Traditional Healing in the Contemporary Life of the Antanosy People of Madagascar

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Abstract

Traditional healing among the Antanosy people of southeastern Madagascar requires medicinal plants used by highly trained **ombiasa** (shamen). Given the influence of globalization, we hypothesized diminishing reliance on traditional medicine among the Antanosy. We studied a community and its healer's views on the current value of traditional medicine compared to past decades and relationships between western medicine and traditional healing. Methods included interviews with **ombiasa** community members and participant observation.

Traditional healing remained important. The numbers of **ombiasa** and apprentices were stable. Traditional and western medicine were complementary, providing the advantages of both without sacrificing traditional culture. **Ombiasa** linked the living to the ancestors who strongly influence contemporary Antanosy life. Without the **ombiasa** and their traditional knowledge of medicinal plants, people's link to their ancestors, and the ancestors' influence on the future, would disappear along with the plants essential to traditional healing.

Introduction

Anthropological literature describes globalization leading to the demise of indigenous cultures worldwide (Maffi 2002). Quansah (2005) suggests one indication of this would be official recognition of modern medical systems in developing countries. This is a potential threat to cultural diversity when belief in traditional medicine erodes. Loss is manifested through the disappearance of natural ecosystems, language, traditional religion, and cultural appreciation among younger generations. Soon knowledge once relied upon by indigenous cultures is lost, including healing knowledge often held only by shaman (Winkelman 1985). Without this unique knowledge, elements of traditional cultures may become extinct.

How important is traditional medicine in the modern life of indigenous people? The ethnic Antanosy of southeastern Madagascar depend on the forests and fields for medicinal plants to treat minor illnesses such as headaches, nausea, skin rashes, cuts and scrapes (Lyon & Hardesty, unpublished manuscript). Most people are familiar with local plants used to treat minor ailments, but rely on traditional healers, **ombiasa**, when facing more serious illnesses. However, treatment of illness is not the only role of **ombiasa**.

Among the Antanosy, both men and women are aware of strong spiritual forces governing their lives. Serious illness and spirit possession may result from violation of spiritual strictures. **Ombiasa** can often cure those suffering spiritual afflictions. **Ombiasa** generally consult the ancestors for diagnosis and treatment. Therefore, the **ombiasa** and their knowledge are critical elements of the larger Antanosy culture. The healing practices of the **ombiasa** depend on medicinal plant species (Lyon & Hardesty 2002). Retention of this knowledge may be inextricably tied to people's ability to maintain biodiversity in the face of environmental degradation.

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Linking biodiversity and cultural diversity

The cause of biodiversity loss in Madagascar is a spiral of environmental degradation. An expanding human population adopts inappropriate agricultural technology to boost production from existing fields. Encroachment on forested areas occurs to clear new agricultural land (Richard & O'Conner 1997). Medicinal plant species become locally scarce or extinct as their habitat is destroyed.

Cultural knowledge may be among the casualties. Quansah (2005) found that traditional medicine is embedded in the traditions and cultures of most countries. As medicinal plant species and cultural knowledge of their use become rare, alternative medical treatments are needed. Western medicine, including inoculations and antibiotics may provide an alternative when available and affordable (Quansah 2005). Eventually, the link to cultural knowledge of medicinal plants and traditional healing is lost.

Antanosy use of western medicine

Western medicine in the form of inoculations and synthetic drugs first arrived in Madagascar during the French colonization (1896 – 1960) (Madagascar Country Report 2002). Under the French, use of traditional medicine was suppressed, and since independence, western health care networks have been slow to re-establish in rural areas.

Today the Malagasy government works with the World Health Organization (WHO), United Nations, Institute Pasteur, and non-governmental organizations (NGO's) to support local clinics throughout Madagascar. These rural clinics sell western medicines, provide routine health care and have rustic in-patient facilities. Usually understaffed, nurses or technicians manage the clinics with periodic doctor visits. The clinics generally have a limited supply of medicines including broad spectrum antibiotics, chloroquine, and vitamin supplements. Vaccinations are administered to babies and young children although mothers are still reluctant because of the high cost (Lyon & Hardesty 2002).

As health organizations promote western medicine, we have to consider the impact on traditional medicine. Western medicine may be playing a part in the loss of valuable indigenous health care resources. The botanical knowledge guiding many traditional healing practices has, in the past, and continues to fuel advancements in global pharmacology. Thus the future impacts of losing traditional healing knowledge and medicinal plant species may be global

Although a great deal of research has been done on traditional treatment of spirit possession in Madagascar (Sharp 1990), the role of traditional healers in the broader arena of individual and public health remains unclear. We hypothesized that the Antanosy people of southeastern Madagascar would currently be showing diminishing reliance on traditional medicine and healers as western medicine has become increasingly available. We studied one extended community and its healers to evaluate the current importance of **ombiasa**, traditional medicine and medicinal plants. We also sought perspectives on the relationship between western medicine and traditional health care practices. This study occurred within a larger study of the relationships between traditional healing and biodiversity conservation.

Methods

Data were collected from 1994-2002 while the senior author was living in the adjacent ethnic Antanosy **fokontany** of Tamboro and Akofa, located in the Tsitongambarika Classified Forest of southeastern Madagascar (24° 50'S, 46° 53'E). A **fokontany** is the lowest administrative level recognized by the Malagasy government and usually consists of several villages or approximately 1,800 people. The adjacent **fokontany** of Akofa and Tamboro include seven villages. Together these communities occupy an area of roughly 8 km2. The villages are accessible only by foot and are approximately 2-3 km from the edge of a protected forest and 2-4 km from the nearest road.

The ethnic Antandroy town of Ambovimbe, located approximately 80 km southwest of Tamboro and Akofa, was also included to access several Antandroy **ombiasa**. This town's large market often draws people from hundreds of miles away. Relationships between Atanosy and Antandroy healing traditions were recognized as significant to this study, hence the inclusion of this market town in a neighboring region.

Ombiasa from Tamboro, Akofa and Ambovimbe were key informants. Information was collected from six Antanosy and two Antandroy **ombiasa** (N=8). Although there were seven **ombiasa** within the Fokontanies of Tamboro and Akofa, only six agreed to be interviewed. The one woman **ombiasa** declined, fearing that participation might anger her ancestors (**raza**). The Antandroy **ombiasa** were chosen for their reputations among the townspeople as good healers.

Several data collection techniques were used including structured and unstructured interviews, direct observation, and participation in healing ceremonies. **Ombiasa** were considered specialists in medicinal plant knowledge. Given the limited number of **ombiasa**, interviews were easily and frequently repeated with new or reframed questions. Maps were created with the **ombiasa** to indicate the distribution of their clients, and general locations where they collect their medicinal plants. Maps were not used with the Antandroy **ombiasa** because of their more far-flung clientele and frequent trade or sale of plants to other healers. Interviewing Antanosy and Antandroy **om-**

biasa allowed us to compare ethnic perspectives on the use of medicinal plants. Because one of the Antandroy **ombiasa** sold plants at regional markets, a survey of what he sold was completed for two different regional markets approximately 100 km apart.

For the communities' perspectives, roughly 400 in-depth interviews were conducted with both rural and urban Antanosy people during their daily activities. During all interviews, notes were taken in mixed English and Malagasy by the senior author and later transcribed. Tape recorders were not used in order to avoid the likely distraction. New interview questions emerged from themes that developed when interviews were considered as a group. These new questions were incorporated into the next set of interviews. Interviews were held until no new information emerged within the frame of questioning (Strauss & Corbin 1990).

Due to the senior author's long association with the Antanosy community, she was invited by **ombiasa** to attend several healing or treatment ceremonies. Photographs were rarely allowed as the **ombiasa** feared that pictures would weaken the soul of the patient. Most ceremonies were held at twilight in the home of the **ombiasa**.

Data from all these different sources were qualitatively analyzed, interpreted and integrated, the interpretations checked and rechecked against known information. However, the possibility of observer bias and the influence of previous and continuing relationships between the well-known, but still foreign, interviewer and community members must be acknowledged. The fact that only one extended community was studied limits our ability to generalize. Nonetheless, extraordinary efforts were made to limit bias and to ground findings in other knowledge.

Results

The Role of the ombiasa

Among the Antanosy, the **ombiasa** was usually not a person of great wealth, formal education, or political power within the village. Unlike several Amazonian cultures where the shaman is similar to the head-man (Bodley 1990); the **ombiasa** was consulted primarily for medical problems and spirit possession. All the **ombiasa** in this study were farmers as well as **ombiasa**. They earned their living by farming and were only paid for their healing services if the patient was cured.

Most **ombiasa** began their training in their mid-twenties or younger. The **ombiasa** we interviewed ranged from 30-75 years old and had been practicing from 4-50 years. **Ombiasa** did not become apprentices because of a "calling" or family expectation. Rather, they were interested in learning to heal to help others. All of the **ombiasa** in this study apprenticed with an unrelated, older **ombiasa** who lived outside the immediate community. Some traveled up to one hundred miles for training and spent one to five years as an apprentice. Many were still in contact with their mentors and continued to learn from them.

Apprenticeships usually began by learning basic plant identification, where to find and how to process plants, and how to determine their application. More complex

Figure 1. Linda Lyon interviewing a community member about traditional plant-based remedies.

plant remedies were taught after these initial lessons were mastered. Apprentices learned to communicate with **raza** (ancestors) during their training. **Ombiasa** explained that the **raza** who guided them were not necessarily their own family's ancestors, but rather tribal ancestors who were **ombiasa** during their time on earth. Usually mentor **ombiasa** and their apprentices did not have the same **raza**. The **ombiasa** we interviewed had achieved varied levels of ability and specialty in their healing. While all were able to help people with basic illnesses, some had special expertise with women, children, or people possessed by a bad **tromba** (spirit).

An **ombiasa** might mentor one to five people through an apprenticeship during a lifetime. Usually an **ombiasa** had been practicing for several years before taking on an apprentice, and often the first apprentice had been referred to them by their own mentor. Over the past decade, the **ombiasa** had not seen a significant change in the number of apprentices or practicing **ombiasa**.

Most **ombiasa** served approximately twenty family groups (a family was usually a patrilocal group of three generations). Most of these families were from the same village or **fokontany** as the **ombiasa**. Sometimes, however, clients came from other fokontanies. Many of the healers had people consult them from as far away as Fort Dauphin (35 km). **Ombiasa** explained that if people were unsuccessfully treated by a local **ombiasa**, they might go somewhere different and be treated with different plants. In other cases, **ombiasa** said they had developed a clientele while apprenticing and those people wanted to continue the relationship even if it meant traveling.

If a treatment was not effective, often the **ombiasa** would refer the patient to another **ombiasa** or a clinic. Referral to physicians was a regular part of **ombiasa** practice. In most cases of malaria, or an acute illness, **ombiasa** would refer people to clinics for treatment with western medicines. **Ombiasa** explained that for many illnesses, western medicines were more effective than medicinal plants. In the case of malaria, **ombiasa** said their traditional practices only treated symptoms, not the malaria itself.

During our research a young girl in Tamboro became ill and did not recover after treatment by the **ombiasa**. The **ombiasa** directed the girl's family to the clinic as he felt she had a kidney infection that required antibiotics. The girl recovered at the clinic. Upon her return to the village, the family gave a community party to thank the **ombiasa**.

Staff at rural clinics referred patients to **ombiasa** if they were unsure of the patient's diagnosis. Clinic personnel felt that people would have more faith in their treatment if an **ombiasa** had diagnosed the illness.

The role of plants in healing

Ombiasa relied almost exclusively on plants for treating illness and spirit possession. They never gave their clients western medicine, claiming that they were not doctors and would not know how to prescribe such medications. Depending on the type of illness, **ombiasa** usually used a combination of plants and plant parts for a treatment. They believed that an illness often has several causes and each cause must be treated with a specific plant or combination of plants. A particular complaint usually had more than one possible treatment. Treatment for the same illness varied among healers because each was trained by a different person with access to different plants. **Ombiasa** explained that similarities in treatments among **ombiasa** were most likely due to healers having the same plants available.

When asked about the importance of medicinal plants, the **ombiasa** were consistent and emphatic: they were healers only because they had the plants. Yet none had tried, or were interested in, cultivating their medicinal plants. They did not see a need for cultivation because there were so many plants available in the forest and fields that it would be impossible to ever run out or even see a shortage. If they could not locate one plant, satisfactory substitutes existed (Lyon & Hardesty 2002). **Ombiasa** also thought cultivated plants would not have the same potency as wild plants. Earlier we reported that **ombiasa** and community members are including recently arrived exotic and invasive plant species in their healing practices. The **raza** tell the **ombiasa** how to utilize these new resources (Lyon & Hardesty 2002). Thus, the use of available plants is evolving as plant communities' change.

The future of traditional healing

Most **ombiasa** and community members insisted that traditional healing was more necessary now than ever before. They explained that as the population was growing (3.0% annual growth rate, nationally) (Madagascar Country Report 2002), more **ombiasa** were needed to care for the sick.

Key informants believed that **ombiasa** knew more remedies now than in the past, although the reason may be historical, rather than reflecting a growing body of knowledge. They said that during colonial times, the French banned the practice of traditional medicine (Lyon 1999; Dewar & Wright 1993). Informants felt the ban deterred apprenticeships and resulted in a twenty year gap in the knowledge and practice of traditional healing. Although a great deal of traditional knowledge was lost during this time, many healers committed plant remedies to memory and practiced in secret. Only the far south Antandroy region escaped this influence. The warlike nature of the Antandroy and their ability to exist in a harsh environ-

ment where the French military could not, allowed them to openly practice traditional medicine uninterrupted.

Today many remedies are known only because of the Antandroy's ability to sustain and pass down information from that time. The Antanosy and Antandroy regions had differing climates and vegetation, yet much of the Antanosy people's knowledge of medicinal plants was re-taught to them by the Antandroy. Many of the Antanosy refer to the Antandroy as the most accomplished healers. This exchange of knowledge was possible because the Antandroy relied on the forests of the Antanosy for a great deal of their plant material. Some Antandroy **ombiasa** felt that the best medicinal plants were found in the Antanosy forests.

The role of the ancestors and plant-induced trance

The lives of traditional Malagasy people were determined by the past. An individual's decisions (e.g. when and who to marry, where to live, when to plant crops), were made following consultation with their tribal **raza**. Because communication with the **raza** only occurred through an **ombiasa**, it was imperative that each family had a living **ombiasa** to communicate with their **raza**. Usually the **raza** who guided a family were not the same **raza** who passed on knowledge of medicinal plants to **ombiasa**.

Ombiasa depend upon their **raza** to aid in diagnosis and treatment. Although **ombiasa** can treat minor illnesses without their **raza**, most rely on the ancestors for unclear diagnoses or more serious illnesses. **Ombiasa** induced altered states of consciousness to communicate with **raza**. Altered states or trances were achieved through meditation and chanting the symptoms of the patient to call the blessing of the **raza**. During the meditation, ramy (sap from *Canaria* spp.), mixed with ombi (cattle) fat was burned to deepen the trance. Usually the sap was burned in the home of the **ombiasa** with the families of the **ombiasa** and ill person present, but only the **ombiasa** would seek a trance. **Raza** can only be called by the **ombiasa**, but family members were present to help the **ombiasa** should the **raza** make a request (e.g. particular plants, refreshments). Often the **raza** would communicate directly with the **ombiasa**, but sometimes they would use the **ombiasa** as a medium to communicate with the family members. When this happened, the family members would later relate the **raza**'s directions to the **ombiasa** as the **ombiasa** would be unaware of the conversation.

Once the **raza** entered the semi-conscious mind of the **ombiasa**, small black and white seeds (**tsikidy**) were used for communication. Two to three seeds are placed in columns from north to south to represent aspects of a person's life that were affected by illness, unhappiness, or regret. During the trance the **raza** communicated what aspects of the person's life were being affected, how they are being affected, and what should be done to aid the ill person. The **raza** portrayed this by causing the **ombiasa** to move the **tsikidy** into a particular pattern that was "read" after the trance ended. The **raza** would often go on to explain to the **ombiasa** what plants were necessary for treating the illness and where they could be found.

Gris-gris

Community members explained that it was possible for some **ombiasa** to inflict **gris-gris** (curses), while others specialized in diagnosing problems thought to originate from **gris-gris** (McClenon 1993). A curse was experienced as bad luck, for example, a sudden financial burden or the deterioration of a person's health. **Ombiasa** who inflict **gris-gris** utilize medicinal plants and the **raza** to cause the bad events in the victim's life. Only a few **ombiasa** in the region were known to practice **gris-gris**. During a preliminary interview, one **ombiasa** explained that discussing **gris-gris** implied they were capable of it. Since none wanted that stigma, the subject was not pursued further.

Figure 2. Harvesting **ramy**, the sap *Canaria* sp.

Figure 3. **Tsikidy** arranged by an **ombiasa** during trance induced consultation with his **raza**.

Figure 4. Preparation of medicinal plant material.

Tromba *or spirit possession*

An important role for the **ombiasa** stems from the ability to free people of spirit possession or at least help them control the spirit (**tromba**). Belief in spirit possession is common throughout the island, not limited to one ethnic group, economic class, or gender. Sharp (1990) provides a very thorough account of spirit possession among the Sakalava people of northern Madagascar. Among the Antanosy, spirit possession was most common among women although men also had **tromba**. One woman with seven different **tromba** told me that because woman are weaker, it is easier for a spirit to take control of their bodies than that of a man.

Possession experiences range from good and powerful, to a destructive, dangerous, and frightening illness (Sharp 1990). Possession by the most powerful spirits is honorable; but most people are terrified of being afflicted with bad **tromba**. **Tromba** could have varying effects on the health of the possessed. Bad **tromba** make the possessed person weaker, while good **tromba** would often tell family members what plants to use to strengthen the possessed.

Positive **tromba** help, not hinder the living. Usually positive spirits were deceased family members that made themselves available for family consultation and advice about such topics as crop rotation, housing location, circumcision timing, and use of medicinal plants. Good (**raza**) **tromba** generally chose to possess a female family member, but if the woman was unhappy being chosen, she could request that the **raza** choose someone else. Most people did not mind having the **raza tromba** as they knew they were providing a benefit to their family. The woman who had seven **tromba** only regretted one, a bad **tromba**.

Among the Antanosy, bad **tromba** were thought to be people who died with ill feelings towards someone else or who did “bad” things in their lifetime. Bad **tromba** usually avoided possessing anyone they were related to as this might ultimately bring more bad luck to their own family. These **tromba** attempted to make the possessed punish the victim or the family of the victim toward whom they had ill feelings when alive. Bad **tromba** could cause the possessed person to start a rumor about the victim or family or make the possessed attempt to murder the victim.

Usually difficult to eradicate or control, bad **tromba** were unpredictable and caused the host to become very sick. People were highly susceptible to possession if they had a possessed family member close to death. The spirit would become incapable of inhabiting another person if it did not leave the possessed body before death. If the possessed person became deathly ill, the spirit would leave that person and move to another. Often the spirit moved to a female relative of the previously possessed, perhaps a daughter, who was run down from caring of her ill mother.

When the host suffered ill health from their possession they often sought an **ombiasa** to evict the **tromba**. The Antanosy viewed possession as an illness and **ombiasa** were believed to be very successful at performing exorcisms, the only cure. **Ombiasa** also offered the possessed a way to control their **tromba** with medicinal plants. Strong faith in traditional practitioners appeared to be crucial for eradicating the spirit. When **ombiasa** failed to exorcise the **tromba**, it was thought that the possessed did not have faith in the **ombiasa**, rather than doubting the healer’s skills.

Alternative treatments for sprit possession: religion and healing

Throughout Madagascar exorcists and psychiatrists offered options for the possessed, but the efficacy of their treatments varied greatly. Psychiatrists tend to fail the possessed because they view possession as deviant behavior rather than illness (Sharp 1990).

A dichotomy between traditional Antanosy beliefs and other religions was very evident. In Madagascar 46% of the population follows the traditional Malagasy religion, 26% are Catholic, 23% are Protestant, 2% are Muslim, and 3% practice other faiths (Madagascar Country Report 2002). Almost all Malagasy, regardless of their faith, believed they were susceptible to spirit possession, but most Catholic, Protestant, Muslim, and Hindu Malagasy believed that their faith would protect them. If possession did occur, they often blamed it on a lapse of faith. The people interviewed believed that everyone was susceptible to possession, including people who were not Malagasy.

When believers became possessed, they often asked their priest, pastor, or other spiritual leader to exorcize the **tromba**. If this was not effective, as often appeared to be the case, they turned to Protestant exorcism held in a **toby** (type of church). In the **toby**, Protestant healing rituals first accepted and then transformed the patients' explanations for, and experiences of possession. These rituals treated possession as an illness, not deviant behavior.

The most widely recognized **toby** in Madagascar was located in Fort Dauphin, approximately 35 km from the study site. Over twenty-five years old, this Lutheran-subsidized facility was originally designed to house and heal Lutherans suffering from spirit possession. Now, they accepted anyone regardless of faith and were staffed with approximately twenty nurses, teachers, pastors, and volunteers (who were helped through their own possessions). A hospital, school, and bungalows were available for the possessed and family members who stayed to care for them. The possessed came from all ethnic groups in Madagascar and ranged in age from 3 to 80 years. The **toby** usually treated approximately fifty people at one time, at no cost to the possessed or their families. Cures required as little as two weeks or as long as two years. Staff explained that the time a person spent in treatment depended on their ability to concentrate on prayer as a means of **tromba** eradication.

Throughout their time at the **toby**, people were encouraged to worship. Staff led prayers three times daily and encouraged people to worship on their own. Exorcisms were held daily where the possessed are led as a group into the prayer area and lightly hit with white towels by the **toby** staff symbolizing the **tromba** being beaten out of the possessed and replaced by God. Staff murmured chants throughout the exorcisms while the possessed cried and wailed in their attempt to evict the **tromba**.

The staff did not claim credit for healing. One of the pastors explained that people must focus on the good of God in order to rid themselves of the **tromba**. The **toby** was a place for people to get additional support for worship, but eradication of the **tromba** was the work the possessed alone.

Many people believed that there were more cases of spirit possession now than ever before. Regardless of their religious beliefs, most people thought **tromba** was something that would always be part of their society.

Syncretism

Malagasy religious syncretism can be characterized as a seamless fusion of traditional and Christian or Muslim elements (Graeber 1995) as exemplified by Malagasy belief in spirit possession and treatment of spirit possession in the Christian faith. The Antanosy utilized a non-traditional religious healing practice without rejecting their own traditional healing beliefs. Conversely, some Christians supported their members who held both traditional and Christian beliefs, exemplified by the Lutheran church's financial support of, and open admission to the **toby** in Fort Dauphin. Perhaps it was the ability of the Antanosy to integrate beliefs from their past and present that allowed them to retain much of their unique culture as they adapt to a changing world.

Discussion

The traditional roles of the **ombiasa**, including use of medicinal plants, appeared to be as important to the Antanosy today as in the past, demonstrating a robust contemporary role for traditional healing. The community members' continuing (perhaps expanding) need for **ombiasa**, as well as stable trends in the number of **ombiasa** and apprentices suggested that traditional healing was still valued in Antanosy communities even as western medicine became more widely available. Young people were still interested in learning about medicinal plants and in becoming healers, suggesting they saw future value in this role.

Patient referrals between clinics and **ombiasa** were a normal aspect of Antanosy healing. Accepting western medicine as a complement to traditional healing allowed the Antanosy to adapt to modernization, yet retain their distinct culture. In most rural areas, clinic staff were Malagasy trained in western medicine. Perhaps because they were Malagasy, they did not see western and traditional medicine as opposing systems. It would be interesting to determine how this might change with non-Malagasy clinic staff.

Likewise, the integration of multiple faiths in the healing process augured well for the future of traditional practices. Syncretism integrated western medicine and religion with traditional practices and beliefs. Thus, the Antanosy appeared to be sustaining their unique culture as globalizing influences occurred, perhaps gaining the best of all worlds.

Our findings may not pertain only to the Antanosy. Limited investigation suggested that traditional healing was val-

ued among the neighboring Antandroy as well. The fact that the **toby** in Ft. Dauphin helped possessed individuals from throughout the island demonstrated that traditional beliefs and flexible views of healing occurred beyond the southern regions. Existence of a nationwide market for medicinal plants (Lyon and Hardesty, unpublished data) further suggests our findings have some relevance for all the peoples of Madagascar.

We hypothesized that the Antanosy would demonstrate a diminishing reliance on traditional healers and the plants they use. Yet, we found that traditional beliefs such as spirit possession, connection to the ancestors and healing ability of the **ombiasa** remained vital, demonstrating their continuing importance in a contemporary Antanosy community. The plants used in traditional healing constitute a unique and valuable link between the living Antanosy, their ancestors, and their future, a cultural link that may be threatened by environmental degradation and biodiversity loss.

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