The Traditional Healer of Botswana in a Changing Society

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Introduction

For many years, the art of healing and the magico-religious systems of primitive people have been linked together in social scientific analysis. Today, in a world of rapid, technological change, we are taking a new look at traditional medical practices, asking ourselves where traditional healers stand in relation to the official, scientific health enterprise that now receives high priority in the development planning of virtually every country in the world. This paper addresses the problem of survival and change in traditional healing in the southeastern sector of Botswana, an area which includes Gaborone, the nation’s capital, and in which the more general social and cultural changes common to developing countries in Africa are particularly evident. It argues that, while much of traditional healing is founded on supernatural beliefs, this occupation is Janus-headed. As a guardian of tradition, the divine-healer looks to the past; however, in some respects, he is clearly responsive to the challenge of industrialising and bureaucratising forces in a new society.

Two crucial problems threaten the traditional healing occupation in Botswana. One is the question of replacement. New recruits must continue to enter training for traditional practice, and yet, as formal education in Government schools becomes more readily available, more — and eventually all — young people will be schooled in a scientific perspective which is likely to be incompatible with traditional medicine as an occupational choice. The second major factor which will help to decide the fate of traditional medicine in Botswana is the problem of credibility. The Batswana people tend to adopt a strongly empirical stance with respect to health decisions. The best treatment, in other words, is the one that works, and anyone who claims to cure their ills is worth a trial. The traditional healer, along with his spiritualist and scientific counterparts, will have to continue to prove himself to his clients.

There is no question but that the development of scientific health care has deprived the traditional healers of much of their former prestige; and yet, with clinics and hospitals now available to a large segment of the population, many people still consult the ‘witchdoctor.’ The research on which this paper is based was an offshoot of a much larger survey of health practices in Botswana. The latter was designed to estimate the degree of utilisation of some of the country’s official maternal and child health services and to identify some of the crucial variables that influence the choice of health care. Several alternatives for health care are available to the residents of Botswana, chiefly the official clinics and hospitals which operate under Government or medical mission auspices; the faith healers of the Zionist or other recently emerged spiritualist churches; and the traditional healers, several of whom became the subjects of this exploratory investigation.

The Informants

Nine traditional healers who lived and worked within a 40 mile radius of Gaborone

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provided the data for this study. The ages of these eight men and one woman ranged from 30 to 74 years. None spoke English, and only one, who had a few years of primary education, was literate. One respondent was a member of the Batlhokwa tribe and the rest were Bakwena and Bakgatla, closely related groups linked by a common language and living mainly in southeastern Botswana. There is no reason to believe that the practices and beliefs of these nine traditional healers differ significantly from those of most other Tswana healers in the same area or in any other part of the country, but neither is there supporting data as yet to indicate that they are similar. For the most part, therefore, discussion in this paper is confined to the study group, and any generalisations to a larger population are highly tentative.

There are two major classifications of traditional healer in Botswana: (1) the dingaka tsa dichochwa, or herbalists, and (2) the dingaka tsa dinaka, or the diviner-healers, those who throw the bones. In this paper, the terms, 'healer' and 'diviner-healer' will be used interchangeably, since all the informants represent the latter category. The distinction between the two types is blurred by the fact that both base their healing activities primarily on herbalism. The so-called herbalists, the dingaka tsa dichochwa, are essentially dealers in herbal medicine and frequently travel long distances to sell medicinal plants to both healers and the general public. They are also expected to engage in individual consultation and prescription, for which they receive a fee. The herbalist role is somewhat analogous to that of the itinerant medicine man who once peddled patent remedies from county to county in Great Britain and in the United States.

The diviner-healers (dingaka tsa dinaka), on the other hand, are not only experts in herbalism, but also practice bone divination as a means of diagnosing their client's problems and prescribing an appropriate course of action. Becoming a diviner-healer is considered to be a more complicated process, requiring several years' apprenticeship to an experienced practitioner. During the training period, the novice lives with his teacher, learning by assisting him in the collection of medical plants and practicing the techniques of throwing and reading the bones. Equally important to training is a kind of physical and mental detoxification process. The initiate undergoes a series of purges intended to purify his blood, while through invocations to God and his ancestral spirits, and, for the male, strict avoidance of contact with women, he also attempts to clear his mind of all evil influences which would render him less receptive to traditional knowledge.

The Interviews

In the course of 52 loosely structured interviews with the assistance of a Motswana interpreter and 30 taped consultations held by two of the diviner-healers with their clients, the meaning of traditional healing to its practitioners began to emerge. Three broad substantive areas which summarise the focus of these interviews are: (1) the supernatural and non-supernatural bases of the healing profession, i.e., the influence of the spirit world on training and practice in contrast to evidence of a more secular orientation, (2) the definitions of illness and treatment in the traditional framework as expressed in a taxonomy of disease, and (3) professional organisation and the future of traditional healing. These issues do not form discrete categories, but rather tend to overlap and intersect. The interplay between the rational and the supernatural is a theme common to almost any focus on traditional medicine in Botswana and may be, after all, a key to the whole question of survival for this oldest of occupations.
Impressions and Discussion

The Supernatural Bases of Healing: All of the healers who participated in this study acknowledged in one way or another the potential influence of the *badimo* in their training and practice. These are the ancestral spirits who were once an important element in Tswana religion but today are of little interest to anyone except the traditional healers. Some of the healers lamented the declining influence of the *badimo* and attributed it to the coming of the Europeans, who, they said, dug for gold in the hills that once were the homes of these departed ancestors, causing many of them to withdraw to a remote place where they could no longer guide the affairs of their descendants.

Seven of the nine informants attributed their decision to become healers to some form of spiritual visitation. The most common sign was a dream in which an ancestor appeared and informed his descendant that he had been chosen to be a bearer of the medical tradition. In three cases, this spiritual calling was associated with a long illness in which recovery was contingent upon heeding the call and beginning an apprenticeship. Although only two informants claimed to have chosen the healing occupation simply out of personal interest and an aptitude for knowing medicinal plants, all of them had one or more close relatives who were healers and who acted as supportive role models.

The *badimo* still make occasional visits to the dreams of their healer-descendants to guide interpretation of the bones or to indicate the location of a particular medical plant, but they are not characteristically regarded to be the ultimate source of traditional medical knowledge. Traditional wisdom is said to reside in the divining bones, themselves immutable and ordained by God at the creation of man.

Although the healers in this study generally regretted the decline of the *badimo*, those who seemed to be most optimistic about the future of traditional medicine were also of the opinion that one could become a healer without the ancestral spirits, that the benefits of spiritual intervention could be replaced by a colleague relationship in which knowledge, whether rationally or spiritually derived, would be shared. It is natural, they said, for some healers to have either greater spiritual gifts or more practical experience than others. Such people have a duty to share their insight so that others may learn. For some, therefore, a more rational achievement orientation may be replacing the element of magic, which is becoming less essential to success as a traditional healer.

Traditional Definitions of Illness: 'European' vs. 'Tswana' Illness: The contrast between scientific and traditional assumptions about disease is a potential threat to the credibility of the healer and his capacity to attract a clientele in a changing society. In this study, a traditional taxonomy of disease emerges from a set of common definitions shared by all the healers interviewed. The most fundamental distinction divides 'European' from 'Tswana' illnesses, although between the two poles is a large middle ground in which the diagnosis might belong to either or both categories.

A 'Tswana' disease is usually defined as one which was known to the Batswana people and their doctors long before the arrival of the European. 'European' diseases, on the other hand, are believed to be of more recent origin and to be outside the scope of traditional medical knowledge. The healers consistently placed small pox, upper respiratory diseases of the influenza type, and many skin lesions in the European category. Venereal diseases, infertility, and hallucinatory disorders were assigned to Tswana medicine, along with several diseases whose names have no direct translation in English. The latter are constellations of symptoms which have a clear meaning in the context of traditional medicine but are defined
differently within the logic of the scientific system. One such disease, commonly found in infants, is *tlhogwana*, characterised by a depressed anterior fontanelle, diarrhea, and lethargy. Scientific medical nomenclature classifies these signs as the symptoms of gastroenteritis, but the diagnostic focus in Tswana medicine is on the depressed fontanelle, believed to be the cause of the other symptoms, and treated accordingly with herbal medicine. Hence, the traditional doctor and his clients find no analogy to *tlhogwana* in their observation of scientific medicine as practised in the official clinics. They conclude, therefore, that Europeans are ignorant of, and perhaps immune to, this common affliction.

Classification of disease as 'Tswana' and 'European' is further complicated by the fact that in many cases, the official health care facilities are successful in healing a disease after the traditional doctor has failed. The healers in this study generally acknowledged the superior technology of the official medical systems with special reference to hypodermic injections and surgical procedures. To the extent that they have observed the success of clinics or hospitals in treating specific cases, the traditional healers seem to be relinquishing their proprietary hold on diagnosing and treating these diseases.

By the same token, health problems which fail to respond to clinic or hospital treatment to the satisfaction of the client are frequently brought to the traditional healer. By a combination of divination and traditional logic, he may then diagnose the problem as one which characteristically affects the Batswana people and will respond only to traditional therapy. Chronic chest disease, urological problems, and malnutrition were commonly cited as ailments which traditional healers can diagnose more accurately than do practitioners of scientific medicine, who are judged by the traditional doctors to be inadequately trained in problems they consider to be peculiar to the Batswana people.

As in many non-western medical systems, the notion of ultimate cause is an important element in the diagnostic frame of reference. The essentially metaphysical question of why the client is ill is part of the definition of symptoms which enables the healer to place the problem in the traditional taxonomy. The three major categories of Tswana disease have definitional roots in assumptions about ultimate cause. These are, first, the *meila*, or illnesses which result from the breakdown in traditional morality; second, the consequences of *boloi*, or witchcraft; and third, certain anxiety states which are believed to be the work of the *badimo*, the ancestral spirits. It must be added that not all illnesses can be explained within the context of these three categories. While they represent the main concerns of the traditional doctors in Botswana, these healers also attribute many symptoms to 'the will of God,' demonstrating a fatalism which echoes the missionary teaching of divine omniscience and omnipotence.

*Meila*. The term, *meila*, refers both to acts of transgressing the taboos associated with sexual relations and childbirth and to the illnesses which, by customary definition, are their logical consequences. Among many adolescents and young adults, interest in *meila* is declining, but to the traditional doctors and their older clients, these infractions constitute a serious threat to health. The traditional code dictates such things as the length of time that the mother must remain in seclusion with her new-born child, the sexual behavior of a woman who has recently miscarried, the number of months during which the newly widowed must refrain from sexual relations, the necessity of strict sexual abstinence for the father of a newborn, and rules prescribing pre-marital chastity, particularly for adolescents. The healers unanimously agreed that there is more disease today than at any time in the past and that the fundamental cause is the deterioration in sexual morality.

The logic of the association between sexual behavior and disease lies in the
traditional Tswana belief that the blood is the prime agent in the maintenance of
health. The healers in this study demonstrated only a vague knowledge of anatomy
and physiology. For the most part, the body is conceptualised as a cavity containing
‘good’ blood, which is bright red and flows freely, and ‘bad’ blood, which they
describe as dark, hot, and thick. In sexual intercourse, as in gestation, the blood of
the two individuals flows together, and this mixing is retained by each and passed
on to the next partner. When the blood of more than two individuals combines, the
mixture thickens and may then act as a poison to the whole system or any part of it.
Promiscuity is thus limited by the amount of toxicity that an individual can endure
before he becomes incapacitated by disease.

Descriptions of illnesses which are attributed to *meila* ranged from general body
pains with aching joints and muscles to constipation and urinary retention, with the
emphasis on chronic, rather than acute, complaints. By the same logic, venereal
disease was always seen as a consequence of promiscuity, but the concept of
micro-organisms was either unimportant or unrecognised in the explanation.

*Witchcraft:* The traditional healer in Botswana regards himself as an important
agent in the prevention, divination, and treatment of witchcraft. Witchcraft is
believed to occur in either of two ways. First, it may be the intention of one person
to harm another as an expression of jealousy or a specific grievance in their
relationship. The evil-doer poisons the victim’s food or pays a traditional doctor to
cast a spell to cause lightning to strike, crops to wither, or cattle to die. In the second
type of witchcraft, witches (baloi), who are usually women, are reckoned to go
about at night, naked except for strings of human bones tied about their foreheads
and waists. They attack the hapless victim in his sleep, usually scratching the skin
and pulling out hair or cutting pieces of finger nail, any of which may later be used
as ingredients in a poison to be given to the same victim.

In Tswana belief, neither form of witchcraft involves entirely supernatural beings.
The witches who prowl at night are said to be normal humans during the day, not
even aware, themselves, of the nocturnal personalities which they have inherited
from an earlier generation. The transformation is comparable to the Jekyll and
Hyde myth and seems to represent the evil in man rather than the evil outside of
man.

Hallucinatory symptoms of mental disorder are frequently associated with
witchcraft, but the most common manifestation of witchcraft in disease is *sejeso.* The
healers describe this condition as an internal growth which develops from the
presence of a foreign substance — a bone, a hair, a piece of wood or flesh — that has
been introduced by an enemy. (Accidental ingestion does not have the same effect.)
The symptoms may resemble cancer, but if the divining bones reveal that the
ultimate cause is witchcraft, then the diagnosis is *sejeso,* and the victim is expected to
grow progressively weaker unless traditional treatment is begun as soon as possible.

Treatment to remove the harmful substance first involves purging the victim in
the hope that it will be dislodged. When that fails, a specialist may be called, who
attempts to remove the object by sucking it out of the blood through a hollow tube
he introduces into small cuts in the client’s back, chest, and abdomen (*go lomela*).
It is not uncommon for one of these specialists to hide a likely object in his mouth and
then disgorge it at a strategic moment to impress the client and his audience with the
successful ‘removal’ of the *sejeso.*

The traditional healer actually spends much more time preventing witchcraft than
treating its effects. Two preventive measures are frequently requested by clients. In
the first, the healer boils herbs in water and then showers it on the client and in his
doorway (*go tlhapisa*). In the second, he protects the client’s household, as well as his
cattle and crops, by burying herbs under his homesite and his fields (*go thaya*).
Many Batswana believe that any person of evil intent who enters a protected home will be rendered powerless. It is, therefore, customary to treat all new building sites in this manner before building the house, and in many villages the chief has appointed one healer who assumes this responsibility.

**Badimo:** The third causal classification in the traditional healer’s definitional framework is the group of emotional symptoms which are attributed to the badimo. Disturbed sleep, restlessness, and floating anxiety are the most common of these complaints. Although informants stated that the ancestral spirits no longer guide the affairs of their descendants as they once did, traditional medical teaching suggests that they still occasionally take a special interest in the elder family members who will soon join them. Younger members of the family who neglect their filial responsibilities, e.g. who remain away from the village for too long at a time, who refuse to plough their parents’ fields, who marry without the parents’ consent, or who fail to slaughter an ox in the traditional ritual that accompanies a parent’s funeral are particularly vulnerable to the indignation of the badimo. The anguish of those departed souls who suffer family neglect, either themselves in their own lifetime or of their descendants, returns to plague the offenders. Even nightmares and restlessness in young children are frequently attributed to the sins of their parents.

The treatment for such problems usually consists of both herbal medicine and some specific act to propitiate the badimo. If a client seeks to discourage the unwelcome attentions of the badimo, the healer will probably advise him to return to his village and slaughter an ox for a public feast, in short to renew old ties and take up once more his traditional responsibilities to the kinship group. Ancestor worship has not been practiced for many years, but to return to one’s village and to share a feast are considered religious acts by the traditional healers insofar as they create harmony and thereby please the ancestors.

**The Conflicts of Change:** This kind of effort, an attempt to restore personal well-being to men and women who are torn by the conflicting expectations of their changing worlds, emerges as a fundamental task of the traditional healer in Botswana. His definition of illness refers not only to objective signs and symptoms but to a sense of harmony, or lack of it, in interpersonal relationships, which for many Batswana today means the ability to reconcile the present with the past. Sexual promiscuity and damaged human relationships, therefore, become the concern of the traditional healer, who finds in these cultural dislocations the familiar diseases of the melita, the badimo, and the anger and jealousy which may occasion the use of witchcraft. Even the dissension and misunderstanding which arise in the routine conduct of family life have a place and a name in traditional medicine. Dikgaba, in Setswana, is loosely translated as ‘heartaches,’ felt when people who are close to one another quarrel, and, like any traditional illness, this common problem receives its share of herbal medicine and advice.

But so, too, does the healer minister to those who can not find work, whose crops will not grow, whose spouse has deserted, or who fail at school. Although half the consultations which were taped and transcribed for this study concerned these and other problems which usually fall outside the domain of scientific medical practice, the traditional healers never regarded them as inappropriate. And when, as was usually the case, the divining bones revealed a conflict between the old ways of the village and the new ways of the town, the healer not only treated with herbal medicine but counselled his clients to look for solutions in the customary rules that govern village life.

On the surface, the diviner-healers in Botswana appear to be custodians of
tradition, and, in a sense, they are; a traditional frame of reference guides their interpretation of their clients' experience, mediated by the divining bones. But, by the same token, they are dealing with some of the most timely issues and most immediate problems, those which stem from the personal dislocations of cultural change. It is unlikely that traditional healers will continue to maintain their clientele on the strength of their ability to treat clinical disease, alone, since nearly all Batswana, including the healers, themselves, have observed the dramatic results of scientific medicine in the clinics and hospitals. However, these practitioners have, at least inadvertently, chosen to pursue an independent course when, by their own definition and that of their clients, they specialise in situations which have a special relevance to the condition of the Batswana people. For the time being, at least, we may speak of a scientific and a traditional medical system, parallel institutions which, operating under fundamentally different assumptions, answer to different demands in the population. It is this complementary role which keeps the traditional doctor in business. He acknowledges the fact that he can not compete with scientific medicine in treating a wide range of physical ailments, and, in so doing, he avoids the confrontation which would weaken his already tenuous position as a healer.

Professional Organisation and Goals: Structurally, at least, the organisation of traditional medical practice in Botswana is moving in an increasingly rational direction. In 1972, the Dingaka (Traditional Healer) Society of Botswana received official recognition from the Government. Its mandate is to regulate the practice of traditional healing, issuing licenses to those whom its officers judge to be competent. In actual practice, as one might expect, such rigorous control is not yet possible. In the first place, formidable problems of distance and communication hinder the spread of information about the Society, and, in the second place, there is no reasonable way to enforce regulation, even if all traditional healers could be identified. For the present, the officers of the Society are recruiting members, now claimed to number about 75, and applying to Government land authorities to grant them a plot on which to build a clinic and training facility.

Illiteracy and lack of funds stand among the obstacles to professional organisation of healers in Botswana; yet it is significant that a staunchly traditional occupation is responding to the rapid bureaucratisation of the country as a whole. Some of the magic has gone out of the healing tradition; the badimo no longer occupy as central a position as they once did. In place of the old mysticism, a new ethic is emerging, one in which public service and colleague relationship are replacing the isolation and mutual suspicion that has characterised healers in the past. The emphasis is beginning to lie more in upgrading and consolidating the efforts of traditional practitioners and attracting new recruits to the profession, people whose training in an established centre may reflect the growing achievement-orientation of the new society. And, finally, in the view often expressed by the traditional healers themselves, lies the hope that their efforts will lead to a co-operative, working relationship with the practitioners of scientific medicine in the hospitals and clinics.

In conclusion, I would like to emphasise the major point of this paper, that the two faces of the traditional healer in Botswana — the one which looks to the past and the one which confronts the realities of today — enable him to contribute to a reconciliation of the old with the new. Although the official clinics are relatively well attended, many problems, as they are socially defined in terms of a traditional etiology, remain outside the domain of scientific medicine. The traditional healer thus presents a parallel alternative for health care, complementing rather than competing with official facilities. The observations reported in this paper suggest that, while the healer is a guardian of traditional ways, his occupation still retains a
vitality which is reflected in its emergent organisational goals and its capacity to relieve the personal tensions generated by social change.

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