

GENERAL OVERVIEW OF TRADITIONAL HEALER PRACTICES IN RELATION TO MENTAL HEALTH IN SUDAN

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The WHO defines traditional medicine as the total combination of knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating physical, mental or social diseases and which may rely exclusively on past experience and observation handed down from generation to generation verbally or in writing. A traditional healer is defined by WHO as a person recognized by the community in which he lives as competent to provide health care using plants, animals or mineral products, or using any religious or social methods acceptable by the population in the community where he lives. Traditional healer is an educated or lay person who claims ability or a healing power to cure ailments, or a particular skill to treat specific types of complaints or afflictions and who might have gained a reputation in his own community or elsewhere. They may base their powers or practice on religion, the supernatural, experience, apprenticeship or family heritage. Traditional healers may be males or females and are usually mature.

Traditional beliefs and religion play an important role in the socio-cultural and political life of the people in the countries of the Eastern Mediterranean Region. The family and community hold a central position in the life of the individual, and they make a tremendous contribution to the therapeutic process. Native faith healers are found in all parts of the Region, where they are held in high regard and are considered to be spiritual or moral guides. They are consulted for a range of ailments including physical illness, emotional problems, congenital defects or disappointments in love, family or business. The WHO studies of pathways to care have

shown native faith healers to be an important source of care for people who ultimately attend psychiatric services. In Sudan a symbiotic working relationship has been developed with faith healers working in the area over a period of more than 30 years as part of community-based mental health programmes. There was great deal of initial resistance by the faith healers who considered the mental health professionals as competitors, but a non-confrontational approach brought home the message that indeed there are areas, particularly in cases of emotional disorders, where collaboration between the two is possible. Such collaboration has gradually been formalized in order to set up referral channels for people with mental and brain illnesses, particularly psychoses and epilepsy. Studies carried out in Pakistan have shown that there is no discernible relationship between the systems of diagnosis and treatment followed by faith healers and psychiatrists. However, the former do provide a source of care which can be harnessed constructively in order to provide culturally acceptable care to large number of people, at the same time integrating components of the local health belief model (WHO 2001).

The importance of traditional healing methods in developing countries can not be underestimated and it is generally perceived as part of the prevailing religion and belief system. Literature have highlighted that traditional healers are often seen as the primary agents for psychosocial problems in developing countries, estimates of their share service range as high as 45% to 60% (WHO1992). Several researches effort has been devoted to study traditional healer services in different cultures. The world health organization on 2000 estimated that 80% of populations living in rural areas in developing countries depend on traditional medicine for their health needs.

Traditional healing in Africa

In Africa, traditional medicine knowledge has been handed down from generation to generation mostly by oral tradition. One of the inherited traditions of Sudanese people in need of help is to seek traditional healers for different purposes (I.M. Ahmed

J.J. Bremer, M.M.E. Magzoub 1999). There is also the concept of the mentally ill being possessed; the possession may be by a good or a bad spirit. (Okasha 1999). Mohit had mentioned that a collective approaches and skills should always be borne in mind when dealing with different aspects of psychiatry and mental health in east Mediterranean Region (Mohit 2001). Okasha stated

that, Ancient Egyptians thought that diseases were either due to evil spirits or the wrath of the gods. The art of healing was considered a part of religious practices. Some psychotherapeutic methods were used in ancient Egypt, noteworthy of which is "incubation" or "temple sleep" It is interesting that the reliance on shrines and temples for healing still continues in Egypt, Sudan, and many other parts of Africa, (Baasher 1975, Okasha 1998). In developing countries traditional medicine plays an important role in the promotional, preventive and curative aspects of health for a large percentage of the population. For this reason, traditional health workers should be incorporated as a resource for primary care whenever possible and appropriate. Some options whereby mental health professionals in the ministry of health might empower traditional healers as establishing links with a view to working cooperatively; teaching mental health practices to traditional healers in order to improve competencies; Accreditation for the regulation of practice; Referral and counter-referral systems for people with mental disorders (for example, traditional healers can deal with mild and moderate emotional conditions and can refer epilepsy and psychosis to formal health care providers); incorporating traditional healers into primary care or mental health facilities as translators (language and culture) and/or providers of some interventions (WHO 2004). The art of healing through interpersonal relationship and personal characteristics of the healer is very old indeed, perhaps the most famous traditional systems of interpersonal healing is the spirit healing, which is very wide spread in Africa, and the spiritual healing which is founded in west Europe (Jakobsen 1999, Parker 2001, Browne 2002). Patel V stated that, there is a rich literature on the role of traditional healers in mental health care in Africa. Patel et al, 1997 in his study in Zimbabwe had recorded a prevalence of 40% of mental disorders among users of traditional healer services. On the other hand, Ngoma MC, Prince M, Mann A (2003), used the Clinical Interview Schedule – Revised (CIS-R) to determine the prevalence of mental disorders in 178 patients from those attending primary health care clinics (PHCs) and 176 from traditional healer centers (THCs) in Dar-es-Salaam in Tanzania, they found the prevalence of common mental disorders among THC patients (48%) was double that of PHC patients (24%). No research was done in Sudan to study the prevalence of common mental disorders among those attending the traditional healer centers and primary health care clinics. Professor Karel Peltzer, who has more than 50 publications about traditional healers in Africa, studied the traditional healing methods in many African societies including Malawi, Ghana, Zambia, Nigeria, and South Africa. In one of his papers studied the bio-psycho-social therapeutic models in a traditional African setting (in Malawi), he studied the therapeutic setting for schizophrenia in 3 traditional healer centers in term of organization, environment, culture, family and follow up and he compare it to the current western model of psychiatric practices and he concluded that the traditional healers centers setting are in a number of ways superior to the western model.

Traditional healing in Sudan:

In Sudan traditional healing is the most prevalent method for the treatment of mentally sick people mostly due to lack of economic resources, inaccessibility of medical services, and lack of awareness among the population and the high prices of psychiatric services (Elsafi 1994). Generally, traditional healing in Sudan can be divided into two distinct groups: Religious healers influenced by Islamic and Arab culture, such as

traditional Koranic healers and Sufi healers. Nonreligious healers influenced by African culture, such as practitioners' *zar*, *talasim* and *kogour*. The Religious healers is subdivided into two groups, the first group uses only Koranic treatment, derived from certain verses. This involves reading and listening to the Koran with the active participation of the patient (Bali W, 1992). The success of treatment depends on the reliability of the healer and the degree of his belief, in addition to the conviction of the patient and his belief in the Koran as a source of treatment. The second uses a combination of both Koran and *talasim*. The types of *talasim* used are mainly squares filled with symbolic letters which have a hidden spiritual dimension conceived only by the sheikhs as pious, holy men. They contain the 99 attributes (names) of God and some other inherited words from ancient divine books. Healers in this subgroup are influential decision-makers at the individual, family and community level. They are respected not only by their followers, but also by government officials and politicians. Elsorayi A (1985) stated that *Kogour* is a typical African practice found only in the south of Sudan where African culture dominates. It is used by healers who claim to have supernatural powers; it deals with souls in the belief that these souls affect the body. Such healers use their power to cure disease and to solve other problems, such as the control of rain. Mohammed F, 1989, stated that *Zar* came to Sudan from Ethiopia and is based on the assumption that supernatural agents or spirits possess a person and may cause him or her some physical and psychological disorders. The *zar* concept of possession is based on the idea that the spirit makes certain demands that should be fulfilled by the patient or his relatives; otherwise this spirit may cause trouble for all of them. *Zar* is the dominance of the evil soul over the human being with the intention of hurting the person. , *zar* is common among Muslims as well as Christians. The sheikh of *zar* is usually women. They are responsible for diagnosing and identifying the spirits and their demands and preparing and directing what are called *zar* parties. These parties use very loud music, vigorous dance and songs with special rhythms. They serve both diagnostic and therapeutic objectives. Most of the patients and their families in Sudan depend mainly on traditional healers and their healing methods as the most accessible and less demanding in term of financial obligations. Bassher (1984) mentioned that the holistic approach of traditional healing might lead to long-term stability of health; this might explain why in many cases patients would prefer this approach than other techniques that result in short-term relief of symptoms. There for, there is a great demand to study those mentally ill patients within the traditional healer system to understand the reasons and factors that brings this long term stability in health. Due to lack of regulation on quality control and lack of proper use, in addition to harmful methods of practices cases of misuse has been reported. However, traditional medicine maintains its popularity for historic and cultural reasons. El Gaili, D.E. (1998) said until recently interest and concern about mental health was mainly left to religious healer and such healers continue to see the majority of mental patients. Traditional healers in Sudan perform many valuable services and social benefits to the community, nevertheless traditional healing is not formally institutionalized, as there is no responsible government entity that guide and supervise the delivery of traditional healing services. Therefore getting accurate figures or numbers of traditional healers and their specialty is extremely difficult and generally most of the data available on their services is based on estimates.

Traditional Healer Centers in Sudan

In Sudan there are many traditional healer centers that belongs to special (Tarriga) or ways or concepts that these centers were based on, eg ELTigania, ELShazalliya, ELSamania, ELGaderia, ELBurhanian and ect. Baasher (1975) stated that, traditional healers are known by several names includes the Faki, The Fageer, The Waly, The Shareif, The Sayed and The Sheikh. The followers of each traditional healer Tarriga are called the Murideen. The Tarriga is a great power for group practice of ritual and habits and culture, each Tarriga or way was been founded by a famous Sheikh, each Tarriga has their own special spiritual methods (Zikir). The degree of successful influence of the sheikh depend on religious morals and knowledge, piety (wara), asceticism (Zuhd), working miracles (Karamat) and spiritual power (Fadol 1995, Riordan 1999). The most famous traditional healer centers in Sudan includes; Taiba Shiekh Abdelbagi, Taiaba Shiekh Almukhashfi, Tiabba Shiek Alpraai (AlZareeba), Umdwanban, Wad Alfadni in Khartoum north, Kadabass in river Nile, Saim deema in Omderman, sheik Alkabashi in Khartoum north, and others. These big centers accommodate around 1000 to 3000 thousand students who are staying permanently in the centers without paying any special fees, for at least 3 to 5 years, where they learn reading of Quran (Tajweed), recitation (tilawa) and Quran writing and other religious and spiritual teachings. These big traditional healer centers are also famous of providing a lot of social, consultation and spiritual services to the local communities as well as for the visitors who come to these centers from different parts of the country. There is no clear way for financing these centers apart from the donations and contribution (Zowara) from the followers of each of these centers (The Murideen) and the regular visitors. The contribution is not only money but also food items and other materials especially during the yearly celebration of the death of the grandfather sheikh, the founder of that center, this kind of celebration is called (Holliya) where special food is served (Fatta) and Zikir is practiced in groups for the whole night until morning. Many people come from different parts of the country to attend this ceremony, even sometimes foreigners come. Usually people goes to those healers Sheikhs for consultation in each and every aspects of their life, / M. Ahmed, J.J. Bremer, M.M.E. Magzoub 1999 stated that Traditional Healers can also act as family counselors in critical life events such as building a house, marriage, naming a newborn, and may have both judicial and religious functions. They often act as an agent between the physical and spiritual worlds. People usually goes to traditional healers to bless them in their work and give them what is called *Fatiha* (special prayers performed by the sheikh) to bless them in all activities in their lives, and they gave a huge contribution to these centers what they call it *Zowara*. The poor also contribute with small amount of share or they may take their sheep's and animals or their agricultural production as a contribution to these centers. Sometimes they may sell their sheep's and donate the money to these centers as *Zowara* as well. It is not a must but they feel ashamed if they come empty handed to the sheikh whether he is a life or dead. It was a belief that the amount of blessing come to you from the visit to the sheikh depend on the amount of scarifies and *Qurban* that they spend. It has been reported that Some couples who have no children they goes for those sheikhs to ask for a child, if they have only girls they go to the sheikh and ask him for a baby boy. Usually the sheikh prays for them. Some times they may go and visit the dead body and they move around the grave that kept under the high tall building that called (QUBA). They collect the holy sand of the

dead sheikh and they belief that sand is blessed and they call that Sand (*BARAKA*). It has been stated by Deifalla (1975) that, miraculous cures are attributed to the divine powers of the dead sheikh. This why they spread the sand all over the body or they may drink it after they dissolved it in water, some times they hang it in the body or they put it in special place in the house to bless that house. People believe that disobeying the sheikh brings damnation on the followers and their families. They believe in the sheikh's blessings and regard him as a mediator between the follower as a slave and the Lord. They also believe that the sheikh, whether dead or alive, is capable of rescuing them and pleading on their behalf for help and release from illness. Thus the sheikhs, in the people's eyes, are true representatives of spiritual power (Fadol Y. *Tabagat Wad Daifalla* 1975). Both men and women with somatic and physical complains also consult these traditional healers for management and treatment. Regarding the mentally ill patients usually they are brought by their relatives and families, depending on the condition of the patient, if he is severely disturbed and agitated they put him in an isolated dark room especially build for treating the mentally ill patients, and they chain them to the wall, they were not allowed to move or walk in that room, they have to urinate and defecate in that room and no toilet facility. They are prohibited to come out of that room until at least 40 days. Some times patients succeed in putting off that chain and they run away and escape from the center. Usually these rooms are in the far corners of these traditional healer centers. The patients will be deprived from all types of food except only special porridge made in the center. The duration that the patient stays in the center varies from 40 days to 6 months depending on his symptoms and condition, usually his psychiatric medication, if any, will be stopped by the traditional healer so as not to interfere with their traditional healing method. Usually there are three to five mentally ill patients will be brought to these famous centers for healing every day. The patients do not come from the local community around the centers, but they will be brought from different parts of Sudan. Usually the patient will be accompanied by his family members and relatives. Some doctors treating mentally ill patients claims that most of the patients kept in these centers who are deprived from food usually presented to the doctor with Anemia, low Hb level, very thin, emaciated, with a lot of physical complications in addition to their psychiatric symptoms. The late Professor Tigani EL Mahi, the father of African Psychiatry, stressed that our attitudes towards religious healers should aim to encourage good quality of practice while trying to end harmful or faulty methods (Elsafi & Baasher, 1981). However no attention was been paid to the mentally ill patients in term of assessing their conditions, reviewing the system of diagnosis and management in these traditional healer centers. Most of the previous studies conducted in Sudan have concentrated on studying the characteristics of the visitors to the traditional healers in general. Ahmed, Bremer, Magzoub and Nuri in 1999 had investigated the characteristics of visitors to the traditional healers in Sudan in a sample of 134 visitors from 4 traditional healer centers, and they found that 60% of the visitors came for treatment, 26% came for blessing and 4% came for consultation or education, and about 45% of visitors thought that traditional healers are problem solvers. 60% of the visitors are in the age group between 21 to 40 years, and 62% of the visitors are female. 61% from rural areas and 47% are illiterate. No previous study in Sudan has concentrated mainly on studying the mentally ill patients within the traditional healer system. The prevalence of common mental disorders among those attending traditional healer centers in Sudan is unknown because no previous research was done to investigate this. This can be a good stimulus to carry out researches in the area of traditional healer Practices in Relation to Mental Health in Sudan and in other counties in the region.

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