

# Theorizing Health and Illness: The Role of Language and Secrecy in Traditional Healing among the Dagomba<sup>1</sup>

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## Abstract

*Culture, traditional practices, and social norms of different societies have been found to have great impact on healthcare systems and people understanding of health and illness. This paper discusses how the Dagomba of Ghana theorizes health and illness and the impact of language and secrecy in traditional healing. Using the Dagomba lay theories of health and illness and that of medical pluralism, the paper found that among Dagomba, the concepts of health and illness are complex, holistic and interrelated. The Dagomba theorized that health is a discourse and a relational concept. It is also seen as being in a state of balance with the self, others, the society and the spiritual world but not the absence of illness. The paper argues that illness among Dagomba has both internal and external dimensions. It is seen as something which is part of life and growing up. Accordingly, some illnesses are innate while others come and go. Within their traditional healthcare system, language and secrecy are found to have both pragmatic and psychological functions. Language is not only used in naming illnesses and expressing other medical conditions but it is also used as a means of communication such that patients and healers engagement in the medical discourse promote good health. Secrecy is found to perform the role of patent law (intellectual property rights) to healers' traditional knowledge. It is also used to protect both patients and the potency of traditional medicine and healing. Finally the paper draws the attention of medical practitioners, especially those in the formal health systems, to the fact that cultural sensitivity and the respect for people lay theories of health and illness need to be taken seriously since that could help to promote effective healthcare delivery and reduce conflicts between patients and healthcare professionals.*

**Keywords:** Dagomba lay theories, Culture, Language, Secrecy, Ghana

## Introduction

The role of culture and societies' social perspectives are known to have profound impacts on health and how different cultural groups' health seeking behaviors are constructed. The way members of specific cultures respond and react to illnesses is largely their cultural construct. In line with this, Nkosi (2012:89) notes that "culture has been shown to have both positive and negative influences on health behaviours". Citing Mazrui (1986:239), Nkosi observes that culture has been defined as "a system of interrelated values active enough to influence and condition perceptions, judgment, communication, and behaviour in a given society" (2012:89).

Helman (2007:2) also sees culture to be a set of guidelines, either implicit or explicit or both, which individuals inherit for being members of a particular society. These set of guidelines then tell them how to see the world, experience it emotionally, and behave in relation to others and the natural and supernatural forces. This indicates that how people see, interpret and make meanings of reality depends on their culture and social settings, which in most cases may both converge and diverge across space and time within and among different cultures. Cultures are thus dynamic and can both influence and be influenced by others. However, Cunningham (2013:173) argues that "most state health systems are not culturally sensitive and that their services and management do not reflect the socio-cultural practices, beliefs or visions of indigenous communities".

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The field of medicine has been dominated by Western Science and thinking, to a larger extent, for such a long time that other cultures and their perceptions and understandings of reality in relation to health and illness have mostly been dismissed with the intent that they lack scientific and rational reasoning. This has been the faith of the medical field until medical anthropologists and other social scientists began to explore the impact of culture and social understandings on health and illness. Accordingly, scholars such as (Kleinman 1980:32-33; Helman 2007) have underscored the need for both the academy and medical professionals to re-examine and realign their focus on understanding cultures and their impact on health in general and people's specific health seeking behaviours in particular. With this perspective, explanations can be derived to account for why certain health services are not taken up or utilized by some cultural groups. Detailed accounts could also be given to how different groups understand and interpret health and illness (in terms of illness causations and treatment options) and most importantly the contributions that traditional healers and traditional medicine and healing can make to the overall health systems in societies.

In relation to the above, the aim of this paper is to discuss how health and illness is/are theorized (explained and represented) among the Dagomba of Ghana and to also examine the roles that language and secrecy play in traditional healing in Dagbon society. The paper will thus be structured such that the first part discusses how health and illness are theorized among Dagomba. This, being a cultural specific study, has the potential of contributing to the body of lay theories of health and illness representation in the academy. It also will contribute to the on-going discussions on the relevance of culture and how the practicality of people's perceptions of social reality in relation to health and illness, within a specific cultural context, can influence their health behaviours. Lastly, using Dagomba perspectives, this study will help to emphasize a convergence of lay perspectives and the western models of illness; an approach which will benefit both the practitioners of traditional medicine and healing and the formal Western medicine, but more particularly those in the formal sector since their trainings are based largely, but not exclusively, on western science and reasoning. The second part will then look at how language and secrecy work within the traditional medical system among Dagomba. This will also provide insights to practices in traditional medicine and the relevance of that to the western medical practitioners since having a better understanding of people lay representations of health and illness in their language can enhance better health communication and health services provision. Therefore, both parts of the paper have to be seen as a holistic analysis of how illness representation, language and secrecy are linked up to influence the health seeking attitudes of people within Dagbon, more particularly, the Dagomba. But prior to these major themes, there will be a brief review of literature on the subject matter, some background information about Dagomba and their language and the methodology used in the paper. I shall also draw some implications of the Dagomba theories and medical practices (the main themes) on medicine in general before making my concluding remarks.

However, I need to make the meanings of certain terms clear before I move to the substance of this paper. Traditional medicine as used in this paper will mean: the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in prevention, diagnosis, improvement or treatment of physical, mental, [spiritual and social] illnesses (WHO 2000:1).

Practitioners within the traditional medical system are referred to here as traditional healers/traditional medical practitioners. With reference to the Ghanaian formal health system, I refer to it as the western medical system in this paper since practices within that are largely based on western science. Hence, practitioners within this medical system will also be referred to as western medical practitioners or practitioners of the formal health system.

## **2. Brief Review of Related Literature**

As indicated in the introduction, a number of academic papers and books have been written on the interplay of culture, health and medical systems, language and health communication as well as lay perspectives of health and illness representations. A few of such studies will be examined here to illustrate how people socio-cultural understandings of reality influence their health and health seeking behaviour in profound ways.

In a study on the *lay representation of chronic diseases in Ghana* (de Graft Aikins et al. 2012) drawing participants from both rural and urban settings in Ghana found that multiple causal theories were presented for most of the common chronic diseases in Ghana especially for diabetes and hypertension.

Cancers were attributed to toxic foods while asthma was attributed to environmental pollution. Epilepsy and sickle cell diseases were believed to have spiritual roots. In their conclusion, they noted that lay representations of common chronic diseases and their major risk factors in Ghana provide public health prevention strategies. This, according to them, raises two challenges: the need to train experts to provide accurate information in practical language that lay people can understand and apply to their daily lives and also to develop sustainable behaviour-change interventions by drawing on best practices from other African countries. Even though the authors indicated the differential knowledge base on these chronic disease between the rural and urban participants or the fact that the study was largely focused on the Southern sector of the country as some of its limitations, nonetheless, it indicates that people lay perspectives of health and illness, in this case chronic diseases in Ghana, can provide some insights into how they understand and will respond to these illnesses. This underscores the impact of culture and social settings on peoples understanding of reality and the meanings they make out of it. Illnesses such as epilepsy and sickle cell, which most western trained practitioners will explain under genetics and other mechanical malfunctioning of the body system, were rather explained under spiritual causal theories of illness. This understanding could create some conflict between a western trained practitioner and a patient with this cultural construct in a health service situation which could apparently lead to non-service consumption by the patient.

In a similar study on *understanding and exploring illness and disease in South Africa*, Nkosi (2012) asserts that explaining the cause of illness and disease varies from culture to culture and person to person just as the methods of curing illnesses vary significantly. The author observes that illness causation has several theories within the African contexts where witchcraft and sorcery, punishment for disobeying supernatural forces (such as ancestor spirits and spirits of light), socio-economic forces, power differentials in access to care, and natural forces (both physical and environmental forces) are among some of the causal explanations. In the case study presented as part of the study among the Kwa Dlangezwa people of South Africa, Nkosi notes that other details of explanatory models to illness causation was provided. Illnesses relating to family lines (more clearly based on genetic factors), human beings and their spiritual forces, as well as family type (social structure and cultural norms) were identified. Nkosi's (2012) study shows that lay explanations of illness is holistic in the sense that it encompasses the socio-cultural, physical and spiritual realms of human existence. This requires that healing and treatment of illnesses and diseases be focused in ensuring a balanced within the human-nature-spirit and environment linkages. Benedict (2014:51) in a study on *the perception of illness in traditional Africa and the development of traditional medical practice* also claims that the African believes that there is "inherent ontological harmony in the created universe and that any attempt to upset the harmony, constitutes a diseased state". The author believes that this attempt could take the form of human or non-human action; implying that disease could be caused by both physical or metaphysical means which he notes has to be searched for in traditional medicine and healing practices. This assertion presupposes that traditional medical practices are largely influenced by the people understanding of the forces within the universe and this is partly or entirely based on their socio-cultural background. Harmony among all things, however, seems to be the most stated worldview within the African contexts though cultures vary.

Discussing the impact of culture on health, Uskul (2010) in his chapter on *socio-cultural aspects of health and illness* makes several important observations based on other studies. The author notes that, relative to other studies, cognition, emotional and behavioral responses to pain depend on people cultural experiences and learning. In relation to delays in seeking medical help, the author argues that people ethnic minority status, knowledge and beliefs regarding causes of illness, associated symptoms, trust in the physician, and disruptions in carrying out their social responsibilities, especially among Asian women, do have serious influences on how long they delay in seeking medical help. All these factors are based on the socio-cultural forces within individuals of different cultural groups. Added to these, the author again asserts that doctor-patient relationships, more particularly in gender relations, are also largely influenced by culture. Citing some instances, Uskul (2010) notes that females belonging to some cultural groups may not feel very comfortable to be examined by a male physician or that patients whose health beliefs do not fit that of the physician may feel reluctant to seek medical advice from the physician since the physician may lack some cultural sensitivity of the patient. This particular point has been a major reason why many people do not take certain health services or may even feel that they is no need to send certain illnesses to the hospital for treatment.

Finally, the author claims that cultures that promote individualism (for examples, United Kingdom and United States) and those that promote collectivism (many East Asian countries and African countries) do have different models of theories of illness causation and representation and how health communication and advertisement of health services should be done. Even though the last point by Uskul (2010) may be relevant in medical anthropology and helps to understand how different cultures and their members respond to health issues, the concepts of individualism and collectivism may be problematic since the collectivism theory has the tendency of reducing or even diminishing (collapse within groups) individual actions and behaviours in relation to health and culture interlinks and the vice versa can also be true in the case of the individualist model.

Kleinman (1980) in his book on *patients and healers in the context of culture* stated that medicine should be viewed as a cultural system just like language, religion and kinship are. The author noted that illness and healing which is part of the system of healthcare of every society are articulated as culturally constituted experiences and activities. The importance of culture and social structures of societies have therefore been seen to be the most influencing factors in medical systems and how different people act and react to healthcare services across time and space. As a case in point, the author noted that the Chinese culture, though not the only factor, is the main determinant shaping the Taiwanese medical system.

In analyzing the concept of illness and health and how it is perceived by patients, Helman (2007:126-141) also observes that illness representation and theories to account for its causation differ from culture to culture and among individuals. The author believes that the meanings peoples give to symptoms of illnesses and how they respond to the illness emotionally are all influenced by the people background and personality, cultural, social and economic contexts; hence the same illness could be interpreted differently by two individuals from different cultures. This then will have an impact on their behaviour and the medical treatment options they are likely to seek for under healthcare systems.

From these scholarly perspectives, it is clear that medical systems and how health and illness are represented, explained and acted upon are much more based on the cultural orientation and other social factors that people are socialized into. The value systems and how reality is seen and the meanings given to it are, all to some extent, influenced by our cultural background, social context and belief systems.

### **3. Dagomba and their Language**

Dagomba are an ethnic group in Ghana and part of the Mole-Dagbani group. They are predominantly found in the Northern region but can also be found in other regions across the country. The Mole-Dagbani group has Dagomba, Nanumba, Mamprusi, and Moshi (who are currently in Burkina Faso) as its members. Dagomba constitutes the largest member of the group as well as one of the largest and dominant ethnic groups in the Northern region. They number about close to over 2million people in Ghana (Ghana Statistical Services [GSS] 2013). The traditional region of Dagomba called Dagbon is delineated into Western Dagbon, comprising Tamale (the Northern regional capital) and its surrounding communities and Eastern Dagbon, comprising Yendi and its surrounding communities. Yendi, however, serves as the traditional capital and seat of the paramount king of Dagomba called *Ya-Na* (translated as ‘Absolute King of Power’). Dagbon is predominantly rural with only few urban settlements. The vegetation of the area is the savannah type with tall grasses and scattered trees. Economic trees of importance include the shea, acacia, baobab, teak, dawadawa, and mango.

Socio-culturally, Dagomba have a centralized system of leadership. They practice patrilineal system of inheritance, where sons inherit their fathers. Polygamy is also a common marriage form practiced among Dagomba. Historically, Dagomba were practitioners of the African traditional religions but with the advent of Islam, majority of them now profess Islam (about 60 percent of them) based on (GSS 2013) figures. And as Abdul-Hamid (2010:3) observes, “less than 10 percent of the Dagomba population still refers to themselves as traditional believers”. The author noted that even those who claim they are traditional believers still participate in Islamic ritual of worships including observing salat (prayers). Islam thus influences a larger part of their culture. Some members of the ethnic group too practice Christianity. Agriculture constitutes the major occupation of the people where grains, cereals, and livestock are produced.

The language of the Dagomba called Dagbani (or alternatively Dagbanli) is a member of the Oti-Volta subgroup of the Gur languages of the Niger-Congo family of Africa languages and serve as the mother tongue of two ethnic groups, the Dagomba and Nanumba (Hudu 2010:3-6). Hudu (2010) asserts that they are over 2million native speakers of the language in Ghana.

Dagbani as a language is classified under the Mole-Dagbani group of languages with Nanuni, Mampruli and Maore (languages of the other ethnic groups within the Mole-Dagbani group) being the others. However, Dagbani is highly mutually intelligible to Mampruli speakers. Based on the delineation of Dagbon into Western and Eastern, Dagbani has three dialects based on tone marking, intonation and variation in a few other words and expressions (both lexical and grammatical). The Western dialect is spoken around Tamale and its surroundings, the Eastern dialect around Yendi and its surroundings and the Nanuni dialect spoken among the Nanumba people (Hudu 2010).

This brief information on the language is vital because to examine the role of language in theorizing health and in traditional healing among the Dagomba, it is essential that the linguistic background of the people is known. Since the language is a tone language, single words and expressions may have several meanings (based on both lexical and grammatical tones) when marked in tone. Even though it will not be necessary to mark tone on words in this paper, it is still important that this is made clear about the language.

#### **4. Methodology**

This paper is a micro-analysis of two of the main themes in the data obtained for my master thesis in Indigenous Studies at the University of Tromsø, Norway. I conducted the fieldwork in Ghana during the summer of 2015 (June – August) among the Dagomba on the topic: “Traditional medicine and healing among the Dagomba of Ghana”. They were 10 traditional healers, 10 practitioners of western medicine and 14 consumers of healthcare services. Participants were drawn through purposive sampling and based on their knowledge of the subject matter and willingness to participate in the study. They were drawn from 5 different communities within the Yendi Municipality, including Yendi itself. Data was obtained through in-depth face-to-face individual interviews with traditional healers, focus group discussions with the consumers of healthcare services and a qualitative questionnaire completed by the practitioners of the western medical system. However, part of the data used in this paper is based on the responses of the traditional medical practitioners and the consumers of healthcare services. Theoretically, the larger study was based on Dagomba lay theories of health and illness and that of medical pluralism. Accordingly, this paper still lends itself to those theoretical frameworks.

#### **5. Theorizing health (*alaafee*) and illness (*doro*) among Dagomba**

Among the Dagomba of Ghana, what constitutes good health (*alaafee*) and illness (*doro*) are complex and hard to distinguish. According to their worldviews, health and illness are on a continuum. As Bierlich (2000:707) notes, “the Dagomba see many illnesses ... as inescapable facts of living and growing up. They demand no explanation, they are part of people’s everyday experiences; they ‘come and go’”. Dagomba theorized that certain illnesses are innate to us. People are born with them, live through them and die with them. As one of the traditional healers said; ‘you see, illnesses such as *chua*, *kpa?a* and *dirigu* are part of us. We come down to this earth with them. They are part of everyone’s creation. They are in our blood’. This means that these illnesses are internal to the people. They are part of existence. They only become illnesses when triggered by other forces both within the individual body and the external worlds (physical, social, spiritual). Dagomba also know that other illnesses come to the body from the outside; hence they have complex explanatory models to illness causation. This notion is illustrated in the language when people say: *Doro n-gbaai ma* (translated as ‘illness has catch me’) which means that illness from the external worlds has come to the person. People never catch illnesses. Rather, it is the illness that catches them, thus come to come. A person can be ill (*N bera*) or be under illness (*baritim/barigu*) but a person never catches illness (*N gbaai doro*). Rather, it is the illness that catches or come to people (*Doro n-gbaai O*). This notion is distinguished from an internal illness as in the expression: *N doro n-yi?si* (translated as ‘my sickness has stood up’) which means that an internal illness has been triggered (see Bierlich 1995, 2000 for detailed discussion of Dagomba illness representation). Hence, the notion of illness among Dagomba has both internal and external dimensions.

Therefore, for the Dagomba, good health (*alaafee*) is not an absence of illness. This resonates well with the WHO definition of health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (cited in Helman 2007:126-127). But the Dagomba conception of health goes beyond this. Their conception of good health (*alaafee*) is deep, complex, discursive and relational. It is deep, complex and relational in the sense that, the word *alaafee* signifies wellbeing and a state of balance with the self, others, the community and the spiritual world. This is reflected in the language as one of the participants claimed:

*Alaafe* is an expression in the language and not necessarily being sick. It's like when you visit a village and go back home and they ask you, how are the people of the village? You can say; *be mali alaafee* ('they are in good health') because you know that there was no problem there.

Based on this, good health (*alaafee*) among Dagomba embodies having a peace of mind (*suhudoo*) because anything that leads to *suhusahingu* (heart spoil) or its synonyms (*suhukabbo* 'heart break', *suhugarigu* 'heart mixing') be it due to poverty, drought, illness or excessive thinking constitutes ill health. Other participants noted that *alaafee* means 'being able to eat well, sleep well, work well and also not lying down due to illnesses'. This means that a person is still considered healthy when his/her illness is not keeping him/her down (incapable of working and performing other daily routines). The existence of a single word *doro* (*doriti*, plural) for illness, sickness and disease in the language also points to the holistic and relational nature of the concept of health. This conception of health and wellbeing is similar to what Juma (2011:47-49) notes as he indicates that "the natural and supernatural elements are inextricably interwoven and where health and well-being is not seen merely as a biological matter, but one bonding the human body and the soul in total harmony". The author asserts further that "the interconnectedness of the phenomenal world and spirituality are two major aspects of traditional African worldviews that deal with ill health, causes of ill health and healing". The same view has been expressed by Helman (2007:127) when he asserts that "health is a *multidimensional* and holistic concept which embraces physical health, psychological health, social health and spiritual health" (emphasis in original).

Theories of illness causation among Dagomba are thus vast. They postulate that illnesses have multi-causal sources such as natural/physical causes (weather, environment, the food we eat), spiritual causes (supernatural beings such gods, jinn, ancestors) human causes (witches and wizards), through family line (heredity and genetic), lifestyle, and finally the innate illnesses. Accordingly, diagnosing illnesses and proceeding with healing or treatment within the traditional medical system seeks to mediate between all the worlds (physical, spiritual, and the socio-cultural) of human existence. Physical symptoms and signs on body changes, examination of internal body sounds and movements, skin coloration, divination or consultations with soothsayers become some of the common ways of finding out about illnesses. This notion is consistent with some of the findings Bierlich (2000) made in a study among the Dagomba and several other studies in Ghana and elsewhere (de Graft Aikins et al. 2012; Nkosi 2012; Juma 2011). Therefore, among Dagomba, questions of what and why me of illnesses are much more important and constitute the central issues in diagnosing illnesses than the question of how the illness will be treated.

## **6. Language and Secrecy in Traditional Healing**

How different cultures and societies understand reality and the meanings they make out of it are mostly expressed through their language and other socio-cultural practices. Within the domain of health, language plays a very vital role, not only as a means of communication between healthcare providers and their patients, but also as an embodiment of the people understanding of what it means to be healthy or ill. Thus the concept of good health, illness causation and other health related discourses are all made meaningful through language. Accordingly, every society and their ideas, values, norms, beliefs and meanings and all other health related issues are embedded in their language in complex ways.

Closely related to language and communication is also the concept of secrecy. Societies through time and space have had several ways of concealing identity and vital information and keeping it safe for survival. In the fields of military, religion, secret societies, to mention just a few, secrecy has existed in the form of developing secret codes and using them as means of communication. In the field of medicine, secrecy has even become a cherished practice and seen as a professional conduct which members belonging to that profession must exhibit.

This part of the paper will thus examine the roles language and secrecy play in traditional healing as a medical system. Particular reference will be made to the Dagomba of Ghana. Using the relationship between traditional healers and their patients in the context of healing and what language and secrecy do, I intend to discuss the implication of that on the western health system (the formal health system in Ghana) and its practitioners in situations of healthcare service provision.

### **6.1 Language in Traditional Healing**

Language plays very critical roles both as a means of communication and in other dynamic ways in the medical discourse of traditional medicine and healing.

As clearly articulated by Hamilton and Chou (2014:7) “... in the dynamic view, language does not merely *reflect* the world but works to *create* it as well, along with its myriad meanings, social dynamics, relationships, and institutions” (emphasis in the original). This particular quote underscores the importance of language in society.

Among Dagomba and in the traditional medical system, language plays significant roles in the naming of illnesses and other medical concepts. To begin with, the native term *tim* (translated as medicine) is complex in meaning and elaborate in its usage as well. In the view of Bierlich (1999:318), the native term *tim* is derived from the native word *tia* (tree). This is partly true in the sense that the term *tim*, is generic and does not solely refer to medicine derived from trees (herbal medicine). This is so because, traditional medicine is not only dependent on plant sources but also from animal and mineral sources as well. And in most cases too, traditional medicine is a mixture of at least one of these source materials. Native words such as; *tizeɔ* (red medicine), *tisablim*, (black medicine), *timalana* (medicine owner) and *tikoha* (medicine seller) all allude to the fact that the term *tim* is generic. It refers to both traditional medicine and western medicine in the local medical discourse but has slightly different meanings when used in relation to spiritual issues. A person is said to have *tim* which means that he/she has traditional medicine that can be used in malevolent ways (for detail discussion of the term in the medical discourse among Dagomba, see Bierlich 1999). Other native terms that have connotative meanings to *tim* but may evoke different meanings in different contexts include *dabara*, *bukaata*, and *ashili*.

Another important area that language functions to effect psychological relief is in the domain of expressing illnesses or talking about illnesses that have some social ramifications on the patient. In the area of healing snake bites an expression is used to refer to the notion of snake bite such that both non-natives or people not very competent in the language or who are not very matured may not understand what it means. As expressed by one of the snake bite specialist, ‘when a snake has bitten someone, we say: *ting n-shihi O* (translated as ‘the ground has touched him/her’) or *O nola tinga* (translated as ‘he/she has stepped on the ground’). This expression has the psychological impact of lessening the fear inherent in snake bites. This is so because, there is both natural snake bite and spiritual ones distinguished linguistically as *chang chirigi* (for natural snake bite) and *waɔ’bieɔ* (for spiritual snake) which both healers and the lay public are aware of. This expression, therefore, is used to conceal the information from the public with the intension of preventing any human malicious intrusion into the snake bite illness by ‘bad’ people. A similar finding has been made by Juma (2011:54) when he asserts that patients expect healers to name their problems and to provide them with steps for healing and that through naming, the healer provides the patient with a language in which unexpressed states can be directly expressed. Related to this is another expression that is commonly used by healers to inform patients whether or not they (the healers) will be able to provide healing for the patients’ illness. As part of diagnosing illnesses, healers have to find out if they can heal the illness a patient is suffering from. Therefore, after performing their divination, the patient is informed in an expression that either says; *A tilaa ka N-sani* (translated as ‘you have no herb – healing – with me’) or *A tilaa be N-sani* (translated as ‘you have herb – healing – with me’). The belief is that healing goes with luck and that is informed by these expressions. If the healer will be able to heal the patient, the first native expression is used. However, if the healer cannot heal the illness, the second expression is used. These expressions imply that the patient can be healed but the healer in particular has no medicine for the patient (the patient has no healing luck with the healer). Accordingly, the patient or his family will have to continue their search for healing by contacting other healers or the healer in particular can also direct them to other healers.

Within the context of Dagbon and among traditional healers, another major area language plays a significant role is when making a request for traditional medicine. As a tradition, most traditional healers do not take money for providing traditional medicine and healing to their clients. This was reported by many of the traditional healers and confirmed by some of the consumers of traditional healing services. As one of the traditional healers said; Money weakens traditional medicine. Many have lost their healing powers because they now put money in front of their work. You can’t sell traditional medicine and want it to work. I don’t charge people for healing them. After healing or when the person gets well, anything he/she gives me is what I take. But I don’t charge people.

This finding is similar to that of Bierlich (1999:320) as he discusses local healing and the use of money among Dagomba. He noted that among Dagomba, “herbalists are supposed to be spiritually and morally upright; otherwise their medicine will not work”. The author also found that healers and everyone else in Dagbon (among the Dagomba) believe that charging money would weaken the power of their medicines. This perspective thus indicates that different approach should be used in seeking for medicine from healers. Accordingly, the most common approach then is to greet and ask for medicine (*N puhe ka suhi tim*) usually by the use of kola nuts.

Seekers of traditional medicine will have to greet and request for traditional medicine from healers and as Bierlich (1999:321) again observes, “anyone who buys [traditional] medicine can be said to be corrupting the ideals of greeting” and in a sense, such a person is suspect. This is a discourse in the traditional medical system (for detail discussion of traditional healing and the use of money, see Bierlich 1999) which competent speakers of the language or people with experience in Dagbon cultural know or must know.

Lastly, language serves as a means of interaction between healers and their patients within the traditional medical system in Dagbon. Naming illnesses, using expression with positive psychological impact on patients and a general understanding of diagnostic terms and descriptions of medical conditions which makes meaning to both healers and patients is a cherished practice within the system. This has the impact of promoting patient satisfaction with the services of traditional healers and medicine. This has been noted in other studies when Chatwin (2008:110) postulates that the communication patterns in some nurse-patient interactions have been found to facilitate higher levels of participation and negotiation in the treatment process which has an implication and impact of enhanced quality of care and even differentiate nurses from others. Helman (2007:153) also underscores the importance of language and communication when he asserts that clinicians should gain the knowledge of the specific language of distress used by the patient and that their diagnosis and treatment should *make sense* to the patient in terms of the patients lay views of illness (emphasis in original).

### **6.2 Ashili – ‘Secrecy’ in Traditional Healing**

The concept of secrecy has important roles in the field of medicine both within the western medical and traditional medical systems. However, different interpretations and perceptions are given to it in these different medical systems. Within the western medical system, secrecy is interpreted as confidentiality which western medical professionals always swore to uphold about their patients health conditions and their medical practices. This is often seen as a professional conduct when exhibited by members of the western medical profession. However, within the traditional medical system, the issue of secrecy is often seen to be problematic when traditional medical practitioners exhibit it. Often, negative meanings are given to it among both practitioners of western medicine and some members of the academia. Secrecy in traditional healing is usually seen as something inconvenient, secret occult practices or traditional healer hiding their practices in secrecy and not making their knowledge known or verifiable to western medical tests for efficacy (Barimah 2013). On the contrary, secrecy has some vital roles it plays in traditional medicine and healing. A few of such roles are presented below.

One of the major roles secrecy plays in traditional healing is for the protection of the intellectual property rights of traditional healers and other people with local or traditional knowledge. Within the academia or in western medical practices, specific knowledge or discoveries are attributed to the persons who have made those discoveries or documentations of those knowledges under patent laws and rights. However, there is no concrete international law or patent for traditional or indigenous knowledge as Cunningham (2013:177) argues, “the tendency to legalize the use of medicinal plants is important, although laws fail to recognize the property rights of people who have these traditional knowledges”. Hence, traditional healers can easily lose their right to ownership of their local and traditional knowledge about herbs and their properties, illnesses and their mode of treatment (especially illnesses that western science and medical practices have not been able to find medicine or treatment for) or any other traditional knowledge they may hold. The only way to be the owners of their knowledge is to practice in secrecy as Nimoh (2014:85) observes that “the recent attempts to tap into, analyze and systematize traditional medicine have not included adequate inputs from traditional healers” and as such some researchers have complained about the reluctance of traditional healers to disclose their knowledge base. Tsey (1997:1071) also expressed a similar concern about traditional healers guarding their knowledge and skills in secrecy since they have no protection for their intellectual property rights. Hence, among Dagomba traditional healers, only trust can earn a person their knowledge on herbal medicine, spiritual healing medicine or other traditional knowledges they may have. What some healers will do is to withhold the name of some herbs from someone they do not trust very much as a way of protecting their medical knowledge from being abuse.

Related to the above function of secrecy in healing is that it is also used to protect the potency of the medicine especially spiritual medicine which is used in healing spiritual illnesses. Per their lay theories of illness, Dagomba believe that certain illnesses are caused by spiritual means. However, they observe that illnesses caused by humans through spiritual means are not easy to treat because in most cases, the person behind the illness could attack the medicine used in healing it.



Accordingly, the healing processes for some of such spiritual illnesses are done in secrecy (out of the open) or patients with such illnesses are kept by the healer so that all healing processes are done in secret. One other important role of secrecy in traditional healing is that, healers use it to protect their patients during diagnosis and the treatment processes. Unlike in the western medical system where patients may be given some counseling before they are told their medical conditions, in traditional healing, particularly among Dagomba, patients are not told their condition when the healers diagnose them of serious or dangerous illnesses especially spiritual illnesses (such as; *dihili* 'spiritual food poisoning' or *sambu*). The healer will tell the patient that it is a different illness (less threatening one) while keeping to him/herself, the actual illness the person is suffering from. However, healing and treatment services are provided for the actual illness. The patients will only get to know the actual illness they were suffering from after they have been successfully healed or treated. This notion was indicated when one of the participants narrated this:

There are some illnesses when you diagnose a patient of it, you can't let him know about it. If you do so and the patient gets a heart attack, you won't success in healing it. The patient may die out of the heart attack or it may make things worse. So we don't disclose such things. A healer must be a comforter to a patient. This role of secrecy has a similar function as that of the confidentiality function among medical practitioners under the western medical system. Healers do not only keep the health conditions of their patients to themselves, but they also keep it secret from the public, the patient and probably the patient's family.

### 7. Implications for medicine

Having discussed how Dagomba theorized health and illness and the roles language and secrecy play in traditional healing, it is important that I point out the implications of that for medicine. The big questions then are: What are the implications of these Dagomba conceptions about health, illness and healing practices on medicine in general? How does it influence their health seeking behaviour? And what should western medical practitioners do when providing healthcare services to people belonging to this ethnic group or other ethnic groups with similar lay theories of health and illness?

One major implication about the Dagomba beliefs and lay theories of health and illness is that many of them may delay in taking some illnesses or may not take certain illnesses at all to the hospital or to traditional healers for treatment. The notion that some illnesses are innate, they come and go and so are part of the people daily lives and growing up, could make people delay in taking those common illnesses to medical professional for examination and treatment. The impact of this is that certain complex and infectious illnesses may not be detected early enough to prevent complications or developing to their worse stage. What medical professional thus need to do is to acknowledge the peoples lay theories of health and illness but still persuade members to report some of these common illnesses to medical professional (both western and traditional practitioners) for further examination. A similar call has also been advocated by Helman (2007:132) when he asserts that health professionals that work in different cultures should be aware of how notions of folk illnesses are generated, acquired and displayed or how that may affect patients health seeking behaviour and the diagnosis of their illnesses. The point is that most complex illnesses start as symptoms of common illnesses and then develop to their endemic states.

Secondly, the Dagomba perceptions about certain illnesses may also prevent them from seeking certain healthcare services from the western medical system. For instance, the *yo?o doro* (an illness believes to be caused by an insect – *nantoo* – whose urine is very poisonous and infectious) is acclaimed to be intolerant to injection. A person with this illness should never be injected otherwise 'he/she will die within seconds as all the healers attested. The *yo?o* illness is believed to be in the blood and since injection sends the medicine directly into the blood, a patient with this illness dies immediately he/she is injected (Bierlich 2000:709-710). Most of the symptoms for this illness include *bintora*, *bingohi*, *morilim* (general referred to as 'boils' or 'body swellings') on the skin. When this visible boils are found on the skin, the patient is advised not to take injection because those boils could be symptoms of the *yo?o* illness. So until the boils burst, no injection is tolerated. Failure to understand this lay perspective by any western medical practitioner could lead to open confrontation between the patient and the health personnel. It is important to note that this is a serious concern since other ethnic groups in Ghana have similar illnesses in their culture such as *dzudoe* (also known as *hemakee*) among the Ewes (Tsey 1997:1071-1072). This illness according to the author does not tolerate the hospital system because a patient with *dzudoe* should not be touched with a knife. Any attempt to make incisions on *dzudoe* patient at the hospital would lead to the death of the patient.

Accordingly, patients with these kinds of illnesses are unlikely to take certain healthcare services in the hospital such as injection in the case of *yo?o* illness among Dagomba or surgical operation in the case of *dzudoe* illness among the Ewes. It is also possible that patients with these illnesses are likely to be in conflict situations with western medical practitioners who lack information about these lay perspectives and illnesses.

A third implication relates to health communication in general in the areas of naming illnesses and the use of other medical terminologies. There could be misunderstanding between patients and western medical professional in relation to naming and describing illnesses and other medical conditions. There may be a mismatch between western and lay perspectives; hence patients and western medical practitioners may have different understanding about illnesses and their conditions. Accordingly, doctors and nurses within the formal health system need to be cautious and a little patient when interacting with patients. They do not need to immediately dismiss patients' conceptions of their medical conditions. They should have some amount of cultural sensitivity towards patients' perspectives of illnesses and use appropriate and simple everyday language with their patients. This will help to reduce conflicts and misunderstandings between them. As Helman (2007:151) asserts, "where medical terms *are* used by either party, there is often a danger of mutual misunderstanding since the same term may have different meanings for doctor and patient"(emphasis in original). The author further notes that "patients' use of folk terminology may also confuse the clinician" thus leading to incomprehension especially if they come from different cultural backgrounds (for detail discussion of problems of terminology and patients-clinicians interactions in general, see Helman 2007:146-154).

## **8. Conclusion**

The relevance of culture, traditional practices and social norms are known to have some influences on people health and illness conceptions. This paper demonstrates that among the Dagomba of Ghana, health and illness are seen to be part of life. They theorized that *alaafee* (health) is a discourse that has both relational and medical meanings. It is generally seen as state of balance with and within the self, others, the society and the spiritual world. Health is seen as having a peace of mind and being able to perform one's daily activities. *Doro* (illness) is also conceptualized as having both internal and external dimensions. Dagomba believed that some illnesses are innate to us while others come from the outside, hence, their theories of illness causation are multiple, complex and interrelated. Treatment of illnesses within their traditional medical system thus largely depends on proper diagnosis with questions such as; what is the illness, what causes the illness and why the person given much prominence.

Language and the concept of secrecy are also found to play vital roles in the Dagomba traditional medical system. Language is not only used in naming illnesses but also in making other medical expressions that have some positive psychological impact on patients. It also serves as a means of communication where traditional healers and their patients engage in meaningful medical discourses that make it possible for them to understand each other very well. Secrecy on the other hand is used to protect the traditional healers' knowledge. It performs the function of patent right (intellectual property right) for their traditional knowledge. Also, it helps traditional healers to protect the potency of their medicines especially spiritual medicines since human beings who are behind certain spiritual illnesses can spoil the healer's medicine when healing is done in the open. Secrecy, again, is used to protect patients during traditional healing. This has the same function as confidentiality among western medical practitioners in relation to keeping patients' medical conditions secret from the public.

Lastly, the paper has also pointed out some implications the Dagomba lay theories of illness and health may have on the people health seeking behaviours and called on western medical practitioners to be flexible and cultural sensitive when dealing with people with different lay theories, beliefs and knowledge about illnesses and health or who have different language and cultural background as theirs. These implications and recommendations when taken could help to reduce conflicts between patients and medical practitioners during healthcare service delivery especially within the western medical system.

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