

**BRIEF COMMUNICATION****THE CURRENT SITUATION OF THE PEOPLE WITH MENTAL ILLNESS IN THE TRADITIONAL HEALER CENTERS IN SUDAN**

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**Sudan - Country profiles**

The Sudan occupies area of land in East Africa, almost one million square miles, or 2.5 million squares km<sup>2</sup>. It shares boundaries with nine countries: two of which are Arab, Egypt, Libya, Kenya, Uganda, The Congo, Chad, The Republic of Central Africa, Ethiopia and Eritrea. The country is situated in a strategic important geographical location that links the Arab world to Sub Saharan Africa, where the Sudanese population and those of the neighboring countries move freely across most of these borders .Sudan geography, climate, and multi-ethnic and cultural backgrounds remain the major health determinant.

Sudan is the largest country in Africa. The heart of the country, in terms of population, lies at the confluence of the Blue and White Niles. The complex of the "three towns," comprising the three largest cities, Khartoum, Khartoum North and Omdurman, is situated there and contains almost 20% of the population. The total population of Sudan was about 39.39 million (projected from 2009 census). the urban population was estimated at 33%. About 2.2 million are still entirely nomadic. Sudan's peoples are as diverse as its geography. There are about 19 major ethnic groups and a further 597 subgroups. Sudan is rich in terms of natural

and human resources, but economic and social development have been below the expectation<sup>1</sup>.

Psychiatry in Sudan began in the 1950s under the guidance of the late Professor Tigani El Mahi, the father of African psychiatry. He pioneered, among other things, rural services and the open-door policy. His successor, Dr Taha A. Baasher, shouldered the responsibility further and extended the services to the periphery. He established the Mental Health Association of Sudan and the Sudanese Association of Psychiatrists. By 1950, the Clinic for Nervous Disorders, Khartoum North, was well established. The Kober Institution was built later to cater for 120 forensic psychiatric patients. In 1971 EL Tigani EL Mahi Hospital was established as the national mental hospital (El Faki 1997)<sup>2</sup>.

**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)<sup>3</sup>. 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. 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<sup>4</sup>. 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. Karel Peltzer, who has more than 100 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<sup>5</sup>.

### **Traditional Healer Centers in Sudan**

In Sudan there are many traditional healer

centers that belongs to a common way or concepts that these centers were based on, Baasher (1975) stated that, traditional healers are known by several names, the Faki, The Fageer, The Waly, The Shareif, The Sayed and The Sheikh. The followers of each traditional healer are called the Murideen. 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). During our 5 days trip visit to Sudan we visited most of the famous traditional healer centers in Khartoum and Gezira State. 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 (*Tajweid*), 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 go to those healers for consultation in each and every aspect of their life. I 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 life. 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. 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 the 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)<sup>6</sup>. 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 and there is 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 or more, 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 methods.

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. The late Professor Tigani EL Mahi, the father of African Psychiatry, since 1960<sup>th</sup> stressed that the attitudes towards religious healers should aim to encourage good quality of practice while trying to end harmful or faulty methods (Elsafi &Baasher, 1981).However, since then only few attention was been paid to the mentally ill patients in the traditional healer centers, in term of assessing their conditions. There are no governments' officials or any other organization had reviewed the system of diagnosis and management in these traditional healer centers. Only little efforts

was been done so far and until now to improve the miserable living conditions of the people with mental illness in these traditional healer centers, although there is huge revolution in modern psychiatric treatment and mental health services around. On the other hand, in term of researches, Most of the previous studies conducted in the area of traditional healing 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<sup>7</sup>.No previous studies in Sudan have concentrated on studying the people with mental illness within the traditional healer system.

Now University of Malaya, the leading research institute in Malaysia, is conducting a research in this area of mental health in Sudan, trying to explore more in this area of mental health and traditional healing and we will give more details when the results of the research comes out.

## References:

1. The Annual Health Statistical report 2005 published by Federal ministry of health National information center in May 2006.
2. Elfaki A.A. The history of mental health services in the Sudan. Paper presented in the Annual Conference of Sudanese Psychiatrists, Wad Medani, October 1997.
3. Elsafi A. & Baashar T.A. Selected essays of Tigani EI Mahi, Khartoum, Sudan: University of Khartoum Press. 1994
4. Baasher T. Some aspects of the history of the treatment of mental disorder in the Sudan. Sudan Med J 1962,1;44.
5. Peltzer K. & Machleidt W. A traditional (African) approach towards the therapy of schizophrenia and its comparison with western models .*The International Journal for Therapeutic and Supportive Organizations*, 1992, 13; 203-217
6. Deifalla, M.W Kitab el Tabagat Fi Khusus el Awlia Wa Salheen wa el Olama wa shoara fi el Sudan(classes of saints, holymen, scholars and poets in the Sudan) Cairo; Mohmoudia Trading Press. 1930
7. Ahmed M, Bremer J.J., Magzoub M.M.E. and Nouri A.M.H. Characteristics of visitors to traditional healers in central Sudan, Eastern Mediterranean Health Journal 1999, 5(1); 79-85

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