Chapter 1 gives the motivation for this research. The integration of traditional healers into western primary health care, should be aimed at, in order for all by the year 2000'. The WHO (1978a) gives the description of a traditional healer: 'The traditional person who is recognized by the community in which he is competent to provide health care by using vegetable, substances and certain other methods based on the social, religious background as well as on the knowledge, attitudes that are prevalent in the community regarding physical well-being, and the causation of disease and health. The increasingly expensive western health care is in continually more difficult to obtain for a growing number of patients in several African countries this has led to the authorities realizing the importance of improving the traditional and prayer healers. The traditional and prayer healers have a large, unorganised infrastructure of traditional healing, easy reach of and accessible to everyone. The Afrikaans version of this paragraph can be read at page 36.

Very little systematic follow up research of any extent of the form and effect of the treatment of patients by prayer healers in general, and of psychiatric patients in particular, has been carried out.
of the care given to psychotic patients by western traditional and prayer healers. Against this background the effects of each of these forms of treatment reintegration of psychotic patients.

The professional sector is the official health care. Organisational and functional hierarchical lines within health care conform to the administrative system. Psychiatric provisions are relatively even more general health care. There is for instance only one province for the treatment of psychotic patients. Therefore many patients this facility is far away and difficult is continuously a larger number of patients than they can accomodate.

The psychiatric ward mainly uses a biomedical concept of disease. This concept does not correspond to the patients as to the 'why' of the disease and the explanation of the value of use of medication over is not appeal to the patients and do not correspond to them to be declared cured. Through the differences in concept is not easily open to questions of the patient and health. Treatment is aimed mainly at shortening the period through the use of medication, and to a lesser extent social functioning. The latter through participatory therapy or through domestic duties in the ward.

The cost of admission is low for the patient. Additional cost of transport can, however, add up to a sum.

Community based health care programs were started in districts in Kenya. Attempts are made to integrate the program. A grassroot approach is emphasized.

The traditional health care system is closely related to the spirits, which are an important element of Luhya culture. The Luhya, the spirit of a deceased has more power that of a living person. Ancestral spirits deal with adversity, illness - including mental illness - and their acts is far more often than the Luhya might have in them.
With the Luhya *lilalu* is a clearly defined concept. It is our concept of psychosis. It must be noted that some authors do not refer to the depressive phase of a bipolar disorder as a psychosis.

The diagnostic process of traditional and prayer healers involves differences to western psychiatry. Where western medicine starts through inventory, patient history and with the aid of further investigations to establish the illness and to classify the illness according to a classification system (for instance ICD 9 or DSM III), prayer healers immediately look for the cause of the illness, which symptoms play a subordinate part. Symptoms are systematically listed and written down.

The traditional healers involved in this research differed from one another in their treatment. Their concepts of the development of psychosis corresponded, as did their methods of treatment, but their treatment, their techniques, showed mutual instance in the way herbs were administered or a ritual was performed. The prayer healer involved in this research took certain points, as did the traditional healers, that a supernatural cause of *lilalu*. His treatment was also aimed at undoing the effects of that supernatural power.

The traditional healer usually reacted to aggressive behavior by tying up the patient, warnings or corporal punishment, whereas the traditional healer tied up the patient as well to prevent them from roaming around or having (car-)accidents, or to ensure that the treatment was not forthcoming. Furthermore aspects as 'possibly ill-making environment' and 'setting to work' (payment) can be indicated, which possibly influenced the course of the treatment unintentionally.

Much literature is written about the care aspect of traditional healers, and less about that of prayer healers. Their care, world-view of traditional or prayer healers and (of their patients) is assumed to be of importance, for instance in the way herbs were administered or a ritual was performed. The traditional healer is a not unambiguous figure, because the traditional healer is the one who is supposed to know how and why a certain behavior is occurring, and the patient and his relatives are asked for their ideas of what is occurring. The traditional healer usually reacts to aggressive behavior by tying up the patient, warnings or corporal punishment. The traditional healer tied up the patient as well to prevent them from roaming around or having (car-)accidents, or to ensure that the treatment was not forthcoming. Furthermore aspects as 'possibly ill-making environment' and 'setting to work' (payment) can be indicated, which possibly influenced the course of the treatment unintentionally.
mental disease.

Next the norms and values of the Luhya-community are looked at. Cerebral insanity is the fact that everything abnormal may lead to stigmatization. Mental illness includes abnormal behaviour as well as abnormal appearance. Research by Bijleveld (1976) shows that the Luhya most fear *lilalu*. The reasons they are afraid of *lilalu* are summarized.

For the social consequences it is important to know whether the patient's illness concerns a first psychosis or a relapse and what kind of behaviour he has shown. His behaviour is decided on the one hand by the illness-behaviour, on the other hand by the symptoms that are an intrinsic part of the illness. Especially the question whether the patient has or has not been aggressive is important for the community reactions. The social disqualifications of the *lilalu* patient are described, in which interactions between the community and the patient play an essential role. Here it is important to note that, although the *lilalu* patient is not held responsible for his actions, still social intercourse is withheld, more or less as with those who are held responsible for what they do.

Finally, chapter 5 goes into the influence of the treatment by traditional or prayer healer as well as a hospital, on stigma. Traditional and prayer healers can on occasion, through their fortunetelling, attribute a positive image to the patient, viz. that of a future healer. An example illustrates the fact that the patient's history and the behaviour of a patient influence the stigma more than the type of treatment given. During hospital treatment the patient is more isolated from his environment than during treatment by the traditional healer, where the relatives are usually involved in the treatment. This isolation may put the responsibility for the disease, more on the individual patient and thus promote stigma. The causes of the disease as thought by psychiatry put more responsibility on the patient as well.

By traditional healers as well as in hospital the patient is treated roughly. The fact that in hospital this is also done by nursing staff, does not show respect for a male patient. This affects his self-respect according to the Luhya.

When cured, a patient may receive proof of being cured from a traditional or prayer healer through a ritual of passage, possibly reducing the stigma. The hospital gives the psychopharmaca. This shows clearly to both patient and surround that he is not cured. This will reinforce the stigma.
psychotic patients?
- in which way are psychotic patients treated by a traditional or prayer healer and in which way in a western psychiatric department?

Specific questions:
- for what reasons did patients of our research group admitted by a traditional or prayer healer and why to the hospital?
- how is their help-seeking behaviour?
- how high is the patient's and the community's trust in treatment?
- what is the nature and the effect of the treatment?
- what is the condition of the patients concerning psychopathology social functioning at the start of the index-treatment and the end of the follow-up period?
- what are the reactions of the community on the patient at the end of the index-treatment and what at the end of the follow-up?
- are there differences in effect between the different kinds of treatment?
- what are possible reasons for these differences?

Social reintegration is taken as a measure for the effect of treatment, by a because it indicates in which way a (former) patient functions in the community. This is influenced by the amount in which symptoms are present, the social functioning of a patient, the question whether the patient has been admitted to a hospital or to the compound of a traditional or prayer healer, and the reactions of the environment towards (former) psychotic patient.

The questionnaires used in this research are described: Prince of Wales Examination (PSE; measuring psychopathology), Disability Schedule (DAS; measuring social functioning), and a questionnaire designed for this research measuring reactions by the environment among other things. The problems faced with these instruments are described.

Finally, in chapter 6 the primary criteria for comparison status, education and profession, are compared in pairs and
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In chapter 7 the group of traditional and prayer healers hand and the hospital group on the other hand are, in descriptive form, mutually compared on the following points:
- the ideas of the patient's relatives as to the cause of disease;
- the help-seeking behaviour;
- the considerations during the aid-seeking behaviour;

Ideas about causes
By far the larger part of our patients' relatives is convinced of a supernatural cause of 

traditional healing of 'lilalu. This would logically lead to the idea that patients would logically seek treatment by a traditional or prayer healer. To justify this choice, several possible causes were mentioned.

Help-seeking behaviour
For the 33 patients for whom the index-episode is the following episode, their first choice of treatment, number of treatments received before the index-episode, are described. The fact that patients with a relapse-psychosis in the hospital received slightly more treatments per episode than the patients in the group of traditional and prayer healers, and on average through slightly more episodes, there are no differences between the groups.

It is furthermore remarkable that the average number of treatments for patients with a relapse-psychosis is the same in the group of traditional and prayer healers (N=17), but that the number of western treatment episodes for the hospital group are considerably higher than in the group of traditional and prayer healers.

It might mean that a patient with frequent psychotic symptoms is easily taken to the hospital because the hospital offers care more quickly than a traditional or prayer healer.

There is no clear difference in number for the types of treatments during the index-period between the groups of traditional healers vs. hospital.
The patients in the group of traditional and prayer healers who had other treatment after the index-treatment, have a slightly positive opinion about the index-treatment at the end of the follow-up period than the patients in the hospital group. In the hospital patients developed a more positive opinion.

With the patients who did have other treatment after the index-treatment, confidence in the index-treatment had decreased at the end of the follow-up period. This is not very remarkable because the treatment was not so satisfactory that it alone was adequate.

At the end of the follow-up period the opinion of the patients with a first psychotic episode had become slightly less positive about treatment by traditional and prayer healers, and slightly more positive about hospital treatment.

Patients with a second or following episode started traditional treatment more often with an ambivalent idea than patients with a psychotic episode. It has become negative with several patients at the end of the follow-up period.

A similar kind of ambivalence as in the traditional group was met by the major part of patients with a relapse episode in the hospital group at the start of their treatment. At the end of the follow-up period more patients have a positive idea about the hospital treatment than at the start of the index-treatment.

Possibly the limited expectations of this treatment play a part that the hospital only limits the symptoms of *ilala* and does not have the power and influence of the evil spirits.

The opinion about hospital treatment may also become more positive because of the diminishing of psychopathology and consequent normalization of behaviour. As we saw before this may lead to a change in the choice of treatment.

In a single case the family had given up trust in all treatment and did not expect anything at all at the end of the follow-up period.

A description is given of the elements in the approach of traditional and prayer healers and of the hospital that enhance the regression. These were: inactivity, no correction of behaviour, lack of structure, 'laying off' of own identity, admission, tying up, restrictive action.
Of the follow-up, the index-treatment at the end of the index-episode according to the definition by 1978b).

Patients of the hospital group show less psychopathology than the traditional or prayer he.

Explanation is that immediately after admission administered and the fact that patients could often observed a few days after admission - and consequently days of drug treatment.

An other factor that may explain the difference symptomatology is the more structuring treatment hospital.

Social functioning

There was dysfunctioning in almost all patients except for the items 'relations within family' and family'. For the items 'professional role' and 'a lesser extent 'self-care', the hospital group dysfunctioning.

Both groups of patients showed an equally severe

Reactions of the environment

The environment's reactions to the relations with patient they were fairly negative. Especially finding a partner', 'no invitation to party or patient', 'non acceptance of patient', the score.

Although the patients are not matched to psychopathology, social functioning and the environment of the environment.

Psychopathology

All patients involved in our research were psychotic the index-episode according to the definition by 1978b).

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Although the patients are not matched to psychopathology, social functioning and the environment, they are fairly similar for the patients from both groups.

Effect at the end of the index-treatment

The effect of the index-treatment is decided according to the improvement of the psychopathology at the end. The patients of the hospital group improved more than patients from the group of traditional and prayer. Important seemed to be mainly the drug treatment in the case of a psycho-organic disc...
Therefore we made a distinction at the end of the follow-up between the patients who have and who have not been treated with index-treatment. The latter group remains subdivided in a traditional and prayer healer group on the one side and a hospital group on the other. In this latter group there remained six matched patients.

**Psychopathology**

PSE-scores show an equal distribution for improvement and deterioration of behaviour, affect, and speech in all three research groups. Patients in traditional and prayer healer group improved more than patients in the hospital group with no other treatment. However, it is important to realize that patients from the traditional and prayer healer group taken together did worse at the end of the follow-up period. For the six pairs of matched patients who received no other treatment, we see the same tendency in the severity of psychopathology patients in the traditional and prayer healer group who received no other treatment, namely the patients in the hospital group are doing a little better as far as psychopathology is concerned. The group of patients who had other treatment showed more psychopathology than the group of patients without other treatment.

**Social functioning**

Also social functioning of the group of patients who received treatment after the index-treatment is worse than that of patients who had no other treatment. Within the group of patients with no other treatment social functioning of the hospital group is better. The same applies to the six pairs of patients within this group.

**Reactions of the environment**

The reactions of the environment which applied to more than one patient at the beginning of the index-treatment, have remained remarkably high at the end of the follow-up period, with the item 'avoidance of patient' and 'eating with the patient' being the most prominent.
The follow-up period treated after the traditional healer group on the six matched pairs of

...deterioration groups.

...recovery on average either treatment. 

...the traditional group. on the start of the average, they still period.

...other treatment as for all who had no other doing better out at the end from the hospital psychopathology are

...showed more treatment.

...who had other of the group social functioning six matched

...than half of the all remained with the exception patient'.

...and reactions of

...scores and the period have been

...prayer healer group and to patients in the hospital group treatment, and to the patients who had other treatment.

There was always a positive effect on social psychopathology was improved and no relapse functioning did not or hardly improve if psychopathology improve. It did also not improve completely if psychopathology had disappeared, there was no possible functioning. This was the case if the healer did not show any psychopathology if the taboos of the healer implied no visiting of social Persisting psychopathology and norm-deviant behaviour patient encountered: the patient either remained in the traditional healer, or he clearly showed social did received many (negative) reactions from the environment was, according to this research, independent of the treatment.

The reactions of the environment were for the patient group the same as for the patients in the traditional group: there were no negative reactions of the psychopathology was strongly decreased and the patient. Nevertheless, even if a patient was completely cured show any psychopathology, the environment still considered the patient a shame for himself or his adopted a waiting attitude. In the same way these improved patients could experience the follow-up period social expulsion in the form of partner', or 'no invitation to a feast or funeral'. If psychopathology did not or hardly improve, negative environment did also hardly decrease. Especially aggressive or sexually tinted deviant behaviour the environment negatively. The more so, if the behaviour continued for the other hand a certain amount of acceptance appeared the deviant behaviour of patients with relapsing psychopathology possibly based on familiarity. How a patient is known in the community outside appeared to influence the reactions of the environment. There is no proof whether the group of patients who chose treatment, distinguished themselves in psychopathology functioning and reactions of the environment, compared to patients who remained looking for the same kind of treatment. When the wished-for results stayed away the family of inclined to look for better results - again - from prayer healer. As a motive was given that healers differ from each ability to deal with supernatural powers. Furthermore