

Traditional Healing in Uganda

A Statistical Analysis of Treatments by a Group of Traditional Healers

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Summary

In a project of ethnomedical research the two authors – working as psychotherapists in Switzerland – were visiting a group of traditional healers in the Mpigi District of Uganda. One aim was to look for a cross-cultural understanding of psychological problems, another was to investigate the efficiency of traditional healing and its integration in the public health system. The data of 978 subjects (37.9% males, 47.7% females and 14.4% families) treated in 2007 were analyzed with special respect to the outcome. Three overlapping categories (spiritual, connecting, physical/medical) were used for the definition of the patients problems and their received treatments. No significant differences could be found between males and females, but between singles and families. Singles had more spiritual problems and treatments whereas families had more connecting problems and treatments. 38.7% of the sample had physical problems and 28.3% were sent to medical treatment. The positive outcome rate of the whole sample was very high: 53.4% had recovered, 34.8% improved and only 11.9% were unchanged.

Introduction

Working as psychotherapists in Switzerland we frequently meet patients from other cultures. Our understanding of psychology is often very different from theirs due to their cultural backgrounds. These patients get sometimes false treatment simply because of cultural misunderstandings.

The present study immersed from a stage with traditional healers in Uganda in Spring 08 where we tried to learn about their understanding of psychological problems and as a countermove supported them in organizing their association. We purposed to make a scientific investigation of their work – primarily thought as a pre-study – and were surprised by the large number of returns.

Traditional medicine in Uganda as in many parts of Africa is a holistic conception that places the individual in relation to other men, to nature and to the Universe (Sekagya). Sickness is seen as an imbalance caused by lack of harmony or offending universal laws and not as a result of physiological or biological malfunctioning. An imbalanced state opens the individual to vulnerable influences. In a study of 51 traditional healers in Uganda, Ovuga et al. (1999) found, all of them believed, that mental illnesses were caused by evil spirits, witchcraft or curses. Only a small number also named environmental causes or mental disorders. Lacking harmony with the spiritual world gives rise to many disturbances. Ancestral spirits that are not connected – we would call it maybe integrated – can cause great harm. Therefore connecting with the spirits is important to help patients and families. The rituals to connect consist of

song, drumming, clapping, dancing and a variety of performances to bring the spirit strongly into the midst of people. When the spirits are recognized for what they are and are respected, they stop acting harmful and start to bring help and support (Turner, 2004; Scheidegger & Degonda, 2008). If connecting is not the way to restore somebody's health a variety of shamanistic procedures can be used: exercises, diet, herbs, relaxation, mental imaginary, surgery, prayers, purifications, and various other rituals. They depend upon the diagnosis the healer is receiving as medium of a helping spirit (Krippner, 2004)

Psychological problems are mostly seen as spiritual problems. There is no differentiation of psychological diseases like in Western Countries (Traditional Healers and Uganda's Success, 2003) In spite of that traditional healers play an important role in the treatment of mental health problems in many African countries. They are an important resource in the provision of primary mental health services (Winston et al. 1995, Boardman & Ovuga, 1997). In Zimbabwe and Uganda traditional healers treated a wide range of disorders and few limited themselves to specific complaints (Winston et al. 1995, Ovuga et al. 1999). Patients who were dissatisfied with the results of orthodox medicine often changed to traditional healers (Patel et al. 1997a) and a significant number of them had psychiatric disorders (Patel et al. 1997b). In Zimbabwe, Winston & Patel (1995) noted, that individuals presenting with non-specific pain and other less specific problems had the same outcome if they attended medical or traditional care. Teh (1998) states that "The traditional medical practitioners have a deep knowledge of the culture and they are very familiar with the cultural traditions, the fears and the wishes of their clientele, so they utilize such knowledge in their diagnosis and curative skills, in a form of psychotherapy (90f.)." For Tumwesigye (1996) as well spiritual healing includes traditional psychotherapy, which is very effective in its particular community. It helps to relate patients to their environment, facilitates reconciliation with relatives and is comforting and reorienting them.

Thus traditional healers are often the preferred option over Western medicine, as they provide culturally meaningful approaches, are better accessible and less expensive than medical doctors (Traditional Healers and Uganda's Success, 2003). In Uganda there is only one allopathic doctor for every 20'000 people but one traditional healer for every 200-400 people. 46% of the population live below absolute poverty lines (less than \$1 per day) (WHO/AFRO, 2001, online).

A good definition of a traditional healer is given by THETA (Traditional Healers and Modern Practitioners Together against AIDS), one of the major recognized healer association of Uganda: A traditional healer is one who is recognized by his community and uses indigenous (native) knowledge, that is handed down from generation to generation either orally or through spiritual means (communication with ancestral spirits usually through dreams, possessions) to alleviate all forms of human suffering (THETA, 2001). Spiritual healers are especially defined as those who "diagnose and treat patients by spiritual and divination practices. Some of them use ancestral worship and report possession by a number of traditionally known healing spirits and deities. Their healing activities are usually performed by the healer as the spiritual mediator. They mainly attend to the psycho-socio-cultural issues." (THETA, 2001:15).

Traditional healers are a good choice for a lot of psychological and medical problems but they can not treat the physical problems of patients with HIV/AIDS. Uganda has more than a half million of people living with HIV/AIDS (UNAIDS, 2004). In 1992 a study in South Africa found that a majority of healers didn't know if AIDS could be prevented, and 50% maintained that AIDS could be cured by traditional or Western medical treatments (Giarelli and Jacobs, 2003). This lack of significant knowledge presented a big problem not only in Uganda but in most parts of Africa and led to the foundation of traditional healer organizations such as

PROMETRA (Promotion for Traditional Medicine) and THETA and others, which serve to promote knowledge-sharing among healers. Furthermore, they are engaged in the promotion of traditional healer practices, collaboration between healers and allopathic healers, as well as providing education and standardization of traditional healers. Today many healers know about HIV and AIDS. Thus in a study of traditional medicine in Bulamogi county, Uganda, Tabuati et al. found, that 50% of traditional healers refer patients to hospitals for conditions they cannot cure (Tabuati et al., 2003). Also Ovuga et al. (1999) found that in Uganda, Zimbabwe and Nigeria traditional healers were willing to send their patients to government medical centres.

Subjects and Methods

The starting point of the present study were meetings with two traditional healers from Uganda at the Ethnomed Congresses 2006 and 2007 in Munich, where Hassan Muwonge and Dr. Sekagya held workshops about their healing techniques. Hassan Muwonge lives in the Mpigi District in the south of Uganda. He is a spiritual healer and has the ability to communicate with certain spirits. After his training in traditional healing by PROMETRA, he has founded his own association LUTHA (Lubowa Traditional Healers' Association). The aim of this association is to train and empower spiritual and other traditional healers with appropriate knowledge and skills in health service delivery.

In February 2008 we stayed for two weeks with the association in order to learn more about their healing techniques, which have remarkable parallels to hypno-systemic techniques of Milton Erickson. We proposed to make a scientific investigation of their healing activities with special regard to the efficiency and outcome of their treatments. We planned to make first a pre-study with only few questions about problems, treatments and outcome. We had to formulate the questions in the cultural context of the healers, because they had no training in our psychiatric concepts. In accordance with the healers we defined the patient's problems with the three categories spiritual, connecting and physical, the first containing mostly psychological and social problems. The categories could be overlapping. A similar definition we used for the given treatments. Spiritual treatments consisted of curative actions by the healer as well as ritual acts that patients had to fulfil. The procedures for connecting are described above. The physical treatments were given by doctors in a medical centre.

After our return we were surprised at the amount of data we received: We got the data of 978 patients and families treated by six spiritual healers in 2007. They could provide us this data due to their treating technique; while the healer is a medium for a helping spirit an assistant is making notes of the whole session.

Results

In 2007, 371 (37.9%) male and 466 (47.7%) female patients as well as 141 (14.4%) families were treated by traditional healers. There were more females than males seeking the help of a traditional healer.

Problems

Problems of the patients:

	males % N = 371	females % N = 466	families % N = 141	total % N = 978
only spiritual	36.1	38.2	10.6	34.4
only connecting	6.5	5.6	42.6	11.3
only physical	4.9	3.4	3.6	4.0
spiritual and connecting	15.1	15.0	26.2	16.7

spiritual and physical	20.2	19.1	4.3	17.4
Connecting and physical	6.7	6.4	7.1	6.7
all three together	10.5	12.2	5.7	10.6
all spiritual	81.9	84.5	46.8	78.1
all connecting	38.8	39.3	81.6	45.2
all physical	42.3	41.2	20.6	38.7

Most patients suffered from spiritual problems, often in combination with other problems. Physical problems were often combined with spiritual or connecting problems. Only 4% of the patients named mainly physical problems. Whereas there was no difference of problems between males and females, families differed significantly from both sexes (Chi-Square $p < .0001$). Their main problem was connecting, but they suffered seldom from physical problems.

Treatment

Treatment of the patients:

	males % N = 371	females % N = 466	families % N = 141	total % N = 978
only spiritual	49.6	49.4	43.9	44.7
only connecting	12.4	9.9	49.7	16.6
only sent to medical doctor	11.3	10.5	5.0	10.0
spiritual and connecting	8.1	9.4	19.9	10.4
spiritual and m.d.	12.1	14.6	5.0	12.3
Connecting and m.d.	3.0	2.8	1.4	2.7
all three together	3.5	3.4	2.8	3.4
all spiritual	73.3	76.8	44.0	70.8
all connecting	27.0	25.5	73.8	33.0
all sent to medical doctor	29.9	31.3	14.2	28.3

For the most part individuals got a spiritual treatment. There were no differences between male and female patients. In comparison, families differed significantly from both sexes by treatment (Chi-Square $p < .0001$). As their main problem was connecting, they received significantly more often connecting for treatment. Families were significantly less often sent to medical doctors than controls (Chi-Square $p < .0001$). Altogether only 14.2% of the families but approximately 30% of the individuals were sent to get medical treatment.

Outcome

Outcome of the patients:

	males % N = 371	females % N = 466	families % N = 141	total % N = 978
Unchanged	10.8	12.2	13.5	11.9
Improved	38.8	34.8	24.1	34.8
Recovered	50.4	53.0	62.4	53.4

Both individuals and families showed a remarkably large number of patients who improved or recovered. Only a small number remained unchanged. Again there was no difference between males and females but between individuals and families (Chi-Square $p < .02$). The recovery rate of families was better than the one of individuals.

Outcome of patients due to their treatment:

	unchanged %	Improved recovered %
	N = 116	N = 862
Only spiritual	7.8	92.2
Only connecting	9.3	90.7
Only sent to medical doctor	38.8	61.2
spiritual and connecting	2.0	98.0
spiritual and m.d.	14.2	85.8
Connecting and m.d.	38.5	61.5
all three together	0.0	100.0

The outcome was best when the patients only received traditional healing. When they additionally had to be sent to medical doctors their outcome was worse. Therefore we decided to make a distinction between medically treated and not treated persons. From all patients sent to medical doctors, families had the worst outcome. Whereas only about 20% of the individuals didn't recover, 55% of families remained unchanged (Chi-Square $p < .01$). In comparison, there was no difference between individuals and families not sent to medical doctors.

Outcome of patients with same problem as treatment:

	connecting % N = 104	spiritual % N = 327
unchanged	0.0	3.3
improved	23.1	30.6
recovered	76.9	66.1

Concerning the efficiency of an applied treatment we examined the outcome of patients with the same problem as treatment. Patients with connecting problems and the appropriate treatment had a better outcome than spiritually treated patients with spiritual problems (Chi-Square $p < .05$).

Discussion

A remarkable result is the good outcome of the patients in our study. Several explanations are possible for that: Ovuga et al. (1999) found, that Ugandan as well as Nigerian healers were confident in their ability to deal with mental disorders. This confidence in their power may produce effective outcomes. Furthermore, the cultural meaningful approach of the healers may be important. Press (1982) notes that cultural healing and disease are characteristic of all human episodes of sickness. Therefore, the relationship between healer and client works much better when both have similar concepts of disease and patients are confident in their healers. From our point of view the duration of the treatment could be a deterministic factor

too. Most patients receive a short time treatment and there is no follow up. Thus we don't know if the recovering is permanent or not.

In accordance with previous studies (Tabuati et al., 2003; Ovuga et al., 1999), the traditional healers of LUTHA sent patients for conditions they could not cure (HIV/ AIDS, cancer) to medical doctors. This shows, that educational workshops like those of THETA and PROMETRA involving healers have proven to successfully diffuse information regarding HIV/AIDS to communities in culturally meaningful ways. Thus patients with cancer or HIV were sent to medical doctors and the healers of LUTHA only treated the non-clinical aspects of the disease. In the Mpigi District, where the healers of LUTHA work, many people suffer from HIV/AIDS. Therefore they need medical treatment as well as a lot of psychosocial support and spirituality (Sekagya, 2006). Thus it is very helpful to have programs like Bumetha Rukararwe in Southwest Uganda which combine the services of traditional healers with modern medical services in providing sustainable rural health care (Tumwesigye, 1996). There, traditional healers care for the emotional and spiritual well-being of their patients.

Altogether it seems that four basic components are important for the effectiveness of psychotherapists and of traditional healers – a shared worldview, impressive personal qualities of the healer, positive expectations and a process that enhances the patients learning and mastery (Torrey, 1986, Reimers, 2008).

Finally, there is to say, that spiritual healing and connecting are very helpful methods for patients in Uganda and can be regarded as traditional psychotherapy. Therefore it is important, that traditional practitioners receive a sufficient education for healing. Some traditional healer organizations have begun certification programs which demonstrate that healers have gone through trainings and are in fact true healers. This legitimization is important and gives traditional healers more respect and value within their community but also in the collaboration with allopathic healers. Furthermore, healers have a chance to get more support of local and international organizations. Therefore it is also important to do more scientific research of the effectiveness of traditional healers, particularly with regard to the specific treatments that are used and the associated outcomes (Ovuga et al., 1999).

In Switzerland as in other European countries traditional healing – even in the western form of psychotherapy – has a marginal stand. Our public health system is dominated by an extensive allopathic medicine. There is a very high density of physicians and hospitals. But more and more the costs get out of control and a collapse might be expected one day.

Conclusion

Well trained traditional healers, who work together with allopathic doctors, are an important factor in the health care system. Their accessibility is high and their economic costs are low. Thus they reach a lot of patients and enable a good health care provision.

As psychotherapists we may conclude that spiritual healers perform a holistic form of psychotherapy even if they do not use our terminology.

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