

COPING WITH ILLNESS IN TURKANA: A PRELIMINARY REPORT

Shinsuke SAKUMICHI

Hirosaki University

ABSTRACT The characteristics of illness-coping in Turkana are outstanding. The Turkana do not show enthusiasm in the exploration for the causes and meanings of illness. This is even more true of popular healing rituals; a healer just divines the color of livestock to be slaughtered and in many cases, do not tell any explanation, whatever it may be a ethnomedical one or a witchcraft. They perform it as if it were no more than an affair to do, without emotional involvement. There is not a feedback loop equivalent for diagnose-treatment, only practise exists.

The illness-coping Turkana is not oriented to detect and solve troubles in their social relationships. It does not claim idiosyncratic interpretation of illness on the assumption of shared knowledge. It treats illness as what should be finished by regular procedures. It works to prevent the patient and his family from falling into the unlimited exploration of cause-and-reason and distance them from authoritative intervention.

Key Words: Pastoral individualism; Turkana; Illness-coping; Healing ritual.

INTRODUCTION

This paper is on the characteristics of the illness coping process of the Turukana people. Illness is called *edeke*, and the process that we would call treatment is called *akitedek*, *amuronot*, or *etali* in Turkana. *Akitedek* is used for all types of treatment by patient himself, lay persons or folk healers. *Amuronot* is for the treatment done by folk healer, *emuron*. *Etali* which originally denotes a rule, points to what should be done in the treatment: The Turkana people refers to *etali* when they are asked about treatment process. I will illustrate the main features of the illness-coping process in Turkana with an emphasis on the fact that the Turkana regard "treatment" as procedure.

In modern medicine, illness-coping begins with seeking a physician. The specialist looks for the cause of illness through medical checkup, makes a diagnosis through medical inference and prescribes the best treatment. If the treatment fails, the specialists will modify the diagnosis after the repetitive checkup. The specialists, ideally must inform the patient of the diagnosis and prognosis, called informed consent. The diagnosis and treatment form a feedback that the persons concerned e.g., the physician, patient and his family share understanding of the illness. The enthusiasm for meaning and the presumed feedback process between diagnosis and treatment are two characteristics in our medicalized society.

Anthropologists have treated the coping process in “traditional” societies akin to treatment based on diagnosis. They looked for the effect of the “treatment” and turned their attention to social function and symbolic interpretation. For example, Kleinman (1980: 361-374) divided sickness into the biomedical disease and culturally constructed illness. The indigenous healers can heal the latter. Kleinman followed up on the clients of a folk healers to look for effects of the healing ritual in Taiwan, but could not confirm it clearly. He pointed out the importance of semantic network and symbolic meaning. Most anthropologists were obsessed with the feedback model that they tried to measure the effectiveness for the “treatment,” or otherwise tried to detect some symbolic and analogical relationship between the “treatment” and other actions that even the local people did not know. Furthermore, anthropologists, presupposed that all people would concern themselves as well as engage in the exploration for explanation and interpretation of illness. They have given weight to the linkage between cause and effect, whatever it may be emic or etic.

The Turkana people exhibit enthusiastic concern with the illness-coping. But, their indifference to the cause of illness and the effect of “treatment” on both healer and patient sides, marks the Turkana attitude. They seem try to get by an illness without wasting time and intervention of a third person. Furthermore, Turkana diagnosis and treatment is inseparable. There is no feedback. In this preliminary report, I show a general view of illness in Turkana and some characteristics of illness-coping typically found in popular healing ritual. Added to this, I pose a question to works of anthropologists who have devoted themselves to the symbolic or cosmological meanings of the healing ritual.

This paper has two parts. First, I will examine the characteristics of Turkana social life, referring to Ohta (1986) and Kitamura (1996). Second, I present cases of the Turkana illness-coping process. My discussion will touch on the contradictory attitudes between aggressive bargaining in social life and the indifferent coping with illness.

THE RESEARCH AREA

The Turkana originally are pastoral people in the northwestern west part of Kenya (Fig. 1). Their life was a world of high-mobility, until they started to settle around the town since the repetitive drought of the 1980's.

My research area is located along Tarach River, ten kilometers from Kakuma, 150 kilometers from Lodwar, the center of Turkana District. The climate is semi-desert, and the annual amount of rainfall is less than 200 millimeters. I carried out research from September to January in 1993, autumn to November in 1995, and September to December in 1997. I based my camp in one homestead to observe coping behavior, listened to the sickness episodes that many visitors told, and joined the treatments. My homestead was close with about 15 neighboring homesteads. Recently the UNHCR (United Nations High Commissioner for Refugees) set up camp at Kakuma for the refugees from Somalia, Ethiopia and southern Sudan. This camp has influenced the life of Turkana people.

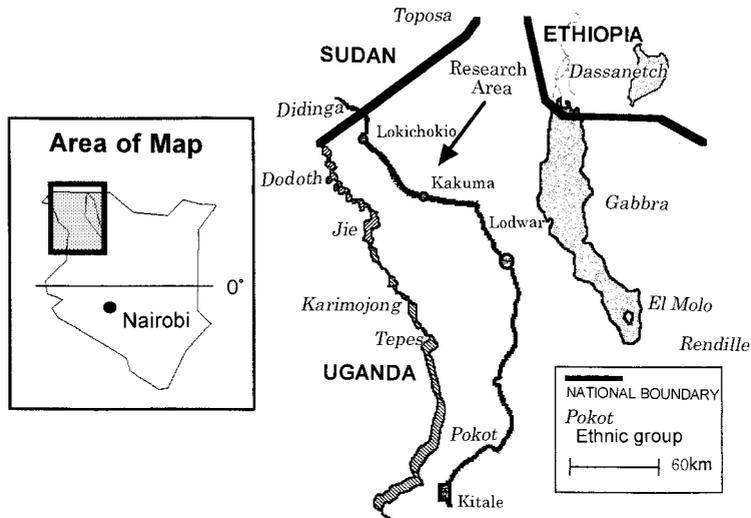


Fig 1. Research Area

There are two hospitals at Kakuma. One is the hospital run by the Catholic church with facility for the hospitalization. The other is the clinic run by an UN camp with limited facility, but free of charge. The church hospital is too expensive for the Turkana to consult often, although it is most reliable. When hospitalization is necessary, the patient and his family need a considerable amount of money besides the hospital charge because they have to provide for their own food. Moreover the hospital does not discharge until the patient clears the charge. The camp clinic is free of charge and more accessible, but sometimes it lacks medicine, and the treatment and inspections are limited. At a distance from Kakuma, there are two hospitals run by the Red Cross and AMLEF at Lokichokio and a larger church hospital at Lodwar. The patient who seeks better treatment sometimes goes to these hospitals, but not many due to the economic reason. Often, the Turkana utilize traditional healing at the same time, before or after hospitalization. This is due to their belief, because livestock that they need to pay for traditional healing is no less than the money needed for the hospital. They regard modern medicine as symptomatic treatment.

SOCIAL LIFE IN TURKANA

Nakinai (give me) features large in the Turkana social life. I will portray it following Ohta (1986). *Nakinai* starts with the beggar asking someone to solve his problem. The begged cannot refuse the beggar. The beggar behaves on the assumption that things he demanded should be given to him in due course, if the begged thinks that there is nothing that the beggar should be blamed for. So the beggar is sure to ask whether he has done wrong to the begged when the begged hesitate to reply to a demand.

Moreover, there is no expression of gratitude in the beggar even after his demand is met. If the begged does not want to meet the demand, he has to deprecate the beg-

gar. The beggar often presses the begged to select a favorable choice among alternatives, which is a rhetorical strategy. *Nakinai* is not special, but is among basic forms of communication. The greeting from the host to a visitor is, "What do you want?"

Nakinai is more than just a make-or-break bargaining. There is no rule that determines the result of *Nakinai* before starting, although the beggar has the advantage. Even if the beggar and begged are in one specific social category, such as relatives that might have already decided on transfer of things in other societies, the category does not have definitive influence on their negotiation. The initiative of the negotiation is always with the beggar. In *Nakinai*, the begged is pressed to manage the negotiation in spite of his absolute disadvantage based on rules of sharing. *Nakinai* is based on the now-and-here relationship scraped together between the beggar and begged in every negotiation.

Ohta (1996: 211) wrote that there was considerable negotiation, even for the transfer of livestock between family members or relatives. He concluded, "It is an illusion, if you think that the rule and role of a person make the problems of ownership in livestock clear." Kinship cannot decide the consequence of the negotiation.

Kitamura (1996) witnessed a conflict between the younger generation and the older. When the older men demanded the younger men some livestock as compensation for their impolite conduct, the younger did not acquiesce. Surprisingly, then the younger dominated the negotiation where it was decided that they pay livestock, to their disadvantage. The younger men selected active negotiation over tacit consent, although they lost livestock. Even senior status could not force them to do without negotiation. Kitamura called this characteristic of Turkana social life "cooperative present." The Turkana people ascertain their sense of rightfulness by involvement in negotiation. They do not rely on rules, convention or precedence. There are surely rules in Turkana, and Turkana people refer to them in negotiations. But, the result of negotiation is not prescribed by the rule before negotiation. These characteristics reflect the "independence syndrome" by Goldschmidt (1971: 140). He compared ethnographies among 12 pastoral peoples including Turkana. He wrote, "In the absence of authority roles, social control, decision-making and conflict reduction must be institutionalized otherwise. It appears that there are three ways, this is accomplished: by personal charisma, by the use of kinship, or by the institutionalization of seniority status through systems of age-grading." In short, the institutions which Goldschmidt mentioned that reduce conflicts do not have power in Turkana, compared to other societies.

I must add one exception. There is a type of negotiation that the Turkana cannot participate without being confused. They are not good at collective negotiations between representatives, the democratic way. Conflicts sometimes arise between the refugees and the Turkana, such as killing donkeys, cutting trees without permission, and injury in quarrels (Ohta, 1997). I came across an incident where some refugees killed some donkeys. UN set up a table under a tree for arbitration. Five Turkana men attempted the traditional oration, but they could not demand even a little compensation and work out a plan for the agreement. When I asked why they did not demand compensation, they answered that they had no idea what to do because the donkey-killers were not identified. The idea to ask UN or the refugee organization for compensation did not occur to them at all.

GENERAL VIEW OF ILLNESS

First in this section, I describe Turkana illness generally. I will illustrate a certain type of *etali* that accompanies the slaughter of livestock to highlight the relationship of *edeke-etali* in the next section.

I. *Edeke* and *etali*

Table 1 shows 37 *edeke* for which derivation of 27 *edeke* are known. The trait is that illness name denoting any mechanism is limited. Their understanding of *edeke* was as follows. There were 20 identified symptoms. The contingency, *e.g.* growing milk tooth entails diarrhea, was 3. Illnesses for which any mechanisms are given whether physical or metaphoric were 19, of which 7 were physical reasoning, and 2 were by *ekipe*, evil spirit. But physiological explanation based on the anatomical knowledge of livestock, curse, or witchcraft was not brought to the fore as a cause.

Each *edeke* is not an exclusive category. For example, *erekes* (No.1) denoted general sickness, which may include fever, chill, headache, dullness, and sluggishness. Symptomatically *erekes* is a malaria-like *edeke* and sometimes referred to as malaria itself. It is not only a commonplace *edeke* but also is believed to underlie several *edeke*.

The example of *lokou* (No.3) is typical. It is a combination of *lo* (at) and *akou* (head), and is the *edeke* accompanied with severe headache. Here, *erekes* underlines *lokou*. The Turkana say that *erekes* does not leave until *lokou* is healed. It means that every *edeke* has two categories superimposed. The illness name specifies the salient feature of *erekes* existence.

Moreover, severe headache is not limited to *lokou*. One of the main locus which Turkana often attributed illness to is *ewosinangacin*. This is the internal organ connection from anus to the bowels. *Ewosinangacin* has a variety of symptoms, including diarrhea, constipation, stomachache, vomiting, fever, dullness, pulsating pain, paralysis of legs, severe headache and sterility. When *ewosinangacin* twists and touches the womb, something bad happens and afflicts the womb so that one becomes sterile. This illness is *apot* (No.20). The pain travels to the legs through the waist bone touching *ewosinangacin* so that the legs are paralyzed. This illness is *agule* (No.22). *Ewosinangacin* is also a good friend of *cirai*, a blood vessel. As *ewosinangacin* influences *cirai* to cause blood flow to dance and jump, the patient feels pulsating pain at his temple. Sometimes this illness may be called *lokou*. The cure is to drink a decoction of water and ground herbs and/or to be managed by the healer. The massage corrects the twisted bowels and the herbal decoction facilitates vomiting and removes the bad entity.

Many kinds of symptoms are attributed to one locus such as *ewosinangacin*. The same symptoms are in more than one *edeke*. This means that Turkana is not keen on identification and discrimination of illness. Turkana's cognition of sickness is in sensitive, as they do not have the determinant to distinguish one illness from the other.

All the treatment-like process is called *akitedek*. It includes a herb decoction, massage, ointment, and surgical treatment. Healing rituals accompanied by the slaughter of livestock are called either *amuronot* when they are instructed by folk

Table 1. *Edeke* in Turkana: Name, derivation, appearance, understanding, and coping.

Part	No.	Name	Deriv.	Appearance	Under.	Coping	
General	1	<i>Elekes</i>	UN	Malaria-like	SYM	VDD	
	2	<i>Lib</i>	UN	Malaria-like, green snivel	SYM	VDD	
Head	3	<i>Lokou</i>	AP	Sever headache	MCP	HR <i>Lokou</i>	
Ear	4	<i>Lomazei</i>	SYM	Mumps-like	SYM	Massage or VDD	
Eye	5	<i>Emomolit, Ngakonen</i>	UN, AP	Discharge from eyes, red eyes	SYM	1. washing by decoction 2. shell powder	
Mouth	6	<i>Ngikyel</i>	LC	Incurable diarrhea in child	CT	ST <i>Ngikyel</i>	
Throat	7	<i>Ejota</i>	LC	Incurable diarrhea, stomatitis-like	CT	Massage	
	8	<i>Logoloi</i>	AP	Tonsillitis, persistent cough	MCP	ST; tonsillectomy	
	9	<i>Erarum</i>	AP	Cough, pain in chest	SYM	drink salt water or decoction	
	10	<i>Lomagali</i>	SYM	Sever pain in both sides	SYM	HP <i>Lomagali</i>	
	11	<i>Lokid</i>	SYM	Heavy breathing, pain in chest, TB-like	MCP	Chew herbal bark or drink decoction ST; tonsillectomy	
	12	<i>Eurememe</i>	UN	Pain in chest when coughing	MC	VDD, drink hot milk fat	
	13	<i>Sikina</i>	AP	Sluggishness, dullness, fever, cough	MCP	ST	
Chest	14	<i>Ryok</i>	UN	Sever diarrhea, bloody face	SYM	Massage	
	15	<i>Lolewa</i>	SYM	Sever diarrhea, pale face	SYM	Massage	
	16	<i>Ewosinangacin</i>	AP	Diarrhea, constipation, fever, vomiting, paralysis of legs, headache, no appetite	MCP	MAC, VDD, HR	
	17	<i>Etid</i>	AP	Swelling in spleen	MCP	Bloodletting	
	18	<i>Lorio</i>	AP	Swelling in liver	MCP	Bloodletting	
Adomen	19	<i>Elepot</i>	UN	Venereal disease	CT	HR, VDD	
	20	<i>Apot</i>	AP	Sterility, woman's disease	MCP	MAS, VDD, HR	
	21	<i>Ague</i>	UN	Swelling testicles	SYM	UN	
	22	<i>Agule</i>	AP	Infantile paralysis	MCP	Massage	
Epidemic	23	<i>Eteregege</i>	UN	Cerebrospinal meningitis	SYM	UN	
Skin	24	<i>Puuru, Edeke lomeri</i>	UN, AP	Measles-like	SYM	HR <i>Puuru</i>	
	25	<i>Lomesekin</i>	<i>Etali</i>	Swelling throughout body	SYM	HR <i>Lomesekin</i>	
	26	<i>Lobute, Tumulado</i>	AP	Getting fat, swelling throughout body	SYM	HR <i>Lomesekin</i>	
	27	<i>Amerieosin</i>	AP	Scabies-like, itch around fingers or anal	SYM	Application of oil	
	28	<i>Enomoker, Amoding</i>	UN, <i>Etali</i>	Inflammation on skin	SYM	Quarantine, HR <i>Enomoker</i>	
	29	<i>Abus</i>	AP	Boil	SYM	application oil	
	30	<i>Epong</i>	UN	Leprosy	UN	UN	
	Bone	31	<i>Lobai</i>	UN	Pain in bone and joint	UN	HP <i>Lobai</i> , massage
		32	<i>Sir ejem</i>	AP	Swelling of arm or leg, difficulty in walking caused by injury	MC	Bloodletting
	Blood	33	<i>Sir lolim</i>	AP	Swelling of arm or leg, difficulty in walking by unknown cause.	MC	HR after bloodletting
34		<i>Kuwam</i>	Agent	Hepatitis-like	MCE	HR called <i>Kuwam</i>	
35		<i>Aukakin</i>	<i>Etali</i>	Fainting, absent-mindedness	MC	HR called <i>Aukakin</i>	
Behavior	36	<i>Eramatau</i>	SYM	Palpitation fainting, absent-mindedness, more chronicle <i>Aukakin</i>	MC	HR called <i>Eramatau</i>	
	37	<i>Ngijekyo</i>	UN	Disorder in behavior	MCE	HR called <i>Ngijekyo</i>	

Abbreviations AP: affected part, LC: locus, SYM: symptom, UN: unknown, CT: contingency, MC: mechanism of illness, MCE: caused by *ekepe*, MCP: physical mechanism, HR: healing ritual with slaughter of livestock, VDD: vomiting by drinking herb decoction, ST: surgical treatment.

The "locus" means a weaker relationship to illness than "agent."

healers, or *etali* when they are done by lay persons. Most of healing rituals resulted in vomiting and diarrhea. The main purpose is to excrete something bad out of the body. The sick person is made to drink soup made by a healer who killed a goat or sheep to make it. The Turkana tend to resort to this type of ritual when recovery is

prolonged, whatever *edeke* may be.

II. *Emuron* (*amuron*)

The Turkana believes that a person who experienced illness and recovered from it by *etali* can treat another patient who suffers from the same illness by the same *etali*. This means that there are many potent healers. I classify them into three categories by the manner of healing, although the people call them all *emuron* (*amuron*).

1. *Emuron* as traditional diviner

For an illness episode, the diviner designates species, sex, and color of livestock to be killed through a divination called *akilamlam*. The healer does not elucidate the illness nor identifies even the *edeke*. The patient dares not to ask, either. The diviner claims authority by referring to apprenticeship with some master or God's gift, not by direct illness experience. These traditional *emuron* may become a political leader to make an important decision. This is an important exception, because the Turkana abhor concentration of authority to a specific person.

2. *Emuron* as a lay healer

Any ex-patient could treat other patients if he/she recovers wholly, although not all ex-patients become healers. They treat from experience. In other words, they are bound to their own illness experience. Some people call this type of healers *eketamatan*, practitioners, not *emuron*.

3. *Emuron* as a foreign healer

The foreign *emuron* comes from another tribe or maintains that he/she studied healing far away. Turkana people are captivated by their treatment because some healers stage a show, depicting *edeke* itself or the evil spirits *ekipe* being chased away.

Emuron is never blamed if the patient does not get better after treatment. The patient and his family just presume the presence of another *edeke*, or that the animal slaughtered was the wrong kind. *Emuron* is not responsible for his *akilamlam*. *Emuron* does not have authority nor responsibility.

Recently, practitioners who were not referred to as *emuron* have begun to call themselves so to impose a charge. The *emuron* has popularized and commercialized. This might change the life of women who always had lower status, at least economically, since most of the new *emuron* are women.

ETALI WITH SLAUGHTER OF LIVESTOCK

Some *etali* is accompanied by the slaughter of animals. This type of *etali* is popular in the coping process when a patient does not show rapid improvement despite the first remedy. Such *etali* was conducted for nine *edeke* (Table. 2), where (1) it took a long time to improve, (2) it was difficult to identify the specific cause, and (3)

Table 2. *Etail* with slaughter of livestock.

No	Name	Derivation	Appearance	Understanding	Treatment
3	<i>Lokou</i>	Affected Part	Severe headache	Symptoms	Healer takes the brain out of alive livestock, then puts it on the head of patient.
10	<i>Lomagali</i>	Shape of horn	Severe pain in both sides of chest, incurable cough	Symptoms	Healer puts burnt axe in the soup, make the patient cough away, then he drinks the soup.
25	<i>Lomesekin</i>	Livestock used in <i>etail</i>	Itch and swelling throughout body	Unknown	Patient takes blood bathing in the slaughter of livestock
31	<i>Lobai</i>	Unknown	Pain in joints and bones	Unknown	Healer hangs a stomach and rib at a tree after the slaughter of livestock to put water in a stomach and make a hole. Drippig, is used for soup.
33	<i>Sir</i>	Unknown	Swelling and pain in legs and hands	MC: something bad in blood	bloodletting with a wire.
34	<i>Kuwam</i>	Agent	sluggishness, slight fever, yellow eyes	MAE: <i>Ekepe</i>	Healer blows ashes to cause a cough and strike blades like a fighting.
35	<i>Aukakin</i>	<i>Etail</i>	hypothermia faintness	MC: loss of heat	Healer takes a heart out of alive livestock, then beat the patient with it and make him mouth it to cause a cough.
36	<i>Eramatau</i>	Affected part	Fainting, restlessness, loss of breath	MC: severe palpitation	Healer takes a heart out of alive livestock, then beat the patient with it and make him mouth it to cause a cough. Healer draws bowels out of alive livestock to wrap the patient by bowels.
37	<i>Ngijekyo</i>	Unknown	Different behavioral disorders	MAE: <i>Ekepe</i>	Patient dance to the songs the healing band sings.

For abbreviations, see Table 1.

there were multiple symptoms, including complaint of general malaise. In *kuwam* (No.34), *eramatau* (No.36), *sir* (No.33) and *ngijekyo* (No.37), *ekipe* was presumed as the cause.

Before conducting *etali* with animal slaughter, the patient goes to consult a traditional diviner or a lay healer, *emuron*. A traditional *emuron*, designates the livestock to be killed, called *ajulot*. The patient contemplates the divination, instead of dwelling on the cause of illness or meaning of treatment. *Emuron* is not regarded as a healer who explains the cause of illness and assigns meaning to the illness. *Emuron* works as an instructor of treatment, not an interpreter of illness. In many cases in which the *edeke* is clear for the patient and his family and the symptoms and progress all point to one *edeke*, they omit consultation with *emuron*. They may rely on a lay *emuron*, who would point out the animal to be slaughtered without divination, who close the same color for every case. They surely have some lay *emurons* in the family, relatives or neighbors.

The treatment has two parts. First, the healer and participants make the animal to be slaughtered go around the patient who sits on the ground, stretching his legs straight. They rub the animal against the patient's body and push the mouth of animal to his/hers, so that *edeke* should transfer to the animal. This procedure is called *akisirim* ("let it turn"). The healer may indicate the trace of *edeke*'s transfer by pointing to red pots on the inner side of skin after slaughter. People think *edeke* goes away immediately after the animal's death.

The second part is to make a soup out of the killed animal. The animal, after slaughter, provides a materials that bestow vigor for the patient and potency for the herbs. The healer makes some strips of skin to wrap around the wrist or the shoulder

of the patient. It is for protecting the patient from *edeke*'s re-attack. Only the patient can eat the right forefoot because it augments the vigor of the patient. They set two pots on fire. One pot is for the "upper" parts of the animal to be cooked. The "upper" parts do not contain bowels and stomachs and make a clear soup. The patient drinks the soup with herbs gradually, and by night has diarrhea. The other soup is a soup of bowels and stomachs. This soup and meat are distributed to the participants. After all the meat is consumed, the healer strews cool water on the fire to mark the end of treatment.

The animal suffers from the transferred *edeke* but immediately after slaughter, holds healing power. It had to die for the healing power. This may be analogous to the fact that a patient becomes a healer after recovery. This is the basic treatment. There are some variations, and I will provide three examples; *lokou*, *lomesekin* (No.25) and *kuwam*. *Lokou* and *lomesekin* are different only in how the animal is slaughtered. In *kuwam*, two sequences are appended.

In *lokou*, the healer takes out the brain of goat or sheep alive to place upon the head of the sick person. *Lomesekin* is the illness in which the patient experiences itch and swelling throughout the body, although it is difficult to identify the affected part. The healer lifts the sheep to the head of the patient before slaughter. Then the throat is cut to let the blood strickle from the top of the patient's head. The patient is all covered with blood.

Kwam has a hepatitis-like symptom, e.g. dullness, sluggishness, slight fever and sometimes yellow eyes. After killing an animal, the healer places some ash on a cow skin close to the patient's face. Then he/she makes the ash fly with another skin so that the patient coughs away. Before the ash settles, the healer and assistant strike the blades as in a fight. Coughing discharges the bad entity, whatever the *edeke* may be.

A common feature to all the treatment is that they are enacted without enthusiasm and involvement of the participants. A Turkana coping process is not a thrilling process in which an enigma should be solved, or mysterious art is practiced, but a ritual that a patient and his/her family are expected to get over an illness. The urgent task for the persons concerned is to conduct *etali*. *Etali* may bring quick relief. The Turkana people try to deal with an illness as fast and semi-automatically as possible.

Hence, in Turkana, it is not assumed that better knowledge of illness leads to better treatment. They are not interested in terminology and etiology of *edeke*, and it is sufficient for them to just know what *etali* should be practised. I wish to show one example of the *etali* by a foreign *emuron*. *Ngijekyo* devote some behavioral disorders; speaking to and laughing by himself, crying without any reason, sleeping under the sun, forgetting the family, ripping a cloth and throwing it into fire and so on. I joined a seance held by a woman healer from Uganda. The patient, a fifty-year old man, had shown behavioral disorders for a year. He and his family have consumed many heads of livestock for treatment in vain. The seance was as follows.

At night, the healer's neighbors gathered and began to play music for the patient to dance in the seance. The members of the band approached from the healer hut. The children began to prepare for the seance, tuning the drums, holding maracas. They practiced the music, waiting for the adult women. When the *amuron* and women members came, the session started. The patient stood at the center of the hut,

the band facing him. The small hut was full of band members and the patient, surrounded by many neighbors outside. Band members began to dance, reacting to *ekipe* first. The members entered into trance one after another; the patient began to dance gradually. The healer could not keep calm in music and started dancing. She induced the patient to dance by pointing at him and posing to fight with him.

The treatment for *ngijekyo* has two parts. First, the healer holds a seance to identify the type of *ekipe*. The patient is believed to start dancing when the song calls the specific *ekipe* that caused his *edeke*. *Ekiye* lives in lake, river or mountains near the border and have their own names. Healer calls out the name and location in the songs. Second, the patient is induced repeatedly to dance to the songs. The *ekipe* that has afflicted the patient is activated by the song to fly away to its home.

Two points stand out here that the traditional *etali* lacks of. One is that the foreign healer is keen about the world that *ekipe* live, communicates with *ekipe* by song to have them leave the patient. The explanation for how the *ekipe* affected is still missing, but *edeke* or *ekipe* is specified and visualized through the treatment. In a word, she modified *etali* to demonstrate the cause of illness. Second is that the healer identifies the *ekipe* and makes it leave the patient by her authoritative power. These two points are almost akin to diagnosis and treatment.

CONCLUSION

My findings here are as follows:

1. The “folk theory” of illness is not so much developed as important. If at all, the basic Turkana understanding is that something wrong entered the body and the treatment is to make it leave. Turkana people are interested not in knowledge but in *etali*.
2. *Etali* is neither a ritual to socialize an illness nor to locate an illness in the cosmological universe. The *etali* is just performed, without emotional involvement.
3. *Edeke-etali* is not equivalent to diagnosis-treatment in modern society. The relationship of *edeke-etali* is episodic in that the latter demarcates the end of the illness episode, instead of forming a feedback loop to accumulate knowledge on illness.

Ohta (1991: 315) researched the illness of livestock and wrote as follows, “There is scarcely a system of treatment in the livestock illness. I have an impression that the cause of illness for Turkana is not the problem to discuss or search. The cause of an illness is beyond their understanding and no way to cope exists once it is brought about. A fatalism underpins their attitude.”

I found the same attitude in the Turkana illness-coping. But I doubt it is passive fatalism in human illness. I evaluate the Turkana way typical in the healing ritual as a positive strategy which can be located among other strategies.

Generally, there are three ways to cope with an illness. One is to refine theories to explain the illness at the physiological and anatomical level, as in modern medicine. The second way is to ramify the conceptual system of illness, as in the magico-religious system. It personifies or objectifies the cause of illness for removal through ritual. Both are oriented to socialize an illness through the interactions among the patient, his/her family, and specialists. Kawai (1994: 80) discussed illness-coping in Il-Chamus of Kenya with farmland and livestock. She found that Il-Chamus talked

about their own physical condition in daily life and that their coping was based on the anatomical knowledge of livestock. She pointed out, "They as pastoral people project the anatomical process in livestock onto their own body to understand the physical condition. Furthermore, they think that some of their illness come from an idiosyncratic illness career on the basis of common anatomical and physiological structure. They individualize their illness through talking each other."

The Turkana way suggests another variation. They have patterned rituals to dispose of the illness without causal or magico-religious explanation. The illness-coping in Turkana is neither oriented to unfold an illness onto the disorder of social relationships, nor claim idiosyncratic interpretation among the Turkana, illness is treated as what should be finished by regular procedure. Their way works to prevent the patient and his/her family from falling into the unlimited exploration of cause-and-reason and distance them from authoritative intervention.

Goldschmidt (1971) pointed to the independence of pastoral nomads as contrasted with the farmer society. The independency has come about through severe ecological conditions to which they must become entrepreneurs to adapt. The three ways to institutionalize social control that Goldschmidt listed—personal charisma, age grading and kinship—are not powerful in Turkana. If we assume that coping-with-illness is equivalent to coping-with-unnegotiable-situations, we can say that the same social conditions underline both *nakinai* and *etali* of illness, in which the Turkana show the contradictory attitude.

REFERENCES

- Goldschmidt, W. 1971. Independence as an element in pastoral social systems. *Anthropological Quarterly*. 44: 157-172.
- Kawai, K. 1994. *Ethno-Medical Science on the Domestic Treatments among the Il-Chamus, the Agro-Pastoral People in Kenya*. Doctoral dissertation, Faculty of Science, Kyoto University (in Japanese).
- Kitamura, K. 1996. Communication for "negotiation" among the Turkana. In (K. Sugawara, & M. Nomura, eds.) *The Body as Communication*, pp 288-314. Taishukan, Tokyo (in Japanese).
- Kleinman, A. 1980. *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine and Psychiatry*. University of California.
- Ohta, I 1987. Reciprocity in Turkana: Analysis of the begging. In (J. Itani, & J. Tanaka, eds.) *Ecological Anthropology*, pp. 181-215. Academia, Kyoto (in Japanese).
- 1991. Folk etiology of livestock disease in Turkana. In (J. Tanaka & M. Kakeya, eds.) *Natural History of Human Being*, pp 295-321. Heibon-sha, Tokyo (in Japanese).
- 1996. Rules and negotiation. In (J. Tanaka, M. Kakeya, M. Ichikawa, & I. Ohta, eds.) *The Ecological Anthropology of Africa: Africa in Change* (in Japanese).
- 1997. Coping with the social changes among the Turkana, In (K. Kitamura, ed.) *Anthropological Study on the Social Change and Development among the Pastoral Peoples in Northern Kenya*, pp. 1-33. Interim Report of the Research Project for Kenyan Government (unpublished).

———Accepted *December 24, 1997*

Author's Name and Address: Shinsuke SAKUMICHI, *Faculty of Humanities, Hirosaki University, Bunkyo-ku 1, Hirosaki-City, Aomori 036-8224, JAPAN.*