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# **Purity, Balance and Wellness among the Swahili of Lamu, Kenya**

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## **Introduction**

The Swahili of Lamu Island, Kenya, are part of a larger Swahili nation that extends along the East African coast, from northern Mozambique to southern Somalia, and includes archipelagos (Lamu, Zanzibar, Comoros) in the adjacent Indian Ocean. As the Swahili established themselves into an important economic niche as the middlemen of trade between East Africans and visitors from across the Indian Ocean over the centuries, the Swahili language became the primary trade language of East Africa. Since hundreds of African ethnic groups reside in this region, each with a unique native language, speaking Swahili as a first language is both a distinguishing and unifying feature. Through close commercial interaction, intermarriage with newcomers—be they Africans or immigrants from overseas—and conversion to Islam, the Swahili have continuously integrated new philosophies and practices into their existing cosmology. Swahili concepts of health and illness exist within a complex framework constantly re-shaped by intersecting and competing notions of the physical body and the mind, the capacity to engage the supernatural and by traditional Islamic beliefs. Here we illustrate some of the ways in which the Swahili of Lamu seek purity, balance and wellness, particularly in their method of achieving psychological well-being. We share insights based on ethnographic research that Gearhart, a cultural anthropologist, has conducted in Lamu over the past decade and experiences that Abdulrehman, a Lamu native and nurse practitioner, has had with fellow residents and patients. Our hope is that these insights will promote the delivery of culturally appropriate, effective healthcare by medical professionals interested in working with the Swahili of Lamu and peoples similar to them.

The Swahili of Lamu sustain a host of ritual practices that other Swahili communities in coastal East Africa have given up over the past two decades in favor of the popular Islamic reform movement known as Halali Sunna (Beckerleg, 1994; Purpura, 2000). The Lamu community, known as a vestige of traditional Swahili culture especially since the town's designation as a UNESCO World Heritage Site in 2001, has historically dealt with such movements by retaining customs believed to be meaningful and beneficial while discarding those that are no longer useful (Gearhart, 2005). The perpetual re-evaluation of beliefs and practices within Swahili cosmology is an enduring characteristic of Lamu society. This is particularly true of the strategies used among Swahili healers today.

The Swahili have traditionally cultivated a complex repertoire of healing strategies to employ when afflicted with psychological distress. "Unlike many of their coastal neighbors, the Swahili of Lamu do not speak of being victims of witchcraft but rather of being cursed by a malicious force that can be translated as 'the evil eye,' known to be directed by human and/or supernatural enemies" (Gearhart & Abdulrehman, forthcoming). In Lamu, healing strategies utilize a pre-Islamic focus on subduing spirits of the dead (mizimu) and possession spirits (pepo),

appeasing malevolent nature spirits (vibwengo) and preparing antidotes against hexes (roga), along with Islamic prescriptions for combating evil spirits (mashetani) and calling on good spirits (marohani) that are mentioned in the Qur'an (the Islamic Holy Book). Treatment therapies involving medicines usually prescribed by herbalists are paired with rituals aimed at invoking the power of God to purify and heal (Parkin, 2000; Pouwels, 1987; Gearhart & Abdulrehman, forthcoming).

Since the Swahili believe that those in a pure spiritual state are able to deflect malice more effectively than those in a state of impurity, victims of enmity caused by jealousy (hasidi) or a curse (fitna) seek spiritual protection. If a person or family experiences a series of illnesses or other calamities, a Muslim scholar (mwalm) is often called on to perform a purification ritual known as kuzungua. This ritual entails the recitation of specific Qur'anic verses (such as al qursi and yasin) while burning Frankincense (ubani), which is believed to summon angels to dispose of any malevolent forces at work in the household (El-Zein, 1974; Frankl, 1993).

The people of Lamu maintain the Swahili belief in the medicinal power of Qur'anic scripture, employing it for example, when a mwalm prepares an amulet (hirizi) containing protective Qur'anic verses that can be worn around the neck or arm, or stuffed into the rafters of a house. A mwalm may also soak a piece of paper, on which he has written a Qur'anic verse in saffron, in a glass of water which is then drunk by the patient as a healing potion. Since the Swahili use saffron particularly for psychological ailments, with its usage in treating depression recorded in ancient Indian Sanskrit texts, clinical trials have been conducted on its effectiveness. These trials appear to confirm that saffron is in fact a helpful depression treatment (Noorbala et al., 2005; Moshiri et al., 2006).

Another common purification practice among the Swahili involves giving sadaka (charity), usually in the form of food, to the less privileged. As an act of nadiri (a pact with God), charity is given after a person has been cured in order to complete a bargain made with God for good health (Gearhart, 2000). The Islamic mandate to give 2.5% of one's wealth to charity annually (zakat) in order to purify one's wealth is emphasized by the Swahili, who understand charity as a method by which one becomes "right with God"—a state that provides optimal spiritual protection against harmful entities of all kinds.

A fundamental concept that underscores the Swahili understanding of wellness is the belief that people can be possessed by supernatural spirits (pepo), which can be good or bad, or sometimes both (Giles, 1999). People become possessed by spirits through several means. Kusukumizwa is a process of spirit possession that occurs when a person is cursed with a bad spirit by another person. Attracting a spirit can also happen by walking into or past an area where spirits are known to dwell. Another way of "catching a spirit" is by allowing oneself to become spiritually unclean and thereby being vulnerable to spirit possession. Being in a state of spiritual uncleanness is believed to occur after sexual intercourse, when a person does not pray five times per day, when one cheats others out of money and during menstruation.

Among the four case studies presented below, the first two offer intriguing anecdotes from Abdulrehman, a native of Lamu and acquainted with several people whose illnesses and behaviors have been associated with pepo. The latter two case studies are based on interviews Gearhart conducted as part of her ongoing research on Swahili ritual practices. Together, these vignettes illustrate some of the ways in which Swahili people think about and respond to

physical, psychological and social maladies. The names of these people and some specific details that might identify them have been changed to preserve their anonymity. From the context of clinical practice, these case studies provide information that could facilitate the delivery of culturally-fitting care by bio-medical practitioners working among the Swahili people, and more specifically, the people of Lamu.

## **Case Studies**

### **Salma**

In her early forties, Salma happened to walk past an old, crumbling building in the oldest section of Lamu at noon. Due to the combination of being in a state of spiritual uncleanness and walking past an area known to host spirits at high noon and at midnight, Salma attracted a pepo that plagued her for the next two years. The spirit caused Salma to have symptoms of ill physical health including headaches, fever, sweating, chills and nausea, as well as symptoms related to psychological imbalance such as frequent nightmares and episodes in which she spoke to herself incessantly. Salma participated in spirit possession dances meant to rid her of the spirit and visited a variety of healers who tried to determine the nature of the spirit, the spirit's motivation for possessing Salma and how to exorcise the spirit. Since identifying a spirit, satisfying its demands and successfully compelling it to leave the host's body is known to take a considerable amount of time, Salma was relieved to be rid of the spirit in just two years.

### **Zulfa**

Zulfa is a fifty-year-old woman, possessed by a spirit when she was seven years old. The spirit, sent by her father's second wife to afflict her mother, mistakenly possessed Zulfa. When Zulfa was young, the spirit often made her physically ill, leaving her bed-ridden for long periods of time. As she grew older, Zulfa learned to listen carefully to the spirit's demands and that if she did not, mishap would befall her and those closest to her. For example, if the spirit told Zulfa to refrain from participating in a family outing but Zulfa disobeyed the command, calamity would strike—either someone in the family would become seriously ill, or there would be an unexplained accident. Zulfa came to recognize these calamities as the spirit's vengeance. As Zulfa came to understand the spirit's desires and how to satisfy them, she accepted the spirit and settled into a comfortable relationship with it, eventually giving it a nickname that came to be used affectionately by her whole family.

Over time, the spirit gave Zulfa insight into the future through dreams and visions. At first, Zulfa feared sharing the premonitions with anyone, but eventually, she became comfortable in revealing what she knew to close relatives, who became keenly interested in her abilities after several omens she foretold came to pass. Today, Zulfa is a well-respected oracle whose predictions are taken very seriously. She is often consulted to interpret the meaning of dreams.

### **Hamid**

As a fifteen-year-old boy, Hamid was described by his mother as being “mixed up with bangi (marijuana) smokers and coming to no good,” and was therefore sent to an Islamic herbalist (twabibu) to be cured of his obstinacy and disobedience of his mother's orders. In

particular, Hamid's mother requested a potion that would satiate her son's desire for bangi and allow Hamid to accept her plan to relocate to another town and start a new life. The twabibu selected a verse from the Qur'an known as subu kuduse, known for helping change people's minds. Then he dipped a thin wooden stick into a small plastic container of bright orange, saffron-tainted water and used the mixture as an ink to write out the verse on a piece of paper. After writing the verse nine times, the twabibu folded the paper, slipped it into a glass of water and set it aside for Hamid to drink three hours later. The healer explained that if Hamid was not cured after drinking the potion the first time, he would be required to repeat the procedure with additional doses (three times per day) until the potion had the desired effect. The use of the numbers three and nine in these procedures reflects the Swahili belief that these numbers (in addition to seven and eleven) are powerful in Islam (Interview with Said Omar, October 23, 2003). This explains why patients in Lamu are often instructed to take medicines three times a day for three days, a course of action which combines the numbers three and nine.

## **Mani**

After suffering from stomach pain for several days, Mani consulted a medical officer at a local clinic, was tested for parasites at the District Hospital and finally sought treatment for ulcers in Mombasa. It was to no avail. Mani came to the conclusion that his stomachache was the result of someone cursing him with the evil eye, after which he called a mwalim to his house to perform a ritual called kukata degi.

The mwalim performed the ritual by sprinkling drops of water into a small dish of oil and then cutting, with a knife, the "eyes" that had formed in the mixture to sever the power of the evil eye. Three small pieces of smoldering charcoal were then inserted into the oil and water mixture. Mani "ate" the smoke until the charcoal burned down into next to nothing. The mwalim then asked Mani to dip a finger into the liquid mixture and dab a bit on his tongue, on his forehead, on his stomach and on the soles of his feet, thus protecting his entire body from evil forces. Afterward, Mani was instructed to throw the remaining liquid outside, remembering not to look at it so that the bad energy collected in the mixture could not regain power over him. During the procedure, the mwalim ascertained that Mani's stomachache was indeed caused by the evil eye. Soon after the ritual, Mani reported that his stomach pain had subsided.

## **Discussion**

These four case studies illustrate several important lessons for researchers and other biomedical practitioners working with Swahili communities in coastal Kenya. Among the Swahili, the spirit world and the natural world are in constant interaction, and in their minds, spirits and other supernatural forces can have a positive or negative impact on a person's health and wellbeing, or both. While spirits can turn out to be the cause of physical and mental illness in some, others may be of some benefit to the host, providing special healing powers or making the host clairvoyant, as Zulfa's case illustrates. Though the afflictions caused by such spirits may be greater than the benefits, the release of the spirit may be psychologically challenging for the patient. Such ambiguity among patients must be handled carefully and in a culturally sensitive manner or the patient's overall wellbeing may suffer.

Bio-medical practitioners working with the Swahili should understand that although a patient is seeking their professional help, the patient may very well be seeking advice and/or treatment from a mwalim, a twabibu or other type of healer for the same symptoms. It is critical that bio-medical practitioners avoid viewing Swahili patients through a Eurocentric lens, as this will obfuscate both the diagnosis and the treatment plan. For example, many people describe hearing the voices of their spirits, which in bio-medical terms might lead to a diagnosis of schizophrenia and the prescription of anti-psychotropic drugs. If a patient such as Zulfa were suddenly unable to communicate with the spirit who helps her predict the future, her role in the community would be significantly diminished. Though Zulfa may adapt to her change in status over time and find a new niche to fill in the community, her sudden loss of status in her society could, on the other hand, cause her further psychological problems. Taking a holistic view and exploring the cultural framework within which the Swahili understand illness is key to providing the best care.

It is of utmost importance for bio-medical practitioners to create an environment in which a patient like Salma, Zulfa, Hamid or Mani would be comfortable describing his or her illness as he or she perceives them, enhancing the patient-practitioner relationship and allowing for better treatment. In a tight-knit community such as Lamu, where the majority of the population struggles daily for basic necessities (nutritious food, clean water, a healthy living environment), physical and mental illness are often directly linked to financial crisis, failed marriage, competition for scarce resources among extended family members and illness among close family members. Since the Swahili are savvy about what a “daktari” (a bio-medically trained practitioner) takes seriously, patients typically avoid discussing any supernatural influences on their health during consultation in a bio-medically-focused clinical setting. The influence of the Halali Sunna movement, which makes talk of spirits anti-Islamic, has stifled open discussion in some Lamu circles, especially among those known for their religious piety. Anyone practicing medicine in Lamu should be aware of the myriad ways in which the Swahili conceptualize physical, spiritual and mental health.

## References

- Beckerleg, S. (1994). Medical pluralism and Islam in Swahili communities in Kenya. *Medical Anthropology Quarterly* 8(3) 299-313.
- El Zein, A. M. (1974). *The sacred meadows: A structural analysis of religious symbolism in an east African town* / by Abdul Hamid M. el Zein. Evanston: Northwestern University Press.
- Gearhart, R. (2005). Ngoma memories: How ritual music and dance shaped the northern Kenya coast. *African Studies Review* 48(3) 21 – 47.
- Gearhart, R. (2000). Rama maulidi: A competitive ritual ngoma in Lamu. In G. Barz & F. Gunderson (Eds.), *Mashindano! Competitive Music Performance in East Africa*. (pp. 347-365). Oxford: African Books Collective.
- Gearhart, R. & Abdulrehman, M. (forthcoming). Concepts of illness among the Swahili of Lamu, Kenya. *Journal of Transcultural Nursing*.

Giles, L. (1999). Spirit possession and the symbolic construction of Swahili society. In B. Heike & U. Luig, (Eds.), *Spirit Possession, Modernity, and Power*. (pp. 142-164). London: James Curry.

Moshiri, E., Basti, A. A., Noorbala, A., et al. (2006). Crocus sativus L. (petal) in the treatment of mild-to-moderate depression: A double-blind, randomized and placebo-controlled trial. *Phytomedicine*, 13(9-10), 607-611.

Noorbala, A. A., Akhondzadeh, S., Tahmacebi Pour, N., et al. (2005). Hydro-alcoholic extract of crocus sativus L. versus fluoxetine in the treatment of mild to moderate depression: A double-blind, randomized pilot trial. *Journal of Ethnopharmacology*, 97(2), 281-284.

Parkin, D. (2000). Invocation: Salaa, dua, sadaka and the question of self-determination. In D. Parkin & S. Headley (Eds.), *Islamic Prayer Across the Indian Ocean: Inside and Outside the Mosque*. (pp. 137-168). London: Curzon Press.

Pouwels, R. (1987). *Horn and Crescent: Cultural Change and Traditional Islam on the East African Coast, 800 - 1900*. Cambridge: Cambridge University Press.

Purpura, A. (2000). Portrait of Seyyid Silima from Zanzibar: Piety and subversion in Islamic prayer. In D. Parkin & S. Headley (Eds.), *Islamic Prayer Across the Indian Ocean: Inside and Outside the Mosque*. (pp. 117-136). London: Curzon Press.