

Diviners and Diagnosticians in The Gambia: Psychological Functions and Traditional Healers

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Abstract

The role and functions of traditional healers in Africa are often misconceived in the modern world. Even in literature, it is not uncommon to find expressions such as “irrational mystery,” “miracle,” or “lack of scientific validation.” Evidently there are misconceptions attributable to a lack of understanding of the context in which local healers apply traditional medicine in service of the physical and psychological needs of communities.

Therefore, this article provides some basic explanation to this apparent lack of understanding. The vital role of traditional healing is an indispensable and complementary component of modern health care system in The Gambia (Africa). It argues that traditional healing is part and parcel of The Gambia’s (and Africa more broadly) development resource but not adequately appropriated. Research and documentation in traditional medicine and healing approaches will enhance understanding and the recognition that it deserves.

Introduction

Traditional or local healing practices in The Gambia comprises a combination of knowledge, beliefs, and customs to achieve the desired outcome for the diagnoses, prevention or elimination of imbalances in the physical, psychological or social well-being of people. The healing practice is based on the indigenous knowledge of various communities in The Gambia, as well as their experiences in the context of the respective local culture and environment. The healers can be divided in two categories: 1) the diviner—diagnosticians who provide diagnosis usually through spiritual means, and 2) the herbalists or healers who identify and apply relevant remedies, usually herbs. In this article emphasis is placed on the latter.

The Jolles brothers (2000) wrote that various pieces of legislation such as the witchcraft suppression Act of 1957 and the witchcraft suppression amendment of 1970 explicitly prohibited the Diviners from practicing their professions. With the advent of conventional

health care systems in The Gambia, the roles of the diviners and herbalists have become rather blurred but still something to reckon with in many local communities in the country as demonstrated in the article.

The World Health Organisation (WHO) estimates that up to 80 percent of the population in Africa makes use of traditional medicine in Sub-Saharan Africa; the ratio of traditional healers to the population is approximately 1:500, while medical practitioners have a ratio of 1:40,000. This reveals the influential role of traditional healing in Sub-Saharan Africa and its potential to serve as a critical component of a comprehensive health care strategy in Africa.

The relative ratio of traditional healers and western-trained doctors in relation to the population in Sub-Saharan Africa is as true for The Gambia as it is for many parts of Africa as a whole. There is at least one traditional healer for almost 300 people in the rural areas in The Gambia. Most people in The Gambia have much greater access to traditional healers than to conventional medical care. Moreover,

traditional healers are integral parts of the local culture and are considered very vital and durable sources of indigenous knowledge and healing ability. As cited above, the vast majority of Gambians rely on traditional treatment because western-trained medical personnel are both limited and not really accepted by many local people. In contrast traditional healers are easily accessible, easily consulted and living in the same communities. The high cost of conventional medicine and accessibility of modern health care facilities in most areas of the country are also major contributors to the heavy reliance on traditional treatment of both physical and psychological problems.

Unfortunately though, traditional healing knowledge is typically preserved mainly through oral tradition and practical demonstration rather than through systematic documentation. This means that quite an amount of knowledge and wisdom gets lost or is distorted from generation to generation. There is therefore need to encourage local communities to record in writing and publicize traditional healing knowledge and skills.

Methodology

Seven traditional healers have been observed and interviewed from the West Coast and North Bank regions of The Gambia, five male and two female. All these healers live and function professionally within their communities. Three of the male healers also perform prayers for people and carry out fortune telling as well.

The main thrust of this article is to explain the psychological functions or effects of traditional healers in The Gambia, based on their indigenous knowledge and practices. The approach adopted is basically a theoretical explanation of the relationship between indigenous cultural values, beliefs, customs, and practices and the traditional healing method of local

healers. While the proposed relationships are viewed within a cultural system, they may also be linked to social contexts and are therefore changing within social settings through time.

Efforts of the Government of The Gambia in Promoting Traditional Healing Practices

The Ministry of Health and Social Welfare of The Gambia has recognized the role and importance of traditional healing in the country and it has developed regulations for integrating it into the primary health care system. The official legislative and regulatory clause governing the practice of traditional medicine includes a licensing requirement.

These are contained in the National Traditional Medicine Policy of The Gambia, adopted in November 2008 by the Department of State for Health and Social Welfare. The main objectives in this policy document are: to increase collaboration between traditional medicine and the formal health sector, to legislate the practice of traditional medicine in the country for effective regulation and for the protection of indigenous knowledge, and to develop traditional medicine to effectively complement the basic care program. The National Traditional Medicine program is under the Ministry of Health and Social Welfare of The Gambia. The increased appreciation of the relevance of traditional treatment has inspired the formation of an Association of Gambian Traditional Healers with a view to collaboration and standardization.

Functions of Traditional Healers in The Gambia

Whereas traditional healers can carry out many roles in their communities, this article is focused mainly on their psychological influence on both the individual and their communities. Traditional healers are a source of physical and mental health care. They have an

Plant	Used to Treat
Kalkato roots with jambakatang leaves	Chest Infections
Seno and Wonko Tree barks	Skin rashes
Seno tree bark powder	Pruritus Vulvae
Kasala leaves	Smooth child birth clean and healthy mother baby
Seno tree leaves and root powder	Abdominal pain
Jala tree bark	To enhance male sexual function
Sinjang roots	Abdominal pain
Jalafato bark + neim tree + kasala leaves + papaya tree leaves	Malaria

imperative role and abundant resources in the health sector, particularly in the rural communities. Despite the spread of modern medicine, local healers are still popular in many communities in Africa in general. The majority of Gambians depend on traditional healing as their only source of health care, particularly in the provinces where access to health facilities is extremely difficult due to poor conditions of roads and relative lack of transportation. Between 2002 and 2004, a national survey was conducted with 3,651 adults in The Gambia using the WHO Composite International Diagnostic Interview (CIDI) method. The results shows that over 50 percent of respondents consulted obtained treatment from traditional healers. Modern health care facilities and resources are of little value to many rural communities, illustrating how the local healers provide vital physical and psychological health care to people of remote communities and even to their livestock.¹

The local healers mainly depend on medicinal herbs for the treatment of their clients.

These herbs are quite readily available and affordable with minimum side effects. A few examples of commonly used natural products for indigenous healing of specific health problems are listed above.

A notable observation made during the field trips was that some young boys and girls of 5–7 years showed impressive botanical knowledge. They were able to identify various medicinal plants around their compounds and on the farms. With systematic teachings on how to prepare and apply plant medicines and how to diagnose the diseases, traditional knowledge can be transferred from generation to generation more efficiently.

Environmental degradation, population growth, and over-exploitation of the medicinal plant resources are also very serious threats to the medicinal herbs. These herbs offer substantial spiritual and psychological satisfaction to the local healer, the community at large and to individual inhabitants. On the other hand, it is increasing demand for remedial herbs from the developed countries and this places an increasing pressure on these herbs in developing countries. Consequently, many of these countries experience a loss of the genetic

¹ The focal point for the National Traditional Medicine program is at the Ministry of Health of The Gambia Email: bubakarsillah@gmail.com

resources as sources of health care, especially for the rural communities. Some plant species used in traditional healing which are disappearing or almost extinct include: The Busukay plant root² which cures seven diseases such as constipation, joint pain, and impotence; the Ketijangkumo plant leaf and roots for wounds and body itching; the Salaanombo plant root to cure waist pain and urinary tract problems. This is a situation which calls for urgent measures in the integration of traditional and modern medicine systems—to build, promote, and conserve the traditional healing heritage as well as to ensure conservation of biodiversity.

To prevent extinction of the traditional healing knowledge itself, concerted documentation efforts must be undertaken. Preservation and conservation could be ensured through written records and publication. In conventional knowledge, efforts are made to protect intellectual property rights (IRPS) of produced properties. Traditional knowledge holders (particularly in the health sector) prefer to share their knowledge within their immediate families, and The Gambia is no exception. As a result, they tend to produce only marginal improvements of knowledge and practices. The World Intellectual Property Organization (WIPO) is concerned about this challenge for traditional knowledge holders. WIPO collaborates with the United Nations agencies, governments, and NGOs to address the issue through training activities for instance.

Traditional medicine, also described as indigenous or folk medicine, comprises knowledge systems that developed over many generations, within various African societies before the modern medicine era. The WHO defines traditional medicine as “the health practice, approaches, knowledge and beliefs incorporating plant animal and mineral-based

medicine, spiritual therapies, manual techniques and exercises applied singularly or in combination to treat, diagnose and prevent illness or maintain well-being.” WHO further noted that “inappropriate use of traditional medicine or practices can have negative or dangerous effects and that further research is needed to ascertain the efficacy and safety of several of the practices and medicinal plants used by traditional medicine systems.” These statements may be true in some respects but the same facts may apply to certain chemical products and practices in modern medicine as well, for example, in respect to diagnosis, treatment, clinical practices, medication and its side effects.

In comparison to western medicine, WHO describes traditional medicine or healing as the sum total of knowledge and practices, explicable or not, used in diagnoses, prevention and elimination of physical, mental or societal imbalances and relying exclusively on practical experience and observations transferred from generation to generation, mainly verbally and less in writing. Western or modern medicine, on the other hand, is based on the principles of science, technology, knowledge, and clinical analysis.

It worth noting, however, that evidence has shown throughout Africa that mental disorders for instance, are among the conditions for which modern medical help are least likely to be sought. Generally, African people including Gambians, seek indigenous forms of treatment in mental health. Studies have revealed that difficult psychotherapeutic approaches have proven effective in treating mental disorders when embedded within respective social and cultural contexts. This underpins the critical importance of sensitivity to social and cultural knowledge and norms.

Experiences from Sierra Leone demonstrates that war-related psychological trauma

² “Busukay” kelijangkuma” and salaanombo” are local plant names

for both adults and children is associated with the power and anger of the spirits of the dead. In times of war it is impossible to perform burials properly; therefore the spirits of the dead are believed to be angry and can be harmful to their killers. Child soldiers involved in that war and killing people were later healed through indigenous healing rituals where the traditional healer performed ritual purification ceremonies. These rituals were effective in desensitizing the children by dealing with their psychological and emotional disturbances. The rituals were also important in building family and community solidarity and cohesion.

Normally traditional healers in The Gambia come into agreement with the client sometimes described as “outcome contingent.” This implies that the client pays the healer more if he or she is cured than if he or she is not. In many cases, no payment is expected without cure. It gives the healer good reason to put in effort in the treatment of clients. As outcomes (and not inputs) matter more, a traditional healer would care more than a conventional doctor about the actions that the clients themselves take in the treatment process. Conventional doctors may also provide high quality effort in treatment but do not normally work as well with the clients in situations where client effort is important to the result of the treatment.

In an outcome contingent agreement, the local healers are highly motivated to provide quality care. This relationship encourages the clients to make great efforts as well during treatment. The difference in relationship between the effort of the client and the effort of the healer plays a very vital role in treatment. Furthermore, the clients believe that healers know whether they are cured or not, and if they fail to pay when they are cured they could

be cursed³ by the healer. Many clients try to avoid such a situation because they also believe in the curse concept.

In general, the behavior of the healer towards the client and the response of the client towards the healer are crucial in the healing process, suggesting why many clients of traditional healers appear to be much more relaxed, attached, and cooperative in the process. This suggests that the trust and harmony in the client–healer relationship could very well be a significant contributory factor to the treatment outcome or at least the psychological satisfaction of the client. During the author’s interactions with the seven traditional healers mentioned earlier, these characteristics were observed in their dealing with clients. For example, the author observed the following treatment procedure as well in the West Coast Region (Foni): A girl from a neighboring village, believed to have been bewitched because she suddenly screamed at night, was brought to a healer by her relatives in Foni. The healer together with the girl’s relative took her to a place of their ancestral spirits. The healer addressed the spirits saying that the family was concerned about the girl’s condition. This was followed by some rituals for the girl. During the ritual process, the girl herself participated by chanting certain words after the healer who placed his hand on her head. The girl looked at ease and relieved. The effectiveness of the client–healer relationship was evident. A chicken was then sacrificed for the spirits and the blood sprinkled on the ritual spot. The healing process also brought about symbolic meanings for the girl and her family.

3 “Curse” can mean harmful things happening to the client who fails to pay when cured unless he or she is forgiven by the healer.

Indigenous Cultural Values and Beliefs In Relation to Traditional Healing

There has long been a controversy on the relation between culture and treatment in health in general (physical and mental). Writers such as Jafar Kareem, Roland Littlewoods, and Derek Steinberg grant importance to culture in therapy, while others may believe more in the biomedical approach which stresses that symptoms of disorders are caused by biological or genetic factors. Therefore treatment is often based mainly on medication. The evidence for cultural influence in the diagnosis and treatment of mental disorders in particular has been reviewed by several authors in Kareem and Littlewoods (2000).

Cross-cultural studies are sometimes rejected for methodological deficiencies. The question that arises however is that rigorous scientific study standards have been applied using other approaches with relatively low confidence. For example, careful examination of genetic and biochemical research on schizophrenia reveal little confidence in these methods compared to cross-cultural studies. The problem is that people who very strongly emphasize the genetic or biochemical factors would believe that cultural environmental factors (including the physical and social environment, indigenous knowledge, life style, customs, traditions, practices, and belief systems) are of no consequence in treatment. What is becoming increasingly critical though is that the cultural hypothesis and genetic or biochemical hypothesis are complementary. The following example illustrates the role of culture in assisting people with certain disorders. In indigenous communities in The Gambia, the support and help offered to, for instance, a depressed person by friends, family, local leaders, and local institutions are great protective and relieving measures that help the individual. Obviously, culture is not the only

influence which must be taken into account in diagnosis and treatment but can indeed affect the phenomenon of treatment in a variety of ways. This suggests once again that the modern and indigenous methods combined can produce very good health intervention outcomes.

As stated in Barbu (1971), “[t]he personality of the individual is a product of his society when conformity to social norms and goals is for him a matter of self-assertion, self-fulfillment and often of self-survival.” Further in Barbou, Ruth Benedict states “culture is an integrated system of behavioral traits, shared ideas and standards.” This statement is evident in rural Gambia communities even today.

Conclusion

The principal argument in this article is that the Gambian (African) traditional healers have a great role and abundant resources in the health sector, especially in rural areas. They are usually the first options available to Gambian communities at large, particularly in primary health Care. Both demand and increased urbanization and social change call for the support and development of traditional medicine and practices to respond to needs in the context of cultural values, indigenous knowledge, and the environment. This requires a legal framework to reinforce indigenous knowledge to prevent the exploitation and extinction of natural herbs and the extinction of natural indigenous knowledge and resources. Also there is need to document traditional knowledge and to provide training to government and communities at a grassroots level in the understanding of documentation and the role of IPRS in the protection of traditional knowledge. A harmonious integration of western and traditional methods without marginalizing traditional treatment is imperative. The integration process should be cognizant of the

need to transfer traditional healing knowledge and skills to younger generations in a broader sense. There is also need to train all knowledge holders and supporters in documentation methods and the role of IPRS in protecting traditional knowledge.

More research can lead to better understanding and recognition of African indigenous knowledge, especially in the treatment of health problems. Traditional herb-based methods and other remedial methods in primary health care programs in The Gambia and elsewhere will be greatly enhanced through studies that establish credibility and demonstrate their safety. Specific studies that could be conducted in the Gambia include:

- 1) Studies on medicinal plants to investigate efficacy, toxicity, medicinal value, long term effects etc.
- 2) Research on written recording and documentation.
- 3) Exploitation and conservation of vegetation and marine resources at grassroots levels.
- 4) Preservation and revitalization of the threatened indigenous knowledge and.
- 5) Viable and sustainable mechanisms for the integration of traditional medicine into the Primary Health Care Program.

Potential research funding sources:

- a) World Bank, Africa Region.
- b) South African Regional Network on Indigenous Knowledge Systems (SARINKS).
- c) Research and Development (R&D).

- d) World International Property Organisation (WIPO)
- e) UNESCO, UNDP, and WHO Africa Region

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