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PART 1
FOUNDATIONS
OF COUNSELING IN
AFRICAN SETTINGS

Section Editor
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1 Indigenous Healing Practices in Sub-Saharan Africa

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OVERVIEW. Healers seek to help patients understand the sociocultural basis of their health conditions, and how they can recognize, activate, or utilize resources and/or support systems necessary to alleviate their suffering. Treatment modalities include relaxation techniques, use of herbs, psychocultural education, dream interpretation, storytelling, use of proverbs, cleansing, libation, music, and ceremonies. In this chapter, we consider the importance of indigenous healing systems, history of research into traditional health care in Africa, national and international influences on African indigenous healing systems, current practices, legal and professional issues, and issues for research on African indigenous healing systems.

LEARNING OBJECTIVES

By the end of the chapter, the reader should be able to:

1. Define indigenous healing.
2. Outline traditionalist African core beliefs about health and well-being.
3. Discuss the major approaches and techniques to healing by indigenous healers and their rationale.
4. Differentiate among consultation procedures with African indigenous healers.
5. Evaluate prospective areas of research that would advance knowledge of African indigenous healing systems.

INTRODUCTION

Through the ages, human societies have developed systems for responding to health problems and for improving the quality of life. As evidence, every region of the world has a form of traditional or indigenous healing system, either formal or nonformal (Gielen, Fish, & Draguns, 2004; Harley, 2006). The World Health Organization (WHO, 1978, 2001) defined traditional healing as knowledge and practices, whether explicable or not, used in the diagnosis, prevention, and elimination of physical, mental, and social imbalance and relying exclusively on practical experiences and observations handed down from generation to generation, mostly verbally, but also, to some limited extent, in writing. Indigenous healing systems are those locally developed, recognized, and used by most of the inhabitants of a historical community, which they believe to incorporate their health concepts and needs (Levers,

2006a; Mpofu, 2006). Thus, the development of systems to maintain well-being or respond to ill health is tied to the historical, social, and environmental conditions in which they occur.

IMPORTANCE, DEFINITION, AND SCOPE OF KEY TERMS AND CONCEPTS

There currently is increasing recognition of the value to health care of traditional or indigenous healing systems (Marks, 2006; Moodley & West, 2005; WHO, 2001). In fact, the vast majority of the world’s population uses indigenous healing systems for their health care (Mpofu, 2006; UNESCO, 1994; WHO, 2001). For the purpose of the discussion in this chapter, the terms “indigenous health care” or “traditional healing” are used interchangeably to refer to systems of health care rooted in the sociocultural contexts of the communities.

Africans have developed systems of responding to disease or ill health that are grounded in local culture (Conserveafrica, 2006; Levers, 2006a). The health care systems evolved from the beliefs, attitudes, customs, methods, and established practices for improving human conditions or elevating the quality of human life. As a result of recent advances in the fields of environmental sciences, immunology, medical botany, and pharmacognosy, health care policy designers have come to appreciate the effectiveness of African traditional health care (Conserveafrica, 2006).

We recognize the diversity and complexity of people of African cultural heritage in their help-seeking preferences. For example, Africans with Western education may prefer mostly modern biomedical health care rather than indigenous, traditional health care systems (Levers, 2006b; Mpofu & Harley, 2002), although a significant minority of them would also consult the indigenous health care system. Tradition-directed Africans or those who subscribe to a predominantly metaphysical explanation for well-being are likely to use the indigenous healing services that we discuss in this chapter.

Indigenous healing incorporates techniques with the potential role of facilitating increased level of well-being

in one or more of the levels of body, mind, emotions, and spirit (Atherton, 2007). These techniques include traditional intervention strategies for promotion of health, prevention of ill health, and treatment of ill health. Intervention strategies by healers are intended to produce changes (especially in behavior patterns) in the affected, their primary and associational groups (e.g., family), as well as in the community in general.

An important consideration in discussion about African indigenous healing is the role of provider(s) of the services (in this regard the traditional healers) and the recipient(s) of the treatment (i.e., the patients or clients). The scope of practice for the African indigenous healer is not just the sick person(s) but also the sick person's primary and associational groups and the community in general (Edwards & Edwards, 2009). Second, indigenous healing intervention is also defined by the presumed purposes and methods of intervention. For example, in Africa, the act of healing is typically a religious act. Thus, when a traditionalist African patient takes a herbal infusion, he or she perceives healing from the belief in the spiritual or ancestral power to make the medicine work to treat the debilitating health condition. The spiritual significance is perceived important, perhaps more than the bioactive properties of the remedy. Many patients with a belief in the power of (ancestral) spirits to divine the causes of illness and problems find an anamnestic investigation in the Western sense uncalled for (Kleinmann 1980). Thus, African indigenous healing practices are informed by prevalent cultural theories of diseases or ill health, available sociocultural resources, perceived needs and problems, as well as traditional coping strategies.

HISTORY OF RESEARCH IN TRADITIONAL HEALTH CARE IN AFRICA

Much of what is known to African indigenous healers about their practices is passed on by oral history or folklore. This orally transmitted knowledge about healing is usually known only to initiated traditional healers and is taught to others by the healers themselves or spiritual agents (e.g., by ancestral spirits: Peltzer, 1992). Therefore,

researching and documenting traditional healing methods used by native Africans may be difficult (Krauss 1990; Peltzer 1987, 1992). Historically, most formal research on African indigenous healing has been conducted by Europeans and North Americans (e.g., Bascom 1969; Edgerton, 1980; Gelfand, 1964; Green, 1994; Janzen, 1978; Levers, 2006a; McMillen, 2004; Peltzer, 1987; Prince, 1966; Warren, 1974; Zempléni, 1969). A growing cohort of African scientists are engaged in research on indigenous healing (e.g., Anumonye, 1973; Chavunduka, 1978; Kayombo, Mbawambo, & Massila, 2005; Makanjuola, 1987; Mpofu, 2003; Ngubane, 1977; Ovuga, Boardman, & Oluka, 1999; Twumasi, 1975, 1984). African traditional healers as researchers are sparsely represented in the literature (e.g., Mume, 1977). Research on indigenous healing systems has centered on types of conditions for which healing is sought and on concepts of well-being and disease.

Research on Types of Conditions for Which Treatment Is Sought

Most of the research literature on traditional healing in Africa is on mental disorders (Corin & Bibeau, 1980). In reality, in an African traditional healing context, healers consider spiritual or mental and physical disorders to be comorbid, necessitating the use of interventions believed to heal the body, mind, and soul. Most traditional healing methods are geared toward ameliorating psychosomatic, psychosocial, or family collective problems (Good & Kimani, 1980; Peltzer, 1987; Sabuni, 2007).

Indigenous healers typically treat a variety of mental, physical, and spiritual disorders (Peltzer, 1987). For example, they treat mental health conditions including hysteria, anxiety, and functional psychotic disorders. They also treat psychosomatic disorders or conditions or psychological conditions believed to manifest as physical conditions. Indigenous healers also treat numerous physical conditions (see Discussion Box 1.1).

However, very few studies have examined outcomes for patients in the long-term care of traditional healers (Assen, 1991; Peltzer, 1987).

Case Study 1.1: Patient with Psychosomatic Illness

A Nigerian patient, Mr. Mogaji, complained of a number of bodily ailments, especially when he stayed in the house of some of his relatives. He believes these relatives are against him and are trying to bewitch him. Therefore, he stopped going to visit and stay at their house. His therapist assured him in various ways and encouraged him go to the very house to greet one of the women whom he believed caused his illness. At first, the patient refused, even though he would not have to stay there, but he eventually went. On return, he was very happy because he not only managed to greet the woman but also to stay there overnight without developing his usual bodily symptoms.

Questions

- 1. Explain the therapeutic effects on Mr. Mogaji of greeting the woman he believed caused him illness from a traditionalist, spiritual perspective. How would the symptom relief be explained from a secular, Western perspective?

Discussion Box 1.1: Types of Conditions and Problems in Consultation with Traditional Health Practitioners

Two-hundred and twenty-seven patients exiting a traditional health practitioner’s practice ($n = 17$) were interviewed on their reasons for consultation. The practice settings were two purposefully chosen urban sites in KwaZulu-Natal, South Africa (Peltzer & Mngqundaniso, 2008)

The table reports the type of conditions for which consultation was sought.

	<i>N</i>	%
Bad luck, reverse bad luck	47	21.2
Acute conditions (diarrhea, fever, flu, headaches, cough, other)	41	18.5
Generalized pain (stomach, muscle, or other nonspecific pain)	30	13.5
Chronic pain in joints/arthritis (joints, back, neck)	27	12.2
Psychosocial problem (marital, mental, ancestors’ problems; spirit illness)	27	12.2
Magic poisoning	25	11.3
Problems with breathing	21	9.5
Communicable disease: HIV	18	8.1
Infertility	16	7.2
Children’s problems	13	5.9
Weakness of the body, dizziness	12	5.4
Communicable disease: STI (other than HIV)	11	5.0
Other	8	3.6
High blood pressure/hypertension	4	1.8
Diabetes or related complications	4	1.8
Epilepsy	3	1.4
Cancer	3	1.4
Depression or anxiety	3	1.4
Stroke/sudden paralysis of one side of body	2	0.9
Problems with mouth, teeth, or swallowing	2	0.9
Sexual dysfunction	2	0.9

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Questions

1. Characterize the conditions or problem areas for which consultation was sought by the patients in terms of body, mind, and soul aspects.
2. Explain from the perspective of African traditional medicine emphasis or priority ordering of consultation needs.

African indigenous healers appear relatively more successful in treating mental health conditions compared to physical conditions (Last & Chavunduka, 1986; Mpofu & Harley, 2006). Their effectiveness with physical conditions is limited in part by the fact that they typically do not use laboratories to study the disease-causing agents and their treatment. Treatment interventions by traditional healers use mostly episodic consultation, with no documentation to trace treatment effects over time.

Well-being and Disease Concepts

An allied line of research involvement has been on typologies of traditional healers and theories or concepts of illness (Chavunduka, 1978; Janzen, 1978; Makanjuola, 1987; Mshana et al., 2006; Warren, 1974). For example, research has documented that healers believe “spiritual” processes cause illnesses and guide treatment interventions. They believe in the use of spiritual power of ancestral spirits or gods to name the patient’s problem and to divine the appropriate healing regimen.

An area of study that has received considerable research attention is the process of divination in the diagnosis of illness (Bascom, 1969; Chavunduka, 1987; Peltzer 1981,

1982, 1987; Prince 1966; Reynolds-Whyte, 1991). For example, Chavunduka (1978) described the case of a woman with a seizure disorder from a family with healing traditions. A traditional healer in a trance or possession by a spirit diagnosed two competing ancestral spirits wanting to possess the woman. One of spirits was believed to be a departed maternal grandfather courting her to become a witch, and the other the paternal grandfather resisting the overtures. The healer divined that the battle between the two spirits to possess the patient caused epileptic fits in her.

In traditional medicine, the diagnostic process of naming the affliction and determining its causation often involves elaborate procedures in which a diagnostician-diviner,

Research Box 1.1: Tradition-led Treatment Approaches

Mzimkulu, K. G., & Simbayi, L. C. (2006). Perspectives and practices of Xhosa speaking African traditional healers when managing psychosis. *International Journal of Disability, Development and Education*, 53, 417–32.

Objective: The study investigated symptoms defining psychosis from the perspective of four indigenous healers in the Xhosa (South Africa) tradition. The healers were affiliated with a psychiatric treatment center at a South African hospital.

Method: Qualitative interviews were conducted in Xhosa and the data used to construct themes from their practice in treating psychosis, inclusive of diagnosis, etiology, and treatment.

Results: Symptoms of psychosis identified by the Xhosa healers were similar to those in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (*DSM-IV-TR*). The healers explained psychosis in their patients as resulting from spiritual influences, witchcraft, and genetic predisposition. Treatment approaches emphasized purgatives, cleansing rituals, and spirit evocation through singing.

Conclusion: The Xhosa indigenous healers were complex in their understanding of psychosis and treatment methods.

Questions

1. Explain the fact that Xhosa traditional healers were consistent with *DSM-IV-TR* in their identification of symptoms of psychosis and divergent in their attribution of etiology and treatment.
2. How may treatment approaches preferred by the traditional healers be aligned to their theory of etiology?
3. What patient safety issues would be relevant from the use of purgatives and cleansing rituals to treat psychosis?
4. What additional information would you need about the study to understand better diagnosis, etiology, and treatment of psychosis by the Xhosa healers? How would that additional information enhance your understanding of treatment approaches for psychosis in the Xhosa tradition?

Case Study 1.2: Ancestral Spirits Counter Claims

Mrs. Majako has two types of ancestral spirits: two Vadzimu (ancestral spirits; sg. Mudzimu) and one Shave (stranger spirit). During the course of the pretraining illness, Mrs. Majako became initially possessed by the Mudzimu of her grandfather, one month later by the Mudzimu of her grandmother, and finally by a Shave. Usually Vadzimu are spirits of deceased parents or grandparents, especially the grandfather. The Mudzimu is believed to cause and cure illnesses as well as solve problems. In addition, the Mudzimu protects the individual and the family from evil influences (cf. Gelfand 1964). The Shave is a stranger spirit that causes minor illnesses and brings luck in work and love (Gelfand 1964). Mrs. Majako’s Shave assists the Vadzimu in healing and is a good dancer and singer. Majako-Mudzimu/grandfather knows herbal ailments, especially for infertility, abdominal complaints, and evil spirits; and Majako-Mudzimu/grandmother is specialized in “diagnosis” through Kufemba, that is, smelling the patient. This is done on Tuesdays, Thursdays, and Saturdays, especially for people with witchcraft and family problems.

At the beginning of the ceremony, the musicians start playing and Mrs. Majako gets involved in dancing. As the sound increases, her head starts shaking rhythmically, and slowly she begins to smell the patient from his feet to abdomen, up and down, until she becomes possessed by her own and later by the patient’s spirits. Her spirit “Majako-Mudzimu” starts speaking: “I have lived at your home. There I often went together with chief S. to the same church ... Your father uses bad medicine ...” Later on she becomes possessed by witchcraft spirits (Varoyi; sg. Muroyi) that stem from the patient’s relatives. After a long divining process, the mother-in-law of the patient is identified as a witch who, supported by the patient’s father’s second wife, “killed” the patient’s mother and is now also after the patient’s life.

Questions

1. Describe the full constellation of people presumed to be involved in the client’s problems.
2. Explain any disease or illness concepts related to the client’s presenting problem.

patient, and kinspeople participate. Although designed to lead to the choice of appropriate remedial action, the naming process itself has significant therapeutic aspects (Jilek, 1993). In the naming process, the patient’s feelings

and experiences are restructured into a culturally validated image system. The patient is provided with a language in which ineffable psychic states can be expressed and chaotic experiences reorganized, thereby becoming

Discussion Box 1.2: The Art of Divination

To analyze the principles of the naming process, a traditional healer (Malongo) was invited to divine or name fifty-eight nursing students in Malawi. Malongo explained that he spiritually identifies himself with his client, his family, his house, his place of work, etcetera. His “spirit actually goes” to the focus of the problem and “collects the information” needed for the naming of the client’s problems. In the nursing college, each student had the opportunity to see Malongo for twenty minutes, and was asked to write a report on the consultation, stating the contents of the divination, whether it was correct or not, and his or her general impression on the encounter. It was found that only 35% of the students accepted the healer’s explanatory model (e.g., “I was very anxious, because they can tell you all about your problems.”), whereas 30% were ambivalent (e.g., “Many things he said were surprisingly true, and I doubt whether to believe in it or not.”) and 35% discrepant (e.g., “His diagnosis procedure was based on guesswork.”). Evaluation of the divinations found that 56% were reported as wrong and 44% were correct. Generally, the more precise the healer was, the more often he was incorrect (e.g., in the number of siblings of the student), and the more general he was, the more he was correct (e.g., “Your boyfriend loves you . . .” or “If you work hard you are going to pass your exams . . .”) (Peltzer, 1987).

Questions

- 1. Comment on the conceptual equivalence of traditional healers’ spiritual identification with the client and his surroundings with the Western concept of empathy in psychotherapy.
- 2. Discuss the influences of the perceived validity of the naming or divinatory process by the (a) healers and their clients, (b) researchers; and (c) practitioners of Western medicine.

intelligible and manageable (Levi-Strauss, 1963). The divinatory process can be conducted in the form of instrumental divination or medium divination. In the case of instrumental divination, the healer employs a material vehicle (or instrument) from which he or she draws conclusions according to a series of mantic configurations based on spiritual power (Sow, 1980: e.g., a bottle filled with herbs and water). In medium divination, all techniques of so-called possessions are included, aiming ultimately at plumbing the deeper psychic layers of the healer for treatment effects (Sow, 1980).

NATIONAL AND INTERNATIONAL INFLUENCES

African indigenous healing systems at present have wider recognition and dissemination than before (Last & Chavunduka, 1986; Marks, 2006). For example, in 1964, the Organization of African Unity (OAU) set up the Scientific and Technical Research Commission (STRC) to spearhead research into indigenous healing. Subsequently, in 1968, the STRC hosted an international symposium in Dakar, Senegal to study the use and development of medicinal plants in Africa. The outcome of the symposium led to seventeen research centers being set up all over Africa to stimulate research on the proof of efficacy of African medicinal plants. The African Advisory Committee for Health Research and Development (AACHRD, 2000) recommended the revitalization of research on traditional medicine, particularly for common problems such as HIV/AIDS, tuberculosis, malaria, and childhood illnesses. At a Summit Meeting in Abuja, Nigeria, in 2001, the Organization of African Unity (OAU) Heads of State declared that research on traditional

medicine should be made a priority. Later in the same year at a Summit Meeting in Lusaka, Zambia, the OAU declared the period 2001–2010 as the decade for African Traditional Medicine.

Countries that are reported to be conducting research on evaluation of herbal preparations for the management of HIV/AIDS include Benin, Burkina Faso, DRC, Ghana, Côte d’Ivoire, Kenya, Mali, Nigeria, South Africa, Tanzania, Togo, Uganda, and Zimbabwe. Jayasuriya and Jayasuriya (2002) reported that several African countries have statutory responsibility to undertake research relating to medicinal plants including the National Pharmaceutical Bureau of Burundi, the Central Laboratory at Mototo in Guinea, the National Institute for Medical Research of Tanzania, the Institute of Medicinal Research and Medicinal Plants of Cameroon, and the National Institute for Research on Traditional Pharmacopoeia and Traditional Medicine of Mali.

The Eastern and Southern African Regional Initiative on Traditional Medicine and AIDS convened a regional consultation in May 2003, which produced a series of proposed standards around three main themes related to traditional medicine and HIV and AIDS: the systematic evaluation of traditional medicines; spiritual aspects of healing: HIV prevention and care; processing and packaging of traditional remedies; protection of indigenous knowledge; and intellectual property rights related to traditional medicine. (Homsy et al., 2004). Bodies such as the Traditional and Modern Health Practitioners Together Against AIDS (Uganda), the Association for the Promotion of Traditional Medicine (Senegal), the Zimbabwe National Traditional Health Practitioner Association (Zimbabwe), and the Global Initiative for Traditional Systems of Health are

Discussion Box 1.3: The Case of Mrs. Mhlauzi

Mrs. Mhlauzi (age seventy-nine), a peasant farmer, had apparent senile dementia. She had a history of going on unplanned trips considerably away from home for the past eight years. On occasion, she would return from these escapades with bodily bruises, suggesting falls she could not explain. She would claim to have visited the great tribal ancestral shrine to pay homage, and would also claim to be visiting the state president. Her children and grandchildren and neighbors alike observed that she appeared to be overly forgetful and to have undergone some personality change. For example, family members reported that she appeared to have become more secretive and untrusting of those around her. She also publicly accused her son-in-law from the same village of stealing her livestock, and arbitration by fellow villagers was not helpful in resolving the matter. In the past two months, she left the village without informing anyone of her destination and has not returned since. A missing person's report was filed with the local police.

Family members consulted a traditional healer to divine just where she might be and the cause of her apparent mental illness. The traditional healer divined that she had lost her mental functions from a malevolent spirit that possessed her, and that was unhappy with her care. Consequently, the malevolent spirit had driven her away from home; and she would not return unless some rituals to chastise and expel the offending goblin were carried out. The healer further explained that several divorced mothers in the extended family were so because of the spell of the same malevolent spirit. The healer also observed that members of the family with high-paying professional jobs would not prosper from the influence of the malevolent spirit that would impoverish everyone. For a fee, the healer would treat the malevolent spirit and restore well-being to the whole family.

Questions

1. Consult any source on senile dementia. What symptoms from the case description are consistent with senile dementia?
2. Explain the traditional healer's diagnosis from a traditionalist African perspective.
3. What health beliefs in the family would support the healer's diagnosis and proposed treatment?
4. What evidence, if any, would falsify the healers' proposed etiology for the mental illness in Mrs. Mhlauzi?

making major inroads in fostering promotion of traditional medicine (Chavunduka, 1986; Romero-Daza, 2002).

CURRENT PRACTICES

African indigenous healing is deeply rooted in the physical, emotional, and spiritual aspects of being and is inextricably linked to religion or belief systems (Edwards & Edwards, 2009). It seeks to provide health, sanity, spiritual solace, and other valued family or community collective virtues (including a return to traditional family values). In this section, we consider the fundamental causation of disease and illness from a traditionalist African perspective. We follow this up by discussing the treatment techniques mostly used by indigenous healers and their patients. We briefly consider the treatment of HIV/AIDS by traditional healers in the sub-Saharan subregion to illustrate the practical application of some of the health care concepts we consider in this chapter.

The Fundamental Etiology of Health Conditions

Most tradition-directed African clients believe that the problem or illness originates from outside themselves in the environment, including the actions of malevolent people, spirits, or acts of witchcraft (Sabuni, 2007) and that divination will reveal the true cause of their lack of

well-being. Regardless of the fact that an environmental pathogen is recognized to cause an illness in a person, healers and their patients believe that the illness is explained by the fact that the pathogen would not have infected the particular individual had not a spirit enabled it to result in the health condition. Similarly, victims of occupational accidents are believed to sustain injury because a spirit set the stage for the accident to happen. The spirit can be a malevolent one cast by others of ill will or a benevolent one demanding recognition for the many good things it does for the living family.

Since the fundamental causation of wellness or ill health is explained in metaphysical terms, healers and their patients prefer directive treatments or those using mostly external oriented techniques (e.g., ritual cleaning, enactment, sacrifices). However, internally oriented therapies such as scarification or making bodily incisions, aroma therapy, vomiting, and purging are also used, but mostly in their perceived function to keep evil spirits, witches, and bad luck at bay.

Emphasis on Holistic Treatment

A prominent quality of African traditional healing is its holistic nature. A holistic model of health care has several advantages, among which is the recognition that (1) an illness does manifest across various levels of the

community and (2) physical problems can also cause psychological or spiritual problems (Levers, 2006b; Marks, 2006). As previously observed, health-related beliefs held by traditionalist Africans encompass the family or community collective as a major resource for well-being (Jahoda, 1961; Mpofu, 2003; Simwaka, Peltzer, & Banda, 2007; Teuton, Bentall, & Dowrick, 2007). Problems and illness are not individualized but interpreted within the social system, kinship, traditional, and cultural norms (Schmidbauer, 1969; Staugard, 1986). To be effective in his or her practice, the healer must have a comprehensive knowledge of his or her culture, tradition, and the environment in general. His or her task is to convey cultural ideals on the basis of mythological structures to the clients (Schmidbauer, 1969).

Treatments

Healers tend to achieve their treatment effects through a secondary process. Healing by secondary process is directed primarily to the reactions to the illness by significant others rather than to the primary symptoms by the patient (Prince, 1974). The patient is abrogated of any responsibility for the illness and is a neutral observer of a social healing process (Chavunduka, 1978). The healer achieves secondary process treatment effects in part by validating the implicit theories held by the patient and significant others about the illness and appropriate treatment by his or her active therapeutic procedures (Mpofu, 2003).

Treatment methods used by healers can be classified as follows: (1) physical activity with management of interpersonal relationships; (2) use of expectation; (3) use of symbolism and enactment; (4) use of naming; (5) dream interpretation; and (6) cleansing, libation, and scarification. We briefly consider each of these treatments next.

Use of Physical Activity with Orchestration of Interpersonal Relationships

Traditional healers consider treatments that provide vigorous activities or interpersonal interactions more effective than those that fail to actively engage the body and generate interpersonal synergy (Butler, 1998). These physical activities often involve groups of others who support the client and healer in the treatment efforts. Significant others (e.g., family and friends) also actively participate to reinforce treatment effects. Typical group healing ceremonies involve vigorous physical exercises, such as dancing, clapping of hands, and singing. These physical activities help energize the patient and significant others in their adherence to intervention for wellness.

Bodily movement therapies are often used in the context of cultural-spiritual rituals. For example, during dance ceremonies accompanied by possession trance, the bar is lowered on everyday conduct of behavior so that the patient can express his or her repressed affects and

behavior pattern. Flexible regression to earlier behavioral-emotional developmental stages or the sudden discharge or catharsis of strong affects is systematically encouraged by the healer through verbal exhortations. These exhortations include naming to the patient significant ancestors believed to be prime mediators of the power of healing and asking them to help the patient achieve rapid healing.

Healers use the group as a behavioral change agent (Parrott, 1999). Group activities make possible social networking for the reconstruction of people's physical, social, and spiritual environments. In group activities, such as African traditional healing ceremonies, the dynamics of human relationships move from competition to collaboration (Comaroff, 1980). For example, family members and patients strengthen their emotional bonds from the group therapy, creating a more supportive environment to sustain healing after the intensive group therapy.

Use of Expectation

Healers use expectation to win and motivate patients to engage in treatment. Expectation is a treatment effect from the belief by the patient that a therapist's procedures will successfully treat a condition for which consultation is being sought. Healers achieve significant expectation effects through donning of impressive regalia during consultation (Lesolang-Pitje, 2000). The regalia typically include garments from animal products such as skins, body parts, or droppings. It could also include garments and head gear made from brightly colored clothing (pure white or blood red) bedecked with charm objects. Dressing with at least the skin from a major cat (e.g., leopard, lion) or bird (eagle) adds to a high expectation. Clients hold the belief that the healer or his or her agents must have killed a major cat, which itself is a powerful accomplishment. Moreover, the attire also points to the healer's association with spiritual beings or supernatural endowment.

A traditional healer with multilingualism (implying ability to call to the treatment effort spirits from many cultures) and gender accessibility (i.e., ability to call to possession either a male or female spirit) also conjures high expectation effects in clients. Healers with ease of use of dramatic flair, gesture, or oratory ability in making their observations will likely have desired expectation effects in their clients. Minimally, healers should have expert socioemotional skills to engage patients to reap expectation benefits. Their clairvoyant abilities add to the expectation by clients that they would provide the kind of services clients need to achieve health (Katz & Wexler, 1989).

Use of Symbolism and Enactment

Healers use herbal extracts to convey symbolic messages. For example, Makanjuola (1987) identified nine symbolic associations that healers and their clients

believe to be potent in treating a variety of health conditions. These include: (1) meaning of the name of the remedy, (2) sound of the name of the remedy, (3) form or appearance of the remedy, (4) physical qualities, (5) behavior of the remedy (e.g., leaves that “go to sleep”), (6) referent part of the remedy (e.g., strong skull or head of an animal believed to fortify from migraine headache), (7) symbolic holism (e.g., pepper or salt, believed to be anti-spell agents, is sprinkled on a surface or object with a spell), and (8) color symbolism (e.g., a castaway black hen carries an offending malevolent spirit cast out of a person). Healers also use ritual enactment to represent and cast away an unwanted spiritual influence (Mpofu, 2006b). With ritual enactment, a patient with a named health-compromising spiritual influence works with a healer to name and symbolically cast the malevolent spirit away in the wilds or to inhabit a domesticated animal (e.g., goat, fowl). With the patient believing the malevolent spirit cast away or banished to the wilds or into an animal, he or she may experience significant relief of symptoms or cure.

Use of Naming

Healers use verbal techniques to help patients directly experience certain emotions or states of consciousness believed to be therapeutic. For instance, in their use of naming (as previously discussed), healers use verbal techniques to provide a rich label to a health condition to explain both its *etiology* and necessary treatment. Typically, as part of the divination, the healer will name a variety of different problems and watch the patient’s reaction to each specific precision. The precisions can be differentiated according to symptomatic precision (e.g., “Your body is not good...you have pain in your shoulder”), situational precision (e.g., “When you are surrounded by people you get pain in your shoulders.”), or temporal precision (e.g., “When you wake up in the mornings you have pain in your shoulder”) (Peltzer, 1995, p. 106). Once the illness is put into a cultural frame, definite expectations are aroused in the patient and his or her family. The healer follows up by identifying the patient with others who have been cured of similar conditions and thereby adding to patient expectation and his or her own credibility.

Patients expect healers to name their problems to provide a scaffold for the healing process. Through naming, the healer provides the patient with a language in which unexpressed states can be directly expressed. Through naming, negative events are explained and personifications are provided, and the patient is initiated to enter the treatment process. In the naming process, ancestors of the patient and healer become part of the healing intervention in the world of the living. Patients may experience a reduction in symptoms after a naming procedure (Pfeiffer, 1974). Therefore, the act of naming can be considered as therapeutic (Torrey, 1986).

Naming is different from the diagnostic process. According to Western medicine, the patient is first examined physically and psychologically before a diagnosis is made. However, the traditional healer does not usually undertake an investigation on the patient before diagnosis, since it is assumed that the healer’s spirits already know the cause of the problem or illness. This, however, does not mean that the healer diagnoses without any examination, but the diagnostic process is basically identical with the naming process wherein physical examination and questions are made to appear as if they play only a subordinate role. Only questions before the naming of problems can be considered as anamnestic questions, and if such questions are asked, they seem to have low anamnestic relevance. An exception to this rule is the situation of a patient who is possessed when entering the healing interaction. Consider the case of an interaction between the healer and a twelve-year-old girl who is diagnosed as a witch (Peltzer, 1987):

HEALER: “What is your name?”
PATIENT’S(SPIRIT): “I have told you this already.”
HEALER: “I said, what is your name?”
PATIENT’S(SPIRIT): “I was not given any name.”
HEALER: “What about the name of your mother?”
PATIENT’S(SPIRIT): “Tiyega is my mother.”
HEALER: “What is your mission and what do you want ‘in’ the girl?”
PATIENT’S(SPIRIT): “We have been asked to kill a person.”
HEALER: “I see; that is what you want ...”
PATIENT’S(SPIRIT): “We want to kill.”
HEALER: “Whom did you kill?”
PATIENT’S(SPIRIT): “Many.” ...

In this case the status of being a witch will be ascribed after a line of diagnostic questioning culturally consistent with identifying a witch.

Dream Interpretation

It is common to consult a healer when the dreaming is excessive or the dreams are unclear, complicated, or frightening. Tradition-directed Africans believe that dreams have a special influence on most waking activities and that dreams cause illness and misfortunes at work or in personal relationships. To them, dreams that appear to have high vision or trance qualities are communicating a reality that cannot be ignored. For example, a dream in the form of a visual image of an ancestor is perceived by both healers and clients to be a revealed spiritual or absolute truth about that particular ancestor’s present involvement in the life events of the client. The following example illustrates interpretations of a bad dream by two healers (Peltzer, 1985):

Description of a Dream

Client: I dreamt about a snake chasing me, and I had to climb a tree for safety, and it followed me onto the tree.

Discussion Box 1.4: Healer Naming Practices

The traditional healer with a traditional patient (Peltzer, 2005, p. 107)

TRADITIONAL HEALER (TH): When you write, you sometimes feel as though there is darkness in your eyes – especially when you are writing.

PATIENT (PT): Yes

TH: Also when you are reading you have tears coming from your eyes – does that happen?

PT: Yes.

TH: And when you sit somewhere you find that you start perspiring – sweating too much, is it true?

[The following is summarized] Sometimes you feel very cold ...

Sometimes after you have eaten, you suddenly feel hungry ...

Your leg feels sometimes as though it is paralyzed ...

PT: Yes.

TH: You sometimes feel as though you are alone – although there may be people chatting to you, you still do not talk; you remain silent. Am I lying?

PT: No.

TH: Vyanusi [spiritually caused acute confusional state] is in the background but foremost is vimbuza [spirit disorder: conversion or dissociation disorder or depressive neurosis]; it is not witchcraft. Your uncle used to look for medicine for you – ages ago – he used to help a lot of people. Am I lying?

PT: No.

TH: Sometimes when you wake up in the morning you feel pain in your arms when you stretch them. Am I lying?

PT: No.

TH: Sometimes when you wake up you feel as though you want to fall when you stand up. Then you say that you want to remain standing or seated for a long time before you walk – there is some witchcraft involved – jealousy – that money – they feel you have a lot of money and your fellow villagers feel they want to fix you. At work there is little cooperation – that is where it all starts from. But then when you have the money, you do not know how to spend it wisely. Something goes wrong inside your head. You cannot hold your capital. You have a big vimbuza problem, that is why you sometimes feel dizzy... Anything else – any complaints?

PT: No, none.

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Questions

- 1. Discuss the diagnostic process in contrast to the naming process.
- 2. Discuss the healer–patient relationship effects apparent from this interview.

I jumped down and it stopped chasing me. After that a bee stung me and I cried.

Interpretations

- 1. **Healer Bwanali:** The dream symbolizes people (witches) who are responsible for your diseases.
- 2. **Healer Kumpolota:** At first, the dream is bad because he is chased by a snake, then it becomes good because he can escape from the snake. However, the bee shows that the danger is still there and it is therefore a dream with a bad omen.

Another example is that of a patient who dreamt that his mother and father, who had both died some time back, were speaking to him. They wanted *nsima* (staple food) made from white maize flour, with meat and vegetables. The healer interpreted the dream saying that he (the patient) should hold an ancestral feast. The patient prepared food, invited people from the village, and after the feasting, the spirits were pacified. Had the feast not taken

place, both the healer and the patient believed the spirits would have come back to torment the patient, making him fall ill again (Peltzer, 1985). The patient has therapeutic dependency on the perceived spiritual authority of the healer in dream interpretation. Individual motivations are suspended for culturally prevalent interpretations of good or bad dreams (Peltzer, 1985).

Healers and their clients may hold common symbolic meanings for the contents of dreams from their cultural socialization (Crapanzano, 1975; Peltzer, 1987). For example the Chewa of Malawi believe that dreaming of a “snake” means bad luck or plotting enemies. However, other symbolism is culturally mixed in meaning. For example, in Malawi, dreaming of “giving birth to a child” symbolized good luck in one cultural community and witchcraft or danger in another (Peltzer, 1987). The healer dream interpreter selects certain dream symbols that are perceived to be significant in terms of shared fantasies with the client. It would seem that dream symbols formulate conflicts that are influenced by spiritual activities involving the ancestors and other aliens.