to get into you. They are going to heal and you remain with the mental illness."* **[Participant 2; gender: Female, age: 34, in-depth interviews]**

A majority of THPs stated that they consider dreams as instrumental in the diagnosis of mental illnesses. It was established in the above extracts that during the process of dreaming, participants receive ways towards the diagnosis of mental illnesses. They argued that mental illnesses come in two different ways, namely; being bewitched by a jealous person or as punishment on someone who would have done something bad such as stealing. In this regard, participants indicated that it is the role of the ancestors to reveal the specific reason behind the witchcraft, and that this is often revealed through dreams in which the THP is shown the causes of mental illness.

Dreams as a source of motivation and empowerment: The present study found that participants were of the view that dreams have been considered to be essential in the process of courage boosting. The current study revealed that THPs gain more courage when they have the assurance that they are supported by their ancestors. Participants such as participant four revealed that dreams are important in the provision of guidance and the strengthening of THPs in different ways. They explained the connection that exists between the THP and the

ancestors, and confirmation of this relationship is done through dreams. The participants had this to say:

"The ancestors initiate through dreams, they don't heal…the ancestors will tell me a medication, and also tell me to go to take a kind of medication, I will then go and take it... the voice will just speak without revealing the person but the medication, when ancestors show me, I will know it, ancestors give me all the support that I need." **[Participant 4; gender: Female, age: 84, in-depth interviews]**

"…ancestors are the ones that help me, there are things that I use like to sprinkling out snuff (fola) before I sleep so that I don't forget the dreams. If I eat bread my dreams will disappear but if I eat pap they don't disappear. In some cases, when I want to be able to recall what I have dreamt, there are herbs I must smoke or eat, but I must be shown by the ancestors…" **[Participant 15; gender: Female, age: 62, in-depth interviews]**

"Yes, I even perform rituals on the ancestral tree before I sleep, asking for the increase of power that I operate with to heal people. I will ask them to increase (dipheko) and protect me all the way. That's why I trust the dreams that I am given by my ancestors…we already had knowledge from the dream, but when a person comes, we have to introduce him/her to the ancestors. Then they will increase my power to be able to help that person." **[Participant 1; gender: Female, age: 69, in-depth interviews]**

Based on the above extract, it is evident that the current study findings suggest that the encounter that the THPs have with their ancestors gives them a platform to have confidence in their operations, because they will be assured that they have the support of the ancestors. Moreover, the participants argued that there is confirmation of dreams concerning the treatment of mental illness. The participant would get a revelation on the client through dreams before they come, and they will also have to confirm the dream when the client arrives. This is when they get more courage because they will be guided by the ancestors.

Dreams as aid in the identification of mental illnesses: The findings of the current study have revealed that mental illnesses in the African community are regarded as spiritual. For participants, mental illnesses are caused by spiritual attacks as a result of witchcraft or as punishment from the ancestors or God. In this section, the researcher presents the specific types of mental illnesses that are treated through dreams. The types of mental illnesses that were presented are as follows, walking around naked, stress and some unspecified forms of mental illness. Here are some of the views from participants on different types of mental illnesses that they treat through dreams.

> *"I will see in dreams… patient being naked… sleeping with elderly people or young girls."* **[Participant 7; gender: Feale, age: 36, in-depth interviews]**

> *"…ancestors tell me that this person has stress and this will turn its self to a stroke. I see in the dreams when a person is thinking too much, I see myself seating with them, seeing that this person is not with us, so in the dreams, ancestors show me a person inside and tell me the kind of problem they have. They think too much and it turns itself to stress and later to stoke"* **[Participant 15; gender: Female, age: 52, in-depth interviews]**

> *"I would be shown when one has a dark cloud. Everything doesn't work for them. You don't get employment, you don't get married, if it's a man you don't get a wife. Yes, I work with those kinds of things."* **[Participant 14; gender: Female, age: 65, in-depth interviews]**

The study reveals that participants do not have specific names for the mental illness that are treated through dreams, since all mental illnesses are classified as *"go gafa"* (mental illness). However, they give a full description of illnesses that they treat using dreams as diagnostics criteria and tools to help them identify medication of mentally ill patients. The following extracts demonstrate these views:

"…He was running on the street without control, refusing to go back home. When he sees people, he was running away. if people go to fetch him, he will jump windows and gate running away, I will then realise that the person is having mental illness." **[Participant 3; gender: Female, age: 46, in-depth interviews]**

"There's someone who has been fed something in the stomach, the day I was treating him, he was acting as if his upstairs is malfunctioning. He was always alone, even yourself, you were going to judge easily that his sense is not normal…" **[Participant 7; gender: Feale, age: 36, in-depth interviews]**

"So some insane people fight, some are just talkative… ancestors show me a person coming, they just bring the person… he was just running around… the same place." *[***Participant 11; gender: Female, age: 53, in-depth interviews]**

"The first one was living pigs' lives, he liked rubbish too much, the second one wasn't able to stay with people, he was rough and short-tempered and the last one stole from people and they bewitched him. I had a dream about him running around chasing him and we caught him, running and they were saying he is crazy. When I woke up, the family member said they are running after him he is mad. A mad person you see them doing unusual things, they can come here and start breaking things, you just know that it's madness." **[Participant 2; gender: Female, age: 34, in-depth interviews]**

Based on the above extract, it should be noted that dreams do not treat mental illness, but rather the THPs are given revelations on diagnosis and instructions on how to treat different kinds of mental illnesses through dreams. Participants argued that there are no specific categories that can be distinguished as ones that can be treated through dreams. This can be the case since most mental illnesses encountered are almost the same in nature, causes and treatment.

Dreams as aid in the identification of medicinal herbs: The identification of medicine was found to be another function of dreams by participants, who contended that there are no specific prescriptions for different mental illness conditions in terms of the African perspective. Participants suggest that mental illness from a THP perspective is spiritual because there is a need for ancestral or God's intervention to find the specific diagnosis or prescription for specific mental illness. Some participants were of the view that THPs could be shown specific trees or other natural resources from the forest that can be used to treat mental illness. The following extracts demonstrate this belief:

"…ancestors are the ones that show me patients, sometimes they show me the medication, they start with the one ahead… they show me dihlare (herbs), and what I must burn." **[Participant 6; gender: Female, age: 50, in-depth interviews]**

"I would hear a voice saying go somewhere to dig "dihlare" … I will hear a person say mix them like this… visions are the ones that show us that you can mix that and that… the dreams that we have are those that say take this herb and this one and mix them and steam (arabetša) this person until they heal..." **[Participant 11; gender: Female, age: 53, in-depth interviews]**

"…ancestors give me wisdom and dihlare, they show me where to dig … show me what to dig… and the purpose of the dihlare. I would go to dig and come with mental illness herbs." **[Participant 3; gender: Female, age: 46, in-depth interviews]**

"Yes, ancestors come. They appear in visions and they give me names of dihlare which I have to use when treating the patient and they also direct me on how to use those medicines." **[Participant 1; gender: Female, age: 69, in-depth interviews]**

"Ancestors show me where to look for dihlare…ancestors are the ones that give me a direction, I would feel my spirit that I must go to dig there. Ancestors show me also the herbs that are appropriate for my mentally ill

patient and I must find it." **[Participant 8; gender: Male, age: 43, in-depth interviews]**

The above narratives suggest that through dreams, participants are given specific instructions that they should follow when identifying and treating some forms of mental illness. It has also been revealed that the process of identifying the medication is not usually the same. One participant posited that there was an old man who came to his dreams to show him what he had to do when treating mental illnesses.

"…That old man who came…When he arrives at that time he wasn't talking to me. We don't talk, we don't say "rakgolo" and he says, "Take what", no. They take that medication and do the mixture; they do that (thebele) because I must know it by heart… So that when I wake up I know that they took three to seven herbs and mix them that way..." **[Participant 5; gender: Male, age: 45, in-depth interviews]**

Some participants were of the view that the ancestors come in the form of a voice that speaks without revealing the person. When such a voice comes, there would be no need to contemplate who it could be because it is widely known in the African community that a voice represents the ancestors.

"…the voice will just speak without revealing the person but the medication. When ancestors show me through that voice in the dream, I will know it, it is my ancestors..." **[Participant 4; gender: Female, age: 84, in-depth interviews]**

In some cases, it was revealed that the ancestors show the participants some medication that they should use, including specifications on how to use the medication as reflected in the following extracts:

"Ancestors instruct me to go to find stones, after I must steam (arabetša) the patient with the stone, again I must find (segolo), they say to me go to find (segolo), and cut it at the tip, mix (segolo) with water give the patient to heal… take (phesu) and (mokutesele), this person his brain will be able to come back, I am going to take those herbs and mix them... They tell me

to go and take stones on the railway, I am forced to have them."
[Participant 15; gender: Female, age: 52, in-depth interviews]

"…they just show me the herbs and say this herb is like this. Go to that place and find it… they tell me to take the herb and give it to a specific person, and when a person comes, I give them..." **[Participant 3; gender: Female, age: 46, in-depth interviews]**

*"…through dreams ancestors shows me to burn coals, and put herbs on top of it, then give the patient to smoke... "***[Participant 20; gender: male, age: 50, in-depth interviews]**

"I am going to take (lephullo), and take (lengope), after I start the fire and take the coal and (lekhurubullo), and take another herb called (lekatsana), and also take another one called (mothlwa), I will dig (segolo), this (segolo) has dihlare inside where you will find an insect running inside with a big head and a small thin body and another sehlare called (legwefotha) and (tsupullo) I mix them and put them inside the coal. When I finish, I take that person to inhale that mixture, after I get them drinking that medication, I am going to take (moselabi) and (morotola) and take this other tree has a root-like a sweet potato, and make them to pieces and mix them and give it to them. I cook them for 3 days and the patient will be healed... the ancestors will come back and show me another one, … it requires belief to your ancestors that the medication will heal the mentally ill patient as shown in the dreams." **[Participant 7; gender: Female, age: 36, in-depth interviews]**

Based on the above illustrations, it is clear that the medication is given for different forms of illness, including mental illness. In this regard, participants clearly argued that dreams are important in the diagnosis and treatment of mental illness in the traditional practice setting for African people.

5.4.3 Perceived sources of dreams

Participants argued that when they dream, the dream comes with a meaning, which is meant to offer a resolution to mental challenges. From this standpoint, it is imperative to also inquire into the cause of dreams. Knowing the source of

dreams is important in assessing their effectiveness. As such, participants established two sources of dreams, namely; ancestors and God.

Ancestors: The findings of the study have revealed that ancestors are a significant source of dreams among many THPs. For instance, participants emphasised that their activities as THPs are influenced by their ancestors. In essence, majority of participants believe that becoming a THP is a calling from the ancestors, which suggests that the services that they provide are in some way directly or indirectly influenced by the ancestors. Moreover, since participants are called by the ancestors, they are also there as messengers of the ancestors, and dreams are considered to be a medium through which various messages are passed from ancestors to participants. Here is what the participants had to say:

"…my late grandfather gave me the gift, just like now the gift I'm using is from my late uncle, who is my mother's brother the younger brother of my grandfather." **[Participant 1; gender: Female, age: 69, in-depth interviews]**

"…dreams are something that is given by ancestors, ancestors show how to work with patients." **[Participant 2; gender: Female, age: 34, in-depth interviews]**

"…ancestors are the ones that show me dreams, without the ancestors, I won't see them. They are the ones that show me, sometimes they show me the medication, they start with the one ahead, … yes it's the old man, sometimes he gives me the ones ahead, medication and also the divine bones so that we can see other things." **[Participant 6; gender: Female, age: 50, in-depth interviews]**

"…ancestors come in a smell of dihlare. I can feel that they are here from within, they come in many ways…most of ancestors are within people. Some come in a way of snakes, some come in a way of any animal in the world, in different ways. It's possible that when you are seated you see a shade passing by… Like I said that snake, cow, animals in all types from the category of tradition it depends on what your clan name is..." **[Participant 4; gender: Female, age: 84, in-depth interviews]**

The above responses suggest that participants in the present study are staunch believers of ancestors as the source of dreams. The consensus among the participants was that the ancestors provide THPs with the power to execute their duties, and dreams are some of the ways through which they communicate with them.

God: The previous section emphasised that dreams come from the ancestors who were widely considered to be the sources of the power that THPs possess. Nevertheless, in this section, the source of dreams is considered to be God. Participant five argued that dreams do not come from individuals but rather from God himself. Here is what the participant had to say:

> *"…a dream is shown by God, dreams show you about what is coming, they don't come from you, and dreams come from God. God is the one that shows me dreams through my ancestors…"* **[Participant 5; gender: Male, age: 45, in-depth interviews]**

The belief by participant five that ancestors are the source of dreams among THPs is supported by participant ten, who concurred that God is responsible for the dreams that they receive as THPs. However, participant ten believes that both God and ancestors are sources of dreams. The participant had this to say:

> *"Ancestors and God are the ones that are in charge of dreams. Since the time I moved out of church, my trust is in God and ancestors because they are the ones that lead and guide me. The dreams come in God's spirit for I've never had a dream showing me poisonous herbs, they only show me helping herbs."* **[Participant 10; gender: male, age: 81, in-depth interviews]**

A majority of participants mentioned that ancestors are responsible for their dreams. Based on the above extracts, participants perceive both God and the ancestors to be the sources of dreams. Even though some participants believed that it was either God or the ancestors, the consensus was that there is a supernatural being that provides the dreams that THPs receive. The reason dreams by THPs are not seen as a fleshy activity is that through dreams, THPs

can solve issues and sicknesses such as mental illness. As indicated by a number of participants, dreams are also a source of futuristic information.

5.4.4 Methods used to confirm the contents of dreams

Participants indicated that the process of confirming dreams takes different forms and processes. The current study revealed that the process begins with throwing "*ditaola*" (divination bones), which is followed by assessing the body language of THPs. Participants opined that dreams are not always used as part of the healing or medication process, they are also employed in other processes that do not yield sufficient results.

Moreover, it is important to note that in most cases, people who are mentally ill reside at THP's residences or places of work during the period of treatment. Hence, if needs be, the THP would dream about the client's medication requirements, which in some cases, is revealed through divine bones or interpretation of the THP's body language, which would be followed by the provision of treatment. Hence, it can also be established that the dreams in this regard are not a single component that can be independently used to treat mental illnesses. Rather, they work together with other processes that are already in place.

In essence, participants mentioned that dreams are used as a channel through which THPs receive messages from the ancestors. The THPs will then convey the messages received during dreams to the client during the process of consultation. However, the process start by propitiating the ancestors, followed by the confirmation of dreams through divination process or body language.

Divination bones: Participants argued that divine bones are vital in the treatment process of mental conditions. As indicated earlier, in most cases, the treatment process begins with the throwing of bones. Although the bones are usually used as an independent component, it is important to note that majority of participants mentioned that divine bones are complemented by dreams. Participants showed that the use of divine bones with the aid of dreams is fundamental since the dreams are considered to be the direct intervention of the ancestors. Some participants argued that they only use bones independently of dreams in the

process of healing the mentally ill. To put this into perspective, some participants had this to say:

"…dreams show me a person coming, when I started throwing the divine bones, ancestors confirm the dream and the divine bones also show me that the patient just started to be crazy, and then I will then tell family of the patient what the divine bones says about the patient, why he is starting to be reckless, why he runs away." **[Participant 11; gender: Female, age: 53, in-depth interviews]**

"I confirm with these divine bones. Even when you see that this person has a mental illness, I will not heal the person without throwing the bones. I will call the person and throw the bones and check if it's true or not that this person has this mental sickness. We use these divine bones to confirm what we saw in the dream..." **[Participant 4; gender: Female, age: 84, in-depth interviews]**

"…when a person consult, I use the bones to confirm if indeed the person is the one I dreamt about… I see them with bones. I take the bones and throw them" **[Participant 3; gender: Female, age: 26, in-depth interviews]**

The findings of the study revealed the significance of relying on dreams and divine bones. This is considered a workable combination by THPs since dreams alone sometimes cannot provide a clear picture of the message from the ancestors. This suggests that in the event that the THP is not sure about the dreams they had, they would have to seek confirmation of the dreams. This confirmation comes through the use of divine bones to determine the exact meaning of the dreams.

The use of traditional bones is accompanied by the processes of analysis in which the THP has to interpret the meaning behind the bones thrown. Participants who advocated for the use of divine bones had this to say:

"…you know (mpherefere) and (mohlakola), the first thing, I should know that if I throw them twice this one (pointing) might move, this one doesn't move. So I know their names. Tomorrow if this one move and this one

might not move, I know. If this small one doesn't move, I know it's (makgolela) if this one is not moving it is (moraro), if this one doesn't move it is (morarwana) if this doesn't move.” **[Participant 4; gender: Female, age: 84, in-depth interviews]**

Other participants indicated that:

“…you see this one has a hole here [showing her divine bones], but this one and that one is not the same… You see these colours of bones are not the same… If you look at them carefully you'll see that they're the same… So when someone came with mental problems they reflect like these… [She shows her], they reflect like a cross, they show a female THP and when they reflect like a cross they show that someone is jealous of your child that he/she will help you in the future. She crossed her fingers that you'll never make it. He is the person [she demonstrate] you are here and she is here do you see the person? ...” **[Participant 1; gender: Female, age: 69, in-depth interviews]**

Participants 11 and 4 emphasise the use of divine bones without the use of dreams. The consensus among participants was that divine bones confirm the diagnosis and treatment shown in the dreams, and guide them in their process of healing people with mental illness. It has also been noted that the divine bones reveal that the person has some form of mental illness before they even talk to them. The participants argued that bones give them the power to heal the sick. For instance, participant 13 presented a scenario of a person who comes presented with a wrong diagnosis such as poison; yet they want to do a termination of pregnancy. In that case, the use of both dreams and bones is essential in ascertaining the exact kind of assistance the client will be requesting. Here is what the participant had to say:

“…the dreams show me that this is a sick person, for me to be sure if this person is sick or not, I'll be guided by the bones. Because a person can just arrive, some people would come here and say its poison for example and you find that the person wants termination of pregnancy. It won't be visible; the bones will show us that it's not poison, it's a baby.” **[Participant 13; gender: Male, age: 53, in-depth interviews]**

Participant 10 concurred with participant 13 on the use of both bones and dreams, and acknowledged the use of bones in the processes of healing their clients. This shows that the healing process is made complete through consultation with the ancestors through bones. This can also be complemented by dreams through which participants are given specific instructions on how to deal with the issues that the patients are presenting with. Participant 10 indicated that:

> *"…I was sometimes dreaming of a sick person, or dreaming of a person being taught things of THPs. When a person came I started by consulting divine bones to see how should I approach his/her sickness, because sometimes you find that others have a shortage of water of blood in their system, so I am forced to send him or her to the hospital to be pumped with a drip."* **[Participant 10; gender: Male, age; 81, in-depth interviews]**

Insofar as other participants cherished the role of multiple methods that include the use of divine bones, dreams and reference to Western medical practitioners, some participants like participant 21 only made use of divine bones to confirm the diagnosis of mental illnesses and traditional medicine. The argument posed by the participant was that he only relies on the use of bones to confirm the diagnosis and medicine shown in dreams. Participant 21 revealed that:

> *"I'd be lying. We just consult with the divine bones to confirm the dreams. To be able to know the kind of herbs that need to be given to patients."*
> **[Participant 21; gender: Female, age: 58, in-depth interviews]**

This section has revealed that the use of divine bones is an essential part of the healing process among THPs. The participants argued how divine bones give them the power to execute their roles. Interestingly, it was indicated that in most cases, dreams are essential in guiding how to assist patients. This suggests that dreams essentially complement divine bones and give the THPs more power and efficiency in executing their roles.

Body language: Participants suggested that body language is essential in revealing the kinds of illnesses that the client presents with among THPs. It has been established that the assessment of body language is used in conjunction with the interpretation of dreams. Participant 11 proposed that dreams are the most essential form of intervention used to diagnose and propose the form of medication that the patient requires. The participant indicated that dreams are essential to ascertain the kind of medication that is required to treat the patient. However, it was also revealed that it is not always the case that divine bones are used to confirm the identification and management of mental conditions that are revealed through dreams. Participants mentioned that the body of the THP will detect the problem that the patient has. Here is what participant 11 had to say:

> *"…dreams helps to see patients that are coming, and the kind of illness that person has. When that person comes…your body must tell you what the person is suffering from, I might have pains, it might be the stomach, it can be the leg, headache. It's the reflection of what the person will be suffering from."* **[Participant 11; gender; Female, age 53, in-depth interviews]**

Participant 14 concurred with participant 11 on the detection of the problem that the client has through some form of pain on the THP. Interestingly, participant 14 mentioned the use of this method specifically on clients that present with mental illnesses. Here is what the participant had to say:

> *"…when mentally ill patient has a problem inside the head I can feel that I am not alright inside my head."* **[Participant 14; gender: Female, age; 65, in-depth interviews]**

Participant 17 brought about a unique dimension in which a combination of both dreams and body language is used. The argument was that the participant would dream about a sick person, and as confirmation, the same sickness affects the participant such that the participant treat himself first before the client comes. Hence, when the client comes, the process of diagnosing and treatment will be easy because it would have been pre-executed. Here is what the participant had to say:

"When I dream about a person who is sick, the same sickness affects me, so I should first treat that sickness on me before that patient comes."
[Participant 17; gender: Female, age: 21, in-depth interviews]

This section revealed that the use of body language is essential in the treatment of mental illnesses. However, it was also established that in some instances, body language is used in conjunction with dreams to make it effective. The argument is that insofar as there are many other methods that the THPs use to confirm the diagnosis and treatment shown through dreams in the treatment of mental illnesses, dreams in most cases always supplement the processes to make the treatment options more effective.

5.4.5 Method used to interpret symbolic dreams by THPs

For the participants in the current study, dreams are not always directly interpreted. Some participants mentioned that in some cases, there are symbolic interpretations that are used to understand the meaning of certain dreams. Such symbols are critical in the healing of mental illness. This study categorised the symbolic interpretation of dreams into different categories, namely; cultural images and ancestral customs.

The use of cultural Images: Cultural images have been established as objects that bear significant spiritual meaning for THPs by participants. The present study found that participants were of the view that there are various types of images, which include snakes and water, among other things. Some participants had to demonstrate the objects or tools that their ancestors give them to use in the healing process. In this regard, the diagnosis and treatment of mental illness could be initiated through a dream in which THPs see a common ancestral object and are instructed to make use of the object. The objects contain different meanings that vary according to context.

"…this picture of a snake… It means the old ancestor who was treating illnesses, snakes are those that they bring to us, for us to wear so that it can be my protector, it is the highest ancestor above them, inside all these things." **[Participant 7; gender: Feale, age: 36, in-depth interviews]**

"…when I am asleep they show me a butterfly, and by seeing that butterfly or butterflies flying above my head, I know that an abnormal person will come." **[Participant 10; gender: Male, age: 81, in-depth interviews]**

"…when I see clothes, it means that the person is stressed. And/or the person will come wearing this way." **[Participant 8; gender: male, age: 43, in-depth interviews]**

"Sometimes I can have a dream about a person walking on the street, so it means the illness is influenced by the satanic spirit. Even if I dream, when I wake up, I find that I have a certain fear, which means it is witchcraft." **[Participant 10; gender: male, age: 81, in-depth interviews]**

"Some appear like fighting people in dreams, which just show that this person is troubled, some are stressed and they have to be treated in a certain way. It depends on the spirit and my ancestors' spirit, because they speak differently." **[Participant 20; gender: male, age: 50, in-depth interviews]**

"Sometimes they have meaning, whilst sometimes they're not. Sometimes a person can dream of water or snake, so according to the interpretation of dreams snake and water have something to do with ancestors." **[Participant 15; gender: Female, age: 62, in-depth interviews]**

"… I dreamt about ancient people that I don't even know, I even dreaming about beautiful snakes, untidy babies, and also wild animals and I were asking myself why do I have these kind of dreams, but in the end, I ended up knowing their meaning." **[Participant 26; gender: 56, age: Female, in-depth interviews]**

Based on the above responses from participants, images were considered to contain some important meaning and message passed by ancestors, but it has also been argued that not all images carry messages. Some participants argued that some are just some piece of art that is used to decorate the place. In some instances, some images are a form of heritage, which implies that the message that they carry is not of a healing or ancestral nature, but just to remind people about the way of life of a particular clan. In essence, for participants, such images

are therefore not significant for this study. Hence, the main focus was on images that carry ancestral signs or images that assist THPs to convey certain messages to their clients.

The use of ancestral customs: Participants argued that through dreams, some ancestral customs are precisely observed. The study indicates that THPs are often given instructions to go to a certain place where they find the sources of medication that they need to treat various types of diseases, and in this regard, mental illness is not spared. It has also been indicated that when the ancestors come, they usually do so in the form of a voice which one hears from a distance. The voice will provide all the required information, and the THP would simply follow the instructions and triumphs. The voice is interpreted to mean that the ancestors' voice and instructions are followed as such. To comprehend this, some of the participants had this to say:

"…they can come in the form of a voice, sometimes you hear it from a distance saying go where and do what, and you will go and do those things. I would know that this means my ancestors have spoken." **[Participant 7; gender: Female, age: 36, in-depth interviews]**

"The ancestors instruct me to go to a certain mountain or a mountain in… or in … where I will go to a mountain and find the medication that they've shown me at that place when they give me a "taola" (divine bone), I will get it in a river that they've shown me inside the water. I will find them and come back with them." **[Participant 2; gender: Female, age: 34, in-depth interviews]**

"They come sequentially. Sometimes when I dream, I hear the voice of a person giving me instructions…, and in that dream, ancestors will show me the person's traditional beats or attire that she must wear when I am teaching the patient sangoma practice. and in that dream ancestors will show me the person's traditional beats or attire that she must wear **[Participant 1; gender: Female, age: 69, in-depth interviews].**

"…the voice will just speak without revealing the person but the medication...when ancestors show me through that voice in the dream, I

will know it, and it is my ancestors..." **[Participant 4; gender: Female, age: 84, in-depth interviews]**

For some participants, divine bones are used to assist in the interpretation of symbolic dreams. See the extracts below:

"I go to ancestors' house and I throw the divine bones, then I speak to the divine bones concerning the dreams I had …" **[Participant 13; gender: male, age: 53, in-depth interviews]**

"…when I throw the divine bones, and they say (mpherefere) it means there is an argument somewhere, or the patient is fighting with their spouse." **[Participant 25; gender: female, age: 62, in-depth interviews]**

"…there is a certain way which the bones should point. We have 3 types of bones, it is (makgolela), and they are in a different way. It tells me what the person's problem is and what is not the problem as well when they say it's (demonstration) (mpherefere) and say (thwadima), (makgolela)… they communicate arguments and mental problems… (mpherefere) means a lot of things, it can be a sickness, it can be a problem…" **[Participant 13; gender: male, age: 53, in-depth interviews]**

The above extracts revealed that participants' dreams that are meant to communicate messages might seem to be normal but in essence, they are not due to the nature of the message that they carry. It has also been established that it is only THPs who can tell the difference between normal dreams and dreams that carry a message. In this case, ancestral norms are accommodated because the passing of messages through dreams is a unique activity. In essence, one needs to consider the fact that in some of the dreams, the ancestors come in the form of a voice that shows that they are in control. These dreams are simply their medium of instruction. Therefore, in the case of mental illness, the nature of the illness, as well as the diagnosis and the cure can be communicated through such dreams, and be interpreted by the use of divine bones and other cultural customs.

Furthermore, it is important to note that the findings of this study revealed most imperative that are relevant in using dreams to diagnose and treat mental illnesses in THPs' practice. Participants of the study were all THPs whose life experiences were influenced by certain foregoing historical realities. As a result, a contextually relevant explanatory model is necessary to explain this uniquely relevant mental health practice that is influenced by the traditional practice of African practitioners. The model below (figure 2) intends to serve as a guideline on dreams as diagnostic and treatment tools in mental health care practice.

5.5 The model of dreams as a diagnostic and treatment tool in mental health care practice

5.5.1 Introduction of the model

The study revealed critical and important factors that are relevant in the role of dream in the diagnosis and treatment of mental illness. Participants of the study were all THPs who work with mentally ill clients daily, and their life experiences were influenced by certain foregoing historical realities. They relied on God and ancestors to convey the messages through dreams in their practice. As a result, a contextually relevant explanatory model is necessary to explain this uniquely relevant mental health care practice. Therefore, the researcher developed an exploratory model of dreams as a diagnostic and treatment too in mental health care practice. This was developed based on the meanings derived from phenomenological accounts by THPs (see figure 2). The model acknowledges sources of dreams as God and ancestors. To participants, dreams are understood from a cultural lens. Dreams convey messages of ancestors to THPs, and serve as a tool to inform the diagnosis and treatment process of participants in mental health care practice.

Figure 2

An explanatory model of dreams as a diagnostic and treatment tool in THPs' mental health care practice
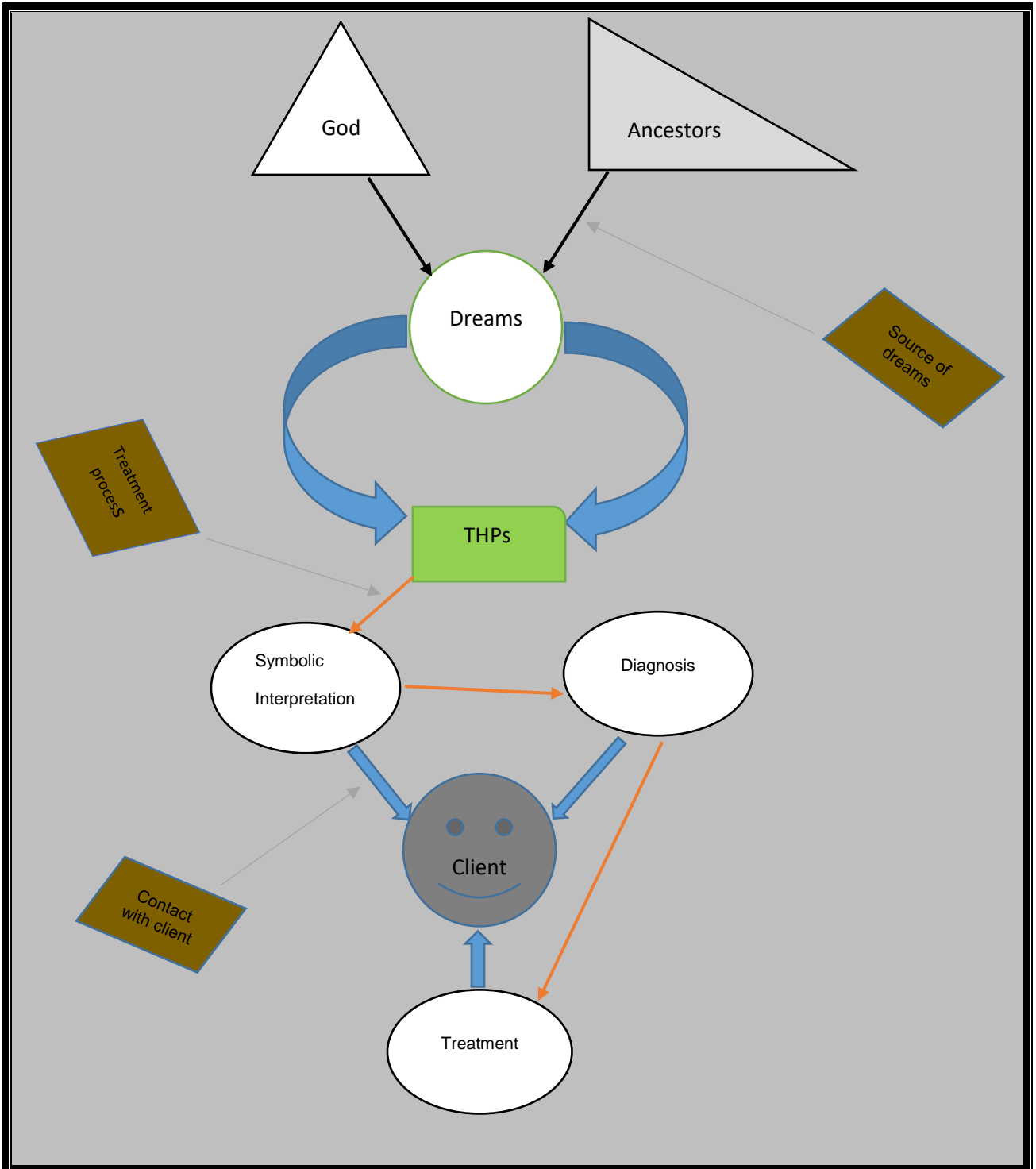
5.5.2 Description of the model

Source of dreams: The model presented in figure 5.1 presents a comprehensive process of dreams as a diagnostic and treatment tool in mental health care practice in the African context. In fact, the model reflects the sources of dreams. In the model, God and/or the ancestors are presented as sources of dreams. This implies that dreams in this context are not just normal dreams that individuals encounter in their sleep, but they are dreams directed at THPs from the spiritual being. Also, in the context of this study, dreams are directed at THPs to instruct them on how to treat mental illness. The procedure begins by having the client stay at the homestead of the THPs so that the healer will be in a position to receive a series of dreams with relevant information pertaining to treatment options.

Treatment process: The treatment process has a series of procedures that are chronological and whose intended outcomes is to arrive at the overall healing of the client. The treatment process begins through the symbolic interpretation of the dream. Dreams, according to the findings of the study, come in different forms that require the THP to interpret. The current study introduced the concept of enlightenment, which suggests that THPs would receive some important information through dreams. The information varies in that to some extent, it is meant to warn them on what would happen in the future and in cases of mental illness. THPs are even given the kind of treatment that they should use in the treatment process. In some cases, there are symbolic interpretations that are used to understand the meaning of certain dreams and the specific treatment options. Such symbols are critical in the healing of mental illness.

This study categorised symbolic interpretation of dreams in different ways, namely; natural prescription, ancestral customs and cultural images. In these symbolic gestures, the THP should be able to interpret the meaning of each in accordance with the expected outcome. Symbolic interpretation is followed by diagnosis. At this stage, the THP uses the symbols from the dream to diagnose the client. For instance, the findings of the study reveal that if there is darkness or a dark cloud in the dream, the symbolic interpretation may be associated with witchcraft and/or bad luck. This consequently leads the THP to establish the cause of mental illness as witchcraft. Appropriate diagnosis is important because

it points to the appropriate treatment options. In the current study, two sources of mental illness were established, which are wrath of the ancestors and witchcraft. In either case, there is always an appropriate way to treat the client within the framework of the African culture.

Contact with the client: As the comprehensive process of treatment unfolds, there is a need for the THP to keep close contact with the client. This activity calls for the observation of the client's behaviour for the THP to relate with the acquired symbols. This also applies in the diagnostic stage where the THP needs to observe the behaviour of the client to ensure that it coincides with the given diagnosis. This is important in case there is a missing link in the process. The THP would be able to get confirmation from the ancestors through dreams once more. Once the specific source of mental illness has been established, the next stage will be treatment. The current study has established that in some instances, treatment options are provided by the ancestors or God through dreams. At this stage, contact is also important because it allows the THP to observe how the client is receiving treatment and progressing since treatment for mental illness is not a one-day process.

5.5.3 Limitations of the model

The model is limited to THPs and may also apply to faith healers. This is a limitation because the model cannot be applied by Western medical practitioners. This is due to the fact that in the Western context, dreams are not rented essential in the diagnosis and treatment of mental illness. Also, the fact that there are no universal methods and processes of dreaming and symbols is a limitation. The only common process is that there is a dream that takes place but the manner in which it takes place is peculiar to the individual. Moreover, the process is also limited to individuals who have a relationship with their ancestors. Nonetheless, the study has revealed that not all THPs have direct contact with their ancestors since others communicate with the ancestors through bones.

5.6 Summary

This chapter presented the findings of the study. The majority of the participants in this study thought of dreams as visions that transmit communication and visitation from ancestors or gods. That is, the ancestors communicated or passed spiritual messages through dreams. On the one hand, some participants thought of dreams as a natural part of sleeping, while others thought of them as visions. The following subthemes are covered in this section: dreams as a form of vision, dreams as a form of enlightenment, dreams as a means of awareness raising, and dreams as a form of spiritual communication.

The majority of participants in the current study stated that vision is an important component of dreams. A large number of participants have reported that they frequently experience visions in their dreams in which individuals they know and strangers visit them to deliver a message that is important for a certain purpose. The study found that the visions that participants see in their dreams are so broad that mental health issues are not left out.

It has also been established that dreams can be spiritual, according to the majority of participants in the current study. In essence, the majority of participants stated that they sleep normally, either at night or during the day, and that while sleeping, they have a dream in which they are given instructions on how to cope with various situations. As a result, it appears to be a regular dream, but the special difficulties that the dreams contain classify them as ancestral dreams. In this regard, some participants stated that when dealing with mental diseases, the patient is disclosed to them in a dream, making it simpler to deal with the sickness that they are dealing with.

Before looking at the role of conventional health practitioners' dreams in the diagnosis and treatment of mental diseases, it has been reported that it is important to understand the function of dreams. Dreams as a tool for communication between ancestors and the living, dreams as a diagnostic tool, dreams as a source of motivation and empowerment, and dreams as a tool for the identification of medicinal herbs were among the functions of dreams mentioned by the majority of participants in the current study. These are functions that were derived from THPs' day-to-day activities.

In terms of the findings of this study, mental illnesses in the African culture are seen as spiritual. They are produced by spiritual attacks as a result of witchcraft, or as punishment from the ancestors or God for the majority of participants. The researcher discusses the various forms of mental illnesses that can be cured through dreams in this part. Walking around naked, stress and certain unidentified forms of mental illness that cannot be identified were among the mental ailments that are exhibited. Here are some of the participants' perspectives on the many forms of mental diseases that they treat using dreams.

The majority of participants found dream identification to be another purpose of dreams. According to participants, there are no specific medications for various mental illness disorders in Africa. Participants believe that mental illness is spiritual in nature, and that ancestral or divine intervention is required to find a specific diagnosis or prescription for a specific mental ailment. THPs might be shown certain trees or other natural resources from the forest that can be used to cure mental illness, according to some participants. The findings of the current study also revealed that ancestors constitute an important source of dreams for many THPs. Participants, for example, stated that their forefathers have impacted their THP actions. In sum, the majority of participants feel that becoming a THP is a calling from the ancestors, implying that the services they serve are impacted by the ancestors in some way, either directly or indirectly. Based on the meanings derived from phenomenological accounts by the THPs, the researcher developed a model of dreams as a diagnostic and treatment tool in mental health care practice.

5.7 Conclusion

The chapter presented findings of the study. The point of departure was to present the age, occupation, method of treatment and education of participants. The empirical findings of the study established the function of dreams, and a distinction was made between the African and Western perspectives. Moreover, the role of THPs' dreams in the diagnosis and treatment of mental illness was covered, and the study established that dreams are essential in the diagnosis and treatment of mental illnesses. The chapter also indicated that the traditional medication process takes different forms and processes that constitute the use of divine bones and body language of the THPs, though at the same time dreams

are central to the process. It also emerged in the findings that dreams are not always directly interpreted to such an extent that there are symbolic interpretations that are used to understand the meaning of certain dreams. Having established the background understanding of dreams and how they are used in the diagnosis and treatment of mental illnesses, the study established THPs' understanding of dreams and further developed an exploratory model on the role of dreams in the diagnosis and treatment of mental health illnesses.

This study investigates the role of THPs' dreams in the diagnosis and treatment of mental illness. The focus of the study essentially points to the significance of dreams. This hypothetically means that THPs' dreams play an essential role in the diagnosis and treatment of mental illness. This brings into the debate a consideration of the role of African Psychology and its unique contribution to the overall body of psychology. To put this into perspective, the contributions of African Psychology in this regard goes beyond the findings of notable scholars on dreams such as Freud and others. In essence, it presents the African understanding of dreams from an African perspective. This brings about the psychology of religion from an African perspective wherein dreams are considered a subject of the supernatural being, and not a natural or biological concept.

CHAPTER SIX
DISCUSSION OF STUDY FINDINGS

6.1 Introduction

The previous chapter focused on the presentation of findings of the study. Consequently, this chapter provides a discussion of these findings. Moreover, the chapter aims to consider the research findings in relation to psychological theory and previous literature in this area. This chapter is organised into three parts, Part 1, part 2, and part 3. In Part 1, a discussion of shared experiences about existing literature is presented. To this effect, the superordinate themes that emerged from the interpretative phenomenological analysis will help guide the discussion on research objectives one, two and three. Part 2 will comprise the discussion of the psychological interpretations emanating from the study in relation to the literature. Part 3 will present the proposed exploratory model of dreams as a tool in the diagnosis and treatment of mental illness.

PART 1: AN INQUEST INTO THE FUNDAMENTAL COMPONENTS OF DREAMS AND DREAMING AMONG THPS

6.2 Dreams, dreaming and associated perceptions

Participants of the study revealed a diverse understanding and various perceptions of the notions of dreams. Moreover, while some THPs considered dreams as a natural component of sleep, majority of participants considered dreams as a visitation by the ancestors. Corresponding with the findings of the study, Sandford (2017) asserts that throughout history, dreams have been used and interpreted in different ways, which include the source of power and the capability of understanding and communicating with the dead. This assertion significantly concurs with the findings of the current study on the basis that dreams are considered to be a channel through which THPs communicate with their ancestors.

In this study, dreams are also considered as a symbol or a message from the ancestors. Consequently, Bernard (2013, p. 138) contends that "from ancient times, dreams have been regarded as a source of inspiration, mystery and messages". This also corresponds with Walsh's (1989) argument, who asserts

that for Shamans, dreams were a notice of their sacred vocation, whereas for the prophets of Israel, dreams were messages from God.

6.2.1 The role of vision in dreaming

It has been revealed through the findings of the study that vision forms a significant part of dreams. It is perceived that issues pertaining to mental illness are not presented in a clear vision whereby a mentally ill client is presented as someone who is mentally ill. The study has established that the person is presented in the vision naked, and that the nakedness is a sign of mental illness. Contrary to this finding, Corey (2013) believes that in western psychology people dream for themselves and they are self-contained in their overall mechanism of dreaming. Moreover, Corey (2013) asserts that therapists can use a person's dream to learn of their typical beliefs, behaviors, mental illnes and attitudes. On the other hand, in support of this study, Noegel (2001) contends that in ancient Mesopotamia, there was a close link between dreams and visions, and words from visions and dreams contained the power of knowledge.

The findings of the study also triggered the debate on the distinction between dreams and visions, which was often argued to be the same thing by some THPs. Moreover, consensus among the participants was that in as much as visions can be treated as independent dreams, they are, to some extent, the same since there are two categories of dreams. Correspondingly, Noegel (2001) asserts that the Babylonian Dream Book manual contained hundreds of dreams that were categorised into different themes, which were accompanied by interpretations. Noegel (2001) argues that it is interesting how numerous inscriptions demonstrate how individuals had an obligation to communicate to the king through dreams that were thought to contain divinatory elements that came in the form of visions or dreams.

6.2.2 Dreams as a form of enlightenment

The concept of enlightenment is essential in the concept of dreams from an African context in general. For the participants in this study, the concept suggests that people would receive some important information through dreams. The information varies in that, to some extent, it is meant to warn the THP on what would happen in the future and in case of mental illness. Similar to this finding is a Western perspective of enlightenment that is presented on a personal level by

Nwoye (2017). The argument by Nwoye (2017, p.3) was that dreams emanates from the dreamer and produce messages of illumination that have significance mainly for the effective interpretation of the life and worries of the dreamer. In essence, Nwoye (2017) signifies that the dreams that individuals have during sleep do warn the dreamer on what would happen in the future, the dream can be good, bad or strange, at least until a framework is created to explain the dream.

6.2.3 Dreams as a gateway for awareness

The concept of awareness is presented in the sense that through dreams, THPs are given important messages that can keep them aware in case some bad things are bound to occur. This implies that they are forearmed through dreams, which suggests that awareness is important in the sense that the THPs are accordingly forearmed for future unpredictable events. In this regard, it can be argued that awareness is a significant component in dreams, and is significantly used in dealing with mental illness vis-à-vis treatment and diagnosis. This study findings lend support from the studies by Menczer (2014) and Thorpe (1991), who contend that ancestors communicate messages of awareness to the THPs' through dreams to shape the future of dreamt individuals. In essence, dreams are understood as a gateway of communication between the natural realm and the supernatural realm dimension of the social world (Nwoye, 2017; Tshifhumulo, 2016). The author asserts that this is also emphasised in Islamic dream traditions where dreams can be essential in addressing personal needs and concerns of the dreamer and others around him or her.

6.2.4 Dreams and spirituality

Previous sections have revealed the spirituality of dreams in many ways. For instance, the fact that dreams are used as a source of enlightenment or awareness shows that there is a strong component of spirituality that cannot be ignored. The current study has revealed that dreams can be spiritual in nature. These findings lend support to a previous study by Ross (2010, p.10), who found that "the dream source category speaks to the idea of dream as a visitation or as a transcendental intervention, orchestrated through a meeting during sleep or trance, between the dreamer and a specific agent of the ancestral or spiritual world". Moreover, these findings are consistent with findings by Edward (2011,

p.335), who pointed out that "many African dream narratives imply that during sleep, the dreamer achieves some communication or engages in dialogue often in the manner of a conversational monologue, in which the spiritual agent speaks and the dreamer listens to a spiritual or an ancestral agent".

Some participants suggested that in the case of mental illness, the client is revealed to them in a dream in the form of spiritual voice, and it becomes easier to deal with the type of illness that they present with. In support of this finding, Moshabela et al. (2017) are of the view that in different cultures, dreams are used and interpreted through their religious and cultural views, and this is regarded to be a means of spiritual discipline. Moreover, Nell (2014) found that in African Christian societies, dreams are considered to be of distinct religious value and importance. This is also supported by Makgahlela and Sodi (2017), who established that in African communities, dreams often constitute a significant cultural resource in dealing with bereavement during the mourning period. Even though Makgahlela and Sodi (2017) focus on the role of dreams in dealing with bereavement, the importance of their contribution in this study is that they return the significant role of dreams vis-à-vis African spirituality.

Consequently, Nell (2014) argues that in ancient Egypt, dream interpretation was considered to be an essentially religious and cultural activity as presented in several papyrus records. In the records, Bulkeley (2008) asserts that there were 'Letters to the Death' and the texts exemplify how dreams were regarded as a liminal zone in which the world of the dead and the living could see one another. Moreover, written records show the use of oracles in all levels of the social structure. An example of this is found in ancient Egypt where dreams were considered as portals to another world, more especially the spirit world (Bulkeley, 2008). Nell (2014) also argues that there was a belief that if a sick person slept in one of the temples, they would receive messages from the gods through dreams to help them heal. This suggests that dreams were messages from the gods or the dead, which significantly aligns with the findings of the current study.

The debate also coincides with the Afrocentric paradigm from the view of African identity and African humans. The argument in the Afrocentric inquiry is that "African thought should be centred, located, oriented and grounded within the African way of life. This suggests that the concept of dreaming is best presented

in a way that interjects the psychological concepts presumed by Western scholars from their scientific findings" (Asante, 2009, p. 12). In this regard, Asante (2009, p.12) contends that "Afrocentricity emerges as a methodology that consciously operates within African ways of knowing and existence, and results in the implementation of principles, methods, concepts and ideas that are derived from African cultural experiences."

6.3 Evoking the purpose of dreams

The current study has established that understanding the purpose of dreams is fundamental before looking at the role of THPs' dreams in the diagnosis and treatment of mental illnesses. The study has established that the purpose of dreams from an African perspective also differs from the purpose of dreams from the Western perspective. Moreover, Sayed (2011) opines that in the Freudian scholarship, the purpose of dreaming is to guard sleep. This suggests that the purpose of dreaming is to pose an adaptive advantage by allowing rehearsal of threat avoidance behaviours, solving emotional or intellectual problems, and aiding people in the consolidation of memories. The African standpoint of dreaming is presented through the findings of the current study where African narratives on the functions of dreams are presented by THPs. This is done essentially through their understanding of dreams and how they interpret the function of their dreams.

Furthermore, the identification of mental illnesses and medicine was found to be another purpose of dreams. The study found that there are no specific prescriptions for different mental illness conditions from the African perspective. The results of the study concur with those of a study conducted by Petrovska (2012), who found that mental illness treatments are either natural or ritual, and most therapies contain elements of both (Koumare, 1983; Petrovska, 2012). This implies that since mental illness from an African perspective is considered to be spiritual, there is a need for ancestral or God's intervention to find the specific diagnosis or prescription for specific mental illness.

6.4 The essence of dreams in the diagnosis process

The findings of the current study consider dreams as instrumental in the diagnosis of mental illness. The study revealed that when THPs dream, they receive diagnostic options in different ways. For some clients, they receive them before they come for consultations, yet for others, they receive while they are already in the process of consulting. This suggests that there is a conscious reasoning process that takes place during the dreaming process. These findings are consistent with findings by Laher (2014), who found that the expressions used to describe a religious/cultural diagnosis depend largely on the culture or religion that the diagnosis applies for Africans.

The study also revealed that some THPs are shown bones or medicines, and hear voices that help to diagnose mental illnesses through the dream, which makes it easy to interpret the meaning behind the dreams. As such, identifying the cause and treatment of mental illness is made easy with the use of dreams. The results of this study correlate with Sodi and Bojuwoye's (2011), who discovered that the role of a THP is to interpret what a dream means and what is required of the dream to treat an illness that has been manifested in the dream. Correspondingly, Mahwasane et al. (2013) are of the view that a healer is believed to be used to interpret a dream, and what is required of the dreamer to treat an illness that has been manifested in the dream.

The current study has also presented a unique dimension in which a combination of dreams, divine bones and body language is used to diagnose mental illnesses. The argument was that the participants would dream about a sick person, and as confirmation, the same sickness affects him such that he heals himself first before the client comes. Hence, when the client comes, the process of diagnosing and treatment will be easy because it would have been pre-executed. The study also revealed that despite the fact that body language is essential in the treatment of mental illness, it was also established that in some instances, it is used in conjunction with divine bones in order to make it effective. The results of the current study concur with those from the study conducted by Petrovska (2012), who found that mental illness diagnoses and treatments are either natural or ritual, and most therapies contain elements of both. This reveals the importance

of dreams and their role in the treatment and diagnosis of mental illnesses among THPs.

The African cultural experience presents dreams among THPs as a function of supernatural beings. To put this into perspective, throughout history, the interpretation of dreams has always been done in different ways in different parts of the world. As such, from an African perspective, the interpretation of dreams has been associated with the power and the capability of understanding and communicating with the dead (Sandford, 2017). Moreover, Nwoye (2017) asserts that individual dreams are incomprehensible, at least until a framework is created to explain the dream. In this regard, it can be established that not every dream carries a meaning that requires interpretation at first sight because some dreams are just dreams but the distinction comes when the interpretation is made that the true meaning of the dream is revealed. Nevertheless, Western interpretation of dreams highly negates the African perspective. Western beliefs bring about neuropsychological studies that demonstrate evidence that suggests that dreams are a creation of memory sources that occurs all over the day (Vallat et al., 2017; Roberts, 2018).

PART 2: RETHINKING SOURCES AND CONTRIBUTION OF DREAMS AS A SOURCE FOR DIAGNOSIS AND TREATMENT OF MENTAL ILLNESSES AMONG THPS

6.5 Understanding the sources of dreams

The current study has established two sources of dreams, namely; ancestors and God. In light of findings of the study, "the cognitive dream theory perceives dreams not only as brain processing of perceptual experiences, but also as a type of cognition or information processing" (Carskadon, 1993, p.300). The theory assumes that dreams reprocess memories and knowledge by making use of the same basic methods that the waking mind does. Nevertheless, the focus in this regard is more on the process of dreaming than on the particulars of contents, sources or significances of dreams. However, knowing the process of dreaming is important in identifying their sources and significance, which is the core aim of this section of the study.

6.5.1 The role of ancestors

The findings of the current study have revealed that ancestors are a significant source of dreams among many THPs since their ancestors significantly influence their activities. This also implies that even when THPs dream, their dreams are from their ancestors. Moreover, since THPs are called by the ancestors, they are also there as messengers of the ancestors, and dreams are considered to be a medium through which various messages are passed from ancestors to participants. Correspondingly, the role of ancestors is supported by Nwoye (2017), who argues that the transcendental dream source in Africa suggests that some dreams are called into being by the agents of the spiritual or ancestral world. This is further supported by the finding by Ngobe (2015, p. 80), who discovered that in "most traditional African communities in South Africa, various forms of dreams are believed to emanate from the agents of the spiritual (ancestral) world".

This category of dream sources refers to the notion of a dream as a visitation or a transcendental intervention staged by a meeting between the dreamer and a specific agent of the ancestral or spiritual realm during sleep or trance. In this sense, several African dream tales suggest that the dreamer engages in communication or dialogue during sleep, frequently in the form of a monologue discussion in which the spiritual agent talks and the dreamer listens with a spiritual or ancestral agency. According to Nwoye (2017), during this meeting, the dreamer frequently receives an important word or instruction from on high.

God was also established in the current study as the source of dreams. The argument was that dreams do not come from individuals but rather from God Himself. Although some participants believed that it was either God or ancestors, the consensus was that there is a supernatural being that provides the dreams that THPs receive. The findings are inconsistent with findings by Nwoye (2015), who discovered that in African communities, it is believed that dreamers meet with ancestors or angels (depending on context) in their dreams, and during the meeting, the dreamer often ends up receiving a key message or instruction from God. In this regard, "some leaders of the African Independent Churches today remain strong in their belief that God reveals His wishes and guidance to people of every generation"(Nwoye, 2015, p. 305).

6.6 Traditional medication processes

The current study has established that the traditional medication process takes different forms and processes. It has been revealed that the process begins with throwing traditional bones, which is followed by assessing the body language of the mentally ill person. The study has also revealed that dreams are not always used as part of the healing or medication process, but they are employed in the event that other processes are not yielding sufficient results. Correspondingly, Kilborne (1987) asserts that in ancient Mediterranean cultures, dreams were a source of healing, and people came to the temple of the god Asklepios to incubate healing dreams. Literature shows that in Mesopotamia, reverence to the gods was for protection of an individual's health. Moreover, in support of these findings, Semenya and Potgieter (2014) discovered that the most frequently used ways of administering the remedies are oral, dermal, nasal, anal, vaginal and auricular. It is also important to note that rituals were used to prepare some medications.

The current study also revealed that in most cases, people who are mentally ill reside at the THP's residence or place of work during the period of receiving treatment. It has been revealed that in some instances, the THP would dream about the client's medication requirements, which at times is revealed through traditional bones or interpretation of the client's body language, which would be followed by the provision of treatment. Hence, it can also be established that dreams in this regard are not a single component that can be independently used to treat mental illnesses. Rather, they work together with other processes that are already in place.

It has been established that in most cases, the treatment process begins with the throwing of traditional bones. The use of bones with the aid of dreams is fundamental since the dreams are considered to be the direct intervention of the ancestors. Some participants argued that they only use bones independently of dreams in the process of healing the mentally ill. The use of traditional bones is accompanied by the processes of analysis in which the THP has to interpret the meaning behind the bones thrown. This corresponds with the finding by Kpobi et al. (2019), who assert that the use of traditional medicine in the treatment of various disorders is not a new practice in African societies. The process begins

by throwing divine bones that are interpreted to assist THPs in the mental health care practice.

In essence, dreams are simply used as the channel through which the THP receives messages of mental illness treatment from the ancestors. However, Carl Jung concurs by suggesting that dreams are directed natural expressions of the dreamer's current mental state (Kryger et al., 2011). Nevertheless, Kryger et al. (2011) further suggested that dreams help dreamers to portray their relationship with the external world with the people, events and activities of the dreamer's daily life. This relates to the findings of the current study on the medication process through dreams. It is also in line with the use of traditional bones that are revealed through dreams and are said to play an important role in the treatment of mental illness.

6.7 Beyond dreams and dreaming: An inquest into the symbolic interpretation of dreams

The findings of the study revealed that dreams are not always directly interpreted. This study categorised symbolic interpretation of dreams in different ways, namely: ancestral customs and cultural images. This finding is vehemently supported by Thomas (2018), who argued that psychoanalysis dreams are interpreted, intellectual insight is stressed, and free association is used to explore the unconscious meanings of dreams. The study has noted that through dreams, some ancestral customs are precisely observed. The findings of the study indicated that dreams that are meant to communicate some messages might seem to be normal; but in essence, they are not due to the nature of the message that they carry. This corresponds with findings by Azongo and Yidana (2015, p. 7), who indicated that psychologically, "therapy is based on rituals and a group of symbols and beliefs which are general in scope, whilst others are more specific to a particular society or ethnic group."

Cultural images have been established as objects that bear significant spiritual meaning for THPs. There are various types of images, which include snakes and water, among other things. In this regard, the diagnosis and treatment of mental illness could be initiated through a dream in which the THP sees a common ancestral object and is instructed to make use of the object. This corresponds with Perls's concept of projection as central in his theory of dream formation. The

argument in this case is that humans and items in the dream signifies anticipated aspect of the dreamer (Perls, 1969).

The aforementioned concept by Perls (1969) corresponds with the findings of this study in that images are considered to contain important meanings and messages passed by ancestors, but it has also been argued that not all images carry messages. Some participants argued that some are just some piece of art that is used to decorate the place. In some instances, some images are a form of heritage, which implies that the message that they carry is not of a healing or ancestral nature but just to remind people about the way of life of a particular clan. In essence, such images are therefore not significant for the purpose of this study. Hence, the main focus was on images that carry ancestral signs or assist THPs to convey certain messages to their clients.

6.7.1 Types of mental illness treated by the use of dreams

The study revealed that there are no specific prescriptions for different mental illness conditions from the African perspective. The results of the current study concur with those from a study conducted by Petrovska (2012), who found that mental illness treatments are either natural or ritual, and most therapies contain elements of both (Koumare, 1983; Petrovska, 2012). This implies that since mental illness is considered to be spiritual from an African perspective, there is a need for ancestral or God's intervention to find a specific diagnosis or prescription for a specific mental illness.

Moreover, mental illnesses in the African context are regarded as a spiritual condition caused by spiritual attacks as a result of witchcraft or as punishment from the ancestors or God. These findings are supported by findings by Juma (2011), who found that in most traditional African cultures, distressed social relations are observed to create instabilities conveyed in the form of physical or mental problems. The types of mental illnesses that are established in this study are walking around naked, stress and some unspecified forms of mental illness that cannot be defined. After identifying the type of mental illness that is treated through dreams, the second stage would be the process of identifying the medication that ought to be used in the treatment of the mental illness.

In the African traditional medical fraternity, some ways are commonly used in classifying mental illnesses. In the African community, there are no wide ranging specifications of mental illnesses like the ones that exist in the Western world presented in the Diagnostic and Statistical Manual for Mental disorders. However, the African process is highly associated with dreams. For example, the study also revealed that the process of clustering mental illnesses is not a common detailed process similar to the one used in the Western medical fraternity. Nwoye (2017) argues that in Africa, dreams are regarded as an important factor and a natural encounter of human existence that aids in the classification of mental illness. The emphasis brought about by Nwoye (2017) strikingly complements the findings of the current study in that dreams as presented by Nwoye are used to predict the future and as part of folk healing.

PART 3: MODEL OF DREAMS AS DIAGNOSTIC AND TREATMENT TOOLS IN MENTAL HEALTH CARE PRACTICE

6.8 Evoking the epistemology of dreams as a diagnostic and treatment tool

African epistemology appreciates that culture plays an imperative role in cognitive knowledge of reality (Anselm & John, 2015). In this regard, dreams as presented in this study are of paramount importance in the diagnosis and treatment of mental illness. Essentially, knowledge of the African culture and its conceptions of reality is triggered in this African approach to knowledge vis-à-vis African epistemology. Anselm and John (2015, p. 50) further argue that "the centrality of traditional African thought is born out of the premise that within the African set-up, there are ancestral spirits whose intentions are known and significant to African people." From this standpoint, this study established that despite the fact that those ancestral spirits belong to the dead, it is within the African reality that they play a fundamental role in the day to day lives of African people in their communities. This is the form of reality which Anselm and John (2015, p.50) acknowledged that "for African people, reality is immensely consequential compared to what is recorded within the realm of empirical inquiry".

Moreover, Asante's concept of 'location' is also significant in understanding the African epistemology of dreams as a diagnostic and treatment tool. The concept

of location in this regard deals with language, myth and ancestral memory, which are crucial determinants of the role of dreams in the diagnosis and treatment of mental illness. As such, understanding the subjective reality of the African concerning the role of dreams as a diagnostic and treatment tool requires one to immerse themselves with Asante's concept of location.

The findings of the study have established a clear contention that exists between the African and the European interpretation of dreams. This contention stands as the starting point of the importance of dreams in the diagnosis and treatment of mental illness. This implies that dreams are not only treated as a medium of communication between the ancestor and the living, they also play an important role in the treatment and diagnosis of mental illness. To substantiate this view, one needs to take into consideration proponents of the Western psychological perspective such as the psychologist Adler, who believes that dream interpretation requires a trained therapist (Pesant & Zadra, 2004). This creates a clear distinction between African thought and Western thought on dreams. This is because in the African context, the interpretation of dreams does not follow a specific predetermined process but requires an individual who is gifted in this regard such as a THP.

6.8.1 Rooting the model within Afrocentricity

The role of dreams in the diagnostic and treatment of mental illness is fundamentally a product of the Afrocentricity paradigm. Ideally, Afrocentricity is based on the notion that African people's main problem is usually their unconscious adoption of the Western worldview (Mazama, 2001). "This debate has been orchestrated by Molefe Asante, who opined that the outcome of the aforementioned African attitude is that Africans are de-centred, which suggests that they have lost their cultural footing or identity, and have become dis-located and dis-oriented" (Asante, 1980, p. 71). Hence, the African way of life needs to be retraced and re-established in order to resonate the African being. Conyers (2011) suggests that Afrocentricity can be easily understood as using the African worldview to understand all manner of phenomena. This substantiates the need to root the model within the Afrocentricity paradigm because it advocates for the resurgence of the African culture in order to establish the full potential of the African being.

Moreover, the use of dreams to diagnose and treat mental illness is within the culture of Africans. It is important because the cause of mental illness from an African perspective is also related to African reality such as the anger of ancestors or witchcraft. Hence, since the dominant cases of mental illness in the African context are in that category, one cannot use Western methods to diagnose and treat such kind of mental illness. In this regard, Afrocentricity places African ideals, values and philosophies at the centre of an analysis that involves African culture and behaviour (Alkebulan, 2007). A consideration of the causes of mental illness from both the Afrocentric and Eurocentric framework demonstrates that they are both context-specific. This suggests that it cannot be sufficient and befitting enough to fully employ Western solutions to the African problem and vice versa. Hence, the need to suggest a consideration of African worldviews in the treatment and diagnosis of mental illness through dreams.

Furthermore, the use of dreams in the diagnosis and treatment of mental illness in the African context is considered essential due to the unique contribution of change presented by the Afrocentricity theory, which is considered to be a catalyst of change whose goal is to restore the African understanding of the world. In essence, this is achieved by placing African people at the centre of analysis of African experiences (Asante & Mazama, 2005). The use of dreams in the diagnosis and treatment of mental illness is within the African reality and the notion of location as presented by Asante. As such the treatment and diagnosis of mental illness with the aid of dreams takes place within an African context on African subjects in order to suit their expectations. Thus, the mode of analysis is relevant to the people and locality which they originate from. The Afrocentric perspective, therefore, becomes a necessary framework of analysis in this regard and the rooting of the model within it thereof becomes essential.

6.9 Conclusion

This chapter presented the discussion of study findings, which began with an outline of the concept of dreams and dreaming as it was presented in the findings of the study with appropriate integration with contemporary debates with regards to the role of THPs' dreams in the diagnosis and treatment of mental illness. Various significant aspects of the study were presented. These include the concept of vision, which was argued to form an important component of dreams.

Moreover, the chapter also debated the processes of enlightenment and awareness as essential in the concept of dreams from an African context. After establishing the general overview of dreams and dreaming, the chapter embarked upon the purpose of dreams, and assumed that it is fundamental to establish the purpose thereof, before looking at the role of THPs' dreams in the diagnosis and treatment of mental illnesses. This was considered essential because when THPs dream, the dream comes with a meaning, which is meant to provide a solution to a problem or healing to a sick person.

Ancestors in this study were presented as a source of dreams. Having established the role of the ancestors, the chapter went on to establish different forms and processes that the traditional medication process takes. The model of dreams as a diagnostic and treatment tool in mental health care practice was also grounded in the Afrocentricity theory and findings of the study. The chapter also juxtaposed mental illnesses in the African and Western context. On the other hand, in the Western context, mental illness is caused by various environmental or biological aspects such as reaction to environmental stresses, genetic factors, biochemical imbalances, or a combination of the aforementioned factors. The distinction established between the two was of paramount importance because it brings about a clear understanding of the African perception and reality of the role of dreams and dreaming in the diagnosis and treatment of mental illnesses.

CHAPTER SEVEN
SUMMARY OF KEY FINDINGS AND CONCLUSIONS

7.1 Introduction

This chapter provides the key findings and conclusions of the study. The chapter starts with the presentation of the summary key findings. This is followed by the conclusions of the study. Moreover, the implication of the study, and the limitation of the study are outlined. This is followed by the contribution and recommendations of the study.

7.2 Summary of key findings
7.2.1 THPs' perception of dreams

The present study sought to inquire into the personal understanding of dreams by THPs. The study revealed a diverse understanding of the concept based on how the individual THP perceived and understood the concept of dreams. Knowledge of dreams in this study has been established as diverse among THPs. The diverse perception shows that dreams are either a natural component of sleep or a visitation by the ancestors. There are contestations among the THPs fraternity on the perception of dreams. Whereas some believe that they are a component of sleep, others believe that they are a product of ancestors. Importantly, the study established that there is consensus among a number of participants on the visitation of ancestors, who do not visit without a mission or a particular message that they ought to pass.

Vision was found to be an important component of dreams. THPs were said to frequently have visions in their dreams. In these visions, they see people whom they know visiting them and giving them a message that is significant for a particular purpose. The difference between dreams and visions in this study has often been contested. The contestation emerged from the difference between a dream *(toro)* and a vision *(pono).* Questions that often arise include: are visions products of dreams that is, does one receive a vision through dreams? Are dreams separate from visions or they are the same? The findings of this study have provided an answer to these fascinating questions. The conclusion drawn in this regard, therefore, is that dreams and visions experienced by ordinary

people are different from dreams and visions experienced by THPs. A dream by nature is a component of sleep, but with THPs, it is a method of communication for the purpose of healing, and the visions come either through dreams or when one is awake. It has therefore been established that visions that participants have through dreams are wide-ranging such that issues of mental illness cannot be spared.

The current study has established that dreams are a form of enlightening. The concept of enlightenment, therefore, refers to the unique and important information on the diagnosis that is brought about through dreams. The participants argued that in some instances, they receive important information through dreams. This information is meant to warn the person of what would happen in the future. The study has also established that dreams are considered significant for awareness because the participants would be forewarned for future unpredictable events. In this regard, it can be concluded that the world of THPs is different from that of Western practitioners, wherein there is a universally agreed upon medicine meant to treat specific mental illnesses. Also, some kinds of mental illnesses are spiritually motivated through witchcraft or anger from the ancestors. Western medical practitioners, as a result, cannot treat such kinds of mental illnesses. This is because ancestors would have a clear diagnosis and treatment options since the whole debacle is spiritually motivated.

7.2.2 The essence of dreams for THPs

The study sought to understand the role of dreams in the diagnosis and treatment of mental illnesses. The study has established that the functions of dreams among THPs include communication, illustration on performance of rituals, identification of mental illnesses and medicinal herbs, motivation and empowerment. The study has observed that the aforementioned functions have been drawn from the day-to- day activities of THPs. Despite the differences established from the Freudian scholarship interpretation of the function, there is consensus not only among THPs, but also among African people at large on the interpretation of the functions of dreams. Contributions by participants reveal that dreams can be considered an important channel through which THPs receive messages on what kind of rituals they should do in order to treat mentally ill clients. Witchcraft has also been considered to be detected through dreams by

some THPs. The study has noted that dreams are significant in the provision of guidance and strengthening of THPs in different ways.

In this study, THPs revealed that they consider dreams as fundamental in the diagnosis of mental illness. It was revealed that during dreams, they receive the diagnosis in different ways. For some clients, they receive them before they come for consultation, yet for others, they receive them while they are already in the process of consulting. Moreover, the study revealed that there are no specific prescriptions for different mental illness conditions from the African perspective. The study found that mental illness from an African perspective is considered to be spiritual, which implies that there is a need for ancestral or God's intervention in finding a specific diagnosis or prescription for specific mental illnesses. Dreams by THPs come with a meaning to provide a solution to a problem or healing to a mentally ill client.

7.2.3 Perceived sources of dreams

The current study has established that ancestors are a significant source of dreams among a number of THPs. This was argued from the basis of ancestors being responsible for calling THPs, which implies that they are responsible for providing THPs with the information that they need. As such, becoming a THP is a calling from the ancestors, which suggests that the services that they provide are in some way, directly or indirectly influenced by the ancestors. THPs are considered to be messengers of the ancestors, and dreams are considered to be a medium through which various messages are passed from ancestors to them. On the other hand it was established from the study that some participants believe that God and the ancestors are both sources of dreams.

7.2.4 Methods used to confirm the contents of dreams

This study has established that the process of confirming the dreams begins with the throwing of traditional bones and also by an assessment of the body language of the THP. In most cases, people who are mentally ill reside at the THP's residence or place of work during the period of receiving treatment. As such, the THP would dream about the client's medication requirements, which are usually revealed through dreams and confirmed through divination bones, which would

be followed by the provision of treatment. It was established that dreams are not a single component that can be independently used to treat mental illnesses.

Body language has been presented as essential in revealing the kind of illness that the client presents with among THPs. In some cases, the assessment of body language is used in conjunction with the interpretation of dreams. The study revealed that dreams are the most essential form of intervention that is used to diagnose and propose the form of medication that the client requires. In this regard, dreams are considered essential to ascertain the kind of medication that is required to treat the client. It has also been established that it is not always the case that the specific kind of illness is revealed. The body of the THP, therefore, detects the problem that the client has. Dreams are therefore not always directly interpreted. This implies that in some cases, there are symbolic interpretations that are used to understand the meaning of certain dreams.

7.2.5 Method used to interpret the symbolic dreams

There are symbolic interpretations that are used to understand the meaning of certain dreams. The symbols are critical in the healing of mental illness, and are categorised in different forms, namely; cultural images and ancestral customs. Through dreams, some ancestral customs are precisely observed. THPs are often given instructions to go to a certain place where they find sources of medication that they need in order to treat various types of diseases, and in this regard, mental illness is not spared.

According to the participants cultural images are a form of symbolic interpretations that bear significant spiritual meaning for THPs. The current study has observed the significance of cultural images as objects that bear significant spiritual meaning for THPs. The images include snakes and water, among other things. The images demonstrate the objects or tools that ancestors use in the healing process. The diagnosis and treatment of mental illness could be initiated through a dream in which the THP sees a common ancestral object, and is instructed to make use of the object. As such, suffice to assert that mental illnesses in the African community are spiritual. The reason is that it is believed to be caused by spiritual attacks as a result of witchcraft or as punishment from the ancestors or God.

7.2.6 Towards an explanatory model of dreams as diagnostic and treatment tools in mental health care practice.

Based on the meanings derived from phenomenological accounts by the THPs, the researcher developed a model of dreams as a diagnostic and treatment tool in mental health care practice. The model presents a comprehensive process of dreams as a diagnostic and treatment tool in mental health care practice in the African context. The model acknowledges sources of dreams as God and ancestors. The treatment process begins through the symbolic interpretation of the dream.

Dreams, according to the findings of the study, come in different forms that require the THP to interpret. As the comprehensive process of treatment unfolds, there is a need for the THP to keep close contact with the client. This activity calls for the observation of the client's behaviour for the THP to relate with the acquired symbols. This also applies in the diagnostic stage where the THP needs to observe the behaviour of the client to ensure that it coincides with the given diagnosis. This is important in case there is a missing link in the process. The THP would be able to get confirmation from the ancestors through dreams once more. Once the specific source of mental illness has been established, the next stage will be treatment. The model is limited to THPs and may also apply to faith healers.

7.3. Implications of the Study

7.3.1 Implications for theory

Asante's Afrocentric paradigm simply refers to the centring of an intellectual inquiry rather than the rejection of other paradigms of knowledge, such as the Europe-centred or Asia-centred paradigms (Asante, 2009). As a result, Asante went on to say that Afrocentricity is merely one of several regional-cultural viewpoints, not a universal paradigm. According to Asante, while using the Afrocentric paradigm, the issue of cultural location takes precedence over the topic or data being considered (Mkabela, 2005). The researcher took this approach to knowledge development in this study and uncovered new insights into the role of dreams in the diagnosis and management of mental illness by THPs.

In light of these findings, the researcher supports the concept of pluriversal perspectives, particularly by first considering the study's cultural setting; and, secondly, contextual elements such as people's worldviews, cultural practices and values. The study revealed that participants' interpretations of their actual experiences were fundamentally influenced by African traditional religion. In this regard, the findings of the study have a wide range of consequences for psychology training, research and clinical practice in the (South) African environment.

7.3.2 Implications for policy

There is an intrinsic relationship between people's worldviews, culture and the expression of their psychologies (Kgatla, 2014; Nevhutalo et al., 2014). The findings of the present study backed up this contribution. Furthermore, Cooper and Nicholas (2012) claimed that apartheid history, particularly the Dutch reformed/Anglican faiths, had a significant impact on the formation of South African psychology policies. In addition, several scholars contended that in post-apartheid South Africa, Eurocentric conceptual policies and intervention techniques still dominate the field of psychology. Regrettably, opposition to field change at the level of knowledge generation (Macleod, 2004) and clinical training continues (Ahmed & Pillay, 2004).

The study findings imply that in order to address the three problems stated above, psychology training programmes, regulations and ethical codes should incorporate curricula that are informed by both Western and African worldviews, and cultural practices. In essence, psychology departments must consider how the colonial and apartheid histories of South Africa have influenced and shaped the curricula and training of psychologists in post-apartheid South Africa. With this understanding, the need to modify training programmes and ethical guidelines at the level of knowledge creation and training becomes critical in order to make psychology more relevant in post-apartheid South Africa. If this objective is accomplished at the training level, the next generation of psychologists will be prepared with psychological knowledge that is relevant to practice in the multicultural environment of South Africa.

7.3.3 Implications for future research

Knowledge creation is critical to achieving any professional area's goals and keeping experts up to date on current advances in their field of expertise. This study and its conclusions are an example of a recent endeavour. Furthermore, the outcomes of the study highlighted a need for more culturally informed bereavement studies in the South African setting, which are founded in a pluriversal viewpoint. Such research will add to our understanding of bereavement, grief and mourning in many cultural groups, as well as to the current bereavement literature that influences training and clinical practice. This will be a step towards the transformation of post-apartheid South Africa's psychology courses. In addition, future researchers should evaluate and make a comparative analysis of the role of dreams in the diagnosis and management of mental illness by THPs vis-à-vis Western methods of diagnosis and management.

7.3.4 Implications for clinical practice

The outcomes of this study, as well as the proposed role of dreams in the diagnosis and management of mental illness by THPs have a wide range of consequences for South African psychologists. The model crafted by the researcher presents a novel approach to the diagnosis and management of mental illness by THPs. As a result, all practicing psychologists in the South African environment are urged to be culturally sensitive, competent and to use culture-informed interventions when providing psychological services to their multicultural clientele. A lot of academics have also advocated for this based on their research findings (Sodi & Bojuwoye, 2011; Ruane, 2010).

7.4 Recommendations

7.4.1 Incorporating knowledge and significant use of Dreams and Visions in mental health care

The researcher recommends the incorporation of knowledge and the significant use of dreams and visions in mental health care. This is important because certain mental illnesses require spiritual interventions, and as indicated by participants of the study, dreams and visions are the panaceas of such illnesses. The findings of the study revealed that visions form an important component of dreams. Participants often have dreams where ancestors visit them and give

them a message that is significant for a particular purpose. These visions are wide-ranging such that issues of mental illness cannot be spared. The study has triggered a debate on the distinction between dreams and visions, which was often argued to be the same thing by a majority of participants. As a result, it is important to incorporate dreams and visions into the national mental healthcare system.

7.4.2 Promote the use of traditional bones as a form of traditional medicine

The use of traditional bones as a form of traditional medicine was found to be essential in this study. Participants concur that it is one of the effective ways through which THPs diagnose and cure mental illnesses. As such, the promotion of the process among THPs will enhance the effectiveness of the process. This study has established that the process of traditional healing begins with the throwing of traditional bones, which is followed by an assessment of the body language of the mentally ill person. In this regard, it can be ascertained that dreams are not always used as part of the healing or medication process, but they are also employed in the event that other processes are not yielding sufficient results. In most cases, people who are mentally ill reside at the THP's residence or place of work during the period of receiving treatment. As such, the THP would dream about the client's medication requirements, which are usually revealed through traditional bones or the interpretation of the client's body language, which would be followed by the provision of treatment. The promotion of the use of bones is significant because this is a peculiar method that is employed by THPs.

7.4.3 Collaborating traditional and Western Medicine and Methods of Mental Illness

The use of traditional medicine and methods was found essential in the diagnosis and treatment of mental illness in this study. It is also important to note that the use of Western medicine and methods is widespread in the South African context. The two methods have diverging limitations and strengths both of which are essential in the treatment and diagnosis of mental illnesses. For instance, on the one hand, one needs to consider the fact that traditional medicine in its different forms and types was found to be essential in the treatment of mental illness.

The traditional medication process takes different forms and processes, which begins with the throwing of traditional bones followed by the assessment of the body language of the mentally ill person. This brings about a divergent view from the previous findings and conclusions of the study, which allude to the fact that dreams are essential in the treatment of mental illnesses. On the other hand, it is necessary to consider that Western medicine provides a wide array of benefits that are peculiar to the Western world.

As such, in public mental health care facilities, it will be imperative to have a section of THPs to work hand in hand with the Western health practitioners. This is important due to the fact that as advocated for by the Afrocentricity theory, the location of participants is essential because it paves the way for context-specific solutions. This implies that if THPs are found in public institutions, they will be able to assist in the event that the cause of mental illness is spiritual, which Western practitioners are unable to diagnose or treat.

7.5 Limitations of the study

According to Hadebe (1982), the most common difficulty encountered by researchers is that some participants believe the researcher is a police officer investigating something. The same was true in the present investigation. The aim of getting the practitioners to speak openly about their healing activities was not readily attained, largely because they did not feel comfortable speaking due to the presence of visiting neighbours, etc. Before beginning the interview schedules, as required by the University of Limpopo's ethical committee, the researcher was able to secure access to participants who granted their informed consent for the publishing of all results and any associated photographs owing to a good relationship. As participation in the study is contingent on participant consent, it would be impossible to conduct a random sample. This may have created bias, as only individuals with sufficient time to be questioned and/or those interested in the topic volunteered for the study.

Shorter interviews with fewer questions would have increased the sample size, but at the sacrifice of data richness and quality. As this was the first research of its sort in the Blouberg region, the emphasis was placed on gaining a deeper understanding of the issue. Moreover, religion as a variable was found to play a crucial role in THPs activities but the findings failed to extensively present the role

of religion. Furthermore, the present study did not examine the impact of colonialism in the African understanding of dreams and spirituality. In the future, bigger sample sizes will need to be used to produce more comprehensive generalisations. This may have created bias, as only individuals with sufficient time to be questioned and/or those interested in the topic volunteered for the study. Shorter interviews with fewer questions would have increased the sample size, but at the price of the data's richness and quality. As this was the first research of its sort in the Blouberg region, the emphasis was placed on gaining a deeper understanding of the issue.

7.6 Conclusion

This chapter presented the key findings and conclusions of the study. The research sought to inquire into the role of dreams in the diagnosis treatment of mental illness by THPs. The findings of the study revealed a diverse understanding of the concept based on how the individual THP interpreted and understood the concept of dreams. Participants of the study concurred on a plethora of issues such as the visitation of ancestors, the function of dreams, the role of visions, the use of body language in healing, the use of bones and symbolic interpretations.

The study has revealed that there are some gaps in the evidence base required to understand lived experiences of THPs and the role of dreams in the diagnosis and treatment of mental illness. The study concludes by making the following recommendations for future research: Replication of a similar study with other THPs from other black ethnic groups in South Africa and Investigation into the prevalence of the use of complementary and alternative methods to diagnosis and treatment of mental illnesses.

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APPENDICES

Appendix 1a: Individual Interview guide - English version

Objective	Interview questions
1. To establish THPs notions of dreams as diagnostic and treatment tools in mental health care practice.	a) I would like you to share with me your perception of dreams?
	b) Please share with me your experiences ever since you have been practicing what kind of dreams are you mostly experiencing?
2. To determine the nature and types of mental conditions that THPs diagnose through the use of dreams.	c) I also would like you to explain, according to your understanding and experiences, what are the types of dreams that you use to diagnose mental conditions?
	d) Please share with me, according to your understanding and experiences, what are the causes of dreams?
3. To ascertain the meanings that THPs attach to various dreams used in mental health care practice.	e) May you explain to me, what are the meanings you attach to the dreams in your practice? f) Please share with me your experiences ever since practicing, do dreams serve any purpose in your community?
	g) Kindly share with me what are methods that you are currently using to analysis dreams?

Appendix 1b: individual Interview guide - Sepedi version

Maikemišo	Interview questions
1. Go utolla ka seemo sa ditoro bjale ka sešumišwa sa mangaka a setšo kalafong ya malwetši a monagano nkwane woo o šomišwago nakong ya go tlhokofalelwa.	a) Ke rata ge re ka abelana ka moo o bonang ditoro ka gona?
	b) Ke rata ge reka abelana go ya le ka maitemogelo a gago, ke ditoro dife tšeo o felago o kopana le tšona?
2. Go hlaloša ka mokgwa le mehuta ya malwetši a menagano yeo mangaka a setšo a šomišang ditoro oa lekola le go a alafa.	c) Nka thaba ge oka nnyatlela, go ya leka kwešišo le maitemogelo a gago, ke mehuta efe ya ditoro yeo o felago o kopana le yona?
	d) Ke rata ge oka abelana lenna, goya le ka kwišišo le maitemogelo a gago, ditoro di hlolwa ke eng?
3. Go fihlella le go ngwala dilo tšeo mangaka a setšo a di nyalantšhago le ditoro nakong ya dikalafi.	e) Nka thaba ge o ka nnyetlela, ke dilo dife tšeo di nyalwantšhwago le ditoro?
	g) Ke mekgwa efe yeo e lego gona yeo o e šomišago bjalo ka mekgwanakgwanaya go sekaseka ditoro?

Appendix 2a: Consent letter to be signed by the participant in- English

Department of Psychology

University of Limpopo

Private Bag X1106

Sovenga

0727

Date_____

Dear Participant

Thank you for showing interest in this study that focuses on the application of dreams in the diagnosis and management of mental illness in an African setting. Your responses to the interview will remain strictly confidential. The researcher will attempt not to identify you with the responses you give during the interview or disclose your name as a participant in the study. Please note that your participation in this study is voluntary and you have the right to withdraw from participating at any time should you wish to do so.

Kindly answer all the questions as honestly as possible. Your participation in this study is very important. Thank you for your time and cooperation.

Kind regards

_____   _____

Masola Nare Judy   Date

Masters Student

_____   _____

Prof. T. Sodi   Date

Supervisor

Appendix 2b: Consent letter to be signed by the participant in –Sepedi version

Department of Psychology

University of Limpopo Private Bag X1106

Sovenga

0727

Letšatšikgwedi:_____

Thobela Motšeakarolo

Ke leboga go bontšha kgahlego ga lena mo lesolong le la go nyakišiša ka botlalo mokgwa woo bafodiši ba tša setšo ba šomišang ditoro mo setšhabeng sa Afrika Borwa.Dikarabo tša lena go dipotšišo tše di tla tshwarwa ka mokgwa wa botshephegi.

Monyakišiši o tla leka ka mešegofela gore a seke a le amanya le dikarabotše le tla di fago, le ge ele go se utolle leina la lena bjalo ka motšeakarolo lesolong le. Le tsebišwa gore go tšea karolo ga lena mo lesolong le ke boithaopo, le gore le na le tokelo ya go ikgogela morago nako efe goba efe ge le nyaka.

Le kgopelwa go araba dipotšišo tše ka botshephegi bjo bogolo. Go tšea karolo ga lena mo lesolong le go bohlokwa kudu kudu. Ke leboga nako le tšhomišano ya lena.

Wa lena

_____   _____

Masola Nare Judy   Letšatšikgwedi

Morutwana wa PhD

_____   _____

Prof.Sodi   Letšatšikgwedi

Mohlahli

Appendix 3a: Informed consent – English version

Consent form

I_____ hereby voluntarily consent to participate in a PhD's research project that focuses the application of dreams in the diagnosis and management of mental illness in an African setting.

The purpose of this study has been fully explained to me. Furthermore, I understand that I am participating freely and without being forced in any way to do so. I also understand that I can terminate my participation in this study at any point should I wish to do so and that this decision will not affect me negatively in any way.

I understand that this is a research project, whose purpose is not necessarily to benefit me personally. I understand that my details as they appear in this consent form will not be linked to the interview schedule and that my answers will remain confidential.

Signature of participant _____

_____

The research participant Signed at _____this_____ day of_____20__

Appendix 3b: Informed consent – Sepedi version

Foromo ya tumelelo

Nna _____ ke dumela ka boithaopo go tšea karolo mo lesolong le la go nyakišiša ka botlalo mokgwa woo bafodiši ba tša setšo ba šomišang ditoro mo setšhabeng sa Afrika Borwa.

Ke hlalpositšwe ka maikemišetšo a lesolo le, e bile ke kwešiša gore ke tšea karolo ka go ithaopa gape ntle le go gapeletšwa. Kekwešiša gape le gore nka ikgogelamorago go tšeeng karologa ka lesolong le nako efe kapa efe ge nka kwa ke sa nyake go tšwelapele, le gore kgato yeo e ka se nkamego gampe.

Ke kwešiša gore maikemišetšo a lesolo le ga se go nthuša ka bonna, le gore leina la ka le ge e kaba ditaba tše di filwe go kenna di ka se utollwe (di tla šireletšwa).

Mosaeno wa motsebišwa_____

_____

Monyakišišwa

Esaennwe   ka   _____   Kgwedi_____Tšatši la_____20___

Appendix 4(a): Letter to local traditional healers' association

Department of Psychology

University of Limpopo

Private Bag X1106

Sovenga

0727

Date_____

Local traditional healers' association

Polokwane

0700

Sir/ Madam

I Nare Judy Masola a student at the University of Limpopo hereby apply for approval to conduct research the application of dreams in the diagnosis and management of mental illness in an African setting**.**

The targeted research participants for my research are areas in Traditional health care practitioners. I am fully aware of the guidelines and regulations relating to a study of this nature and undertake to abide by the ethical rules as outlined.

Kind regards

_____   _____

Masola Nare Judy   Date

PhD Student

_____   _____

Prof. T. Sodi   Date

Supervisor

Appendix 4(b): Letter to Local traditional healers' association

Department of Psychology

University of Limpopo

Private Bag X1106

Sovenga

0727

Date_____

Local traditional healers' association

Polokwane

0700

Thobela mohlomphegi

Nna Nare Judy Masola moithuti Yunibesithing ya Limpopo ke ngwala mabapi le gokgopela tumelelo go tšea karolo mo lesolong le la go nyakišiša ka botlalo mokgwa woo bafodiši ba tša setšo ba šomišang ditoro mo setšhabeng sa Afrika Borwa.

Mafelo ao ke a išitšeng šedi kea ao a seleteng sa Khepricon, mmasepaleng wa Blouberg. Kena le maitemogelo ka botlalo ka melawana yeo išago le nyakišišo ya mohuta o ebile ke ikana go ka latela melawana eo golatelana ga yona ka botlalo.

Wa lena

_____   _____

Masola Nare Judy   Letšatšikgwedi

Morutwana wa PhD

_____   _____

Prof. T. Sodi   Letšatšikgwedi

Mohlahli

Appendix 5(a): Letter to local traditional authorities

Department of Psychology

University of Limpopo

Private Bag X1106

Sovenga

0727

Date_____

Traditional authorities

The Head of Department

Local traditional healers' association

Polokwane

0700

Sir/ Madam

I Nare Judy Masola a student at the University of Limpopo hereby apply for approval to conduct research the application of dreams in the diagnosis and treatment of mental illness in an African setting**.**

The targeted research participants for my research are areas in indigenous healers. I am fully aware of the guidelines and regulations relating to a study of this nature and undertake to abide by the ethical rules as outlined. Your assistance in this regard will highly appreciated.

Kind regards

_____   _____

Masola Nare Judy   Date

PhD Student

_____   _____

Prof. T. Sodi   Date

Supervisor

Appendix 5(b): Letter to local traditional authorities

Department of Psychology

University of Limpopo

Private Bag X1106

Sovenga

0727

Date_____

Local traditional authorities

Polokwane

0700

Thobela mohlomphegi

Nna Nare Judy Masola moithuti Yunibesithing ya Limpopo ke ngwala mabapi le gokgopela tumelelo go tšea karolo mo lesolong le la go nyakišiša ka botlalo mokgwa woo bafodiši ba tša setšo ba šomišang ditoro mo setšhabeng sa Afrika Borwa.

Batšeakarolo bao ke ba išitšeng šedi ke bao ba seleteng sa Khepricon, mmasepaleng wa Blouberg. Kena le maitemogelo ka botlalo ka melawana yeo išago le nyakišišo ya mohuta o ebile ke ikana go ka latela melawana eo golatelana ga yona ka botlalo. Thušo ya lena e amogelegile kudu.

Wa lena

_____   _____

Masola Nare Judy   Letšatšikgwedi

Morutwana wa PhD

_____   _____

Prof. T. Sodi   Letšatšikgwedi

Mohlahli

Appendix 6: Illustrative examples on how emergent themes were developed

Original transcript	Emerging themes
Researcher: I would like you to share with me your perception of dreams? *What is your understanding of a dream?*	• THPs' perceptions of dreams
Interviewee: A d*ream is vision that is given by the ancestors, the ancestor guides my ways through dreams.*	
Researcher: *Most of the time, how do ancestors guide you through dreams?*	• Perceived sources of dreams
Interviewee: *A sick person will come in my dreams. Ancestors are going to show me that a person who suffered from a stroke is coming.*	
Researcher*: I have heard you saying that the ancestors show you an ill person, are there other illnesses that ancestors show you? Especially mental illnesses?*	• The essence of dreams for THPs
Interviewee*: They show me that a person has stress, that stress will cause a stroke. Some stroke is due to witchcraft. It comes in two ways, if you do not get a person to share your issues with, you will have stress, which will turn into a stroke.*	• The essence of dreams for THPs
Researcher*: In what form do the ancestors show you a mentally ill person in a dream?*	
Interviewee: I will see a person, and find out that his leg is not functioning, sometimes I am shown what I should do to assist that person, sometimes they just come not knowing what their problem is. I will be shown that a person is coming they have this kind of a problem, for example, stroke. Even if that person doesn't come tomorrow, the day they come, most of the time I would have a dream and that person if they come tomorrow when I wake up my body…	• The essence of dreams for THPs

my body will be heavy that day. It becomes very complicated; I will not understand that I am sick or my leg is not functioning. The signs are in two ways sometimes, I end up having the same sickness sometimes, I will feel it after they have left. Sometimes my body becomes very sick and thinks maybe its body pains, but my body becomes sick.

Researcher*: How do you know that ancestors were referring to this person, not this one, let us say two women will come, how will you differentiate if they are referring to this one, not the other one?*

Interviewee*: Those people when they enter, I will be able to see that one is sick, then when we are going to throw the bones, ill confirm that from the divine bones, then start to feel that this person is feeling this and this. I will see that the person has body pains under their ribs that body pain turned its self into a stroke as a result of stress, those body pains. It will start to sign on my body.*

Researcher*: Please share with me your experiences ever since you have been practicing, what kind of dreams are you mostly experiencing? W***hat happens when you are dreaming? What do you see in a dream? Or what happens when you dream?*

Interviewee: *A face of a person will come. Ancestors show me the colour and also if it's a man or a woman. A man comes. Ancestors come as a grandmother…. The grandmother will show me that the person will come with a complicated neck another one comes with a complicated hand, and It just become that way. After consulting the divine bones, I look at the person and tell him/her sicknesses, and then start helping him/her.*

Researcher*: So in your understanding do dreams have a purpose, especially when working with mentally ill people?*

- Methods used to confirm the contents of dreams

- Methods used to confirm the contents of dreams

- Methods used to confirm the contents of dreams

- The essence of dreams for THPs

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Interviewee: *For the ones we work with? Dreams just enlighten us in other words. Dreams enlighten us very much way too better than a prophet that calls at church and tells you your problems because a dream is your secret. After I had the dream I can keep quiet and not tell anyone or tell my mother what I dreamt of.*	
Researcher: *I hear you say dreams are useful so how are they useful to your practice when working with the mentally ill person?*	• The essence of dreams for THPs
Interviewee: *I can say in other words, they enlighten me, when I am sleeping they will show me that a mentally ill patient is coming, I will be able to be enlightened as I am sleeping. if it's a person is coming, they have caused trouble (witched) someone and the person sent back the illness to them, the person is afraid to tell me, my ancestors will tell me that a person of this nature will come, I shouldn't touch them with my muthi. Because if you heal them, that problem is going to get into you. They are going to heal and you remain with the mental illness.*	
Researcher: *Mmm ok, I hear you say dreams are useful, I am going to ask again, from your own experience, since you started working with patients especially the mentally ill patients what kind of dreams do you sometimes have?*	
Interviewee: *In connection with mental sickness patients?*	
Researcher: *Yes, since you have started working in traditional healing, treating different patients including the mentally ill patients, what kind of dreams do you mostly experience, you can still mention them by name.*	• The essence of dreams for THPs
Interviewee: *At most I can say that the dreams that I have, show me both sides, but mostly is an old man, this person will tell me that" look. Look, when this person comes has caused trouble (bewitched), you can consult them but do not give them muthi". When a person has caused' trouble they show me that this person is bad.*	• The essence of dreams for THPs

Researcher*: When a person has caused trouble (is a witch), what kind of dream do you have? What do you see in a dream?*

Interviewee*: I can say when a person has caused trouble they are going show me…. They will say here is that person after they arrive and this is what you must do.*

Researcher*: To show that this person has caused trouble', what kind of a picture are they going to show you? Is it like a person who didn't cause trouble? How do they differ?*

Interviewee*: They differ.*

Researcher*: In here what do you see when they have caused trouble and this side what do you see when they didn't?*

Interviewee*: I can say, when a person has caused trouble, they can show me that this person has caused trouble and if you help the person, you are going to go through to fall in danger. If they didn't when they arrive you must do this and this. Through dreams I am able to see a person who caused trouble coming to me sick, going crazy. When they are just not normal because of other factors, I can help them like any other sick person, nothing wrong will happen.*

Researcher*: Does this person come unstable physically or what pictures do you mostly experience as being display in a dream?*

Interviewee*: They show me fighting with hands, and I will be winning the fight. I know that when that kind of person comes and seeking an assistant. I will not help them. When we meet, we might not be friendly to each other. That one is that one of witchcraft. Should I help them and they leave, we are going to fight forever.*

Researcher*: Which dreams do you use to diagnose illnesses, especially mental illnesses? Please share with me the names of the dreams, that this one means a mentally*

- The essence of dreams for THPs

- Method used to interpret symbolic dreams

- The essence of dreams for THPs

ill person is coming and this is how you should diagnose him/her.

Interviewee*: I can say to you that when I am sleeping you know how they show me? Ancestors come holding a person, but I would not understand why they are holding the person. What did the person do, why was this person coming here being held? In the dream, they come holding that person with a hand. It is a mentally ill person, I dream of them being naked, then I see that this person is held naked which means the person is mentally ill.*

Researcher*: Once more, what kind of dreams that you use to treat mental illness?*

Interviewee*: I can say to you that they say this person has this sickness, we are going to start by looking at the person, I will start by consulting divine bones, then understand what the person's mental problem is. Then the ancestors will bring me muthi overnight and tell me what to do with it.*

Researcher*: How?*

Interviewee*: Ancestors said that I should steam (arabetša) the person, I take that muthi, take the medication and mix it with the one I'm using to steam the person. After steaming the person,... even for drinking we have, while we are still seated there might come a feeling and say because you steaming (arabetša) the person, give them that medication and cook it for them let them drink it.*

Researcher*: When the feeling comes, does it come with the medication or what? Please share with us the name of any of these and give us an example?*

Interviewee*: I can say to that it's the person that came and spoke, and say take (Phesu) and (mokutesele), this person his brain will be able to come back. I am going to take those things and mix them. If we are in the house, if we are still in here, I take that muthi and mix it with another one while I'm busy steaming the person and while I am still with you here*

- Method used to interpret symbolic dreams

- Methods used to confirm the contents of dreams

- Perceived sources of dreams

then something like jet fluid comes. That person who is steamed is going to drink them. A person might not come, but there might come a hand of an old man, do you know a hand of an old person look like, do you know how it looks? He comes holding something like jet fluid, I will stand up and leave you in here and go to take it and pour in here then a person gets healed.

Researcher*: I would again like you to share with us about things you relate to dreams and also the meanings you attached to those dreams, what do they mean?*

Interviewee*: Dreams warn me; what can I say they do? They make me realize things to avoid, not be in trouble, there is a person who is doing this to me, so that person can be careful.*

Researcher*: Please explain to us the kind of dreams you had in your healing practice, which ones do you relate to mental illnesses? And which ones do you relate with the treatment of mental illnesses?*

Interviewee*: When I dream of a person with a mental illness, you know they come in different ways.*

Researcher*: In the dreams how do you diagnose that person?*

Interviewee*: Because dreams we are given we don't give ourselves, they tell you that this person has stress and this will turn its self to stroke. You see in the dreams when a person is thinking too much, when you are seating with them you will see that this person is not with us so in the dreams they show you that person inside and tell you the kind of problem they have. They think too much and it turns its self in a body to be a stroke.*

Researcher: *I would like you to explain it to me in a picture form.*

Interviewee: *I dream about the inside of that person, inside in this way. I would say it is like a woman the way that one*

- THPs' perceptions of dreams

- The essence of dreams for THPs

- The essence of dreams for THPs

is seated, I am going to dream about them, and they forget something important, something very important to them is going to stay behind, it will stay behind.	• The essence of dreams for THPs
Researcher: *So in these dreams, which one of them do you relate them with the treatment of a person with the mentally ill person? Not to diagnose but to treat them.*	
Interviewee: *I diagnose, I diagnose them, I will see what treatment I should use to treat the person.*	
Researcher: *Mostly what do you use to treat mental illness, what kind of medication are you shown in the dream?*	
Interviewee: The one for the mentally ill one?	
Researcher: *For a mental illness that ancestors would have shown you in the dreams that a person is coming, mostly what kind of medication do they show in the dreams? That you are supposed to treat a person like this.*	• THPs' perceptions of dreams
Interviewee: *Yes*	
Researcher: *When treating a person, which dreams do you use because you have shared a lot of them with us, more especially the ones you use to diagnose that the person is mentally sick. So at most, you know medications, so how do you know that this medication is going to heal the mentally ill person?*	• Method used to interpret the symbolic dreams
Interviewee: When I dream of a mentally sick person coming here, at first, what I am supposed to do to him is what I was instructed to do, ancestors tell me to go wash them so that those dark spirits can go away. This kind of a person when they arrive I consult ancestors through divine bones, then wash them with the muthis.	• Method used to interpret the symbolic dreams
Researcher: *Hhmm okay. Most of the time what do dreams mean? what do they mean according to you? let's say you dream of a person bathing what does it mean?*	
Interviewee: *Yes. So that they can take off the dark spirits. We don't just get water and wash them.*	
Researcher: *How do you wash him/her?*	

Interviewee: *We wash them properly with muthi. I take water and mix it with muthi then you wash them.*

Researcher: *Most of the time what do you mix?*

Interviewee: *Hahahahahahahahahahahahahahhahaha here we are going to be on the radio.*

Researcher: No, you are not going to be on the radio.

Interviewee: *You see when a person is relaxed. You see that the person's brain is messed up when you dream about them [..] the way they are messed up. There are questions in this dream when you see a person messed like this like they are soft and getting better? They must be better so we know what to do. They tell me to go and take stones at the railway, I am forced to have them.*

Researcher: *Where do you get them?*

Interviewee: *What? The stones from the railway? We look for them in urban areas.*

Researcher: *How do you know that you have to look for these stones specifically?*

Interviewee: *I dream, and ancestors say because the person is mentally ill. When a train is moving? Do you know what happens to the wheels? They...[demonstration] even a mind of a person does that? These wheels are moving on a railway, a railway that is on top of rocks. When a train moves we hear the sound first like a car. We use those stones.*

Researcher: *So when you talk to these ancestors and asking them questions how do you ask them?*

Interviewee: *No, when you are sleepy, they tell you. When a train is moving its wheels are metal, the metal is on the stones, to heal this because we don't know the gas of a train and we can't, go and take the stones and you should steam (arabetša) the person with them. Even to wash them you put the stones inside the muthi. We look for a top hill (segolo) and we take and mix it, we mix with the muthi and that*

- Method used to interpret the symbolic dreams

- THPs' perceptions of dreams

- THPs' perceptions of dreams

- The essence of dreams for THPs

person takes a bath. What I am telling you about the railway stones when you sleeping and they give you this task is very heavy. The one that is given must fight that thing and go and fetch them at the railway and there are security guards there, who make it difficult at times.

It's the same as a person whose brain is messed up, the witch you because you were doing great at your home or your house, and the mess with your head. So now that brain is messed up and it is coming to me, the grandfather says that when this person is messed up go and take those stones at the railway. I take the stones and something then mix them, the one that I am mixing with is a heavy one, you break that thing and also look for soil from the top hill (segolo), (segolo) is something that you cannot just find, you have to get transport because its found in the bushes. You look for it then you break it then we mix it with other muthi so that that person's brain can be normal.

Researcher: *So what do you use to examine dreams, let's say you had a dream, you had a dream then here is the patient in a dream and you have to treat them. So please share with us, the methods that you use to examine and interpret dreams. To have an understanding of dreams, which ways do use to examine the meanings attached to them?*

Interviewee*: I am going to wake up, after I woke up, we are holding heavy things even those who are passing with a train it means they are complicated, they have messed him up, they don't know what to do anymore. They didn't tell me to take the stones when I was sleeping, so heavy that it is heavier than a railway. So what must I do when I wake up? I realise that I can give it to this person so that they should stop feeling that this is heavy when it moves. This person is unable. I will take it. is there anything else you can give them except the stones. You take the stones and other*

- Method used to interpret the symbolic dreams

things then you mix them you leave that person. No one is going to think for you. No muthi is going to come without you digging it.

As days pass you have to look for it and get a (segolo) and cut it and mix it with others.

Researcher*: So this dream who examines them and how do you interpret them? How do you explain them? Like when you had a dream about a train it means I have to go there, how do you know?*

Interviewee: *Before I wake up, I had a dream about it, when I wake up I have to greet the ancestors (tree) and ask to be for directions because they gave me an instruction to do.*

Researcher: *When you greet who do you greet?*

Interviewee: *I greet the old man in the yard (traditional tree).*

Researcher: *You greet them from where, because I heard you saying they are not there in the dreams?*

Interviewee: *We don't see them in the dreams but we greet them outside, do you that corner there outside?*

Researcher*: Oho yes.*

Interviewee*: I can say in the morning when the sun is rising there, I go out to the old man and get tobacco (snuff) and water and not with a cup, with a traditional cup (sego), I go there and kneel and say I am greeting you I have heard and understood you, I thank you but when the person comes here, I am asking to be given muthi, and direction on how to treat the person and what I must do. I'm asking right there; you must be there for me so that I must not forget. In the morning before sunrise, I will then come back to the house and sleep. It can turn and come back in another image, it comes back with another image and says go and find stones when you have done to find the stones, you must steam(arabetša) the person with the stone and find(segolo)... there is no train nearby, they say to me go and find (segolo) and cut it and bring it.*

- Method used to interpret the symbolic dreams

- Method used to interpret the symbolic dreams

Sometimes they say go and find (segolo) and cut it on top where there are holes, if it doesn't have holes cut it at its tip. When you are breaking the soil (segolo) it has things that live inside, let me not disrespect it because it's a dream and do it as I was told. When I dream of that those people after they brought it, I go back and kneel and tell the old man that I've found the stones as per instruction.

Researcher*: So does that mean that you dream and things will come out the way you dreamt them?*

Interviewee*: Yes.*

Researcher: *Okay, so you mean you need an interpretation from the ancestors first?*

Interviewee*: The response is that I will go there and kneel and say old-man you have shown me this and this, I am asking for an explanation so that I can know what to do.*

Researcher: *Is there anything you would like to tell me about dreams that I didn't ask you about it?*

Interviewee*: No.*

Researcher: *Did I asked everything?*

Interviewee: *Yes.*

Researcher: *Thank you.*

Appendix 7: Study images

Image 1

Traditional Health Practitioner propitiating the ancestors (bakgalabje)
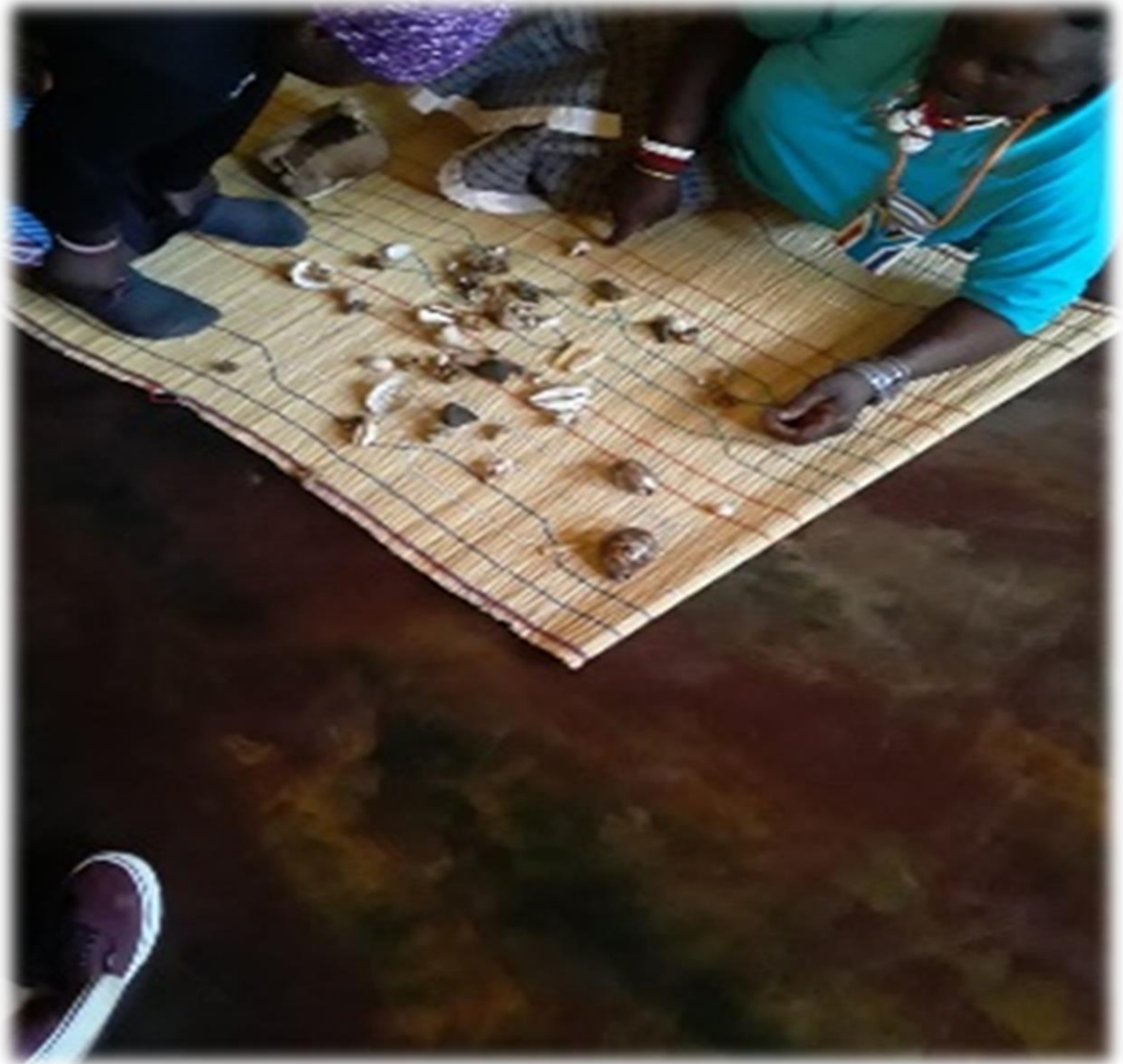
Source: Researcher (fieldwork), 2019.

Appendix 7: Study images

Image 1

Image 2

Traditional Health Practitioner using divination bones for diagnostic purposes

Source: Researcher (fieldwork), 2019.

Appendix 8: Approval letter from Faculty of Humanities

University of Limpopo
Faculty of Humanities
Executive Dean
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 4895, Fax: (015) 268 3425, Email:Satsope.maoto@ul.ac.za

DATE: 18 February 2019

NAME OF STUDENT: MASOLA, NJ
STUDENT NUMBER: [200910614]
DEPARTMENT: PhD - Psychology
SCHOOL: Social Sciences

Dear Student

FACULTY APPROVAL OF PROPOSAL (PROPOSAL NO. FHDC2018/4467)

I have pleasure in informing you that your PhD proposal served at the Faculty Higher Degrees Meeting on 21 November 2018 and your title was approved as follows:

TITLE: AN EXPLORATION OF THE ROLE OF TRADITIONAL HEALERS' DREAMS IN THE DIAGNOSIS AND TREATMENT OF MENTAL ILLNESS IN BLOUBERG MUNICIPALITY, LIMPOPO PROVINCE

Note the following:

Ethical Clearance	Tick One
In principle the study requires no ethical clearance, but will need a TREC permission letter before proceeding with the study	
Requires ethical clearance (Human) (TREC) (apply online)	√
Proceed with the study only after receipt of ethical clearance certificate	
Requires ethical clearance (Animal) (AREC)	
Proceed with the study only after receipt of ethical clearance certificate	

Yours faithfully

Prof RS Maoto,

Executive Dean: Faculty of Humanities

Director: Prof SL Sithole
Supervisor: Prof T Sodi
Co-supervisor: Dr MW Makgahlela

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Appendix 9: Approval letter from Research Ethics committee

University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE

ETHICS CLEARANCE CERTIFICATE

MEETING:	**5 April 2019**
PROJECT NUMBER:	TREC/96/2019:PG

PROJECT:

Title:	An exploration of the role of Traditional Health Practitioners' dreams in the diagnosis and treatment of mental illness in Blouberg Municipality, Limpopo Province
Researcher:	NJ Masola
Supervisor:	Prof T Sodi
Co-Supervisor/s:	Dr MW Makgahlela
School:	Social Sciences
Degree:	PhD in Psychology

PROF P MASOKO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

Note:

i) This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.

ii) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.

iii) PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

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Appendix 10: Certificate of language editing

507 Caledon Village, Cell +27794848449, Email: kubayij@yahoo.com

14 March 2022

Dear Sir/Madam

SUBJECT: EDITING OF THESIS

This is to certify that the thesis entitled 'An exploration of the role of Traditional Health Practitioners' dreams in the diagnosis and treatment of mental illness in Blouberg Municipality, Limpopo Province' by **NARE JUDY MASOLA** has been copy-edited, and that unless further tampered with, I am content with the quality of the thesis in terms of its adherence to editorial principles of consistency, cohesion, clarity of thought and precision.

Kind regards

Prof. SJ Kubayi (DLitt et Phil)

Appendix 11: Turn it in report

PhD THESIS FOR MASOLA NARE

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