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Mental health counseling and traditional healing: Burkina faso and South Africa in comparative perspective

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ABSTRACT

This study falls within SDG Focus Goal 3: Good Health and Well-Being — Target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being; Target 3.5: Strengthen the prevention and treatment of substance abuse; Target 3.8: Achieve universal health coverage, including financial

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risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

This study examines the comparative approaches to mental health counseling and traditional healing in Burkina Faso and South Africa, focusing on how each country's health systems, cultural frameworks, and policy environments shape the integration of biomedical and traditional healing practices. The research analyzes the therapeutic landscapes in both countries, the roles and perceptions of traditional healers in mental health care, the challenges of collaboration between healing systems, and emerging models of integration that respect cultural diversity while ensuring patient safety and human rights. A comparative analysis was conducted examining primary and secondary sources including ethnographic research, policy documentation, professional commentary, and systematic reviews covering recent decades to 2025.

Burkina Faso presents a context where mental health care is characterized by therapeutic pluralism shaped by limited formal services and deep cultural beliefs about illness causation. Ethnographic research in Bobo-Dioulasso identified three distinct systems of care: psychiatric care associated with diagnostic functions and management of serious pathologies triggered by "natural" causes; traditional care viewed as having healing functions for "supernatural" pathologies, though associated with risks of fraud; and informal care provided by families, identified as the mainstay of therapeutic pathways . Financial constraints constitute the primary obstacle to seeking care, with families serving as the main providers of support . The research reveals how patients and families navigate multiple systems based on perceived causes of illness—psychiatric services for natural causes, traditional healers for supernatural origins. However, investigative journalism has documented serious human rights concerns in some traditional healing contexts, including the chaining of patients and use of physically abusive practices, highlighting the need for regulation and oversight .

South Africa presents a more developed policy environment where traditional healers are formally recognized and calls for integration are increasingly sophisticated. With an estimated 200,000 traditional healers serving a population of over 60 million—compared to fewer than 1,000 psychiatrists—traditional healers are often the first and most accessible source of mental health care for the majority of South Africans . The South African Society of Psychiatrists has called for

greater cooperation between conventional medicine and traditional health practitioners, recognizing that traditional healers' psychosocial role—informal counseling and support in improving family, community, and work relationships—can help relieve distress and mild symptoms of common mental disorders like depression and anxiety . The work of clinical psychologist and Xhosa divine healer (Igqirha) Anele Siswana exemplifies emerging integration models, demonstrating how scientifically grounded methods like talk therapy can be complemented by understanding the deep importance of ancestral callings, spiritual unrest, and cultural rituals in shaping wellbeing . Research across five African countries confirms that mental health policies and legislation in South Africa and Burkina Faso recognize the presence of traditional healers, albeit to varying degrees .

Both countries demonstrate significant interplay between biomedical and traditional healing systems, yet with different institutional frameworks and integration trajectories. Burkina Faso's challenge lies in limited formal services, financial barriers, and the need to regulate traditional practices while respecting cultural legitimacy. South Africa's challenge lies in moving from policy recognition to practical integration, addressing human rights concerns in some traditional practices, and ensuring that collaboration respects both systems' integrity. Neither country has fully resolved the tension between respecting cultural traditions and ensuring evidence-based, rights-respecting care.

Effective mental health systems that incorporate traditional healing require: (1) recognition of traditional healers as legitimate actors within pluralistic therapeutic landscapes; (2) regulatory frameworks that protect patients from abuse while respecting cultural practices; (3) collaborative models that enable referral and shared care between systems; (4) training for both biomedical and traditional practitioners about each other's roles and cultures; (5) attention to human rights, including elimination of abusive practices like chaining; (6) community engagement that respects families' central role in care; (7) research on effectiveness of collaborative models; and (8) policies that address financial barriers to accessing both forms of care.

KEYWORDS: Mental health counseling, traditional healing, therapeutic pluralism, Burkina Faso, South Africa, traditional healers, integration, collaborative care, ancestral calling, SDG 3, human rights, health systems.

RÉSUMÉ (French Version)

Cette étude examine les approches comparatives du counseling en santé mentale et de la guérison traditionnelle au Burkina Faso et en Afrique du Sud, en se concentrant sur la manière dont les systèmes de santé, les cadres culturels et les environnements politiques de chaque pays façonnent l'intégration des pratiques biomédicales et de guérison traditionnelle. La recherche analyse les paysages thérapeutiques dans les deux pays, les rôles et perceptions des guérisseurs traditionnels dans les soins de santé mentale, les défis de la collaboration entre les systèmes de guérison, et les modèles émergents d'intégration qui respectent la diversité culturelle tout en assurant la sécurité des patients et les droits humains. Une analyse comparative a été menée en examinant des sources primaires et secondaires, y compris la recherche ethnographique, la documentation politique, les commentaires professionnels et les revues systématiques couvrant les dernières décennies jusqu'en 2025.

Le Burkina Faso présente un contexte où les soins de santé mentale sont caractérisés par un pluralisme thérapeutique façonné par des services formels limités et des croyances culturelles profondes sur les causes de la maladie. La recherche ethnographique à Bobo-Dioulasso a identifié trois systèmes de soins distincts : les soins psychiatriques associés à des fonctions diagnostiques et à la gestion de pathologies graves déclenchées par des causes "naturelles" ; les soins traditionnels considérés comme ayant une fonction de guérison pour les pathologies "surnaturelles", bien qu'associés à des risques de fraude ; et les soins informels fournis par les familles, identifiés comme le pilier des parcours thérapeutiques . Les contraintes financières constituent le principal obstacle à la recherche de soins, les familles servant de principaux pourvoyeurs de soutien . La recherche révèle comment les patients et les familles naviguent entre plusieurs systèmes en fonction des causes perçues de la maladie—services psychiatriques pour les causes naturelles, guérisseurs traditionnels pour les origines surnaturelles. Cependant, le journalisme d'investigation a documenté de graves préoccupations en matière de droits humains dans certains contextes de guérison traditionnelle, y compris l'enchaînement des patients et l'utilisation de pratiques physiquement abusives, soulignant la nécessité d'une réglementation et d'une surveillance .

L'Afrique du Sud présente un environnement politique plus développé où les guérisseurs traditionnels sont formellement reconnus et les appels à l'intégration sont de plus en plus

sophistiqués. Avec environ 200 000 guérisseurs traditionnels desservant une population de plus de 60 millions d'habitants—comparé à moins de 1 000 psychiatres—les guérisseurs traditionnels sont souvent la première source de soins de santé mentale la plus accessible pour la majorité des Sud-Africains . La Société sud-africaine des psychiatres a appelé à une plus grande coopération entre la médecine conventionnelle et les praticiens de santé traditionnels, reconnaissant que le rôle psychosocial des guérisseurs traditionnels—conseil informel et soutien à l'amélioration des relations familiales, communautaires et professionnelles—peut aider à soulager la détresse et les symptômes légers des troubles mentaux courants comme la dépression et l'anxiété . Le travail du psychologue clinicien et guérisseur divin Xhosa (Igqirha) Anele Siswana illustre les modèles d'intégration émergents, démontrant comment les méthodes scientifiquement fondées comme la thérapie par la parole peuvent être complétées par la compréhension de l'importance profonde des appels ancestraux, des troubles spirituels et des rituels culturels dans la formation du bien-être . La recherche dans cinq pays africains confirme que les politiques et législations en matière de santé mentale en Afrique du Sud et au Burkina Faso reconnaissent la présence des guérisseurs traditionnels, quoiqu'à des degrés divers .

Les deux pays démontrent une interaction significative entre les systèmes de guérison biomédicaux et traditionnels, mais avec des cadres institutionnels et des trajectoires d'intégration différents. Le défi du Burkina Faso réside dans la limitation des services formels, les barrières financières et la nécessité de réglementer les pratiques traditionnelles tout en respectant la légitimité culturelle. Le défi de l'Afrique du Sud réside dans le passage de la reconnaissance politique à l'intégration pratique, la résolution des préoccupations en matière de droits humains dans certaines pratiques traditionnelles, et la garantie que la collaboration respecte l'intégrité des deux systèmes. Aucun des deux pays n'a pleinement résolu la tension entre le respect des traditions culturelles et la garantie de soins fondés sur des preuves et respectueux des droits.

Des systèmes de santé mentale efficaces intégrant la guérison traditionnelle nécessitent : (1) la reconnaissance des guérisseurs traditionnels comme acteurs légitimes au sein de paysages thérapeutiques pluralistes ; (2) des cadres réglementaires qui protègent les patients contre les abus tout en respectant les pratiques culturelles ; (3) des modèles collaboratifs permettant l'orientation et les soins partagés entre les systèmes ; (4) la formation des praticiens biomédicaux et traditionnels sur les rôles et cultures de chacun ; (5) l'attention aux droits humains, y compris l'élimination des

pratiques abusives comme l'enchaînement ; (6) l'engagement communautaire qui respecte le rôle central des familles dans les soins ; (7) la recherche sur l'efficacité des modèles collaboratifs ; et (8) des politiques qui abordent les barrières financières à l'accès aux deux formes de soins.

MOTS-CLÉS : Counseling en santé mentale, guérison traditionnelle, pluralisme thérapeutique, Burkina Faso, Afrique du Sud, guérisseurs traditionnels, intégration, soins collaboratifs, appel ancestral, ODD 3, droits humains, systèmes de santé.

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1. INTRODUCTION

The relationship between mental health counseling and traditional healing represents one of the most complex and culturally significant challenges facing health systems in Africa and globally. Across the continent, traditional healers are often the first—and sometimes the only—source of mental health care for millions of people, yet their practices exist in uneasy tension with biomedical psychiatry, sometimes celebrated as culturally appropriate and accessible, sometimes condemned as dangerous and abusive. The World Health Organization estimates that 80% of the population in low-income countries depends on traditional medicine for their primary health care needs, and mental health is no exception. SDG 3 explicitly calls for promoting mental health and well-being, achieving universal health coverage, and ensuring access to quality health services for all—goals that cannot be achieved without engaging with the realities of therapeutic pluralism.

This study examines two countries that offer profound insights into the relationship between mental health counseling and traditional healing: Burkina Faso and South Africa. Both nations grapple with the coexistence of biomedical and traditional healing systems, yet their policy environments, institutional frameworks, and integration trajectories differ significantly, providing valuable comparative perspectives.

Burkina Faso presents a context where mental health care is shaped by therapeutic pluralism rooted in limited formal services and deep cultural beliefs about illness causation. Ethnographic research in Bobo-Dioulasso identified three distinct systems of care: psychiatric services for pathologies perceived as having "natural" causes; traditional healers for "supernatural" pathologies; and family-based informal care as the mainstay of therapeutic pathways . Financial constraints constitute the primary obstacle to seeking care, forcing families to navigate between systems based

on both perceived cause and ability to pay . Yet investigative journalism has also documented serious human rights concerns in some traditional healing contexts, including the chaining of patients and physically abusive practices, highlighting the need for regulation and oversight .

South Africa presents a more developed policy environment with an estimated 200,000 traditional healers serving a population of over 60 million, compared to fewer than 1,000 psychiatrists . Traditional healers are often the first point of contact for mental health care, particularly in rural areas where formal services are scarce. The South African Society of Psychiatrists has called for greater cooperation between conventional medicine and traditional practitioners, recognizing that healers' psychosocial role can help relieve distress and mild symptoms of common mental disorders . The work of clinical psychologist and Xhosa divine healer (Igqirha) Anele Siswana exemplifies emerging integration models, demonstrating how talk therapy and diagnostic assessments can be complemented by understanding the deep importance of ancestral callings, spiritual unrest, and cultural rituals in shaping wellbeing . Research across five African countries confirms that mental health policies in both South Africa and Burkina Faso recognize the presence of traditional healers, though to varying degrees .

The contrast between Burkina Faso and South Africa illuminates critical questions for mental health and SDG 3: How do different cultural frameworks shape the relationship between biomedical and traditional healing? What policy approaches support or hinder integration? How can patient safety and human rights be protected without dismissing culturally legitimate practices? And what can countries learn from each other's experiences in navigating therapeutic pluralism?

2. LITERATURE REVIEW

2.1 Therapeutic Pluralism and Mental Health in Africa

The concept of therapeutic pluralism captures the reality that in most African societies, multiple healing systems coexist and are actively navigated by patients and families. Biomedical psychiatry, traditional healing, religious healing, and family-based care are not mutually exclusive alternatives

but resources that are consulted sequentially or simultaneously based on perceived illness causation, accessibility, affordability, and cultural appropriateness.

Research across sub-Saharan Africa consistently finds that traditional healers are the primary mental health care providers for the majority of the population. A systematic review of studies from the region reported that traditional healing practices include faith-based (spiritual or religious) healing, diviner healing practices, and herbal therapies, often used as complementary approaches . The ratio of traditional healers to the population in Africa is estimated at 1:500, compared to 1:40,000 for physicians .

The persistence of traditional healing is not merely a function of resource constraints but reflects deeply held beliefs about illness causation. In many African cosmologies, mental distress may be attributed to supernatural forces, ancestral displeasure, witchcraft, or moral transgressions—causes that biomedical approaches are not perceived as addressing . Traditional healers offer explanations and interventions that make sense within these cultural frameworks, providing meaning and hope where psychiatry may offer only diagnosis and medication.

2.2 Burkina Faso: Navigating Multiple Systems of Care

The Bobo-Dioulasso Ethnography: Foundational research by Pigeon-Gagné and colleagues in Bobo-Dioulasso provides the most comprehensive picture of mental health care seeking in Burkina Faso . The study, based on participant observations in different care settings, seven focus groups, and 25 individual interviews with patients, caregivers, family members, and key informants, identified three distinct systems of care:

Psychiatric Care: Biomedical psychiatric services were associated primarily with a diagnostic function and the management of serious pathologies, or those perceived as triggered by "natural" causes . This finding is crucial: psychiatry is not seen as the default option for all mental distress but as appropriate for conditions whose origins are understood as organic or biological.

Traditional Care: Traditional healers were viewed as having a healing function for "supernatural" pathologies—conditions understood as caused by spiritual forces, ancestral displeasure, or

witchcraft. However, this system was also associated with a risk of fraud, indicating that while traditional healers are culturally legitimate, patients and families also exercise discernment and may be wary of exploitation .

Informal Care: Family-based care was identified as the mainstay of therapeutic pathways. Families are not merely passive supporters of professional care but active providers of care in their own right, managing daily support, monitoring symptoms, and making decisions about when and where to seek additional help .

Financial Constraints: The research revealed that financial constraints constitute the main obstacle to seeking care . This finding has profound implications: even when appropriate care is identified, the ability to access it is limited by economic resources. Families must make difficult decisions about allocating scarce resources across multiple needs, and mental health care may be deprioritized.

The study's conclusions emphasize that through the diversity of resources consulted, family members represent the main providers of care, and financial barriers are paramount. These findings led to recommendations for public policy development at national level and for health service organization in Bobo-Dioulasso .

Human Rights Concerns: Investigative journalism has documented serious human rights abuses in some traditional healing contexts across West Africa, including Burkina Faso . Anas Aremeyaw Anas's undercover investigation revealed traditional healers in Nagrengo, Burkina Faso, who claimed to cure mental illness through spiritual means but were observed keeping patients chained to logs and trees. A patient identified as Isha Nkonde expressed belief in the healer's powers, stating he "does not only have the cure for psychiatric problems, but he is able to end poverty with prosperity" .

A clinical psychologist interviewed for the investigation, Professor Chris Ndende, expressed outrage at these conditions: "With such an abundance of gullible worshipers, patients and believers, is it any surprise that these men and women of disrepute continue to ply their trade successfully to the detriment of patients across Africa? This in itself is not surprising considering the acute dearth of professionals specialized in psychiatry and mental illness" .

Professor Ndende's commentary highlights the structural context that enables abusive practices: the desperate shortage of mental health professionals means families with limited options may turn to traditional healers even when practices are harmful. He posed a pointed question to governments: "Where our governments and what are they doing to protect the citizens whose taxes keep them in power? Are they unaware of what is going on or do they just not care about patients suffering from mental illness?" .

These findings underscore the complexity of traditional healing's role: while culturally legitimate and often the only accessible option, some practices violate fundamental human rights and require urgent regulation and oversight.

2.3 South Africa: Towards Integration and Collaboration

The Scale of Traditional Healing: South Africa presents a dramatically different landscape in terms of policy development and professional discourse. With an estimated 200,000 traditional healers serving a population of over 60 million, compared to fewer than 1,000 registered psychiatrists , traditional healers are not marginal actors but central to the mental health care system.

The South African Society of Psychiatrists (SASOP) has been at the forefront of calling for greater cooperation. Specialist psychiatrist Dr Lerato Dikobe-Kalane notes that the low number of people receiving treatment—75% of those with mental disorders go untreated—is partly due to lack of resources and access, and partly due to resistance to seeking treatment because of low mental health literacy, stigma, and perceptions that treatment is ineffective .

Traditional healers, she argues, "have intimate knowledge of traditional medicine and cultural and spiritual practices and beliefs. They are respected in the community and their advice is sought out and respected, and they are able to offer culturally appropriate treatment" . The psychosocial role of traditional healers—informal counseling and support in improving family, community, or work relationships—can help relieve distress and mild symptoms of common mental disorders like depression and anxiety .

The Case for Collaboration: SASOP's position emphasizes that traditional healers could play a key frontline role in improving access to treatment for common mental health conditions and overcoming stigma. Dr Dikobe-Kalane notes that studies have shown alternative practitioners can play an important role in addressing mental health care needs by offering culturally appropriate treatment .

However, she also notes important limitations: "There is little evidence that traditional healers have an impact on treatment for severe mental illnesses such as bipolar and psychotic disorders. This is why collaboration between traditional and Western practitioners is needed—to ensure that they understand each other's roles and cultures, and are able to refer treatment-resistant patients to alternative modes" .

The call for collaboration emphasizes mutual respect and understanding. "Greater collaboration between Western mental health practitioners and traditional or spiritual healers would help to educate the traditional practitioners on common mental disorders, treatment options and the resources for referral for more specialised treatment" .

Walking in Both Worlds: The Anele Siswana Model: The work of Anele Siswana, a clinical psychologist and Xhosa divine healer (Igqirha), represents a pioneering model of integration at the individual practitioner level . Writing for Netcare Akeso during African Traditional Medicine Week 2025, Siswana articulated a vision of healing that embraces both scientific and spiritual approaches.

Siswana's perspective is grounded in personal experience: "As both a clinical psychologist and Igqirha, a Xhosa divine healer, I have come to understand that mental wellness in Africa cannot be fully supported without acknowledging the value of African traditional medicine and spirituality" .

He describes how traditional healing systems, including medicinal plants, spiritual divination, ancestral rituals, and communal support, are not "alternative" for many Africans but the first and most trusted form of care. Yet these practices have often been dismissed or viewed with skepticism in mainstream medical settings.

In his clinical work, Siswana observes that many patients quietly seek help from both health facilities and spiritual healers—amagqirha, izangoma, prophets, and abantu bomoya—because both hold value in different ways. "In South Africa's current mental health landscape, one of the greatest opportunities we have is to integrate African wisdom with modern clinical approaches. This integration does not mean replacing one with the other – it means recognising how they can complement each other to heal more fully" .

Siswana offers a compelling case example: "A young man I once worked with was struggling with recurring dreams, panic attacks, and unexplained physical pain. In the clinical setting, this could be diagnosed as anxiety or even psychosomatic distress. But through an African perspective, we also explored whether his dreams held spiritual meaning or signalled a deeper calling. Rather than choosing one path over another, we worked together to find a healing pathway that respected both his mental health and his spiritual identity" .

Practical Steps for Integration: Siswana proposes practical steps for bringing clinical and traditional worlds closer:

- **Ask openly:** Encourage patients to share if they are using traditional medicine or seeing a healer, fostering trust and reducing stigma.
- **Train with cultural insight:** Offer health professionals workshops on African healing practices to gain deeper understanding and respect for their role in people's lives.
- **Collaborate respectfully:** Where appropriate, consider ways to refer or collaborate with trusted traditional practitioners when patients request it.
- **Be curious, not critical:** Avoid language like "superstition" or "unscientific" that shuts down meaningful conversation; instead, approach with humility and genuine interest .

Siswana's vision is powerful: "Healing is not 'either/or'. Instead, it can be 'both/and'. The future of mental health in South Africa lies not in silos, but in the power of integration, where clinical wisdom and traditional knowledge walk hand in hand" .

Research Evidence: A systematic review of traditional healing and mental health in sub-Saharan Africa provides important context for understanding integration . The review, covering 51 studies, found that objectively measured studies stated that people's mental health improved through

collaborative care of traditional healing and biomedical services. However, it also noted that there is no conclusive, high-level evidence to support the effectiveness of traditional healing alone.

The review documented human rights abuses associated with some traditional practices, including physical abuse, chaining of patients, and restriction of food or fasting. These findings underscore that collaboration must be accompanied by regulation and attention to patient safety.

Regional Policy Context: Research across five African countries (Burkina Faso, Ghana, South Africa, Uganda, Zimbabwe) and Black African communities in England revealed that mental health policies and legislation exist in all the African countries and recognize the presence of traditional healers, albeit to varying degrees . This finding is significant: policy recognition is not unique to South Africa, though the depth of integration discourse may be more advanced.

The same research led to the establishment of the Pan-African Mental Health Research Network to advance research on mental health and traditional healing in Black African societies, indicating growing recognition of the need for evidence to guide policy and practice.

2.4 Comparative Dimensions: Policy, Practice, and Protection

The comparison between Burkina Faso and South Africa illuminates several critical dimensions of mental health counseling and traditional healing:

Policy Recognition: Both countries' mental health policies recognize traditional healers, but the depth and implementation of this recognition differ. South Africa has more developed professional discourse and explicit calls for collaboration from bodies like SASOP . Burkina Faso's policy recognition exists but implementation is less advanced.

Scale of Traditional Healers: South Africa's estimated 200,000 traditional healers represent a massive workforce compared to fewer than 1,000 psychiatrists . Burkina Faso's ratios are similarly skewed but less precisely documented.

Integration Models: South Africa has developed sophisticated integration discourse, exemplified by Siswana's dual practice model and SASOP's collaboration framework . Burkina Faso's approach

appears more characterized by parallel systems with limited formal integration, though families actively navigate between them .

Human Rights Concerns: Both countries face challenges with abusive traditional practices, but the documentation differs. Investigative journalism has exposed chaining and physical abuse in Burkina Faso . South African professional discourse acknowledges these concerns and calls for regulation and collaboration as a means of addressing them .

Family Role: Both countries identify families as central to mental health care. In Burkina Faso, families are the mainstay of therapeutic pathways . In South Africa, families are recognized as key partners in supporting treatment .

Financial Barriers: Burkina Faso research explicitly identifies financial constraints as the main obstacle to care . South African discourse emphasizes access barriers but places more emphasis on workforce shortages and geographical maldistribution .

3. RESEARCH QUESTIONS

This study addresses the following research questions:

1. What are the characteristics of mental health care systems in Burkina Faso and South Africa, including the roles of psychiatric services, traditional healers, and family-based care?
2. How do cultural beliefs about illness causation shape help-seeking behaviors and the perceived legitimacy of different healing systems in each country?
3. What policy frameworks exist in each country for recognizing and potentially integrating traditional healers into mental health care, and how are these frameworks implemented?
4. What models of collaboration or integration have emerged, particularly in South Africa where dual-practice practitioners like Anele Siswana exemplify integrated approaches?

4. METHODOLOGY

This study employs a comparative analysis methodology to examine mental health counseling and traditional healing in Burkina Faso and South Africa. The research design integrates secondary analysis of ethnographic research, policy documentation, professional commentary, investigative journalism, and systematic reviews to develop comprehensive understanding of therapeutic landscapes, integration models, and policy approaches in both countries.

Research Design: The comparative approach is appropriate for examining how different cultural and policy contexts shape the relationship between biomedical and traditional healing systems. Burkina Faso and South Africa were selected as cases that offer complementary insights: both face challenges of therapeutic pluralism but have different policy environments and integration trajectories.

Data Sources: Primary and secondary sources analyzed include:

- Ethnographic research on mental health care seeking in Bobo-Dioulasso, Burkina Faso
- Investigative journalism documenting traditional healing practices and human rights concerns in Burkina Faso and South Africa
- Professional commentary from the South African Society of Psychiatrists on collaboration with traditional healers
- First-person account from clinical psychologist and Igqirha Anele Siswana on integrated practice
- Systematic review of traditional healing and mental health in sub-Saharan Africa
- Multi-country research on mental health policy and traditional healers including Burkina Faso and South Africa

Analytical Framework: The comparative framework examines four dimensions:

1. **Therapeutic Landscape:** The systems of care available and how they are perceived and utilized
2. **Policy Environment:** Legal and policy frameworks recognizing or regulating traditional healing
3. **Integration Models:** Approaches to collaboration, referral, or dual practice
4. **Human Rights:** Protection of patients from abuse while respecting cultural practices

Time Period: The analysis covers approximately 2000-2025, capturing foundational ethnographic research, recent policy developments, and contemporary integration initiatives.

5. RESULTS

5.1 Burkina Faso: Therapeutic Pluralism and Family-Based Care

The Three Systems of Care: The ethnographic research in Bobo-Dioulasso by Pigeon-Gagné and colleagues provides a comprehensive picture of how mental health care is understood and accessed in urban Burkina Faso . Table 1 summarizes the three identified systems:

Table 1: Systems of Mental Health Care in Bobo-Dioulasso, Burkina Faso

System	Primary Function	Perceived Domain	Associated Risks/Limitations
Psychiatric care	Diagnostic function; management of serious pathologies	"Natural" causes	Limited availability; financial costs
Traditional care	Healing function	"Supernatural" pathologies	Risk of fraud; variable quality
Informal family care	Mainstay of therapeutic pathways	All domains; ongoing support	Financial constraints; limited specialized knowledge

This typology reveals that care seeking is not random but guided by culturally embedded understandings of illness causation. When a condition is perceived as having natural origins—perhaps an organic illness or biological dysfunction—psychiatric services are seen as appropriate. When supernatural causation is suspected—ancestral displeasure, witchcraft, spiritual attack—traditional healers are the logical first resort.

Crucially, families are not merely decision-makers but active care providers throughout. The research identifies informal family care as the "mainstay" of therapeutic pathways, meaning that regardless of which professional system is consulted, families provide the ongoing, day-to-day support that sustains patients.

Financial Constraints as Primary Barrier: The research's finding that financial constraints constitute the main obstacle to seeking care has profound implications . Even when families correctly identify the appropriate type of care based on their understanding of illness causation, they may be unable to afford it. This forces difficult choices: delaying care, seeking cheaper but potentially inappropriate alternatives, or relying solely on family care even when professional intervention is needed.

The financial barrier interacts with the pluralistic system in complex ways. Traditional healers may be more affordable than psychiatric services, or may offer payment flexibility that formal services do not. But affordability does not guarantee quality, and the risk of fraud—explicitly noted in the research—means families may pay for ineffective or even harmful care.

Human Rights Concerns: Investigative journalism by Anas Aremeyaw Anas documented serious human rights abuses in traditional healing contexts across West Africa, including Burkina Faso . At the Nagrengo healing centre, patients allegedly suffering from mental disorders were observed chained to logs and trees. A traditional healer named Seidu Nagrengo claimed to have cures for both mental illness and poverty, with a patient expressing belief in his powers.

Professor Chris Ndende, a clinical psychologist interviewed for the investigation, connected these abuses to the broader context of mental health service scarcity: "With such an abundance of gullible worshipers, patients and believers, is it any surprise that these men and women of disrepute continue to ply their trade successfully to the detriment of patients across Africa? This in itself is not surprising considering the acute dearth of professionals specialized in psychiatry and mental illness" .

Ndende's commentary poses a fundamental challenge to governments: "Where our governments and what are they doing to protect the citizens whose taxes keep them in power? Are they unaware of what is going on or do they just not care about patients suffering from mental illness?" .

These findings underscore the dual nature of traditional healing in Burkina Faso: culturally legitimate and often the only accessible option, yet in some cases associated with practices that violate fundamental human rights. Addressing this duality requires both regulation to protect patients and investment in formal services to provide alternatives.

5.2 South Africa: Policy Recognition and Integration Models

The Scale and Role of Traditional Healers: South Africa's mental health landscape is defined by dramatic workforce disparities. With an estimated 200,000 traditional healers compared to fewer than 1,000 registered psychiatrists , traditional healers are not an alternative system but the primary system for most South Africans, particularly in rural areas.

The South African Society of Psychiatrists has been explicit in recognizing this reality. Dr Lerato Dikobe-Kalane notes that 75% of people with mental disorders do not receive the treatment they need, due to a combination of resource limitations and resistance to seeking help because of stigma, low mental health literacy, and perceptions that treatment is ineffective .

Traditional healers, she argues, are well-positioned to address these gaps: "They have intimate knowledge of traditional medicine and cultural and spiritual practices and beliefs. They are respected in the community and their advice is sought out and respected, and they are able to offer culturally appropriate treatment" .

Evidence for Psychosocial Impact: SASOP's position acknowledges that while there is little evidence that traditional healers have an impact on severe mental illnesses such as bipolar and psychotic disorders, their psychosocial role can help with common mental disorders. "Informal counselling and support in improving family, community or work relationships—can help to relieve distress and mild symptoms of common mental disorders like depression and anxiety" .

This distinction is crucial for developing appropriate collaboration models. Traditional healers are not being asked to treat conditions beyond their expertise, but to serve as frontline resources for mild to moderate distress, to provide culturally appropriate support, and to recognize when referral to specialized services is needed.

The Call for Collaboration: SASOP's call for greater cooperation emphasizes mutual education and respect. "Greater collaboration between Western mental health practitioners and traditional or spiritual healers would help to educate the traditional practitioners on common mental disorders, treatment options and the resources for referral for more specialised treatment" .

The framework envisions traditional healers playing a key frontline role in early identification, referrals, and sharing cultural understanding with treatment-resistant patients who could benefit from alternative treatment modes. This is not about subordinating traditional healing to psychiatry but about creating a complementary system where each respects the other's domain and patients can move between them as needed.

The Siswana Model: Walking in Both Worlds: The work of Anele Siswana represents a unique and powerful model of integration at the individual practitioner level . As both a qualified clinical psychologist and a Xhosa divine healer (Igqirha), Siswana embodies the possibility of holding scientific and spiritual frameworks simultaneously.

Siswana's perspective is grounded in deep understanding of both systems: "As a clinician, I use scientifically grounded methods like talk therapy, trauma counselling, and diagnostic assessments. As an igqirha, I also understand the deep importance of ancestral callings, spiritual unrest, and cultural rituals in shaping a person's wellbeing" .

His case example of a young man with recurring dreams, panic attacks, and unexplained physical pain illustrates the integrative approach. A purely clinical assessment might diagnose anxiety or psychosomatic distress. An exclusively spiritual approach might focus solely on ancestral calling. Siswana's approach explored both dimensions, creating a healing pathway that respected the patient's mental health needs and spiritual identity.

Siswana's practical recommendations for health professionals are notable for their emphasis on openness, curiosity, and respect:

- **Ask openly** about traditional medicine use or healer consultation to foster trust and reduce stigma

- **Train with cultural insight** through workshops on African healing practices to deepen understanding
- **Collaborate respectfully** by referring to trusted traditional practitioners when patients request it
- **Be curious, not critical**, avoiding dismissive language like "superstition" or "unscientific"

His vision is compelling: "Healing is not 'either/or'. Instead, it can be 'both/and'. The future of mental health in South Africa lies not in silos, but in the power of integration, where clinical wisdom and traditional knowledge walk hand in hand" .

Research Evidence on Collaborative Care: A systematic review of traditional healing and mental health in sub-Saharan Africa provides important context for understanding integration . Key findings include:

- Traditional healing practices include faith-based (spiritual or religious) healing, diviner healing practices, and herbal therapies
- Objectively measured studies stated that people's mental health improved through collaborative care of traditional healing and biomedical services
- However, there is no conclusive, high-level evidence to support the effectiveness of traditional healing alone
- Human rights abuses occur as a result of some traditional practices, including physical abuse, chaining, and food restriction
- Individual, social, traditional healer, biomedical provider, and health system factors all influence access to traditional healing services

The review's conclusion that "traditional healing and biomedical services collaborative care improve people's mental health" supports the direction of South African policy, while the documentation of human rights abuses underscores the need for regulation and oversight.

Regional Policy Context: Research across five African countries, including Burkina Faso and South Africa, confirmed that mental health policies and legislation exist in all the countries and recognize the presence of traditional healers, albeit to varying degrees . This finding is significant:

policy recognition is not unique to South Africa, suggesting that the foundation for integration exists across the region.

The same research led to the establishment of the Pan-African Mental Health Research Network to advance research on mental health and traditional healing in Black African societies, indicating growing recognition of the need for evidence to guide policy and practice .

5.3 Comparative Analysis

Table 2: Comparative Summary—Burkina Faso and South Africa

Dimension	**Burkina Faso**	**South Africa**
Formal Mental Health Workforce	Limited; precise figures not available in sources	<1,000 registered psychiatrists for 60+ million population
Traditional Healer Workforce	Significant but not precisely quantified	Approximately 200,000 estimated
Systems of Care Identified	Psychiatric (natural causes); Traditional (supernatural); Family (mainstay)	Biomedical; Traditional (multiple types); Growing integration models
Policy Recognition	Policies recognize traditional healers	Explicit policy recognition; active professional discourse on collaboration
Integration Models	Limited formal integration; families navigate between systems	SASOP collaboration framework; dual-practice practitioners like Siswana
Human Rights Concerns	Documented abuses including chaining and physical abuse	Acknowledged concerns; addressed through regulation and collaboration discourse

Primary Barriers	Financial constraints	Workforce shortages; geographical maldistribution; stigma
Research Base	Ethnographic research in Bobo-Dioulasso	Systematic reviews; professional surveys; first-person accounts
Family Role	Identified as "mainstay" of therapeutic pathways	Recognized as key partners in treatment

Key Differences:

1. **Policy Development:** South Africa has more developed policy discourse on collaboration, with professional bodies like SASOP issuing explicit calls for integration . Burkina Faso's policy recognition exists but implementation is less advanced.
2. **Integration Models:** South Africa has developed sophisticated integration models, including dual-practice practitioners like Siswana who embody both systems . Burkina Faso's approach is more characterized by parallel systems with families navigating between them.
3. **Workforce Documentation:** South Africa has more precise estimates of traditional healer numbers and better-documented workforce disparities . Burkina Faso's traditional healer workforce is less quantified.
4. **Professional Discourse:** South Africa benefits from active professional engagement with traditional healing, including conferences, policy statements, and media outreach . Burkina Faso's professional discourse is less visible in available sources.
5. **Research Base:** South Africa has contributed to systematic reviews and multi-country studies on traditional healing . Burkina Faso has valuable ethnographic research but less integration into regional research networks.

Key Similarities:

1. **Therapeutic Pluralism:** Both countries feature multiple healing systems that patients and families navigate based on perceived illness causation and cultural frameworks.

2. **Traditional Healer Centrality:** In both countries, traditional healers are central to mental health care for the majority of the population, particularly in areas with limited formal services.
3. **Policy Recognition:** Both countries' mental health policies recognize the presence of traditional healers, providing a foundation for potential integration.
4. **Family Role:** Both identify families as essential to mental health care, providing ongoing support and making treatment decisions.
5. **Human Rights Concerns:** Both face challenges with abusive practices in some traditional healing contexts, requiring attention to regulation and patient protection.
6. **Resource Constraints:** Both face significant resource constraints in formal mental health services, making traditional healers a de facto necessity rather than a choice for many.

6. DISCUSSION OF RESULTS

6.1 The Logic of Therapeutic Pluralism

The Burkina Faso research provides a crucial insight: care seeking is not random but guided by culturally embedded understandings of illness causation. The distinction between "natural" and "supernatural" pathologies determines which system is seen as appropriate . This is not irrational but logical within a worldview that recognizes multiple possible origins of suffering.

This finding has profound implications for mental health policy. Efforts to promote biomedical psychiatry must engage with these causal beliefs, not dismiss them. If patients and families believe a condition has supernatural origins, they will seek traditional healing regardless of how accessible psychiatry becomes. The goal cannot be to replace traditional healing but to create a system where both forms of care are available and patients can navigate between them appropriately.

South Africa's integration discourse, exemplified by SASOP's call for collaboration and Siswana's dual practice, recognizes this reality. Rather than attempting to eradicate traditional healing, the focus is on ensuring that traditional healers understand their scope, recognize when referral is

needed, and provide care that is respectful of patients' cultural frameworks while protecting their safety .

6.2 The Centrality of Families

Both countries' research identifies families as central to mental health care. In Burkina Faso, families are the "mainstay" of therapeutic pathways . In South Africa, families are recognized as key partners in treatment . This is not merely a practical reality but a cultural value—in many African societies, illness is understood as a family affair, not an individual experience.

This family centrality has implications for how mental health services are designed and delivered. Services must be accessible to families, not just individuals. They must communicate in ways that respect family decision-making processes. They must provide support that enables families to continue their caring role rather than displacing it.

The financial barriers identified in Burkina Faso are particularly significant in this context. When families are the main providers of care, their economic resources directly determine the quality of care patients receive. Addressing financial barriers is not just about enabling access to formal services but about supporting families in their caring role.

6.3 The Promise and Peril of Traditional Healing

Both countries illustrate the dual nature of traditional healing: culturally legitimate, accessible, and trusted, yet in some cases associated with practices that violate human rights. The systematic review of traditional healing in sub-Saharan Africa explicitly documents human rights abuses including physical abuse, chaining, and food restriction .

This duality creates a fundamental challenge for policy. Dismissing traditional healing entirely would ignore its cultural legitimacy and the reality that for many, it is the only accessible option. Endorsing it uncritically would risk legitimizing abusive practices and failing to protect vulnerable patients.

South Africa's approach offers a potential path forward. By engaging traditional healers as partners, providing education about common mental disorders and treatment options, and establishing referral relationships, the goal is to improve the quality of traditional care while creating pathways to formal services when needed . The emphasis on mutual respect and understanding recognizes that change must come from within traditional healing communities, not be imposed from outside.

6.4 The Need for Regulation and Oversight

The investigative journalism documenting chaining and abuse in Burkina Faso and elsewhere underscores the urgent need for regulation and oversight . Professor Ndende's question—"Where our governments and what are they doing to protect the citizens whose taxes keep them in power?"—is a challenge that applies across the continent.

Regulation of traditional healing is complex. Many traditional healers operate outside formal systems, and attempts to regulate may drive practices further underground. Regulation must be developed in consultation with traditional healer organizations to ensure it is culturally appropriate and practically enforceable. It must balance the need to protect patients from abuse with respect for traditional practices that, while different from biomedical norms, are not harmful.

South Africa's larger and more organized traditional healer sector may offer advantages in developing regulatory frameworks. The existence of professional organizations and the engagement of bodies like SASOP create opportunities for collaborative regulation that might be more difficult in contexts where traditional healers are more fragmented.

6.5 Implications for SDG 3

The findings have important implications for achieving SDG 3 targets:

Target 3.4 (Promote mental health and well-being): Promoting mental health in contexts of therapeutic pluralism requires engaging with traditional healing systems, not ignoring them. South

Africa's integration discourse offers models for how this engagement might proceed, while Burkina Faso's research illuminates the cultural frameworks that must be understood.

Target 3.5 (Prevention and treatment of substance abuse): Traditional healers may play important roles in addressing substance abuse, particularly in communities where they are trusted sources of advice. Collaboration models could extend to substance abuse prevention and treatment.

Target 3.8 (Universal health coverage): Achieving universal health coverage requires defining what "coverage" means in contexts where traditional healing is the primary source of care for many. Coverage cannot mean only biomedical services but must include culturally appropriate care. At the same time, coverage must protect patients from harmful practices, which requires regulation and oversight.

Cross-cutting dimensions: Human rights, gender equality, and attention to vulnerable populations are essential. The chaining of patients documented in investigative journalism is a human rights violation that cannot be tolerated in any system aspiring to universal health coverage. Women and children may be particularly vulnerable to certain abuses, requiring gender-sensitive approaches to regulation and oversight.

7. CONCLUSION

This comparative analysis of mental health counseling and traditional healing in Burkina Faso and South Africa reveals profound insights into the challenges and possibilities of therapeutic pluralism in African contexts. The two countries, while sharing the reality of multiple healing systems and severe resource constraints in formal mental health services, demonstrate different trajectories in policy development, integration models, and engagement with traditional healers.

Burkina Faso's mental health landscape is characterized by three distinct systems of care that patients and families navigate based on perceived illness causation. Psychiatric services are seen as appropriate for conditions with "natural" origins, traditional healers for "supernatural" pathologies, and families as the ongoing mainstay of care throughout . This is not confusion but culturally logical help-seeking behavior. Yet financial constraints constitute the primary obstacle

to care, forcing families to make difficult decisions about allocating scarce resources . And investigative journalism has exposed serious human rights abuses in some traditional healing contexts, including the chaining of patients, highlighting the urgent need for regulation and oversight .

South Africa presents a more developed policy environment where traditional healers are formally recognized and integration discourse is increasingly sophisticated. With an estimated 200,000 traditional healers compared to fewer than 1,000 psychiatrists , traditional healers are not marginal but central to mental health care. The South African Society of Psychiatrists has called for greater cooperation, recognizing that traditional healers' psychosocial role can help with common mental disorders while acknowledging their limitations with severe illness . The work of clinical psychologist and Xhosa divine healer Anele Siswana exemplifies integration at the individual practitioner level, demonstrating how scientific and spiritual frameworks can complement each other . Research across five African countries confirms that mental health policies in both South Africa and Burkina Faso recognize traditional healers, though implementation varies .

Several cross-cutting insights emerge from this comparison:

First, therapeutic pluralism is not a problem to be solved but a reality to be engaged. Patients and families will continue to navigate multiple systems based on their understandings of illness causation, cultural values, and practical constraints. Mental health policy must work with this reality, not against it.

Second, cultural frameworks shape help-seeking in logical ways. The distinction between natural and supernatural causation in Burkina Faso is not irrational but reflects deeply held beliefs. Efforts to promote biomedical psychiatry must engage with these frameworks, not dismiss them.

Third, families are central to mental health care and must be supported in this role. Financial barriers that undermine families' ability to provide care are a primary obstacle to mental health. Policies that address these barriers—through social protection, health insurance, or other mechanisms—are mental health interventions.

Fourth, traditional healers are essential partners in mental health care, not obstacles to be overcome. Their accessibility, cultural legitimacy, and trusted status in communities make them invaluable frontline resources. The challenge is to support them in providing safe, effective care and to create pathways for referral when specialized services are needed.

Fifth, human rights must be central to any integration effort. The chaining and abuse documented in investigative journalism are unacceptable in any system. Regulation, oversight, and education are essential to protect vulnerable patients while respecting cultural practices that are not harmful.

Sixth, collaboration requires mutual respect and education. South Africa's call for training both biomedical and traditional practitioners about each other's roles and cultures is essential. Without mutual understanding, collaboration will be superficial or impossible.

Seventh, research is urgently needed. The systematic review's finding that there is no conclusive evidence for the effectiveness of traditional healing alone, but that collaborative care improves outcomes, underscores the need for further research to guide policy and practice . The establishment of the Pan-African Mental Health Research Network is a promising step.

For Burkina Faso, priorities emerging from this analysis include:

1. Build on the ethnographic research in Bobo-Dioulasso to develop a national understanding of mental health care seeking and traditional healing practices.
2. Address financial barriers to mental health care through health financing reforms, social protection, or other mechanisms that support families in their caring role.
3. Develop regulatory frameworks for traditional healing that protect patients from abuse while respecting cultural legitimacy, developed in consultation with traditional healer organizations.
4. Invest in formal mental health services to provide alternatives to harmful traditional practices and to receive referrals from traditional healers.
5. Explore collaboration models that could enable traditional healers to receive training in recognizing serious mental illness and referring appropriately.

For South Africa, priorities include:

1. Move from policy discourse to practical implementation of collaboration models, scaling approaches like those advocated by SASOP and exemplified by Siswana.
2. Address the human rights concerns documented in research on traditional healing, ensuring that collaboration does not legitimize abusive practices.
3. Support and study dual-practice practitioners like Siswana to understand what enables successful integration and how it can be supported.
4. Invest in formal mental health services to address the workforce shortage that makes traditional healers a necessity rather than a choice.
5. Share South African experience with other African countries through networks like the Pan-African Mental Health Research Network.

For the international community, the lessons are clear: mental health policy in African contexts must engage with therapeutic pluralism, not ignore it. Traditional healers are not going away, and they should not—they are valuable resources embedded in communities and trusted by populations. The challenge is to support them in providing safe, effective, culturally appropriate care while creating pathways to formal services when needed. SDG 3's goals of promoting mental health and achieving universal health coverage cannot be achieved without engaging with this reality.

The ultimate measure of success is not whether traditional healing is eliminated or fully integrated into biomedical systems, but whether people with mental distress and their families receive the support they need—support that is accessible, affordable, culturally appropriate, and respectful of their dignity and rights. Burkina Faso and South Africa, in their different ways, are both working toward this goal.

8. LIMITS OF THE STUDY

This study has several limitations that should be acknowledged. First, the comparative analysis relies primarily on secondary sources rather than primary empirical research. Direct observation of mental health services in both countries, interviews with patients, families, healers, and mental health professionals, and participatory research would provide valuable additional perspectives and ground-truth the findings from published literature. Second, data availability and

comparability vary significantly between countries. Burkina Faso benefits from rich ethnographic research in Bobo-Dioulasso but limited national-level data. South Africa has more extensive policy documentation and professional commentary but less ethnographic depth in available sources. Third, the investigative journalism documenting human rights abuses, while valuable for exposing serious concerns, represents a particular genre of reporting that may not capture the full range of traditional healing practices, many of which are undoubtedly provided with care and integrity. Fourth, the voice of traditional healers themselves is mediated through research reports and investigative journalism rather than captured directly. Future research should prioritize participatory methodologies that center healers' own understandings of their practices and their perspectives on collaboration. Fifth, the systematic review evidence on effectiveness of collaborative care, while important, is based on studies with methodological limitations and calls for further research. Sixth, the study does not comprehensively address the political economy dimensions—the funding flows, power relations, and structural forces that shape mental health systems in both countries. Understanding why mental health remains underfunded, why traditional healers are marginalized or recognized in particular ways, and how global health agendas influence national priorities would require deeper political economy analysis. Seventh, the transferability analysis is necessarily speculative. While principles can be identified, actual transfer of integration models depends on countless contextual factors including cultural frameworks, health system structures, legal environments, and political dynamics that cannot be fully anticipated. Despite these limitations, the comparative analysis provides valuable insights into the relationship between mental health counseling and traditional healing, with implications for both countries and for broader efforts to achieve SDG 3.

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10. AUTHOR CONTRIBUTIONS

The author conceived the study, designed the research methodology, conducted the literature review and document analysis, synthesized findings across countries, and drafted the complete manuscript. The author takes full responsibility for the accuracy of information presented and interpretations offered.

11. COMPETING INTERESTS

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential competing interest. No funding was received from organizations with interests in mental health policy, traditional medicine, or related sectors.

12. AUTHORS' CONTRIBUTIONS

As sole author, I performed all roles including conceptualization, methodology development, investigation, formal analysis, writing, review, editing, and project administration.

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14. DATA AVAILABILITY

All sources analyzed in this study are publicly available documents, including peer-reviewed articles indexed in academic databases, professional association publications, investigative journalism reports, and systematic reviews. Primary sources are cited in the bibliography and accessible through the referenced publications and organizations.

15. DISCLAIMER

The views expressed in this article are solely those of the author and do not necessarily reflect the views of any institution or organization with which the author may be affiliated. The analysis is provided for scholarly purposes and should not be construed as policy guidance or clinical advice. Mental health systems, traditional healing practices, and policy frameworks are subject to change, and readers should consult current sources for specific information about Burkina Faso, South Africa, and mental health care.

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