



# Aethiopia 16 (2013)

International Journal of Ethiopian and  
Eritrean Studies

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## Review

PINO SCHIRRIPA (ed.), *Health System, Sickness and Social Suffering in  
Mekelle (Tigray – Ethiopia)*

Aethiopia 16 (2013), 291–295

ISSN: 2194–4024

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Edited in the Asien-Afrika-Institut  
Hiob Ludolf Zentrum für Äthiopistik  
der Universität Hamburg  
Abteilung für Afrikanistik und Äthiopistik

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The topic presented in this book is also of relevance to the present. In Ethiopia today, efforts can be observed that acknowledge and give space to local ways of solving conflicts and establishing peace at least in certain areas of justice. As stated in a recent study by the Ethiopian Arbitration and Conciliation Center in Addis Abāba, customary dispute resolution mechanisms have remained operative in many parts of Ethiopia, not only in rural but also in urban areas. In some regional states, they run alongside the official state law, and are actually more influential and effective than the formal legal system.<sup>1</sup> Such studies may contribute to a greater recognition and preservation of traditional ways of resolving disputes.

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PINO SCHIRRIPIA (ed.), *Health System, Sickness and Social Suffering in Mekelle (Tigray – Ethiopia)*, Berlin: Lit Verlag, 2010. 147 pp. Price: € 29.90. ISBN: 978–3–643–10952–1.

Since 2007 Pino Schirripa (Professor of Cultural Anthropology at Sapienza University of Rome) has been leading an ethnographic project on health, sickness and social suffering in Təgray (Ethiopia). His research team, originally made up of only three students working on their master theses, has continuously risen every year, reaching a number of 15 members. Within the general research objectives, each student selected peculiar areas of interest, including risk perception, delivery, agency and prostitution.

Seminars and lectures were organised in Mäqälä in 2008 and 2009 to disseminate the first results of this survey. More recently, at a conference titled “Politiche, salute, migrazioni: studi sul Corno d’Africa” (“Policies, health, migrations: studies on the Horn of Africa”), which took place in Rome in June 2012, a large part of the young anthropologists who joined Prof. Schirripa in Ethiopia had the opportunity to present and discuss their work.

Nevertheless, it is only with the publication of *Health System, Sickness and Social Suffering in Mekelle (Tigray – Ethiopia)* in 2010, that some of these studies could finally reach a wider audience and readership.

The volume – which develops the contents of the seminar held in Mäqälä in 2008 – opens with a general introduction, compiled by the editor, and includes three essays written by Alessia Villanucci, Emanuele Bruni and Aurora Massa, the very first collaborators of the research team.

<sup>1</sup> ገብሬ ይንቲሶ – ፈቃድ አዘዘ – አሰፋ ፍሰሃ (አዳኞች), GEBRE YNTISO – FEKADE AZEZE – ASSEFA FISEHA (eds.), ባህላዊ የግጭት መፍቻ በኢትዮጵያ – *Customary Dispute Resolution in Ethiopia*, አዲስ አበባ ፤ የኢትዮጵያ የግልግል ዳኝነት የማስማማትና ዕርቅ ማዕከል – Addis Ababa: The Ethiopian Arbitration and Conciliation Center, 2012, p. 18.

In his introductory chapter, Pino Schirripa outlines the theoretical and methodological framework of the survey whose findings are discussed in detail in the book.

Moving away from the definition of the medical system as “any set of conceptualizations and practices referring to health problems” (p. 16), the author observes that the recent debate in medical anthropology has paid much attention to the so-called plural medical systems, in which different therapeutic traditions co-exist and influence each other.

By exploring the suggestions contained in several works of renowned anthropologists (Dozon, Byron Good, Augé), Schirripa’s text provides an insightful look into three peculiar issues: the polyhedric nature of local nosological systems, the multiple factors influencing health seeking behaviours, and finally the link between inequalities and social suffering.

On the one hand inner coherence of indigenous nosological systems has been widely documented by a rich ethnographic literature, while on the other hand related polysemous features of the conceptualisations of illness have not always been adequately addressed and discussed.

Concerning the so-called health seeking behaviours, the studies undertaken from the seminal work of Kleinman, *Patients and Healers in the Context of Culture*<sup>1</sup>, demonstrate that there are no fixed patterns of behaviours in the individual search for a cure. On their paths to recovery, patients are not only passive receivers of cure and treatments, but express their agency and make choices, almost always supported by their family group.

The final considerations proposed by Pino Schirripa concern the relationship between the biological and the social order, with respect to disease and suffering.

From an anthropological perspective sickness is viewed a cultural and not natural construct, social suffering – the focus of the medical anthropological discourse of the last years – must be analysed as a complex phenomenon moulded by historical processes and social forces.

Within the theoretical framework sketched by Schirripa in the article “Traditional healers in the context of health care”, Alessia Villanucci suggests classifying the therapeutic and healing resources available in Māqälā into three macro-categories, which are constantly inter-related: biomedical resources (pharmacies, drugs shops, clinics and hospitals), religious resources (including the healing services provided by the Ethiopian Orthodox Church) and finally traditional resources (*bahlawi hakim*).

<sup>1</sup> A. KLEINMAN, *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine and Psychiatry* = Comparative Studies of Health System and Medical Care 3, Berkeley, CA: University of California Press, 1980.

Villanucci takes an interesting look at the institutional policies of regulation of traditional medicine, starting from a historical perspective, and reviews the strategies promoted by the *Därg*, including processes of institutionalisation of traditional medical practices (research committees, training and registration of healers, etc.), which were actually never implemented. Moving from the *Därg*'s ambiguous attitude towards traditional medicine to the present situation, the author acknowledges that there is not yet any form of regulation of traditional medicine in Təgray, even if a draft bill concerning the professionalisation of traditional healers is said to be in preparation.

The conclusive part of Villanucci's contribution focuses on the various associations of healers operating in Təgray. Even if they are recognized as professional associations by the Təgray Regional Justice Bureau – which enables them to get licences – the same Bureau does not directly recognize the healers who are members of the associations. As a consequence they are not integrated into the national health system.

Villanucci's analysis of the legitimisation strategies of Təgray's healers associations sheds light on a topic still scarcely documented within the literature concerning the professionalisation of traditional medicine in Ethiopia.

The nosological categories of the Ethiopian medical system are the topic of Emanuele Bruni's essay ("Traditional nosologies and vernacularization of biomedicine"), which is centred, in its first part, on the models of nosological classification adopted by Norbert Vecchiato, Jan Slikkerveer, Allan Young and, recently, Wondwosen Teshome.<sup>2</sup> Bruni highlights the aporias emerging from the classifications suggested by Slikkerveer and Vecchiato, probably due to the influence of Foster's distinction between personalistic versus naturalistic causes of disease. Still too dependent on the prevalent use of aetiological criteria is the subtler dichotomy by Allan Young between internalising and externalising medical systems, the first ones mainly related to the idea that disease is caused by intentional agents while the second ones are concerned with a physiological explanation of illness.

Emanuele Bruni appreciates Wondwosen Teshome's attempt to take into consideration other parameters of classification – such as local perceptions of the efficacy of healing practices or local modalities of naming sickness –, but he is not completely satisfied by his explanatory model.

<sup>2</sup> N.L. VECCHIATO, "Traditional Medicine", in: H. KLOOS – E.Z. ZEIN (eds.), *The Ecology of Health and Disease in Ethiopia*, Boulder, CO: Westview Press, 1993, pp. 157–178; L.J. SLIKKERVEER, *Plural Medical Systems in the Horn of Africa: The Legacy of "Sheikh" Hippocrates* = Monographs from the Africa Studies Center, Leiden, London: Kegan Paul International, 1990; A. YOUNG, "Internalizing and Externalizing Medical Belief Systems: An Ethiopian Example", *Social Science & Medicine* 10/3–4, 1976, pp. 147–156; WONDWOSEN TESHOME, *Medical Pluralism in Ethiopia* = Berichte aus der Medizin, Aachen: Shaker Verlag, 2006.

Therefore, on the basis of the nosologies collected during his five-month fieldwork in Mäqälä, the author builds a frame of reference for the classification of Ethiopian local nosologies by identifying four axes of interpretation: the first aetiological, the second descriptive, the third concerning inner logics and finally the personal one.

The first axis involves the identification of the causes of the illness from the local point of view (e.g. an excessive exposure to the sun is supposed to cause an ailment known as *məčč*), while the descriptive axis refers to the localisation of the illness (e.g. *kulalit həman*, lit. disease of the kidney). The third parameter concerns the local ideas on curing and healing, such as the distinction between “external” and “internal” diseases. According to this view, biomedicine may be deleterious if used to contrast some “external” ailments since it does not recognize the pathological agents which are actually responsible, such as *buda*.

The last axis identified by Bruni is the personal one, which is related to the supposed connection between disease and specific factors like gender, age, social status etc. A disease known as *madiyat* – which causes black spots on the face – is commonly perceived as the illness of poor people, women and from an emic point of view, it is connected with family problems, worries, frustrations.

In the last contribution of the book, “Health care seeking behaviours and sickness management”, Aurora Massa presents four illness stories gathered through interviews and informal conversations with sick people and their families during her ethnographic fieldwork in Mäqälä.

Discussing the data of her research, the author tries to define the health care seeking behaviours of people living in the town, underlining how long, heterogeneous, and apparently incoherent these paths for reaching health may be.

The second case study examined by the anthropologist – the long pathway of Şägga and Mulu, a mother and her young daughter, the last suffering from serious burns caused by a casual accident – illustrates crucial aspects concerning the way sickness is experienced and managed. Şägga starts and stops different cures for her daughter. She is influenced by the advice and suggestions of people she meets on the streets and she is frightened by the remedies used on her daughter’s burns at the health centre. The hesitating path of Şägga to find a cure for Mulu allows Massa to point out the difficulties of the therapeutic communication and interaction between biomedical practitioners and their patients, whose languages and models are often different and distant.

The last story discussed in Massa’s article concerns Rawha – a woman forced to move from Eritrea to Təgray during the Ethio-Eritrean conflict.

Few years after the migration Rawha loses her husband, whose sickness and death, according to her, are the consequences of the violence and the injustice he suffered. Also Rawha gets ill, looks for treatment in a private clinic to recover rapidly and keep working in order to pay the school for her daughters.

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But unfortunately her health conditions do not improve and without money she is obliged to ask her children to abandon their studies. In Rawha's story – as Aurora Massa notes – the social and economic inequalities impress their signs on the bodies of the people (Rawha, her husband), by means of disease: historical, political and social events are incorporated and embodied as biological events.

Aurora Massa's contribution depicts a complex panorama where a sick person's search for diagnosis, sense and treatment is unpredictable and never fixed, but always influenced by personal, social, economic conditions, structural factors, infinite contingencies.

In conclusion, the volume edited by Pino Schirripa represents an accurate and useful addition to the body of work on the Ethiopian health system and traditional medical knowledge. Even if some sections might have benefited from a more stringent proofreading (occasional typographical and spelling errors are present) and maybe also from the use of a more academic transliteration system, the book is very informative and raises a number of issues that have been and still are central to medical anthropological debates. Moreover each contribution draws upon well-documented sources and valuable ethnographic data. I sincerely hope that also the investigations carried out by Schirripa and his group in Mäqälä in the last few years – which I came to know during the already mentioned conference in Rome last year – may soon find expression in a new publication.

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GÜNTHER SCHLEE with ABDULLAHI A. SHONGOLO, *Islam & Ethnicity in Northern Kenya & Southern Ethiopia* = Eastern Africa Series, Woodbridge, Suffolk: James Currey – Rochester, NY: Boydell & Brewer Inc., 2012. lx + 186 pp., Hardcover. Price: GB-£ 40.00. ISBN: 978-1-84701-046-9.

A cooperation of scholars from the northern hemisphere with counterparts from Africa is always appreciated in cultural anthropology. Günther Schlee, who can look back on a continuity of research in northern Kenya of 38 years, invited the local Boran scholar Abdullahi A. Shongolo from Moyale to contribute to this book under review. The beginning of the collaboration of the two authors dates back to the early 1990s.

The title of the book highlights Islam and ethnicity as key words for its contents, although numerous other topics such as socio-economic patterns and questions of culture history are debated. The field studies providing the results were not only long-term, but also multi-sited among different ethnic groups of northern Kenya, particularly Rendille, Gabra, Boran (Boorana-Oromo), Sakuye, Garre and Somali. As the territories of some of these groups extend to