

Special Article

Morbus Sacer in Africa: Some Religious Aspects of Epilepsy in Traditional Cultures

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Summary: Epilepsy when manifested as grand mal seizure provokes strong and ambivalent feelings in those witnessing it. Terms such as *morbus sacer*, denoting both a sacred and demoniac condition, or folk names indicating divine punishment, have expressed these feelings in European societies from antiquity to the Middle Ages and beyond. An atmosphere of fear, shame and mysticism surrounds epilepsy even in our days in many non-Western and also in Western cultures. In the course of work and studies in Tanzania, where I organized the Mahenge Clinic for Epilepsy in 1960, and in other parts of Africa, I found that epilepsy is conceived of as an “African” affliction, a manifestation of supernatural forces that makes it difficult to reach epilepsy sufferers with modern medical treatment. Epilepsy is traditionally looked on as caused by ancestral spirits or

attributed to possession by evil spirits. It is also thought to be due to witchcraft, and “poisoning,” and often taken to be contagious. Epilepsy may, under Christian missionary teaching, have come to be considered as due to demoniac possession or divine punishment for sins, in accordance with biblical examples. In many parts of Africa, syncretic amalgamation of indigenous traditions with Judeo-Christian doctrines influenced popular attitudes toward epilepsy. We demonstrated that persistent efforts at health education in the context of organized treatment of epilepsy can result in a change of popular notions about epilepsy and consequently lead to significant improvement in the quality of life of epilepsy sufferers. **Key Words:** Epilepsy—Religious aspects—“Supernatural” causation—Psychosocial effects—Africa.

Witnessing a tonic-clonic epileptic seizure has throughout human history provoked strong and ambivalent emotions, reflected in a variety of names for this affliction: *morbus sacer*, *morbus maior*, *morbus daemonicus*, *lues deifica*, the Holy Sickness, the Divine Disease, the Falling Evil, the Rod of Christ, and many more. In Greco-Roman antiquity, in Judeo-Christian and in Islamic tradition, epilepsy has been thought of as an infliction or possession by a supernatural power, be it a god or a demon. The name *morbus maior* became *grand mal* in medieval France, and in time, the designation for the classic tonic-clonic seizure (1). That there are also other forms of epilepsy had long been known to clinicians—Morel in 1860 described *épilepsie larvée* and *folie épileptique* (2)—but these could not be verified until electroencephalography was introduced. However, this information has not become general knowledge in Sub-Saharan Africa, where few medical centers are equipped with EEG or have experts to interpret EEG tracings. In European antiquity, throughout the Middle Ages, even in

our days, and certainly in traditional Africa, spirit possession was and is believed to announce itself by violent tremors and shaking of the possessed person’s body. Spirit possession may be sought and achieved in certain rituals but can also occur spontaneously without the person’s intention. It is thought that once the spirit has entered, the possessed person loses control over the body, and the supernatural power takes over, by using the possessed as its medium. Whether an ancestral spirit, a divine, or a demoniac power is assumed to have overcome a person depends on the cultural setting and religious background. Among traditional Moslem peoples in West and North Africa, epileptic persons are often regarded as possessed by the *jinn*, which, according to the great Islamic physician Ibn Sina-Avicenna (980–1037), are airy beings of transparent body, created long before Adam. In Morocco, sufferers from epilepsy are traditionally called *mejnun*, afflicted with a *jinni*; in Senegal, they are seen as under the influence of the *djinné* (3).

The belief that epilepsy is a demoniac disease also has been widespread in other parts of the world. In the Ayurveda tradition, the famous Hindu physician Sushruta, in the sixth century B.C., described several clinical forms of epilepsy. Interestingly, Sushruta adduced psychophysi-

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ologic theories as causes of epilepsy but stated the patients believe that "a dark supernatural being" is seizing the body during the convulsive attacks (4). In spite of the teachings of Sushruta and of Hippocrates, the idea that epilepsy is a physical illness was forgotten, and the belief in demoniac possession as the cause of epilepsy became predominant throughout the centuries in most parts of Asia, Europe, and Africa (5). Although traditional Chinese medicine has, since ancient times, explained epilepsy as due to such physical causes as wind or as mucus and phlegm blocking the cardiac system (6), a recent study from Shanxi and Ningxia province found that possession by an evil spirit was still mentioned as a cause of epilepsy. In the Melanesian cultures of Papua New Guinea, the cause of epilepsy is often seen as possession by angry ancestral or evil spirits (7). The Andean Indians of Peru believe that angry ancestral spirits will send a deadly wind causing epilepsy to persons who are despondent or have broken a taboo (8). Among the Navajo Indians in North America, epilepsy is seen as punishment for incest (9).

Divinatory ecstasy or rapture has been associated with epilepsy and in that case, the possession was considered to be of divine provenance. This has been said of Christian saints and of Islamic diviners who suffered "diviner's disease," which was synonymous with epilepsy (1). Dostoyevsky described the quasi-divine aura experiences of his epileptic heroes in the novels *The Idiot* and *The Possessed*. One of my Canadian patients recently asserted in a postictal psychotic state that she saw and smelled God and heard His message to her. In traditional Africa, a person with psychomotor epilepsy may be thought of as being possessed by benevolent ancestral spirits and therefore considered a diviner or healer. However, if the possession expresses itself in violent tonic-clonic convulsions or postictal confusion and threatening behavior, the possession state is attributed to an angry or evil spirit and fills onlookers with horror. Traditional Africans believe that a malevolent spirit is entering the body of a convulsing person when they see a seemingly vicious force seizing the body, causing the peculiar cry, the distorted face, the foaming of blood and saliva from the mouth, and the thrashing of arms and legs. People often run away instead of assisting the victim of a seizure, as they believe that the angry spirit possessing a convulsing person may leap over to the by-standers. The general fear of being near a convulsing person may be fatal for the epilepsy sufferer, who not seldom succumbs to burns from falling into the open domestic fire or drowns while fetching water or crossing a river (10).

In Judeo-Christian tradition, epilepsy has been considered a divine punishment for sins committed by the afflicted or by his forebears. The Talmud warns prospective parents against infraction of religious rules governing intercourse lest the offspring be smitten with epi-

lepsy. Old European folk terms for epilepsy denote divine castigation for sins, such as the Welsh *gwialen Crist*, "The Rod of Christ" (11). The Wapogoro people in the area of the Mahenge Clinic for Epilepsy, which I founded in 1960 in the interior of Tanzania, East Africa, used to say that a child might become epileptic as a result of the parents' wrongdoing, specifically adultery on the part of the pregnant mother. A similar association between parental misdeeds and epilepsy in their children is known from traditional Bantu cultures of Zimbabwe (12) and South Africa (13) and also from Madagascar (14). In many parts of Africa, ancestral spirits are believed to cause epilepsy when they are angry over infringements of customs or taboos (15). This makes it difficult for people to accept that antiepileptic medication (AEDs) can be effective; epilepsy has traditionally been perceived as an African affliction not amenable to modern medical treatment. When a person shows convulsions for the first time, family members will consult a traditional diviner or medicine man to find out whether this is due to possession by an offended ancestral spirit or to some other supernatural causation. An attempt is made to pacify the spirit by rituals and sacrifices, often at great cost to the family; the afflicted may be treated with traditional remedies. When all these efforts fail to stop the seizures, the family feels guilty and ashamed, and so does the person with epilepsy, who may eventually be avoided and hidden away (16,17). Africans under old-style Christian missionary influence may believe that the person with epilepsy is punished for sins by God or possessed by diabolic forces and that therefore exorcism by Christian clergy is more effective than medical treatment; for is it not confirmed by biblical authority that divine power can drive out evil spirits and heal the person with epilepsy? According to the gospels of Matthew (xvii:14-20), Mark (ix:14-29), and Luke (ix:37-43), Jesus cast out a foul spirit from an epileptic boy. Several saints, such as Saint Valentine, Saint John, Saint Vincent, Saint Mathurin, and Saint Cornelius, have been credited with the power of expelling demons of the falling sickness. Nothing changed with the Protestant Reformation; Martin Luther himself called epilepsy the *morbis daemionicus*, the demoniac disease (18).

Until modern times, the treatment of choice for any demoniac possession, including epilepsy, has been the major exorcism of the *Rituale Romanum* as described by ecclesiastic authorities (19). Some church authorities follow the expertise of the French neurologist Lhermitte, who established indication criteria for exorcism by diagnostically differentiating "genuine demoniac possession" from clinical syndromes of nondiabolic origin (20,21). Modern theological proponents of Christian demonology, Catholic and Protestant, are still discussing the concept of "demoniac epilepsy" caused by "Satanic interference" (22,23) and ask questions such as, "Is it

not possible that a demoniac disruption of the central nervous system could cause an abnormality in the EEG?" (24; p. 183, transl.). It still happens in Western Europe that a person with confirmed diagnosis of epilepsy is treated by major exorcism, occasionally with tragic consequences (25). It is therefore not at all surprising that this also occurs in Christian communities of Africa. In West Africa, pagan traditions of demoniac possession causing epilepsy were reinforced by missionary teaching (26). In rural Ethiopia, children with epilepsy may be taken by their families to "holy water" shrines, where Coptic priests, skilled in exorcism and experienced in clinical observation, await the end of a seizure to claim victory over the demoniac spirits (27,28). Such "cures" contribute to the preservation of beliefs in spirit possession causing epilepsy and in the healing effects of exorcism, as does the apparent success of indigenous healers in the same situation in other parts of Africa.

During European antiquity and the Middle Ages, epilepsy was sometimes referred to as the "disease of the moon." A poem attributed to the singer and sorcerer, Orpheus, tells of the moon goddess Mene, who would laugh vengefully when seeing an epileptic seizure. In the first century A.D., the physician Aretaeus described epileptic seizures and stated that they are an affliction of persons who have sinned against the moon. Even more peculiar is the antique story of the Carystian stone, an asbestos-like substance used for lamp wicks, which was believed to wax and wane with the lunar phases; the odor rising from the burning wicks served as a diagnostic test for the falling sickness (1). Epilepsy sufferers among the Wapogoro in Tanzania also believe that their seizures have a peculiar affinity to the moon. Some of the Wapogoro patients at the Mahenge Clinic for Epilepsy stated that most seizures occur at the time of the full moon; others related their attacks to the time of the new moon; in both cases, patients with epilepsy kept a watchful eye on the phases of the moon. When asked whether the AEDs dispensed by the clinic were controlling their seizures, they would point to the sky and answer in the affirmative only if two or more lunar phases had passed without attack.

In addition to believing in these supernatural etiologies of epilepsy, many African peoples fear it can be brought on through witchcraft, nefarious magic and "poisoning." Witchcraft and poisoning are assumed to work only with the help of supernatural powers and hence are closely interwoven with the peoples' religious beliefs.

Thus traditional explanations of epilepsy being caused by divine punishment, ancestral spirits' wrath, demoniac possession, witchcraft, or poisoning contribute to the stigmatization of sufferers from this affliction. It must be stated, however, that the notion of epilepsy as a conta-

gious disease—which was also common in the European past and is widespread in Africa, mixed with beliefs in magic—has been a major reason for the miserable existence of epilepsy sufferers, in extreme cases condemning them to a social outcast existence (9).

In summary let us recapitulate:

1. The belief that a person in an epileptic seizure is possessed by a supernatural power, be it a god or a demon or an ancestral spirit, arouses fear but also a certain awe, especially if the so afflicted associates the seizure with a vivid personal experience attributed to the realm of the supernatural.
2. The belief that epilepsy is a punishment for sins or evidence that demoniac forces have power over the afflicted induces shame and guilt in the epilepsy sufferer and among the family. This leads to denial of the illness and to efforts at hiding the afflicted away, and eventually to resentment against, and rejection of, the family member with epilepsy.
3. The notion that epilepsy is contagious is also mixed with magical beliefs and carries the most severe consequences for the afflicted, as it leads to their being completely isolated from family and community life, discriminated against, and even ostracized.

In many parts of Africa, a syncretic amalgamation of indigenous African beliefs with traditional Judeo-Christian doctrines has taken place, and these popular notions continue to degrade the quality of life of those with epileptic seizures. However, it must be conceded that similar beliefs and the social behavior associated with them have not disappeared entirely from European and Euro-American societies. In 1960, I founded the Mahenge Clinic for Epilepsy in the Ulanga District of Tanzania because of the unusually high prevalence of epilepsy among the indigenous population. Throughout the years, the patient population has grown steadily and now encompasses ~800 patients seeking treatment. The area population has, through close staff contacts, been exposed to education on epilepsy and its biomedical treatment. The patients, their families, friends, and neighbors have seen that regular intake of AEDs drastically improves the afflicted, both physically and mentally, and in many cases kept the person epilepsy seizure free (10).

Field research in 1994 was conducted to evaluate the effect of health education and AED treatment. Besides looking at seizure control and reevaluating the mental status of 260 patients, selected focus-group discussions were held with patient groups and controls, both in the clinic area of Mahenge and in Ruaha, a remote area where no epilepsy clinic has been established (29). The people in both areas belong to the same cultural-linguistic group and show an unusual high prevalence of epilepsy (30). Five patient and five control groups of

persons without epilepsy were formed in Mahenge, and four patient and three control groups in Ruaha. Each group had from six to 12 members selected to be as compatible as possible with regard to gender and age. Questions asked and themes discussed were causes of epilepsy; peoples' reaction to epilepsy and restrictions put on the epilepsy sufferers; and traditional versus medical treatment and general attitude toward people with epilepsy during the last 5 years.

It was found that in Mahenge, patients and controls were quite ready to discuss epilepsy, but in Ruaha, this topic caused embarrassment and fear (and smaller and fewer groups). People in Ruaha found it threatening to reveal their beliefs about what might be the cause of the affliction. There, about half of the people with epilepsy as well as of the controls did not dare to give an answer; others whispered about witchcraft, dangerous spirits, and punishment for sins as causes of convulsions. In Ruaha, both persons with epilepsy and the controls stated that when someone became epileptic, traditional healers would be consulted, but as their treatment was rarely successful, it would soon be abandoned and the afflicted would be shunned and discriminated against in the belief that epilepsy could be transferred to people around, especially during a seizure. This often led to the afflicted having to eat and sleep in separate huts and not being allowed to participate in social activities. Most of the persons with epilepsy seen in Ruaha were extremely timid and appeared depressed. They looked neglected and malnourished and were covered with sores and burn scars. In contrast, most of the patients with epilepsy who were receiving treatment at the Mahenge Clinic for Epilepsy were bright and cheerful and had been reintegrated into normal family life. Although the majority of patients and controls in Mahenge had accepted a medical explanation for causes and treatment of epilepsy, most families would still first see traditional healers to find out what had caused the family member to contract epilepsy, but would quickly be advised by the healers themselves and by neighbors to seek treatment at the Epilepsy Clinic.

The responses obtained in the focus-group discussions reflect the altered notions about epilepsy among the population of the intake area of the Mahenge Clinic for Epilepsy and the concomitant positive change in the general attitude toward those with epilepsy, which has led to a significant improvement in their quality of life and social status. By contrast, the people of the isolated community of Ruaha still regard epilepsy as a typical African affliction fraught with dangerous supernatural implications and not effectively treatable by modern medicine. Consequently, the general attitude toward those with epilepsy, the poor quality of life, and the low social status of the afflicted is essentially as it was in the Mahenge area before the clinic was organized.

CONCLUSION

Anyone intending to set up a clinic for epilepsy among tradition-oriented people should bear in mind that epilepsy has, throughout human history, been considered one of the most dreaded afflictions of mankind. In spite of medical efforts to explain convulsive disorders rationally, epilepsy has since ancient times been seen as caused by demoniac possession or as revenge and punishment by supernatural forces for the breaking of taboos and for sins committed by the afflicted or their kinspeople. Before organizing any epilepsy treatment center, it will be important to inform oneself about beliefs regarding epilepsy in the catchment population. Epilepsy sufferers and their caregivers must be informed about the long-term commitment necessary for the biomedical treatment of epilepsy. Health education should also be aimed at dispelling feelings of shame, guilt, and anxiety, which make cooperation so difficult. When people begin to see how well AEDs work, they will become motivated to change their attitude and beliefs. However, only if a long-term supply of AEDs can be secured and full cooperation by key figures in the community is obtained, should the challenging task of starting a clinic for epilepsy in remote areas of developing countries be taken up.

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