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

Erdtsieck, J.

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Options and Suggestions

The whole area of traditional healing and medicine needs thorough understanding to avoid being erroneously fitted into the modern medicine paradigm. Besides providing useful records of the knowledge of plants, how plants work and what the biochemical components are of medicinal plants, research-projects and studies should involve anthropological studies so as to give a more complete image of how healers and their clients culturally explain illness and well-being. A dialogue in scientific realms on the nature of spiritual powers as means of knowledge can support the process of preserving a cultural, spiritual and medical heritage. I suggest that research be further directed to the skills and know how of practitioners. This should comprise the role of inspirational sources, working ethics, gender roles, and standards of care (provisions, hygiene and facilities). Furthermore, ways and forms of compensation and the access to natural and food resources should be a concern. Research projects ought to give recognition and/or support to those cultural and religious beliefs and practices that improve general wellbeing. Spirit healers (waganga wa pepo) possess a mighty tool when deciding how to deal with emotional, social and physical problems. In my mind this should not go unnoticed by public health care.

Of the potentials and constraints involved in uganga wa pepo the following needs consideration. Benefits and potentials in uganga wa pepo are: 1) the means to express and solve emotional, physical and social distress; 2) to enhance spiritual and physical healing and intuitive knowledge; 3) to strengthen personal, social and sometimes also ethnic identity; 4) to (re-) appreciate traditional religion and the role of spirits; and 5) to create new hope and a redirection of life. Problems and constraints in uganga wa pepo are: 1) the wide variety of spirit forces that can be involved in affliction illness; 2) the impact of spirits on groups of people and their power to bring illness and death; 3) the difficulty of finding a respectable spirit healer who has the proper know-how and skills; 4) the chance to fall in the hands of incompetent practitioners who either work with inferior spirits or pretend to work with spirits; and 5) the often complex and long treatment (far) away from home.

If indigenous (spirit) healers would be organized through regional organizations that interact with regional cultural and health officials, this would highly facilitate research and documentation of their competencies and failures. Such regional organization could serve as a satellite center and inform local people about the spirit healers in the region and, once established, the state can decide which healers ought
to get recognition. Whenever the facilities and conditions of indigenous clinics run by competent healers need improvement, the government could then consider to provide assistance. For instance, by giving land that is rich in natural flora and with sufficient water resources. Provided that those involved in the different health care sectors are willing to collaborate – which is often more difficult for the western trained medical doctor than for the indigenous healer – and stay conscious of a number of communication difficulties that may arise, African western psychiatric care can also be enriched by elements of traditional spirit healing.

I take as an example the French psycho-analyst Tobie Nathan, who has attempted to incorporate African traditional healing methods in therapeutic practice. In fact, Nathan has done extensive studies on how western psychiatry can adapt to the world and minds of non-western peoples, and he bases treatment fundamentally on their traditional etiologies. Other efforts are made by hypno-therapists who, in regression and reincarnation-therapy, identify various types of spirit intrusions (see de Vidal de St. Germain 1998). Their understandings can be utilized to explain what are the universal components that exist in spirit afflictions. Another example comes from research on the intergenerational transmission of psychosomatic disorders in one family for which special therapies are introduced as in family-of-origin sessions or family-line-up sessions. Family-of-origin sessions have the purpose to provide diagnostic information about how past family problems are enacted in the present and to create a source of change (see Roberto 1992: 67). Change occurs in this arena among other things by: 1) discovering previously unknown information about the family; 2) clarifying old misunderstandings; and 3) demystifying ‘magical’ symbolic meanings that members carry for one another. In family-line-up therapy, the energy of departed relatives is considered to be still present within the family-structure. Subsequently, these energies can influence other members of the family when these members identify with their destiny. The need for wholeness and harmony in the family is said to be familiar to all people. That is why, during family-line-up therapy, problems that have their roots in the lives of former relatives come to the surface. These problems often entail phobias, anxieties, worries or other psychosomatic disorders that can be treated successfully once their origin is established. The principles of family-of-origin and family-line-up bear certain similarities with the treatment of family-coldness (baridi) as this has been described in part three of this thesis.

Based on the foregoing I have the following specific suggestions for action in Tanzania:

142 Tobie Nathan is director of the Center Georges-Decereux of the University of Paris VIII where psychological care is given to migrant families. The author has published several books about his experiences. A famous book he wrote is called Le sperme du diable (1988).
Options and Suggestions

➢ To make regional inventories of practitioners according to their specializations and spirits.
➢ To create a task force and register specialized know how of spirit healers and their treatments.
➢ To use the authority and knowledge of respected spirit healers to improve mental health care.
➢ To give support and funding to initiatives of spirit healers who have demonstrated an approach from which many people have benefited.
➢ To collect recordings of songs/music in use in spirit healing practices as to preserve them as a cultural heritage.
➢ To make audiovisual documentation of spirit healers available to facilitate a dialogue between the healers, representatives of primary and mental health care and the public.
➢ To involve spiritual health care in social and medical studies and public health care issues.
➢ To encourage Tanzanian students to do research among spirit healers.
➢ To start regional information centers where scholars, healers and the public can meet and discuss the achievements and problems involved in spirit affliction and healing.
➢ To involve spirit healers in small scale projects that propagate the preservation and cultivation of medicinal plants.
In the Spirit of Uganda