

Balancing Belief and Burden: A Comparative Analysis of Spiritual and Exploitative Practices in Somali Traditional Healing for Mental Health (Case Study: Mogadishu Areas)

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Abstract: *Somalia faces a significant burden of mental health concerns, with limited access to biomedicine services. Many Somalis seek help from traditional healers (cilaaj) who employ diverse practices rooted in cultural beliefs. This paper explores the "balancing belief and burden" within Somali traditional healing for mental health. Drawing on ethnographic research and a review of existing literature, the study examines both the therapeutic potential and potential risks associated with these practices. Findings highlight how Quranic recitation, herbal remedies, and social support offered by cilaajs can contribute to mental well-being. However, exploitative practices that target vulnerable individuals and cultural beliefs can exacerbate mental health challenges. The discussion emphasizes the need for ethical and culturally sensitive mental health interventions. Recommendations include training and collaboration between cilaajs and biomedicine professionals, community education initiatives, and the development of ethical guidelines for traditional healing practices. This paper contributes to a nuanced understanding of Somali traditional healing and flags the way for a more comprehensive mental health care system in Somalia.*

Keywords: Somali traditional healing, mental health, spiritual practices, exploitative practices, Mogadishu, cultural believe

1. Introduction

Mental health issues are a pressing global concern, and Somalia is no exception. Years of conflict and displacement have resulted in a population with elevated rates of trauma and mental illness. However, access to conventional mental health services can be constrained by factors such as limited understanding of mental health conditions, stigma, and cultural preferences. Consequently, many Somalis turn to traditional healers who utilize spiritual and herbal practices to address mental health challenges (Mohamed, A. H., Galea, S., & Fazel, M., 2022).

Traditional healing provides a culturally relevant and accessible option for many Somalis; however, navigating this space can be complex. Traditional practices span a spectrum, ranging from genuine belief systems aimed at healing to exploitative practices targeting vulnerable individuals and groups. This article aims to assess current mental health practices in Somalia, evaluating their effectiveness and the impact of traditional healers on mental health.

The concluding section provides recommendations for enhancing mental health services to better align with the needs of the Somali population. Through an exploration of the roles and capacities of traditional healers, this paper aims to comprehend their impact on mental health in Somalia.

1.1 Background

Mental health is a global concern, with a primary objective of ensuring universal access to adequate mental health care and

promoting dignity for all individuals, regardless of their location. Closing the treatment gap and advocating for the rights of people with mental illness are central objectives of initiatives such as the Movement for Global Mental Health. Addressing these disparities is crucial for enhancing mental health outcomes on a global scale (Revankar, 2023).

In African countries, traditional healers have an essential role in mental health care, especially where there is a lack of biomedical treatment and knowledge about mental health. For instance, studies in Uganda show that traditional healers use local terms for conditions that modern psychiatry would classify as psychotic disorders, attributing mental illness to supernatural, spiritual, and physical causes. Many people with mental health issues seek help from both traditional healers and biomedical professionals. Factors like poverty and food insecurity often accompany mental illness, making recovery more challenging. (Abbo – 2011)

Different cultures have varied beliefs about the causes of mental illness. In some cultures, it is seen as a result of bad deeds or the influence of evil spirits. Spiritual or religious treatments are often used, which can sometimes help but also may reinforce delusions.

In Somalia, traditional healers play a vital role in mental health care, often serving as the initial and sometimes sole source of assistance for individuals with mental illnesses, who attribute their conditions to supernatural forces such as jinn or evil spirits (Ahmed, 2021). Enhancing mental health care in Somalia necessitates a comprehensive understanding of the

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contributions of both traditional healers and contemporary health professionals.

Mental health disorders are a widespread global concern, with the World Health Organization (WHO) reporting that approximately one in four individuals will experience a mental health disorder during their lifetime, and one in ten will be affected by such a disorder at any given time. These conditions, encompassing depression, anxiety, bipolar disorder, eating disorders, schizophrenia, intellectual developmental disabilities, and substance use disorders, impact an estimated 1.1 billion people worldwide (WHO, 2001).

In Somalia, there is a notably elevated prevalence of mental health disorders, affecting approximately one in three individuals. This heightened incidence is influenced by several factors such as prolonged insecurity, the psychological impacts of war, economic hardship, high unemployment rates, and substance misuse. Despite the substantial demand for services, mental health care in Somalia remains critically insufficient. With a population of 11 million, the country faces a shortage of psychiatrists and limited availability of mental health services at the primary healthcare level (WHO, February 2011).

It is mainly the early stage, mild - to - moderate form of mental health care issues that are the domain of traditional healers. The reason that lies behind this phenomenon has been disclosed as a diverse and mixed economic, social, and cultural dimension of traditional healers based locally and kinship. Somali traditional healers advocate their spiritual and natural methods of cure using Quran clippings, and the resulting water when the ink of clippings is mixed with water, which is thought of as the natural method of spiritual cleansing and cure rather than chemical drugs and substances. (Abbo C.2011).

They are social institutions embedded in communities and entities used by many livings there. Their unique forms of practice should be thought of as they reflect a diverse form of commune laws, norms, etiquette, and other legal orders being a reflection and source of heritage, social and cultural capital, conventions, principles, and customs. Such cultural capital has been widely neglected, considered homogeneous, and/or rejected by international, national, as well as local decision - makers. Why does such a rejection and reluctance have to have another appreciation when traditional healing is found to realize the same goal of mental health care? (Little, n. d.).

In Mogadishu and much of Somalia, particularly in the South - central Zone, difficult living conditions over many years have contributed to a high incidence of mental health issues. Decades of civil conflict have resulted in widespread destruction of essential infrastructure such as schools, healthcare facilities, and safe living environments. Consequently, significant funding has been allocated by international humanitarian organizations for mental health interventions, with many initiatives bypassing traditional or indigenous mental health care services. Despite efforts to establish mental health care services based on international and national guidelines, traditional mental health care remains the initial and often sole recourse for the vast majority of

individuals grappling with mental health challenges. For some with less severe psychiatric diagnoses, traditional services may be the only available option (Ibrahim et al., 2022).

1.2 Problem Statement

Despite offering a culturally relevant and accessible option for many Somalis seeking mental health support, traditional healing practices present a complex landscape. The core challenge lies in the spectrum of practices employed by traditional healers. This spectrum ranges from beneficial approaches grounded in genuine belief systems to potentially harmful and exploitative practices that prey on vulnerable individuals. This research aims to address the limited understanding of the therapeutic potential of traditional healing practices: While the cultural significance of traditional healing is recognized, a comprehensive understanding of its effectiveness in addressing mental health concerns is lacking vulnerable individuals experiencing mental distress are susceptible to, difficulty in navigating the traditional healing landscape: The lack of clear differentiation between legitimate and exploitative practices makes it challenging for individuals to seek effective and safe help.

1.3 Objective

1.3.1 General Objectives

The general objective of the study was to investigate the balancing belief and burden: a comparative analysis of spiritual and exploitative practices in Somali traditional healing for mental health (case study Mogadishu areas)

1.3.2 Specific Objectives

- 1) To investigate the roles, methods, and impacts of traditional healers on mental health patients in Mogadishu and distinguish between the spiritual and exploitative practices employed by traditional healers
- 2) To explore the reasons behind the reliance on traditional healers and the cultural significance of their practices and Gather insights into how mental illness is perceived and addressed within the Somali community.
- 3) To provide policy recommendations to improve regulation, public education, and the integration of traditional and modern mental health care approaches.

1.3.3 Research Questions

- 1) What roles and methods do traditional healers use in treating mental health issues and the impact of these practices on clients in Mogadishu?
- 2) Why do people in Mogadishu rely on traditional healers for mental health treatment?
- 3) What are the current gaps in regulation and oversight of traditional healing practices?

2. Literature review

2.1 Introduction

Somalia faces a significant burden of mental health concerns. Years of conflict and displacement have taken a heavy toll, with studies suggesting high rates of trauma and mental illness (Salad et al., 2023). However, access to conventional

Western - style mental health services is restricted by factors such as insufficient understanding, stigma, and cultural preferences. As a result, many Somalis turn to traditional healers, who are integral to the social fabric and provide culturally appropriate approaches to mental health care (Bentley & Wilson Owens, n. d.).

2.2 Theoretical Framework

2.2.1 Theory of Therapeutic Narratives

Arthur Kleinman's theory proposes that illness narratives are essential for healing processes. It can be utilized to comprehend how the narratives exchanged between patients and traditional healers during treatment contribute to the perceived efficacy of traditional healing methods (Kleinman, 1988).

2.3 The legitimate Ruqyah (spiritual healing) consists of three elements:

2.3.1 Ruqyah (الرقية الشرعية).

The history of ruqyah is one of the oldest treatment methods on earth (Afifuddin & Nooraini, 2016). With the arrival of Islam, this method was adapted to the breath and procedures according to the Shari'a (Nurdeng, 2010).

Ruqyah is a prayer therapy employed for targeted treatments, incorporating specific readings from the Qur'an and the hadith of the Prophet Muhammad (SAW) (Abdullah Al - Rowais et al., 2012). It is a spiritual healing practice that parallels other religious rituals such as prayer and remembrance (Afifuddin & Nooraini, 2016). Ruqyah therapy uses verses from the Qur'an and teachings from the hadith as a means to address diverse mental disorders.

The study, "The Ruqyah Syar'iyah Spiritual Method as an Alternative for Depression Treatment, " has revealed that Ruqyah Syar'iyah treatment methods can be used as an alternative treatment to provide relief for mental health ailments, particularly depression. The results show a significant interrelation between religious activity (Ruqyah Syar'iyah) and internal and spiritual elements. Consequently, the development of spiritual elements through the stimulation of the religious element has been recognized as effective for therapeutic purposes by previous studies.

2.3.2 Requirements of valid legitimate Ruqyah.

It should be with the words of Allah, or with His names and attributes, or with what is narrated from the Prophet (peace be upon him).

Sheikh al - Islam Ibn Taymiyyah stipulated that it should be in the Arabic language and with known meanings: Any unknown name should not be used for Ruqyah, let alone for supplication, even if its meaning is known because it is disliked to supplicate in a language other than Arabic unless the person is unable to speak Arabic. Using non - Arabic terms as a standard is not part of Islam. It should be believed that the Ruqyah does not have an effect by itself but by the decree of Allah the Exalted.

If these three conditions are met in the Ruqyah, it is considered legitimate Ruqyah. The Prophet (peace be upon

him) said: "There is no harm in Ruqyah as long as it does not involve shirk (associating partners with Allah).

The most effective Ruqyah is the one performed by the person on themselves, contrary to the common practice among many people who seek out a reader, even if they are unlearned or a charlatan. " Narrated by Muslim"

Surah Al - Fatihah is one of the most beneficial Surahs to be recited over the sick due to its comprehensive expression of servitude to Allah, praise for Him, entrusting everything to Him, seeking His help, relying on Him, and asking for His encompassing blessings. Its effectiveness is evidenced by texts like the narration about its use for the stung person in "Sahih Bukhari".

When performing Ruqyah on a sick person, say: "In the name of Allah, I perform Ruqyah for you from everything that harms you, from the evil of every soul or envious eye. May Allah heal you, in the name of Allah, I perform Ruqyah for you. " Narrated by Muslim.

If one complains of pain in their body, they should place their hand on the spot of pain and say: "In the name of Allah" (three times), and then say (seven times): "I seek refuge in the might of Allah and His power from the evil of what I find and fear. " Narrated by Muslim. Legitimate Ruqyah is beneficial for protection against the evil eye, witchcraft, possession, and physical illnesses.

2.3.3 The Evil Eye.

The evil eye is real, as the Prophet (peace be upon him) said: "The evil eye is real, and if anything were to precede destiny, it would be the evil eye. " Narrated by Muslim. Aisha (may Allah be pleased with her) reported that the Prophet (peace be upon him) commanded or allowed the seeking of Ruqyah for the evil eye. Narrated by Bukhari.

The Prophet (peace be upon him) saw a girl in the house of Umm Salamah with a mark on her face and said: "Perform Ruqyah for her, for she has been afflicted by the evil eye. " Narrated by Bukhari.

If the person causing the evil eye is known, they should follow the Prophet's (peace be upon him) instructions. When 'Amir ibn Rabi'ah saw Sahl ibn Hunayf bathing, he exclaimed, "I have never seen such beautiful skin. " Sahl fell ill. The Prophet (peace be upon him) confronted 'Amir, asking, "Why would one of you kill his brother? Why did you not say, 'May Allah bless him'?" Then he ordered 'Amir to wash his face, hands, elbows, knees, and the inside of his lower garment in a vessel, and then pour that water over Sahl. Sahl recovered and joined the people. Narrated by Malik.

To protect against the evil eye, maintain regular morning and evening supplications, and rely on Allah.

Among the most effective means of protection from witchcraft and all evil are maintaining the morning and evening supplications, reciting Ayat al - Kursi, Surah Al - Ikhlas, and the last two Surahs (Al - Mu'awwidhatayn) after each prayer and before sleep, and reciting the last two verses of Surah Al - Baqarah every night (Dr Zakariya Sha'aban Al

- Kebsi – Ruqhyat Muslim from Sahih Al Bukhari and Muslim)

2.3.4 Witchcraft/Sihr.

In the Qur'an, Allah Almighty describes witchcraft as an illusion that deceives the eyes, causing them to perceive unreal things as real. It is said, "It was made to appear to him, by their magic, as if they were moving" (Surah Ta - Ha: 66). Another verse states, "They bewitched the eyes of the people and struck terror into them" (Surah Al - A'raf: 116). These verses indicate that magic can either be deceptive trickery or a hidden knowledge mastered by few and unknown to most, which is why its practice is referred to as magic.

According to the Hadith "Sihr was worked on the prophet. As a result, he started to imagine having done things he had not done. This is considered one of the worst types of witchcraft/sihr.

Regarding the treatment of witchcraft/Sihr there are two major ways if the place of incantation is found out it can be extracted and the effect of witchcraft/sihr will be foiled, if not the Ruyah treatment is an option.

2.4 Magic and its existence to reality

Scholars have differed on whether magic is real or merely illusion and trickery:

The majority of scholars from Ahl al - Sunnah wal - Jama'ah believe that magic has a real existence and effect.

The Mu'tazilites and some scholars from Ahl al - Sunnah believe that magic has no real existence in reality. Instead, they consider it to be deception, illusion, and a form of trickery.

According to them, it includes various types such as:

- Illusion and deception.
- Fortune - telling and soothsaying;
- Slander and spreading discord.
- Fraud and trickery.

2.5 The Dark Side of Tradition: A Tale of Harmful Mingis Practices.

Somali culture, rich in traditions and customs, has its unique social practices and beliefs. One such practice is "Mingis," a term used to describe the use of curses or spells to bring harm to others. While some view Mingis as a form of protection or justice, it is increasingly recognized as a harmful and ethically questionable practice. This case study explores the negative impacts of Mingis on individuals and communities within Somali society

Mingis refers to specific traditional healing practices in Somali culture, often involving rituals and the use of traditional knowledge to treat mental health issues

2.5.1 Case illustrated

Amina, a young mother of three children, had always respected the traditions passed down through generations. Her grandmother, a revered Mingis healer, often spoke of the spirits that influenced their lives. However, Amina's respect turned to fear when her youngest child, Ali, fell seriously ill.

His condition baffled modern doctors, and the village believed that malevolent spirits were to blame.

Desperate for a cure, Amina turned to the local Mingis practitioner, known as Wadi Hassan. He was an elder with deep knowledge of the spirit world, respected and feared in equal measure. Hassan diagnosed Ali with a curse, claiming that only a series of intense rituals could save him. The first of these rituals involved isolating Ali in a dark, windowless hut for seven days, allowing the spirits to reveal themselves and be appeased.

Amina watched helplessly as her son was taken away, his cries echoing in the stillness of the night. The villagers murmured in support, believing this was the only way to rid the child of the evil spirits. Each day, Hassan performed elaborate ceremonies outside the hut, chanting and burning herbs meant to cleanse the air of malevolence. As the days passed, Ali's condition worsened. Deprived of sunlight, proper nourishment, and medical care, his small body grew weaker. Amina's heart ached, torn between her faith in tradition and the visible suffering of her child. Her husband, Ibrahim, shared her doubts but feared the social repercussions of defying the revered healer.

On the seventh day, Hassan declared the spirits appeased and Ali was brought out. The villagers gathered, expecting to see a miraculous recovery. Instead, they were met with a sight that broke Amina's heart. Ali was frail, his eyes hollow, and his spirit seemingly broken. Hassan claimed that further rituals were needed, each more invasive than the last.

Amina could no longer bear the sight of her suffering child. She defied Hassan's orders and took Ali to a clinic in the nearby town. There, modern doctors diagnosed Ali with a severe infection that required immediate medical intervention. After weeks of care, Ali began to recover, but the ordeal left deep scars on the family.

The village was divided in its response. Some condemned Amina and Ibrahim for abandoning tradition, while others quietly supported their decision, questioning the efficacy and ethics of such harmful practices. The elders, including Hassan, stood firm in their beliefs, but the younger generation started to voice their concerns more openly.

Amina's story spread beyond the village, igniting a broader conversation about the harmful aspects of Mingis practices. Advocacy groups and healthcare professionals began to work with communities, respecting their traditions while promoting safer, more effective health interventions. Over time, the harmful practices of Mingis began to wane, replaced by a new understanding that combined respect for cultural heritage with the benefits of modern medicine.

In the quiet of their home, Amina and Ibrahim watched Ali play, grateful for his recovery. They knew the road ahead would be challenging, but their experience had given them the strength to seek a balance between tradition and progress, ensuring that the harmful shadows of Mingis would no longer dictate their lives.

2.5.2 Sheikh Rusheeye: A Controversial Figure in Somali Spiritual Healing

Sheikh Rusheeye is a prominent figure in Somalia, widely known for his practices in spiritual healing. He has gained significant recognition for his unique method of spraying water, claiming it can cure various ailments. His approach involves the use of Quran verses and what he asserts is holy water, appealing to individuals seeking spiritual remedies for their health issues. His influence extends beyond Somalia, as he has traveled extensively and established a significant presence in Turkey and Kenya.

Despite his popularity, Rusheeye's methods are highly controversial. He does not provide any real treatment; he simply sprays water on people, insisting it is blessed because he has performed ruqyah (Islamic spiritual healing) on it. In some cases, he accompanies individuals to their homes and performs optical illusions, such as pretending to pull out iron objects from their bodies or extracting hidden bags from their homes, which he claims are cursed objects. These acts are exploitative and fraudulent.

Many people who claim to have been healed by Rusheeye either had conditions like obsessive - compulsive disorder, convincing them they were cursed or had ailments where the period of suffering naturally passed. Through this study, we met three mentally ill patients who found no benefit from his practices. They were eventually referred to psychological and mental health centers, diagnosed properly, and are currently on medication.

Despite the evidence against his practices, Sheikh Rusheeye's fame in Somali society remains significant. He has a mix of supporters who fervently believe in his methods and ardent detractors who decry his exploitative practices. His continued influence highlights the deep cultural and spiritual complexities within the community, where traditional beliefs often intersect with modern medical understanding.

2.5.3 Exploitation Under the Guise of Spiritual Healing.

Nashaad, a 20 - year - old university fresh girl, began experiencing unexplained ulcers on various parts of her body during her first year. Concerned and confused, she sought help from her mother, who decided to take her to a traditional healer, a Sheikh, for treatment.

Upon arriving at the healer's location, Nashaad was distressed by the sight of people in chains and others screaming. The receptionist, familiar with her mother as a regular client, took them aside and informed the Sheikh of their visit. The Sheikh's assistant soon returned and instructed the mother to prepare Nashaad for the session. Seemingly accustomed to the process, the mother began tying pieces of cloth around Nashaad's little fingers and toes. Nashaad, feeling both anxious and ashamed, wanted to flee, but her mother insisted she stay.

When the Sheikh arrived, he asked Nashaad to sit facing the Qibla and began reciting verses from the Quran. Initially, nothing happened. Then, the Sheikh requested his assistant to bring some equipment. The assistant produced a box containing a small device resembling an air conditioning remote with long wires. The Sheikh instructed Nashaad to

hold the wires and continued his recitations. After about two minutes, Nashaad felt a sharp electric shock, causing her to jump and scream. She tried to remove the wires, but the Sheikh's assistants restrained her and kept the wires in place, with shocks recurring every minute.

The Sheikh then took out a can from the box and asked Nashaad to smell its contents. The can was filled with foul - smelling substances, causing Nashaad to recoil and protest. Despite her resistance, they forced her to inhale the fumes, nearly causing her to faint.

The session concluded with the Sheikh informing the mother that her daughter was possessed by a bad spirit due to her intelligence, academic success, and proficiency in domestic tasks. He suggested that envious neighbors had placed an evil eye on Nashaad. He charged \$300 for the session and advised the mother to bring Nashaad twice daily at sunrise and sunset for further treatments.

2.5.4 A night in a cage locked with Hyena

In Somalia, traditional healers sometimes lock individuals with mental illnesses in cages with hyenas, a practice rooted in the belief that these animals can drive out evil spirits or jinns causing the disorder. This stems from the cultural view that mental illnesses are spiritual afflictions rather than medical conditions.

The procedure is harrowing: individuals are placed in cages with hyenas for extended periods, enduring significant physical and psychological trauma. This practice highlights the severely harmful practices of traditional healers in Mogadishu.

Despite advancements in Mental health and modern methods to address mental health issues, along with the availability of psychological counseling, a large segment of Somali society remains isolated from the culture of psychology. This isolation exposes many individuals to fraud and exploitation. This study aims to uncover some of the traditional practices that exploit vulnerable individuals and hinder access to effective mental health care.

3. Methodology

To effectively analyze the "balancing belief and burden" within Somali traditional healing for mental health, this paper will employ a multi - pronged methodological approach. Here's a breakdown of the key methods:

3.1 Ethnographic Research

This qualitative method will involve immersing ourselves in the field, observing traditional healing practices first - hand, and conducting in - depth interviews with:

- Understanding their perspectives on mental health, treatment approaches, and ethical considerations.
- Gaining insights into their experiences, the perceived benefits and risks, and factors influencing their choice of traditional healers.
- Exploring their perspectives on traditional healing and potential areas for collaboration.

3.2 Data collection methods

Participant observation, Observing traditional healing consultations and rituals with informed consent from participants.

3.3 Review of Existing Literature

A comprehensive review of relevant academic literature, reports from Somali health organizations, and anthropological studies on Somali traditional healing practices. This will provide a strong foundation for understanding the existing knowledge base and identify potential gaps.

3.4 Ethical Considerations

Obtaining informed consent from all participants. Maintaining confidentiality and anonymity to protect the privacy of participants. Building trust and rapport with the Somali community through culturally sensitive research practices.

3.5 Data Analysis

Data from the literature review will be integrated thematically to build a comprehensive understanding.

3.6 Expected Outcomes:

A nuanced understanding of the therapeutic and potentially harmful aspects of Somali traditional healing practices for mental health.

Identification of factors contributing to exploitation and risk within traditional healing practices.

Recommendations for promoting ethical and culturally sensitive mental health interventions that integrate the strengths of both traditional and biomedical approaches.

This methodology allows for a comprehensive exploration of the complex relationship between belief and burden in Somali traditional healing.

4. Findings and Discussion

This section will present the key findings from the research on Somali traditional healing for mental health, drawing on the data collected through ethnographic research and literature review.

4.1 Findings on Therapeutic Practices:

Somali traditional healing offers a diverse range of practices for addressing mental health concerns. These practices are deeply rooted in cultural beliefs and often hold significant meaning for both healers (cilaaj) and patients.

4.2 Quranic Recitation and Rituals.

4.2.1 Cultural Significance

Islam plays a central role in Somali life, and the Quran is believed to possess healing properties. Recitation of specific verses is often used to calm the mind, expel negative spirits (jinn), and promote spiritual well-being.

4.2.2 Patient Perspective.

When I felt overwhelmed by anxiety, my mother took me to a cilaaj who recited calming verses from the Quran. It felt very peaceful, and I slept soundly that night. "

4.2.3 Spiritual Healer Perspective.

Many people come to me seeking spiritual guidance and solace. The Quran provides comfort and strength, reminding them of Allah's mercy. " (Shiekh Ahmed)

Finding A

4.3 Herbal Remedies.

4.3.1 Cultural Significance.

In Somalia, there is a strong cultural inclination toward the use of natural herbs for treating various ailments. This preference is deeply rooted in tradition and the historical reliance on natural remedies. Many Somalis believe that these herbs possess healing properties that are often superior to conventional medical treatments provided by doctors. However, these herbal medicines are not subject to the rigorous scientific scrutiny that modern pharmaceuticals undergo, meaning their benefits and risks have not been proven.

Professor Maria João Cardoso, who leads breast cancer surgery in Lisbon, Portugal, highlighted the risks associated with unverified herbal treatments. She emphasized the importance for doctors to be vigilant and inquire about additional medications used by cancer patients. Cardoso cautioned that natural remedies derived from plants could potentially interact negatively with modern medications, potentially impeding recovery and causing adverse effects. She specifically noted concerns regarding certain herbal remedies such as garlic, ginger, and turmeric, which may not be suitable for managing conditions like ulcers in breast cancer patients. Cardoso advised patients to discuss alternative treatments with their healthcare providers, especially as they manage disease progression (Professor Maria João Cardoso, head of breast cancer surgery in Lisbon, Portugal, BBC Somalia, 15 November 2019).

Many patients in Somalia turn to doctors only after experiencing failure with herbal treatments, which can delay proper medical care and worsen conditions. Bridging the gap between traditional and modern medicine through public education about the importance of seeking professional medical advice is crucial for improving healthcare outcomes.

4.3.2 Patient Perspective

Patient 1: "Herbal medicine is prescribed by educated religious scholars, and the Prophet used it for treatment. You can understand why people in the countryside are healthy

while those in the city are queued in hospitals; city dwellers are addicted to the drugs hospitals prescribe. "

Patient 2: "I always seek support from both medical doctors and herbalists. Sometimes, I use their prescriptions together because I believe both are very important for my health and my children. I use herbalist medicine to cure diseases resulting from witchcraft/Sihir, the evil eye, and envy. I go to the doctor when I need tests. "

Patients in Somalia often prefer natural herbs due to tradition, perceived safety, accessibility, and cost. However, this reliance can delay seeking medical care, worsening conditions and causing potential interactions with prescribed medications.

4.3.3 Healer Perspective

One traditional healer in Somalia expressed a common sentiment: "We are respected for our knowledge of herbal medicine, which is a vital part of our cultural and religious heritage. Our treatments don't need scientific validation; they are rooted in the beginning of creation. How do you think people were treated before doctors and hospitals? We believe modern medicines are just harmful chemicals. Treatment with natural herbs dates back to the time of the Prophet Muhammad, peace and blessings be upon him, who recommended this practice. How can we deny a medicine produced by God and described by the Messenger, and instead trust chemicals mixed by humans and prescribed by another human being?"

4.3.4 Healer Perspective.

Healing is not just about treating the individual, but also strengthening their social connections. Community involvement helps people feel supported and accountable for their well-being. "

4.4 Finding B

4.4.1 Exploitative Practices in Somali Traditional Healing.

Despite the potential benefits of spiritual healing, there is a concerning presence of exploitative practices that prey on vulnerable individuals. These practices can exacerbate mental health problems and cause further harm.

4.4.2 Characteristics of Exploitative Practices.

Exaggerated claims:

Ruthless healers may create false diagnoses to make patients desperate for their treatment and make unrealistic promises of cures or quick fixes, preying on the desperation of individuals seeking help.

Excessive costs:

Healers might demand exorbitant fees for ritual treatments, placing a financial burden on already struggling families.

Isolation from family and support systems.

Some healers may isolate patients from their loved ones, fostering dependence and potentially manipulating them by instilling fear that their loved ones will perish if they abandon

the healing practice or seek alternative treatment from medical doctors.

Harmful rituals.

Practices that involve physical harm, such as harsh beatings or forced confinement, as well as the prescription of scientifically unverified herbal treatments, can exacerbate trauma and worsen both mental and physical health

4.5 Vulnerability Framework:

The vulnerability framework helps us understand why individuals might be susceptible to exploitation. Here are some key factors:

4.5.1 Limited access to alternative knowledge and services about mental health:

In Somalia, the understanding of mental health is largely shaped by beliefs in supernatural causes like witchcraft (Sihip), the evil eye, or spirit possession by Jinn. This cultural framework limits awareness and access to professional mental health services.

As a result, there's a severe shortage of trained mental health professionals, facilities, and community support networks. Many people with mental health issues may not receive timely diagnosis or appropriate treatment. Instead, they often seek help from traditional healers who are seen as having expertise in addressing spiritual causes of distress.

4.5.2 The stigma surrounding mental illness

In Somalia, many people believe mental health issues are signs of weakness or spiritual problems, not medical conditions. This belief makes it hard for people to talk about their symptoms or get help from doctors. They worry about being judged or treated badly by others, so they often turn to traditional healers instead. These healers understand the cultural and spiritual aspects of mental distress.

This stigma means people often wait too long to get the right diagnosis and treatment from doctors. It keeps mental health problems hidden and makes people think traditional healers are the only answer. Educating people and offering sensitive mental health care can help break this cycle and support better mental health for everyone in Somalia.

4.5.3 Strong cultural beliefs in the power of traditional healing

In Somalia, strong cultural beliefs in traditional healing often lead people to trust healers unquestioningly, even when these healers may engage in exploitative practices. This deep faith in traditional methods can prevent individuals from questioning or seeking alternatives, despite potential risks involved.

5. Discussion

The practice of traditional healing in Somalia presents a complex landscape influenced by cultural traditions, beliefs, and access to biomedical services. While traditional healing holds significant cultural and historical value, it also intersects with various challenges and ethical considerations.

One of the prominent issues highlighted is the presence of exploitative practices within traditional healing. Practices such as exaggerated claims of cure, excessive costs, isolation from support networks, and harmful rituals can exacerbate vulnerabilities among patients, particularly in contexts where access to alternative mental health services is limited. These practices not only pose risks to physical and mental health but also perpetuate dependency on traditional healers, hindering individuals from seeking evidence-based biomedical treatments.

Somali traditional healing presents a complex landscape where cultural beliefs and practices can offer both potential benefits and significant risks for mental health. Striking a balance between these two sides is crucial for ensuring ethical and effective mental healthcare.

5.1 Tension Between Benefits and Risks:

Therapeutic Value vs. Exploitation: Legitimate Islamic ruqyah is a respected and therapeutic spiritual practice that involves praying for the sick and reciting verses from the Quran to seek healing. This process includes emotional support and guidance towards appropriate medical treatment. As mentioned in the Holy Quran, "If you don't know, ask those who know." True Muslim sheiks and scholars encourage patients to seek medical treatment while also praying for their recovery. They emphasize that the most beneficial and effective ruqyah is the one performed by the person themselves, as supported by religious texts. This personal ruqyah fosters sincere devotion to God, praises Him, seeks His help, and trusts in His blessings. Surah Al-Fatihah, in particular, is considered highly beneficial to recite for the sick due to its profound spiritual significance.

Conversely, some healers exploit the trust and desperation of patients. These exploitative healers are known for quickly diagnosing patients without proper evaluation and demanding money or valuable goods, such as gold or livestock, in exchange for their services. They may also isolate patients from their families, increasing their dependency and susceptibility to manipulation. Instead of using recognized Quranic verses, these healers often recite words from unknown sources, further deviating from legitimate practices.

Cultural Significance vs. Stigma: Traditional healing rituals in Somalia hold deep cultural significance. They can be empowering, providing individuals with a sense of belonging and spiritual support. These rituals are often integral to community identity and cultural continuity, fostering social cohesion and emotional reassurance.

However, the stigma associated with mental illness presents a significant barrier to accessing formal biomedical support. Many individuals fear judgment or ostracization if they seek help from medical professionals. This stigma can lead them to turn to traditional healers as a culturally accepted alternative, even when biomedical treatments might be more effective.

5.2 Vulnerability and Cultural Beliefs

In Somalia, cultural beliefs play a significant role in shaping perceptions of health and illness. Strong faith in traditional healing practices often influences individuals to rely on traditional healers for their health needs. These cultural beliefs, while providing a sense of identity and continuity, can also create vulnerabilities.

Many Somalis view mental illness through a cultural lens, attributing symptoms to supernatural causes such as witchcraft, the evil eye, or possession by spirits. This perspective can lead individuals to seek help from traditional healers rather than biomedical professionals, often delaying effective treatment. The limited access to mental health education and services further compounds this vulnerability, as people may not be aware of or able to access alternative treatment options.

Moreover, the strong cultural beliefs in traditional healing can make individuals susceptible to exploitative practices by unscrupulous healers. These healers may take advantage of patients' desperation, charging excessive fees and providing unproven treatments, which can worsen the patient's condition and financial situation.

6. Recommendations for Ethical and Culturally Sensitive Mental Health Interventions

The following recommendations aim to bridge the gap between traditional healing practices and biomedical interventions, fostering a healthcare environment that is both culturally sensitive and capable of providing comprehensive support. These strategies are designed to improve mental health literacy, enhance access to services, and ensure that traditional and biomedical practices work together harmoniously:

6.1 Community Education and Awareness

- Launch educational campaigns to raise awareness about mental health issues, their symptoms, and the benefits of seeking professional help.
- Utilize local leaders and respected figures to disseminate information, reducing stigma and promoting understanding.
- Encourage collaboration between traditional healers and biomedical professionals to create a holistic approach to mental health care.

6.2 Encouraging Self - Ruqyah

- Promote the practice of self - ruqyah, where individuals recite Quranic verses for their healing, empowering them and reducing dependency on potentially exploitative healers.
- Educate the community about the benefits and proper methods of self - ruqyah, emphasizing its spiritual and psychological value.

6.3 Mental Health Literacy Programs.

- Develop and distribute educational materials that explain mental health in simple, relatable terms.
- Use local languages and culturally relevant examples to make the information accessible to all community members.
- Increase the availability of mental health services in rural and underserved areas, making it easier for individuals to access care.
- Establish mobile clinics and telehealth services to reach remote communities.

6.4 Regulation and Oversight of Traditional Healing Practices.

- Implement regulations to monitor and control exploitative practices by traditional healers.
- Establish a certification system for traditional healers who adhere to ethical standards, ensuring they provide safe and beneficial care.
- Regularly evaluate mental health programs to ensure they meet the needs of the community and respect cultural practices

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