Dreams and Mental Illness Management: A Phenomenological Study with African Indigenous Healers

Nare Masola
ORCID iD: https://orcid.org/0000-0002-4453-8203

Mpsanyana Makgahlela
ORCID iD: https://orcid.org/0000-0003-4973-5692

Tholene Sodi
ORCID iD: https://orcid.org/0000-0001-7592-5145

Abstract

Ditoro or dreams are a highly respected encounter for African Indigenous Healers (AIHs) because they serve important psychosocial and spiritual functions. One notable purpose of dreams for AIHs is that they can 'dream on behalf and for the benefit of others'. The present study used a qualitative phenomenological research methodology to explore this phenomenon. Participants were 26 African Indigenous Healers, who were sampled using purposive and snowball sampling methods. Data were collected through semi-structured interviews, while Interpretative Phenomenological Analysis was used to generate meaning from the data. The findings revealed that dreams are a highly spiritual encounter and play an important role in the traditional treatment of mental illness. The three main themes that emerged are: a) The Symbolic Nature of Manifested Dreams; b) The Conversational Nature of the Dream Experience; and c) Dream Interpretation and Mental Illness Management. The findings suggest that in traditional African thought, dreams are a spiritually mediated process that involves the continual reciprocal interaction between ancestral spirits and African Indigenous Healers for the

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benefit of mentally troubled patients. The study concludes with several theoretical, clinical, and research implications.

Keywords: Dreams, symbolic interpretation, traditional health practitioners, Africa, mental health

Background of the Study

Over the years, Western psychology has offered valuable insights into the intrapsychic ontology of dreams. Although this is the case, dream phenomena in which people can 'dream on behalf and for the benefit of others' have never been taken into account. This phenomenon is known to African Indigenous Healers (AIH) in the African context (Bernard 2013: 138; Bogopa 2010: 1; Machinga 2011:8). Generally, dreams are often viewed as a personal encounter, and dreamers often consult with trained dream analysts to interpret the dream experience. It was Sigmund Freud who had suggested that dreams originate within, or dreaming is an 'intrapsychic phenomenon' (Caperton 2012: 11), revealing psychic fears, wishes, needs, or unresolved traumas of a dreamer (Kryger *et al.* 2011: 639; Roberts 2018: 182). Freud's protégé, Carl Jung, went on to suggest that dreams provided the dreamer with an opportunity to spontaneous self-portrayal in a symbolic form that reflects the activities of the unconscious mind (1967). When left unaddressed, some dreams could overwhelm the dreamer, resulting in a state of psychological distress (Moorcroft 2013: 2349). It is in this regard that the psychoanalytic tradition encourages dreamers to engage in a therapeutic dream-analytical process intended to uncover the hidden or latent meaning of dreams. Success in this process is met with catharsis by the often-stressed dreamer (Sandford 2017: 91). While this intrapsychic-orientated explanation of dreams is important, it lacks the ability to explain a phenomenon in which dreams are not only regarded a personal intrapsychic phenomenon but also a spiritual communal encounter in which AIH are able to 'dream on behalf and for the benefit of some community members'. The present phenomenological investigation seeks to explore and explain this phenomenon.

In the psychoanalytic tradition, dreams are analysed and interpreted for the dreamer with a view to helping the dreamer gain insight into the meaning of the dream experience, including how best to address unresolved psychic needs and conflicts. Psychoanalytic and, by extension, psychodynamic

understandings of dreams have dominated the field of mental health over centuries. Freud's work on dreams has historically shaped the science of dreams in psychology, despite being criticized for not being empirical and falsifiable (Moorcrof 2013: 2349; Menczer 2014). However, Freud's work has continued to influence the conception and management of mental health problems in the professional field of psychology in both Euro-American and African contexts (Van Rooyen *et al.* 2015; Gilbert 2020). Although this has been the case, other perspectives, such as the African perspective of dreams, have not been fully explored (Nwoye 2015: 305). One reason for this, especially in African academic contexts, has been the continued dominance of Western philosophies and perspectives while negating the experiences and cultural understanding of local people (Caperton 2012: 11; Moorcroft 2013: 2349). A hegemonic phenomenon that has continued to receive criticism from scores of decolonial scholars who advocate for what De Sousa Santos (2024) calls the need for global cognitive justice.

Within the African context, dreams are an important tool for indigenous healers. It is understood that AIH can also dream on behalf and for the benefit of others. That is, before some clients make official consultations with healers, visits that include how their presentations should be managed are often revealed in dreams to healers (Moshabela *et al.* 2017). How this process of dreaming about yet to consult patients is possible is the subject of interrogation in this paper. Generally, dream work by AIH has remained largely elusive. Nwoye (2017: 22) puts it succinctly in saying that 'one neglected perspective is the African psychology of dreams.' Empirical research highlights that while dreams are understood to be a spiritual encounter (Nkosi; 2012; Sodi 2009: 60) and serve various healing purposes for people of African ancestry (Tshifhumulo 2016: 175), their use in the management of mental illnesses is neglected (Nwoye 2017: 3).

For indigenous Africans, dreams are considered an important factor and a natural encounter for people (Ngobe 2015; Bartholomew 2017; Standford 2017: 91). Contrary to western thought, in African thought dreams are understood to be some form of spiritual encounter. Dreams are a portal through which messages from the spiritual realm are communicated to the physical world (Nell 2014: 122). This implies that dreams are conceived as channels of communication between the visible and invisible dimensions of the social world (Menczer 2014). Dreaming is made possible by God through the ancestors, who will in turn cascade down the information to the intended recipient/s through the process of dreaming. Messages can be transmitted

directly or indirectly. Directly when an individual person dreams about matters pertaining to their own life or indirectly when dreaming is about others or life events in general. More often, as was evident in previous studies (Bakow & Low 2018: 436; Ngobe 2015; Menczer 2014), ancestral spirits communicate messages through dreams to shape dreamer's future life affairs. Apparently, Tshifhumulo (2016) found that among the Zulu and Venda cultural groups of South Africa, dreams foretell future events.

Several other empirical studies (e.g., Bakow & Low 2018: 436; Menczer 2014; Thorpe 199: 1) have supported the notion that dreams are indeed a spiritual encounter in which the ancestors are conveying messages to healers. Healers will go on to affect or shape the lives of people, including some of their own patients. It is in this context that, unlike Western thought, where dreaming is mainly an intrapsychic phenomenon, in African contexts, dreaming is also a spiritual-communal affair. Dreams originate from the spirit world, are transmitted to the physical world, and more often are transmitted through more spirited people such as indigenous healers (Nwoye 2017: 3; Tshifhumulo 2016: 175). Dream interpretation is largely informed by traditional African values and beliefs (Caperton 2012), but often community members rely on indigenous healers to interpret and decipher the hidden symbolic meaning of dreams (Nwoye 2015). Up to this point, it is evident that dreaming is a common encounter for African people and is also used by indigenous healers in the diagnosis and treatment of health-related conditions (Bernard 2013: 138). Although this is the case, little attention has been paid to the dream phenomenon by AIH in their work with mental health care users. A phenomenon we understand as 'dreaming on behalf and for the benefit of others', which has never been explained by previous dream theorists and scientists. Given the scarcity of research in this area, especially within the African context (Nwoye 2017: 3), the present study sought to fill the identified gap by exposing the nature of dreams experienced by AIH, including their embedded meaning and benefits when experienced during their healing practice. The main research question that orients the study is: 'What is the nature and essence of the dream experience of AIH in the context of the management of mental health conditions?'

Theoretical Framework: Philosophical Concept of Moya

The present analysis is anchored by the African philosophical concept of *moya* proposed by Baloyi and Ramose (2016: 12). *Moya,* or spirit, is the life force of

creation. All of existence, that is, that which is felt and experienced, both vertically and horizontally, reflects the greatest influence of *moya*. As typified in the hierarchical structural model of the African worldview, the hierarchy of creation is determined by the amount of *moya* or life force concentrations at the various levels of the cosmos (Mkhize 2004). For instance, God, the progenitor of all spirits, is in the macrocosm. Immediately after God are the ancestral spirits located in the mesocosm (Mkhize 2004), and all of creation, located in the microcosm. The hierarchical classification of creation thus reflects the spiritual order and importance of creation including the point at which all of creation interface and influence each other. If all creation reflects the hierarchical influence of *'moya wa modimo'* or 'the spirit of God', then all phenomena of human experience, including dreams, are first a spiritual encounter prior to being a physical or psychological reality. In essence, human experiences such as happiness, success, bad luck, illness, or even dreams will always be explained in terms of the harmonious or disharmonious interaction of the physical, psychological and spiritual forces (Baloyi & Ramose 2016; Sogolo 2003). Traditional Africans will therefore reason that while dreaming is a personal affair, it is also a spiritual phenomenon, whereby AIH are better placed to aid in dream interpretation. In this sense, healers are highly regarded by their communities as custodians of African spirituality and indigenous knowledge systems (Ngoma *et al.* 2003; Mokgobi 2014). In their communities, their role is that of a physician, psychologist, psychiatrist, and spiritual counsellor (Mufamadi & Sodi 2010: 253; De Roubaix 2016) because their approach to healing is renowned for being holistic (Neba 2011; Nkungwana 2005; Tlou 2013). It is against this philosophical grounding that taking the *moya* informed perspective is imperative for the holistic analysis of dreams as an African experience.

Research Methodology

Study Design

The present study used a qualitative research methodology. Epistemologically, the hermeneutic phenomenological design helped generate knowledge. Qualitative research focuses on studying and understanding the importance that people or groups attach to a social or human issue (Cresswell 2014). The approach adopts a person-centred and holistic viewpoint with a view 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 situated activity that locates the observer in the world (Parkinson & Drislane 2011). In this study, the researchers aimed to understand and analyse the subjective experiences of participating AIH in relation to the function of dreams in their company, as well as the significance they ascribe to these experiences (Bryman 2012).

Participants and Sampling

Twenty-six (n = 26; 19 women) AIH were sampled for participation. The participants were purposefully sampled followed through by snowball sampling. The AIH who were interviewed were of the Northern Sotho tribe, which is a dominant cultural group in the study area. The study was carried out in the Blouberg Municipality area of Limpopo Province. Most of the participants (85%) had formal schooling up to grades 11, while 11% had tertiary education. The majority (42%) of the participants were aged 60 years and older, followed by those aged 41-60 years (38 %), then those aged 20-40 years (10%). In Blouberg Municipality, 90 AIH are registered with the local Traditional Healers association.

Data Collection and Procedure

Participants were interviewed using 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 interviews were audiotaped and verbatim transcribed. Additionally, the generated transcripts were quality checked by senior qualitative researchers, that is, authors 2 and 3.

Quality Criteria

In this study, the researchers attempted to establish the trustworthiness of the findings in a variety of methods. The researchers engaged in a discussion with the text, using audio tapes and transcripts, in order to confirm its credibility. The researchers ensured transferability by providing a detailed description of the sample population. To ensure dependability, researchers made sure that conclusions, interpretations, and suggestions are supported by data. For

confirmability, the researchers 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 interviews to ensure conformity (Anney 2014). These procedures are deemed to have increased the trustworthiness of the study.

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

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 the data. IPA seeks to investigate in depth how people interpret their personal and social worlds (Smith 2017). The primary currency of an IPA research is the participant's interpretation of certain experiences and events. The technique is phenomenological in that it involves a thorough analysis of the life world of participants. It is concerned with an individual's perception of an item or event, as opposed to an endeavour to make an objective description of the object or event itself, and one of its goals is to investigate personal experiences. IPA emphasises that research is a dynamic process in which the researcher plays an active role. The generated results in the relevant section below demonstrate that we engaged in the double hermeneutic process of the IPA.

Data analysis included researchers listening to the recordings several times before transcribing, and then transcribed the tapes while listening to them. During this phase, the researchers made sure to suspend as many meanings and interpretations of the phenomena under investigation as possible and to immerse themselves in the world of the one-of-a-kind person who was questioned. The first reading was to obtain a feel of the overall tone and quality of each participant's interview, and the second was to begin the more precise analytical process. After listening to the interviews twice, the researchers

began transcribing each of the participant's interviews. The researchers also recorded the linguistic, paralinguistic and non-verbal features of the interviews while transcribing them. Researchers began a parallel evaluation process after receiving all translated interviews, in which the Sepedi and English transcripts were examined for any loss of meaning that may have occurred throughout the translations. The researchers recaptured the substance of the sentences where a loss of meaning was detected by listening to the original audio interviews again.

Ethical Consideration

Before conducting the study, ethical approval was obtained from the Ethics Committee of the University of Limpopo Research (TREC / 96/2019: PR). All participants were required to sign an informed consent. The participants were assured of privacy, confidentiality, and anonymity.

Findings of the Study

The Symbolic Nature of Manifested Dreams

The study findings revealed that dreams play an important role in traditional mental illness management. For AIH, dreams experienced were in the form of dreaming *'... about ancient people that I [they] do not even know; I [they] even dream about beautiful snakes, untidy babies and wild animals'* ***[Participant 26, female, 56 years]***. Saying that the dream content can be about '*ancient people*' is revealing that, the dream phenomenon also entails dreaming about ancestral spiritual entities. This is supported by **Participant 10** who said *'... when I am asleep, [they] show me a butterfly...'* ***[Male, 81 years].*** Saying *'they'* further expresses the dream content to entail ancestral spirits. The nature of dreams experienced by healers is further revealed herein.

> *... Sometimes a person can dream of water or a snake ...* ***[Participant 15, female, 62 years]***
>
> *... dreams are felt in your spirit. I dream of patients and medicinal plants ...* ***[Participant 24, female, 87 years].***
>
> *I will see in dreams, a patient being naked ...* ***[Participant 7, female, 36 years].***

A further analysis of preceding participant extracts characterises the true nature of the dream experience, and that dreams can be in symbolic form. This finding supports that dreams are indeed a reality for AIH, in which ancestral spirits through direct or symbolic language can communicate to healers.

The Conversational Nature of the Dream Experience

Some participants described dreaming to be a conversational process between their ancestors and their spiritual selves. The dream experience was described as some form of conversation in that *'... when it comes to helping mentally ill people, my ancestors just talk to me while I sleep; they tell me that this kind of patient is coming and help them in this way'* ***[Participant 11, female, 53 years]***. The 15th participant offers further support in saying *'... I dreamt of sick people, and in those dreams my ancestors were telling me what to do to help them'* ***[Participant 15, female, 65 years]***.

The above phenomenological accounts highlight that dreaming for the benefit of others is a spiritual encounter between healers and ancestral spirits. Through dreams, the ancestors communicated or revealed to healers, patient difficulties, medicinal plants, and related messages to manage ill health. It was also noteworthy in the results that 'yet to consult patients' would be revealed through dreams before physically presenting at the healing facility. The extracts below further enumerate this finding:

> *... dreams reveal to me the people who will be coming to seek help. Ancestors show me that a person is coming, and they also describe the person and alert me to use particular medications to treat them* ***[Participant 4, female, 84 years].***

> *When I am sleeping at night, I see a man in my dreams coming wearing beads ... a voice will say a person wearing these beads will come, and tomorrow that person will come, and I will already know the mental illness they have. I will just throw the bones as a procedure* ***[Participant 4, female, 50 years].***

This finding signifies that dreaming is a portal of spiritual communication, that is, dreaming is a conversation between a person (IH) and his ancestors. It is a sign that '*something may happen, or it shows things that could happen'* ***[Parti-***

cipant 26, female, 56 years]. In essence, the treatment of mental illness is evidently a spiritually mediated process made possible by the reciprocal interaction between ancestral spirits and healers for the benefit of patients. Ancestral spirits are the mediums through which dreaming and healing is possible.

Dream Interpretation and Mental Illness Management

The preceding theme illustrated that dreaming is a phenomenon of experience whereby in some instances, the intended meaning is easily accessible by AIH. However, some dreams have hidden meaning. In such instances, interpretation becomes necessary to help uncover the covert meaning. This is captured by Participant 15 who highlighted that '*sometimes they* [dreams] *have* [direct] *meaning, while sometimes they do not'*. Further support is provided below.

> *Sometimes I [AIH] can dream of water or a snake, so according to the interpretation of dreams, snake and water* ***have something*** *to do with ancestors* ***[Participant 15, female, 62 years].***
>
> *Some appear as fighting people in dreams, which just show that this person is troubled …* ***[Participant 20, male, 50 years].***
>
> *Sometimes I can dream about a person walking down the street, so it means that the illness is influenced by the satanic spirit* ***[Participant 10, male, 81 yrs].***
>
> *... seeing a butterfly or butterflies flying above my head, I know that an abnormal person will come [****Participant 10, male, 81 years].***
>
> *... when I see clothes, it means that the person is stressed. And/or the person will come dressed in this way* ***[Participant 8, male, 43 years].***

The preceding excerpts demonstrate extensively on the types of symbolic dreams experienced and their embedded meanings. What is also evident is that healers also deployed *'di taola'*, that is, divination bones for dream interpretation,

> *… when a person consults, I use the bones to confirm if the person is indeed the one, I dreamt about ... I see them with bones. I take the bones and throw them* ***[Participant 3; female, 26 years].***

> *... 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 is true or not that this person has this mental illness. We use these divine bones to confirm what we saw in the dream ...* ***[Participant 4, female, 84 years]***.

In this study, the results evidently suggest that dreaming is a critical and necessary ontology of experience for AIH in that dreams help facilitate mental illness case assessment, diagnosis, and treatment formulation. More important is the role of ancestral spirits that make dreaming possible. While this is the case, the mechanisms involved in the experience, manifestations, and interpretation of dreams appear to be better explained through the African spiritual perspective.

Discussion

This qualitative study explored from an insider's perspective, the characterisation, role, and embedded meanings of dreams particularly when experienced by AIH in the management of mental illness. Like previous studies (Bartholomew 2017; Moshabela *et al.* 2017; Ngobe 2015), the present study supports that dreaming is a spiritual encounter for AIH, and it is made possible by ancestral spirits. Past empirical studies by Edward (2011) and Nkosi (2012) also found that many African dream narratives imply that during sleep the dreamer achieves some communication or engages in dialogue with a spiritual or an ancestral agent whereby the communication is not only verbally limited, but may also include signs, pictures, and places to locate divination bones and medicinal plants. Although dreaming is a spiritual encounter (Nell 2014; Menczer 2014), in the context of traditional healing of mental illness, dreams can also be thought of as diagnostic and management tools (Bernard 2013). In this study, through dreams, ancestors communicated to AIH, patients with problems, and medicinal plants to use for their care. It follows that the phenomenon of 'dreaming on behalf and for the benefit of patients' has been proven correct. While this is the case, the mechanisms through which such a process is realized are better explained through the lenses of African spirituality.

In traditional African thought, dreaming is a spiritually mediated process involving the reciprocal interaction between ancestral spirits and the living. Through spirit, ancestors forewarn, foretell, and prepare the living of

future events (Tshifhumulo 2016; Bakow & Low 2018; Ngobe 2015; Menczer 2014), including guiding healers in the management of mental health problems. The language of dreams can be direct or symbolic, and with the latter, healers are better positioned to interpret symbolic dreams with the aid of *ditaola* or divination bones. The use of divination bones by AIH has been widely reported (Petrovska 2012; Mokgobi 2014; Sodi 2009; Sandford 2017). For example, in this study, divination bones were deployed to confirm the mental health problems of patients, including the validation of dreams. Therefore, within this context, dreams are a necessary tool that facilitates the assessment, diagnosis, and management of mental illness.

Sogolo (2003) supported by Baloyi and Ramose (2016) were right to point out that for typical Africans, human encounters such as death, ill health, dreams, and so forth, are always conceived through primary and secondary elaborations. African indigenous healers think of dreams, firstly, as a spiritual experience (i.e. primary explanations) intended to relay an important message to warn, prepare, or benefit the livelihoods of people in the world (i.e. secondary explanations) (Tshifhumulo 2016). It is within this context that the central thesis of this paper is strengthened, that is, the dream experience of some AIH is intended to improve the livelihoods of some community members (Ross 2010; Moshabela *et al.* 2017). At this juncture, it is worth reiterating that, while we accept that this notion might baffle traditional or empiricist scientists, for culturally oriented Africans, it is a relatable life experience.

Study Implications

In this study, dreams were characterised as psychospiritual phenomenon rather than a purely psychophysical experience. Consequently, the present study suggests that traditional etic studies will always be limited when studying dreams because the phenomenon interfaces between the physical, psychological and spiritual realms. It follows that a better analysis of dreams will always require a holistic or pluriverse approach. Therefore, more studies adopting this approach are warranted toward an improved understanding of the benefits of dreams in this context. With the understanding that some western trained clinicians reject or conceive of notions of spirituality as non-scientific (Gilbert 2020), such an attitude will continue impoverishing a psychology that is people centred. Consequently, with misunderstanding and underservicing of some clients and African clients in this context, an unethical conduct on the part of the service providers (Baloyi & Ramose (2016). Openness to

pluriversality as opposed to universality of human experience can be the antidote.

Limitation of the Study

Hadebe (1982) has long observed that the most difficulty encountered by researchers is that some participants believe that the researchers are a police officer investigating something. The same was observed in the present study. The aim of getting healers to speak openly about their dreams and healing experiences was met with some resistance by some. This may be reasoned to the notion that traditional healing is sacred and is guarded by ancestral spirits (Sodi 2009). Some healers' guardedness may have limited full exploration of their inner worlds of experience as it relates to the dream phenomenon. Translation of the generated data into English, including producing this report in the same language, could have compromised the quality of the studied phenomenon. Future studies may need to better navigate ways around the sacredness of spirituality matters, including language limitations. In addition, future researchers should evaluate and make comparative analysis of the role of dreams in the diagnosis and treatment of mental illnesses by AIH vis-à-vis vis Western methods.

Conclusions

The study of dreams has a long history, and in psychology, dreams have been understood predominantly to be an intrapsychic experience. The present study adds another dimension through the lenses of AIH, in which dreams are also a spiritual experience important in the diagnosis and treatment of mental illness. The study underscores the influential role of ancestral spirits in traditional healing. The main finding of the study succoured our central thesis, that is, within the context of indigenous African healing, AIH can dream for the benefit of fellow community members (Moshabela *et al.* 2017), which is contrary to intrapsychic formulations. Understanding the dream experience in the African context requires familiarity with African spirituality and traditional healing.

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Dr. Nare Judy Masola
Registered Counsellor and Lecturer &
Departmental Research and Publications Coordinator
Sefako Makgatho Health Sciences University
Ga-Rankuwa
narejudy@gmail.com

Professor Mpsanyana Makgahlela
Registered Independent Clinical Psychologist
NIHSS Regional Mentor
Faculty of Humanities: Research and Postgraduate Office
University of Limpopo
Polokwane
Mpsanyana.Makgahlela@ul.ac.za

Professor Tholene Sodi
Registered Clinical Psychologist and
SAMRC-DSI/ NRF-UL SARChI Research Chair in
Mental Health and Society
University of Limpopo
Polokwane
tholene.sodi@ul.ac.za