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Understanding traditional African healing

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Abstract

Traditional African healing has been in existence for many centuries yet many people still seem not to understand how it relates to God and religion/spirituality. Some people seem to believe that traditional healers worship the ancestors and not God. It is therefore the aim of this paper to clarify this relationship by discussing a chain of communication between the worshipers and the Almighty God. Other aspects of traditional healing namely types of traditional healers, training of traditional healers as well as the role of traditional healers in their communities are discussed. In conclusion, the services of traditional healers go far beyond the uses of herbs for physical illnesses. Traditional healers serve many roles which include but not limited to custodians of the traditional African religion and customs, educators about culture, counselors, social workers and psychologists.

Keywords

African cosmology; traditional African healing; African religion/spirituality; traditional healers

Introduction

Relative to other African countries, South Africa is a young democracy. Having been liberated from minority Nationalist Party rule in 1994, many areas of activity are still divided between Western and African philosophies. To encapsulate these divisions, one needs only to listen to the discussions and debates about religion, traditional healing, 'lobola/magadi' and traditional ceremonies on radio stations, in the newspapers and other public forums throughout the country. One would immediately realise that South Africa is a complex country with diverse cultural beliefs.

The colonial authorities and subsequently the apartheid government imposed a Western worldview on the people of South Africa without an attempt to determine the validity of the African worldview on issues such as traditional African healing and traditional African religion/spirituality, which are in most cases mutually interwoven. This idea was well captured by Gumede (1990) who asserted that it would be difficult to understand the traditional healer and his/her trade without taking the concept of traditional African religion/spirituality into account. Chavunduka (n.d.) gave two main reasons why it is difficult to separate traditional African healing from traditional African religion or spirituality. Firstly, the traditional African philosophy of illness in most cases encompasses relations between

God, ancestors and the universe; and in many traditional healers double as religious leaders (priests and prophets) in African independent churches and vice versa.

Traditional African religion /spirituality: Communication between the living and the living-dead

Nigosian (1994: 4) defined religion in general as “*an invention or creation of the human mind for regulating all human activity, and this creative activity is a human necessity that satisfies the spiritual desires and needs inherent in human nature*”. The traditional African religion, in particular, can be described as tribal (Van der Walt, 2003). In other words, its practice varies from tribe to tribe but the substance remains the same all over Africa. A tribe is defined as a “*social division in a traditional society consisting of families or communities linked by social, religious, or blood ties, with a common culture and dialect, typically having a recognised leader*” (Pearsall, 2001: 1530).

Traditional African religion had existed for many centuries before the arrival of Western Christian missionaries and Western political expeditions on the African continent. With the challenge for and the Westernisation of the African continent in the 19th century, many Africans became Christians not by choice but via intimidation. Nonetheless, it is also worth mentioning that others became Christians by choice (Nigosian, 1994). In many parts of apartheid South Africa, an African child had to have a ‘Christian’ name before she or he could be enrolled at a primary school. This is where many African children were introduced and ‘converted’ to the Christian religion. Contrary to the intentions of colonial authorities and the apartheid government, this forced conversion and Westernisation did not lead Africans to completely abandon the traditional African health care system and African religion (Nigosian, 1994). Instead, many Africans practiced Western and traditional African religions concurrently and as such utilised the services of both the traditional and Western health care systems (Nigosian, 1994).

Before the Westernisation process, Africans had always believed in God and the ancestors and had been profoundly spiritual. This is contrary to some colonial authorities and Christian missionaries’ general beliefs that Africans were unbelievers. Africans believed and continue to believe in the eternal and ubiquitous spirit of the ancestors and the Almighty God. The ancestors are called by different names depending on one’s ethnic origins. The Bapedi, Batswana, and Basotho call them ‘*badimo*’. The Amazulu and the Amakhosa call them ‘*amadlozi*’ and ‘*iinyanya*’ respectively.

The ancestors are the ‘living-dead’, compassionate spirits who are blood-related to the people who believe in them. The ancestors continue to show an interest in the daily lives of the relatives that are still alive (Van Dyk, 2001). They are superior to the living and include, amongst others, departed/deceased parents, grandparents, great-grandparents, aunts and uncles. These spirits, because they have crossed over to the other side of life, act as mediators between the living and God. This way of life is regarded as ancestor reverence, veneration or remembering and not as ancestor worship (Berg, 2003). The word ‘worship’, when referring to communication between Africans and the ancestors, is therefore inappropriate since the ancestors are not worshipped but remembered and revered by their relatives (Child & Child, 1993). In traditional African religion, God is above and beyond the

ancestors and is called the Supreme Creator/Being and the main pillar of the universe (Thorpe, 1993). This is one aspect that many people who do not subscribe to this belief system fail to understand: that the God that the traditional African religion subscribers worship is the same God that Christians and other religious groupings believe in. Because African religion reveres and holds God in the highest regard, worshipers do not speak directly to Him. Their prayers and wishes are communicated to Him through the medium of the ancestors. This is often aided by enlisting the services of a traditional healer who advises on how to communicate with the ancestors, depending on the purposes of the communication and the type of ritual that needs to be performed.

Traditional African religion, therefore, involves a chain of communication between the worshipers and Almighty God. This chain is, as would be expected, influenced by the cultural context in which it exists, just as Christianity and other religions are embedded within their particular cultural milieus. Christians communicate directly with God, or through Jesus Christ, whilst traditional African religious believers communicate with God through the medium of the deceased relatives. The deceased relatives are 'means-to-an-end' and not the end in themselves. The deceased relatives are conduits of their relatives' prayers to the Almighty.

At times, communication between the living, the living-dead and God is done through the ritual slaughtering of an animal (Gumede, 1990). The practice of ritual slaughtering in traditional African religion is akin to the animal offerings carried out by people in the Old Testament of the Bible. It can be argued that the main difference is that people in the Old Testament were making animal sacrifices directly to God whilst traditional African religious believers make animal sacrifices to God through their departed relatives who have attained the status of being ancestors and therefore mediators between their living relatives and God. Different types of animals can be slaughtered for the purposes of communication between the living, the ancestors and God. These include chickens, goats and cattle, depending on the instructions or preferences of the ancestors. The slaughtering of an animal has to be done properly and at an appropriate place. For example, such sacrifices could not be made at the modern abattoirs. They must be made at the homestead of the person/s concerned so that blood can be spilled there. Blood is an extremely important aspect in the traditional African religion and customs. It serves as a bond between the ancestors and their descendants. This is one of the reasons why an animal has to be slaughtered when two people get married, for example. The blood of the slaughtered animal is believed to be the eternal bond between the families and the ancestors of the two families that are coming together through the bride and bridegroom. Gumede (1990) explains that there are three basic tenets of a properly made sacrifice. These are that there must be an appropriate animal, such as a cow or bull of a particular colour depending on the occasion, there must be home-brewed beer and frankincense.

Sacrifices and ancestor reverence are not confined to the ancestors at the personal and family levels only. These kinds of sacrifices can also be made, during an extended period of famine that threatens the life of humans, animals and plants, to what are normally called 'the village ancestors' which are the spirits of departed chiefs and other high ranking royal figures. In the Bapedi tribe, found in the Limpopo province north of South Africa, this is

achieved by gathering all of the village girls who are still virgins and have not, as yet, gone through the rights of passage into womanhood or adulthood. These girls draw water from the river using containers made of clay, called *'meetana'* (*'moetana'* – singular) (Harries, 1929). This water is carefully mixed with rain-medicine to sprinkle the earth with (Hammond-Tooke, 1974). This is done with the proper guidance of the chief traditional healer for that particular village called *'Ngaka ya Moshate'* in Sepedi. It is believed that the rain will come down as soon as the girls arrive back from the river having performed the necessary rituals both at the river and at the place where the departed chiefs are buried. It must be emphasised that these rituals cannot be performed without the rainmaker's instructions and the spiritual guidance of the ancestors. If it happens that these rain rituals do not yield satisfactory results, another ritual is performed. This entails village men hunting a type of buck with short horns, called *'Kome'*. The buck must be caught alive and brought to the rainmaker who mixes some of the fur of the buck with rain-medicine and call upon the ancestors to shower the village and its environs with rain (Eiselen & Schapera, 1962).

Traditional African healing

The definition of traditional healing varies. According to the World Health Organisation (WHO) (WHO, 1976: 8) traditional medicine/healing is *"the sum total of all knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating a physical, mental or social disequilibrium and which rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing"* and *"health practices, approaches, knowledge, and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercise, applied singular or in combination, to treat, diagnose and prevent illnesses or maintain well-being"*. Further, traditional healing encompasses treating illnesses with herbs to spiritual treatment (United Nations Joint Programme on HIV/AIDS - UNAIDS, 2006). It is holistic in its approach and embodies the collective wisdom of indigenous knowledge handed down over many generations (Ashforth, 2005).

Although researchers use the umbrella term 'traditional healing' when referring to many healing systems different from the Western (modern) healing system, traditional medicines across the world are dynamic and variable because of the different regions and countries of origin and because of the different agricultural systems in which they exist (Good, Hunter, Katz & Katz, 1979). Traditional healing is not a homogenous healing system, but varies from culture to culture and from region to region. It seems to be more established in some countries and regions when compared to others (Sofowora, 1996). In this regard, it is apparent that traditional healing is well organised and established in countries such as China compared to countries such as South Africa.

Craffert (1997) argued that illness and health care systems in any society, whether traditional or Western, are in one way or another determined by or closely connected to the culture or world-views of those societies. Every society develops its own cultural way of dealing with illnesses. For example, the Chinese, native Americans, native Hawaiians, Australian Aborigines, Indians, Maori in New Zealand, indigenous Africans and many other indigenous peoples have their own special methods and remedies for dealing with

physiological, psychiatric and spiritual conditions. To use Carl Jung's concept, these could be regarded as part of the 'collective unconscious' of these societies (Berg, 2003). Aspects of this collective unconscious tend to resurface in some few select individuals in the form of traditional healers.

George Kelly, an American personality psychologist and philosopher, developed the philosophy that he called 'Constructive Alternativism', which challenges the notion of a single objective reality (Boeree, n.d.). Although reality exists, it can be constructed, interpreted and understood in different ways. For example, the traditional African healer has a different construction and etiology about schizophrenia to that of a Western healer. The Western healer may primarily look at the biological (chemical) basis of schizophrenia, while the traditional African healer might look at witchcraft and ancestors as possible causes. The question arises as to when one construction is perceived as superior than another, especially if the two constructions of reality seem to be very different, as is the case with schizophrenia. Boeree (n.d.) maintained that no one's construction of any phenomenon, including schizophrenia, is ever complete because the world is too large and complicated for anyone to claim to have the perfect perspective which could be regarded as universal. Thus, practically everything, even science, is a matter of opinion, merely because it is so difficult to verify or discern anything beyond doubt or question (Rudinow & Barry, 2004). Therefore, what needs to be emphasised in the case of ill health is the issue of 'cultural relativism' which suggests that experiences and interpretations of illness or misfortune are culture-dependent (Teuton, Bentall & Dowrick, 2007). Effectively, the differences in the interpretation of illnesses and misfortunes are qualitative in nature.

Types of traditional healers

Traditional healers, like medical doctors, are not a homogenous group (Ensink & Robertson, 1999). The term traditional healer is an umbrella concept that encompasses different types of healers with different types of training and expertise. Researchers have identified different types of traditional healers in different regions (Freeman & Motsei, 1992; Green & Makhubu, 1984). In the Bapedi tribe, traditional healers are generally called '*dingaka*' or '*mangaka*'. The different types of traditional healers include, diviners ('*Ngaka ya ditaola*'), Sanusi ('*Sedupe*'), traditional surgeons and traditional birth attendants ('*Babelegisi*').

The diviner uses bones and the spirits of the ancestors to diagnose and prescribe medication for different physiological, psychiatric and spiritual conditions. This category includes those that deal with '*mafofonyane*' (schizophrenia) and '*malopo*' (being possessed by the spirits of the ancestors that can be healed without the possessed person becoming a traditional healer him or herself). '*Malopo*' can be treated by a combination of therapies that include dance (Hammond-Tooke, 1989).

A Sanusi can be both a diviner and herbalist, or as is the case in the African independent Christian churches, in the form of a prophet or what the Zion Christian Church calls '*lebone*'. This is someone who is possessed by the Holy Spirit and is able to foretell the future and advice on how to avert an undesirable event.

For healing purposes, some of the prophets, as is the case with the prophets in the Aladura church in Nigeria, use water in addition to prayers (Rinne, 2001). They often combine the Christian Holy Spirit with the ancestral spirit which falls within the realm of traditional healing (Truter, 2007). According to Green and Makhubu (1984), the '*baporofeta*' (prophets) emerged out of independent churches that sought to Africanise Christianity by including African traditions and customs in their religious practice. The '*baporofeta*' and the 'Africanness' of the independent churches are some of the major aspects that attract millions of Africans to these churches; hence, the Zion churches are the largest in South Africa (Anderson, n.d.). It is, however, noteworthy that Green and Makhubu (1984) do not regard the '*baporofeta*' category as traditional healers although they concede that they share a common theory of health and disease with traditional healers. The basic difference between faith healers and traditional healers is that the former receive guidance from God and the Angels while the latter are guided by the ancestral spirits. What is confusing about their argument is that some of the former use herbs at times; how this is connected to God and Angels is not entirely clear (Green & Makhubu, 1984). Contrary to Green and Makhubu's (1984) assertion that '*baporofeta*' are not traditional healers, the Traditional Health Practitioners Act of South Africa classifies the '*baporofeta*' as traditional healers (Government Gazette, 2005).

Traditional surgeons include those who are qualified, accredited, trusted and recognised by village chiefs to perform circumcision on boys (Government Gazette, 2005). Their practice and expertise as surgeons can also encompass the practices and expertise of other types of traditional healers such as diviner and *sedupe/sanusi*.

Traditional birth attendants are usually older women who have perfected the skill of midwifery over the years through experiencing, witnessing and assisting in many births throughout their adult lives. The skill is transferred from one generation to the other. As a result, any older woman can become a birth attendant. It remains to be seen if the traditional birth attendant category will survive for long, as more Africans people prefer to give birth in hospitals and not at home as was previously the case.

Training of traditional healers

For certain categories of traditional African healers such as diviners, training is a formal and meticulous process that can take between months and years depending on how fast the trainee learns the trade (Peek, 1991). To become a traditional healer a special calling from the ancestors is required. This calling can come through what is generally called an 'illness' in the Western paradigm. These include schizophrenia and psychosis, as well as constant visitations through dreams by one's ancestors and apparitions instructing a person to become a traditional healer. The authenticity of such callings is verified by a diviner who advises on who should undergo training at an appropriate trainer.

Moreover, not every qualified traditional healer is qualified to train prospective traditional healers. Training of traditional healers is a specialty and yet another calling, in addition to simply being a healer. A traditional healer has to be called to become a trainer of other future healers. There are traditional healers who combine both the normal traditional healing and who specialise in training of prospective traditional healers.

During training, the trainee is required to live with his/her trainer, the trainer's family and other trainees, and is therefore constantly observed by the trainer (Rudnick, 2002). During the training process, trainees receive instructions on a variety of aspects such as different medicinal plants and animal extracts to use, interpreting bones, dream analysis, communicating with the ancestors and different illnesses and how to treat them. There are certain practices that are proscribed during the training process as per the instructions from the ancestors. For example, a trainee does not greet other people by shaking hands. When greeting others, especially when they meet others in the homestead, they kneel down and clap hands by placing one hand over another in an up and down fashion or sideways. When they meet relatives outside of the homestead, they curtsy and clap hands without kneeling down but does not normally greet strangers outside the homestead. A trainee is also prohibited from engaging in a sexual relationship (Hammond-Tooke, 1989).

Once the training is completed, the trainee is taken to a river where final rituals are performed at a ceremony in the presence of community members, called '*go ja ntswase*'. Animals are slaughtered according to the instructions of the ancestors that are communicated to the trainer through the trainer's divination. This ceremony is a form of an assessment to test if the trainee has mastered the trade and can be allowed to practice as a traditional healer (Mutwa, 2003). One of the methods that the trainer healer employs when assessing the trainee's level of competence in using the spirits of the ancestors is to hide a safety pin in the vicinity or in one of the spectators' pockets. The trainee is required to find the pin by being guided by the spirit of the ancestors. If it happens that the trainee fails this assessment, the training may be extended by some more months.

The role of traditional healers in their communities

In all African regions, traditional healers are very resourceful and play a pivotal role in many spheres of the people's lives since they are 'medical knowledge storehouses' (Yeboah, 2000), African traditional healers serve important roles as educators about traditional culture, cosmology and spirituality. They also serve as counselors, social workers and skilled psychotherapists as well as custodians of indigenous knowledge systems (Mills, Cooper & Kanfer, 2005).

The services of traditional healers go far beyond the uses of herbs for physical illnesses. A particular example of the role of traditional healing extends to its use in Mozambique. Traditional healers were found to be invaluable in post civil war social reconstruction and community rebuilding in Mozambique, particularly in the rural areas (Honwana, 1997). It is doubtful whether modern psychological and psychiatric services would have been appropriate in Mozambique, since traditional healing was highly involved by rendering culturally relevant psychological services that included communication with the ancestors (Honwana, 1997).

Conclusions

This paper exemplifies traditional African healing by discussing how it is linked to traditional African religion/spirituality in order to promote optimal wellbeing. Traditional African religion entails a chain of communication between God and the living with the

living communicating with God indirectly through the mediation of the ancestors. This paper has also detailed a rigorous process that traditional healers undergo before qualifying as healers.

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