

Soothsaying as Health Seeking Behaviour: Implications for Medical Treatment of Diseases Perceived to be Supernatural

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ABSTRACT---- *In spite of the advances in modern medical technologies in dealing with ill-health, a section of society continues to use divination in their search for therapy. Using a qualitative survey, this study sought to gain insight into reasons why this practice is pervasive. Data gathering methods included in-depth interviews with some renowned diviners, community members and healthcare providers. A focus group discussion was also organized to gain additional information on the use of divination. Findings suggest that on the pathway between symptoms recognition and therapy options, divination is often employed to pin down supernatural and other causes of misfortunes and ill-health. Patients with afflictions such diseases as burns, boils, anthrax, and snakebites tend to consult diviners first as they believe these conditions are of supernatural origin. This has implications for healthcare service and utilization. It is proposed that a bio-psycho-social-spiritual model should be integrated into clinical care of patients at modern healthcare facilities especially in diagnostic interviews and treatment regimes of patients.*

Keywords--- Diviners, Soothsayers, Supernatural, Traditional, Invisible forces

1. INTRODUCTION

Good health is intrinsically desirable and seeking good health has become a fundamental human activity. Steps taken to attain optimum health are often as diverse as the socio-cultural circumstances of a particular individual would dictate (Marshal, 1994). In a milieu in which medical facilities cannot offer sufficient explanation to afflictions, coupled with the pervasive reverence for ancestors, one would expect attempts by people to solicit divine interventions to satisfy their health needs (Azongo, 2014), in view of the conviction that such entities can provide them with explanation to strange eventualities (Assimeng, 2010). In almost all societies, the concept of illness is determined by culture (Yidana, 2014). As Rumun (2014) has indicated, illness is believed to be culture bound in which perception, conception and management of ill-health are determined by the culture of the people concerned. This suggests that culture incorporates belief systems which in turn underlie the perception and interpretation of disease in societies. In the opinion of Rumun (2014), the concept of disease in western societies is largely based on the germ theory. It is however important to note that irrespective of how ideas about illness is presented in a given society, there is always a strong connection between the healing system pertaining to that society and the core beliefs of a substantial group of the people (Harley, 1999).

An understanding of illness notwithstanding the society is very vital to any health care provider (Rumun, 2014). According Berger and Luckmann (1967), people in a given locality explain their world in line with how their understand it. Understanding the world leads to different interpretation of events. Consequently, diversity in knowledge regarding causal agents can impede preventive efforts, delay or complicate medical care as a result of reliance on local treatment that can be beneficial or toxic (Azongo, 2014). What need to be noted is that culturally-based attitudes about seeking treatment are rooted in core belief systems about illness causation (Anderson, 2001:211; Vaughn et al., 2009). As has been indicated, belief system of a group is embedded in a traditional society in which the concept of disease is anchored, usually on magico-religious realms (Rumun, 2014). Depending on the type of affliction, the type of values victims attach to decisions reflect the knowledge scheme of the decision makers (Buetow, 2007).

One other dimension of illness construction is the belief that every affliction has a natural and spiritual connotation (Azongo, 2014; Sackey, 2006). In indigenous societies around Africa, ailments with no known cause are often perceived to be caused by invisible forces (Yidana, 2014). As a consequence, the basic explanation behind serious ailments is an underlying invisible force. In these societies, the most frequently evoked agency is the anger of ancestral spirits (Ojua and Omono, 2012). This goes to suggest that the local idea of ill-health is the products of culture. In light of this, sickness categorisation finds expression in the assumption that gods or invisible forces inflict sickness as punishment for disapproved human conduct (Twumasi, 1975:41). As pervasive as these views are, they are often neglected by orthodox healthcare providers. This paper examines soothsaying as a health seeking behaviour and its implication for the treatment of diseases perceived to be supernatural by orthodox health care providers.

2. METHODOLOGY

The study employed mainly qualitative methods involving in-depth interviews with ten (10) renowned diviners and ten (10) selected rural healthcare practitioners, as well as two focus group discussions (FGD) with community elders and clan leaders. The interview was augmented by participant observation to get a deeper insight into the complex interactions in the natural social setting. Field notes were taken alongside the observation to note the interviewees' body language in addition to words. In view of this a mini or focused ethnographic approach was adopted in order to understand the shared beliefs and practices regarding the art of divination. The language of the research was Talenni. The data was transcribed verbatim and the results analysed according to the respective themes.

3. FINDINGS

There is a general conviction among respondents that the etiology of diseases is either physical or spiritual (Sackey, 2006). As is expected of anyone with modern mindset, a section of the respondents indicated that an individual can fall ill due to poor personal hygiene. They contend that disease causation lie within man's physical and personal control and therefore, natural methods could be applied. However, those with spiritual mindset contend that diseases are caused by invisible forces such as the gods and the ancestors. In their view, these diseases can only be diagnosed and treated by supernatural methods (Azongo and Yidana, 2015). As a consequence, getting explanation involves visiting diviners; especially when they suspect the invisible force have a hand in their ailment. In relation to this view point, a participant in a focus group discussion provided an account of why he often consults diviners:

The reasons why we like consulting the soothsayer whenever we are sick is because, in this world nothing happens without a reason. So first of all we have to find the root of the sickness, is it caused out of disobedience or what? Maybe you have been disobedient to your forefathers/ancestors or let's say the gods may be the actual cause of the sickness. So it is good and advisable to consult the soothsayer before even an attempt to cure it, so that after curing you wouldn't go back to commit some crime, (Community elder).

From the above narration, it means that any affliction that befalls an individual within these communities would have to be investigated spiritually before any decision is taken. This goes to explain why even when patients are taken to orthodox health care institutions, they still use other forms of treatment as indicated by Langwick (2007). It must be noted however, that action taken are not necessarily that of patients', but by family members whom Jansen (1987) describes as the therapy management group. Some of the reasons provided for multiple use of therapy tend to emanate from a general belief that while seeking medical care from orthodox health care facilities, it is advisable and prudent to seek "other" causes of the patient's disease because the doctors do not know it all (Yidana 2014). In the same vein, others tend to use multiple therapies due to uncertainty regarding the possible cause of the disease. This often compels patients, especially those who want to be sure about the actual cause of their ailments, to consult diviners for direction. The practice is especially visible in chronic protracted cases such as burns, snakebites, boils, and fractures. Patients with these conditions often attribute them to supernatural entities. As a result of the way they construct and explain their world, getting the desired explanation will require them to visit diviners. The general knowledge is that disease associated with the supernatural can never be successfully treated by orthodox health care providers. It is only diviners who can give clues as to how such ailment could be treated. This is exemplified in the following response of a participant in a FGD involving community elders:

..... Sometimes if you are admitted in the hospital..., the doctors tell you that this sickness is a 'house sickness' so you have to go to the house for treatment or is a spiritual sickness, and if you don't send it to the house you may die. Your relatives, what would be their function at home? They must also be doing something to complement the efforts being made at the hospital by visiting the diviners to find out the real reasons for your sickness. This is especially so if your recovery is very slow or if we think the doctors are failing.

In situation like this, patients may be seen making multiple consultations whilst still on hospital beds. Some of the diviners have indicated that it is always advisable to first send any acute disease to hospital. He explained that while the

doctors are attending to the patient, the relatives also have the responsibility of finding out other possible cause and modes of treatment. In her study, Langwich (2007), she indicated that patients who were on admission in a Tanzanian hospital were still consulting traditional healers for treatment on grounds of uncertainty. Some of the cases needing additional consultation outside mainstream healthcare include but not limited to conditions such as fractures, burns, suspected case of poisoning, and snakebite as indicated by various participants as follows:

... Let's say you had an accident and you had a broken bone, for here (where the participant is located), they can't do anything with it in the hospital unless they transfer you (to good hospitals). So with this the doctors themselves will tell you that they will look in the broken part of the body and see if there is any sorer so that they can give some drugs for the sore to heal and then the family will now take their patient to the house for local treatment. And with this the local people will re-break it and now straighten it (Community elder).

These views are very important for health care providers because these beliefs forms part of their knowledge scheme (Berger and Luckmann, 1967). As Twumasi (1975) has indicated, the understanding of health care providers about the culture of people they serve is crucial in healthcare delivery. Interestingly, views expressed by nurses in one of the in-depth interviews are to the effect that belief in supernatural entities as forces behind diseases is pervasive. They indicated that patients often want to find out from ancestors or gods through the diviners the actual causes of their ailments. This health worker indicated how this beliefs and practices manifest in clinic when patients are admitted:

.....They fear, you don't know when it will happen and so he has to find out whether this thing that happened to me and I don't know whether it's ok and I want to find out if there are some sacrifices I have to make to prevent future ones. So they still go to the soothsayer. So how you will get to know that they still go the soothsayer is that some might still even be on admission and you want them to stay a bit longer to take some medications and they will be urging to let them come home because there are some sacrifices they have to make and they have to be there [at home] and that has been determined through the soothsayer. It means that someone might have told him, so that will tell you that they are going to a soothsayer.

What has been observed is that patients and for that matter respondents seemed to have 'fixed' notions of the etiology of certain diseases. The orientation is that these diseases, as soon as the signs are seen, are often attributed to supernatural forces and for that matter would invariably seek supernatural explanations through diviners irrespective of whether they are on admission or not. Some of the diseases that were mentioned severally as emanating from invisible forces include but not limited to boils, burns and scalds, anthrax, fractures, snakebites and poisoning. As Akrong (2000) has indicated, spiritual sicknesses are often claimed to result from invisible forces. Views as expressed by the local people are that reality of events unveils themselves in forms that are intertwined with spiritual entities.

4. AILMENTS PURPORTED TO EMANATE FROM INVISIBLE FORCES

There are conditions believed to be associated with some afflictions even if they are treated at the hospital. One of such ailments as indicated earlier is burns. The conviction is that whatever the mode of treatment, this type of conditions can only be fully cured if certain deities are consulted and sacrifices offered. In all cases of burns (whether minor or serious), diviners are consulted ultimately to determine the final cure. in view of the fact that some of the health workers were socialized into these views prior to their training, a health worker confirmed this with the following response:

...Like burns due to fire, it is believed that when you are cured in the hospital you still need to go to the herbalist to perform some rituals. Though the sores are no longer there but you need to get to herbalist or someone who have that spiritual power to perform those rituals to prevent you from getting another burn in the future. (Medical Assistant)

Having this knowledge as a health worker is very important in dealing with the people as they are on admission. In the same vein, a person with a boil of any kind is often advised strongly not to seek orthodox treatment. This view corroborate Langwick (2007) study with regard to *degedege* in Tanzania, believed to be modern day malady which the people believed should not be taken to orthodox health institutions at the first instance. Views expressed by respondents stems from the conviction that metallic objects should not be introduced into the body while there is a boil that has not been resolved, and that when such a thing is done for instance by giving an injection, the result will be fatal for the patient. Because of this, most patients even if on admission at the hospital would vehemently resist any form of injection when he or she realizes there is a boil in the body. This notion is consistent with Bierlich's (2000) findings regarding fear of injections among the Dagomba of Northern Ghana. A nurse had the following to say about this issue:

They also had the belief that with the boil, if they come and we inject them they will die. So because of that any little boil they get they don't come until they see that the boil is burst and after that even if they come and we inject they can now survive.

Additionally, anthrax is also associated with boils, and many patients upon seeing boils associate them with anthrax. It is worth noting that this disease is normally contracted when people handle or consume carcasses of infected animals. This was confirmed by a nurse and a diviner in the following words:

...when looking at condition like anthrax, the patients will tell you it is not good for injection (a Nurse respondent)

... In boils and anthrax for example they will tell you these do not need injections, if you inject them they will die. (a diviner)

These views seem to resonate well with both diviners and nurses who happen to grow from the local communities. However, there were some who also associate snake bite to spiritual entities. What has been observed is that both local and allopathic modes are utilised in the treatment of snakebites. However, patients would usually commence treatment with local concoctions prescribed by herbalist. In severe cases, where a patient is bleeding profusely accompanied with obvious signs of weakness, they are often rushed to hospital for urgent attention. Whilst the patient is on admission, the therapy management group consults diviners to find out the actual cause of the snake bite. The outcome of such divinations often point to the supernatural as the cause, hence the tendency to resort to supernatural modes of therapy (Azongo and Yidana, 2015). There is the general conviction that once bitten by a snake the patient will from time to time (even if treated) experience some symptoms, normally seasonal in nature. A diviner explained this in the following manner:

There are the traditional treatment and the orthodox treatment (for snakebite). The traditional doctor can give you some herbs and you will vomit all the poison and he will rub some on your leg. He will also remove all the snake teeth in your leg. You can go to the doctor and they will give you medicine to take and it will stop but when rain clouds begin to gather it will show in your eyes.

These are all views shared by maturity of the people. Because they interact and continue to share these belief systems, it continues to remain plausible in their plausibility structure (Berger and Luckmann, 1967).

5. AMBIVALENT VIEWS OF ORTHODOX HEALTHCARE PRACTITIONERS

Analyses from in-depth interviews with all health care professionals (Medical Assistants and Nurses) revealed that these professionals were ambivalent on how diviners could play a positive role in health delivery. While some of them were very sceptical about the role of diviners in health delivery and generally regarded their role as negative, others had strong views that diviners could play positive roles in health delivery. The negative attitude could be due to the western oriented training they have been given. However, health workers who understand this dynamics often advise patients to seek external help from traditional healers (Langwick, 2007). Interestingly, some of the health workers perceived diviners to be the first line of contact for patients and for that matter served as important links between them (health workers) and the patients. Be that as it may, this link could be exploited positively by policy makers in health care delivery system. While acknowledging that he will not dispute nor acclaim the assertions made by diviners regarding their ability to foresee the future and outcomes of people's predicaments, a health worker nonetheless stressed the need for healthcare practitioners to work in collaboration with diviners since they (the diviners) were not only there to be consulted by patients, but they also direct patients as to the next steps to take regarding mode of therapy. He summed up the role of diviners in the following response to the question on how he perceived the role of diviners in healthcare delivery:

...Their role is very important because they are the first to see the patient. What we need to do is not to shun them. Beliefs and values of our people are something they can never forget in their lives. The Ghana Health Service should recognise them and accept them to be part of us, and we will be able to agree on how to manage certain conditions together. The fact that they will always see the patient first before us is very important... because they are with them and they will never, never say they don't know them. We need to also give them our knowledge. Health workers also need to know a bit about what they are doing. If we don't interact with them more they can keep the patient till things get worse (Medical Assistant).

This health worker also stated diviners' social role, which he regarded as positive, as follows:

Socially in a way they try to control our behaviours and values, because if you doubt something the soothsayer can separate the truth for you, so you try to control that type of behaviour. For example in the case of adultery the soothsayer is the first to detect. When the woman is confronted she will normally not deny because it is true. Also there might be a quarrel between two people about a certain thing or about who might have been the

culprit in the case of a theft case, the soothsayer can separate them... so you see they help in dispute resolution as well.

However, other health workers were of the view that the negative role of diviners far out-weighed the positive role in mainstream healthcare. Their main concerns bordered on some negative attitudes of patients in health seeking which they blamed on the advices and activities of diviners. These include delays in reporting for medical attention, taking concoctions while on admission, lack of confidence in medical treatment, and asking for discharge against medical advice. This category of health workers contend that diviners had nothing to offer in terms of treatment of diseases except to prescribe concoctions or ask patients to offer sacrifices to their gods/ancestor, and therefore it was absolutely unnecessary and a waste of time to consult diviners when one is sick. They explained that most of the cases that are brought to the health facilities for attention were complicated cases. They attributed these complications to the fact that victims waste time in consulting diviners before seeking medical attention.

The health workers also attributed non-compliance of some patients to the uptake of concoctions while undergoing medical treatment. Some of them often ask for discharge against medical advice due to the influence of diviners. They explained that some diviners would advice their clients that the conditions for which they are in hospital were not really conditions meant for hospital and as such those conditions could never be treated successfully by medical staff. Therefore when such patients are in hospital they do not have confidence in the treatment being given to them by the medical staff; instead they would adhere to the prescriptions of the diviners. Such patients, they further explained, had the tendency to ask for discharge in order to comfortably treat the condition at home. Considering all these dynamics, some of the health workers believed that diviners can contribute to complicate patients' conditions in terms of their influence on patients' attitude in seeking appropriate therapy. Using her experience as a healthcare provider, a nurse gave a narration of diviners' activities in the community in which she works. In her view, these activities largely contribute to complications of patients' conditions thereby creating further problems when the patients eventually come for treatment at the health facility. This was expressed (apparently in disgustful tone) in the following manner:

Regarding the health role of diviners, at times they do worsen cases before they come. Because they [the patients] keep taking these concoctions and before they come the condition is worse. If they are lucky and it is not any serious condition and they take some treatment and it subsides, fine. But when they fail and come it becomes a problem. Some of the diviners give treatment. If they don't give treatment, they link the patient to the herbalist. This link is hindering our services. When they come we don't know where to start from, because the extent of the concoctions they have taken goes to affect other parts of the body then you will diagnose something else; meanwhile the main problem is there.

Though some health workers seem to understand the dynamic of the people they serve, others seem to have big issues in dealing with such situations.

6. CONCLUSION

It is important for health workers especially doctors and nurses to understand and appreciate the explanatory models that their patients may hold about their health and disease conditions. The ambivalence with respect to responses from the health workers regarding the role of diviners probably reflects the deficiency of knowledge on the part of some healthcare providers about some of the indigenous healthcare resources that abound in the socio-cultural environment. This study has provided a baseline understanding of the practice of divination and provides insights into how health workers could begin to appreciate the work of diviners and begin to collaborate with them. This could complement recent efforts of the Ministry of Health and the Ghana Health Service to integrate orthodox and traditional medical practices with the view of obtaining maximum benefits. Rather than the mutual disregard, distrust and suspicion that usually characterise the relationship between modern health workers and traditional medical practitioners. In this vein it is worth noting the lessons from Adongo et al. (1998), which demonstrated that the activities of diviners were not inimical per say to healthcare delivery with regards to the implementation of a planned Family Planning programme in the Kassena-Nankana area in Northern Ghana.

Categorisations as indicated above, suggest that it is possible for diseases and illnesses to result from both natural and spiritual agents despite the fact that some may be purely spiritual. Indeed, conceptualisation of causality in relation to external agents is not always easy to decouple, especially the spiritual cause from the secondary or material cause for the local people (Akropong, 2000). This therefore adds to the already existing difficulty in distinguishing natural and spiritual afflictions by just looking at the symptoms, especially when both sicknesses manifest similar features (cf Langwick, 2007; Bourdillon, 1982). It has been observed that diviners are not healers or therapists as such, but as the spiritual conduits through which members of the society can determine the causes and course of action for their ailments. This

suggests Golooba-Mutebi & Tollman (2007) as well as Truter (2007) labelling of diviners as traditional healers need re-examination. From the analysis of their practices and their role as outlined in this study, the authors can best describe diviners as 'diagnostic agents' in the pathway to healing (Azongo and Yidana, 2015).

Diviners here rather do a socio-spiritual diagnosis of the situation to discover the social and spiritual antecedents of the illness, and thereafter provide clues to the patient as to the appropriate therapist to resort to. All diviners insisted that they as persons have no any direct role, or do not manipulate anything, during divination consultations; instead it is the spirits and ancestors who determine the situation and communicate their findings through the divinatory process which is interpreted by the patient himself. Furthermore, the outcomes of divinations that point to supernatural causes invariably result in 'prescriptions' from the diviners indicating the offering of sacrifices or some rituals to appease the gods and ancestors, but not necessarily specific treatment regimens. It is therefore necessary for the role of diviners to be integrated into the mainstream healthcare system to cater for the spiritual and social needs of majority of the people. This is necessary because this knowledge scheme is still shared by a substantial number of people within these societies.

7. REFERENCE

- [1] Adongo, P. B., Phillips, J. F., & Binka, F. N., The Influence of Traditional Religion on Fertility Regulation among the Kassen-Nankana of Northern Ghana. *Studies in Family Planning* , 23- 40, 1998.
- [2] Akrong, A., Neo-Witchcraft Mentality in Popular Christianity, *Research Review New Series* 16(1):1-12, 2000.
- [3] Anandarajah, G., & Height, E., Spirituality and Medical Practice. Using the HOPE Questions as a Practical Tool for Spiritual Assessment. *American Family Physician* , 81, 2001.
- [4] Anderson, A.H., African Reformation, African Initiated Christianity in the 20th Century, 2001.
- [5] Assimeng, M., Religion and Social Change in West Africa: An Introduction to the Sociology of Religion; Second Edition, Woeli publishing services, Accra, 2010.
- [6] Azongo, B. T., Some supernatural beliefs and practices in ill-health and therapy; The role of divination in health-seeking practices in the Talensi and Nabdram districts in Northern Ghana. Scholars press, 2014.
- [7] Azongo, T. B. and Yidana, A., Spiritual Diagnostic Laboratory: The Role of Diviners in the Management and Resolution of Life Crises, *American Journal of Sociological Research*, Vol. 5(1): 7-13 DOI: 10.5923/j.sociology.20150501.02, 2015.
- [8] Awalu, B., Dagomba Supernatural Beliefs and Care of the Sick. In C. Opong, P. Antwi, & K. W. (eds), *Care of the Sick and Dying. Perspectives from Ghana*. (pp. 211-227). Bergen, Norway: Allkopi, 2009.
- [9] Berger, L. P. & Luckmann, T., *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*; Anchor books, 1967.
- [10] Bierlich, B., Injections and the fear of death: an essay on the limits of biomedicine among the Dagomba of northern Ghana. *Social Science & Medicine* , 703-713, 2000.
- [11] Bourdillon, M.F.C., Pluralism and Problems of Belief; *Archives de Sciences Sociales des Religions*, 51(1): 21-42, 1982.
- [12] Buetow, S., Non-attendance for health care: when rational beliefs collide; *The Sociological Review*, 55(3): 592-610, 2007.
- [13] D'Souza, R., The Importance of Spirituality in Medicine and Its Application to Clinical Practice. *Medical Journal of Australia*, 186 (10): S57-S59, 2007.
- [14] Harley, D., Discussion Point: Rhetoric and the Social Construction of Sickness and Healing; *The Society for the Social History of Medicine*, pp. 407-435, 1999.
- [15] Jansen, J. M., Therapy Management: Concept, Reality, Process; *Medical Anthropology Quarterly*, New Series, Vol. 1(1): 68-84, 1987.

- [16] Kirby, J., 'The Islamic dialogue with African traditional religion: divination and health care'. In *Social Science and Medicine*, 1993 Feb;36 (3):237-47, 1993.
- [17] Langwick, S., Devils, Parasites and Fierce Needles: Healing and the Politics of Translation in South eastern Tanzania. *Science, Technology and Human Values*, 32 (1): 88-117, 2007.
- [18] Ofosu-Amaah, S., *Health and Diseases in Ghana: The Origins of Disease and the Future of our Health*. Accra: Pagelinks, 2005.
- [19] Marshal, G., *The Concise Oxford Dictionary of Sociology*, Oxford: Oxford University Press. Pp.211-212,498, 1994.
- [20] Ojua, T. A. and Omono, C., African Sacrificial ceremonies and issues in socio-cultural Development, *British Journal of Arts and Social Development*, 4: 1, 2012.
- [21] Rumun, J. A., The Socio-Cultural Pattern of Illness and Health Care in Nigeria, *European Journal of Humanities and social Sciences* Vol 30(1): 587-598, 2014.
- [22] Sackey, B., *New Directions in Gender and Religion: The changing status of women in African independent churches*, ROWMAN & LITTLEFIELD PUBLICATION, INC, 2006.
- [23] Vaughn, L. M., Farrah, J., and Raymond C. B., Cultural Health Attributions, Beliefs, and Practices: Effects on Healthcare and Medical Education; *Open Medical Education Journal*, Vol. 2 pp. 64-74, 2009.
- [24] Yidana, A., Responding Rationally to Situational Problems: An Analytical Account of the Waves of Pentecostal Movements in Ghana; *American Journal of Sociological Research* 4(5): 132-142 DOI: 10.5923/j.sociology, 2014
- [25] Yidana, A., *Socio-Religious Factors Influencing the Increasing Plausibility of Faith Healing in Ghana*, Doctoral thesis, Martin Luther University, Germany, 2014