

This paper was presented at the 21<sup>st</sup> International Conference on Sustainable Development, held at the Faculty of Social Science and Humanities, University of Ottawa, Ottawa, Canada, on July 15-16, 2025.

# Integrating Ubuntu Philosophy in Promoting and Communication of Mental Health Through Traditional Healing Practices

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OIDA International Journal of Sustainable Development, Ontario International Development Agency, Canada.

ISSN 1923-6654 (print) ISSN 1923-6662 (online) www.oidaijsd.com

Also available at <https://www.ssm.com/index.cfm/en/oida-intl-journal-sustainable-dev/>

**Abstract:** The present study focuses on exploring the perceptions of mental well-being and how alternative traditional healing modalities are effectively communicated. A qualitative study approach was used to explore members of community of uMbumbulu, south of Durban. This qualitative enquiry, purposefully utilised 20 participants. They were subjected to semi-structured, open-ended, one-on-one interviews, and these interviews were recorded using an audio recorder with their permission. The collected data was analysed using thematic content analysis. The Eurocentric methods of treatment such as Psychotherapy and the medical model have been reported as treatment modalities that lack the understanding of an African person living inclusive of external and supernatural forces believed to play a role in maintaining physical and spiritual well-being. Afrocentric models such as traditional healing methods have been identified as a useful treatment modality in rural communities as they are believed to be embedded within the concept of ubuntu. However, communication and promotion of alternate modalities in formal informal media platforms is limited. This is believed to be deliberate, preventing traditional healing growth and crating the perception of inferiority to western modalities.

**Key words:** Mental Health, Beliefs, Culture, Ubuntu, Communication, Miscommunication

## Introduction

Mental illness has been documented as one of the global phenomena that impacts many people across South Africa. The perceptions of mental illness and the effective treatment methods are influenced by many factors such as perceived causes, culture, attitudes, experiences, and policies that are put in place within the health care systems and government policies. South Africa, as a multi-cultural context, embraces multiple perspectives in which mental illness can be treated. However, communication emphasis on promotion of these multifaceted paradigm is skewed and bias toward western philosophies. Existing treatment modalities such as psychotherapy and psychiatric treatments, have over decades, been more favourable, promoted and communicated extensively as opposed to traditional healing modalities which take cognisance of various aspect of a human-being including the central aspect of Ubuntu. In South Africa, traditional healers are mostly consulted by people who preserve their cultural beliefs and practices as methods of achieving physical, spiritual, and mental health. The inclusion of individuals who rely of traditional healing was introduced lawfully under the Traditional Healers Act (Act No. 22 of 2007). The implementation of this Act in the health care system, declares approval of traditional treatments and proposes an outline to protect individuals who use the services.

Traditional healing practices are integral to many South African communities, with traditional healers often serving as the first point of contact for individuals experiencing mental health challenges (Mpfungu, Peltzer and Bojuwoye, 2019). These practices are rooted in holistic understandings of health, considering spiritual, emotional, and social dimensions. Studies have shown that traditional healers play a critical role in destigmatizing mental health issues, fostering community support, and offering culturally relevant interventions (Ngubane, 2020). This is more evident in rural community where traditional healers are seen practicing within the ambit of Ubuntu.

Ubuntu, derived from the Nguni Bantu phrase “Umuntu ngumuntu ngabantu” (“I am because we are”), embodies a worldview that prioritizes human interconnectedness and mutual care. Scholars such as Ramose (2017) argue that Ubuntu offers a counter-narrative to individualistic approaches dominant in Western paradigms. Ubuntu's emphasis on relationality and collective well-being provides a compelling framework for addressing mental health within African contexts. It also provides a distinct communication and relational connections between the healer and the ill. Miscommunication of the above constructs and the devaluation of their importance in various communication strategies in mainstream western modality health sectors in worrisome

### **Preliminary Literature Review**

South Africa faces a high prevalence of mental disorders, with approximately one in three individuals likely to experience a mental health condition in their lifetime (Nwoye, 2017). Common issues include depression, anxiety, and substance use disorders, exacerbated by socio-economic stressors such as poverty, unemployment, and violence. Despite this burden, mental health services are severely limited, with only about 5% of the national health budget allocated to this area, and even less at provincial levels. The South African Stress and Health (SASH) study underscored a treatment gap where 75% of those with mental disorders receive no care, a figure that some later estimates suggest has widened to over 90% for those reliant on public healthcare (Herman et al., 2009).

This gap is compounded by communication barriers. Misinformation, cultural beliefs, and stigma often deter individuals from seeking help, while healthcare providers struggle to convey accurate, accessible information in a multilingual and culturally diverse nation.

Traditional healing has been a growing part of treatment in South Africa within the health care sector (Nwoye, 2017). While mental illness is one of the highest ranked burdens of disease that faces many people in South Africa, so is the increase for seeking traditional healing. In support of traditional healing as a treatment method to alleviate mental illness, the World Health Organisation has documented increasing rates of individuals who consult traditional healers to restore health (World Health Organization, 2003). Owing to the rise of this perspective is the African belief that traditional healers offer healing that is harmonious to individuals and their environment (Mbiti, 2003). Indigenous knowledge thus plays a vital role in facilitating healing provided by traditional healers as Black African people are rooted in cultural beliefs about what cures illnesses (Edwards, 2014; Gumede, 1990). Traditional healers believe to provide sustainable treatments, while Western treatment modalities rely on issues of anatomy and utilize a biomedical approach that underpin mental problems as being a disease of the brain (Deacon and McKay, 2015). Furthermore, Western practitioners that follow Western treatment methods believe that traditional healing practices are deceitful and prolong the process of achieving appropriate treatment (Straker and Moosa, 1994). While there is evidently contrasting views of traditional healing and Western biomedical treatment, they equally have strong support from the communities. In the heart of this support, lies strong communication strategies.

Effective communication is vital in mental health promotion. Ubuntu-based communication strategies emphasize empathy, active listening, and relationality. Research by Mbokazi et al. (2023) demonstrates that traditional healers trained in Ubuntu-aligned communication approaches were more successful in engaging clients and fostering trust.

### **Theoretical Framework**

The Health Belief Model (HBM) provides a valuable theoretical framework for understanding and influencing health behaviours in rural communities, where cultural norms and traditional beliefs often shape perceptions of illness and treatment. By addressing key constructs such as perceived susceptibility, severity, benefits, and barriers, health communicators can design messages that resonate with rural audiences. Culturally grounded metaphors rooted in local language, symbols, and agricultural or spiritual analogies help make abstract health risks more relatable. For example, likening a disease to “a pest attacking a healthy crop” or a vaccine to “a shield worn by the community” enables individuals to internalize health threats and appreciate protective actions (Airhihenbuwa, 2007; Rosenstock, Strecher and Becker, 1988). Incorporating community-endorsed narratives further strengthens message effectiveness by embedding health information in familiar storytelling formats. These narratives can be drawn from real-life testimonies or folklore, allowing community members to see people like themselves successfully navigating health decisions. This narrative approach addresses both perceived barriers and self-efficacy, by showing how challenges such as access to care, mistrust of formal health systems, or reliance on traditional remedies can be overcome (Greenhalgh, 1999). Additionally, narratives endorsed by respected figures, such as village elders or faith leaders, serve as powerful cues to action, prompting individuals to reflect and act in alignment with community values. When designing communication tools for rural communities, embedding HBM within the Ubuntu perspective allows for a shift from purely individualistic decision-making to one that recognizes the role of community in shaping health

behaviour. Culturally grounded metaphors that draw on Ubuntu values such as describing health as a “woven mat” where each person's well-being supports the whole can effectively convey perceived susceptibility and severity by tying personal health to the health of the broader community (Chilisa, 2012; Rosenstock et al., 1988).

Incorporating community-endorsed narratives grounded in lived experiences and oral traditions is essential in enhancing perceived benefits and reducing barriers to health-seeking behaviour. These stories not only serve as cues to action but also reflect the values of Ubuntu by demonstrating how traditional healing and modern medical interventions can coexist. For example, a narrative highlighting a respected elder who combined herbal remedies with clinic visits for diabetes management can model integrative health behaviour that feels both authentic and attainable. Embedding such narratives into communication tools ensures that health messages are not imposed externally but grow organically from the community's epistemology and lived realities (Greenhalgh, 1999; Dutta, 2008). These stories are particularly powerful when they include local champions traditional healers, elders, and community leaders who advocate for a blended approach to healing grounded in local values and beliefs.

Traditional healers, often the first point of contact for health issues in rural areas, hold immense cultural authority and serve as gatekeepers of indigenous knowledge. In the Ubuntu spirit of inclusivity and shared wisdom, involving traditional practitioners in the co-creation and dissemination of health messages affirms their role and promotes culturally appropriate care. Rather than displacing traditional healing, communication tools can advocate for its value by positioning it alongside biomedical care as complementary rather than contradictory. This collaboration enhances self-efficacy by demonstrating that health can be maintained through trusted, familiar systems working in tandem with modern practices (Airhihenbuwa, 2007; Moshabela, Zuma and Gaede, 2016). When traditional healers are empowered to deliver health communication, the message is not only more likely to be accepted but also more deeply rooted in Ubuntu ideals of care, respect, and shared humanity.

## Methodology

This study utilized a qualitative research design to explore the experiences and perspectives of participants from eMbumbulu. A purposive sampling technique was employed to select 20 participants who were deemed to have relevant knowledge and experience in relation to the research topic (Kumar, 2018). This non-random sampling method allowed for the inclusion of individuals who could provide rich, in-depth insights into the subject matter. eMbumbulu is a tribal areal under Chief Makhanya which covers villages including but not limited to Kwasunduzwayo, Ntinyane, Mdumezulu, Odidini ect. Participation selection, therefore, included two traditional healers from each village for proper representation. Data collection was conducted through face-to-face interviews, which allowed for a deeper understanding of the participants' views (Osborne and Grant-Smith, 2021). Each interview lasted between 25 and 40 minutes, providing sufficient time to explore the key themes and topics in detail. The interviews were semi-structured, allowing flexibility to follow up on emerging points and probe deeper into relevant issues, while still ensuring that core topics were addressed. Ethical clearance was sort and granted (HSSREC/00000714/2019) through the university of Kwazulu-Natal ethical clearance processes and all ethical considerations were observed. Once the interviews were completed, the data was transcribed verbatim to ensure accuracy and to capture the participants' exact words. The transcribed data was then analysed using a six-step thematic analysis process. Themes were identified with supporting quotes from the interviews to provide a rich, narrative account of the findings (Braun and Clarke, 2006). This approach to data analysis allowed for a comprehensive understanding of the participants' perspectives, offering valuable insights into the research topic (Clarke, 2006). Furthermore, trustworthiness criteria such as **reliability** and validity to ensure the rigour were observed accordingly in terms of transferability, confirmability and dependability (Anney, 2014).

## Results and Discussion

### The Role of Traditional Healing Practices in Africa

Traditional healing practices in Africa are multifaceted and influenced by spiritual, cultural, and ancestral beliefs. The role of a traditional healer, whether isangoma, inyanga, or another type, is deeply embedded in the cultural identity of African communities. These healers serve as intermediaries between the spiritual world and the physical world, diagnosing and treating illnesses that are seen as being caused by spiritual, ancestral, or social factors.

In many African societies, mental health issues are often understood within the context of spiritual imbalance or a disruption in relationships with the ancestors. For example, an individual experiencing depression or anxiety may be perceived as having been possessed by an evil spirit, undergoing witchcraft, or being disconnected from ancestral guidance (Mordecai, Peltzer and Mbecke, 2021). The isangoma or inyanga would then use divination, rituals, or herbal treatments to restore harmony and health. These healing practices are often holistic, focusing on the individual's relationship with the community, the spiritual world, and their physical health.

The significance of traditional healing practices is particularly pronounced in rural areas, where access to Western medical facilities is limited or non-existent. In these settings, traditional healers serve as the primary point of contact for individuals seeking help with mental health issues. According to a study by Peltzer (2014), the majority of individuals in rural South Africa who experience mental health issues consult traditional healers before seeking professional psychiatric help.

### **Cultural Perceptions of Mental Health**

In many African cultures, mental health is not viewed as a separate entity from spiritual, social, and physical well-being. Instead, it is perceived as part of a broader concept of health that includes spiritual balance, familial harmony, and community well-being. The belief that mental health problems arise from a breakdown in spiritual or ancestral relations is prevalent in many African communities (Pillay, 2019). As such, traditional healing practices that address these spiritual or ancestral causes are often the first course of action when individuals experience mental health issues.

For instance, an individual suffering from depression or anxiety may be thought to have incurred the wrath of the ancestors or have been affected by witchcraft (Makoae and Makoa, 2020). This perception is reinforced by the community's collective belief systems, in which personal misfortune or mental health issues are not seen as isolated or purely biological but rather as part of a larger, interconnected social and spiritual world.

These perceptions can create significant challenges for individuals seeking help. In some cases, individuals may feel ashamed or reluctant to seek medical help due to the stigma surrounding mental health. In such cultures, consulting a traditional healer is often seen as more socially acceptable than seeking psychological or psychiatric care, which might be viewed as a foreign or stigmatized practice (Shah and Stols, 2021). Traditional healers are often considered part of the community's social fabric, and their work is rooted in an understanding of the individual's family and spiritual life.

Moreover, the use of herbs, rituals, and divination to treat mental health issues is believed to restore equilibrium in the person's spiritual life, offering not only psychological relief but also spiritual comfort. These practices often involve community participation, which can be a source of social support for the individual (Mordecai et al., 2021).

### **Challenges in Integrating Traditional Healing and Western Mental Health Approaches**

Despite the cultural relevance and importance of traditional healing practices, there are significant challenges when integrating these practices with modern psychiatric care. One of the most pressing challenges is the clash between spiritual and biological understandings of mental illness. Modern psychiatric and psychological approaches tend to emphasize medical and scientific explanations for mental disorders, viewing them primarily as biological or psychological phenomena (Pillay, 2019). In contrast, traditional healers tend to view mental illness as a spiritual problem, often involving unseen forces or ancestors.

This dichotomy creates a gap in communication and understanding between traditional healers and Western-trained mental health professionals. Mental health professionals often view traditional practices as unscientific, while traditional healers may perceive Western approaches as culturally insensitive or dismissive of their belief systems (Graham, Gibbs, and Lund, 2020). This can create a situation where individuals with mental health issues receive conflicting advice from different sources, leading to confusion and a lack of trust in either form of treatment.

Furthermore, there is a significant challenge in terms of regulation and training. In many countries, including South Africa, traditional healers are not formally trained or regulated by the government or medical authorities. This lack of formal recognition and regulation can lead to unstandardized practices, with some traditional healers using methods that may not be evidence-based or could potentially harm individuals (Lund, Breen and Flisher, 2010). While some healers are skilled and knowledgeable, there is a risk that others may exploit individuals who are desperate for help, especially in cases involving serious mental health conditions.

Another challenge is the stigma associated with seeking mental health care in general. In some communities, consulting a Western-trained mental health professional is still seen as taboo, as it is often associated with Western colonial influences or viewed as a sign of weakness. In these contexts, traditional healers are seen as more acceptable, but they too can perpetuate the stigma by framing mental health issues as spiritual or moral failings rather than legitimate medical conditions (Makoae and Makoa, 2020).

### **Benefits of Integrating Traditional Healing with Modern Mental Health Care**

Despite these challenges, there are significant benefits to integrating traditional healing practices with modern mental health care. One of the key advantages is the holistic approach offered by traditional healers. Traditional healing emphasizes the importance of community, family, and spiritual well-being in the treatment of mental health issues. This holistic perspective can complement modern mental health care by addressing not only the individual's psychological state but also their social and spiritual needs.

Additionally, traditional healers often have deep knowledge of local cultural practices, which makes them more approachable and trustworthy in communities where people may feel alienated by Western mental health care systems. For example, Izangoma or Izinyanga are often well-respected members of the community who understand the local culture and social dynamics. Their ability to connect with individuals on a cultural level helps foster trust, which is essential for effective treatment (Shah and Stols, 2021).

Another advantage is that traditional healers can offer treatments that are more accessible and affordable, especially in rural areas where access to healthcare facilities and psychiatric services is limited. In many cases, traditional healing practices are more widely available and may not require the financial resources necessary to access modern mental health care (Peltzer et al., 2011). This makes traditional healing an important resource for underserved populations.

### **Ubuntu and the Role of Community in Mental Health: Connecting Traditional Healing Practices**

Ubuntu, a term originating from the Nguni Bantu languages in Southern Africa, conveys the profound interconnectedness of individuals within a community. The phrase "I am because we are" captures the essence of this philosophy, which emphasizes the idea that a person's well-being is intricately linked to the well-being of others in their community (Mkhize and Zondo, 2021). This concept is not just an abstract idea but has practical implications, particularly in the realm of mental health. Ubuntu underscores the significance of communal relationships and collective responsibility in fostering mental health, a perspective that closely aligns with traditional African healing practices. These practices often incorporate communal rituals, social support systems, and collective engagement to address mental health and emotional well-being.

At the heart of Ubuntu is the belief that individuals are shaped by their communities, and their struggles—whether mental, emotional, or physical—are often shared by those around them. This contrasts with individualistic approaches to mental health, where problems are seen as personal challenges to be addressed alone. Ubuntu, instead, frames mental health as a communal issue that requires collective action, support, and care. By placing the well-being of individuals within the context of their relationships and community, Ubuntu fosters a holistic view of health that is inextricably linked to the social fabric.

In traditional African societies just like eMbumbulu, healing is rarely an individualistic endeavor. African traditional healing practices have long recognized the importance of community in the healing process. These healing systems often involve the collective efforts of family members, community leaders, and traditional healers. Communal rituals, such as group prayers, indlamu, imikhosi eyahluka hlukene or traditional functions where there are shared meals, serve to strengthen bonds among members of the community and promote healing. Furthermore, the involvement of elders and respected individuals in the healing process provides wisdom, guidance, and emotional support to those in need. These practices create an environment where the individual is supported not only by professional healers but also by the strength of their community, reinforcing the idea that mental health is a collective responsibility.

The communal aspect of healing also plays a vital role in reducing the stigma associated with mental illness. In many African cultures, mental health struggles are traditionally seen as a result of imbalance within the community or disturbances in spiritual harmony. Thus, addressing these issues is not only about healing the individual but also about restoring balance within the larger community. This communal healing process allows for greater acceptance of individuals seeking help and fostered a sense of solidarity that lessens the shame often associated with mental illness (Makoe and Makoe, 2020). The process of healing is embedded in community practices that help normalize the conversation around mental health, making it less stigmatized and more accessible. Ubuntu-based approaches to mental health offer a powerful counter-narrative to Western psychiatric models, which often prioritize individualized treatment plans and medicalized interventions (Ramose, 2017). While Western approaches have undoubtedly contributed to the advancement of mental health care, they can sometimes neglect the importance of community support and the social aspects of healing. Ubuntu, on the other hand, offers a more integrated model that acknowledges the significance of family, community, and shared cultural practices in mental health care. This framework is particularly relevant in addressing mental health in African communities, where individualistic approaches to therapy may not resonate with the cultural values and traditions of the people.

Incorporating Ubuntu into modern mental health programs can provide a more culturally relevant approach to care. Programs that integrate communal rituals, shared responsibility, and collective healing not only enhance the mental well-being of individuals but also strengthen the social fabric of the community. By fostering a sense of belonging and interconnectedness, Ubuntu promotes resilience, emotional well-being, and mutual support, which are essential components of mental health.

### **Socio-Economic and Geographical Barriers to Communication**

One of the most significant challenges to effective communication about mental health in rural South Africa is the socio-economic disparity between urban and rural areas. Rural communities often have limited access to mental health resources, such as mental health professionals, counselling services, and even basic healthcare facilities (Shah and Stols, 2021). These areas typically suffer from a lack of infrastructure, including poor road networks, which further isolate individuals who may need professional help. Communication about mental health is thus severely restricted due to the lack of accessible services, and mental health issues often go unaddressed.

The socio-economic limitations are exacerbated by poverty, high unemployment rates, and limited education opportunities. For many people in rural communities, the primary concerns are survival and day-to-day needs, such as food, shelter, and employment. As a result, mental health may not be viewed as a priority. This creates a disconnect in communication between mental health advocates and rural communities (Mollentze et al., 2019). Efforts to raise awareness about mental health often fall on deaf ears, as people are more focused on immediate and practical needs than on mental well-being.

Moreover, the lack of mass media channels, internet connectivity, and modern communication tools in these rural regions compounds the problem. Most mental health campaigns, especially those that are tailored for urban populations, are often inaccessible in rural areas where technology is less prevalent. Traditional media, such as radio, may be more effective, but rural areas may not have regular access to broadcasts that address mental health topics (Graham et al., 2020).

### **Cultural and Societal Norms**

Cultural attitudes toward mental health are deeply rooted in South Africa's diverse population. In many rural areas, mental illness is often viewed through a lens of stigma, fear, and misconceptions. Mental health disorders may be perceived as a form of punishment, witchcraft, or as a result of spiritual imbalances, rather than as medical conditions that can be treated and managed (Pillay, 2019). These cultural beliefs often prevent open discussions about mental health, making it difficult for individuals to seek help or even acknowledge their struggles.

The traditional belief systems in rural communities may also discourage individuals from discussing personal issues, especially those related to mental well-being. Many rural South Africans may prefer to rely on informal community support networks, such as extended family members, religious leaders, or community elders, instead of seeking professional mental health care. This reliance on informal sources of support can limit the communication of scientifically accurate information about mental health and perpetuate the stigma surrounding it. Furthermore, the traditional roles of gender, family, and community in rural areas often shape the way mental health issues are perceived and communicated. For example, women in some rural communities may face additional pressure to maintain a façade of emotional stability, especially in patriarchal societies, which can hinder them from speaking out about mental health challenges (Makoae and Makoae, 2020).

When a person in eMbumbulu experiences mental health issues, they are more likely to approach a traditional healer than a medical doctor. The consultation with an isangoma or inyanga is typically personal and informal, often involving a form of divination, the interpretation of dreams, or the offering of spiritual guidance (Makoae and Makoae, 2020). The communication between the healer and the individual is centred around understanding the root causes of the illness, which may include ancestral anger, spiritual disturbances, or a disruption in the person's relationship with their community. This form of communication is highly effective in a cultural context where mental health is seen as intertwined with spiritual and social well-being. For example, if an individual in eMbumbulu is experiencing anxiety or depression, the healer may communicate with the individual's ancestors or perform rituals to restore balance and harmony. The healer's language often blends spiritual terms with everyday language, making it more accessible to community members who may be unfamiliar with clinical psychiatric terminology (Shah and Stols, 2021). This culturally resonant communication approach helps individuals feel heard and understood in ways that formal medical systems may fail to do.

However, while traditional healing practices can offer meaningful relief for many, they are not always equipped to address more severe mental health conditions, such as schizophrenia or bipolar disorder. The challenge arises when individuals require professional medical treatment that traditional healers cannot provide yet may be unwilling to seek help from mental health professionals due to a lack of trust or understanding of Western psychiatric models (Mollentze et al., 2019). The issue of trust is mostly embedded in how the society stigmatises mental health illnesses. Stigma plays a critical role in shaping how mental health issues are communicated in rural communities like eMbumbulu. The stigma surrounding mental illness in these areas can prevent individuals from discussing their problems openly and seeking help. In eMbumbulu, as in many rural communities, mental health issues are often associated with shame, social exclusion, or the fear of being labelled as "mad" or "weak" (Mordecai et al., 2021). Communication about mental health is thus often guarded and indirect, with many people avoiding conversations that might reveal personal vulnerabilities. In this context, mental health communication often occurs within the privacy of the home, among trusted family members or spiritual leaders. However, this silence can exacerbate feelings of isolation and make it more difficult for individuals to access the help they need (Makoa and Makoa, 2020).

### **The Role of Language and Communication Styles**

Language plays a pivotal role in shaping the way mental health issues are communicated. In South Africa, there are 11 official languages, and many rural communities speak indigenous languages that may not be widely understood in urban settings. This linguistic diversity sometimes leads to communication barriers between healthcare professionals and community members, further hindering mental health outreach efforts (Lund et al., 2010). In some cases, there may be no direct translations for mental health terms in local languages, making it difficult to discuss mental health in a way that is easily understood. For example, the concept of depression may not exist as a specific term in some indigenous languages, meaning that individuals may not recognize their symptoms as indicative of a mental health condition. Instead, these symptoms may be interpreted through culturally specific lenses, such as spiritual possession or ancestral communication (Mordecai et al., 2021). This highlights the importance of culturally relevant communication strategies to ensure mental health messages are received and understood in a manner that resonates with the community. Additionally, the communication style in rural communities is often more communal and indirect. This can affect how mental health information is shared. For example, in some communities, speaking openly about personal problems might be seen as a loss of respect or dignity. This collective communication style can discourage individuals from seeking help or discussing their struggles with mental health, making it difficult to foster meaningful dialogue (Pillay, 2019).

Language is a critical aspect of communication, and in eMbumbulu, the isiZulu as a language plays a central role in shaping how mental health is discussed. In many African languages, including isiZulu, there may not be direct terms for concepts such as "depression" or "anxiety." Instead, emotional distress is often expressed through metaphors or descriptions of physical symptoms, such as "feeling heavy-hearted" or "experiencing a troubled mind" (Pillay, 2019). These indirect expressions reflect the cultural reluctance to openly discuss emotional distress. The lack of precise language to describe mental health issues in Zulu can create confusion for both the individuals experiencing mental health challenges and the people they communicate with. For example, an individual who is experiencing symptoms of depression may not have the words to accurately convey their feelings of hopelessness or sadness. Instead, they may describe their condition using more socially acceptable terms, such as being "stressed" or "tired" (Graham et al., 2020). This indirect communication can lead to misunderstandings, as mental health professionals and others may misinterpret the symptoms or fail to recognize them as part of a broader mental health issue. Furthermore, the language barrier between traditional Zulu-speaking communities and mental health professionals can further complicate the communication of mental health concerns. Many individuals in eMbumbulu do not feel comfortable speaking English, the dominant language in the professional healthcare system, which creates an additional layer of difficulty in seeking help from formal psychiatric or psychological services (Lund et al., 2010). This communication gap reinforces the reliance on informal and traditional methods of dealing with mental health issues, which may not always be equipped to handle complex psychological conditions.

Traditional healing and Ubuntu philosophy both emphasize community, shared values, and holistic health, making them crucial components of public health communication. Ubuntu, an African philosophy meaning "I am because we are," promotes the idea that individuals are interconnected, and health is a collective concern (Tutu, 1999). This principle aligns with traditional healing practices, which often focus on communal well-being, using methods that incorporate physical, spiritual, and social dimensions of health (Schell and Tyndale, 2012). In public health communication, these philosophies offer an alternative framework to the individualistic models common in Western health paradigms. They stress the importance of relationship-building and community-centered approaches to health

promotion, which can be particularly valuable in addressing misinformation and enhancing health literacy within marginalized groups.

Misinformation about health can spread more rapidly when communities lack trust in medical systems or feel alienated from conventional health structures. Traditional healing practices, deeply embedded in the cultural fabric of many societies, provide an essential avenue for engaging with local communities (Hussey, 2014). By integrating Ubuntu philosophy into health communication strategies, public health professionals can foster greater trust and understanding. Research suggests that health communication approaches that resonate with local values and incorporate indigenous knowledge systems are more likely to overcome barriers to effective health education (McCloskey, Finkelstein and Grotzke, 2018). This approach can counteract misinformation by aligning health messages with community beliefs and practices, allowing for more meaningful and credible discourse around health issues.

Additionally, traditional healers and community leaders, who are often viewed as trusted sources of health information, can be pivotal in combating misinformation (Meyer, Garside and Campbell, 2017). In settings where there is scepticism about modern medical interventions, involving these leaders in public health campaigns can ensure that messages are culturally appropriate and locally relevant. The concept of Ubuntu underscores the importance of collective responsibility in safeguarding community health, thus offering a valuable tool in the fight against misinformation. Studies have shown that when public health communication is collaborative and culturally sensitive, it is more effective in reducing misinformation and fostering positive health behaviours (Jemal, Ward and Thun, 2016). By weaving together traditional healing practices and the philosophical underpinnings of Ubuntu, public health initiatives can enhance their impact and promote more informed, collective health decision-making.

### **Limited Professional Training and Resources**

In many rural areas of South Africa, there is a shortage of trained mental health professionals. This lack of expertise makes it challenging to address mental health issues in an informed and sensitive manner. Mental health professionals who are present in these areas are often overburdened with large caseloads and may not have access to adequate resources or ongoing professional development (Graham et al., 2020). Furthermore, they may not have the necessary cultural competence to effectively communicate with rural populations, who may hold traditional beliefs and practices that differ from Western medical approaches. For instance, the nearest hospital with psychological services is Prince Mshiyeni Memorial Hospital located 100km away where they can get Western medical approaches to assist them. Therefore, this lack of trained professionals also extends to educators, social workers, and community leaders who are often the first points of contact for individuals seeking help. Without proper training in mental health, these community figures may inadvertently perpetuate harmful stereotypes or fail to recognize the signs of mental health issues. In some cases, these community members may lack the skills to communicate about mental health in a way that is both empathetic and informative, further contributing to the communication breakdown (Shah and Stols, 2021).

### **The Role of Ubuntu in Mental Health Communication**

The concept of ubuntu, which originates from the Nguni Bantu languages of Southern Africa, emphasizes the interconnectedness of all people. It is often translated as “I am because we are,” signifying that individuals find their identity and purpose within their relationships with others. This concept can serve as a powerful communication strategy when addressing mental health in rural communities.

Ubuntu promotes a sense of shared responsibility and community support, which is essential when addressing mental health issues. In rural South Africa, where community ties are strong, incorporating ubuntu into mental health communication could help reduce stigma and encourage individuals to seek help. By framing mental health as a communal issue, rather than an individual problem, ubuntu fosters a collective approach to supporting those who are struggling (Mordecai et al., 2021).

One of the key aspects of ubuntu is the idea of empathy and understanding. In a society where mental health stigma is prevalent, using ubuntu in communication efforts could help normalize mental health discussions by reinforcing the idea that mental well-being is part of the collective well-being. Additionally, ubuntu can promote the importance of supporting individuals within the community, making mental health care more accessible and socially acceptable.

Community-based initiatives that incorporate ubuntu might involve local leaders, such as elders or religious figures, engaging in dialogues about mental health. This approach not only ensures that mental health discussions are culturally relevant but also creates a safe and supportive space for individuals to share their experiences without fear of judgment (Mollentze et al., 2019).

## **Conclusion**

eMbumbulu, located in the KwaZulu-Natal province of South Africa, is a predominantly rural area where many people live in close-knit communities. The culture of eMbumbulu is influenced by traditional Zulu customs, beliefs, and values, which shape the way residents communicate and understand mental health. In these communities, communication is typically indirect and relational, with a heavy emphasis on respect for elders, communal support, and the maintenance of harmony within the group.

Mental health in eMbumbulu, as in many rural South African communities, is often conceptualized not just as an individual issue but as something that affects the entire community. This communal approach to health means that mental health issues are often discussed in private, among family members or close-knit social circles, rather than openly in public forums (Mordecai et al., 2021). People are more likely to turn to family, community elders, or spiritual leaders for guidance and support before seeking professional help. The way mental health is communicated within these familial and communal settings is influenced by cultural beliefs about illness, personal strength, and societal expectations.

Cultural norms surrounding mental health communication in eMbumbulu often emphasize avoidance of public displays of distress or vulnerability. This can make it challenging for individuals to openly discuss mental health issues. The stigma attached to mental health problems, such as depression or anxiety, is often rooted in perceptions that such issues are a sign of personal failure or weakness (Pillay, 2019).

Effective communication about mental health in rural communities in South Africa is fraught with numerous challenges, including socio-economic barriers, cultural norms, language differences, and a shortage of trained mental health professionals. These challenges create a communication gap that prevents individuals from seeking help or fully understanding mental health issues. However, by embracing indigenous communication strategies, such as ubuntu, there is potential for more effective dialogue. Ubuntu offers a communal and empathetic approach to mental health communication, which can help reduce stigma and promote a more inclusive, supportive environment for those struggling with mental health challenges.

Addressing the communication barriers surrounding mental health in rural South Africa requires a multi-faceted approach that considers both the cultural context and the available resources. By integrating ubuntu into mental health campaigns, stakeholders can foster greater understanding, break down stigma, and ensure that mental health issues are communicated in ways that resonate with rural communities. The Ubuntu philosophy underscores the essential role of community in fostering mental health. By emphasizing interconnectedness, collective responsibility, and communal healing, Ubuntu aligns with traditional African healing practices that prioritize communal rituals and support systems. As mental health challenges continue to grow worldwide, incorporating community-based approaches rooted in Ubuntu could offer valuable insights into creating more inclusive, culturally sensitive, and effective mental health care strategies.

Furthermore, Policymakers in South Africa should prioritize the integration of traditional healing practices into the broader healthcare system to combat misinformation and ensure the legitimacy of these practices in public health discourse. This can be achieved by creating a formal regulatory framework that recognizes traditional healers and establishes standards for their practices while ensuring that they are trained in evidence-based health practices (Meyer, Garside and Campbell, 2017). Furthermore, policies should promote collaborations between traditional healers, biomedical practitioners, and health communication experts to bridge gaps in understanding and facilitate the exchange of knowledge. By fostering mutual respect between these health systems, policymakers can mitigate the risk of misinformation that arises from the distrust of modern healthcare structures, especially in rural communities where traditional healing is prevalent. Additionally, providing community health education programs that incorporate both traditional healing and Western medical perspectives would create an inclusive model of healthcare that resonates with diverse populations (Hussey, 2014).

Health communication practitioners must tailor their strategies to reflect the cultural and social contexts of the communities they serve, particularly by integrating traditional healing into mainstream health messages. Misinformation about traditional healing often stems from a lack of understanding or respect for indigenous practices, which can lead to scepticism about their efficacy (Schell and Tyndale, 2012). Practitioners should engage with traditional healers as partners in health education campaigns, using their trusted positions to disseminate accurate health information. This collaboration can be facilitated through community dialogues, media campaigns, and educational workshops that align with local beliefs and practices. Moreover, health communication should highlight the value of integrating traditional healing with biomedical approaches in addressing health issues such as HIV/AIDS,

mental health, and chronic diseases, creating a more holistic approach that counters misinformation and builds trust across health systems (McCloskey, Finkelstein and Grotzke, 2018). By leveraging traditional knowledge within mainstream health communication efforts, South Africa can create more inclusive and effective public health strategies.

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