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## Cross-Cultural Healing in East African Ethnography

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*Examples of cross-cultural therapeutic relations have been mentioned frequently in ethnographic accounts from East Africa but have rarely been the object of in-depth description and analysis. Colonialist ideology, structural-functionalist anthropology, and a number of more recent medical anthropological contributions have been biased in ways that have drawn attention away from what is a prominent feature of African traditional medicine: the search for healing in the culturally distant. A focus on the dynamics and ideology of cross-cultural healing may be crucial for an understanding of processes generated by the encounter between biomedicine and African traditional medical systems. As is exemplified by the Iraqw of Tanzania, widespread acceptance and extensive use of biomedical health services may not necessarily mean that people abandon traditional beliefs and practices. Quite the contrary, the attribution of power to the culturally distant implies an openness to the unfamiliar, the alien, and the unknown, which may have facilitated the introduction and acceptance of biomedical health services. [medical anthropology, traditional medicine, cross-cultural healing, Iraqw, Tanzania]*

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A prominent feature of health-seeking behavior among the Iraqw of northern Tanzania is a marked tendency to seek out healers from other ethnic groups. Underlying this practice is the perception that the origin of the most powerful healing lies outside of Iraqw culture. Examples of cross-cultural therapeutic relations are frequently mentioned in ethnographic accounts of other ethnic groups in East Africa, but such relations rarely have been the object of in-depth description and analysis. The reason for this neglect may be sought in various historically embedded perspectives on Africa and African culture. First, the precolonial and colonial European image of Africa was one of separate "tribes" that had limited contact apart from conflict and warfare. Intertribal exchange of healers and ritual experts was not in accordance with this image, nor with the implementation of the political ideology that was derived from this notion of interethnic relations

in Africa. A second related point is that structural-functionalist anthropology was concerned with the internal structures of the tribe, which meant that the cross-cultural therapeutic relationship was considered largely irrelevant in the analysis of culture and society. The traditional healer's activities were analyzed in terms of his functions within his own "tribal" culture, and his role as an agent of interethnic contact was consequently not a primary concern. More recently, medical anthropologists have, to a large extent, overlooked the cross-cultural therapeutic relationship in what I would argue is an effort to rehabilitate the image of the "witch doctor" and to employ the African traditional healer in a critique of Western society in general, and of biomedicine in particular. By emphasizing the holism of African traditional medicine and its concern with the social and cultural environment of the patient, many anthropologists criticize the alleged absence of such attributes in the biomedical approach to illness. Other aspects of traditional medicine that are less well suited to this critique, including the cross-cultural therapeutic relationship, are ignored or de-emphasized.

These historical discourses exemplify both derogatory and romanticized versions of African medicine, neither of which has highlighted the cross-cultural therapeutic relation as it deserves. In this article, I argue that a focus on the dynamics and ideology of cross-cultural healing may be crucial for an understanding of processes generated by the encounter between biomedicine and African traditional medical systems. As is exemplified by the Iraqw, widespread acceptance and extensive use of biomedical health services may not necessarily mean that people are abandoning traditional beliefs and practices. Quite the contrary, the attribution of power to the culturally distant, a feature that lies at the very heart of the cross-cultural therapeutic relationship, implies an openness to the strange, the foreign, and the unknown, which may have facilitated the introduction and acceptance of biomedical health services.

### Point of Departure

The traditional healers of the Iraqw of northern Tanzania are frequently neither Iraqw nor very "traditional." I became aware of this early on, during my first fieldwork in the southern Mbulu area in Tanzania, and I must admit that I was a bit surprised, if not disappointed. The individuals I had expected to be key informants in my quest for an understanding of Iraqw illness concepts and health-seeking behavior turned out not to be Iraqw, but Sukuma, Ihanzu, Coastal Swahili, and Somali; they were members of ethnic groups with highly diverging cultural backgrounds from the Iraqw. Many of these healers did not speak any Iraqw, they often had a very limited knowledge of Iraqw culture, and in their divination and healing procedures most applied techniques and employed paraphernalia from their respective home areas. They were, in short, not at all the incarnations of the core Iraqw cultural elements that I had expected the healers of the Iraqw to be.<sup>1</sup>

These attributes contrasted with the way the African traditional healer has been frequently represented—that is, as an individual who shares the locality, social network, and culture of his patients. At the time there seemed reason to assume that the Iraqw were unusual in their emphasis on cross-cultural healing. During later fieldwork in other locations in this area, which has been described as the most linguistically diverse in Africa (Sutton 1969:12), my wife and I found the same

kind of relationship among other ethnic groups; healing was often sought cross-culturally. One notable example involved the pastoral Datooga, who frequently used Sukuma, Nyaturu, and Iramba healers, and vice versa, in spite of the fact that these ethnic groups had a long history of mutual hostility and had fought regular battles in this area less than a decade ago. One of the most respected healers in southern Mbulu came from Tanga on the eastern coast of Tanzania, and was therefore alien to all the ethnic groups in the region. Thus, the extensive use of the skills of healers from other ethnic groups was not confined to the Iraqw, though the emphasis on cross-cultural therapeutic relations appeared to be particularly strong and was given more explicit expression among the Iraqw than was the case among neighboring groups. An oft-repeated statement on the subject stresses that "We [the Iraqw] believe the medicine of other peoples to be stronger than our own."<sup>2</sup> This belief is reflected in stories of how a number of important Iraqw clans (such as the Manda do Bayo, Hhay Naman, and Hhay Karama) were founded by powerful healers and ritual experts from neighboring groups. Similar stories, however, have been recorded among many of the other groups in the region, and cross-cultural therapeutic relationships appear historically to traverse virtually all the ethnic boundaries in the area of study.

A review of the literature on East Africa reveals that ethnographers have not overlooked the fact that it is common to seek healing and ritual expertise from sources outside one's own culture. Ethnographies cite numerous cases in which extensive use is made of healers and ritual experts from foreign ethnic groups.<sup>3</sup> It is, however, an arduous task to collect this material in a comparative ethnography, since the subject is rarely found in titles, headings, or indexes, but rather in parentheses, appendices, and footnotes. There appears to be a discrepancy between the frequency with which the cross-cultural therapeutic relationship has been mentioned and the extent to which it has been subjected to in-depth description and analysis. What, then, is the reason for this inattention to the information and data on cross-cultural healing in East Africa?

### **Colonialism and the European Image of Tribal Africa**

The precolonial and colonial European image of Africa was that of a continent of tribes—mutually exclusive groups of people that could be distinguished from each other on the basis of a number of linguistic, cultural, and racial characteristics. Early missionaries and explorers reported clear-cut intertribal boundaries and supplemented their tribe-oriented accounts with drawings and photographs illustrating the racial particularities of each tribe. Since it was assumed that language, culture, and race systematically co-varied, a difference in one of these features was taken as evidence of contrasts in the others. Thus, the physical attributes of a certain tribe could be used as a criterion for its linguistic and cultural classification. The distinctiveness and isolation thought to be characteristic of African tribes led prominent British scholars in the early 20th century to approach a colonial administrator in Africa in order "to obtain typical tribal specimens, male and female, for examination," and German scientists sent requests for research material before it was too late:

They wanted to do this before mixing up of peoples made it impossible "to study their osteological qualities," and they asked for "a series of skulls and skeletons of

the different native tribes of Rhodesia. . . . Great care should be taken in noting the tribe of every skull and skeleton." [Letter (1905) from Professor Luschan, cited in Ranger 1985:7]

To the extent that intertribal relations were described at all, they were frequently phrased in terms of antagonism. In a review of 19th-century travel literature, Koivikko found that "Without exception, African men were depicted as armed warriors" (1996:5). This image of Africa as a continent of tribes fighting, raiding, or eating each other became a significant element of the legitimation of European intervention on the continent.<sup>4</sup> The slave trade, it was argued by some, was a way of rescuing Africans from the misery produced by the prevalent barbarism and intertribal warfare that were supposed to dominate African culture and society. In Denmark, a country heavily involved in the slave trade in the 18th century, one of the most prominent intellectuals of the day, Erik Pontoppidan (1698–1764), argued that "the African, provided he is not separated from his wife and children, will have a much safer life in the West Indies" (Winsnes 1996:5). Some centuries later, the claimed success of *Pax Britannica* served as a powerful device in the rhetorics that sought to legitimize colonialism. It was assumed not only that Africa had always needed outsiders such as the so-called "Hamites" for cultural development or evolution (Farelius 1993; Sanders 1969; see also Rekdal 1998), but also that Africans needed outsiders to stop them from fighting among themselves.

With the implementation of colonialism in East Africa, the European image of tribal Africa became, to a certain extent, a self-fulfilling prophecy. According to John Iliffe,

it is clear that emphasis on tribe rather than other identities resulted from socio-economic change and government policy. The policy was indirect rule. Although conservative in origin it was radical in effect because it rested on historical misunderstanding. The British wrongly believed that Tanganyikans belonged to tribes; Tanganyikans created tribes to function within the colonial framework. [1979:318]

The colonial government had the power and the means to transform their imagined patchwork of tribes into a real one. The implementation of indirect rule involved identifying or creating a tribal "chief" in order to incorporate him into the administration. Limitations were placed on interethnic contact between the various more or less invented tribes by confining people to certain well-defined territories and by subjugating them to the authority of chiefs whose positions, as in the Iraqw case, frequently had to be invented because there were no traditions of centralized political authority. Both the Germans and the British are reported to have forced migrating Iraqw back to their "chiefdom" in order to "prevent clashes" with the Datooga and to "keep all Iraqw under the control of the Mbulu administrative center" (Bagshawe 1926:64; Fukui 1970:111; Winter and Molyneaux 1963:498–499). In many cases, existing groups were divided up and synthesized into political entities and identities that had not previously existed. Some of the changes wrought by these policies in British colonies in Africa may safely be described as dramatic: An old chief told W. J. Argyle that "he and his people had not been Soli and had not thought of themselves as such, until the District Commissioner said they were in 1937" (1969:55, note 5). Aidan W. Southall writes that "it may be said that the Luyia people came into existence between approximately 1935 and 1945. Before

that time no such group existed either in its own or anyone else's estimation" (1970:34). Other examples of the way in which East African tribes were created by the British are numerous.<sup>5</sup> Some of the terms that came to be applied to the new political entities were downright ridiculous. Many of the names of new chiefdoms were drawn from the vocabulary of neighboring peoples and were not always as value neutral as, for example, *Nyamwezi* (people of the West) or *Bakiga* (highlanders). The Datooga-speaking neighbors of the Iraqw are usually referred to as the "Mangati" by Swahili-speakers, which is simply the Maasai word for "enemy." The Iraqw themselves and the district they dominate numerically are both known as "Mbulu" (pl.: Wambulu), a Swahili word that, according to the *Standard Swahili-English Dictionary* (1987 [1939]:269), means "a person who says meaningless things because of madness or weak intellect."<sup>6</sup>

Yet it is these terms, of dubious validity in relation to traditional cultures, which have been adopted by Europeans, enshrined in the literature and fed back to the people during the period of dominant colonial influence, to the point at which the people themselves were left with no alternative but to accept them. [Southall 1970:39]

However arbitrary the new political boundary locations, and however artificial the basis for the new identities, the British had the means to convert imagined tribes into real ones that could be subjected to indirect rule. There were certainly distinct "tribes" or "cultures" in East Africa before the colonial project was initiated, but the existing complex ethnic scenario was, in many cases, radically transformed and simplified by the policies of the new rulers. The main objective was to make the colonies governable by establishing or, as the British thought of it, by restoring "order":<sup>7</sup>

Everyone sought to tidy up and make more comprehensible the infinitely complex situation which they held to be a result of the "untraditional" chaos of the nineteenth century. People were to be "returned" to their tribal identities; ethnicity was to be "restored" as the basis of association and organization. [Ranger 1983:249]

The implementation of indirect rule created order out of what Europeans perceived as disorder, but in the process it disregarded and disrupted interethnic processes that may be described as integrative or symbiotic. The invention and reinforcement of tribal identities took place at the expense of interethnic institutions and processes; it ignored, for example, ambiguous and multiple identities, trade, population exchange through migration, adoption, and intermarriage, and, I would add, cross-cultural healing. The new political order placed a number of East Africans in an ambiguous position that aroused the suspicion of the European community. It was often assumed that "detrribalized" migrants "would not have left home if they had not something to hide" (Arens 1975:432). Healers crossing borders between the new chiefdoms became, along with other migrants, in a sense "matter out of place" and were liable to be stigmatized as such by representatives of the colonial administration.

The rather low esteem in which traditional healers were held by the British was connected to a number of other factors as well. "Medicine men" had played a leading role in the multiethnic Maji-Maji rebellion of 1905–1906 against the Germans, in which an estimated 250,000–300,000 Africans and 15 Europeans were

killed (Iliffe 1979:200), and were feared as potential instigators of antigovernment feelings and activities. Furthermore, from the time of the earliest reports of European explorers and missionaries, the witch doctor (or “devil doctor” as he was called by some observers) had been depicted as the prime representative of the pagan and primitive Africa, sometimes even as “the greatest evil in Africa” (see Beck 1979:3), and he was singled out as one of the main adversaries of the Christianizing and civilizing elements of the colonial project. “Medicine men” and “sorcerers” were, in the words of one of the most prominent and longest-serving colonial administrators in East Africa, in the forefront of “the recurring, instinctive struggles of the old powers of wickedness and darkness to put out the lights which have been lit in Africa” (Mitchell 1954:267).

It is difficult to judge the extent to which the colonial attitudes and policies influenced the prevalence of cross-cultural healing in East Africa. Steven Feierman mentions “prominent travelling healers” who were persecuted and prosecuted under the Witchcraft Ordinance by the colonial authorities in Tanganyika (1986:212). A similar law was passed in Botswana (Ingstad 1989:255), and in Kenya,

The law was used to criminalize traditional medicine and to discredit its practitioners, by equating such healing with witchcraft, and then outlawing it. Throughout colonialism, therefore, traditional medicine was unlawful, and this contributed to its marginalization as a system of health delivery in Kenya. . . . But traditional medicine did not disappear. It merely went underground. [Okoth-Owiro and Juma 1996:299]

In Zambia in the 1950s “large numbers of healers were arrested as witches,” a move that was popularly believed to have been instigated by “an anthropologist who asked questions about African therapeutics in the 1940s and then gave lists of names to the colonial authorities, on which they subsequently acted” (Prins 1992:358).

To summarize, the cross-cultural therapeutic relationship does not figure prominently in early descriptions by explorers, missionaries, and colonial administrators for several reasons. First of all, it was overlooked since it was not in accordance with the expectations that isolationism and antagonism characterized African intertribal relations. Second, colonization implied the creation of a new political order of entities and boundaries that restricted the mobility of both patients and healers. Furthermore, legislation was enforced that had the effect of limiting or forcing underground the activities of traditional healers, particularly those of “travelling healers” and healers who had a multiethnic clientele. It is in this context that the role of anthropology must be understood.

### **Structural-Functional Anthropology**

British anthropology developed in symbiosis with the colonial enterprise, and East African ethnography from this period is no exception. Many of the contributors to the ethnography of East Africa were in fact employed by the colonial administration, with explicit orders to provide information and suggestions related to administrative issues. Since the ideology of indirect rule was founded on preserving

and strengthening traditional political structures, whether invented or not, the tribe was what the anthropologists were paid to study.

The structural-functional approach of British anthropology, and particularly of the first "armchair" anthropologists, had inherited the tribe-oriented descriptions of early explorers and missionaries, and with them, the image of Africa as a patchwork of isolated and mutually hostile tribes. Furthermore, by the time post-Malinowskian British anthropologists entered the field, the self-fulfilling image of a tribal mosaic had already begun to materialize. The notion of tribes as bounded entities to which external factors were of minor interest was consequently perpetuated in the new and more sophisticated models of culture and social structure that emerged. The very foundation of the structural-functional perspective lay in the notion that each "tribe" could be understood as an organism consisting of parts, each of which had its own function in the overall social structure of that particular tribe. The role of the traditional healer or ritual expert was therefore analyzed in terms of his/her functions within the society or tribe. Cross-cultural healing appeared to constitute an irregularity or was considered simply to be irrelevant in the structural-functional model of society and, consequently, tended to be omitted or marginalized in ethnography. This also applied to a number of other interethnic institutions that we now know were essential features of precolonial Africa.

In 1961, Thomas O. Beidelman commented on East African intertribal relations, saying that "it seems naive and misleading to picture such relations as wholly warlike. Such relations were and still are far more complex and ambivalent than has been commonly represented" (1961:534). Beidelman's emphasis on the mutual interdependence of "enemies" such as the Baraguyu and the Kaguru is representative of the large number of studies that began to question the validity of earlier contributions on the subject of intertribal relations, or rather, the distorted picture generated by the *omission* of intertribal relations in those accounts. From the 1960s onward, it was "discovered" that many of the tribes described by anthropologists were in fact invented by European administrators, and within a few years prominent historians concluded that "almost all recent studies of nineteenth-century precolonial Africa have emphasized that far from there being a single 'tribal' identity, most Africans moved in and out of multiple identities" (Ranger 1983:248), and that "there were few barriers to the flow of population from one small-scale unit to another and definitions of identity tended to be inclusive rather than exclusive" (Waller 1985:349). The precolonial "chaos" perceived by colonial administrators came to be described as a system of "symbiosis and social interaction," and East African history portrayed as having been dominated by interethnic processes such as intermarriage, trade, cooperation, and assimilation (Waller 1985).

The sudden break with earlier representations of tribes and depictions of hostile intertribal relations in the 1960s must be seen in connection with the end of colonialism and, perhaps more importantly, with the demise of the structural-functional approach to the study of culture and society. The latter was replaced, or rather expanded, by new models that were more concerned with sociocultural complexity and transformation, and that shifted the focus from intracultural phenomena to interethnic institutions and dynamics. The time would seem to have been ripe to highlight the cross-cultural therapeutic relationship; however, African traditional healing was becoming the domain of another group of anthropologists

whose studies and descriptions were influenced by concerns that once more left the cross-cultural therapeutic relationship on the margins.

### **Medical Anthropology and the Noble Witch Doctor**

In the precolonial era the concept of the “noble savage” emerged partly in reaction to European prejudices and misrepresentations of the “beastly savages,” the peoples that were taken as slaves and made subjects of colonialism. More importantly, the rise of the concept as a rhetorical device during the 18th and 19th centuries was an inwardly directed critique that sought to “remove or reform certain specific abuses—certain social inequalities and political tyrannies in particular—which, it was thought, had intruded into civilized society and were interfering with its continued growth” (George 1958:72). This process of destigmatizing the savage and using him to criticize European society, which arose “from a combination of disillusion about the here and now and illusion about the there and then” (Fairchild 1928:127, cited in Curtin 1965:51), seems to parallel the remarkable transformation the African witch doctor has undergone during the last three decades.

For 400 years, European peoples have misrepresented, insulted, and abused African traditional medicine. They have called it “black magic,” “witchcraft,” and “tribal fanaticism.” They have referred to African traditional doctors and psychiatrists as “witch doctors,” “witches,” “wizards,” “men possessed by the devil,” and “medicine men.” This was partly due to ignorance and partly due to the white people’s chronic cultural superciliousness which notoriously leads them to treat other peoples’ cultures as inferior. [Kiteme 1976:413]

The African traditional healer has long been depicted as the primitive, irrational, and evil witch doctor, and consequently, as the antagonist of what Europeans saw as the best in the West: development, science, and Christianity. From the earliest European travel documents and missionary reports onward, the witch doctor frequently appeared as a metonym for Africa, a figure portrayed as incarnating a number of negative attributes that Europeans had ascribed to Africa.<sup>8</sup> The restoration of the image of the witch doctor was therefore a significant aspect of a larger project intended to repair the image of a continent that had suffered so greatly in the face of European racism and cultural arrogance (Rekdal n.d.).

A number of studies published during the last three decades seem to have come a long way in redefining the characteristics of the African traditional healer. Wider recognition has ensued and the World Health Organization (WHO) has not only declared African traditional healers an important resource in health promotion, but also has encouraged research on their healing techniques and remedies (Akerele 1987; WHO 1978). National governments have followed up, establishing research institutes for traditional medicine and initiating programs to integrate traditional healers into the public health sector, in some cases with apparent success (Green et al. 1995; Hoff and Maseko 1986; see also Feierman 1985:126). In his evaluation of the “witchdoctor” in relation to the modern psychiatrist, Edwin Fuller Torrey claims that “the evidence regarding the efficacy of therapists in other cultures is instructive. It is almost unanimous in suggesting that witchdoctors get about the same therapeutic results as psychiatrists do” (1983:102). The World



Mental Health Report is more cautious about traditional or folk medicine, but nonetheless states clearly that “The few empirically grounded studies are consistent in their findings that folk and shamanic healers are generally effective in alleviating malaise spawned by psychological and social distress” (Desjarlais et al. 1995:53). The increased demand for information on traditional healers and their practices has raised the question of ethics in connection with the commercial potential of unique anthropological knowledge on these issues (Glass-Coffin 1994:A48). Businesses have been established in order to systematically tap the expertise of traditional healers to identify herbs that can be used to produce modern drugs. One such enterprise is Shaman Pharmaceuticals, which announced “its first big ‘hit’” in 1990, and which operates on the premise that working with traditional healers represents a short-cut that can speed up the process of new discoveries (Stevens 1992). It has become common, as the above quote from Kiteme illustrates, to describe traditional healers in terms normally reserved for respected scientific disciplines. The witch doctor is now described as “psychologist,” “psychiatrist,” or “doctor”—that is, with metaphors drawn from the nobility of modern society, the scientists.<sup>9</sup>

Just as the “noble savage” was a rhetorical device whose function extended far beyond a reevaluation of the savage, the “noble witch doctor,” as he appears in many medical anthropological contributions from Africa, has another equally important mission. The way he is represented seems to contribute to a critique of aspects of biomedicine which are perceived as “tyrannical,” “inhumane,” or simply ineffective. On a more general level, the rise of the noble witch doctor may be seen as an element in a postmodern revolt against the truths and paradigms of modernity.

An important feature emphasized in the new and more sympathetic portraits of the African traditional healer is his *holistic* approach to illness and suffering. There seems to be considerable consensus concerning the holism of African traditional healing practices, and it is claimed that this significant feature enables the traditional healer to compete with, if not surpass, his biomedical counterpart. The African traditional healer is typically portrayed as a person who shares the same social and cultural environment as his patient, and the patient is treated not primarily as an individual, but as an integral part of a social and cultural whole. The activities of the traditional healer are frequently described as “family therapy,” “group therapy,” “community healing,” and Steven Feierman and John Janzen mention “collective therapeutic rites” as one of the “distinctive characteristics common to African therapeutic traditions” (1992:171). At the same time it is often argued that biomedical practitioners are not holistic in their approach to the patient (e.g., Douglas 1994:24–25; Hepburn 1988). Erwin H. Ackerknecht provided an early formulation of this point: “Primitive medicine plays a social role and has a holistic or unitarian character which medicine has lost in our society” (1946: 467–468; see also Sigerist 1951:161, 201). Much of the blame for this is placed on the mind-body dualism of Descartes, which “caused the mind (or soul) to recede to the background of clinical theory and practice for the next three hundred years” (Scheper-Hughes and Lock 1987:9).<sup>10</sup> These general conclusions regarding the characteristics of African traditional medicine, often with explicitly or implicitly favorable comparisons with biomedicine, are found in a number of studies and commentaries on the subject.<sup>11</sup> In their more extreme formulations, African traditional

medicine is not represented as a primitive and immature stage of evolution, but rather as the Garden of Eden before it was lost to Descartes.

This scenario may well be described as a “disillusionment” with biomedicine, but to what extent is it possible to claim that this disillusionment is expressed through an “illusion,” the noble witch doctor? The noble savage was created in the 18th century by philosophers, poets, and writers who in most cases had never seen the people they elevated from savagery to nobility. They were literary men who had “no intention of speaking as ethnographic popularizers” (Curtin 1965:51), and their commitment to a realistic description of the savage was entirely secondary to their project of social critique. In contrast, medical anthropologists of the late 20th century are subject to a number of methodological constraints intended to ensure their status as scientists. Their findings are based on massive amounts of data, and their conclusion that, in a vast number of African healing traditions, healer and patient share a culture and social network and that these features are actively used in the healing process, can hardly be questioned.

The romanticism I have implied by introducing the concept of the *noble witch doctor* lies not in what is said about African traditional healing, but rather in the relative silence with regard to other attributes that do not function well either as arguments for the destigmatization of the witch doctor, and by extension, of Africa as a whole, or as a critique of the biomedical paradigm. Peter A. G. M. De Smet writes about the dangers of traditional remedies: “I know from experience that not everybody who is taking a scientific interest in ethnopharmacology is pleased, when the dark side of traditional medicines is put to the fore” (1991:48; see also Edgerton 1992:105–108). Cross-cultural healing, I would argue, has suffered a similar marginalization, and the reason seems to be connected to evaluations of its efficacy: “By and large the healer can function only within his/her own ethnic group, since the shared ‘world view’ of both healer and patient are usually integral to the traditional healing process” (Westermeyer 1977:97). The emphasis on “shared world view” or “cognitive congruence” as a prerequisite for efficacious healing makes the quest for therapy across cultural boundaries a dubious undertaking. While several other features of traditional medicine can, with justification, be represented as evidence that even the most prestigious scientific discipline has much to learn from Africa, the cross-cultural therapeutic relationship does not seem to have characteristics that can carry much weight in such a debate. The ethnography of cross-cultural healing does not appear to be well suited to the critique of the reductionism and the runaway technology of which biomedicine is accused by many medical anthropologists. Indeed, this very critique seems to backfire on the cross-cultural therapeutic relationship: what kind of holism is possible when patient and healer do not share the same language, cultural foundation, or social network? The fact that East Africans seek healing and ritual expertise across cultural boundaries may appear to leave the traditional healer, as well as his patients, open to restigmatization as irrational. This, I believe, may explain some of the continued silence of ethnographers on the subject of cross-cultural healing in Africa.

### **The Logic of Cross-Cultural Healing**

In the Mbulu area, successful healing commonly creates long-lasting bonds of gratitude and loyalty between healer and client. Where problems are related to

marriage or fertility, such as the acquisition of a wife or the treatment of a barren woman, these relationships may be so close that the client assumes the role of an adopted child and even becomes subject to the same incest prohibitions as the biological children of the healer. We recorded several such relationships that crossed the most conflict-ridden ethnic boundaries in the area, those between the Barbayiig and neighboring Bantu groups. Thus, in functional terms, cross-cultural healing may be seen as an institutional means of fostering loyalties that can prevent or limit interethnic conflict. Similarly, such ties may provide the basis for interethnic cooperation and mobilization against a common external aggressor. During the Maji-Maji rebellion,<sup>12</sup> ritual experts with a multi-ethnic clientele were able to mobilize as many as 20 different ethnic groups against the Germans. While healers and ritual experts in these cases may have served as points of contact and interaction between various ethnic groups, this does not, of course, explain the individual's motivation for seeking healing from external sources.

A popular proverb says that "The death of a distantly located relative is better than the death of a neighbor," reflecting the great importance of this particular spatially determined social relationship in Iraqw society. Another Iraqw saying claims, "The one who will kill you is your neighbor." There is nothing extraordinary about such an apparent paradox. The intimacy so highly valued between neighbors renders them vulnerable to each other. Because the neighbor is one's most significant potential supporter, she or he is also one's worst potential enemy. This ambiguity is frequently stressed by Iraqw informants as the rationale for not seeking the help of a healer who lives in the proximity of their own village or neighborhood. The client never knows when the healer may use the client's weaknesses against him, and the best way to ensure that this does not happen is to seek out a healer who is entirely external to one's own social networks. The neutrality generated by ensuring distance from the healer is, according to Elizabeth Colson, the reason why the Tonga prefer diviners from outside:

Any diviner visiting a new area, whether he be a Tonga or a complete alien, is likely to find local clients who say that a man from a distance, knowing nothing of local affairs, is more likely to give a true divination than a local man who knows all about the one who seeks enlightenment. Tonga will also travel considerable distances to consult diviners of reputation. [1966:222]

Diagnosing the cause of illness, which in Africa is so often linked to interpersonal relations within the local community, requires the objectivity and impartiality characteristic of the "stranger."

David Parkin describes the use of medicines from "outside" in antisorcery movements as a means to challenge local ritual and political authority, and he suggests that such movements "are often long-standing cultural features stemming from the pre-colonial era" (1968:424). Another motive for seeking healing from distant or alternative sources is the fact that the local healers may not be able to provide the healing one seeks. Murray Last reports on cross-cultural healing relationships apparently explainable by the ethnoecological theory that illnesses thought to have originated in a particular alien community require treatment that can only be provided by healers from the same source community (1981:389). Iraqw suffering from illnesses believed to be caused by witchcraft have in some cases travelled as far as Sumbawanga in southern Tanzania in order to receive treatment and

protection that local healers were unable to provide. A traditional healer in Lusaka explained to Frankenberg and Leeson that “anyone selling new fish gets customers,” which, according to the authors, is “an indication of the general applicability of the principle that a new doctor in an area soon collects the patients who are dissatisfied with his rivals and predecessors” (1976:253).

Such pragmatic concerns do not, however, fully explain why the Iraqw seek healing from other cultures. Nor do they fully explain why so many others, in Africa and elsewhere, are also attracted to the healing powers of alien and distant cultures.

### The Power of Cultural Distance

One of the most popular healers in the village where I conducted my first fieldwork was an Ihanzu who had lived for a number of years among the Hadza, a neighboring Khoisan-speaking hunting and gathering people. His legitimacy as a healer was clearly strengthened by the fact that he had been living with these “people of the bush,” who are reputed to have extensive knowledge of herbs and trees that can be used as medicine. Furthermore, as an Ihanzu, this particular healer belonged to the ethnic category the Iraqw call the *Maanda Uwa*, a term that may be translated as “Bantu-speakers of the West.” The *Maanda Uwa* are disdained by the Iraqw because of customs the latter perceive as unclean. For example, according to Iraqw informants, the *Maanda Uwa* marry their own cross-cousins (which is incestuous among the Iraqw), they eat donkey meat, and they participate in ritual activity intended to remove the impurity of Iraqw individuals. Furthermore, they provide a cheap workforce for ordinary Iraqw during the labor-intensive rainy season, and their women marry Iraqw men who for various reasons have difficulties finding an(others) Iraqw wife. Such Iraqw men include deceased or nonexistent individuals; the “ghost wife” (*harer hante*) among the Iraqw of the southern Mbulu area is typically a young girl from the *Maanda Uwa*.

At the same time, the *Maanda Uwa* provided the apical ancestor of the *Maanda do Bayo*, the clan possessing the greatest ritual expertise and power among the Iraqw, and more recent Ihanzu immigrants are among the most respected and widely used healers in the area of study. Contempt and respect thus seem to go hand-in-hand in Iraqw stereotypes of the *Maanda Uwa*.

This ambiguity associated with the culturally distant requires some elaboration. According to Katherine George,

To be born into a culture has generally implied being supported by it, being upheld, as it were, on a pedestal, from which one might look down with varying degrees of disinterest or antagonism upon other, alien cultures. Hence, the observer of alien cultures has tended to be prejudiced, in the simple sense that he has preferred his own to all other existent cultures and has viewed the strange as a malformed deviant from the familiar. . . . The greater the extent of cultural difference, the greater is the amount of antagonism or scorn expressed. [1958:62]

This statement may be valid within the context of George’s article, which focused on how Europeans looked upon or, rather, down on Africans during the first centuries of contact. However, the generality of the statement has been falsified by a number of studies of ethnicity and cultural difference, and, as we have seen, it

tells only half the truth about how the Iraqw look upon the Maanda Uwa. The other side of the coin seems to be illuminated by what Mary W. Helms writes regarding cultural distance:

More specifically, I argue that geographical distance from a given cultural heartland may correspond with supernatural distance from that center; that as one moves away from *axis mundi* one moves towards places and people that are increasingly "different" and, therefore, may be regarded as increasingly supernatural, mythical, and powerful, the more distant they are from the heartland. [1988:4]

The divergent perspectives represented by the quotes above are not necessarily contradictory. While cultural distance may have a potential for generating ethnic contrast, conflict, and contempt, the power inherent in the ambiguity of the culturally distant also may be converted into healing and ritual expertise. Despite expressions of disdain, therefore, the perceived cultural distance to the Maanda Uwa means that they are associated with the "supernatural, mythical, and powerful" (see also van Gennep 1960 [1909]:26 on "sacred" and "magico-religious" attributes of the "stranger"). Other examples from this area are provided by the Iramba, who see the Sukuma as "the epitome of 'foreignness'" and as possessors of "extremely powerful magic" (Pender-Cudlip 1974:65–66), and, as already mentioned, by the Datooga and their Bantu-speaking neighbors. Richard D. Waller comments on Maasai ritual experts that "alien origin, whether real or not, is a necessary characteristic of *laibons* and an important attribute of their power" (1995:29). From West Africa, Murray Last reports on travelling healers that "the value of their remedies lies in their very strangeness, in their not being a part of a known system of medicine" (1981:389). Steven Feierman comments on a case from Tanganyika, saying that "the more distant the *mghanga's* home, the more esoteric his treatment, the higher were his fees" (1986:212). The case studies provided by C. Bawa Yamba (1997) and Alison Redmayne (1970) both involve extremely powerful healers or witch-finders whose places of origin were either "mysterious" or very distant from the home areas of the patients. The ambiguity of the culturally distant becomes particularly clear in Adeline Masquelier's (1994) study from southern Niger, which demonstrates how *bori* healers and mediums appropriate and rework to their own advantage the spiritual powers of their oppressors and adversaries, the Zarma ethnic group and Muslim healers and scholars.

In their review article on the anthropology of pharmaceuticals, van der Geest and associates note: "The belief that medicines that come from afar are stronger than native ones is present in many cultures. . . . This foreign aura is dexterously exploited in drug advertisements" (1996:168). The demand for healing that draws on the power of the culturally distant is of course not a phenomenon that is restricted to Africa or to societies that are usually referred to as "traditional," "third world," or "underdeveloped." More and more Western people are currently substituting herbs from remote jungles and exotic rituals for synthetically processed drugs and high-tech medical equipment. It is no longer surprising to find an obituary in *The New York Times* (Thomas 1996) like the one for Eligio Panti, a Mayan traditional herbalist who died in the jungles of Belize at age 103. Several authors have commented that those who increasingly seek alternative or exotic healing are intelligent, well-educated, and affluent people (e.g., Eisenberg et al. 1993; Wilson 1988).<sup>13</sup>

## The Introduction of Biomedicine

In a 1965 article in *Man*, Edward L. Margetts claims that African traditional healers

can have no rational place in the modern technological world, and as the educational level of African natives improves and as time affords them cultural wisdom, it is expected that the people themselves will drift away from the primitive attractions of magic and seek help in science. . . . However, native healers exist in all countries of Africa, and they are appropriate and very interesting subjects for study. [1965:115]

During the colonial period, Western medicine was seen “as the greatest force for conceptual change, compelling Africans to abandon their unscientific worldview” (Ranger 1992:256), and the biomedical doctor has always been regarded as a powerful door-opener for the Christianizing project in Africa (Oliver 1952:211; Prins 1989:162). The presumed inverse relationship between the popularity of traditional medicine and that of biomedicine, however, turned out to be only a qualified truth. Education and extensive use of biomedical services appears in many cases to have had limited impact, if any at all, on the popularity of traditional medicine. Quite the contrary, as mentioned already, instead of people drifting away from traditional medicine, the WHO, profit-oriented companies, and a vast number of well-educated men and women in Africa and elsewhere are drifting toward aspects of it. The prophesied revolution failed to materialize in the sense that the acceptance of biomedicine did not cause the rejection of traditional medicine. The latter has proved fully capable of coexisting with the impressive achievements of biomedicine.

Susan Reynolds Whyte, one of the few who have focused on the role of the culturally exogenous in African traditional medicine, has written that

lay medical culture is often surprisingly inclusive, readily integrating new elements . . . there is reason to believe that the exotic has always played a part in Nyole and other East African medical systems . . . “going into the bush” to gather medicines involves contacts with dispensary personnel or others with access to penicillin. [1982:2056, 2060]

A readiness to accept and integrate exotic and/or modern objects and techniques into divinatory and therapeutic procedures seems to characterize the activities of a large number of traditional healers. In addition to modern drugs, exogenous elements such as mirrors, magnets, various forms of the written word, white coats, stethoscopes, thermometers, syringes and urine tests, and even telephones, T.V. sets, and mail-order medicines have been noted as central in the practices and rituals of some traditional healers. Furthermore, a number of studies have concluded that traditional healers are generally very positive in their attitudes toward cooperation with biomedical practitioners (see, for example, Chavunduka 1978:95; George 1983:15; Green and Makhubu 1984:1077; Semali 1986:89).

Peter Geschiere’s (1997) recent study from Cameroon reminds us that the adaptability and flexibility of traditional healers may make them well equipped not just to alleviate, but also to exploit general feelings of frustration and anxiety in a rapidly changing society. Geschiere found that the Maka healers (almost all of whom had received training from “professors” from other ethnic groups) “are generally great *bricoleurs*.” He describes “the emergence of a new kind of *nganga* (healers),

heavily armored with novel attributes." These healers were able to use the official courts in order to accuse witches who, "on the basis of very shadowy evidence," were condemned to heavy prison sentences and to pay substantial amounts of money in damages to the accusing healer (1997:169–198).

The willingness to integrate new elements and practices contradicts notions of traditional healers as culturally conservative, basing their practices on indigenous knowledge that has been handed down through the generations from ancient times.<sup>14</sup> In many cases it would seem more accurate to employ the self-contradictory yet highly illuminating notion of "invented tradition" if the concept of *traditional healer*, as it is used in many medical anthropological contributions from Africa, is to have any meaning. A common characteristic of many of the practices of African traditional healers is that they are not "traditional" at all. African traditional healers may well be transmitters of ancient and powerful knowledge, but they are also, and sometimes solely, inventors of medical tradition, agents facilitating the incorporation of new ways of thinking and acting. The point should not, however, be overstated. As Benedicte Ingstad has pointed out, the flexibility exhibited by a healer who treats his patients in an electric vibrating chair may well be interpreted as a way of adjusting to change in a manner that ensures continuity in culturally based perceptions of cause and effect (1989:268; see also Landy 1977: 477; Obbo 1996:200). The adaptive features shown by African healers, whether serving to maintain cultural continuity or implying the invention of entirely new ways of understanding and approaching illness, can, I believe, account for much of the continued popularity of African traditional medicine.

Descriptions of the spread of biomedical ways of treating and thinking about disease commonly stress that this approach was entirely new to non-Westerners and that, in dark corners of the world, with the altruistic missionary doctor in the vanguard, biomedicine fought against incompatible belief systems emphasizing witchcraft and other forms of what was perceived as irrationality. Biomedicine as a way of understanding and approaching illness was certainly new to the Iraqw; what was not new was the incorporation of an alien way of looking at and acting on illness. The European doctors who introduced biomedicine in this area fit neatly into an already existing category of healers among the Iraqw: They were non-Iraqw and were using powerful exotic techniques and knowledge not available to the Iraqw. European doctors were in this sense already "traditional healers" upon their arrival. It is not surprising, therefore, that Scandinavian missionary doctors in the area today are referred to as *qwaslare*, the Iraqw term for ritual expert or healer.<sup>15</sup> Biomedicine and the biomedical doctor constituted simply an addition to an already existing repertoire of exotic medical alternatives.

In *A History of the British Medical Administration of East Africa*, Ann Beck considers the situation in the 1930s, when many of the newly established dispensaries deteriorated, allegedly because traditional religion or "witchcraft" still had a strong hold on people's minds:

The senior commissioner for Arusha did not share this view. He found that the dispensaries of Mbulu and Kibaya did good work among the natives who were beginning to disbelieve some of their native medicine, trusting their medical officers and their trained staff. [1970:133n]

The relative success of the dispensaries in Mbulu District may seem surprising in the light of the general stereotype of the Iraqw as a people who cling to their traditions, a stereotype that has earned them a place today in the dubious category of *watu wa kabila* (Swahili, literally “tribal people”), together with other allegedly “conservative” groups such as the Maasai and the Datooga (Arens 1979:60,69; Ishige 1969:99). However, if Iraqw tradition attributes powerful healing properties to the culturally exogenous, there is good reason to question the conclusion drawn by the senior commissioner that Iraqw acceptance of biomedical services implied that they “were beginning to disbelieve some of their native medicine.” The Iraqw, and other groups in Africa and elsewhere, may have accepted biomedicine precisely because they continued to believe in, and “cling to,” their “native medicine,” with its emphasis on the healing power of the culturally distant.<sup>16</sup>

## NOTES

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1. Healers and ritual experts who are classified as Iraqw are members of clans whose apical ancestors are claimed to have been immigrant healers or ritual experts from other ethnic groups. The only exception to this rule are members of the Hhay Tipe, a clan of little ritual importance today.

2. The first two major contributors to Iraqw ethnography both emphasize the strong ideological role in Iraqw culture of spatial categories, including the realm of the non-Iraqw (Thornton 1980; Winter 1966, 1968). In addition, W. D. Kamera states that “the Iraqw people believe that other people’s medicine is superior to theirs” (1976:3), and Mark W. T. Bura notes that treatment for illnesses caused by witchcraft is “carried out by medicine men from other tribes as the Wairaqw medicine men are not good at this art” (1984:16). With regard to rainmaking, Bagshawe comments that the Iraqw and other “Hamitic” peoples “seem to put more faith and to send more presents to the rain-makers of neighbouring tribes” (1926:67). For more recent ethnographic contributions on the Iraqw, see Hagborg (n.d.); Rekdal (1994, 1996, 1998); Rekdal and Blystad (1999); Selvik (1998); and Snyder (1993, 1996, 1997).

3. For examples from groups neighboring the Iraqw, see, for example, Berger (1947:994); Fosbrooke (1948:14); Gray (1955:44); Gulliver (1965:252–253); Jacobs (1965:55, 86, 321–322); Jellicoe (1969:8); Newman (1970:53–54); Pender-Cudlip (1974:67); Rekdal (1994:101–103); Waller (1985:352–353); and Werther (1898:32).

4. The very first Western account from an area near where the Iraqw live today includes the following passage: “I was assured that he was a cannibal; for the whole tribe of



Wabembé, when they cannot get human flesh otherwise, give a goat to their neighbours for a sick or dying child, regarding such flesh as the best of all" (Speke 1975 [1863]:92).

5. See, for example, Fried (1967:16–18); Galaty (1982:1–2); Gulliver (1969:15); Iliffe (1979:9–10); Liebenow (1961:68); and Southall (1975:266).

6. *Mbulu* as an ethnic label for the Iraqw seems to derive from two sources. The Iraqw language, which is classified as Southern Cushitic, is radically different from all other languages in the area except for Gorowa, and has a number of phonemes that are not present in Bantu and Nilotic languages. Furthermore, the term is most probably a dysphemism derived from Swahilization of *Imboru*, the location where the Germans established their first permanent administrative unit among the Iraqw.

7. As P. H. Gulliver has pointed out, some "missionaries and administrators became fervent admirers and protagonists of particular tribes. . . . There was very often a genuine desire to preserve and encourage African tribal cultures" (1969:14).

8. The literary convention of the evil and/or irrational witch doctor is still very much alive in the popular literature and movies of the late 20th century. A prominent example of this is found in the *Phantom* cartoons, which enjoy great popularity in a number of countries, and on which a recently launched multimillion-dollar movie is based.

9. An important ritual expert and apical ancestor of an Iraqw clan has been described as "a good agriculturalist and veterinary technician. His knowledge of plant pathology and veterinary medicine made him highly respected" (Kamera 1976:3).

10. This critique of Western culture in general and of biomedicine in particular is succinctly expressed by one of Badone's informants, describing her life before her conversion to a New Age healing cult: "We were completely Cartesian" (1991:521).

11. See, for example, Asuni (1979:38); Bishaw (1991:199); Du Toit and Abdalla (1985:2–3); Finch (1983:148); Harjula (1982:50); Kimani (1981:339); MacCormack (1981:427); Mbiti (1969:169); Mphande and James-Myers (1993); Mullings (1984:166–170); Rappaport and Dent (1979); Read (1966:21); Reid (1982:143,145,146); Staugard (1986:68); Swantz (1990:147–148); Swantz (1979:169–70); Tindikahwa (1992:14); WHO (1978:9, 13).

12. *Maji*, which means "water" in Swahili, refers to the medicines that were given to the rebels as protection from German weapons.

13. The analysis of the power attributed to the culturally distant may be extended, of course, far beyond the domain of healing and ritual expertise. The commercial potential of cultural distance is illustrated by William Safire's dissection of the well-known "Chinese proverb" that "One picture is worth ten thousand words." The proverb turns out to be a rather recent invention by an American advertising manager who "later confessed that he made that attribution to an ancient Asian 'so that people would take it seriously'" (Safire 1996:16).

14. According to a Regional Expert Committee of the WHO, African traditional medicine is "relying exclusively on practical experience and observation handed down from generation to generation" (cited in WHO 1978:8), and Mark Plotkin of the World Wildlife Fund states that "each time a medicine man dies it is like an irreplaceable library burning down" (*The Economist*, April 2, 1988:76).

15. This feature has also been noted by Edward Winter (1966:166, 1968:13) from another part of Mbulu District.

16. Thabo T. Fako reports from Botswana that "acceptance of European medicine by the Tswana, was not based on scientifically demonstrable overall superiority, but on a subjective fondness for medicines from distant lands" (1985:226).

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