

The Weight of Culture in The Understanding and Management of Epileptic Disease Among The Autochthons Peoples of Casamance in Senegal (West Africa)

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Culture, Epilepsy disease, Explanatory models.

Introduction

Epilepsy is a universal disease, in the sense that it makes no distinction between races, socio-cultural groups or regions of the world. It is a very frequent chronic neurological disease, affecting 0.5 to 1% of the population. It affects both men and women and can occur at any age [1].

Epilepsy is defined as a brain disease characterized by a persistent predisposition to epileptic seizures and by neurobiological, cognitive, psychological and social consequences [2]. Epilepsy unfortunately continues to be taboo (in some cultures) and epileptics are very often still facing reactions of misunderstanding and social rejection [3].

The social and cultural burden that weighs on this disease could not be overlooked for better management. The literature on epilepsy in Africa emphasizes the specificity of the cultural beliefs attached to this disease and on those of the therapeutic practices, which take it as a matter [4] and [5].

Comment

A quantitative and qualitative study based on a survey of patients and their families, carried out at the Emile Badiane Psychiatric Center in Ziguinchor (one of the three administrative regions of Casamance) between July 1st, 2010 and June 30th, 2011 allowed us to measure the role of culture in the management of this disease. Only patients belonging to the indigenous peoples of Casamance, namely the "Joolas", the Mandings and the "Balantes" are concerned. Of the 300 epileptic patients followed during this period, 180 are concerned by this survey, including 132 "Joolas", 31 Mandings and 17 "Balantes".

The naming of the disease/sick couple in the dialects of these different cultures ("Adjékak"/"Eguiné esofo" [Joola]; "Guissi goyé"/"Aguingui guissi goyé" [Balante]; "Sétanolon"/"Kung boyto" [Manding]), is highly symbolic and contributes to a better understanding of attitudes observed among these peoples in front of epileptics. The results of this survey led us to two main conclusions:

- The belief that epileptic disease is highly contagious has accentuated the confinement, rejection and even social exclusion of patients,
- The supernatural origin attributed to the epileptic disease explains the delay in the medical care of patients and the untimely interruptions of treatment, which is the cause of many cases of neurological complications and cognitive disorders in patients.

According to these peoples, the epileptic disease is the result of the interaction between an individual and an occult force. This encounter can be caused by:

- Transgression of habits and customs
- The accidental encounter with an evil spirit
- The object of a spell cast by a human
- The object of a choice made on the person by the spirits of the ancestors and the protective spirits of the community to fulfill certain roles such as those of healer or guardian of the "sacred woods" (altars).

Some authors emphasize the diversity of models that underlie in a given society the cultural construction of health problems and the therapeutic efforts to solve them; they emphasize that all therapeutic practice is eminently interpretative and involves a constant work of translation, decoding and negotiation between different semantic systems.

The concept of explanatory model developed by Kleinman is interesting in this respect. He distinguishes professional models from those developed by patients and their families, each model conveying specific beliefs, standards of conduct and expectations [6].

Conclusion

This perspective makes it possible to assess the gap between the models that come into contact during the clinical exchange, to examine their interaction and to analyze the communication problems that arise within the therapeutic process. Knowledge of the explanatory model gives the clinician the possibility of communicating with the patient and of intervening in a manner acceptable to the latter; this is likely to facilitate therapeutic compliance and the favorable evolution of the disease.

1. In "Joola"

"Adjékack": the possession by the devil "*Eguiné esofo*": the person possessed by the devil.

2. In "Balante"

"Guissi goyé": the disease of the bad wind "*Aguingui guissi goyé*": the one who is infiltrated by the bad wind.

3. In "Manding"

"setanolone": Satan's disease "*Kung boyto*": one who gets knocked down by his head.

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