ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

COLLEGE OF HEALTH SCIENCES

FACULTY OF MEDICINE

DEPARTMENT OF PSYCHIATRY

CLINICAL PSYCHOLOGY PPROGRAM

M.S.c Thesis

On

The Practice of Holy Water Therapy for Mental Disorders and other Conditions: at St. Michael Church Addis Ababa, Ethiopia

By

Zelalem Tadesse Desta (GSR/2420/08)

Advisor: Dr. Claire Pain

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January, 2018

Addis Ababa, Ethiopia

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A Thesis Submitted to the School Of Graduate Studies of Addis Ababa University in Partial Fulfillment of the Requirements for the Degree of Master of Science in Clinical Psychology

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Approved by Board of examiners

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Advisor	Signature
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Advisor	Signature
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Examiner	Signature

Dedication

This thesis is dedicated for all who supported me along the way in completing my education

Acknowledgment

I am deeply thankful to my advisors, Dr. Claire Pain, Dr. Binyam Worku, Dr. Mathlob Khan for their patience Guidance and advice throughout this study. It's a privilege to learn under their instruction.

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Acronyms and Abbreviations

DSM Diagnostic and statistics Manual of Mental Disorders

EOTC Ethiopian Orthodox Tewahedo Church

FDRE Federal Democratic Republic Ethiopia

WHO World Health Organization

FMOH Federal Ministry of Health

Glossary of Local Terms

Abba: Title used in Ethiopia Orthodox church to refer to a monk

Astemami: Attendants found in tsebel

Atmaqi: The priest presiding over exorcism at tsebel

Balazar: Spirit diviners

Debtera: Religious diviner in Ethiopia Orthodox Church and also scholars and servants of the tent tabernacle

Tsebel: Literally meaning Holy water

Tsebeltegna: One who has come for the tsebeltherapy

Abstract

Ethiopians tend to emphasize supernatural explanations for illness, especially in the case of mental illness. The most common indigenous therapy is the use of holy water. Despite some recent studies on indigenous therapy, there has been little exploration of the interface between mental health and religion in Ethiopia. Thus the primary purpose of this study is to systematically explore the process of holy water therapy for mental disorders at Shinkuru Michael one of the principal traditional therapy centers in the outskirts of Addis Ababa.

This research project used a descriptive study methodology, which is derived from and could be classified as a sub-branch of the qualitative approach. Non probability purposive sampling methods were used due to their appropriateness in dealing with sensitive issues related to mental illness. Data was collected from nine participants through in-depth interview, participant observation, and informal interview. Primary and secondary data collection methods were also used to gather additional data. All data were organized thematically and analyzed using thematic analysis.

The study found that the nature of tsebel therapy demands the individual's active involvement in fasting, prostration, Emnet (use of holy ash) and worship, for it to be effective. A wide variety of patients frequently made use of tsebel since it has a dual nature, being considered as an effective preventive measure and also as a cure, for mental illness and other diseases. Thus, based on the research, one can conclude that since the religious establishment plays a major role in the treatment of mental illness, there is a strong imperative for a certain amount of re-education, awareness raising and the promotion of cooperation among religious healers at tsebel/holy water sites, and mental health practitioners of every kind of health care system.

Chapter One

Introduction

1.1 Background of the study

"The concept mental illness is difficult to define, since what constitutes mental health changes over time. And so, the subject is shrouded in mystery, misconception, and misunderstanding" (Thompson, 2007).

Some of the major reasons that can be cited as contributing to this difficulty are as follows: 1). Health and illness are considered as being at to polar ends of a continuum, between which most of us are located (Scheid and Brown, 2010), 2). Disagreement among psychiatrists over the very existence of mental illness (Thompson, 2007), 3).Ethnocentric based studies done during the colonial era by which certain societies such as those of Asia and Africa were considered less developed than those of Europeans (Carothers, 1953).

The general definition the WHO (2001)proposed for mental illness is: "clinically significant conditions characterized by changes in thinking, mood or behavior associated with personal distress and impaired functioning." More specifically, however, there is emphasis on the suffering of disability or morbidity due to mental, neurological and substance use disorders, which can occur due to different factors like the genetic, biological and psychological make-up of individuals and adverse social factors (WHO, 2013a).

Conversely, its definition of mental health is "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2005). Mental disorders according to APA (2013) are usually associated with significant distress or disability in social, occupation, or other important activities.

Mental disorders are a growing global phenomenon that are associated with significant adverse social and financial costs (Kessler, Gaxiola, Alonso, Chatterji, Lee, Ormel, Ustun, & Wang, 2009; WHO, 2013a). The care for people with mental disorders is a growing public health concern due to their prevalence and the fact that they place a high emotional duty on individuals and their, families as well as society as a whole (Steel, Marnane, Iranpour, Chey, Jackson,

Patel,&Silove, 2014). According to the WHO (2008) over 450 million people are estimated to be suffering from mental illness worldwide.

Additionally, it may be noted, that people with mental disorders experience disproportionality higher rates of disability and mortality for example, people with major depression and schizophrenia have a 40%-60% greater chance of dying prematurely (WHO, 2013a). According to WHO (2013a) mental neurological, and substance use disorders accounted for 13% of the global burden of disease in the year 2004.

According to WHO (2013a) in low and middle income countries between 76%-85% of people with severe mental disorders receive no treatment for their disorders. In these countries the number of specialized and general health workers dealing with mental health is grossly insufficient (WHO, 2013). Generally, modern health care systems have not yet adequately responded to the burden of mental disorders in these countries, as a consequence, the gap between the need for treatment and its provision is significant worldwide (WHO,2013a). Consequently, in Ethiopia people with mental disorders continue to rely almost exclusively on indigenous healing interventions such as holy water and spirit mediums (Kassaye, 2006).

My interest in this topic was first kindled when visiting St. Michael Church, which is located on the edge of Addis Ababa, beyond the Virgin Mary Church at Entoto. By coincidence, I met a patient with epilepsy, who was on his way to St. Michael's holy water site to seek healing. I soon learned that the Archangel Michael's holy water site was unlike other holy water places in Addis Ababa, in that it does not have Church appointed attendants (*Atmaqi*). It is believed that at this particular site it is the Archangel Michael himself who, by the power of the Holy Spirit heals patients with both physical and mental afflictions. The researcher felt that the uniqueness of the site qualified it as an important focus for study and research, the results of which could be used to make mental health services more culturally appropriate and patient centered.

1.2 Statement of the problem

The interface between mental health and religion has not yet received sufficient attention here in Ethiopia. The existing body of research on mental illness in Ethiopia has mainly focused on issues such as the association between poverty and common maternal mental disorder (Yosef,2014); barriers to care for physical co-morbidities among severe mental illness patients (Dasalegn,2015); types and extent of mental and behavioral disorders of children in Addis Ababa city (Menelik,2008); psychotic disorders among semi-nomadic Borana and the chewing of khat among the mentally ill (Solomon,2011);collaboration between spiritual (Holy Water) treatment and biomedical treatment at St.Mary's church outreach program, Entoto: patterns of service utilization and attitude of holy water attendants (Ribka,2014).). Other studies investigated the perceived challenges and opportunities arising from the integration of mental health into primary care in southwest Ethiopia (Mubarek etal.,2014); challenges and prospects of mental hospital rehabilitation centers (Yitbarek, 2015); prevalence, determinants and effects of mental disorder among university students (Galmessa, 2005); and the economic burden of schizophrenia and bipolar disorder in rural Ethiopia (Ababi, 2008) among others;

Records of the global burden of disease mention a high incidence of mental disorders as much as 14% (WHO), 2010). Although the lack of attention to mental health issues and of specialized hospitals in Ethiopia have prevented patients receiving appropriate treatment. Meanwhile, religion plays an influential role in the life of most Addis Ababa residents as it does throughout the whole country. Due to this reason the preferred source of therapy and healing for those suffering from mental illness is religious institutions especially holy water sites.

This study aspires to contribute towards filling the gap, created by the paucity of studies that explore the practice of holy water treatment for people with mental disorders and other conditions, with special reference to Archangel Michael Church in Addis Ababa Ethiopia, since this particular area has not been the object of research till now.

1.3 Objective Of The Study

1.3.1 General Objective

The overall objective of this study is to explore the practice of holy water therapy for people with mental disorders and other conditions, specifically at the site of Shinkuru Michael in Addis Ababa.

1.3.2 Specific Objectives

- To explore the holy water treatment process at the Archangel Michael Church.
- To explore in what ways mental disorders are distinguished from other disorders or conditions bypatient**s**, caregiver**s** and treatment provider**s**.
- To explore the perspectives and attitudes concerning the nature of illness and treatment of patients, caregivers and priests involved in treatment.
- To explore what processes and procedures are in place to discharge and follow up holy water patients who received treatment at this site.

1.4 Scope of the study

This study will focus mainly on the practice of holy water therapy for people with mental disorders and other conditions at the Archangel Michael's holy water site, Shinkuru Michael, on the outskirts of the city of Addis Ababa. The site was chosen as the primary study area, because it has the reputation of being particularly effective in cases of mental illness.

1.5 Limitation of the study

The most significant restrictions were the remoteness and lack of proper public transportationto the site, the especially time consuming task of preparing transcripts and translating them, as well as the limitation in the researcher's financial resources. All of this aspect had their effect on what was possible to achieve within the time limitations the project and course of study dictated. Ultimately, one hopes that this research can, at the very least, offer sound data, conclusion and direction foe further research.

1.6 Significance of the study

Exploring and understanding the perspectives and attitudes of patients towards their illness and holy water treatment would also be of great value for the understanding of the psychiatric treatment care processes as well as an understanding of the sufferers' culture and belief systems. Consequently, such knowledge could be vital for the development of public health initiatives and the promotion of holistic engagement as propagated by the Ethiopian Federal Ministry of Health's (FMOH) National Mental Health Strategy (2012/13-2015/16.

The results of this study are expected to stimulate further research in the field, ultimately contributing to the constitution of a wider body of knowledge concerning the practice of holy water therapy with regard to mental disorders in the city of Addis Ababa and beyond.

Chapter Two

Review of Related Literature

2.1 literature review

Health

There is a gradual acceptance that health has psychological and social dimensions in addition to biological ones. Health is defined by the World Health Organization (WHO) as "not merely the absence of disease and infirmity but complete physical, mental and social wellbeing" (WHO 1978). Scheid and Brown (2010) describe mental health as not merely the absence of disease or disorder, but rather as encompassing self-esteem, mastery, and the ability to maintain meaningful relationships with others. Among medical anthropologists, health is regarded as a cultural construction with considerable variation in meaning from society to society, or from one historical period to another (Baer, Singer, and Susser, 2003).

Disease, Illness and Sickness

Disease, illness and sickness are concepts of great significance in medical anthropologists' study of health and related issues in human society. Scholars with experience in both biomedicine and the social sciences such as Andrew Twaddle, Arthur Kleinman, and Leon Eisenberg, among others; have come up with a clear demarcation of the use of these conceptual terms.

Disease is defined by Twaddle (1980) as an' objective' Phenomenon that can be measured through laboratory tests, direct observation, or other 'signs'. He states that it is what happens to individuals when their physiological functioning departs from 'normal', or they become hosts to other organisms which limit life expectancy or capacities. He considers 'illness' to denote the more subjective or psychological dimensions of non-health that are generally of more immediate concern to the people experiencing them. Illness is what worries people either because of immediate discomfort, its effects on capacities for social functioning, or what they think it may signify in their lives.

According to Twaddle (1980), ‘sickness’ refers to the social dimension; the result defined by others as ‘unhealthy’ due to one’s failure to meet social obligations as the result of disease or illness.

Kleinman (1980, 1986) adds to this understanding by stating that the medical profession considers disease as alterations or dysfunction in biological and/or psychological processes; while illness is about how one perceives, experiences, and copes with a disease or condition through personal, interpersonal, and cultural reactions. He considers sickness as a blanket term used to label events involving disease and/or illness.

With regard to these factors, people who are ill are usually assigned a complementary socially determined role that conveys a socially recognized set of expectations and obligations, since illness is placed within the social and cultural context of the patient (Parsons, 1991).

Kleinman urges medical anthropologists to recognize that their domain is sickness, even though their special contribution mainly regards issues surrounding illness. Furthermore, anthropologists emphasize that illness and disease should be understood within a holistic perspective that covers all forms of therapy within the health care system of a specific culture (Kleinman, 1980, Young, 1982).

Mental Illness

The concept of mental illness is difficult to define, since what constitutes mental health changes over time. And the subject is shrouded by mystery, misconception, and misunderstanding (Thompson, 2007).

The mystery and misunderstanding behind the subject is due to several reasons ranging from; the conception of health and illness as a continuum, that is health and illness are at opposite ends of the poles and most of us fall somewhere in between (Scheid and Brown); dispute among psychiatrists over the very existence of mental illness (Thompson,2007); ethnocentric based studies done during the colonial era by which certain societies such as those of Asia and Africa were believed to be incapable of experiencing depression because their brains were considered less developed than those of Europeans (Carothers, 1953); among others. Consequently, WHO (2001) has proposed a possible definition as: ‘clinically significant conditions characterized by

changes in thinking, mood or behavior associated with personal distress and impaired functioning'.

2.2 Medical System

This refers to special cultural systems found in various human societies concerned with response to disease and illness. They vary from one society to another but they all consist of beliefs and practices that are consciously directed towards promoting health and alleviating disease (Baer et al., 2003; Kleinman, 1981).

2.3 Medical Pluralism

State societies manifest the coexistence of diverse medical systems, with health care systems based upon the dyadic core, consisting of a healer and a patient. The medical system of a given society consists of the totality of medical sub-systems that coexist in a cooperative or comparative relationship with one another, such as biomedicine the dominant medical system with diverse ethno-medical practices coexisting with it (Baer et al., 2003).

Medical anthropologists have created typologies recognizing the phenomenon of medical pluralism in complex societies based upon their geographic and cultural settings. Thus three types of medical systems are recognized; firstly, local medical systems which constitute folk or indigenous medical systems of small-scale foraging, horticultural or pastoral societies, or peasant communities within state societies; secondly regional medical systems consisting of traditional systems distributed over a relatively large area, such as Ayurvedic medicine of India and traditional Chinese medicine and; thirdly the cosmopolitan medical systems found worldwide also known as scientific medicine, modern medicine, or western medicine (Baer et al.,2003).

Chrisman and Kleinman (1983) as cited in Baer et al., (2003) developed a model recognized three overlapping sectors in health care systems, these are: the popular sector consisting of health care conducted by sick persons themselves, their families, social networks, and communities and also including a wide variety of therapies, such as special diets, herbs, exercise, rest and baths; the folk sector which encompass diverse healers functioning informally, such as herbalists, massagers, bonesetters, midwives, mediums, atmaqi, and magicians and; the professional sector

which encompasses the practitioners and bureaucracies of both biomedicine and professionalized heterodox medical systems, such as Ayurvedic medicine.

2.4 Biomedicine

This is the term commonly used by social scientists to distinguish the western medical system that became globally dominant already in the 20thcentury eclipsing alternative systems. It is also known under a variety of labels, such as regular medicine, allopathic medicine, scientific medicine, modern medicine, and cosmopolitan medicine. Biomedicine's primary tenets are mind/body dualism and physical reductionism; that means that its main focus is upon human physiology and even more specifically on human pathophysiology (Hahn, 1983)

2.5 Religion

Like mental health religion has continued to intrigue specialists and lay people alike. The definition given for religion varies depending on the focus of emphasis, such as: social involvement with deities; cognitive and ritualistic aspects; existential dilemmas; involvement with symbols, rituals and beliefs; cognitive, interactional and ritualistic dimensions among others. Scholars generally agree that religion should be understood as a multifaceted form of behavior with endless potential modes of expression and not a homogenous whole (Schumaker, 1992).

Chapter Three

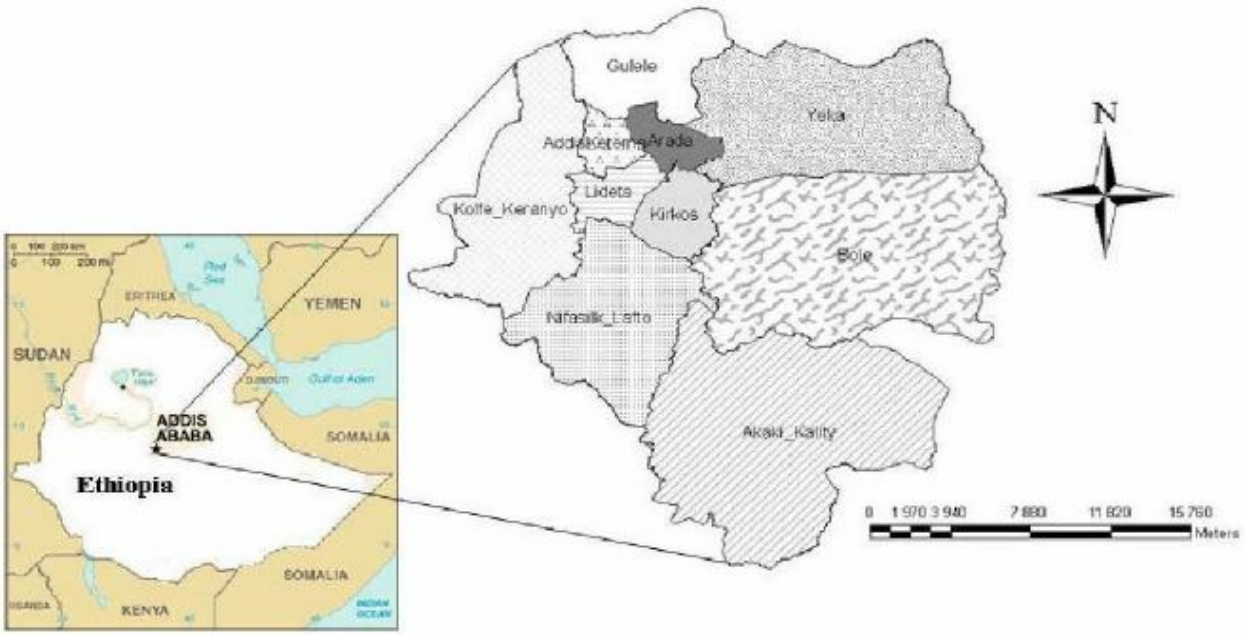
The Study Area and the Research Methodology

3.1 Description of the Study Area

This study was conducted in an outlying area of Addis Ababa, capital and seat of the government of the Federal Democratic Republic of Ethiopia. Addis Ababa was established in 1886; it is one of the oldest and largest capital cities in Africa and is also one of the highest situated at an average altitude of 2,400 meters (UN-Habitat, 2007). The total area of the city is about 527 Sq. Km's. It is geographically located in the center of Ethiopia, and more endowed with social and economic infrastructure than the majority of the country (UN-Habitat, 2007). This has caused it to become a melting pot of hundreds of thousands of people, coming from different ethnic groups from all corners of the country in search of better employment opportunities and services. The high rate of rural urban migration accounts for about 40% of growth, making AddisAbaba into one of the fastest growing cities in Africa. In 1994, the total population was 2,112,737, and by 2007 it was estimated to be 4 million (UN-Habitat, 2007). The city serves as the social, cultural, religious, economic and political center of the country. It is also the diplomatic center of Africa, hosting the African Union, United Nations Economic Commission for Africa, and other international organizations (UI, 2008; UN-Habitat, 2008).

Administratively, Addis Ababa is a chartered city having three layers of government: city government, sub-city administrations, and woreda (district) administration. According to CSA (2007:7), Addis Ababa has 10 sub-cities: , AkakiKaliti , Nefas Silk-Lafto , KolfeKeranyo , Gulele , Lideta , Kirkos , Arada , Addis Ketema , Yeka ,and Bole.

Figure 2: Map of sub-cities in Addis Ababa city



Source: Ethiopian Mapping Agency, Map of Addis Ababa City and its sub-cities (2009)

3.2 Biomedicine and Religious service sites in Addis Ababa

3.2.1 Brief History of Biomedicine in Ethiopia

The quest for appropriate biomedicine for Ethiopia can be traced way back to the reign of Emperor Lebne Dingil in the 16th century, when the emperor appealed to the Portuguese king for physicians to help alleviate prevalent illnesses in his dominion and Joao Bermudes, a member of the first Portuguese mission to Ethiopia responded. Furthermore, during Emperor Fasilidas reign a German missionary, Peter Heiling (1632-1667) served as a court physician (The Manual on Ethiopian Medical History, 2012;p?). This search was vigorously pursued during the reign of Emperor Menelik II, especially after the Battle of Adwa in 1896 which eventually brought about the introduction of an organized and appropriate biomedical practice despite fervent opposition from conservative forces including the Ethiopian Orthodox national Church (ibid). This saw the establishment of an initial three hospitals, namely: Russian Hospital (1896), Harar Ras Makonnen Hospital (1903), and Menelik II Hospital in (1906). It was the reign of Emperor Haile Selassie I that saw the introduction of a broadly based practice of biomedicine and western type public health system. This became evident through the establishment of the Ministry of Health in 1948, and the country's first medical School which was opened in 1964 (ibid).

3.2.2 The Ethiopian Orthodox Tewahedo Church (EOTC)

In the course of the centuries Ethiopia historically practiced different forms of religion, which in turn influenced her indigenous cosmology and beliefs regarding the cause and prevention of diseases. As in most other African countries, there are indications that animistic traditions preceded the embrace of Abrahamic monotheistic religions. Animistic religions were orientated towards beliefs that natural objects were pervaded by spirits, which could be personified, worshipped and could cause disharmony. They were seen to be the causative agents of a whole range of human misfortunes, such as famine, illness, and deaths, consequently every kind of assistance was sought to alleviate their onslaughts including whatever the endowments of nature provided (Finneran, 2003; Messing, 1958; Reminick, 1976; Shelemay, 1992).

With the introduction of Abrahamic religions, and these inherited, a pantheon of spirits and demons that gradually permeated the Ethiopian religious sphere and eventually most personal and social misfortunes were attributed to the malevolence of such supernatural beings. This made it possible for a variety of esoteric-religious techniques to flourish in the struggle against evil spirits. This had a certain effect on Ethiopian Orthodox Church views, which tended to consider certain rational therapeutic efforts as satanic (Pawlikowski, 1971; Young, 1975).

There are variant traditions concerning the introduction of Christianity to Ethiopia, but numismatic and archeological evidence suggest it became the state religion during the 4th century. At this time St. Frumentius (Abba Salama) apparently converted King Ezana and the royal court (from indigenous beliefs) and the Ethiopian Orthodox Tewahedo Church (then dependent on the Coptic Orthodox Church) was established as the religion of the Empire. Later on toward the end of the 5th century, the "Nine Saints" fleeing persecution from the Chalcedonian Church came from Syria and the adjacent region helped to evangelize the indigenous peoples and promote the new faith. This contributed extensively to the Tewahdedo Orthodox Church becoming the main religious institution, and others being relegated to a point of indifference by the authorities regardless of their ongoing influence on general Ethiopian cosmology (Hansberry, 1974; Pawlikowski, 1971; Sergew, 1972).

Among the dominant influences before the introduction of Abrahamic religions was Zar, sometimes considered as a sky-god of the former Cushitic Agaw religion, practitioners inspired by its spirituality were referred to as balazar. Even after Christianity had assumed spiritual predominance in Ethiopia, such practices continued to exist with wider influence that transcended both geographical areas and religious spheres (Boylston, 2012; Messing, 1958; Young, 1975). Various human maladies and tribulations were attributed to such spirits. Whenever an intrusion of disease-causing spirits was suspected, balazar, an expert able to serve as a spirit medium and communicate with the spirits causing sickness would be immediately consulted. The balazar would conduct a healing ritual on which the Zar-spirit through its human medium would identify the troubling spirit, including Jinn and evil-eye spirits, diagnose the illness, and recommend a therapeutic solution for the physical ailment, or psychological disturbance and any other personal or social problems (Edelstein, 2002; Finneran, 2003; Reminick, 1976).

Atmaqi or debtera are the traditional healing practitioners of the Ethiopian Orthodox Tewahedo Church. Debtera are known to possess a wide range of medical knowledge based on the use of esoteric medical texts, herbal remedies and other means. They are able to treat a broad range of ailments. They can invoke and exorcize evil spirits; cast and break magic spells; make divination; provide herbal treatments; and produce written amulets and talismans. The healing service of the debtera are not always officially acknowledged by the church administration, the atmaqi has a more official status and presides over the tsebel/holy water therapy (Eliana, 2009; Finneran, 2003; Young, 1975).

3.2.3 Shinkuru Michael church and the holy spring

The spring was discovered in 1927 and (is now 75 years old).Originally known as"The water spring under the kosso tree".

the owner of the place, Mr.DidaKalicha, would yearly burn incense and prepare a pot of tala and even slaughter an animal for the invited guests to celebrate St. Mikael's day during the month Hidar (November).

The shepherds in that area would bring their sick children to the spring for healing and in due time it came to be considered as a tsebel (holy water) site. The church was only constructed later on when the spring had gained tsebel (holy water) status.

One balambaras (land lord) known as Gada, gathered people together and inquired of them why they have to go long way to St.Mary church nearby to worship and suggested the construction of the church. This proposal was accepted and immediately the construction of the church began.

The history of the church is narrated by Dubale a devotee of St.Mikchael. He stated that the church was established on 1937 (it's now 63 years old). He gathered people together and made them contribute material and their labor to the construction of the church.

The third story is narrated by Mr. Alemu Goshu. He was the chief of AbboIdr group. They were accustomed to bringing a bull every year on epiphany (Timkat) to Entoto Maryam for slaughter, but on 1976 there happened to be a problem. The bull they had bought for slaughter couldn't continue with the journey beyond Shinkuru Mikchael's to Entoto Maryam. So it was decided that

it will be slaughtered at shinkuru Mikael's open field. And since it has been the place for celebration for st.Mikael's orthodox Tewahdo church rituals.

In 1994 Siyuman Shiferaw Tessema and the head of woreda like Khahinat (priests) Niguse together with the bishop of north Shewa, AbuneYosef, came being on 60 horses to lay the foundation stone of the church.

Later on, in june 1994 by permission of AbuneYosef, a tsilot (replica of the ark of the covenant) was brought from Dabre Libanose Monastery. When the church was built, Abba Gerima Moges was appointed to be the manager. The church was built at a cost of 222,000 Birr.

3.3 Research Methodology

3.3.1 Research Approach

Research is a process in which one engages through a successive set of logical steps. This study is based on using descriptive data**,** which is a sub-branch of the qualitative approach.

The notion of quality is essential to the nature of things. Qualitative is a term used to refer to the what, how, when and where of a thing, its essence and ambience. Qualitative research therefore refers to meanings, concepts, definition, characteristics, metaphors, symbols, and descriptions of things. This differs from quantitative research which is concerned with counting and measuring things (Berg, 2001).

A qualitative research methodology was chosen for this study because of its distinct character, allowing the researcher to investigate phenomenologica**l** details of lived experience, behavior, emotions and feelings (Strauss and Corbin, 1998). Insights through processes and emotions are difficult to understand through quantitative means. Experiences cannot be meaningfully expressed through numbers.

A qualitative research approach emphasizes seeing through the eyes of the people who are being studied; providing detailed descriptions and analysis of the social settings under investigation; understanding events, behavior and the like in their context; examining social entities as wholes and the meaning they have for participants and; reflecting on the reality of everyday life in theform of streams of inter connecting events (Bryman, 1988).

Qualitative procedures provide means of accessing unquantifiable facts about the actual people the researcher observed and talked to.

Through the use of qualitative techniques, I was able to understand the process of holy water therapy in relation to mental disorders and explore how they made sense of themselves and their situation; and also how they structure and give meaning to their daily lives. Thus themeaning they attach to things in their lives and the nature of the phenomena in a natural setting became apparent (Berg, 2001; Silverman, 2008).

Qualitative methods have often been used in researching sensitive topics, such as mental health issues which may, not be explicitly understood. Qualitative research is well suited to understanding the subjective constructions investigated when researching peoples life stories, attitudes and experiences (Hammersley) and Atkinson, 2008; Silverman, 2008).

3.3.2 Sampling Methods

Non-probability purposive sampling methods were used in this study due to their appropriateness in dealing with sensitive issues related to mental illness. A total number of 9 participants were interviewed at the tsebal site. They are also useful for collecting cultural data whereby special expertise is required especially with regard to understanding EOTC healing systems (Bernard, 2006).

In-depth interviews were conducted with the mentally ill, in- order to gather relevant data. Additional information was gathered from those in contact with them, through personal contact, such as family members, friends, neighbors and religious personnel. As to the sample size, qualitative research does not use power analysis to determine the required sample size, but instead uses the criterion of saturation (Strauss and Corbin, 1998). In order to satisfy the saturation criterion, the most common sampling strategy used in qualitative research can be labeled as purposeful sampling (Creswell, 1998).

3.3.3 Methods of Data Collection

The researcher used both primary and secondary data collection methods.

3.3.4 Primary Methods of Data Collection

Primary data refers to information collected by an individual researcher for a specific research assignment. Furthermore, primary data refers to those research materials which are original i.e. collected for the first time, and normally take the form of raw materials. Primary data was collected from people with mental illness, priests and religious leaders through interviews and participant observation.

Informal Interviewing

Informal interviewing is highly recommended for those embarking on field research. Such interviewing is characterized by a total lack of structure or control.

Participant Observation

Participant observation is an important aspect of the process of field research which facilitates gaining proximity to those under observation and thereby to record intimate details about the sufferers' lives. It is both a humanistic and scientific method of carrying out research on sensitive issues such as mental illness, one is expected to empathize with sufferers, gather information and also propose ideas that could help improve their situation (Bernard,2006).

In-Depth Interviews

In depth interviewing or unstructured interviews are the main methods of data collection used in qualitative research. The In-depth interview is often described as a form of conversation (Burgess, 1982a, 1984; Lofland and Lofland, 1995). Indeed Sidney and Beatrice Webb described th**is** method of interview as being conversation with a purpose (Webb and Webb, 1932:130). However, there are some obvious differences between normal conversation and in-depth interviews their objectives, and the roles of researcher and participant, are quite different (Kvale, 1996; Rubin and Rubin, 1995).

3.3.4 Secondary data collection

Secondary data was used in addition to primary data; this refers to data already collected by someone else, and available in varying forms that can be accessed directly from published or unpublished sources.

3.3.5Methods of Data Analysis

The Data collected in this study through, in-depth interview and participant observation was analyzed using thematic analysis.

3.3.6 Ethical considerations

Research Ethics is a term used to refer to a form of occupational ethics, concerning what social researchers ought, and ought not, to do as researchers, and concerning what counts as virtues and vices in doing research (Hammersley) and Traianou, 2012). Before embarking on field work the researcher obtained permission from the health science psychiatry department and used a consent form when interviewing the participants at the *tsebel* site in shinkuru Michael. All the names mention are pseudonyms.

Chapter Four

Findings

4.1 Holy Water therapy process

75 years have elapsed since the Shinkuru holy water source was discovered, under the kosso tree. However, the Shinkuru Michael Church was established only 63 years ago. Since then there has been a flood of people visiting Shinkuru Michael for therapy for different kinds of diseases and illnesses, especially for mental illness.

In Shinkuru Michael the tsebel/holy Water therapy starts at approximately 4.00 a.m. and continues till 12.00 p.m. i.e. midday. Most of the people who came to Shinkuruand rent a house near to the tsebel, it is common to see those receiving therapy moving towards the tsebel in chains, this may surprise the unaccustomed. Wearing chains has become a sign of suffering from mental illness, furthermore during interviews informants said that it identifies those receiving therapy for mental and related illnesses (such as demon possession) and facilitates that they are brought back to the Shinkurutsebel if they wander away, and thus ensures the continuation of the holy water therapy.

Shinkuru Michael constitutes a special separated area, in effect most of those living around the tsebel are patients/tsebeltenyoch i.e. those following holy water therapy. There are 9 different holy water sites/tsebel from which to choose for Holy Water therapy, however, the impression I received through observation and interviews was that most chose to be immersed in Meskel Bet (the house of the Cross) due to the prestige of its history and the fact that it was the first and the primary of the 8 sites. Those receiving holy water therapy are obliged to make use of a waiting room, as they queue to take their turn to be immersed. Consequently, if the women finish their immersion in the Holy water then the men take their turn for immersion at the Meskel Bet and there is an interchangeable interaction based on the queues of people. Unlike other Holy water sites where there is an officially appointed Atmaqi who organizes everything, here it is considered that the Archangel Michael himself performs the healing ritual. Among all those who are mentally disturbed and chained it is believed that the Archangel Michael himself intervenes and enters the tsebel ministering to those who require treatment.

After emerging from the holy Water the care givers (attendants) make those receiving therapy sit down and drink at least 3 to 5 liters of tsebel/holy water, which is believed to hasten the healing process. One sees a motley group of people sitting around outside the tsebel many of them have their faces smeared with emnet/holy ash to facilitate the healing process, some of them seem to hide in the shadows seeking anonymity. They all have different motivations for being present, and suffer from different ailments, but the one common denominator is the belief in the sanctity of the site and the desire for healing.

A patient (tsebeltenga) named Dawit whom I interviewed, mentioned the holy water therapy as follows:

He explained that previously those coming for holy water therapy were obliged to come before 3 am, and to queue until morning, since there were so many people waiting their turn to immerse themselves. However, currently immersions begin at 7:00 am. The guide would take me and the other attendants to the holy water sites for immersion, considering which sites were already crowded and then our attendants would choose where we should go. Dawit also explained how they had to follow in line when approaching the tsebel. He mentioned that they were expected to stay in line, taking off their shoes before reaching the church and to do so in an organized way. Yet there was not a risk of missing one's turn, since there were different options of where and when to go. Basically, it's the care giver (attendant) who would tell them where to stay and immerse and he evaluates when it is enough or not, so they simply accept what he says and obey his orders. Dawit also mentioned that there are rules and regulation that one has to maintain. For example one has to keep personal hygiene, and wash one's clothes; furthermore according to church regulations there are 20 rules which should be followed in relation to women's menstruation cycle.

Abba kidan also explained to me why people are not allowed to enter the environs of the tsebel under certain circumstances. He insisted that the immediate vicinity of the tsebel is considered as bête mekdes i.e. a holy place, and if women are in their monthly menstruation or men have "tetsewo, hilmelelit (awet dream or nocturnal impurity), they were considered ritually impure and consequently barred from entering any holy place for a specific period. If they entered in a state of ritual impurity they were considered to desecrate the sacred space, in other words: "Yiregsalbotaw" they make the place impure. Such precautions are necessary to maintain the

purity and sanctity of the sacred space around the tsebel, thus accumulating sacred power which causes the demons to scream as they approach the tsebel. It is the holiness of the place that impels the demons to call out and facilitates exorcism: one attendant explained to me that the way the therapy is implemented depends on the nature of the ailment. Some patients recover quickly, others take some time to improve. According to my experience those who are mentally ill in particular tend to take a long time to achieve healing, but if they are persistent and follow the tsebel/holy water therapy every day there is a good chance that they will find relief from their ailments.

4.2 Attitudes and perspectives towards illness and therapy

This section is concerned with perceptions and attitudes concerning care of those suffering from mental illnesses, and participating in the traditional indigenous therapy, include the patients themselves, care givers and the clergy involved. The aim is to explain the phenomenon of illness and therapy from their perspective.

Those participating in spiritual therapy described the first phase of care for the mentally ill as beginning at home, particularly through the involvement of the "nefsabat" (spiritual father) who is available in most EOTC households. Normally, in case of illness the nefsabat is the first person to be informed outside the immediate circle of family members. Furthermore, it is the nefsabat that helps to arrange accommodation of the patient/tesebeltengna at the church yard (perhaps in so called grave–houses or memorial buildings) he might also facilitate other activities pertaining to the spiritual therapy. In the first instance any problem disturbing the equilibrium of the family through ailment of its members or other causes is responded to by calling in the assistance of the family priest. There is another level of minor clergy known as debtera, they are known for their healing therapies, however the esoteric nature of their traditions causes them to be regarded with some suspicion by the canonical church authorities, consequently people confer with them secretly in order to avoid scandal. In effect the Debtera's role in the treatment of the ill is not officially accepted, yet they have great influence, since they are considered to possess unique knowledge. Consequently, their healing powers are only practiced in privacy for the fear of negative repercussions, since they are often defined in pejorative terms as metettedergobehal (**መተትተደርጎብኛል**) or satannegn (**ሰይጣንነኝ**).

In the course of the holy water therapy, the patients are expected to make known which external power has invaded them. Some confess that they experienced some external invasion next to a river, or in some other place or situation. In the course of the holy water therapy the Menfes/spirit may be willing to leave the victim, however it may also be reluctant or attempt to bargain with the archangel leading the holy water therapy at Shinkuru, that it would exit the victim at some other specific time. When it is ready to leave it screams, shouts and makes its presence known, thus it becomes apparent why the person is affected with certain kinds of illness or diseases. This part of the therapy adds specificity to the process, and makes known what is going on from a spiritual perspective.

There are also astamami/attendants who are paid by the relatives of the patient to care for them. At the Shinkuru Michael holy water site there is a specific association which works with the church and receives tsebeltengyotch/patients that came for treatment. Consequently, family members tend to make use of this association to obtain the services of an astamami (attendant) by a legal agreement with the association which regulates the terms of the services which are expected to be offered to the patient. Subsequently, the family member or relatives of the tsebeltenge pay the astamami (attendent) to take care of the tsebeltenge/patient, this involves providing services such as taking them to the tsebel, providing them with food and checking on their hygiene. Some tsebeltenge might also participate in a subae (7 to 21 days retreat according to that which is prescribed and their ability to proceed with the therapy), the majority of severe cases prolong their stay at the tsebel site. Whenever a “demon possessed” comes to the tsebel, he will start to scream and that’s when the tsebeltenge knows the nature of the possession i.e. whether it is a Satan, Buda or Zar. In Shinkuru Michael despite the priests not being allowed to immerse the patients, they can often be observed counseling various individuals. The priests call them by name and inquire about their health, counseling them to pray and perform a certain number of prostrations, as well as drinking 3 to 5 liters of tsebel/holy water each day so as to protect themselves from the onslaught of the evil spirits.

When the patient is finally taken to the tsebel, spiritual therapy commences as described by Abba Haile Michael:

When patient is brought to us, the relatives explain to us the nature of the patient’s illness. Exorcism, i.e. deliverance from demonic possession depends on the individual’s effort and the

will of God as well as the intervention of the exorcist. It is believed that praying and fasting causes the 'demon to be burnt' and facilitates speedy ejection, thus fasting is recommended. An attendant explained to me that the healing process depends on the nature of the ailment. Some patients get well soon while others take more time. Those whose brains have been affected by addiction are more likely to improve soon and to be able to leave. However, they risk relapse if they return to use of addictive substances. Meanwhile, those who have been involved in baedamliko/idolatry in their homes are unlikely to improve quickly. This may be due to the long period of involvement in such practices and the strong level of attachment to the menfes (spirits).

In tsebel therapy, patience is considered an important virtue for those seeking healing. This reflects biblical stories, one of which narrated about a man who had to wait 38 years before finally receiving healing. In some respects it may appear strange that religious people are aware of the long periods involved in spiritual therapy and do not make recourse to psychiatric treatment. However, the expectations of the general public are that medical treatment should affect a definitive cure within a short time. They apply such expectations to mental illness which is claimed by psychiatrists to be of a biological nature as is the case with other physical ailments, and they are subsequently dissatisfied when patients have to continue taking medication over long periods and do not seem to be definitively 'cured'.

4.3 Process and procedures concerning discharge

Participants interviewed at the religious site explained about the processes and procedures concerning discharge.

One of the well-known attendants at Shinkuru Michael called Shimeles explained to me that irrespective of achieving healing from their illnesses, he tested his patients in certain specific ways. Firstly, in the course of the holy water therapy, the patient would normally express verbally whether he/she considered that the illness was leaving or whether it remained and other things related to the treatment. Furthermore, he said he, would normally send them to the church to fetch holy water for him and he would hide somewhere and follow them up. If they brought the holy water and gave it to me, this would be an indication that they were cured.

Shimeles also elaborated about the discharge process, that the families of the patients would decide on the basis positive change and they will tell them whether and they could be discharged

or had to stay them. However, Shimeles insisted that all patients eventually were cured, and returned to their families although the length of time this took could vary considerably. While some may experience healing within a short time, others would be obliged to spend a long time seeking healing through holy water therapy, depending on the nature of their illness.

So we can conclude that it was normally the patient's families which made decisions concerning the nature of the changes seen in the patients and their general wellbeing, in this way the families evaluated their current status and determined whether some additional months were required to achieve the desired change.

Shimeles also explained that the tsebeltengeyotch in chains are those who came to Shinkuru Michael for Holy water therapy with different kinds of mental illness, addictions and other types of diseases. Normally they would remain chained until some improvement or positive change was seen, only then would they be unchained.

Although in the course of interviews, various informants insisted that there was no specific method or procedure for discharging patients, the data gathered from the participants unequivocally indicated that the family of patients played a crucial role in deciding whether they should be discharged or not.

4.4 Cooperation among the Attendants (i.e. How they work with each other)

One of astamami (attendants) told me that all attendants who work at Shinkuru Michael have an association, which enables them to receive patients in a legal and structured way. An attendant called Adane explained to me in general terms that the association has 90 members. Furthermore, the association has its own internal agreements and works through these agreements with the patient's families. The agreements include details concerning payment, maintenance of personal hygiene and provision of food. However, before any payment is made, the family is informed about the services provided, the ability of the family to pay is ascertained and an initial 1,000 birr installment disbursed. There are further monthly payments, and they are requested to pay an additional 200 up to 500 birr for house rent, according to our evaluation of their capacity to pay.

Tenker one of the participants in my research explained how attendants worked with each other as follows:

He mentioned that there were several ways by which he received patients. Firstly, he would receive patients who had been recommended by previous patients whom he had served previously, and whose family members give his mobile number to family members of those in need of attendants. Furthermore, another method was to receive patients through the association.

In addition to this the association had other methods which promoted mutual benefit. Certain attendants in the association would recommend other attendants due to their ability and experience persuading family members of potential clients that they needed precisely this type of attendants and that they could deal with any legal issues through the association.

Tenker, contributed more details concerning his own activities, saying that he had at least six patients under his authority, for whom he cared and for whom he was responsible till they were successful in receiving healing.

The attendant Tenker went on to explain that his work was beneficial not only for spiritual purposes but also for material wellbeing, since the job had been tailor made for him according to his unique abilities to take care of the ill. He went on further that the current arrangement benefited him as an attendant, because it enabled him to attend both the prayers performed in the morning and also to take care of the tsebeltengeyotch under his authority.

It was evident from the interviews and observations that the participants at Shinkuru Michael were adjusted to community life in such a way that they could fully participate without any sense of discrimination. In fact the whole system contributed to the creation of all inclusive self-supporting socio-economic system.

4.5 Geography and Socio-economic aspects

In Ethiopia as in many traditional societies, attitudes towards health are deeply intertwined with cosmology, spirituality and religion. However, there is no doubt that holy water/tsebel is the most widely used mode of healing in the Ethiopian Orthodox context. What makes Shinkuru Michael holy water therapy unique is that unlike other holy water sites in Addis Ababa, Shinkuru Michael in particular is known for not having any atmaqi (clerical therapist) in the course of the holy water performance. The commonly held belief is that when patients receive treatment at

Shinkuru holy water site, it is the Archangel Michael himself who ministers to them and heals them from their various diseases and ailments.

There is a commonly repeated story that was narrated to me by one of the research participants, apparently many years ago a priest went to immerse people in the holy water, however while the priest performed the familiar ritual, his hand cross was suddenly snatched from his hand and of its own free will attached itself to the trunk of a large tree, located within the precincts of the tsebel/holy water area. Consequently, since that day no priest is allowed to enter and immerse people who came for treatment. Indeed, there is a chapel on the site where the very same cross is still there attached to a tree.

In general the area of Shinkuru Michael consolidates 9 different sources of holy water, which each in their own right constitute holy water sites, distributed over one single geographical vicinity and in relatively close proximity to each other. The first site which still boasts of the suspended cross, is called **መስቀልቤት** / the House of the cross, considered the first and primary holy water site, it is visited by most people. The second holy water site is strictly reserved only for men, thus only those of the masculine gender are allowed to enter and immerse themselves here. The third site in contrast to the second site, is reserved only for women, thus only those of the feminine gender may enter and immerse themselves here. The fourth site permits both men and women to enter and receive holy water therapy, there are also 5th and 6th sites which are called **ሚስጥርቤት** or house of mystery, due to the topography and situation of the site, which promotes a sense of hidden mystery. Unlike other sites the secret or mystery house has quite a different type of position and holds more than 10 people, in other words there is a mysterious big hole which can accommodate many people at once for the holy water therapy due to its shape and size. The 8th one is known as the yordanos/**ዮርዳኖስ** site, since it is considered to be reminiscent of the ancient biblical Jordan River. The 9th and last of the holy water sites is called the cave/**ዋሻ** due to its shape or form whereby the site resembles a cave covered in trees and is situated somewhat underground. It should be remembered that all these 9 sites are found in one area in ShinkuruMichael, however the principal source of the holy water is located in one specific place the **መስቀልቤት**/House of the Cross. We could describe the holy water as a natural spring source, which is made to flow through a pipe step by step reaching all 9 holy water sites in succession.

Another aspect of the socio-economic system of the site is the tendency for the formation of sel-sustaining communities dependent on the holy water site for their livelihood. Members of the local indigenous community, and others who came here for healing and passed through the therapy process eventually established themselves around the holy water source, as attendants for those seeking healing. The growth of an association of attendants which streamlines and regulates treatment assisted this by standardizing services. Thus we can speak of the emergence of a local 'traditional health industry'.

4.6 Methods of Distinguishing Mental Disorders from Other Disorders or Conditions

Those interviewed at the holy water site Shinkuru Michael, described mental illness in various ways and attributed its cause to both bio-psychosocial and supernatural phenomena. Though there is some general perception of mental illness and other diseases, there is a tendency to consider the ultimate source of disease and illness as lying in the realm of supernatural phenomena.

The clergy at the tsebel were inclined to describe mental illness as aemroatchewteyizowal - **አእምሮአቸውተይዟል**, literally meaning, their brain has been occupied/captured. Furthermore, they divided this into three categories, one group taken by Satan, another group by the stress of life and a third by substance abuse. Those who become ill due to stress were explained to be those suffering from having been born with an inability to persevere in the face of tribulations or stress and who consequently found themselves out of line. Furthermore, it was believed that those who do what is unacceptable before God, or risk being in insalubrious contexts with relation to time and place, have a high likelihood of contracting illness.

It was explained to me that according to Ethiopian Orthodox belief, those who accustom themselves to doing evil make themselves the abode of demons.

Abba Yitbarek, one of the priests in Shinkuru Michael, described to me the causes of mental illness as follows:

It is the substance (Hashish, cigarette, khat) Yemiyadenezezatchew - that which makes them to be numb. Furthermore, unscrupulous Debtera might assist your envious friend or relative to cause you to fall ill by giving her/him something to place in your drink. The Debtera provides

service for a fee, this kind of service involved: yemiyasabedu aemro yemiyatemedu - making people mentally ill by using certain herbs and by invoking demons. Several of those participating in the research at Shinkuru Michael, confirmed how evil minded people consulted debtera to cause their rivals to fall ill. One of participants insisted on the proof of the reality of Satan and the demons, on the basis of them being observed at the tsebel/holy water site crying out: 'hejalehu; altchalkum' - I have left, I am unable to resist, 'Aqatelegn' - I am burnt.

Mental illness and demon possession are both 'ye'aganintsira' - works of the devils, according to orthodox Christian clergy. Abba Yitbarek told me how the devil through substance abuse causes mental illness. Then I asked Abba Yitbarek concerning the ladies who were mentally ill yet did not appear to be drug addicts. Abba stated that they become ill through Metet, a kind of witch's potion, provided to the gorebet/neighbor by the debetera. In connection with tsebelsilefelef - the turmoil caused by spirits screaming, and confessing their existence, Abba Yitbarek claimed that Ethiopians have Emnet-faith, however if Ethiopians go against the expectations of Emnet, i.e. asalfoyisetenal – they are left at the mercy of demons).

Exploration of mental illness identifies different variations from time to time and place to place, but generally there is a common denominator, in that it always includes behavior, attitudes, or emotions that are considered strange, weird or repugnant within a given socio-cultural context.

Abba Petros explained to me that it was due the uniqueness of the place and its special history that they i.e. the clergy were not allowed to do the normal ritual performance. Abba Petros repeated the famous story alluded to before, that many years ago a priest went to the holy water site in order to immerse those coming for the holy water therapy. However, due to the sanctity of the place, the priest's hand cross broke into two pieces and the priest himself was overcome by serious sickness which was interpreted as being caused by the intervention of the archangel Michael. It was he alone who ministered at this place and consequently the archangel was not willing to permit any kind of priest to immerse the people who came for holy water therapy. The traditional stories handed down insist, that it is the archangel himself who exorcises the demons and casts down the devil by the power given to him by God. Moreover, tradition has provided further evidence in the form of the cross snatched from the priest's hand and by its own power suspended on the kosso tree as an example to others. Apparently, many years ago there had been similar episodes concerning other priests, who insisted on penetrating the sacred space around

the tsebel/holy water and attempting to immerse the faithful on their own initiative. Consequently it became evident to all, that the right to minister in this holy space was reserved to the archangel himself, only he was empowered to immerse patients/tsebeltengyotch and to heal them from all kinds of disease and illness.

However, Abba Petros explained that although he did not immerse patients during the holy water therapy, as a priest he did participate in other kinds of service such as: preaching to patients and making them familiar with the teachings of Christ, how to obey God's word, and how they might protect themselves against evil. Priests were allowed to perform such services at the Shinkuru Michael holy water site. Meanwhile, they also celebrated the divine liturgy every morning, and advised the tsebeltengeyotch/patients to prostrate and use Emnet/holy ash, in addition to teaching them to pray and read the Bible every day so that they could combat the evil spirits and demon possession.

Abba Petros also explained how they distinguish mentally ill patients from those with other diseases. Abba described mentally ill patients as being unaware of who they were and what they were doing, as compared with other patients at the tsebel. For example the mentally ill tend not to be aware of what they say, and also behave quite differently from other patients at the tsebel. Meanwhile, other patients not suffering from mental illness at least were able to express themselves, and had an awareness of their own identity to some extent as compared with the mentally ill. Thus, from Abba Petros' explanation we can surmise that patients with mental illness can be distinguished from others by their odd behavior, fluctuating moods, and their unawareness of the external world, sometimes not even recognizing or being conscious of who they were, and who their relatives were. However, all sources of illness and disease were considered to emanate from demon possession. So Abba tended to emphasize that the causes of all problems should be ascribed to the supernatural sphere.

Adane was one of the participants in the research who had formerly been an astamami/attendant, and who was specifically an inhabitant of the local area. He began this job in approximately 1999 E.C., and since then was active as an astamami, assuming responsibility for the care of others. Adane explained that from the very start, he would enquire as to the patients' problems, when interacting with their families. He would ask how long it had been since they acquired the

problem. Gradually, Adane received firsthand information, gained experience and learnt how to distinguish mental illness from other conditions, according to his explanation.

Meanwhile, addiction has its own characteristics - for instance individuals who are addicted are less disturbing than the mentally ill. They tend only to disturb when they are deprived of that to which they are addicted, in contrast to the mentally abnormal who might disturb at any time. An important aspect of diagnosis of patients at the tsebel, consists of distinguishing between the mentally ill and those who are spirit possessed. However, informants told me that in practice there was no clear distinction between those suffering from demon possession and those who were mentally ill, for both were considered to be under the devil's influence. This is why all were sent to the tsebel first.

Abba Petros pursued this subject further, explaining as follows:

Demon possessed patients are mostly normal until they go for immersion, then the demons reveal their identity by screaming and making a tumult. Thus the immersion at the tsebel functions in some ways as a medical 'check-up', revealing the 'diagnoses of the patient. In effect the demon possessed patients do not like to go to church and participate in the Divine Liturgy; the heavy fragrance of incense irritates them. They react negatively to all religious/spiritual activities. However, the mentally ill patients do participate positively in spiritual activities; in certain cases it brings them some relief. Furthermore, demon possessed patients often appear to function normally in social interaction, while the mentally ill tend to engage in actions of violence and disruption which cause others to fear and avoid them, eventually resulting in worsening situations. However, under certain circumstances both mental illness and demon possession can manifest itself in similar ways.

One of the participants in the research, who was seeking healing at the tsebel/holy water site, described the diagnosis as follows:

We can recognize the presence of Satan in an individual when he/she becomes ill; at the time of immersion at the tsebel/holy water site the patient raises their voice and screams, since God's mighty power intervenes to strangle the demon, which therefore creates a tumult. Actually, when an individual's brain fails to work properly, be it because of buda, zar, or some other cause whatever it is called, the underlying reason is always saytan. That which causes mischief to

human beings is normally Satan. That which leads human beings to destruction that which causes people to fall into the sea is normally considered to be irqusmenfes/evil spirits. In order to prevent us from climbing a cliff and plunging to our deaths, God binds him, the archangel Michael binds him. The evil one is burned in the fire.

Another astamami/attendant at the tsebel/holy water site described the difference between mental illness and demon possessions thus: “Those suffering from demon possession are only out of their mind for a short period of time. It is the mentally ill patients that cause trouble, because they remain for a long time in such a state while for the demon possessed it is a matter of passing episodes.”

In Ethiopia, fasting and the use of tsebel are considered as major elements of the identity of Orthodox Christian believers, and failing to make use of these ‘spiritual weapons’ is thought to expose oneself to the dangers of the spirit realm.

Chapter Five

Discussion

The discussion is based on the pertinent themes which emerged out of the research process. They include: the holy water therapy, methods of distinguishing mental disorders, attitudes, perception and perspectives of illness and treatment care, process and procedures concerning discharge, attendants operations, geography and socio-economic aspects.

There was an enormous variety of cases of mental illness and reactions towards them among individuals, attendants and priests, attitudes varied according to the context in which the individuals found themselves and their knowledge about the illness. Those received in hospitals were perceived of as ye'amerohimemtegna (mental patient), while those at the tsebel were referred to as tsebeltegna/user of the holy water therapy, or as aganintyaderebet/demon possessed.

Religious healers, caregivers and patients at the church related sites described mental illness in various ways and attributed its cause to psychological, social and supernatural phenomena. Although it was commonly believed that ultimately all their causes were supernatural. Tsebel therapy practitioners classified the mentally ill into a number of categories namely; one group which had become mentally ill through supernatural phenomena, another by stress of life and a third through substance abuse.

The diagnosis of those seeking healing at the tsebel was mainly intended to distinguish between those who are mentally ill or spirit possessed. Discernment of demon possession was mainly dependent on the tsebel ritual, since it was difficult to identify at other times. The demon possessed were said to be only out of their minds for specific short periods of time, and to oppose any spiritual intervention whereas the mentally ill were considered to be in a state of illness for a prolonged period of time. Nevertheless, any definitive distinction between those who were demon possessed and the mentally ill was meaningless, since both were considered to be under the devil's influence.

With regard to perspectives and attitudes towards treatment and care, the study found that the initial care given to the mentally ill was from the family members. Family would make decisions

as to what further care and treatment their loved ones should be provided with. The decision to seek access to psychiatric care was often made after pursuing other forms of therapies and also when the adverse effects of the illness were noted. Most of the patients had been ill for a long period of time; they had also tried other forms of care such as tsebel/holy water therapy, indigenous herbal medicine and tselot/prayer, besides using medication. Spiritually based therapy was an ongoing continuous activity attended with or without episodes occurrence. The effectiveness of tsebel, according to the patients and caregivers depended on their faith in it, but most considered it ultimately effective.

Tsebel was used by all regardless of religious background (even Muslims) the anguish brought about by mental illness made individuals so desperate that they consulted whatever form of therapy which offered hope of healing or recovery.

Research indicated that the first instance of care for the mentally ill among Ethiopian orthodox believers (and others) was the immediate home setting, subsequently recourse would be made to the nefsabat (spiritual father) and possibly other religious specialists. Finally the patient would be taken to the tsebel. At the tsebel spiritual therapy was administered; this had a salutary effect on some causing immediate improvement, while others languished and were obliged to prolong their stay.

The study also noted the absence of any specific methods or procedure for discharging patients. However, it seemed that each individual family decided whether their loved one was ready to be discharged or not based on their state of health and well-being. To summarize, there was an onus on families to decide whether patients should be discharged from the holy water therapy, caregivers (attendants) would normally inform family members concerning their evaluation of the current status of the patient and their prospects with regard to prolongation of treatment or discharge.

The study also found certain general conceptions indicating belief that the demon possessed only stayed out of their minds for limited i.e. shorter periods of time. Whereas the mentally ill were expected to cause ongoing trouble since they remained in a disturbed state for a long time, in contrast to the demon possessed who were limited to specific episodes.

Research indicates that people tend to find the underlying causes for their illnesses in their understanding of the local moral universe (cosmology) which is both socially embedded and morally satisfying. Such conceptions are exemplified by Evans Pritchard's work on witchcraft, oracles and magic among the Azande (1976 (1937), in which he argues that witchcraft is rational in the context of the Azande social structure which uses it to explain any unfortunate events. In Ethiopia, fasting and the use of tsebel are considered major distinguishing elements of the identity of Orthodox Christian believers, and any opposition to such ideas, is thought to risk exposure to the looming dangers of the realm of the spirits.

Summary and Conclusion

This study was intended to pursue and investigate the process of holy water therapy for patients suffering from mental disorders, with specific orientation to the Shinkuru Michael tsebel, located in the northern outskirts of Addis Ababa. The implications of the findings indicate that the nature of tsebel therapy demands the individual's active involvement in fasting, prostration, and worship, for it to be effective. At all times a wide variety of patients make frequent use of tsebel/holy water therapy, which is considered to have a dual nature, i.e. it is effective both as immunization dose and also as cure. Mental illness remains an enigma with everyone involved or engrossed in methods concerning how to tackle it with any hope of long term success. Such methodologies inevitably require a certain amount of re-education, awareness raising and the promoting of cooperation between religious healers at tsebel/holy water sites and mental health practitioners representing different kinds of health care systems. Since the religious establishment plays a major role in the treatment of mental illness, they need to be made aware of how it is perceived in modern medicine and the possibility of treating it through biomedical means. While combining both systems is good, the current ongoing tradition of initial reliance solely on the religious system until all hope is exhausted and only then turning to the biomedical system should be discouraged. It would be extremely preferable if both systems could be used concurrently, i.e. from the very beginning, giving each one its due significance and importance. This calls for intervention in the form of, clergy training, offering courses in theological colleges, seminaries and traditional ecclesiastical clergy training centers. Furthermore, biomedical practitioners (i.e. doctors and nurses) need to be made aware of the advantages of cooperating with indigenous medical systems in a way which shows acceptance and respect.

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Appendices

Appendix 1: Field Work Research Guiding Questions in English

A. Interview Guide

Participant's identification (Pseudonym)

Socio-demographic data

1. Gender
2. Religious affiliation
3. Marital status
4. Age
5. Occupation/ Main Source of income
6. Highest level of formal education
7. Years of illness (and seeking tsebel care)
8. Region (area they came from)

Holy Water treatment Process

1. How did you come to choose shinkuru holy water from numerous local sites available?
2. What Makes shinkuru unique from others?
3. At what time should one come for holy water ritual?
4. What **are the rituals those receiving holy water treatment** should fulfill?
5. How long should one stay in the holy water?
6. What is the nature of preparation before coming to **the** holy water site?
7. How many holy water sites are found in **S**hinkuru Michael?
8. How are the sick cared for at the holy water site?
9. Is there someone who conducts the healing ritual **at** the site?
10. After the holy water ritual what other activities are performed for the patient?

11. How many times are patients involved in healing water ritual in a week?

Thank you for your valuable information

B. Interview Guide for patient, Care giver and treatment provider.

Participant's identification (pseudonym)

Socio-demographic data

1. Gender
2. Age
3. Marital status
4. Religious affiliation
5. Occupation category and position
6. Highest level of formal education attained
7. Region (area they came from)

How mental disorders are distinguished from other disorders (illness or disease)

For patients

1. Is your state of health mental illness or Devil possession? If So, How do you differentiate it?
2. What do you think is the cause of your illness?
3. What do you think is a solution for your state of health?
4. Did you make attempts to access Modern health facilities for treatment to improve your state of health before coming to Shinkuru?

To care givers (attendants)

1. What sort of illness, do people who usually come for Shinkuru holy water therapy Mostly have?
2. Is there a Method to differentiate specific illness/disease/ of those coming for the Holy water therapy? How?
3. Is there a special mode of treatment or care for the mentally ill?
4. How do you differentiate mental illness from the other diseases? In what way?
5. Who refers patients /*tsebeltenyotch*/ to you, who come first to shinkuru Holy spring i.e. carers or patients? How do you first meet them, receive them? in what ways?

6.After receiving patients /*tsebeltenyotch*/ How, and what kind of care do you provide?

To Priest

1.What sort of illness, do people, who usually come for Shinkuru holy water therapy mostly have?
2.How would you describe Mental illness?
3.How would you differentiate mental illness from other diseases or illnesses? In what way?
4.What makes mentally illness unique from other illness?

Thank you for your valuable information

C. Interview Guide for patients, Caregiver and treatment provider

Participant's identification (pseudonym)

Socio-demographic data

1. Gender
2. Age
3. Marital status
4. Religious affiliation
5. Occupation category and position
6. Highest level of formal education attained
7. Region (area they came from)

Perspective and attitudes concerning the nature of illness and treatment

To patients

1. What is the name of your illness in Amharic?
2. How would you describe your state of health?
3. How would you describe mental illness, what is its cause (in your view)?
4. What do you suggest to be a solution to your health situation?
5. Is Shinkuru holy water therapy a solution to your hearth situation, in what ways?

6. How would you describe the progress you observed in your health since you began using the Shinkuru holy water therapy?

To (Caregiver)

1. What care do you provide **to** patients who come to **S**hinkuru holy spring?
2. Is there any special treatment for the mentally sick other than that offered **for** other ailments?
3. How would you describe Mental illness (according to your perspective)? Is Shinkuru holy water a solution to Mental illness? In what ways?
4. What makes Shinkuru different from other healing springs?

To priest

1. What is Mental illness (according to your perspective)?
2. What are the causes of mental illness?
3. What is the cure for Mental illness (according to you perspective)?
4. What is the contribution of the Shinkuru spring in healing Mental illness?
5. How can one keep one**s**elf safe from Mental illness?

Thank you for your valuable information

D. Interview Guide

Process and procedure to discharge and follow up

1. When do we say that He/she is better/healed/ from their illness?
2. Is there a method for He/she to be been discharged from the holy water? If there is, which authority is responsible?
3. After entering the Shinkuru holy water area, what kind of follow up should one follow?
4. Are there 'out patients'? If there are, in what way should they be followed up?

Thank you for your valuable information

ሀ. ፀበል የመጠመቅ ሂደቶችና ስርዓቱ

1. ሽንቁሩ ሚካኤልን የፀበል ቦታ ካሉን የጸበል ቦታዎች እንዴት ልትመርጥ/ልትመርጪ ቻልክ/ሽ?
2. የሽንቁሩ ሚካኤልን ጸበል ለየት የሚደርገው ነገር ምንድን ነው?
3. አንድ ጸበልተኛ ወደ ሽንቁሩ ፀበል ሄዶ ለመጠመቅ ስንት ሰዓት መነሳት አለበት?
4. ፀበልተኞች በፀበሉ ጋር ከደረሱ በኋላ ለመጠመቅ ምን አይነት ሂደቶችን ያከናውናሉ?
5. አንድ ፀበልተኛ ለመጠመቅ ከፀበሉ ከገባ በኋላ ምን ያህል ሰዓት በፀበሉ ውስጥ መቆየት አለበት?
6. ፀበልተኞች ወደ ፀበሉ ቦታ ከመምጣታቸው በፊት ምን ዓይነት ቅድመ ዝግጅቶችን ማሟላት አለባቸው?
7. ሽንቁሩ ሚካኤል ስንት የፀበል ቦታዎች አሉት? ካሉት ስንት?
8. ፀበልተኞች ወደ ፀበሉ ከገቡ በኋላ በምን አይነት መልኩ ይስተናገዳሉ?
9. ፀበል ቦታው ውስጥ ፀበልተኞን የሚያጠምቅ አጥማቂ አለ ወይ?
10. ፀበልተኞች ከተጠመቁ በኋላ ያው ሂደት ምን ይመስላል?
11. አንድ ፀበልተኛ ከመጠመቁ ባሻገር ሌላ ምን ነገሮችን ማከናወን አለበት?
12. አንድ ፀበልተኛ በሳምንት ስንት ጊዜ መጠመቅ አለበት?

ለ. የአዕምሮ ህመምን ከሌላ ህመም በምን አይነት መልኩ መለየት ይቻላል?

ለአስታማሚዎች

1. ወደ ሽንቁሩ ሚካኤል በብዛት የሚመጡ ፀበልተኞች ምን አይነት ህመም ያለባቸው ናቸው?
2. የፀበልተኞች የህመም አይነት መለያ መንገድ አለ ወይ? ካለ በምን መልኩ?
3. ለአዕምሮ ህመምተኞች የተለየ አይነት እንክብካቤ ይደረግላቸዋል ከሌላ ህመምተኞች በተለየ?
4. የአዕምሮ ህመምን ከሌላ ህመም በምን መልኩ ነው ምትለዩት? ካለ በምን አይነት መንገድ?
5. ወደ ሽንቁሩ የሚመጡትን ፀበልተኞች እንዴት ነው ወደ እናንተ ዘንድ የሚመጡት?

ለቄሶች

1. በብዛት ወደ ሽንቁሩ ሚካኤል የሚመጡ ህመምተኞች /ፀበልተኞች/ ምን አይነት ህመም ያለባቸው ናቸው?
2. የአዕምሮ ህመም ለእርሶ ምን አይነት ትርጓሜ አለው /ወይም እንዴት ያዩታል?
3. የአዕምሮ ህመምን ከሌላ ህመም አይነት በምን ይለዩታል?
4. የአዕምሮ ህመም ከሌላ የህመም አይነት ለየት የሚያረገው በምንድን ነ ው?
5. የአዕምሮ ህመም ከሌላ የህም አይነት ለየት የሚያረገው በምንድን ነው?

ሐ. ስለ ህመም እና ስለ ህክምና ሁኔታ ያሉ አመለካከቶች እና አስተያየቶች

ለአስታማሚዎች

1. ወደ ሽንቁሩ ሚካኤል ፀበል የሚመጡትን ፀበልተኞች በምን አይነት መልኩ እንክብካቤ ታደርጉላቸዋላችሁ?
2. ለአዕምሮ ህሙማን ከሌላው ህመምተኞች በተለየ ለየት ያለ እንክብካቤ ይደረግላቸዋል ወይ?
3. የአዕምሮ ህመምን በአንተ አመለካከት እንዴት ትገልፀዋለክ?
4. ለአዕምሮ ህመም መፍትሔው ምንድን ነው ብለህ ታስባለክ?
5. የሽንቁሩ ሚካኤል ፀበል ቦታ ከሌላ የፀበል ቦታዎች ለህመምተኞች የሚያመጣውን ለውጥ እንዴት ትገልፀዋለክ?

መ. አንድ ሰው ድኗል ተብሎ እንዲሄዱ ለመወሰን ያሉ ሂደቶችና ቅድመ ተከተሎች

1. አንድ ጸበልተኛ ድንዋል /ተሽሎታል/ አታል/ የሚባለው ምን ሲሆን ነው?
2. አንድ ጸበልተኛ ድንዋል /ተሽሎታል/ አታል/ ተብሎ ከፀበል ቦታው እንዲለቅ የሚደረግበት ሂደት /ስርአት/ አለ ወይ? ካልፈፀመ /ሃላፊነት/ የሚወስዱ አካል ማን ነው?
3. አንድ ፀበልተኛ ወደ ሽንቁሩ ሚካኤል ፀበል ከገባ በኋላ ምን አይነት ክትትሎች ማድረግ አለበት? ካለ በምን አይነት መልኩ?
4. ተመላላሽ ጠበልተኞች አሉ ወይ? ካሉ በምን አይነት መልኩ ክትትል ያደርጋሉ?

ስለትብብራችሁ አመሰግናለሁ!!

Appendix 3: consent form

Addis Ababa University

School of Graduate studies

Title of the Research

- The practice of Holy water therapy for Mental disorders and other conditions: at St. Michael church Addis Ababa, Ethiopia

Name of Researcher: Zelalem Tadesse Desta

1. I confirm that I have read and understood the plain language statement for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to with draw at any time, without giving any reason.
3. I have been assured that throughout the research my anonymity will be guaranteed through the use of a pseudonym. In cases where such anonymity will be difficult to maintain, the researcher has made clear that he will seek my permission for limited anonymity.
4. I am aware that the interview will be tape-recorded and then transcribed. I have also been assured that a copy of the transcript will be made available to me for further comment and verification.
5. I have been made aware that the final report will be submitted for examination for award, it successful, of a master degree to the researcher.
6. I have been notified that at a future time the research materials may be used in an academic publication.
7. I have been assured that it I so desire a copy of the finished report will be made available to me.
8. I agree /do not agree (delete as applicable) to take part in the above study.

_____	_____	_____
Name of the participant	Date	Signature

Declaration

I, the undersigned, declare that this thesis is my original work and has not been presented for degree in other university and that all sources of materials used for the thesis have been duly acknowledged.

Candidate

Name: _____

Signature: _____

Date: _____

Place: _____

Confirmed by Thesis Advisor:

Name: _____

Signature: _____

Date: _____