In the spirit of Uganga - inspired healing and healership in Tanzania

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Chapter 4

From Exploration to Ethnography

Having presented some of the essential background information on *uganga wa jadi* (traditional healing) in Tanzania, I wish to address how the actual field data has evolved from an explorative study to an in-depth ethnography of spirit healing practices. I intend to provide an integrative account of the way I gained acceptance from participants and how I, as an investigator, have faced these experiences. Furthermore, I wish to explain the methodologies employed and how these have been adapted during the course of the research. The key for giving a fairly accurate ethnographic presentation is reflexivity – a critical assessment of one’s own position both in the field and in the academic field (Schrijvers 1991). This implies that the reader has to know about the relations and experiences during the fieldwork so as to understand the interpretations of the author, and the way this has affected the presentation (see 1.3).

The process by which I gained acceptance from participants and also an understanding of events and beliefs, foremost through healers and their clientele, entails a careful analysis of three interrelated research components. In the first place, I had to test the preconceived research design with respect to usefulness and appropriateness for each research setting. Secondly, I had to identify ways to gain access to the life, work, problems, perspectives and feelings of participants. Thirdly, I wanted to develop research methods to enhance the understanding of religious and spiritual experiences. The spiritual, the personal and the social identity of a person are all expressed through bodily experiences that form a link between inner and outer reality (Blacking 1992). To get access to these realities I would have to learn to trust all my senses, incorporate time, and follow the sequences of experiences and reactions of the participants in each healing practice. Unfolding how I came to terms with these three components, will not only furnish useful insights into the research, but also into the setting where the research was done and how a grounded theory approach took root. This approach formed the basis of establishing trustworthy relationships that were marked by learning and sharing. What follows are the various steps, phases, and personal experiences in the research process between 1994 and 1999. I start with the
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circumstances of my stay with the healer Nambela in 1990/91, as the methodology and approach I developed at that time largely shaped the rest of this study.

4.1 The initial research

When I first arrived at Nambela’s compound (in November 1990), I was in the company of a head-nurse from Mbozi Mission Hospital who knew Nambela personally. The hospital provided us with transport. The road took us along intensively cultivated areas with dispersed villages. After some forty minutes, we took a small dirt road that brought us up to a hilltop. From as far as the eye could see from there, the land belonged to Nambela and her family, with Nambela’s compound at the far end of the track. I had written to the head-nurse in advance to ask if she could be an intermediary for me and ask Nambela for her permission to study her practice. Nambela had agreed but she was nonetheless much astonished to see me. As she shook her head in disdain, she said that there were no special provisions for me and that there were no shops around. Through the head-nurse, I explained that I had no objections to that. I had taken seeds along to grow my own vegetables and would find my way to shops on foot if necessary. The next moment Nambela took up my luggage and placed it in a separate room of her house. In her home I would be safe.

When the nurse left, I felt confused and wondered what I had gotten myself into. I hardly spoke the national language, Kiswahili, let alone Nambela’s vernacular, Kinyiha. Fortunately, the same day Nambela appointed a patient, called Patterson, to assist me. Patterson spoke some English and had just arrived himself for consultation. He already knew Nambela from an earlier visit and had come back for further treatment. He suffered from what Nambela called a bad spirit or pepo mbaya. As a consequence, Patterson was absent-minded and confused, had lost weight, and suffered from stabbing pains in the chest (see chapter 7).

During the first period of my stay, I lived in Nambela’s house, which gave me a good opportunity to familiarize myself with some of the emotional turmoil in her life, be it of a spiritual or a social nature. For example, Nambela would hardly sleep at night. Ever so often, she would run out under the influence of her spirit forces, speaking about events that had happened or were about to happen. In other instances, patients would consult her privately, or family members came to discuss certain matters. Apart from Nambela’s ‘strange’ behavior, I was confronted with patients hovering around the compound day and night in a state of trance. These initial experiences were quite overwhelming to me, the more so since people were apparently able to improve their condition by manifesting these trances. All the time I remained at the compound. This allowed me to have informal talks with the in-patients of Nambela, but also with people who arrived for walk-in (ambulatory) consults, and to follow the

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divination and musical healing sessions. Often, I participated in these healing sessions in which patients would sing for each other until spirit forces were manifested. I usually participated as a singer, but sometimes I sat passively on the ground so as to allow myself to experience what others did. During trances, patients would have their eyes turning inwards, their breathing would accelerate, and they would lose control over their bodies. This would be accompanied by crying, yelling, and also, shivering. When verbal reactions followed, the patients were often difficult to understand, as speech or talking took place in long intervals, with loud shrieks, or belching.

As the daily musical sessions were a major therapeutic intervention, I regularly recorded them, to transcribe the texts but also to test the reaction of the healer Nambela and the patients. Their comments and reactions helped me to re-interpret my understanding of things so far. This made me realize that the singing gatherings were a crucial mode of spiritual and emotional expression. The various physical sensations I personally felt became clues to an inner reality that I otherwise would not have grasped. I did not have the intense experience of being in a trance, but these sessions definitely affected me. Furthermore, I also made recordings of divination sessions. But as many divisions were made for ambulatory clients who left shortly after, I used these recordings mainly for the purpose of transcription. Much of this was realized with the assistance of Patterson who gradually became a good friend of mine.

Apart from spending much time on the compound, I studied the national language, Kiswahili, and familiarized myself with local concepts concerning illness and health. At the same time, I spent time fetching water from wells or streams nearby, where I also washed and bathed, or I attended to my vegetable garden. Once in a while, I walked to the nearest town to buy some essentials (about 10 miles away). After two months, I was allowed to repair a mud brick house, separated by a coffee field from the compound of Nambela, so as to live on my own. From that moment onwards, I started to structure my research and made serious efforts to adapt my methodology to the circumstances. I had regular interviews with Nambela’s assistants and (ex) patients, or documented the use and knowledge of plants. With patients who came for the first time, I had a short formal interview to register their particularities on forms I had prepared. The primary records contained information about where they lived, their family status, age, tribe, work, religion, symptoms and illness history. Later I had more informal talks with the patients.

In the process of creating knowledge with Nambela and her relatives, I sometimes encountered difficulties. First of all, Nambela, her assistants, and relatives were often away from home during the day. Nambela would go out collecting plant ingredients to serve as medicines (*madawa*), or she would be in the fields where she
grew her own specific food. Whenever Nambela, and also close relatives of hers, specifically invited me over the next day to discuss certain aspects of my research with them, this tended to be forgotten. A second constraint was that many close relatives of Nambela had little idea of what I was doing there or what my study implied. As long as I could not speak to them in their language, they did not take proper notice of me. All in all, it took me several months to realize that my methods of research did not help to create the knowledge I was hoping to gain. Fortunately, the close collaboration with Patterson enabled me to gain vital information about the meaning of *pepo* illness and treatment. Whenever he felt good enough, he would come by to see me. In the course of working together, we started talking more intensively about his personal experiences with spirit affliction, providing insight into his own situation. Gradually, more persons became concerned with me and wanted to know more about the aim of my stay. In particular, there were two women who lived nearby with whom I shared a lot of time together. Both women provided me with valuable insights about their experiences with *pepo* and also with Nambela whom they knew very well.

It took me nearly six months before I established a good relationship with Nambela, some of her children, and other close relatives. By then, I was able to converse a little bit in Kiswahili, which had encouraged me to visit them at irregular intervals to get to know each other better. From that moment onwards the various pieces of the puzzle about Nambela’s career and practice fell slowly in its place. I had learned the most important lesson of fieldwork, i.e. to have patience and to live according to the pace and rhythm of the life of the healer, her relatives, and those clients who remained in her healing compound. After eight months, I was finally able to consider certain findings from different angles, slowly bringing the material to the level of a theoretical analysis.

4.2 The re-orientation phase

After my initial study with the healer Nambela, which ended in September 1991, I gradually prepared for a new research period. I took extra courses in tropical plants and visual anthropology to support the next phases of fieldwork, which I financed myself together with my partner. In 1994 and 1995, I traveled for four months through Tanzania to check the possibilities of studying other respected spirit healers. During these trips, I was accompanied by a Tanzanian friend, whose name is Mohammed.\(^{60}\) He is a Myaoo from an Islamic family living in Mtwara region (Southeast Tanzania). I had met Mohammed in 1994 during a visit to some Tanza-

\(^{60}\) Not to be confounded with the field assistant Mohammed of Caplan (1997) on Mafia Island in *African Voices, African Lives.*
nian friends in Dar es Salaam. He showed great interest in my research and soon offered his assistance to me. Mohammed had personal experiences with spirit healers and also had a sister who was a member of a healing guild in Mtwara. As a child, he was troubled by witches whose presence he could observe at night, whereas others could not. His mother took him to a healer to stop seeing the witches. According to Mohammed, witches are persons who lead a normal life during the day, but at night they may gather in secret meetings. For this purpose, they make themselves invisible by rubbing a mixture composed of plant, animal and mineral ingredients on their skin. Only people who have spiritual forces can see them. The spirit healer explained that Mohammed had family spirits that allowed him to see these witches. Mohammed needed a treatment to reduce the influence of his family spirits. He was given a concoction of plants to be administered orally and corporally for bathing. Also, some rituals were held. Mohammed had to return a number of times during a period of two years to repeat the treatment with the healer. These experiences impressed him so much that he began to make drawings about it when he was still a boy. Today he is a good drawing artist.

My collaboration with Mohammed started in Dar es Salaam where we consulted various people to know where respected healers operated in the country. While Mohammed would check with friends, relatives and others, I checked district and regional officers who kept records of registered healers. I also met a number of researchers (see chapter 1). Most of the time, my visits resulted in enthusiastic conversations about how to study spirit healers and what their role is in Tanzanian society. In other words, my interest was met with a lot of curiosity often leading to many questions about my findings with the healer Nambela. Discovering that people from various backgrounds and statuses were personally concerned with my research project assured me that the aims I set were useful.

In 1994, Mohammed and I established contacts with healers in the cities of Dar es Salaam, Tanga and Bagamoyo. A majority of healers registered in these coastal settings were males (see 2.5). None of them had facilities for in-patients and the flow of ambulatory patients was quite irregular. The healers explained to me how they had to adapt to a ‘modern’ clientele who requested take-away remedies for protective, preventive or curative means. If I were to find more authentic spirit healers, I was to go to more isolated or interior regions. Larger clinics with in-patients operated mainly in rural areas where there were male and female healers who specialized in particular problems and applied traditional treatments. In nearby Korogwe district, there was one such Islamic healer by the name of Mandondo who we subsequently visited. I also remained in Mtwara, Mohammed’s home area, to meet local spirit healers. By then, his elderly sister was suffering from spirit affliction and had joined a healing
guild in Mtwar a lead by a female Islamic healer. On one occasion, I was able to participate in a healing session of this healer with whom I kept in contact for a while. The healer treated primarily spirit afflictions in which coastal spirits were involved (see 3.6 and 3.7). On another occasion, I visited the representative of the local healers organization who kept the records of all registered healers for the cultural district office of Mtwar a. From this representative and others in the country, I obtained copies of lists of registered healers, a majority being *waganga wa pepo*.

In 1995, I traveled without the company of Mohammed to visit the interior of the country. I went to meet various prominent healers, some of whom received up to 200 clients weekly, such as the healer Kalembwana, who I will present in chapter eleven. Some of these healers kept formal records of the patients, or created their own handbooks in which they wrote down how certain diseases were best treated through ritual and/or medicines. In a few cases, the healers were in contact with staff from the local hospitals. Other healers had assistants to help with the formal preparations upon arrival of new clients and keeping patient-records. From the visits to all these healers, I was able to obtain quite a good impression on how they operated and how they had begun their healing career. In some cases, I recorded their illness histories and was requested to come back for a longer stay. Due to lack of communication means, I visited the healers without prior notice and was thus never sure I would meet them at home. On two occasions, the healer was absent upon my arrival. In one case, I lingered around for a while hoping to get an impression of the location. Suddenly the healer returned from his journey. He had interrupted his trip after experiencing a strong signal to return home without knowing why. In a few cases, healers knew of my arrival ahead of time, either through dreams or a trance state.

Below, I wish to describe some of the proceedings of my follow-up research between 1996 and 1999. I explain how I experienced the first stage of the research in the company of my field-assistant Mohammed and my partner. I then present a profile of the sequences in the second stage of the follow-up research that took place without the assistance of Mohammed. Even though I do not present the ethnographies in the study from the first stage in this study, the experiences helped me to decide what aspects in *uganga wa pepo* needed attention within the setting of the Southern healers (see 1.5). Without them, I would have been less equipped to decide what features needed clarification for a comparative perspective and how to differentiate the various types of *waganga wa pepo* with respect to their roles, skills, spirits and practices in Tanzanian society.
4.3 The follow-up research

4.3.1 Stage one: 1996-1997

In 1996, I arrived in Dar es Salaam together with my partner Daniel and we were soon faced with a long period of uncertainty with respect to obtaining a residence permit for Daniel. By appointing Daniel officially as my research assistant the problem was overcome. I did not feel like driving around on my own on roads that are often unpredictable, so I claimed that I needed his help to realize the research project. The second hand car, a small four-wheel drive, not only enabled us to reach distant areas, but also to obtain provisions. After three restless months we finally headed out for Mtwarra region and met with Mohammed, my artist friend from earlier travels (4.2). Mohammed had introduced me to a healer in 1994 with whom we now planned to stay. The healer was a distant relative of Mohammed and was pleased to facilitate me in my study. From now on, I will refer to this healer as Rachid. He ran a small practice with some in-patients as well as ambulatory patients who came mainly from Lindi and Mtwarra. Rachid was around 30 years, a Mwaraba, and worked with Arab, Swahili and tribal ancestral spirits. With the voluntary assistance of the healer we managed to rent a mud house next to his healing compound. The house had the company of a cat and some ducks and we were happy to take care of them. Mohammed was happy to remain with us and help me with the research. Very soon he, my partner, and I felt much at home.

Being related, Mohammed and the healer Rachid were much at ease with each other which allowed me to obtain a number of insights in a relatively short time (three months). Mohammed was very pleased to be with us and eager to help me in any way he could. We were well tuned into each other and enjoyed talking until late at night about the role of Rachid’s work as a healer, his activities, and his clients. Still, I missed the intense participatory interaction during information processing that I had felt during my stay with Nambela. But, there was more then the lack of personal involvement. Each of us looked with different eyes at the patients and the healer’s activities. While Mohammed could best identify with problems and procedures regarding witchcraft and magic (see 3.4), I was interested in the stories and experiences of people, be it the healer, his/her family, or his patients. From this perspective I had widened the scope to whatever encompassed the healing practice. My partner, on the other hand, was particularly interested in the role of plants and the way they were collected and applied. By virtue of our collective interests, various ideas and visions blended together, strongly influencing the way my research developed at that time.

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61 The permit had to be granted by the Commission for Science and Technology.

62 The Wamaraba are a Bantu tribe with a matrilineal tradition who inhabit Southeastern Tanzania, Northern Mozambique and Southeastern Malawi. They are related to the Wayao, Wamakua, Wamakonde and the Wamwera (Wembab-Rachid 1995).
To put it otherwise, an inter-subjective creation of knowledge took place constantly between the healer, the patients, Mohammed, my partner and myself.

After I finalized my study with Rachid in December 1996, we stayed with a female healer I call Rokia at Ndanda in Masasi district (Mtwarra region). Rokia was highly recommended by Rachid and several other healers. As a mganga mkuu (senior healer), she had trained quite a number of novice healers who were formerly pepo patients. Rokia, a Makonde, ran a small practice for in-patients not far from the Benedict Mission of Ndanda. Rokia was fifty years old and also known by the name of her dominant spirit guide, a male Muslim sheikh. She received guidance from Swahili and ancestral (lineage) spirits. The research period with Rokia was marked by ups and downs. First of all, she was quite reluctant to expose information to Mohammed. After having been so successful as informant and assistant with the healer Rachid, he had hoped the same would happen with Rokia. It did not take me long to understand that her secretive behavior had to do with Mohammed being too close, i.e. he was an insider. She considered that he could expose her work for personal benefits, a practice quite commonly known to everyone. Besides, the exposure of certain rites or acts could be dangerous to him as he still had some sensitivity to spiritual energies. Would he break any social or moral rule or taboo this could have serious consequences for him, but also for the healer. In other words, with Mohammed around there were several constraints, so we decided that I continue the research without him. Rokia had no objections to me; I was an outsider and my questions and impressions of her healing sessions did not form a threat to her.

Of course Rokia, nor any other healer, would expose those sacred elements that they needed to keep secret; only the aura of mystery around Rokia was stronger than with other healers. By the time I started to come to grips with the way Rokia functioned in her daily practice, I had contracted a vicious infection in my foot and needed urgent treatment. I was immediately hospitalized in the nearby mission hospital (Ndanda) to combat the infection that lasted over six weeks. From my bed, where I had to rest my leg constantly, I attempted to do some alternative research by having informal talks with the physicians about their perspectives on traditional health care. I even made a small inquiry on this.63 By the time I could walk again, Rokia was often away attending to her fields as the rainy season had begun (end of April 1997). Daniel and I decided to return to Dar es Salaam. During the duration of our stay in the city (6 weeks)

63 During the first month of my stay with Rokia, I was invited to join a staff meeting of physicians at the Benedictan Hospital of Ndanda, to explain the purpose of my research. This reunion facilitated that the physicians participated in the inquiry I did about traditional health care. The inquiry showed me that physicians were open for a dialogue with traditional healers. They also stated, that such an approach does not have the approval of the Mission Hospital.
I sorted out my findings with the healer Rachid and Rokia, while entertaining my contacts with the various urban healers in Dar es Salaam who often invited me to witness and also record healing activities (see 1.5 and 3.7).

4.3.2 Stage two: 1998-1999

After our arrival back in Tanzania, in July 1998, Daniel and I soon obtained the necessary permits. We had left our car in 1997 in Mtwara where we had it prepared for the long trip to the interior. In that same period, we were invited to celebrate Mohammed’s wedding. Soon after the wedding, Daniel and I left for Ruvuma region. Mohammed had wanted to accompany me on this trip again but eventually decided to remain with his newly wed wife in Mtwara. Given the fact that I had begun to question the way the research collaboration with Mohammed developed I was in a way relieved. My intention had been to study a famous healer in Songea district whom I had visited with Mohammed in 1995. At that time, the healer had a huge healing compound with a great number of people in treatment. He had invited me for an in-depth study of his practice and we agreed that I would come to stay with him in the course of my follow up research. When I arrived in August 1997, however, I found the practice totally abandoned. It appeared that the healer had recently died. I traced his wife who was still trying to come to grips with what had happened. Apparently her husband had suddenly died of an unknown cause as his healing spirits had turned against him. I will come back to this event in part four (chapter 11).

While checking on the possibilities of studying other spirit healers in Ruvuma region I learned of two respected healers, a male and a female. One healer was called Joram Rupia, whom I found with the help of a local catholic priest who had connections with the Benedict Mission at Peramiho in Songea district. The priest knew of several clergy-men and women in a village called Mgazini, who were under treatment with the healer Joram Rupia. One of them, a woman, allowed me to accompany her as she went to consult the healer. The practice of Joram Rupia was temporarily based in a village, ten miles from Mgazini. The healer agreed to participate in my study and to give me his cooperation. I studied his practice for two months (August/September 1998). The same priest that had offered help earlier, now offered to shelter us nearby in an annex building of the local church.

The next stage I spent with the healer Asia Fusi whom I traced with the help of the district cultural officer of Songea. I studied Asia Fusi’s practice in Msindo for one month (October/November 1998) while driving up and down daily for ten miles from the nearest mission guesthouse. Living closer to her compound was not possible. From Songea, Daniel and I went to Njombe, Iringa region. With directions given by the district cultural officer of Njombe, I soon found Jeremana Livifile, a female
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healer practicing outside the rural village Igwachanya. We remained with her about four months (December 1998/February 1999). During that time, I left for one week to visit the healer Nambela (Mbeya region). The Iringa district cultural officer helped me to locate Alberto Kalovela. We spent two months with him in the outskirts of his village Ihimbo (Iringa region). This became the last research period (March/April 1999).64 I entertained close contacts with the various cultural officers throughout my stay in each district.

In the meantime, I had sufficiently mastered the national language, Kiswahili, to study the above healers without assistance. Being on my own had intensified my efforts to understand the language better. Of course, my knowledge was not always adequate to detect certain nuances. I tried to compensate for this by asking the same questions in different manners until I was sure of the meaning of their answers. Not relying anymore on Mohammed made me more alert than ever before, while the shared experiences I had gained already with former healers, reduced my ‘whiteness’ or ‘otherness’ substantially. The healers and the other people around soon called me Mama Jeska, which was a respectful way to address me. They could refer to me as a local or mwenyweji since I lived much like them. Let me summarize certain experiences I had with the healers during the two periods of my follow-up research.

4.4 The healers, the clients, the spirits and me

Before each healer consented to my study, they consulted their guiding forces or requested me to speak to their spirit forces directly. Whenever important decisions concerning life and work were to be made, the spirits were consulted. To invoke their spirits, the healers would gather some people (relatives, assistants and/or patients) and sing one or more songs. These songs were meant to please the guiding spirits and to thank them for having brought me to them. The spirits were asked to ‘screen’ my sincerity and to check on the possibility of doing research with the healer. In other words, the healer did not decide alone whether I could do research. Usually, the spirits and the healers welcomed the research.

By the time I began to perform the research, the healer could decide that I offer a chicken or a hen to receive the blessings of the spirits to positively enhance the development of the research. At other times the healers ‘invoked’ my spirits during divination to know more about the wellbeing of my close relatives or about the course of the research. As I remained in the healing compounds I familiarized myself with the healer, the patients, the medicines, the spirits, the singing, the words, the spirit objects and the ritual paraphernalia as part of the ritual performances. Besides

64 During this time span my supervisor Prof. Dr. Joke Schrijvers paid us a working visit.
the musical healing sessions, I would regularly witness the daily divination sessions, and the ritual and medicinal treatments.

As I wanted to use all my senses to register bodily and emotional manifestations (see 1.3), I would often join the daily singing sessions in which patients sing for each other until spirit forces are manifested. I would participate as a singer or be passively sitting on the ground so as to allow me to experience what others did to discover certain patterns. These patterns often resembled to the ones I had experienced in the musical sessions performed in Nambela’s compound (4.1). The verbal reactions that sometimes followed the behavioural changes during trances were difficult to perceive as speech or talking took place with long intervals, loud shrieks or belching. I regularly registered such reactions on tape or video to know what was said. Time and again I also followed sensations that would anticipate trance patterns. Even when I did not have such intense experiences or fell into a deep trance state, I had certain corporal sensations. I could also ‘feel’ some of the personal experiences that others had at moments marked by an intense atmosphere. All this made me much aware of the fact that music can be a crucial mode of spiritual expression. Being touched by the music as well as the reactions of the people around me, made me discover clues of an inner reality that I would otherwise have found difficult to grasp (see chapter 7). At times, I could feel the presence of spirit forces in myself or in certain clients. For instance, during divination sessions I could be seated next to the healer and experience how some force prevented the clients and me to get up. The healer would laugh and say that this was just one of the ways in which invisible energies show themselves in persons.

When one is first confronted with people under the influence of spirits, one sees mainly those expressions and reactions that make spirit possession so impressive. It is the expression of a force taking over the control of the mind and the body. Some people, however, like experienced persons or healers, may not show any evident traces of spirit intrusion. To them, the presence of a spirit force is more like a source of information to which they tune into, like what happens with a radio frequency. They may listen to it, speak to it, or they may just ‘know’ that information comes to them. The healer who is used to these phenomena has his/her own antenna to rely on. He or she would thus also detect and distinguish the kind of forces at work in others. Apart from these bodily experiences in the healer, the clients or myself, I was guided by the expressions in people’s faces as indicators of their emotional or spiritual responses. In sum, even without access or means to verify emotional or spiritual experiences from within, there were several ways to detect spiritual presence. Though I never ‘saw’ a spirit manifestation, I did sometimes ‘hear’ spirits speak. Here I wish to refer to Edith Turner (1992) and her restudy of the lhamba ritual (see 1.3). At one
occasion, she actually ‘saw’ how a spirit materialized, a rare phenomenon to be registered by a researcher. A similar thing happened to me during a spirit healing session in Dar es Salaam, assisted by several people from around the neighborhood. I was recording the session on tape when suddenly we heard an unnatural sound coming from the mouth of a male client. It was a highly strange noise for a human to produce, like a voice coming from deep below the earth that gave me as well as bystanders strong shivers. The experience was very impressive to all of us even when the healers considered it a common phenomenon.

Another feature worth mentioning is the way healers in this study could affect the course of the research. For instance, most healers would be curious about my findings with other healers. I would show them photographs or play tapes of sessions, songs or stories. At other times, the healers specifically asked me to show the samples of plants from other healers I had studied. The comments and reactions of the healers became a helpful tool that enabled me to adjust my personal interpretations, and see the mutual and divergent aspects of each practice.

4.5 Turmoil in the field

Normally upon arrival in a village, I would see the village representatives to whom I gave official letters from the regional and district office. This is one of the rules by which research is allowed among the communities, as village representatives have the responsibility to protect me and explain my presence to the population. Sometimes the introduction went hand in hand with a thorough interrogation on the why and how of my research. At each level of society, I was to inform of my presence.

When gossip or distrust occurred within the community it was often presupposed that the healer was well paid for his/her cooperation in my study. We returned the services of the healers in goods that were not too obvious for others to see. Emotional turmoil could happen as persons in the vicinity tried to benefit from our presence. Since money is hardly available to a large part of the rural population, people would seek our attention hoping to gain a little bit. Whenever we agreed on some form of exchange, only a few people would meet their promises. As a number of people would try to benefit from our presence, conflicts could arise among them out of jealousy. Since we lived near or at the compound of the healer, we found that jealousy, but also greed could be directed towards the healer on account of our presence. The healers and their relatives would say that this was typical of village life and that things would soon calm down. Nevertheless, I still had mixed feelings about being there and afraid of placing a burden on the healer and his/her family.
Another aspect closely related to our presence with the healers, was the impact of witchcraft in village society. As gossip went on about us, this implicitly meant that witchcraft attempts were made on us. At times, healers would tell me that some people tried to test us, but that this had no effect on us as we were under their protection. To my partner Daniel, this was a lot of nonsense, but not to me. As an outsider, it is of course strange to be part of a social climate, where witchcraft is a social idiom of stress and discontent. In facing these experiences, I often tried to assimilate two sides of patterns of thought. It was much what Evans-Pritchard (1976: 244) described about his stay with the Azande in Southern Sudan. He said, that you have to accept the ideas about witchcraft if you wish to achieve mutual understanding and sympathy. But, once you act as a believer, you also end in believing. If I do not think that the psychic assumptions on which witchcraft but also spirit phenomena are possible, I cannot even come close to understand what is common sense to others. Entering into the thought of other people means that one way or the other it affects you (see Huizer 1991).

On some occasions, turmoil could also happen when I sought help from (ex) patients to translate or interpret tapes of stories, sessions or songs in use by the healer. Usually the healer had little time to personally assist me. Sometimes the healer appointed a person to help me, like in the case of Patterson during my stay with the healer Nambela (see 4.1). I knew from this experience that it is unwise to disclose tapes containing personal information of the healer to patients. It could take a while before the healer appointed me a person s/he trusted with the information. Preferably, this was a close member of the healer’s family. Texts from divinations or musical sessions posed lesser problems. I could find assistance from patients but they would not always know the proper meaning of words or reactions by the healer. In that case, I had to check the results with the healer afterwards and clearly there were often misinterpretations. It was then that the healer began to realize that her/his own involvement delivered scrutiny. Sometimes, the healer scorned the patient for his/her poor understanding of things. Not only would the patient be disappointed in the face of the healer, s/he could also regret the distraction it brought from the daily routine at the compound. Apart from the agitation that could arise between a healer and a patient under these circumstances, the example showed me that in-patients do not always have proper understanding of the meaning of rituals or songs, even when they thought they did.

Being in the company of my partner Daniel had also its merits and its problems. Daniel is French and speaks only a few words of English. Wherever he went, I had to join him to translate for him. Other constraints came from the fact that Daniel had no anthropological background and had never been in Africa before. He did not always accept the customs and habits of the people and this gave rise to clashes between us. These clashes worsened with my tendency to explain the conduct of people and to
choose their side, reckoning that I knew more about the structures of oppression and authority. To Daniel this was no excuse to explain the behaviour of some people; to his opinion they were either good or bad. So, in an effort to be respected by both sides I could sometimes feel tensed. As the research transformed me, this had its repercussion on my partner Daniel. That our experiences were often so different can be accounted for by the fact that Daniel had less personal involvement with people, even though he had several children as friends. So, our participation in society was very different, and this tested our relationship. In spite of the problems, Daniel always kept on helping and supporting me.

4.6 The presentation of the Southern healers

The main ethnographies, about the female healers Nambela and Jerema Livifile (see 1.5), will be presented in the form of a series of texts, mainly personal narratives in the form of monologues and some dialogues, descriptions and personal interpretations and reflections. The two presentations will more or less follow the chronological development of my fieldwork in line with the way my knowledge and understanding of things developed. I have taken the life stories of the healers as a point of departure from where I turn to describe the practice of the healer. The ethnographic information about the four Kihami healers in chapter eleven serves mainly to broaden the scope of inspired health care practices in Southern Tanzania and is complemented with an on-line audiovisual presentation to show what kind of events trigger spirit expressions in healers and patients and the atmosphere this conveys (see 1.6).

4.6.1 Texts, data gathering and transcription

The data of the daily practices are presented, as much as possible, in accordance with the structure of the healer’s main activities and interventions to which I have incorporated the voice of several patients to serve as specific case studies. In other words, I have tried to focus mainly on those aspects or topics that the healer or the patients found of major importance. This could concern their illness story, the sequence of a ritual event, the personal experiences of healers and patients with rituals, and the dialogues between healer and patients. In remaining close to my first impressions, I literally quote texts of what people said to clarify a topic. Such texts are written in the present tense, while my comments are written in the past tense. In this manner, I hope to have reduced the chance of misinterpretations. At the same time, I realize that there is not always a clear distinction between ‘data gathering’ and ‘interpretation’. In fact, several problems could arise in the course of data gathering that affected interpretation. The confusion in patients and the time lapse of events could easily give cause for misinterpretations by the participants in the research. Or, patients could be too confused or in too much pain to speak with me. This forced me to address a close relative, who would take care of the patient. On other occasions, peo-
people were reluctant to speak. My own presence, but also that of the healer or an assistant could be the reason. Often, I noticed that at first the use of a tape recorder made people feel uncomfortable. Also, writing during our conversation could easily distract people.

Besides the primary records that I wrote down with the help of prepared registration forms, I talked with most persons informally. We talked about why they were in treatment, how they responded to the treatment, what their opinion was about the healer, etc. In total I have registered information on about 120 patients divided over five Southern healers. Some extended case studies resulted from these data. The data and the transcriptions from interviews and sessions, like those of divinations and songs, have been noted in separate books. Next to that, I was daily a faithful contributor to my diary with fresh impressions, experiences and puzzles, which to some extent are incorporated in this study. The diary has helped me to reflect on the pace and pattern in which the research evolved and the background of the organization within each practice.

Not fully understanding the internal logic of each practice could imply that some crucial experiences and data came when I least expected it. At such moments I could be busy at home (cooking or writing out the data) or resting. At other times, I would hurry back home to write down all my impressions or work out my notes, to find that something else came up that needed my attention. All this was largely compensated for by being allowed to be there and by people’s tolerance for my questions, that I often repeated or rephrased to check my understanding of things. This shows that the meaning of texts is not stable or fixed, but that there is a continuing flow of information in the process of the research. As a result answers often become clear at later stages. Especially with recorded information this happens, as transcription can take quite some time. Upon the wish of all healers, I make use of their original names as they sought recognition and considered that this could only be achieved by exposing themselves. The names in use, like that of Nambela, are those by which the healers are known to the clients. To show respect, clients would personally address them as mother (ma or mama) or father (ba or baba) or more politely, as adult woman (bi or bibi) or adult man (mzee). The names of patients in this study are mostly pseudonyms.

4.6.2 Using audiovisual means

Apart from using some recordings for a presentation on-line at http://www.askmedia.org, the audio-visual recordings have played a role in various stages of the research. Next to over 15 hours of rough video-recordings, I have about 30 audio-recordings about the various ritual sessions and songs in use by the healers. Other tapes contain inter-
views with healers or their patients. The audio-visual recordings helped me in a number of ways. In the first place, I used it so as to look in more detail at certain events even when I was back home in Europe. At the same time the recordings were a good reminder of the atmosphere in which events took place, helping me whenever I started to lose touch with my data. Secondly, the recordings were useful to provoke reactions from the informants upon watching their own and others’ moves and actions. This immediate feedback from the healers and the patients, who viewed themselves from a distance, created in them either a critical or a nervous response with feelings of shame accompanied by laughter. Thirdly, I wanted to check upon the possibilities of using audiovisual recordings of healing practices for educational or documentary purposes in the near future. Generally, the healers and the patients had no objections to the various recordings, provided that I was accepted and acquainted with the compound. The recordings were done after I had familiarized myself enough with the meaning of certain indigenous concepts and/or the order of events. This was a good basis from which I could formulate new questions and fill in the gaps.

Overall, the audiovisual tools could thus favor active participation based on mutual trust and understanding. Once the healers and the clients could observe the recordings, my relationship with them intensified. It made them better realize that I was sharing some of their intense experiences, which for the time being, made me consider more of an insider. As a result, some clients came to me voluntarily with detailed accounts of their experiences with their illness or other problems, but also with their experiences of other healers and/or modern health care treatments. Discussions with several patients could arise from these meetings.

4.6.3 Documenting information about plants

The substantial data I gathered concerning the Southern healers also covers the knowledge and usage of plants. In the course of writing this thesis I realized, however, that in order to do justice, to the historical, psycho-social and religious aspects, I had to minimize the records on plants even when these play an important role in all practices. In the practice of Nambela (part two) I shall give a fair amount of attention to the topic, as I show how certain dysfunctions are met with plant remedies. Nambela’s extensive knowledge on plants and disease etiologies stands on itself, but also the other healers in this study were much engaged with plant remedies to treat a range of dysfunctions. In total, I documented more than 200 plants, many of which I stored for further identification. I had prepared forms for the registration of the plants and made a number of photographs of these plants.

To obtain information about plant knowledge was not always easy. It needed patience in order to get full cooperation: to be allowed to walk with the healers and
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Gradually register and document data on their usage and application. As I could provide transport, this was in some cases used to the advantage of the healer in search of large amounts of plant material or specific plants that had to be found far away. Sometimes I was able to test certain plant remedies myself, whenever I had specific physical complaints. A striking example of this is given later in chapter eleven, part four, about a Kihami healer who cured me from a persistent parasitic intestinal disease known as ‘giardia lamblia’ that did not respond to biomedical treatment. As I collected and registered samples given to me by the healers at irregular intervals, I faced a number of problems. First of all, only the local names of plants (flowers and trees) were known. The second problem was that certain vernacular or Swahili names of diseases or complaints had no equivalent in English; whereas in other cases, Nambelaa only knew the Swahili or English terminology of a disease. I was therefore not always certain of the right interpretation. Sometimes, I checked these local names with medical staff or trainees from the nearby mission hospital and district hospital. The third difficulty I encountered was the multi-functional use of the plants. This further complicated registration, for it was easy to confuse symptoms and remedies as one and the same plant could be used for different symptoms, while for one symptom more than one plant could be used.

In view of the comparative nature of this study, I can say that more than half of the plants I documented were in use for similar treatments, even if different parts of the plants could be used and dosages could vary. In an appendix I give a list of the plants that were commonly in use by the healers. Some general patterns that I discerned in the rapport and interaction of the healers with plants are presented in part four, chapter twelve. Later I hope to publish a separate article to deal more in depth with the usage and knowledge of plants by the healers in this study.

4.7 Final remarks

The healers who participated in this study showed much willingness to facilitate the research. To spend time with me and discuss matters of a personal, secretive or intimate nature felt to me like a huge gift. On account of this, I gained not only acceptance by all members on the healing compound, but what is more, I learned to share a little bit of their world, be it spiritual or material. The healers would say that I too had healing spirits, but these had the task to guide me so as to be an intermediary for the healers. From that perspective, they justified that I would be a trustworthy person who could properly represent them. At times, the healers with whom I stayed have provided me with practical assistance. Sometimes this was with lodging, other times with help of water and food or hands to help repair a local hut. At other occasions, I functioned as an ambulance for patients who were in pain or needed fast attention at the hospital. To put it otherwise, the healer, his/her family or his/her patients could
also benefit from my presence. Apart from that, I returned their favors with gifts. In brief, the various studies took place on the bases of reciprocity and none of the healers ever negotiated a price for my stay.

Even when the healers would not always grasp my intentions in the beginning, they were always very willing to speak with me about all aspects of their work. Some healers became personally much concerned with my research and checked regularly to see if I got the total picture. I was always given full access to all procedures and activities on the compound. Whenever a ritual had a secretive dimension, the healers would tell me so. They did so by explaining that the effect of the ritual depended on its secretive nature to the patient as part of his/her community, as only initiates could participate. As long as I did not expose this information directly to members in the community, there was no problem. Under the same terms, I could join and even assist in private rituals to clear a house or a graveyard from evil spirits.