

RESEARCH ARTICLE:

Dreams as a Diagnostic and Treatment Tool in Mental Health Care Practice by Traditional Healthcare Practitioners: An Afrocentric Perspective

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Received: 06 June 2024 | Revised: 21 April 2025 | Published: 05 May 2025

Reviewing Editor: Dr. Francis Akpa-Inyang, Durban University of Technology

Abstract

In sub-Saharan Africa dreams are often used to forecast future events and believed to be a conduit between the natural and supernatural dimensions of the social world. However, the role of dreams in the area of traditional healthcare practice in an African setting is mostly under-researched. This article presents an embryonic conceptual model of dreams within the diagnostic and treatment process in mental healthcare practice from an Afrocentric perspective. Evidence from semi-structured interviews with traditional healthcare practitioners (THPs) were analysed using a qualitative cultural lens is provided which reveals the role of dreams within traditional diagnosis and treatment of mental illness. Specifically, THPs often rely on God and their ancestors to convey messages to the practitioner which, in turn, influence the diagnosis and treatment of mental illness. The mediating factor for the use of dreams by THPs in the diagnostic and treatment process is conceptualized as a form of symbolic interpretation. These findings are relevant within the sub-Saharan African context because as many as 80% of Africans consult with THPs and so an indigenous mental healthcare diagnostic and treatment model may serve to complement the current armamentarium of treatment regimens.

Keywords: culture; diagnostic tools; dreams; symbolic interpretation

Introduction

Over the years, dreams have been used by African traditional healthcare practitioners (THPs) for diagnostic, treatment and other health-related purposes (Bernard, 2013; Makgahlela and Sodi, 2017). For instance, in some regions of sub-Saharan Africa, “*ditoro*” or dreams are used to forecast future events (Tshifhumulo, 2016) or understood to be a communication medium between the natural and supernatural dimensions of the social world (Menczer, 2014). Despite the findings of these studies, little attention has been given to the role and interpretation of dreams surrounding mental healthcare practice in African settings (Makhanya, 2012; Mokgobi, 2014; Sodi and Bojuwoye, 2011; Zuma *et al.*, 2016). Given the scarcity of empirical studies and research in this area, research which document how THPs use dreams in their mental healthcare treatment practices is relevant. Applying a phenomenological approach, this article reflects on the role of dreams in both diagnostic and treatment practices of mental health symptoms by THPs. Based on a qualitative analysis of narrative accounts by THPs, the article provides an embryonic model of the role of dreams in the diagnosis and treatment of mental health symptoms that could be applied more broadly. In order to make the case for the relevance of the model the article provides a broad summary of literature that relates to dreams, followed by the methodology and findings. The model is then presented and then reflected on using material from the findings of the research.

It has been established that historically a plethora of religions and cultural groups have perceived dreams as a fundamental element of their existence. For example, Walsh (1989) presents evidence that suggests for Shamans, dreams were a notice of sacred vocation, whereas for the prophets of Israel, dreams were messages from God. This latter point is exemplified in an extract from the *Book of Numbers* which reveals the role of dreams in ancient

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Israel. The extract reveals that "Hear my words: If there be a prophet among you, I the Lord make myself known to him in a vision, I speak with him in a dream" (Holy Bible, 1989). Kilborne (1987) argues that for ancient Mediterranean cultures, dreams were a source of healing which could be awakened by visiting the Roman Temple of Asclepius – with Asclepius being the Greco-Roman god of medicine. In the temple rituals were performed to stimulate dreams in which "Asclepius appeared in a sort of practice of magic-ritual and sapiential medicine" during the healing process (Bragazzi *et al.*, 2019). Bulkeley (2008) has also documented how dreams have been regarded as a source of inspiration, mystery, and messages by multiple cultural groups for many centuries. The research that Bulkeley based his arguments on were drawn from multiple perspectives relating to the interpretation of dreams and the diverse ways people portrayed dreams as meaningful through the interpretation process. Meaningful in this context refers to specific beliefs and associated practices that represent culturally shared dream interpretations which contributes to a genre of research which has documented the historical diversity of culturally shared dream interpretations. In the sub-Saharan African context these varied interpretations most commonly include dreams as a source of power and as a conduit for understanding and communicating with the supernatural realm (Bernard, 2013). Implicitly, dreams are thus a communication medium between the natural and supernatural realms which is touched upon below in more detail from an African perspective.

African epistemology endorses the notion that culture plays an important role in the cognitive construction of reality (Appiah, 1993). Appiah also argues that the centrality of traditional African thought is borne out of the premise that within the African context there are ancestral spirits whose intentions are known, and this knowledge contributes to the way in which African people make sense of their life-worlds. From this standpoint it becomes evident that despite ancestral spirits being situated within the realm of the supernatural, it is possible for the knowledge of the dead within the supernatural realm to be accessed – and one way that ancestral knowledge from the dead can be accessed is via dreams (Ward *et al.*, 2021). However, the dream rarely provides a linear message from the supernatural to natural realm. Once the dream is interpreted the combination of the influence of the day to day lives of African people and their communities directs the subsequent consequences (Nwoye, 2017). As such, dreams – and the interpretation of dreams – represent a mechanism through which many Africans make sense of the world they live in.

Research Methodology

The researchers utilised a qualitative research methodology. Qualitative research focuses on studying and comprehending the significance that people, or groups, attach to a social or human phenomenon (Creswell, 2014). The qualitative technique is utilised to adopt a person-centred, yet holistic viewpoint in order to develop rich knowledge and insights while providing a vivid picture of the reality and social environment of the participants' life-worlds (Muzari *et al.*, 2022). Qualitative research is thus often characterised as a situated activity that locates the observer in the world of others (Parkinson and Drislane, 2011). In this instance, a non-probability sampling technique was applied to select twenty-six THPs from a broader population of ninety who were registered with the local THPs' association within the Blouberg Municipality, Limpopo Province, South Africa (Mathibela *et al.*, 2015). The THPs who participated were members of the Bapedi tribe, the dominant cultural group in the study area, and reported that they worked with clients who demonstrated symptoms associated with mental illness on a regular basis. The participants were selected using a combination of purposive and snowballing sampling. In purposive sampling the researcher selects participants according to pre-set criteria, such as being representative of the target population (Calmorin and Calmorin, 2008).

The THPs were interviewed using in-depth, semi-structured interviews to acquire information about their dreams; the relevance of their dreams in diagnosing and treating mental illness and their traditional healing methods. The interview guide included the following topics: (i) demographic profile: age, gender, and level of education of the participants; (ii) questions on traditional practises: the history of becoming a healer, work style, diagnosis, and treatment and (iii) diseases treated with the use of dreams. The interviews were audiotaped and transcribed verbatim. In addition, the transcripts were back-translated by a Sepedi-speaking independent collaborator in order to ensure trustworthiness of the initial translation. During the interviews, additional written notes were taken, and these notes were included with the narrative translation as appropriate. The Interpretive Phenomenological Analysis (IPA) method was used to interrogate the data. The primary currency of IPA research is the participant's interpretation of certain experiences and events (Nizza *et al.*, 2021). The technique is phenomenological in that it entails a thorough analysis of the lifeworld of participants and is concerned with an individual's perception of an item or event, as opposed to an endeavour to develop an objective description of the object or event itself. IPA is

thus a dynamic research process in which the researcher plays an active role in the process of both data collection and analysis. In this instance the research focus was on the analysis of how participants made sense of dreams within their personal and social worlds as THPs.

The data analysis included the researchers listening to the recordings several times before transcribing it. 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 interviews. Based on the field notes, the researcher also recorded the linguistic, paralinguistic and non-verbal features of the interviews while transcribing them. During this phase, the researchers attempted to suspend as many personal interpretations of the narratives as possible in order to immerse themselves in the world of the participants. Subsequently, the transcribed transcripts were evaluated by scrutinising both the Sepedi and English transcripts for any loss of meaning that may have occurred during the translation into English and the back-translation into Sepedi. The researchers re-captured the substance of the transcribed material when a loss of meaning was detected by listening to the original audio interviews again.

Findings

The findings of this study revealed cultural factors that are relevant in the role of dreams in the diagnosis and treatment of mental illness by THPs within the study area. It was noted by the THP participants that dreams can be spiritual. In essence, the majority of participants stated that they sleep normally and that while sleeping they may have a dream in which they are given instructions about how to cope with demanding situations. So, whilst the dream may appear normal, it can contain aspects that the THPs identified as being influenced by either their ancestors or God. Some participants stated that when they were treating patients displaying mental health-related symptoms, the patient becomes a part of the dream – which the THP considers to be a vision – and the vision within the dream provides diagnostic guidelines for subsequent treatment practices.

Dreams containing a vision

The participants revealed that visions are a component of dreams. Most of the participants believed dreams can be visions that represent a visitation from their ancestors or God who are communicating with them – whilst a minority of outliers considered dreams to be a natural part of sleeping devoid of meaning with respect to treatment. The majority of the participants reported that they frequently experience visions in their dreams in which individuals they know – including God – and occasionally strangers visit them to deliver a message that provides an instruction.

"...when it comes to visions (dipono), 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: female, age 56)

"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: female, age 21)

Within this purposeful umbrella of the broad role of visions in providing guidance to the dreamer, they also reported that the messages from their ancestors, or God, communicated spiritual messages through dreams that could be used as a diagnostic tool prior to treatment.

"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: female, age 69)

"Some come in a vision during the day, I just start sleeping slightly, then have flashback of an abnormal person [referring to a person showing the symptoms of mental illness], and find that the same person I am seeing in a vision, is the patient who would come to the practice for treatment ..." (Participant 25: female, age 62)

The evidence provided above demonstrates that visions contained within dreams provided the participants with guidance about how to act in the future. They also provided evidence that they used this information as diagnostic and subsequent treatment guidelines.

Dreams as a diagnostic tool

In terms of the findings from this study, mental illnesses in the African culture are sometimes considered to be spiritual. For example, most of participants stated that mental health related symptoms can be brought on by spiritual attacks which emanate from witchcraft, or as punishment from the ancestors or God. The vision itself provides the source of the condition and diagnostic guidelines.

"A dream is for identifying a state of the person, but with dreams, we can see what illnesses like witchcraft affects the person, and how can they be treated." (Participant 9: male, age 40)

"Dreams help me to identify [the source of] people's problem and to diagnose them". (Participant 1: female, age 69)

Dreams as an aid in the identification of medicinal herbs

According to the participating THPs there are often no specific medications for some mental health-related symptoms because mental illness is often spiritual in nature. It is thus necessary to treat the condition using ancestral or divine regimens. They explained that when dreams were the source of diagnosis and treatment options they could, for example, reveal specific trees or other natural resources as medicinal treatments.

"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: female, age 52)

"...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: female, age 46)

"...through dreams ancestors shows me to burn coals, and put herbs on top of it, then give the patient to smoke..." (Participant 20: male, 50)

Based on the meanings derived from the phenomenological analysis of the THPs' narratives, a model representing the role of dreams in mental health care practice by THPs is presented in figure 1. The model was developed in an iterative manner with additional nuances being added to the model during the latter part of the analysis of the THPs' narratives.

The study's conclusions identified crucial and significant elements that are pertinent to the use of dreams in the diagnosis and management of mental disorder. All of the study's participants were THPs who often work with clients who have mental illnesses, and some of the aforementioned historical realities had an impact on their life experiences. In their practice, they trusted their ancestors and God to deliver the messages through dreams. Therefore, to explain this particularly pertinent mental health care practice, an explanatory model that is contextually appropriate is required. In order to diagnose and treat mental health issues, the researcher created an exploratory model of dreams. THPs' interpretations of phenomenological experiences served as the basis for this development (see figure 1). According to the idea, ancestors and God are the sources of dreams. Participants interpret dreams through a cultural prism. THPs receive messages from their ancestors in their dreams, which also help guide the diagnosis and treatment of patients receiving mental health services.

The image below is designed to provide an embryonic model of the way in which dreams and their symbolic interpretation influence the diagnostic and treatment practices of mental health symptoms by THCs. In the section below, the model is described in more detail.

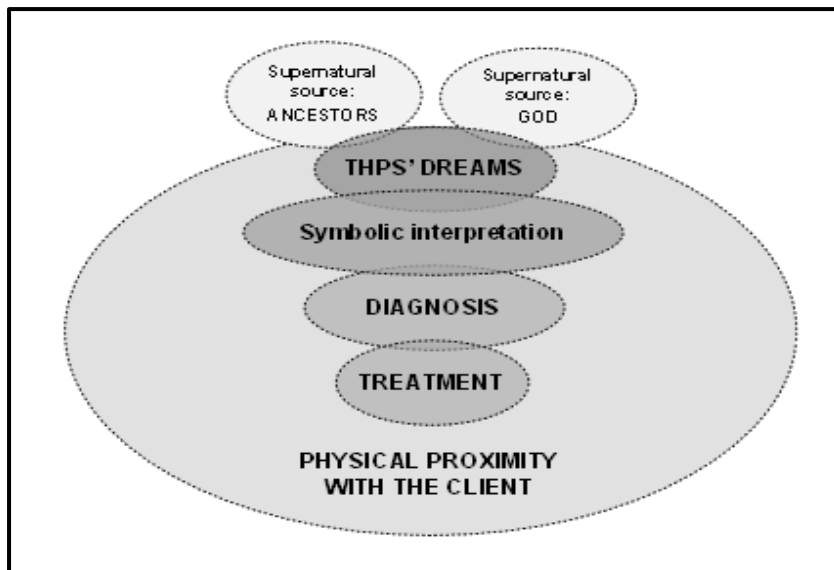


Figure 1: Model of dreams as a diagnostic and treatment tool in mental healthcare practice
Source: Authors' contribution

In the section below, different themes relating to the model are discussed. The themes are considered to be incomplete – but are included to begin the process of providing evidence for the relevance of the model within an Afrocentric context.

Source of dreams

Figure 1 above represents a model relating to the role of dreams in the diagnostic and treatment process by THPs for patients presenting with symptoms associated with mental illness in an African context. In the model, God and the ancestors are presented as the source of dreams.

"...my ancestors would come and tell me what they want to tell me in dreams while I am asleep. (Participant 17: female, age 21)

This implies that dreams in this context are not just normal dreams that individuals encounter in their sleep; but are dreams directed at THPs from a spiritual entity which has insights into the diagnostic and treatment process at hand.

"...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...and the ancestors will show me the herbs." (Participant 4: female, age 84)

In other words, dreams are directed at THPs to instruct them about how to treat mental health symptoms.

The diagnostic and treatment process

The treatment process has a series of procedures that are chronological and whose intended outcome is to ensure the 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 the THP interprets – thus the dreams contain information that inspire the treatment process. As has been noted above, the inspirational information contained within the dreams vary to some extent but typically provides the THPs with guidance about the kind of products, or approaches, that they should apply during the treatment process.

In other cases, the THPs rely on symbolic interpretation to understand the meaning of dreams which, in turn, leads to the identification of treatment options. Such symbols are considered essential by some THPs to the process of healing mental health-related symptoms.

"...this picture of a snake... It means the old ancestor who was treating illnesses..." (Participant 7: female, age 36)

"...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 showing mental health symptoms] person will come." (Participant 10: male, age 81)

"... I dreamt about ancient people that I don't even know, I even dream 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: female, age 56)

"...when I see clothes, it means that the person is stressed. And/or the person will come wearing this way." (Participant 8: male, age 43)

Symbolic interpretation is followed by diagnosis. At this stage the THP uses the symbols from the dream to diagnose the client. For instance, if there is darkness or a dark cloud in the dream, the symbolic interpretation may be associated with witchcraft or bad luck.

"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: male, age 81)

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. The findings of this research highlighted two sources of mental health disorders which were the wrath of the ancestors and witchcraft. In either case, there is always an appropriate way to treat the client within the framework of African culture.

Physical proximity with the client

As the diagnosis and the treatment process unfolds, there is a need for the THP to remain in close physical contact with the client in order that the THP can monitor the client's response to the treatment which was derived from the symbolic interpretation of the contents of the dream.

"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 no longer losing his/her mind. When that person returns home, he/she will be completely healed." (Participant 1: female, age 69)

Physical proximity is also required in the diagnostic stage where the THP needs to observe the behaviour of the client to ensure that it dovetails with the subsequent treatment programme. This is important in case the symbolic interpretation of the dream was incomplete. The physical proximity enables the THP to improve the treatment based upon the observation of the client and the original dream.

"...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: female, age 53)

"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: female, age 69)

As such, both the diagnosis and treatment of clients presenting with symptoms associated with a mental health symptoms by THPs represents in iterative process that involves the original dream and the changing behaviour of the client.

Discussion

The findings provoked discussion on the difference between visions and dreams. While some THPs believed that dreams and visions were distinct experiences, others said that dreams contain visions and that their purposes are identical. This is consistent with earlier interpretations of dreams, including those outlined by Noegel (2001). Dreams were thought to contain heavenly information, and visions and dreams were intimately related in ancient Mesopotamia. Similar to this, the Babylonian Dream Book highlighted how dreams were traditionally regarded as

sources of wisdom and prophecy by classifying them into various topics and giving each one an interpretation. Additionally, according to Noegel (2001), dreams were frequently interpreted in ancient cultures as conveying messages that people had a duty to follow, occasionally even conveying heavenly directives to governing authorities. The participants' perception that dreams act as a diagnostic tool, assisting them in identifying the appropriate course of therapy, is supported by this historical viewpoint (Walsh, 1989). The study's key finding is that people with mental health symptoms do not always manifest themselves in dreams as obviously being mentally ill individuals. Participants instead reported seeing a mentally sick person in their visions, symbolically depicted as naked. This explanation contradicts the views of Western psychology. According to Western psychology, people's dreams are self-contained and mostly represent their own unique attitudes, actions and beliefs (Corey, 2013). According to this viewpoint, therapists utilise dreams to learn more about a patient's psychological state. Whereas, in this study the participants are the dreamers.

The findings further demonstrate how important dreams are in African traditional healing procedures for identifying and treating mental illness. Participants underlined that, either before or during a session, dreams might offer diagnostic insights. It implies that dreams are more than just passive experiences; they also entail some kind of conscious thought. According to Laher (2014), diagnostic frameworks in African healing traditions are shaped by religious and cultural interpretations of sickness. These findings are consistent with that conclusion. The study also found that some THPs get messages in their dreams that help them diagnose mental illness. These messages may take the form of voices, bones or other symbolic images. This is in line with a study by Sodi and Bojuwoye (2011) who discovered that THPs are essential for deciphering dreams and recommending therapies in accordance with their meanings. In a similar vein, Mahwasane *et al.* (2013) contend that the capacity to analyse dreams is essential to conventional healing as they frequently indicate the underlying cause of a disease and the course of therapy. The findings also reflect on the importance of dreams in identifying therapeutic herbs for mental health conditions. The participants stated that they received detailed instructions in their dreams on the selection of natural ingredients, their preparation, and their administration. This implies that rather than using rigid medical prescriptions, spiritual counselling is used to treat mental disease in African traditional healing. These findings are consistent with those of Petrovska (2012), who found that there is no one standard therapy for mental illness and that traditional methods frequently incorporate ritual and natural components. The idea that therapies must be spiritually led is further supported by Petrovska (2012), who highlights that healing in African traditional medicine depends on divine or ancestor intervention.

Additionally, the study shows that dreams have several roles in the healing process. They not only identify a disease but also point THPs towards certain herbs, stones, or therapeutic rites. As part of the therapy, some THPs said they were told to collect herbs from certain places, combine them in particular ways, or utilise heat and steam. This is in line with other studies that indicate that traditional African medicine relies on ancestral wisdom transmitted via visions and dreams for healing (Sandford, 2017; Petrovska, 2012; Vallat *et al.*, 2017). Furthermore, the study draws attention to a distinctive feature of treatment customisation: THPs use dreams to customise therapies to each patient's unique requirements rather than employing a general solution for all patients. This lends more credence to the idea that, according to African cultural ideas, mental illness is extremely personal and calls for customised, spiritually based therapeutic methods. The study's findings support the idea that God and ancestors are the two primary causes of dreams. To gain insights into the diagnosis and treatment of mental diseases, participants stressed that their dreams were guided by spiritual beings rather than being arbitrary. This aligns with the cognitive dream hypothesis, which contends that dreams represent a type of cognition or information processing rather than merely random brain activity (Carskadon, 1993). According to the hypothesis, dreams use mechanisms that are comparable to those of the waking mind to aid in the reprocessing of memories and information. The origin and spiritual value of dreams, which direct THPs in their therapeutic techniques are highlighted in traditional African beliefs which go beyond this notion. Understanding the process is still essential for determining the sources and importance of dreams, even if cognitive dream theory places more emphasis on the dreaming process than on the content or origin. According to this study, dreams serve as a primary means of healing for THPs through heavenly teaching, guaranteeing that therapies are in accordance with spiritual and ancestral direction.

The findings of the study also support the idea that many THPs get their dreams mostly from their ancestors. As a result of their belief that their ancestors have summoned them, THPs act as ancestral messengers and use the dream to direct their future actions. Dreams thus provide THPs to be spiritual conduits for ancestral communications which frequently give THPs guidance on how to identify and manage medical conditions. This

viewpoint is consistent with that of Nwoye (2017) who contends that some dreams in African traditions are the result of spiritual or ancestral agents. Similarly, Ngobe (2015: 80) discovered that many types of dreams are thought to originate from the agents of the spiritual (ancestral) realm in "the majority of traditional African communities in South Africa". In certain situations, dreams might be interpreted as a visitation or transcendental intervention in which the dreamer communicates with a spiritual or ancestral being. According to Nwoye (2017), THPs receive important messages or statements from their ancestors during this dream state, frequently in the form of symbolic visions or monologues. According to the study's findings, some THPs acknowledge God as the source of their dreams. Some participants thought that dreams ultimately came from God who provides insights from above, while many others saw ancestors as the main source of guidance. Some participants, like Participant 10, reinforced the notion that THPs are led by a supernatural power by implying that God and ancestors collaborate to send dreams. These findings are in contrast to those of Nwoye (2015) who discovered that in many African traditions' dreamers are thought to have meetings with angels or ancestors, depending on the cultural setting, and that a higher power, like God, delivers them instructions or messages during these interactions. To back up this argument, Nwoye (2015: 305) said that: "Some leaders of the African Independent Churches today remain steadfast in their view that God communicates His will and counsel to individuals of every generation".

A unique dimension emerging from the study is the idea that some THPs personally experience an illness in a dream before encountering a client with the same condition. When the client subsequently presents him, or herself, the prior experience which originated within a dream makes the diagnostic and treatment procedure easier. Participants characterised this phenomenon as a type of spiritual preparation. This viewpoint is consistent with that of Petrovska (2012) who discovered that traditional medicine uses both natural and ritual-based components to identify and treat mental health conditions. The treatment process has a series of procedures that are chronological and therapeutic with the intended outcome of ensuring the healing of the client. The current study has established that the traditional treatment process takes different forms and processes. In most cases, individuals with mental illnesses reside at the THP's residence whilst receiving treatment. After dreaming the THP begins the process of treatment 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 visited the temple of the god Asklepios to stimulate healing dreams. The current study also revealed that in most cases, people who are mentally ill reside at the THP's residence or place of work whilst 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. This also corresponds with findings 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.

Epistemological Foundations of the Dream-Based Model

African epistemology forms the foundation of the suggested model for comprehending how Traditional Health Practitioners (THPs) use dreams to diagnose and treat mental illness. This epistemological basis acknowledges the crucial influence of culture on how people perceive the world. Africans see dreams as significant experiences with diagnostic and therapeutic value rather than as random brain events. According to Asare and Danquah (2017), the core of traditional African thought is the conviction that ancestors' spirits, even if they are no longer with us, nevertheless have an impact on our lives. This spiritual exchange is ingrained in African ideas of reality, where dreams are a crucial channel for ancestors to express their intentions, particularly with relation to health and illness. According to Asare and Danquah, reality for Africans includes spiritual aspects that are essential to daily existence rather than being limited to factual investigation.

This viewpoint is further supported by Asante's (2007) idea of "location" which highlights the significance of myth, language, and ancestral memory in forming African knowledge systems. This idea's application to the model emphasizes the necessity of understanding dreams in light of their cultural context, as they are experienced and interpreted within African societies. The subjective reality of the client and the THP must be understood by

immersing oneself in this cultural setting, particularly during the diagnostic and therapeutic process. Additionally, the model draws attention to the obvious differences between African and Western dream interpretations. According to Adler and other proponents of Western psychological theory (Pesant and Zadra, 2004), dream interpretation usually calls for a qualified therapist and adheres to set methods. In contrast, dream interpretation is less strict in African societies and is frequently left to talented people like THPs, who are thought to have the spiritual insight required to decipher symbolic messages. The necessity of culturally appropriate care approaches, like the one suggested in this study, is highlighted by this contrast.

The model's foundation in Afrocentricity—a paradigm that centres analysis around African values, beliefs, and worldviews—further validates it. While Conyers (2011) characterizes Afrocentricity as a worldview that reclaims African forms of knowing, Alkebulan (2007) asserts that it tries to realign African people with their cultural identity. In this sense, using dreams as a diagnostic and therapeutic tool is in line with African cultural traditions, which ascribe mental disease to things like spiritual imbalance, witchcraft, or ancestral displeasure. According to research, up to 80% of Africans seek treatment from THPs (Olutope, 2020), hence it's imperative to acknowledge and include these conventional approaches into frameworks for mental health care. Therefore, by acknowledging the symbolic and spiritual aspects of African life and validating traditional healing traditions, the Afrocentric perspective provides a crucial counterbalance to Western-dominated frameworks. Applying this paradigm to the model is not only appropriate, but also necessary. THPs' interpretation of dreams is in line with the expectations and lived realities of African clients, demonstrating a culturally appropriate approach to mental health therapy. The model serves as a catalyst for the restoration of African knowledge systems and the validation of traditional healing methods in the diagnosis and treatment of mental health issues when viewed through the prism of Afrocentricity.

The model is limited to THPs and cannot be applied to faith healers because the participants in the study were all THPs. Also, the reality that there are no universal method or process of investigating dreaming and interpreting symbols is another limitation. The only common process is that if there is a dream that occurs – but the manner in which it occurs, and its symbolic meaning is peculiar to the individual and his/her context. Moreover, the process is also limited to individuals who have a relationship with their ancestors. Without that relationship, the model flounders. Nevertheless, the model offers insights into the process of healing within some contexts.

Concluding Remarks

The paper presented findings of the study followed by the model. The empirical findings of the study related to the function of dreams from the perspective of THPs. Moreover, the role of THPs' dreams in the diagnosis and treatment of mental illness was revealed and the study established that, in some contexts, dreams are an essential component of the process of diagnosing and treating mental health-related symptoms. The paper also suggests 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 from the findings that dreams are not always directly interpreted, but rather, there are symbolic interpretations that are used to understand the meaning of 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 embryonic model relating to the role of dreams in the diagnosis and treatment of mental health symptoms. This study investigated 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 Afrocentric perspective. This brings an African perspective into psychology wherein dreams are considered a subject of both the supernatural and natural dimensions of social reality.

Declarations

Interdisciplinary Scope: The article takes an interdisciplinary approach by incorporating insights from the Traditional Health Practitioners regarding the role of dreams in the diagnosis and treatment of mental illness in mental healthcare practice.

Author Contributions: Sole authored.

Conflict of Interest: The author declares no conflict of interest.

Funding: The author received financial support for the publication from affiliated institution, Sefako Makgatho Health Sciences University. Moreover, the author would like to thank National Institute for the Humanities and Social Sciences (NAIHS-SAHUDA) for the scholarship that enabled her to do this study

Availability of Data: All relevant data are included in the article. However, more information is available upon reasonable request from the corresponding author

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