Heliyon 8 (2022) e11316

Contents lists available at ScienceDirect

Heliyon

journal homepage: www.cell.com/heliyon

Research article

Umunthu, Covid-19 and mental health in Malawi

Jimmy Kainja [a,*], Yamikani Ndasauka [b], Martina Mchenga [c], Fiskani Kondowe [d], Chilungamo M'manga [e], Limbika Maliwichi [f], Simunye Nyamali [g]

[a] *Department of Language and Communication Skills, University of Malawi, Malawi*
[b] *Department of Philosophy, University of Malawi, Malawi*
[c] *University of Cape Town, South Africa*
[d] *Department of Mathematics, University of Malawi, Malawi*
[e] *Kamuzu University of Health Sciences, Malawi*
[f] *Department of Psychology, University of Malawi, Malawi*
[g] *DoJob, Malawi*

ARTICLE INFO

Keywords:
Mental health
Covid-19
Umunthu
Communitarianism
Malawi

ABSTRACT

This paper investigates the centrality of *Umunthu* in mental health conception and treatment in Malawi. *Umunthu* is an African philosophical worldview which stresses that an individual is human as they relate to others, as in the saying *I am because we are.* Its communitarian approach contrasts with a predominantly western individualistic worldview; *I think therefore I am.* There are spelling variations of the word across Bantu languages, including *bomoto* (Congo), *gimuntu* (Angola); *umunthu* (Malawi); *vumutu* (Mozambique); *vumuntu, vhutu* (South Africa); *humhunu/ubuthosi* (Zimbabwe); *bumuntu* (Tanzania); and *umuntu* (Uganda). Literature shows that if embraced and advocated for, *Umunthu* plays a positive and influential role in mainstreaming and dealing with mental health issues in communitarian societies where the *Umunthu* ideals are part of the social fabric. However, in the case of Covid-19 and mental health in Malawi, the paper argues that Covid-19 preventive measures, particularly self-isolation when Covid-19 positive; maintaining social distance at all times; and reducing the number of people gathered at funerals, challenge *Umunthu* ideals, which have in the past been crucial in reducing stress, trauma and anxiety. This original paper bases its arguments on empirical data collected in a study conducted in Mangochi, Blantyre, Karonga and Lilongwe. Based on the study's findings, the paper highlights that although Covid-19 preventative measures have been globally embraced, it is also a limiting factor in the quest for mental health in societies with communitarian value systems.

1. Introduction

This paper aims to advance an argument that the universally applied Coronavirus (Covid-19) measures overlook communitarian worldviews that are critical to dealing with health crises and mitigating their traumatic after-effects, such as mental health problems. It specifically argues that the Covid-19 preventive measures are an affront to the pan-African philosophical virtues of *Umunthu*, which have proved effective in dealing with traumatic experiences caused by health crises. The paper makes an essential contribution that, in addition to the conventional methods of mitigating pandemics such as Covid-19, it is also prudent to embrace culturally specific local practices that are detrimental to achieving positive outcomes. The paper has demonstrated this by arguing that in collectivist societies, *Umunthu* virtues are critical to mitigating mental health effects emanating from the Covid-19 pandemic.

1.1. The Covid-19 pandemic

The coronavirus (Covid-19), an infectious disease caused by the SARS-CoV-2 virus, has disastrous effects on communities and its members, among which are mental health problems. As a result, in March 2020, the World Health Organisation declared Covid-19 a pandemic. The pandemic is a major health crisis that has affected millions of lives worldwide, leaving much trauma as people struggle to cope with its effects (Al Dhaheri et al., 2021). In their article, which systematically reviewed the mental health status of the general population, Xiong et al.

* Corresponding author.
E-mail address: jkainja@unima.ac.mw (J. Kainja).

https://doi.org/10.1016/j.heliyon.2022.e11316
Received 2 May 2022; Received in revised form 10 July 2022; Accepted 25 October 2022

(2020) found that a higher prevalence of adverse psychiatric symptoms had been reported than before the pandemic. The review found that "the Covid-19 pandemic represents an unprecedented threat to mental health in high, middle, and low-income countries (Xiong et al. 2020, p.62).

In their systematic review and meta-analysis of government response and impact of Covid-19 on mental health, Lee et al. (2021Lee et al. (2020, p.365) established that in addition to being a public health crisis, Covid-19 is also mental health and economic crisis; adding that the threat to mental health is "unprecedented in scale and scope". The study also established that the pandemic's prevalence and severity of depression and mental disorders increased across geopolitical, cultural, and socio-demographic strata. The study attributed these cases partly to government measures to contain the infection. As well as managing the pandemic, the measures significantly reduced economic activities in most world regions, "with the externality of significant gross domestic product contraction and increased extreme poverty in low-income countries" (Lee et al., 2021, p.365).

Mitigating factors to curb the spread of the contagious disease include self-isolation for patients and those with Covid-19 positive; social distancing; and special burial procedures for the deceased; the latter may differ from place to place. In Malawi, medical workers handled burial procedures and not members of communities, as is always the case. These measures have had adverse effects, especially in communitarian societies such as Malawi, where people handle such experiences as a community. It is a community's responsibility to care for the sick, visit the sick in hospitals and mourn the dead. This practice has the advantage as it lessens the burden on the grieved families and cheers the community's sick members. Bowe et al. (2021) have established that the communitarian approach to caring for affected community members is well-established, even in specialised fields such as human psychology. Similarly (Haslam et al., 2018), found that the communitarian approach is beneficial as it brings out a range of physical and mental health outcomes, including identification with social groups, constituting a social cure.

In communitarian societies, the traumatic experience of the Covid-19 pandemic has been exacerbated by its mitigating factors, isolating community members when they most need each other's support, care, and compassion. For instance, during the HIV/AIDS pandemic, Malawian communities relied on collective efforts to cope with the traumatic experiences of the pandemic, leveraging the African worldview of *Umunthu*. In Africa, it is said that it takes a village to raise a child. This philosophy is embodied by John Mbiti's (1969) saying: *I am because we are, and because we are, therefore I am*; and the African saying: *if you want to go fast, go alone. If you want to go far, go together*.

1.2. What is umunthu?

Umunthu is a variant of Ubuntu that places the community at the centre of defining a person. Both (Mokgoro, 1998) and (Tutu, 2004) have warned that translating the meaning of *Umunthu* into Western languages and context is futile because *Umunthu* is distinctly an African perspective. According to Mupedziswa et al. (2019), *Umunthu* philosophy is known differently across African Bantu languages. These include *bomoto* (Congo), *gimuntu* (Angola); *umunthu* (Malawi); *vumutu* (Mozambique); *vumuntu, vhutu* (South Africa); *humhunu/ubuthosi* (Zimbabwe); *bumuntu* (Tanzania); *umuntu* (Uganda). This paper uses *Umunthu* because the study is on Malawi, where the variation of the word is used. *Umunthu* is understood as metaphysical, ethical or worldview. In this paper, *Umunthu* is used as a worldview that places community, not the individual, at the centre of human purpose and endeavour.

Wright and Jayawikrama (2020, p.6) provide that the *Umunthu* philosophy originates in the Nguni aphorism *umunthu ngumuntu ngabantu,* which translates as a "person is a person because of or through others." In his description of *Umunthu* idealism, Kayange (2018, p.120) observes that this philosophy speaks explicitly to culture as a way of life for Africa's Bantu people. He adds that a "Bantu individual is communitarian in his/her way of thinking and life", as exemplified during such occasions as funerals and weddings. Kayange's observation underscores a Tumbuka saying, *mwafwa tafwa,* which translates as one's loss is everyone's loss–these are words of comfort as it is ideal in practice when a family loses a loved one.

Thus, *Umunthu* can realistically be described as an ideal within African cultures to "express compassion, reciprocity, dignity, humanity and mutuality in the interests of the building and maintaining communities with justice and mutual caring" (Wright and Jayawikrama, 2020, p.6). In this case, *Umunthu* can be considered both a definitive account of value systems that operate across much of Sub-Saharan Africa and a normative philosophy of how people should relate to one another. Wright and Jayawikrama further argue that in *Umunthu* lay three points relevant to understanding mental health and well-being. These are *interconnectedness,* in which *Umunthu* is seen as a philosophy that can only be operationalised through social relationships. *Inclusion,* where *Umunthu* is leveraged for its promotion of oneness among individuals and members of the society with emphasis on shared values. *Interrelationships,* in which *Umunthu* is seen as critical in providing a pragmatic framework for the relationship between the individual and the collective.

However, Engelbrecht and Kasiram (2012) consider *Umunthu* a declining ideal due to various socioeconomic and cultural factors. These include changes in African cultural practices due to changing perceptions and approaches to ideals of life. They argue that communities that firmly adhered to *Umunthu* philosophy are now routinely held captive to notions of neo-liberalism that favour the individualism of the Western world, espoused by René Descates' individualist approach: *I think therefore I am.* Furthermore, Engelbrecht and Kasiram found that African youths are increasingly measuring themselves according to what they own, not how they contribute to the family and community. The latter is likely an outcome of global media and communications products, increasingly shaping worldwide culture and practices. According to Baker (2012), the globalisation of media and communication systems has brought a crisis of identities due to an increase in the range of sources and resources available for identity construction; globalisation has provided a fertile ground for increased cultural meetings and mixing, bringing in issues of hybrid identities.

These perspectives show that *Umunthu* is generally defined through the binary cultures of the West (individualism/liberalism) and the East (communitarianism). Tomas (1991) argues that this worldview exaggerates the claims of liberalism and underestimates the complexities and possibilities inherent in individual rights. Individual rights are enshrined in Chapter IV of the 1995 Constitution of the Republic of Malawi. Indeed, the liberalism/communitarian binary disregards the fact that even in communitarian African cultures exercising individual virtues is permitted. For instance, societies are proud when a community member is a successful business person or a politician.

However, it is also essential to recognise that these individual successes are celebrated because the community members perceive an individual's achievement as their own. Those with good financial resources are expected to help their communities–in South African popular culture; this is called "black tax", a process in which, according to Agbo (2021), a child is taught from a tender age that a part of the success of his family rests in their hands. Adding that this is the basis of African phrases such as one must *never forget where they are coming from.* This means that individual virtues are allowed, but this does absolve one from a communal responsibility. Such responsibilities are especially critical during crises and emergencies when the financial contribution from successful community members is always crucial. Thus, in their study examining the *Umunthu* philosophy and mental health interventions in Malawi, Wright and Jayawickrama (2020, p.2) explained how *Umunthu* "continues to resonate as a contemporary, sophisticated yet pragmatic approach, despite—and in fact under the gaze of—Western biomedical approaches in Southern Malawi."

1.3. Umunthu *and mental health*

The *Umunthu* philosophy is the key organising factor of human and social relations among the Bantu people and other parts of the African continent. From a mental health perspective, Chigangaidze (2021, p.9) Considers *Umunthu* a critical component because it promotes the "provision of care, group therapy, tapping into community resource systems, and family responsibilities in the rehabilitation process." Engelbrecht and Kasirami (2012, p.411) postulate that in communities where *Umunthu* is the underpinning virtue, it can effectively promote the survival and recovery of families with members with mental illness. Wright and Jayawickrama (2020) established that communitarian societies have managed mental health problems through family and community resources for centuries. They observed that "formal structures of traditional authorities, from healing approaches derived from traditional African Religions and Christian Churches, provide the recognised care" (Wright and Jayawickrama, 2020, p.6).

In his study on personal cultural concepts and mental health in Africa, Kpanake (2018) found that people in some parts of Africa conceptualise their personhood as spiritual, social, and self-agency. Additionally, the study illustrated how the "dynamics of cultural concepts of the person may influence major aspects of mental health, including the meanings conferred on mental illness, help-seeking behaviours, and expectations of recovery" (Kpanake, 2018, p.13). Given the different worldviews, *vis-à-vis* liberalism and communitarianism, the universally applied Covid-19 preventive measures needed to be contextualised and accommodate local experiences to mitigate the pandemic's disastrous after-effects. The centrality of communitarian virtues in addressing mental health issues should be capitalised on in dealing with the Covid-19 pandemic and as a preventive measure for Covid-19 after-effects. In Communitarian societies, cultural practices are critical to the healing process and improved well-being.

2. Methodology

This study used a cross-sectional research design in which researchers collected data from individuals in a given research period. The study used a mixed-methods approach, combining both quantitative and qualitative data. Qualitative data was collected through a survey, and qualitative data through focus group discussions (FGDs), in-depth interviews, and key informant interviews (KIIs) in Malawi's four districts of Blantyre, Mangochi, Lilongwe and Karonga, representing the country's four administrative regions; southern, eastern, central and northern, respectively. The study was conducted between May and June 2021, after the second wave of the Covid-19 pandemic, which, according to Medecins Sans Frontieres (2021), was more devastating in Malawi than the first wave.

Qualitative data was collected using structured survey questionnaires administered to the general population. Questionnaires were consolidated and standardised, focusing on cultural attitudes towards mental health. For qualitative data, FDGs were conducted using a guide with open-ended questions and key informant interviews using a tailored guide. Due to Covid-19 restrictions, the number of participants in FGDs was limited to a maximum of 6 people per group—this was deemed an excellent number to observe social distancing. These FDGs were conducted with community members to measure how cultural values and beliefs affect people's perceptions of mental health. 1 FGD and 2 KIIs were conducted in each of the four districts.

For quantitative data, the study calculated a sample size based on district population as reported in the 2018 Malawi Population and Housing Census report using the following formula:

$$n = \left[\frac{\left(\frac{z^2 p(1-p)}{e^2}\right) N}{\left(\frac{z^2 p(1-p)^2}{e^2}\right) + (N-1)} \right]$$

where z is the level of confidence (95%); e is the acceptable level of error (0.05); p is the fraction of responses that we are interested in and is estimated from previous studies or estimated by 0.5 in cases where such information is not documented; N is the calculated sample size, and N is the total known population size obtained from the 2018 census report. The sample included the general population aged 18 years and over and excluded those under the age of 18 years old. This is because 18 years is the age of consent in Malawi.

Quantitative data entry, cleaning and analysis were conducted using STATA version 14. Descriptive data analysis was done using numerical summaries, graphs and frequency/percentage distribution tables. Also utilised were Pearson Chi-square tests of association and proportions and regression analysis to determine relationships. All recorded interviews and FGDs were transcribed and translated into English using standardised qualitative procedures. The study used a thematic data analysis method. Thematic analysis is a method for analysing qualitative data in many disciplines and fields and can be applied to different datasets to address various research questions—"it also involves interpretation in selecting codes and constructing themes." (Kiger and Varpio, 2020. P1). Thus, this method allowed the researchers to closely examine the data to identify common themes– topics, ideas and patterns of meaning that come up repeatedly; it allowed the researchers to analyse the data in five broad steps, namely: familiarisation; coding; generating themes; reviewing themes, and defining and naming themes.

The study was conducted with complete adherence to ethical standards expressed in the Declaration of Helsinki. Before the commencement of the study, relevant authorisation and approval were sought from the University of Malawi Research Ethics Committee (UNIMAREC) (No. P/03/21/53), Mangochi, Blantyre, Lilongwe and Karonga district commissioners. Permission to conduct the study was also sought from Group Village Heads of areas where data were collected. Participants above eighteen years who agreed to participate in the study provided written informed consent to participate in the study.

3. Results

3.1. Demographics

Table 1 shows the demographic composition of participants.

According to Table 1, a majority of participants (55%) were female and were from Lilongwe district (43%).

3.2. Malawian cultural norms and mental health

Mental health is generally recognised as a problem in Malawian societies; this is understood from cultural and religious beliefs. Figure 1 indicates responses from participants about the source of mental health problems.

Table 1. Summaries of demographic characteristics.

Demographic Characteristic	Sample N (%)
District	
Lilongwe	145 (43)
Blantyre	92 (27)
Mangochi	61 (18)
Karonga	43 (13)
Gender	
Male	153 (45)
Female	188 (55)
Total	**341 (100)**

According to Figure 1, 33% of the respondents believe that mental health is caused by evil spirits or divinity, while 41% believe that mental health problems are caused by witchcraft and sorcery. Likewise, communities believe that mental health problems can be managed through the same means. For instance, during an FDG in the Mangochi district, it was said that "… mental health problems could be treated. But it depends on what caused the problem. For example, if the mental health problem results from superstition, the health service providers can't treat it."

Although the communities do not believe biological, psychological and social problems cause mental health, the communities do recognise mental health as a problem. This allows communities to find remedies and solutions. For example, a key informant in Karonga pointed out that "… once you know your enemy, you can easily plan and defeat it." Likewise, another key informant from Mangochi said that he encourages the youth in his areas to "form youth groups and engage in various activities to keep the youth active and stay away from drugs."

3.3. Attitudes towards mental health

There's no consensus on the actual meaning of mental health, although the problem is recognised in the community. Although mental health is recognised and communities are willing to help affected members of the communities, those affected do not always come forward for fear of being stigmatised, which makes it difficult to manage mental health timely because communities cannot offer their support. This was captured at an FDG in Lilongwe district that community members are afraid to approach persons suspected to have mental health problems unless it is evident, which can be too late. It was said: "One can know that someone has a mental health problem, but you may not have the courage to approach them because you are afraid of being seen as wading into their private terrain." The stigma directly correlates with the fact that mental health is not regarded as a disease that can be cured in the conventional sense as diseases like malaria or tuberculosis.

There are community groups organised to help community members with mental health. For example, in Karonga, women's groups—*Tikwerire* and *Aipas*-help community members with mental health. Collaborative approaches such as this one encourage mental health patients to come forward for help instead of keeping the problem to themselves. Figure 2 shows community/family reaction to mental health problems.

According to Figure 2, most participants indicated that family (78.3%) and the community (67.5%) depict helpful behaviour towards a relative or a community member with mental health problems. Inquiring how community and family respond to a relative with mental health problems, the majority of the respondents said that families and communities should show helpful behaviour, seek help from an expert, inform a health expert about the community member and listen to the patient's problems. Respondents also indicated that families and communities depict helpful behaviour in response to a relative/community member with mental health problems (see Figure 2).

4. Discussion

The study sought to investigate the place and role of *Umunthu* in understanding and dealing with mental health problems due to Covid-19 preventative measures. The study has found traditional and religious influences in understanding, dealing and coping with mental health problems. Further, the study found that the Covid-19 preventative measures were not in-line with the *Umunthu* worldview. Due to this dissonance, the community felt shot-charged, affecting their mental health coping mechanisms. Mental health is a well-known problem in Malawian society; the problem is primarily understood from cultural and religious beliefs, not as a health condition caused by biological, psychological and social issues. Thus, for many people, mental health is essentially a cultural issue. This is why mental health conditions are not seen as illnesses like malaria or tuberculosis. After all, a community approach to corrosive health problems is effective in communitarian societies where issues are approached collectively. As Wright and Jayawickrama (2020) established, mental health problems have historically been managed in communitarian societies through family and community resources, which are essential *Umunthu* values.

Similarly, a study by Elsden and Roe (2021) found that using arts and cultural engagement effectively reduces depression among community members. This is the approach communities in Karonga District take through performances and traditional dances. This approach proved effective in relieving pressure and stress at the height of the HIV/AIDS pandemic in the country. Communitarian approaches are a critical source of support during a crisis; they provide collective contexts for shared identity and solidarity that predict supportive, prosocial responses (Bowe et al., 2012).

The Covid-19 pandemic has somewhat mainstreamed the discussion around mental health issues, as communities are coming to terms with traumatic experiences caused by the pandemic. Having gone through

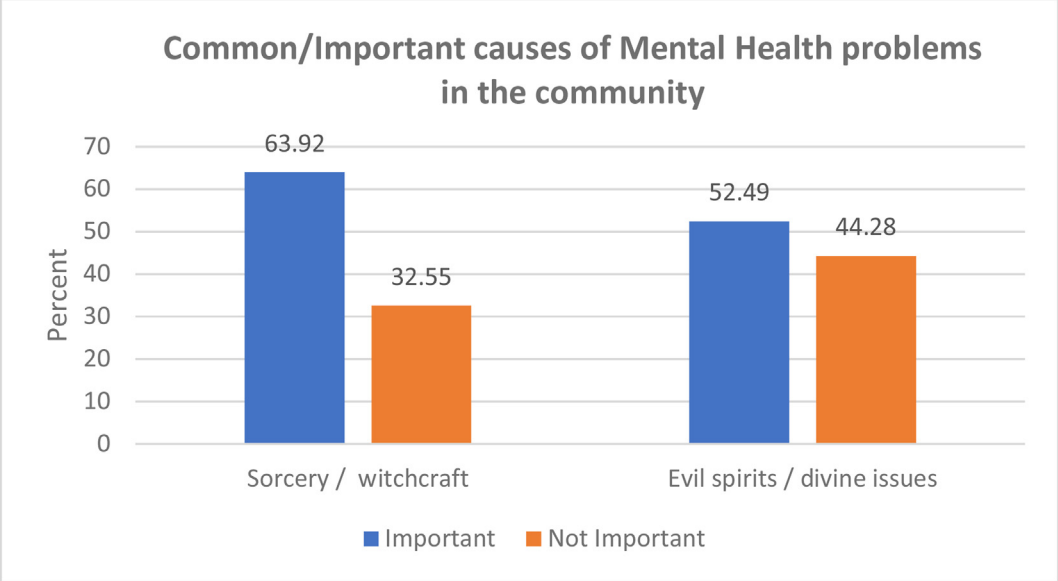

Figure 1. Cultural norms and mental health.

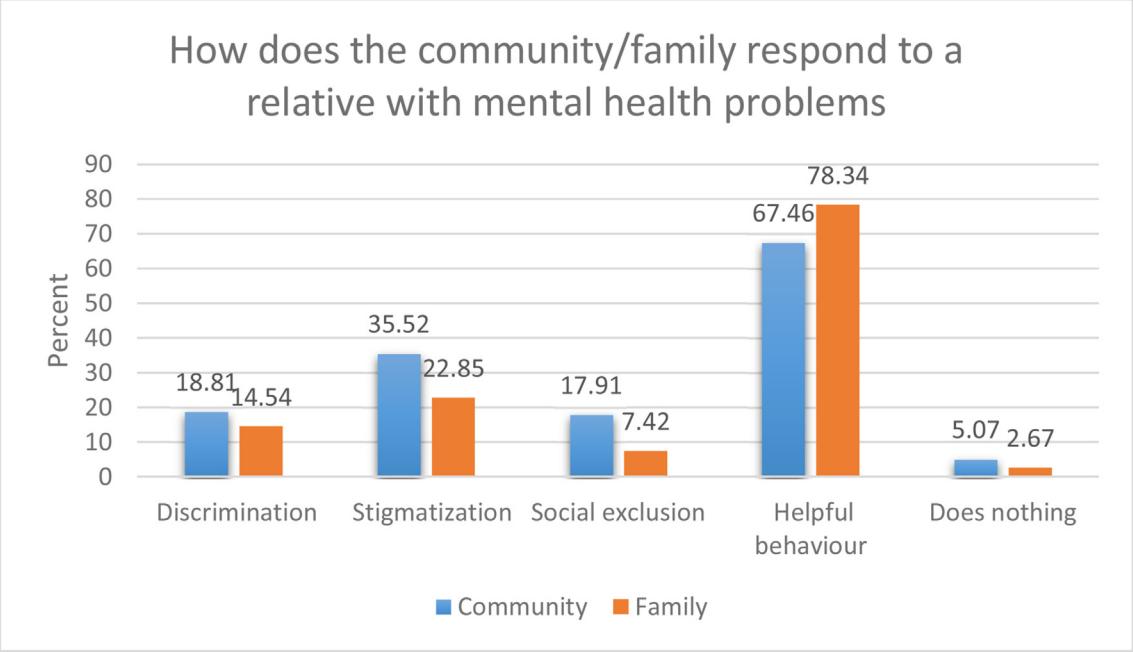

Figure 2. Response to mental health.

HIV/AIDS, it is clear that Malawians have known death and have developed some coping mechanisms. Yet, unlike HIV/AIDS, the most recent pandemic to affect the African continent, particularly Malawi, Covid-19, has brought new challenges altogether. In particular, Covid-19 mitigation measures such as social distancing, isolation for those optimistic and burial procedures for the deceased contradicts communitarian approaches idealised in these communities. For instance, Covid-19 deaths are not handled following cultural and traditional ways; the body lies in a communal home for a given period, allowing family, friends and the community to mourn. This gives the grieved and the community time to mourn and find some closure. Losing a loved one is a traumatic experience, but not being allowed time to mourn with relatives and the community adds to the trauma. Thus, Covid-19 is an alien disease with alien demands never known before.

All cultures are fluid and dynamic, and it is true that in contemporary African societies, the *Umunthu* may not be idealised the same way as it was once the case—but this study has illustrated that this ideal remains in place and still provides shelter for community members in times of need. Bowe et al. (2021, p.3) observe that "cohesive residential community groups are a vital source of identity and belonging, valuable for the generation and sharing of support and residents' health and well-being." Such a communitarian approach is critical, especially in developing countries where health care facilities are often stretched, far in between, and its meagre resources are prioritised towards infectious diseases such as malaria and tuberculosis.

These findings are significant and have policy implications, especially as they show the importance of embracing local solutions to pandemics, such as Covid-19 and public health in general. It shows the need to rethink the one-size fits all approach to global pandemics and public health because people's culture forms a core part of the healing process. Ignoring people's ways of living may have adverse outcomes, as in Malawi, where Covid-19 preventive measures such as social distancing and isolation increase the chances of trauma for people and families affected by Covid-19. Thus, it shows that even global health crises require local solutions."

4.1. Limitations

The study has two methodological limitations. First, although the study has used mixed methods, combining quantitative and qualitative methods, this paper heavily relies on qualitative data for its analysis and conclusion. Second, the study did not use standard questionnaires in the mental health assessment, such as DASS 21, which, according to Lovibond and Lovibond (1995), measures distress along the three (3) axes of depression, anxiety and stress.

5. Conclusion

The study has illustrated that *Umunthu* remains relevant and is key to mitigating mental health effects emanating from the Covid-19 pandemic. However, Covid-19 measures, such as isolation, social distancing and burial procedures, are an affront to the ideals of *Umunthu* because the measures undermine collectivism in which the sick are cared for by the community and the community mourn together when a member of the community dies. Furthermore, in the case of death, the *Umunthu* approach helps with closure, and the community contributes to the financial cost of the funeral service. This collectivism goes a long way in reducing trauma for grieving family members. Thus, it is critical to find innovative ways to manage community members' mental health and well-being in collective societies as *Umunthu* ideals, and Covid-19 measures are compatible.

Declarations

Author contribution statement

Jimmy Kainja, Yamikani Ndasauka: Conceived and designed the experiments; Performed the experiments; Analyzed and interpreted the data; Contributed reagents, materials, analysis tools or data; Wrote the paper.

Martina Mchenga, Fiskani Kondowe, Chilungamo M'manga, Limbika Maliwichi, Simunye Nyamali: Conceived and designed the experiments; Performed the experiments; Analyzed and interpreted the data; Contributed reagents, materials, analysis tools or data.

Funding statement

Yamikani Ndasauka was supported by National Research Foundation [COV19200603527586].

Data availability statement

The authors do not have permission to share data.

Declaration of interest's statement

The authors declare no conflict of interest.

Additional information

Supplementary content related to this article has been published online at https://doi.org/10.1016/j.heliyon.2022.e11316.

References

Agbo, N., 2021. Black Tax: Brotherhood or Burden. Life. https://guardian.ng/life/black-tax-brotherhood-or-burden/.

Al Dhaheri, A.S., Bataineh, M.F., Mohamad, M.N., Ajab, A., Al Marzouqi, A., Jarrar, A.H., et al., 2021. Impact of COVID-19 on mental health and quality of life: is there any effect? A cross-sectional study of the MENA region. PLoS One 16 (3), e0249107.

Baker, C., 2012. Cultural Studies: Theory and Practice, fourth ed. Sage, London.

Bowe, M., Wakefild, R.H.J., Kellezi, B., Stevenson, S., McNamara, N., Jones, A.B., Sumich, A., Heym, N., 2021. The mental health benefits of community helping during crisis: coordinated helping, community identification and sense of unity during the COVID-19 pandemic. J. Comm. Appl. Soc. Phycol. 1–15. John Wiley & Sons.

Chigangaidze, K., 2021. Defending the African philosophy of Ubuntu and its place in clinical social work practise in mental health: the biopsychosocial and ecological systems perspectives. Soc. Work. Ment. Health 19 (4), 276–288.

Elsden, E., Roe, B., 2021. Does arts engagement and cultural participation impact depression outcomes in adults: a narrative descriptive systematic review of observational studies. J. Pub. Ment. Heal. 20 (3), 159–171.

Engelbrecht, C., Kasiram, M.I., 2012. The role of *Ubuntu* in families living with mental illness in the community. S. Afr. Fam. Pract. 54 (5), 441–446.

Haslam, C., Jetten, J., Cruwys, T., Dingle, G., Haslam, S.A., 2018. The New Psychology of Health: *Unlocking the Social Cure*. Routledge, London.

Kayange, G.M., 2018. Meaning and Truth in African Philosophy: Doing African Philosophy with Language. Spring, Switzerland (e.Book):

Kiger, E.M., Varpio, 2020. Thematic Analysis of Qualitative Data: AMEE Guide No. 131. Med. Teach.

Kpanake, L., 2018. Cultural concepts of the person and mental health in Africa. Transcult. Psychiatr. 55 (2), 198–218.

Lee, Y., Lui, M.W.L., Chen-Li, D., Liao, Y., Mansur, R.B., Brietzke, E., Rosenblat, D.J., Roger, H., Rodrigues, B.N., Lipsitz, O., Nasri, F., Cao, B., Subramaniapillai, M., Gill, H., Lu, C., McIntyre, R.S., 2021. Government response moderates the mental health impact of COVID-19: a systematic review and meta-analysis of depression outcomes across countries. J. Affect. Disord. 290, 364–377.

Lovibond, S.H., Lovibond, P.F., 1995. Manual for the Depression Anxiety Stress Scales, 2nd. Ed. Psychology Foundation, Sydney.

Mbiti, S.J., 1969. African Religions and Philosophy. Heinemann, London.

Medecins Sans Frontieres, 2021. Malawi is overwhelmed by second wave of covid-19. Medecins Sans Frontieres. https://www.msf.org/malawi-overwhelmed-second-wave-coronavirus-covid-19. (Accessed 13 September 2021).

Mupedziswa, R., Rankopo, M., Mwansa, L., 2019. Ubuntu as a Pan-African philosophical framework for social work in Africa. In: Twikirize, J.M., Spitzer, H. (Eds.), Social Work Practice in Africa: Indigenous and Innovative Approaches. Fountain Publishers, pp. 21–38.

Tomas, J., 1991. Individual rights and community virtues. Ethics 101 (3), 521–536. https://www.jstor.org/stable/2381467.

Tutu, D., 2004. God Has a Dream: A Vision of Hope for Our Time. Rider, London.

Wright, J., Jayawickrama, J., 2020. We need other human beings to be human: examining the indigenous philosophy of umunthu and strengthening mental health interventions. Cult. Med. Psychiatry.

Xiong, J., Lipsitz, O., Nasri, F., Lui, L.M.W., Gill, H., Phan, L., Chen-Li, D., Iacobucci, M., Ho, R., Majeed, A., McIntyre, R.S., 2020. Impact of COVID-19 pandemic on mental health in the general population: a systematic review. J. Affect. Disord. 1 (277), 55–64. Epub.