Cultural issues in the psychiatric assessment of Xhosa children and adolescents

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Abstract **Traditional healers living in Guguletu, Cape Town, were interviewed about their practices in order to ascertain whether or not there are cultural/indigenous expressions of psychological distress or dysfunction in black children and adolescents. Besides bedwetting, fits and school anxiety, five other 'syndromes' were described: *ukuphambana*, *ukuphaphazela*, *amafufunyane*, *umoya* and *ukuthwasa*. Although detailed case studies are required to establish the internal validity and exact nature of these 'syndromes', it is clear that any systematic study of psychiatric disorders in Xhosa children and adolescents needs to take them into account.**

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For the purpose of appropriate service provision and personnel training, research into the nature and prevalence of psychiatric disorders in black children and adolescents living in Cape Town is needed. During the planning of such a study in Guguletu, Cape Town, it became evident that the research instrument most frequently used in child psychiatric epidemiology, the Diagnostic Interview Schedule for Children (DISC),[1] might have limitations in respect of the assessment of black Africans as it is based on the revised 3rd edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-111-R) of the American Psychiatric Association.[2] No systematic research into cultural/indigenous expressions of psychological distress or dysfunction in Xhosa children has been undertaken, but according to Hammond-Tooke,[3] Ngubane[4] and Buhrmann[5] black African belief systems and ideas about illness causation require a different orientation from that of Western psychiatry and psychotherapy. While much has been written on the complexities of the South African situation[6,7] the question of whether or not there are cultural/indigenous expressions of psychological distress or dysfunction in children has received little attention. We therefore decided to interview traditional healers living in Guguletu. This paper deals with the findings of the first 4 of 12 planned interviews.

Methods

On a networking basis four traditional healers, each of whom defined himself or herself as belonging to one of the locally recognised categories set out in Table I, were interviewed.

Structured interviews were conducted by a Xhosa-speaking psychologist. Healers were asked about the nature of their child and adolescent consultations and were then presented for comment with a series of vignettes based on various DSM-111-R psychiatric disorders. These and other topics discussed in the interviews are listed in Tables II and III. Two of the vignettes presented were as follows.

TABLE I.
Categories of healer

Diviner (*igqira*)
Herbalist (*ixhwele*)
Faith healer
uMama womoya (woman who heals colic)

TABLE II.
Content of healer interviews

Nature of child and adolescent consultations
Aetiological and diagnostic issues
Referral and treatment practices
Vignettes of psychiatric disorders
Influence of psychosocial factors in childhood
Role of rituals
Training of healers

TABLE III.
Vignettes of psychiatric disorders

Depression
Attention deficit hyperactivity disorder
Mental handicap
Enuresis
Sleep disturbances
Conduct disorder
Substance abuse
Schizophrenia
Post-traumatic stress disorder
Somatoform disorder (school anxiety)

Depression

A girl of 13 years complains of headaches, stomach aches and feelings of tiredness. She looks sad and is often quiet and withdrawn. She cries easily and doesn't seem to enjoy doing things any more. She also becomes irritable and moody. She has difficulty concentrating on her schoolwork.

Somatoform disorder (school anxiety)

A child seems ill but the doctor can find nothing physically wrong with her. She suddenly started complaining of not being able to see properly, her vision is blurred and she has aches and pains in her head and body. There had recently been a great deal of trouble in her home.

Results

The complaints or symptoms and 'diagnoses' described by the healers most commonly and clearly are listed in Table IV.

The main causes of these conditions are listed in Table V.

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TABLE IV.
Nature of child and adolescent consultations

Complaints/symptoms	Diagnosis
Bedwetting	No diagnosis given
Fits	No diagnosis given
Headache and blindness at school; inability to read	No diagnosis given
Restlessness, talks nonsense; speaking on different topics at the same time; looking sad and worried; roaming aimlessly; lonely even when with friends; refusal to sit among people	*Ukuphambana*
Wild, as if seeing things that are frightening; nervous and confused	*Ukuphaphazela*
Has a funny, frightening voice when s/he cries; hears things talking in his/her ears	*Amafufunyane*
Colic (stomach pain), diarrhoea or constipation, weight loss, tight chest, possible epilepsy; wild and easily firghtened; the mind does not function.	*Umoya*
Hears voices; frequent dreams about ancestors; may become suicidal; possibly mad if the call from the ancestors to become a diviner is resisted.	*Ukuthwasa*

TABLE V.
Aetiology

Umona (jealousy)
Imbeleko (childbirth ritual) not performed
Umoya omdaka (evil spirit)
Idliso (poison in food)
Unyathele ibikelo (walking over *muti* put in doorway)
Amafufunyane (spirit possession)

Discussion

Xhosa beliefs, as interpreted for us by the four traditional healers, include a range of relatively discrete culture-specific syndromes (*izigulo zaBantu*) for children and adolescents. The extent to which some of these syndromes correspond partially or completely to DSM-111-R psychiatric disorders would need to be determined in a different kind of study. Bedwetting and fits correspond to 'functional enuresis' and 'somatoform conversion disorder' respectively. A syndrome involving headaches and blindness at school and which has been well described in the literature as 'school anxiety,[8] is not identified as such in the DSM-111-R but would be classified as an 'undifferentiated somatoform disorder'. These three conditions were not given specific Xhosa names. The term *ukuphambana* is used nonspecifically and apparently perjoratively to denote psychotic behaviour. *Ukuphaphazela* may describe panic disorder and *amafufunyane* in adults has been said to resemble hysterical psychosis.[9] *Umoya* sounds like a primarily physical disorder which occurs in young children; in some cases this may include an organic mental syndrome such as could be associated, for instance, with a congenital abnormality of the brain. *Ukuthwasa* seems to be a form of existential anxiety which does not appear to correspond exactly to any of the anxiety disorders but which some healers felt could also resemble the behaviour described in the depression vignette.

Other healers felt that the depression vignette resembled some cases of silent *amafufunyane*. The remaining scenarios did not yield any significant additional information. Mental handicap was recognised as having a physical cause while sleep disturbances and post-traumatic stress disorder were seen as reactive to certain events. Attention deficit hyperactivity disorder was considered similar to 'conduct disorder' and together with substance abuse was attributed to parental failure or neglect. Somatoform disorder (school anxiety) was immediately recognised as a culture-specific syndrome (*izigulo zaBantu*) and schizophrenia was considered to be either *ukuphambana or amafufunyane*.

Conclusions

Given these exploratory findings, detailed case studies involving traditional healers are required to understand better what is meant by *ukuphambana*, *ukuphaphazela*, *amafufunyane*, *umoya*, and *ukuthwasa*. The internal validity of the terms needs to be established and the causes determined. In the meantime it is clear that any systematic study of psychiatric disorders in Xhosa children and adolescents should take these apparently relatively discrete syndromes into account.

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