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TRADITIONAL MEDICINE IN SOMALIA
An anthropological approach to the concepts concerning disease

Introduction

In Somalia disease is regarded as depending on different causes according to an etiology of illness interpreted in that culture. The ideas and behaviour related to health and disease generally consider the body and the individual as a whole, in connection with the society and with the forces (entities) controlling the equilibrium with the natural and the supernatural.

The Islamic culture that started to spread in Somalia about ten centuries ago gives a conceptual explanation and therapeutic answer to disease now generally accepted in Somali culture. Other pre-Islamic cultural concepts are still in use and often are integrated in syncretistic forms (especially religious) with Islam in order to get legitimation in this dominant culture.

Somali traditional medicine acknowledges different categories of disease according to the determinisms elaborated in that culture and often not recognized in Western medicine.

The complex reality of traditional Somali medicine requires to be adequately investigated in its cultural and therapeutic meanings in order to find the possibility of a mutual integration with Western medicine in developing health education and care.

The aim of this paper is to present the first results of a research in progress which is concerned with the cultural attitudes towards illness and some concepts and aspects of traditional medicine in Somalia with special reference to the village of Lamadonka in Afgoy district.

The research is part of a programme carried out in some villages, among them Lamadonka, by the Department of Community Medicine of the Somali National University.

The Village

Lamadonka literally means "The two dons" (the two hills): Don Yare and Don Weyne are two villages a short distance from one another. Said name is often used by foreigners to indicate the larger of the two villages, while the inhabitants use the respective names. Here I will use the name "Lamadonka" to refer specifically to Don Weyne, where my research was carried out. Likewise, Lamadonka is the toponym conventionally used by the Department of Community Medicine and by the district administration.

Lamadonka is a village of about I800 persons (estimate based on the number of family compounds, as the information given by the inhabitants tends to be rather vague with respect to their numbers). The village is located several hundreds of meters northeast of the Afgoy-Baidoa road at km I9 and approximately I2 km from the Shabelle.

The initial nucleus of the village was established five generations ago by a man who came from Afgoy, accompanied by his family and some relatives; they brought livestock and began to plough and cultivate the land. After a while people from different places of origin joined this initial nucleus, first aggregated to the village, and then assimilated as members; thus, the right to property was distributed not to individuals, but rather to families.

The economy of Lamadonka is principally based on agriculture, as well as pastoralism in part. Both men and women participate in the agricultural sector; sorghum, maize, beans, sesame are

cultivated and some tomatoes within small gardens in the fields, without using irrigation, i.e. relying only on seasonal rains. Other than working in the fields, women are responsible for the entire gamut of domestic chores, from raising the children and preparing meals to re-plastering the family hut with mud and bovine excrement.

Side by side with agriculture in the economy exists a marginal form of pastoralism, in that several families possess livestock, due in part to their nomadic origins. The nomadic culture, with its generational transformation, here has joined the agricultural one and acquired its most important values therefrom.

The common religion of all Lamadonka's inhabitants is Moslem, with the predominant tarika being the Kadriiya, and the Ahmediya present as well.

The social and cultural structure of Lamadonka consists of a composite unit made up of many eccentric nuclei. These nuclei are formed of a number of social groups distinct from one another on the basis of descent and origin. In fact, the initial founding group was joined by other groups, which while assimilating or associating themselves to the first group in order to identify with the village unit, were (or are!) of distinct social and cultural formations, often endogamous in nature. The founding group belonged to that original nomadic stock which settled in that area during the great migrational period and established a dominant economic, social and cultural relationship with the previously arrived inhabitants. Thus they gradually passed from nomadism to agriculture. Successive population aggregations included other neighbouring native groups. These first groups were nomadic in nature, and often Moslem; the others manifested the culture of farmers and hunters, often having beliefs stemming from Bantu animism or the Cushitic religion. Amongst the native groups were populations already living in the inter-

riverine area and others who had previously come from Kenya and Tanganyika. Other small nuclei were of Arab descent as well as of Islamic religion and culture, coming from ancient coastal settlements in the Merca-Mogadishu area. Yet other groups came from neighbouring zones where they ordinarily were occupied with hunting or manufacturing terracotta. These groups often maintain their socio-cultural characteristics while at the same time becoming members of the village. This articulated composition of the village, due to the differing socio-cultural and economic origins of the various groups which came together over time, holds true even today and explains the culturally composite physiognomy. While these groups interact amongst one another, are united and recognize their common identity as villagers, they have nevertheless retained their original cultural traits, and often, their economic specialisations. Beliefs, values, social statutes and rituals from their original culture, while adapting sometimes by syncretisms to the dominant culture and religion, characterized and in part continue to characterize the various groups. In fact, today common factors of acculturation and social as well as political change, e.g. the Moslem religion, education, innovations coming from the Somali revolution, are spreading and interact with the society and traditional culture.

The Concept of Disease

"Disease and health", an old man of Lamadonka told me, "are sent by Allah."
When a person becomes ill, the first question asked is: "Why am I ill?". The sick person finds the answers in his very own culture which offers him the means of interpreting his ill-

ness. In Somalia disease is vaguely considered the consequence of a violations of the global equilibrium between the individual and the mystical forces which govern the universe and the society. The Somali cosmogony explains these forces sometimes in original terms and sometimes in terms of syncretism with the Islamic religion. The supreme force is Allah; other forces, clearly survivals of pre-Islamic Bantu and Cushitic beliefs, e.g. dhabel, saar, clayan, numbi, borane, are frequently retained and reinterpreted according to the contents of the Koran (especially the sura of the jinn); yet other forces, most likely the survival of ancestor cults, guarantee the traditional norms and the social relationships, cayunnass, xabaar, nabsi, etc. Only after mending the violated equilibrum with these forces can the sick person vanquish the illness interpreted as the manifestation of a punishment towards him. Even when it is recognized at times, that the disease has its own etiopathogenesis (let us not forget that the Somalis were aware, a long time before Western medicine, that the mosquito is responsible for malaria), the Somalis believe that illness attacks a person in virtue only of the mystical forces or entities which are the ultimate arbiters of nature as well as of mankind.
Not only does the Somali culture offer an explanation for the motive of the illness, it also furnishes an indication of the cure. For this reason, Somali therapies are closely related to the deterministic relationships, the causes at the origin of the illness and only persons legitimated in such spheres are recognized as possessing therapeutic powers.
Disease thus is experienced in the first place as determined by the intimate conflict between the individual - mystical entity - external forces, which can be provoked by:
- behaviour contrary to moral, religious, social and traditional rules which are under the protection of the mystical

entities (central cults; Allah);
- capricious will of other, amoral mystical entities (typical of marginal cults);
- external attack, human in origin, provoked by jealousy, the evil eye, deviant behaviour, etc. (social control),

Hence at the beginning of every therapy, the sick person must recognize the source of his illness, and by means of the therapy, reconstruct his relationship with the forces responsible for his illness according to that specific category of reference. Therapy, as experienced by the patient and as defined by the culture, is carried out on two different dimensions (experienced however globally by the individual):

a) the restabilization of the alliance with the mystical entities responsible for order and equilibrium, those forces which protect man, and the neutralization of aggression coming from external forces (therapy of illness' motive);
b) a real and proper therapy of how the disease displays itself, whether in its physical or organic aspects, etc. Here too, therapy is assigned according to categories of interpretation and methods of cure defined by the Somali culture.

Macalin Gudle is an old man, about 70 years old; he is a teacher of the Koran, lives in Lamadonka and is considered a wise man. I met him for the first time at the Community Medicine Post where he had come to treat an illness of the liver (the diagnosis of a doctor); I later met him several times in the compound where he lives on the margins of the village, and he explained to me: "When a man becomes ill, first of all, he must go to the wadaad; this man will read several suras of the Koran, and, depending upon how serious he considers the illness, he may read the whole Koran over him. He may prepare for him a xersi or do the tacliil." The

ceremony consists of writing several particular suras that the wadaad (religious man) places in relation to the patient and to his disease, insofar as the disease is merely the manifestation of a disturbance which finds its central focus in the individual. The suras are written in Arabic on tablets of wood or other materials, using ink made of a mixture of milk, ashes, charcoal powder, and sometimes plant roots for color. The tablet is then washed with water which the patient must drink. Other times the wadaad may recite the chosen suras over the sick person, relying only on his voice and breath for its effect, i.e. not requiring him to drink anything. In Lamadonka this ceremony is often accompanied by the sacrifice of a small animal, a hen or even better a goat, sometimes a young calf; the sacrifice depends on the importance of the patient and the seriousness of his disease. After this, the patient returns home and awaits healing.

The traditional healer, in this case the wadaad, often performs an indirect anamnesis of the patient, both pathological as well as familiar. In an integrated community such as the village, the wadaad, like any other member, for that matter, knows all the other inhabitants; their family situation, as well as social status, the strains experienced by the individual within the community, his economic problems, his life-story. The therapy which the wadaad carries out consists, for the most part, in a ceremony in which the community of the patient takes part. It is laden with symbolic meanings which often refer to the general as well as specific history of the patient, and likewise takes into account the values commonly accepted by the society.

If the sick person does not recover following the tacliil ceremony, it is believed that the disease does not fall uniquely under the sphere of Allah and for that reason cannot

be cured merely by Koranic practices. At this point, it is the sick person himself, with the aid of his relatives who proposes a further diagnosis of the disease; in such a quest, the disease is examined both in the light of various categories of interpretation and in deterministic relationships explained by the culture itself. It is above all in this moment that the different cultural expressions and particular cosmogonies of the various social groups which compose the village are manifested. In fact, as previously mentioned, while a certain homogeneous cultural background exists in Lamadonka due to the Islamic religion, its values and norms, profound differentiations do exist which express the individual values and beliefs of the various cultures of origin; pre-Islamic concepts and cosmogonies co-exist with Islamic concepts and explanations, as well as with new values proposed by the recent history and new Somali culture. Amongst these there is also the contact with Western medicine. In the midst of this old and new knowledge, the sick man looks for the explanations of his disease and from there, attributes the disease to the categories of interpretation, which, naturally have their own corresponding therapies. The sick man, after consultation with family and community, then proceeds to find one of the traditional healers who operate in these different therapeutic spheres: he may be sent to the bahar (Lamadonka has four) if his disease is spirit-based (dhabel), to one of the various officiants of possession rites: numbi, borane, au dhaare which are performed at Lamadonka or in the neighbouring villages; he may be cured by aw Bilash with scarifications, burnings, or removal of the uvula; he may be cured by plants; he may even be sent to the Community Medicine Post, but this usually occurs only after the traditional medicine rites have failed to bring about the desired healing.

Thus, each category of interpretation of the disease has a corresponding type of cure, and a specific healer, whose therapeutic power is recognized and legitimized by the culture (e.g. the wadaad cannot cure the numbi, the bahar cannot do tacliil). Moreover, the education and culture of the patient and his family-group plays an essential role in determining and attributing the disease to the various categories of interpretation. In fact, some categories of interpretation and therapeutic practices have a strict cultural correlation: a person of nomadic culture would never believe himself attacked by numbi, which is a spirit recognized by cultivators, etc.

In general, the limits between the various categories of interpretation of the disease, and the therapeutic competences of the numerous traditional healers, are not well-defined. This occurs because the same symptoms (which are however very generic) and their interpretation - more closely related to cosmogony than to objective factors - can suggest different diagnoses of the disease, and thus will find therapeutic recourse in various curative spheres. Even the modern doctor may sometimes find it difficult to pinpoint an objective diagnosis on the basis of the patient's description of the symptom, all too often qualitative more than anything else. It is first of all the individual who feels wholly attacked by the disease, rather than one of his internal organs. When asked "What do you feel? Where does it hurt?", the common response is: "Waa laygu dhanyahay / I hurt all over." Within his own interpretation of the disease, the patient often associates different spheres of attribution to which correspond different spheres of cure. If each of these, in theory, has its own specific attribution, in actual practice all play multiple roles in contributing to satisfy a singular interpretation and cure of the disease.

In attempting to summarize the concept of disease in Lamadonka, it can be noted that a disease is interpreted on different levels or conceptual spheres:

- if the disease is thought to have been sent by Allah, it is completely assigned to the religious domain, and the appropriate Koranic cures are thus prescribed by the wadaad, sheikh, etc;
- if the disease is attributed to spirits, the individual must seek out the various possession rites, sustained by those individuals who belong to the culture which explains these singular spirits (particularly the borani, and numbi cults);
- if the disease is allocated to men or other forces: evil eye, nabsi, habaar, etc., it can be remedied by one who can remove the evil eye and ward off such forces;
- if the disease is due to dhabel, the cure is based on plants and amulets prepared by the bahars;
- if the disease comes from physical and organic factors, the recommended therapy includes scarifications, burnings, plants, and particular diets.

By varying the causes of the disease, its meaning and therapy are altered at the same time.

The Therapy

Therapy, in the traditional medicine of Somalia, often consists of a rite whose essential elements are: the traditional healer, the patient and his family-group, the curative operation and the cultural references which are demonstrated in the ceremony, being expressed by means of meaningful symbolisms.

An individual aware that the cause of his disease resides in those deterministic relationships explained by his culture,

is profoundly convinced that he can be cured only by means of those remedies defined within the cultural sphere and by the persons thereby considered legitimately capable of producing an efficient recovery. Such elements act on the sick person not only through the psychological mechanisms which may activate his biologic and organic systems, but are also paralleled in an empiric science which develops through a profound knowledge of the environment, the mechanisms which governs the same, and its relationship with the individual, seen as a whole. Western medical science succeeds only partially in classifying, explaining and understanding such aspects.

An essential element of the traditional therapy is the participation and involvement of the patient's community. The individual in Somali society is never left to himself: on one hand there are the mystical entities and forces which govern nature and mankind, on the other hand there is his community from which stems his identity and in which he lives in solidaristic relationships, as far as traditional values are concerned.

These two dimensions, mystical and social, are integrated in the individual as a single system: a breach in the equilibrium of one of the two elements must, by definition, disturb the entire system. Likewise the recomposition must involve the entire system. The community of the patient offers him moral support so that he does not feel alone, alienated, abandoned in the face of his illness, and, with its participation in the therapeutic ritual, the community reassembles itself around the patient, exorcising the ill which, by attacking one of its members, is really attacking the community in its integrity and entirety. The participation of the patient's community in the therapy, for this reason, is none other than a demonstration, a specialized aspect of a general situation, i.e. a situation in which the thoughts, beliefs, and actions

of an individual remain deeply imbedded in the order and ideas of the community. The suffering may be solitary but the treatment is ever social, even when highly personalized. And thus the community dimension is demonstrated also by the ability to externalize, openly accept and heal the anguish of illness with public rituals endowed with sufficient power of therapeutic relief. The proposal of therapies or therapeutic methods which detach the sick person from the system herein explained means placing him alone, face to face with his illness, separated from his beliefs and his community.

Conclusions

I would like to express the Somali concept of disease by means of a metaphoric image, obviously with a certain level of interpretative abstraction. The image which seems most appropriate to me is an iceberg: part of the iceberg is on the surface, the part we can reach; a great part, however, is submerged, and for us, this part is more difficult to attain, in the light of our culture and the principles of our medical science. The superficial part is represented by the physical-organic part of the illness; the submerged part can be called cultural and psychological, although these terms do not succeed in explaining the entire submerged part. In this submerged part resides, for the most part, the anguish brought about by the illness, the sense of guilt (nabsi, habaar) for actions committed against the society and the mystical forces, which the sick person retains as the cause of his illness. The therapeutic ritual, symbolism, the system of beliefs, and the participation of the group contribute towards the cure of these aspects.
In the sick person, the two components of the iceberg are inseparable and together form a unity with respect to the representation of the illness. The traditional therapies heal both of these aspects.

Frequently Western medicine is limited, during the study of traditional therapies, in considering or not their effectiveness only in relation to the superficial part of the iceberg. Even when we attempt to understand the second, i.e. submerged part of the iceberg, often with instruments not adapted to the task, we proceed as if they were two distinct parts. In the traditional therapies, the two parts are inseparable, with reciprocal interactions which we are not yet completely capable of recognizing. Nevertheless traditional medicine, operating primarily on the submerged part of the iceberg in order to ward off what the sick person believes to be the actual cause of his illness, produces major effects. These effects transcend the concrete goal of healing, and for this reason, traditional medicine never fails, even when the patient's ailment gets worse and ultimately causes death. Instead, on the operating level, Western medicine acts on the superficial part of the iceberg, frequently with all the effectiveness which is expected of it and for which it is renowned; however, what do we know of that other part which is ever present in the representations and reality of the patient who arrives at the Community Medicine Post? There, Western medicine isn't able to give an answer to the needs which response in the submerged part of his illness. There, only the organic aspect of his illness can be healed, and by causing him to reside in a hospital during his cure, he is detached from his values and his culture. This is why many bed-ridden patients in the hospitals of Mogadishu call for their traditional healers to visit them as well; likewise the patients in Lamadonka always use the drugs given them together with tradtional therapeutic practices. All are willing to recognize the erudition and capability of Western

medicine in regard to previously unknown cures, but in Somali eyes, Western knowledge cannot confront the ulterior causes of the illness, and in any case, the modern doctor is not legitimately recognized in the traditional culture as capable of doing so.

In a positivist way we can observe that often the therapies used by the traditional healers (herbs, burnings, possession cults, tacliils, etc.) do not correspond to the objective reality of the disease, in the light of Western medical science. For the Somali patient, however, this can be an element of little importance. He believes in his traditional medicine, which is part of his cultural representation shared equally by his community and by the traditional healer. In the therapy of traditional medicine, which we can actually call therapeutic ritual, the sick person finds both an explanation of his illness in the deterministic sense and a curative answer. All of these factors contribute to the efficiency of the cure. The sick person often tries different therapies; sometimes the terms of his illness are unclear and thereby finds confusion amongst the pantheon of spirits and mystical entities which make up the Somali culture. Frequently this lack of clarity is due to the deterministic relationships in which the sick person seeks the explanation of his illness; they may overlap or even exclude one another, but nevertheless the sick person still identifies himself today in this sphere, even if no longer exclusively.

The new social and cultural changes have certainly contributed to the modification of tradtional points of reference, even with regard to illness and its cure. What the sick person does not accept is an explanation of his disease in terms which are not comprehensible in his culture, and a therapeutic response not suitable to how his culture has led him to explain and define his illness. I believe that the major task of modern medicine is to understand the cultural needs

of the sick person and, at the same time, succeed in making itself (i.e. modern medicine) understandable, in order to effectively offer itself as a factor of development in the sphere of health education and care.