

The Swahilis Traditional Approach To Mental Health Issues: A Case Of Swahilis Of Mombasa

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ABSTRACT: *Mental disorders are illnesses that affect one's mental faculties and abilities. These illnesses cannot be generalised to indicate only complete loss of mental faculties. The illnesses can be further categorised depending on the symptoms of the affected person. Recognition and treatment of different types of mental illness vary across cultures. Culture is the way of life of a given group of people. This study specifically looks at the Swahili traditional approach to mental health issues from recognising the different mental illnesses to traditional interventions made to cure these mental illnesses.*

KEY WORDS: *Mental illness, Swahilis, Intervention, Maalim, Mganga.*

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I. INTRODUCTION

Psychological disorders are at times referred to as mental disorders or psychiatric disorders are patterns of behavioural or psychiatric disorders. They impact on a number of areas of one's life and create distress to the person experiencing the symptoms (Cleary, 2018). The American Psychiatric Association Diagnostic and Statistical Manual (DSM5) is the latest edition of diagnostic manual. It classifies mental disorders and provides reliable diagnosis of these disorders (DSM 5, 2013). The Swahilis are an ethnic and cultural group inhabiting East Africa. They are mostly found at the Swahili Coast in areas encompassing Kenya, Tanzania, Somalia and Mozambique. They originate from Niger-Congo family (Encyclopaedia of African People, 2000). The Swahilis are some of the earliest inhabitants of the Eastern Africa Coast and they freely intermarried with other tribes that migrated to Eastern Africa including Arabs, Persians and Hindi. It was through intermarriage of the indigenous people and the foreigners that a new culture, people and language was born; the Waswahili. Arabs had a great influence on the Swahilis, one major influence was propagation of Islam. Swahilis are predominantly Muslims and Islam governs nearly all aspects of the Swahili culture including food, clothing and lifestyle.

II. METHOD

The study used a qualitative design. Unstructured interviews with eight respondents; four traditional healers, three men and one female, two "Maalim/Maalima" (religious leader) one male and one female and two female relatives of people with mental illnesses. Data was analysed thematically.

III. FINDINGS

3.1 Practitioners

The study sought to establish the Swahili traditional approach to mental health issues. The Swahilis have their own unique ways of treating mental illness. Mental illness is mostly referred to as "wazimu" by the Swahilis. The mentally ill were treated in various ways depending on severity of the mental illness. The traditional practitioners who treat the mentally ill can be categorised into three. There are Sheikhs or "Maalims" who strictly use religiously inclined treatment, the herbalists or "Waganga" whose treatment is mostly grounded on cultural beliefs, superstitions and values while the third approach is a blend of traditional beliefs and religious values.

3.2 Types of mental disorders

The Swahilis do not consider most of what is defined as mental illness in the current Diagnostic Statistical Manual for Mental Disorders as mental illness. Their definition is quite narrow and only includes people who manifest obvious signs of abnormality and where the victim finds the abnormality to be a distress for self and others.

Neurodevelopmental disorders like intellectual disability, autism, communication disorder and developmental delays are not taken to be serious mental issues. They are mostly thought to be inherited genes as indicated by one respondent that some families have their children experiencing delays in speech development or have “ulimi mzito” (heavy tongues). Intellectual disability is not recognised to be associated with mental health, people who experience it are said to be “koko” or “zuzu” (daft and dumb). People with autism and down syndrome are considered to have been sacrificed by their families to the spirits in order for them to earn riches. They are mostly referred to as ‘kiti’ (seat) and are treated with a lot of respect despite their conditions lest it annoys the spirits who will stop providing riches for the family.

Schizophrenia, a chronic and severe mental disorder is considered to be a serious mental illness by the Swahilis and specialised treatment is required. There are certain families who are affected more than others. This mental condition is mostly attributed to be as a result of being afflicted by a “Jinn” (spiritual creatures) intervention can only be successful when the “Jinn” is cast out of the body of the victim. The more severe the mental illness the more ferocious the “Jinn”. The Swahilis believe that more than one “Jinn” can possess a single person making it even more complicated to treat the victim. There are victims who get affected in later life while others are born with the mental illness. Those born while mentally unstable it is believed that their families keep “Jinn’s” who decide to afflict new born children either because certain rituals have not been fulfilled or the jinn’s rights have been violated.

Bipolar disorder where victims have periods of mania and depressive episodes is attributed to possession of “jinn’s” or “upepo mbaya”. When the victim is depicting episodes of mania then he is said to be “amecharukwa” (hyper) and when victim is going through depressive episodes then he is said to have “ameduala” or “amezubaa” (inactive).

Anxiety disorders are not taken to be serious abnormalities. Panic disorders, agoraphobia, social anxiety disorder amongst others are referred to as “mardhi ya wasiwasi” and are usually seen to be genetic as its symptoms run in certain families. Victims usually keep to themselves and are overly suspicious of people and their environment.

Trauma and stress disorders are considered to be normal life challenges and victims receive a lot of psycho social support from family and friends. During loss and bereavement a lot of unstructured guidance and counselling is provided to the bereaved. In a typical Swahili house mourning with family and friends extends up to three days where the bereaved are provided with guidance and counselling. It is only very close members of the family who can extend the service to the bereaved although many at times “Maalimas” (female religious teachers) are invited to give out “darsa” (religious talk) in order to provide further guidance and counselling to the bereaved family using the religious approach. This may be done periodically during the “eddah” (waiting) period when a widow has to be in seclusion for a period of 4 months and 10 days.

Dissociative disorders and Somatic symptoms disorders and Personality disorders are generally referred to as “maradhi ya wasiwasi” or “baridi ya bisi” which is an extension of anxiety disorders.

Feeding and eating disorders like anorexia nervosa and bulimia nervosa are not considered to be serious mental disorders or abnormalities. They are mostly genetic and victims are mostly encouraged to eat by being provided with traditional herbs or “ambari” (whales faeces).

Sleep wake disorder is associated mostly to people who are referred to as “Waganga.” (Traditional healers). They are mostly referred to as “Wanga” and are believed to cause harm to people. There is a lot of superstitions associated with sleep disorders. There are those who are believed to make their victims work the whole night like digging. Signs are when you wake up you feel very tired.

Disruptive, Impulsive centred and conduct disorder are not considered to be deep mental issues and minimal intervention is made. It is mostly seen to be indiscipline and lack of decorum. In children they will be said to be “watukutu” or “watundu” (mischievous and cheeky).

Substance related and addictive disorders are not considered to be mental illness according to the Swahilis. Those who are addicted are referred to as “walevi” (addicts) and “wahuni” (criminals) and very little effort is being made to rehabilitate them as they have chosen to live that life. The best that can be done is to pray for them to break from their evil habits.

3.3 Interventions and treatment of mental disorders

Respondents who have nursed mentally disturbed relatives elaborated how at times the mentally ill get violent and they have to be tied with a rope or chain to minimise their movements. Homecare of these patients usually takes a toll on the family as they have to be supervised all the time lest they turn violent and harm themselves or harm others.

The Swahilis take three different approaches in handling mental health issues. There is the religious approach, traditional Swahili approach, or a combination of the two approaches. Those who take the religious approach mostly seek intervention through certain “Maalims” or “Sheikhs” who have the “karama” (power) of

healing people. They usually recite specific chapters of the Holy Quran to the patient. The patient is made to sit in front of the “Sheikh/Mali” and preferably face “Qibla” (direction that Muslims face when performing prayers) as the “Sheikh/Maalim” recites the Quran verses. Some of the patients get violent during recitation, an indication that healing process has begun and the jinn inside the patient body is resisting to move out. It may at times require several people to firmly hold the patient as either the patient turns violent or becomes extraordinary strong and can injure self or others in the room where treatment is going on. The “Maalim” can conduct this treatment at his home but depending on case by case the maalim can make home visits. Again depending on the “Maalim” the choice of verses from the Holy Quran can vary from case to case and Maalim to Maalim. Some of the Maalims may give anointed oil to the patient or “kombe” which is basically Quran written with a combination of saffron and rose water and then the inscription are mixed with more rose water and stored in a bottle. The “Maalim” then prescribes to the patient to drink on recommended dose at least once or twice a day. Depending on severity of the mental health issue the patient may be booked for follow up appointments or may be asked to come for more of the prescription when done with the one given. A small fee is usually charged by the “Maalim”. A session may take approximately half an hour to one hour depending on the severity of the mental disorder.

The use of “habatsoda” or black seed is very common among the Swahilis as it has a lot of religious significance. The “Maalims” widely use it in their treatment. Pure honey, udi (incense) and “ubani” (gum tree extract) are also commonly used. Those who go through mild to moderate mental health challenges may be put through some sort of counselling or may be advised to recite certain Quranic verses when unwell like those with “maradhiyawasiwasi.” This approach heavily relies on the recitation of the Holy Quran verses to the patient (Kuzunguliwa/Kusomewa).

The second approach is traditional where the practitioner is referred to as “Mganga” (Traditional healer). Most of the “Waganga” (plural) assume the role after inheriting the trade from their ancestors, meaning it is usually passed on from one generation to the next generation. “Waganga” (Traditional healers) are mostly male but there are female “Waganga” (Traditional healers). among the Swahili. These traditional healers are greatly feared amongst the Swahilis as they are believed to have some mystical powers that can cause harm. Various treatment options are provided by the “Waganga” (Traditional healers). When handling mental health issues. The “Waganga” (Traditional healers). believe that mental problems are as a result of possession of “jinn”, evil eye or evil spirits. Patients are handled differently by different “Waganga” (Traditional healers) and the approach will also depend on the severity of the condition being treated.

For patients with severe mental disorders or mostly referred to as “mwendwazimu” the patient head is shaved clean and then a paste is prepared from seven different herbs and shrubs and smeared on the patient sculp. The patient is then taken through the process of “kufukizwa” (to be immersed in scented smoke) where a tiny little pot like vessel (chetezo) made from earthenware is filled with burning charcoal and small pieces of ubani (gum tree extract) or udi (incense) or a combination of both is added the smoke that comes out is considered to be medicinal and the patient is covered with a bed sheet so that the smoke can pass through him. This procedure can be repeated for several days again depending on the assessment of the “Mganga” (Traditional healer) on the mental condition. The use of pumpkin and coconut oil in treating mentally disturbed patients is elaborated by the “Waganga” (Traditional healers). respondents. Pumpkin oil is said to have therapeutic properties in the treatment of mental illness. To prepare this oil the “Mganga” (Traditional healer) mixes coconut milk and pieces of pumpkin. They are put to the boil on low heat until oil floats on the pan. The oil is stored in a bottle after it has cooled down.

New-born babies are mostly tied with “astofida” on their hand or “hirizi” (charm) to ward off evil spirits from approaching the baby. The infants face is also always smeared with “wanda wa manga” (black kohl) to ward away any sort of evil that may befall on the infant. These are precautions that are taken lest the baby is affected.

Patient who have moderate or mild symptoms of mental illness are mostly treated differently. There is also the evil eye or “hasadi” where one is believed to be inflicted by another person who is not happy about his prosperity. The affected person may fall ill and experience deep mental anguish. A combination of herbs and some rites like slaughtering of a hen are performed by the traditional healer to ward off the evil eye and the person bounces back to be healthy and continues to be productive. This has made many of the Swahilis take precautions from the traditional healers before disclosing a successful venture or before embarking on anything that is of great significance e.g. before getting married.

The third approach is where patients are exposed to both the religious approach and traditional approach. These two approaches conflict each other in a number of ways. The religious practitioners do not support the use of most of the traditional methods as they are said to be “shirk” (associating God with His creations). “Shirk” is considered to be a great religious abomination that invites the wrath of God. Despite the contradiction between the two approaches we still have some Swahilis mixing up the two approaches to seek relief from mental distress.

IV. CONCLUSIONS

Different communities have different ways of handling different issues. Despite of the fact that the Swahilis are fast embracing modern intervention on treatment of mental disorders through seeking of psychiatric help, we still have others who stick to their own ways of treating the mentally challenged members of the community. A lot of research need to be conducted to attest on the effectiveness of the Swahilis traditional approach in treating mental health issues; approaches that may add value to the modern conventional approaches of treating mental illnesses.

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