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

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Chapter 13

General Conclusions

For this study I have sought research methods that would produce insightful, but also recognizable data, with which Tanzanian people can identify. A grounded theory approach has been very helpful for this purpose. The use of a grounded theory approach has not only affected the course of the research, but also the findings and the presentation. Analysis was made in close alignment with my observations to allow for an integration of the various factors involved. From the beginning till the end of this study I faced the consequences of this approach. On the one hand, the study approach generated good relationships and an abundance of ethnographic data. This allowed me to select the most essential information without losing the ‘voices’ and ‘feelings’ of the informants. On the other hand, staying faithful to the field experiences and the informants, produced difficulties in the process of writing. Especially the decision of when and how to create distance between the descriptions and the analysis was hard to deal with.

I am aware that by presenting a limited amount of Southern spirit healers, whom I selected on the basis of their reputation and genuineness, I have restricted my findings. The answers and insights I have obtained concern specific examples of three types of specialists, the prophet healer, the ancestral lineage healer and the witchdoctor. I can merely hope that the biographies of these Southern healers, but also the accounts and reactions from clients, the in-depth observations of ritual events, and the audio-visual presentation, will encourage more scholars to study the various dimensions of spirit healing in (East) African societies. Having questions left, or even some doubts about certain aspects of this study is, however, inherent to the nature of ethnographic research.

What remains to be said regarding the findings from this study? In the beginning of this thesis I spoke of my interest in the creative and metaphysical skills employed by spirit healers or waganga wa pepo in Tanzania. I also spoke of the way they legitimise themselves and how they are concerned with the physical and psychosocial aspects of their clients. The information about the Southern healers has brought to light that geographic (territorial) and ethnic (cultural) factors differ considerably among them and that these
aspects strongly influence ways and means of practicing. The ideas about health and the factors that account for impaired health require an approach from the spirit healers that enhances and restores life. All Southern healers in this study aimed at this, irrespective of their religious convictions. Though all were Christians, two of them who are presented on-line, had converted to Islam. The degree by which all healers combined cultural traditionalism with practical syncretism appeared to be embedded in the religious and moral values represented in their guiding spirits. Interestingly, out of respect for traditional religion, none of the healers, however, went to Church or to a Mosque. Generally, when a Bantu healer converts to Islamic religion, Arab spirits or saints do not impose on him/her to disregard traditional religion. As far as I know, Islamic spirit healers never have to convert to Christianity upon direction of spirits. I reckon this has to do with the fact that coastal or Muslim healers are foremost guided by spirits or saints from Arab or Swahili origin. The Southern healers, on the other hand, mainly receive guidance from ancestral or territorial spirits (of Bantu origin) or through divine inspiration (of the Holy Spirit). I have never encountered the existence of Christian saints within the realm of spirit healing in Tanzania.

The perseverance of *pepo* illness, often intimately associated with strained relationships with kin and ancestors as in *baridi* (a state of coldness), is to be considered in the context of the struggle of existence where jobs are few and agricultural activities are often prone to failure. The frustrations of people who are jobless or unable to work, but who still want access to money, are accompanied by disrespect for the old customs. This includes the sacred prohibitions of when to use magic and how to perform customary rituals to enhance social order and personal wellbeing. It is useful in this respect to keep in mind that in Africa, people define health in terms of the fulfillment of all roles expected of a human person. Illness is experienced as a lack of harmony that can have different causes like one’s wrong deeds or omissions, or the malice of others in society. If spirits are not playing their protective role, humans are believed to be prone to illness. Traditional treatment marked by a religious approach allows patients to come to terms with some of their struggles by reconstructing aspects of an ideal society in which they live up to communal and cultural beliefs and norms. With the neglect of these beliefs and norms, ritual pollution or sorcery can have an affect on the social and personal welfare of a family, as members experience lack of fortune, sexual problems as in barrenness and infertility, sudden deaths and even poor parental or family control. Families that remain oblivious to violations of traditional laws may experience continuous repercussions in the family, with disease or disaster taking place from one generation to the next. Remedial traditional rituals can end the inheritance of taboo violations and prevent *baridi* from spreading in the lineage like an epidemic.
Having brought the role of coastal or Swahili healing practices into perspective at the beginning of this thesis, has allowed me to accentuate the different features that play a role in coastal and inland (Southern) spirit healing practices. These differences have been discussed in 12.8 dealing with gender and change. Based on the findings of Southern Tanzania and the observations I made of spirit healing in coastal regions and the available literature on this, I am of the opinion that *pepo* healers, and with it *pepo* illness, *pepo* vocation and *pepo* healing in Tanzanian society are increasingly becoming a means of coping with stress. Within this context, I consider the word *pepo* (plural *mapepo*) as a generic term for spirit in Tanzania as a whole. The fact that some people feel forced into another concept of time has important bearing on the increasing stress in contemporary life (see 1.2 and 3.3). Actually, the future dimension of time, which is so crucial to western thought, disturbs Tanzanian thinking and living in a number of ways. From my findings it appears that the living as well as the deceased can experience the consequences of this disturbance as they fail to integrate traditional with modern values and ways of living. According to the concept of time stipulated by Mbiti (1969), the departed relatives who are still remembered (the living dead) fall in the category of ‘actual’ time, whereas their impact, as spirits, fall in the category of inevitable or ‘potential’ time. Both time experiences increasingly meet with the future dimension of time, following the Christian missionary teachings, western education and invasion of modern technology. Those people who feel forced into the new frame of time, need a great amount of assimilative skills to become familiar with it. Especially people who don’t succeed to assimilate are prone to stress and spirit afflictions, encompassing feelings of anxiety or panic (see 12.6). The instrumental and symbolic elements in traditional religion, encompassing ritual, magic and sorcery, are outspoken means of reacting to and coping with the changes of time.

As a result of the complexities and strains of life in the twentieth century, many Tanzanians experience feelings of illbeing. This in turn takes affect on the demand for spirit protection and spirit intervention. The notions of ritual impurity and sorcery underlie much of the insecurity that is at present felt in daily life. Whether in urban, peri-urban or rural townships, people settle next to others whom they do not choose as their neighbors. It happens that neighbors or villagers are hostile to each other, characterized by suspicion, mistrust, or a lack of cooperation among them. With a strong belief that human relationships can be manipulated by means of spiritual or mystical powers, health is always in jeopardy. Whenever witchcraft or sorcery is detected during a divination, ideally no names of persons are given. Instead, a description is given of the wrongdoer, according to gender, age or status within or outside the family and this is usually enough to give the clients a tool for recognition, protection or revenge. In other instances, I suppose that misinterpretations of a vision or a dream may lead to further tensions in the way this happened to the healer Nambela.
Before she started to practice, she accused a brother of having caused the death of her first son (see 5.2).

The new challenges people are facing in Tanzania hold great potentialities and promises, but if people’s creative, productive and beneficial capacities are not fully channeled, these challenges can get out of control. In so doing, they precipitate both tragedy and disillusionment (Mbiti 1969). This tragedy is already taking place and reflected in the increase of sorcery that is applied according to the demands of today’s needs and wishes. Some traditional healers (waganga) and sorcerers (wachawi) thrive on the feelings of insecurity and powerlessness that to some extent are reactions of the society to confront the constraints of time. In principle, the waganga wa pepeo are the ones who combat the wachawi. Each in their own way, the healers and the sorcerers meet with the destructive forces that have increased with the coming of modern times (see Lewis 1971, Janzen 1992). Ray Abrahams (1994: 9-22) who points to the rise and decline of witchcraft and the role of the state (see 2.6) wonders if ancestral grievances should be considered as a poison to the minds of the people. From my findings, it seems that this is a simplistic view of spirit affliction and witchcraft since various spirit energies appear to be intertwined, even exchanged, during a period of affliction. The healers in this study and most of their Christian clients had tried to abandon notions of spirit and ancestral grief, but nonetheless they were faced with its existence. A shadowy past could trigger off present woes and worries. Grievances stemming from the past could be coupled with constraints in present day life. Instead of saying that grievances of the past are a poison to the mind, I am of the opinion that one should consider the social and cultural context in which these grievances occur and the way these are met with traditional remedial forces. Healers who do not work with traditional or Bantu spirits may not identify the role of ancestors in illness. They may use (the format of) witchcraft to treat a client even if the relief is short-lived.

What needs to be reckoned with is that African notions on health and disease are steeped in the conquest between, on the one hand proof, coming from spirits mediums, and on the other, faith in God, that remains distant and inconceivable. The parallel of people who have images of good and bad spirits and may become ‘possessed’ urges me to remember the prophets in the Old Testament. Instead of making God visible on earth by attributing insights and objects to men, people can be encouraged to experience divine or sacred powers from within. As an affliction of identity, pepeo illness seems to bring forth the mediation of amoral spirit energies

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141 See also Peter Geschiere in The modernity of witchcraft; Politics and the occult in postcolonial Africa (1997).
that open the way to divine or sacred forces. These forces can help to restore relationships, enhance healing and increase personal awareness. As guardians of a cultural as well as a spiritual heritage, the waganga wa pepo retain and preserve ancient beliefs and practices in the face of contemporary circumstances, even when they re-adapt the art of healing in the course of time and space. In fact, the waganga wa pepo are in the forefront of what to some degree all people in Tanzania are doing; they are either reinventing or restructuring culture, and interpret it in ways relevant to the present time. Ignoring these healers and their clientele means also to ignore Tanzanian identity, and with it, the various difficulties and hardships that people face in daily life.

No matter what science does to prove the existence or non-existence of the spirits, one thing is undeniable, namely that for many Tanzanian people spirits are a reality that must be reckoned with, whether it is a clear, blurred, or confused reality. The belief in spirits, but also the nature of spiritual powers, demands and deserves academic attention because it is not only a means to safeguard the knowledge of traditional medicine and healing, it is also a means to enhance the crossing of boundaries between the conscious and the unconscious, the living and the dead, the present and the past, the old and the new and the known and the unknown.
In the Spirit of Uganda