Indigenous Healers of Ethiopia: Victims of a Healing Profession*

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ABSTRACT

The aim of this article is to identify the negative stereotypes against healers in Ethiopia, which hindered cooperation between practitioners of traditional medicine and those of cosmopolitan medicine. The article also analyses the reasons why these stereotypes led to the condemnation and persecution of healers in the past and in the present. The article suggests possible ways of clearing the misunderstandings between the practitioners of both medical systems (indigenous and cosmopolitan).

The primary data were collected by using anthropological techniques of data collection, observation and interview.

It was observed that these age-old stereotypes have economic, social, psychological and legal impacts on healers.

KEY WORDS

stereotype, healers, indigenous medicine, cosmopolitan medicine, Primary Health Care

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INTRODUCTION

his paper primarily discusses the negative stereotypes harbored by practitioners of cosmopolitan medicine, the intelligentsia, the Ethiopian Orthodox Church and the government against indigenous healers in Ethiopia. The primary data were collected in Addis Ababa, the capital city of Ethiopia, through observation and in-depth interviews of selected healers, practitioners of cosmopolitan medicine and patients. The analysis of data is supported by selected case studies, which are used to throw light on some aspects of the study that may not be fully explained by a simple description of the phenomenon.

According to Kloos (1987:219-243), modern health coverage in Ethiopia is one of the lowest in the world. The most serious health problems in the country are nutritional deficiencies and transmissible diseases. These health and food problems are the direct reflection of the country's technological backwardness and poverty. Cosmopolitan medicine has a very scant coverage, and is mostly concentrated in towns where only about 15 per cent of the total population is living (Bisaw n.d.: 16). Though cosmopolitan medicine is said to be concentrated in big towns and cities like Addis Ababa, it is not able to meet the health needs of the urban population. According to the 1997 Statistical Abstract of Ethiopia, in Addis Ababa for instance, in the year 1995-96 there were only 11 hospitals, 1209 hospital beds, and 16 Health Centers under the control of the Ministry of Health for the city's population of 2,112,737 (C.S.A 1998: 22,317).

To make matters worse, these cosmopolitan health facilities are expected to serve not only the people of Addis Ababa, but also the people coming in from the various provinces. This very low coverage of cosmopolitan medicine, coupled with the existence of a multitude of health problems, forced the majority of the people to turn to traditional medicine. Despite the widespread practice of traditional medicine in Ethiopia, it was generally marginalized and condemned by the government in the past. The Ethiopian Orthodox Church exerted its influence over the rulers of the country and caused them to ban traditional practices like sorcery,

witchcraft. They also condemned belief in zar, attete and other pagan spirits that were not associated with Orthodox Church faith healing. For instance, Emperor Yohanis IV (1872-1889) in his 1878 promulgation banned witchcraft, sorcery, and the use of tobacco in spiritual ceremonies like zar. Punishment, he announced, included confiscation of property and the cutting of the lips and noses of those found guilty (Bisaw: n.d.85-86).

Today, the introduction and general use of cosmopolitan medicine, coupled with the above mentioned persecutions led to a further marginalization of indigenous medicine.

Impact of Negative Stereotypes on Healers

It was observed that this long age-old persecution has had a negative impact on traditional healers. I have categorized these impacts into four groups: psychological, social, economic and legal.

Psychological Impact

One of the consequences of this pesecution have been the development of secrecy and suspicion.

The Ethiopian traditional healers are always blamed for being abnormally secretive with regard to their healing. Their secretivness is so exaggerated that they are even said to be unwilling to teach their knowledge to their own sons unless these sons swear never to reveal such knowledge to others. However, healers defend themselves by arguing that most of people with a western education look down on them and thus are not willing to come to them for the treatment. On one occasion, a certain healer hotly argued in favor of this secrecy. In response to my question on this issue he replied "who wants his own son to be despised? Who wants his own children to be looked down on?" In order to convince me he told me that during a seminar held by the Bio Diversity Institute¹ a participant with a western education accused

healers of being very secretive and selfish to the extent of refusing to teach their knowledge to their own sons, let alone cooperate with modern physicians. The healer claimed that in response to this allegation, he replied: "look, I am Amhara. As you know we Amharas cherish our land and are culturally fond of carrying weapons. How could you imagine that the Amhara who love their land and guns, and who willingly pass all these to their sons would refuse to pass on their healing techniques and their knowledge to them? Who wants his son to be despised and degraded?" Actually, their secretivness is not only a result of the negative stereotype, it is also the direct consequence of the competition among themselves and their desire for more customers.

In fact, most of the healers whom I observed and interviewed in my field research carefully refrained from mentioning the names of medical plants in front of patients during treatment. Healers, in general, guard their knowledge of plants, particularly their names, location and preparation from the public and from each other for business reasons. In a country where home traetment is the first action taken in the event of an illness, it is obvious why healers do not mention the names of the medicinal plants in front of patients.

I observed a healer and his assistants discussing certain medicines, only refering to them by their colors: "give her/patient that red medicine" ("kekeyu sitat"). Only when talking about modern medicine did they call the name of the drug; e.g. "give her/patient the vitamin", "he/patient has been using insulin," and so on.

As Teshome-Bahiru (1999:31) opined, it is obvious that healers (herbalists) hide their knowledge regarding the collection, processing and administration of materia medica, from the public, patients, and other healers, and keep such information as a professional secret. They claim that if the public were to know it, the healing power of the plant would disappear, and this would greatly damage the image of the healer. This does not mean that there have not been instances where herbalist go public and explain how they collect and administer their materia medica. The participation of herbalist healers in the various seminars and

symposiums organized by institutions and organizations in the country such as the Bio-Diversity Institute is a clear example.

The secretivness of healers is also common in other African countries. Ademuwagun (1979:viii) commented,

"Most African healing systems have not been formalized in print so that their principles could be open to outside scrutiny. Part of the ethics of many African healing systems secrecy; this protects the society against indiscriminate use of such medicines by certain individuals. Such secrecy also reflects the fact that the knowledge of indigenous medicines can be an index of one's power and influence in society. Just as Western practitioners of medicine guard their professions through tedious methods of registration and induction, so does the African traditional medical class obtain the same protection through secrecy. Unfortunately the success of that secrecy has resulted in a series blow to the credibility of the entire system. Many including many urbanized Western-educated Africans, deny the efficacy; not to mention the existence of indigenous African medicine about which they have often heard but which they have little formal knowledge."

In the second case, these age-old negative stereotypes have made healers suspicious of everyone, particularly those whom they associate with modern western education. As I observed in my field research, whenever I contacted healers, their first reaction was suspicion. After successfully establishing a good rapport and increasingly interacting with them, many of them did not hide their reasons for being suspicious of me. In some case, their suspicion forced me to find contact persons who personally knew the healers whom I wanted to meet to explain the reason for my study. Because of the negative stereotypes held by practitioners of cosmopolitan medicine and other educated people against traditional medicine, practitioners of indegenous medecine have

been rendered suspicious of anyone whom they associate with modern education and the intelligentsia.

Social Impact

In addition to psychological impacts, these age-old negative stereotypes also have social consequences. Most people in urban areas in Ethiopia are not willing to be identified with traditional healers for fear of social contempt and disapproval. In the minds of many people of the younger generation in Ethiopia, traditional healers are the remnants of Ethiopia's backwardness. Visiting a traditional healer is seen as a sign of being superstitious, backward and uncivilized. In order to avoid such social disapproval, most patients seeking spiritual healing visit healers either early in the morning or at nighttime.

Again, as one of my informants indicated, even the children of healers are not willing to take over from their fathers because of fear of being despised and treated with contempt. These children are even ashamed of being identified as sons and daughters of healers, particularly in towns and cities. This in turn has had a negative impact on family relationships in many cases. I noticed, when I conducted my interview with certain healers, that they avoid topics related to their families and issues related to succession. A certain healer, for instance, was reluctant to mention his son. He avoided answering many of my questions, prefering to discuss other issues.

These social consequences could be detected in various ways. For instance, I made use of my friends and relatives to create rapports with healers and convince them of the reasons for my research work. However, I realized that most of them were not willing or rather were very reluctant. At one time I wanted to contact a certain spiritual healer in Ketechene and requested one of my friends from that area to approach the healer and explain my reasons. He agreed to carry out my request only because he did not want to ruin my friendship with him. But it took me almost a

month to settle the issue. He explained to me why it took me a month to reach the spiritual healer. He confessed that he felt embarrassed about approaching a spiritual healer, and was worried about his image in the neighborhood. Even though people in Addis Ababa regularly turn to traditional medicine for social, physical, and mental problems, they do not do so openly. They do not want to be associated with traditional medicine because t is considered, particularly by the young generation, as backward.

Economic Impact

The negative stereotypes and persecution also have serious economic consequences on healers. First of all, since most healers do not own a licence authorizing them to practice, they cannot freely fix their prices. In some cases healers give free services in order to eventually attract clients. As a result, most healers are very poor and are forced to look for other jobs. At present, many healers in Addis Ababa are conducting healing as a part time job. Full time healers are very few. Since many healers have no licence and legal support they cannot force patients to pay the money they owe. It would appear that healers in Addis Ababa practice witchcraft and sorcery not only to meet the demands of the society but also to be feared and respected. No patient would risk not paying money demanded by a healer for fear of incurring his wrath and making himself the target of witchcraft and sorcery. However, no healer readily admits that he employs witchcraft and sorcery. In my field research, healers, throughout the interview, were extremely diffident about mentioning any witchcraft practices. For instance when I asked one healer whether he performed such practices, he replied, "ene siga wodemu liwosed new"(lit. "I am going to take siga wodemu2"). By this he meant that he was a devoted Orthodox Christian, and thus could not indulge in such worldly practices. But, my contact person later on told me that he had once seen a beautiful woman go to this healer to obtain an amulet or mestefakir³. In one of my surprise visits, I caught the healer drawing a line and cutting a skin. Normally, for witchcraft purposes healers use skins of different animals such as hyena.

Legal Impact

As Teshome-Bahiru (2000: 561) noted, most spiritual healers in Addis Ababa started calling themselves herbalists, in order to avoid persecution by the Ethiopian Orthodox Church and the Marxist government (1974-1991). This has continued even now for various reasons.

To show how healers get licenses, I will cite the case of one of the known healers in Addis Ababa, Healer Tekle Haile Gabriel.

In his native land Healer Tekle was practicing without a licence, but, when he came to Addis Ababa he applied to the Ministry of Health for a licence. His case was referred to the Municipality and was ignored. When the Marxist government was in power (1974-1991) he applied again and again but his request was always rejected. All the while, he was practicing secretly. However, he was eventually caught and imprisoned in the Maekelawi Central prison for six months for illegally practising traditional medicine. (When the Marxist government was in power, healers were branded as "abay tenguay", lit. "False Seers"). According to the healer, the Ministry of Health vehemently opposed him until one fateful day when he successfully cured a certain woman who had a son in the Ministry of Health. The woman appealed on his behalf to her son (who was a senior official in the Ministry). This enabled him to obtain a temporary work permit from the Ministry of Health. Later on, during the time of EPRDF (a political group which formed a government in 1991), he and other healers were allowed to form an association and through this association he got a licence from the Ministry of Health. Currently, Healer Tekle is the vice-chairman of the Healers Association.

Healers and Physicians: Co-operation or Rivalry?

Although practitioners of cosmopolitan medicine are clearly contemptuous of traditional medicine, indigenous healers too have their own reservation with regard to modern medicine, and this can be observed in subtle acts of hostility.

The opposition of indigenous healers to cosmopolitan medicine is manifested in their collective and outright refusal to treat patients operated in hospitals. This is particularly true for a much-dreaded disease known as nekersa (cancer?). Most of the time, if a patient is operated by physicians, "bila cenekaw"(lit. "If touched by a knife"), his chance of receiving treatment from healers is almost nil.

Although the WHO Primary Health Care (PHC) Policy under its motto "Health for all by the year 2000" (Bannerman 1983:318-19) did not succeed in Ethiopia, (because of various complicated reasons that are beyond the scope of this article) the effort to form formal co-operation between practitioners of indigenous medicine and those of cosmopolitan medicine should be encouraged. Actually, there is an urgent need for greater collaboration among the personnel of both systems. A casual observation of the present situation shows that the mutual distrust between the practitioners of both medical systems is very strong. At present, accusations and counter accusations have marred the relationship between the two as we can see from the remark made by of Healer Tekle. He said:

"Modern physicians have a strong bias against healers. They (modern physicians) are undermining us. They ask us to co-operete with them, to work with them, but they are not sincere. For instance, I treated one patient and he was cured after six big worms were removed from his stomach. He took these worms to the Pasteur Research Institute and I was later summoned. The health officer in the Institute asked me if I had removed these worms from cow dung or from a human being. To his question, I responded: "You who are claming to know modern techniques and, are encircled by all these modern machines, how can you ask such a question? You are supposed to know whether it is from a cow or a man. Otherwise what is the use of all these machines here?" Modern physicians always want to discredit us. Most of the time, modern physicians and health workers are eager to know the type of plant we are using and how we manufacture medicines. But we cannot tell

them, because we do not have any guarantee that they will not steal our knowledge and not give us proper recognition. Because of the biased nature of the information people are getting from modern health officials, many patients come to us as a last resort when they are physically weak and near death. We need patients who are capable of withstanding the medicine we administer, otherwise, they might die", he lamented.

Patent Rights Problems faced by Healers

One of the major causes for the mutual hatred between indigenous healers and modern medicine practitioners in Ethiopia is the question of patent rights. Many healers say that the Ministry of Health and cosmopolitan medicine practitioners want to take their medicines from them with out due recognition. In fact, most healers claimed that they have discovered various kinds of medicine, which they are ready to disclose only when they get a patent right. In order to demonstrate this issue let me add the following case:

Merigeta Tesfu is the secretary of the Healers' Association of Ethiopia. He claimed that healers have discovered a special kind of medicine that can cure eye problems. He added that the medicine, used as eye drops can be used for various kinds of eye diseases. He complained that although healers are discovering similar kinds of efficient drugs modern physicians and the Ministry of Health are not granting them patent rights and due recognition. When he was questionned about the efficacy of the drug, he claimed that it had already been tested in the Menilik II Hospital and patients had been cured. (But in view of the already discussed negative stereotype, it is very unlikely that a modern health institutions like the Menelik II Hospital could have used such an untested drug). But when he was asked why the Ministry of Health refused to recognize this drug if had been tested in Menelik II Hospital, he claimed that the Ministry of Health was asking them to reveal the components of the drug, and healers are not willing to do so. He claimed that if healers revealed the components, practitioners of cosmopolitan medicine would rob them of the fruit of their knowledge.

Merigeta Tesfu further claimed that healers are ready to cooperate but they are wary because researchers have been known to steal work and knowledge from them.

As we have seen above, the suspicion harboured by healers is deep-stealed. This is manifest in the constant refusal by healers to cooperate with research institutes in the country. In fact, healers mixed feelings with regard to this co-operation with cosmopolitan medicine. On the one hand as I have already pointed out, they strongly resisted the co-operation plan, but at the same time, they wanted this co-operation because of the financial assistance they would receive. For instance, in one of our discussions, the Secretary of the Healers Association mentioned that his association was hoping to get financial assistance from other similar or related organizations in Europe and other parts of the world. But when he was told that such kind of assistance would be possible if the research which the Healer Association claimed to be conducting was being conducted in a scientific manner and possibly in co-operation with scientific and modern research institutes in Ethiopia like the Pasteur Institute, the Secretary adamantly opposed this, saying, "the Pasteur Institute wants to know the elements in our medicines. If we disclose the type of plants and their components that we use, the knowledge will be robbed from us, the way they have always done in the past". The Healers' Association has repeatedly indicated that healers wanted to get patent right first for the medicines they discover before acceptating to disclose the type of plants they use in the preparation.

I believe that this is one of the reasons why traditional medicine is not very developed in Ethiopia. Even in the future, such kind of cooperation between traditional healers and their association on one side, and other similar associations and modern research institutes at home or abroad on the other, may not be efficient as long as healers maintain such secrecy with regard to medical plants.

Healers' Attempt at Getting Recognition from the Ethiopian Cosmopolitan Medical personnel

Almost all healers whom I interviewed and observed in Addis Ababa have been trying their best to create the impression that they are using modern methods of treatment. Since most of them call themselves herbalists, they try to imitate practitioners of cosmopolitan medicine in many ways.

These include:

(1) Naming

First and foremost they have started calling themselves "hakim", a term used to address physicians in the country.

(2) Instruments and clothing

Most healers are using forceps and are wearing white gown to look like modern physicians. Once, when wanted to take a picture of a certain healer and his assistants, the healer asked his son to wear a white gown before being photographed.

(3) Distancing from rituals

In many cases healers have attempted to distance themselves from practices which are generally considered as superstitious by the modern intelligentsia. For instance during interviews Healer Tekle distanced himself from the use of rituals that are considered as features of traditional medicine. However, in some cases he contradicted himself. For instance, when he explained the usefulness of plants which are extensively used by healers, called takatila (a plant that grows on another plant) he emphasized the rituals performed in cutting this type of plants. Actually, as other healers also strongly asserted, it is believed that unless certain rituals are performed the healing power of the medicinal piants vanishes. However, when he explained this to me he was at pains to show me that he did not believe in superstition. Since he was vice-chairman of the healers association, he wanted to show that he was practicing healing in a modern way.

(4) Certificates from physicians

Another technique which healers have started to adopt in their attempt to be recognized by practitioners of cosmopolitan medicine is the request from patients to produce AIDS-free certificates. Healer Tekle told me that in many cases he asked patients to bring him seronegative certificates from hospitals before treating them in his clinic. As evidence, he showed me some documents. Like other healers, however, he was quick to criticize cosmopolitan practitioners, claiming that sometimes patients brought AIDS-free certificates from hospitals but who were later on discovered to be positive.

(5) Keeping Records

Another practice which healers have started to ape in imitation of modern medicine is the keeping of records of patients. For instance, I found out that healer Tekle kept two kinds of records, one for patients with mild illnesses and the other for patients with severe illnesses. He also took photos before and after treatment. Ironically, however I have discovered that the systems of keeping records in certain hospitals and health centers that are supposed to be examples for traditional medicine practitioners are very poor.

(6) Advice over the phone

Surprisingly, healers have also started advising patients over the phone. This used to be considered as belonging in the domain of cosmopolitan medicine. I have seen healers giving medical advice through the telephone many times. Mostly, these are patients or relatives of patients who have personal relations and have the privilege of talking with healers and getting advice by phone. Most of the time, these callers were the ones who wanted advice (maybe they had been treated earlier) and to discuss developments

(7) Diagnosis

Like modern medical practitioners, healers also carry out diagnoses in a more or less modern manner. They make the diagnosis themselves and sometimesthey ask their assistants to do so. Most of the time, healers diagnose merely looking at the patients or taking the patients to a corner of the room behind curtains, or to another rooms.

CONCLUSION

The majority of Ethiopians at present rely on traditional healers for treatment. Therefore, it would be irrational for cosmopolitan medical personnel to ignore traditional medicine and healers. The multitude of health problems in the country, the low coverage of cosmopolitan medicine, and the heavy dependence of the people on traditional medicine are all factors that make it necessary to recognize the contribution made by healers.

So far in Ethiopia, the efforts and actions taken to develop traditional medicine are negligible. Medico-religious healers (debteras- in the local Amharic language) use almost all the books that deal with the medico-religious part of traditional medicine. The contents of these books should be revealed to cosmopolitan medical practitioners. Also the negative attitude of the clergy has to be reformed or altered. Particularly, the support of the Orthodox clergy is crucial because most debteras, directly or indirectly are connected with the Orthodox Church.

Cosmopolitan and traditional health care systems have much to learn from each other, at their current development stage. For a developing country like Ethiopia, traditional medicine is as indispensable as cosmopolitan medicine. To give the best possible health care to the masses and for mutual improvement, it is necessary for them to join their efforts and work together.

Much has been said much about the need for co-operation between the two medical systems, but the existing situation reveals that cosmopolitan medical practitioners do not fully recognize the importance of traditional medicine. This lack of recognition has hindered mutual exchanges between the two medical systems and created an obstacle that hampers scientific research on traditional medicine. The other stumbling block for rnutual understanding and co-operation, as pointed out by cosmopolitan medical practitioners, is the secretivness of healers.

Finally, I recommend that due respect and recognition be given to the traditional healers, and their activities, because if they are earnestly approached with the aim of learning from them, they will share their professional knowledge.

NOTE

- This research institute is under the Ministry of Agriculture. It is responsible for the genetic preservation of plants in the country. Its activities include organizing seminars and educating healers (herbalists) on how to use plants without endangering the natural habitat. The institute has also given an office to the Healers Association.
- Siga wodemu is a kind of ritual performed in the Ethiopian Orthodox Church and involves making a vow to live a saintly life. It includes swallowing a piece of traditional bread that symbolizes the flesh of Christ and sipping a fresh grape juice that symbolizes the blood of Jesus.
- 3. Mestefakir is believed to be a sort of magic, which makes a woman desired or loved by men

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