

The Role of Female Spiritualists in Africa

Persistence with Change

by Charles A. Anyinam

Cet article procure une exploration préliminaire des rôles féminins (dans le système médical traditionnel africain) dans la distribution des soins de santé : les activités des prêtresses, l'enfantement traditionnel, et les pratiques de cultes.

Female spiritual healers in Africa consist primarily of priestesses, cult-healers, and Christian faith healers. Priestesses of ancestral deities form the majority of these, especially in rural areas where many of the deities "reside."

Despite the remarkable amount of scholarship on gender and health in developing countries, a relatively small amount of work is devoted to discussion of the intersection between political economy, gender, and traditional medical practices. Very little has been written about indigenous medical practices using gender as a primary focus. Do indigenous healing practices operate within the framework of a division of labour? Do traditional medical practices have hierarchical features? Do female healers occupy a subordinate position within the traditional medical system? What roles do African women medical practitioners play in the health and health care of people in their communities?

This article will not provide answers to these questions, but rather a preliminary exploration of women's role in the provision of health care in Africa, particularly the activities of priestesses, traditional birth attendants, cult practitioners, and Christian faith-healers.

African traditional medicine

Traditional medicine has been part of the culture of Africans since time immemorial. The majority of Africans still depend totally or partially on the healing methods used by their ancestors. African traditional medicine represents the sum of the people's medicinal knowledge which has been handed down from one generation to another. African traditional medicine is not, however, a unified system. Several types of therapy are available, each with a distinctive approach. Some healers focus upon one or a few illnesses, while others are generalists. The specializations include bone-setting, child care and delivery, and psychotherapists.

Broadly, African traditional medical practices are either essentially secular or sacred. Secular practitioners depend

solely on therapeutic qualities or potency of herbal medicine for treatment. Their practices involve no divination. Sacred healers are the priest-healers of deities and gods, faith-healers, and cult practitioners. In rural Africa, sacred healers form between 50 per cent and 70 per cent of the traditional medical practitioners. They become possessed and employ techniques such as divination and ritual manipulation.

Traditional medicine is a persistent, pervasive, and popular medical system in Africa. Like any other aspects of culture, African traditional medicine is dynamic, absorbing new concepts and adapting to the winds of change. African Independent churches, Islamic healing, new forms of witch-finding, and the spread of cults that possess and deal with clients' social and health problems and difficulties are all part of the changing picture.

African female spiritual healers

Female spiritual healers in Africa consist primarily of priestesses, cult-healers, and Christian faith healers. Priestesses of ancestral deities form the majority of these, especially in rural areas where many of the deities "reside." Their number has rarely declined compared with secular herbalists. This might be explained by fact that

a herbalist very often dies with his/her medical knowledge but a priest-healer does not because he/she is but the temporary earthly mouth-piece of a power that lives from generation to generation. (Addae-Mensah)

The fact that the "gods never die" is an integral part of African cosmology or "world view." Under normal circumstances, a "novice" has no choice but to accept the "call" by the gods.

Western scientific medicine is dominated by male physicians who, for several decades, made female entry as doctors very difficult, but recruitment into African priesthood tends to be controlled by active and dormant deities, which, according to some healers, are predominantly males and, consequently, prefer to possess and spiritually "marry" the opposite sex. Many healers attribute the overwhelming number of priestesses to this cultural fact. It is not clear why many of the deities are males. Perhaps this perception is directly related to male domination in African societies.

In a survey of 218 rural healers in eastern Ghana, 62 per cent were females. Of the 140 priest-healers in the district, 83 per cent were females (Anyinam). But in a similar study of 103 healers in the city of Kumasi, Ghana, males dominated (75 per cent males) the urban traditional

medical practices. The rural-urban gender differences might be accounted for by the fact that few priests practice in urban settings whereas they dominate traditional medicine in rural areas.

The largest and widely distributed indigenous spirit-healing cult in Africa is the *zar-bori* cult as it is known in the Sudan republic. This complex of cults has its roots in Islamic West Africa, principally in Nigeria and Niger (the source of *bori*) and in Ethiopia with its mixed Christian and Islamic heritage (the source of *zar*). Under different forms and names in various parts of Africa, *zar-bori* possession is generally a female activity, cult leaders being

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mostly female. Membership in the cult results either from inheritance or as a result of illness caused by a *zar* or *bori* spirit.

In addition, women faith-healers of Independent African churches have entered the medical scene in the last few decades. An estimated 12,000 Independent African churches in Africa have a membership of 30 million, mostly female (Oosthuizen). In no other African country is the movement as intense as in South Africa. Males dominate, however, as Christian faith healers in both rural and urban areas.

Recruitment of female spiritual healers

The procedures for recruitment into priesthood have remained persistent and very conservative in many African societies. Potential priestesses are normally "called." The newly recruited priestess undergoes long apprenticeship under a very experienced "divine-teacher" who may be male or female. Generally, most female recruits prefer to be trained by women. The training involves learning how to harness a spiritual force, as well as how to use herbal medicines for all kinds of physical and spiritual health problems. The "subjects" taught include: how to control "trance" behaviour, pray to the gods, practise divination, discover the cause of witchcraft, and give protection against the malevolence of witches. Trainees learn how to obey the rules of the spirits; how to collect plants and roots; how to perform during festivals and to speak to clients and respond to everyday problems, including commonly occurring diseases and illnesses among the people; and how to observe, diagnose, and treat symptoms. The training procedures remain basically the same for male and female healers. There are some exceptions, particularly in forms of ritual dancing, taboos (related to food, sex, behaviour)

to be observed, and "costumes" to be worn. Priestesses appear to observe more "don't's" in their training and practice than do their male counterparts. For instance, they are prohibited from performing certain rituals or visiting shrines during menstruation.

Female faith-healers belong to the Independent African Spiritual churches. Faith-healers claim that their powers come from God, manifested in the Holy Spirit. They support their claim and activities with the life, teaching, and works of Jesus Christ. They divine in a manner roughly similar to that of traditional healers, although God or Angels are claimed to assist them. The training of female faith-healers is not as formal as that of traditional priestesses. Some of them become spiritual healers through the divine inspiration they receive through dreams and "calls" from the Holy Spirit. Some, however, study under well-established church leaders who are generally males.

Functions of female spiritual healers

In most parts of the world, illness and its treatment have, at some level at least, a spiritual or mystical aspect. This is particularly evident in Africa where witchcraft and sorcery are regularly invoked to explain sickness and other misfortunes, and especially in the case of women patients, a wide range of symptoms are commonly ascribed to spirit possession.

In their practice, priestesses question strongly any form of treatment that ignores the spiritual side of a disease. Thus, many consider disease to have either natural or supernatural causes or both. Healing practices of priestesses involve the administration of medicines and other treatments as well as confession, atonement, forgiveness, and sacrifice. A common diagnostic technique is divination, e.g., the casting of lots (using cowries, kola nuts, eggs, bones, and other objects), sand reading, and water- or mirror-gazing. The techniques of faith-healers are different. Among the many ailments treated are malaria, piles, convulsion, stomach-ache, infertility, diarrhoeal diseases, asthma, hypertension, epilepsy, skin diseases, and mental disorders.

Priestesses who have expertise in child-delivery treat more females and children than do male healers. They offer advice to pregnant women, assist at deliveries, and provide remedies for infant and childhood diseases. These midwives deal mostly with "women's problems."

In the case of cult healers, there is strong evidence that women formerly played a much more prominent role in healing than their descendants do today. Women *bori* mediums in Nigeria, for example, in earlier times played a central role (Abdalla). Murray Last also stressed the predominance of women over men in ritual healing among the Maguzawa (non-Muslim Hausa) in Nigeria. With the establishment of Islam in Hausaland, social stratification became increasingly the norm in Hausaland. Women found themselves economic and legal minors. Under the circumstances, *bori* possession became an important way

for women to deal with a male-dominated world (Abdalla). In spite of their continued existence in both rural and urban areas in Islamic countries, *Zar-bori* cults are barely tolerated by the Muslim hierarchy.

Zar is defined as possession of a person by certain kinds of spirits, the *zar* spirits. *Zar* ceremonies are aimed at appeasing evil spirits which enter the body and cause various diseases. They are appeased by means of music, drumming, rhythmic hand-clapping, and dance during ceremonies supervised by *shaikha* of *zar* (as they are called in Sudan), who are female *zar* practitioners. The spirits have to be pacified by the fulfilment of their demands,

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which they express through their victims. Instrumental to the process of diagnosis and treatment of the diseases is *zar* possession which provides a medium of expression for the problems of subordinate women in a male-dominated society.

Zar or *bori* possession is, therefore, a female ego-centred ritual which not only gives expression to the problems of the participants but also symbolically redefines their status (Constantinides). These cults are, therefore, active in societies in which women are generally marginalized. Women (usually illiterate and poor) when afflicted by psychological or physical diseases resort to these cults for a cure or treatment. The *zar* or *bori* is a powerful force personified by the female practitioner, who is highly respected and feared. These cults are, thus, a socially sanctioned "safety-valve."

The same can be said of the activities of Christian faith-healers whose clients are also mainly female. But faith healers and priest-healers as well as cult healers often have the same clientele, take care of medical needs of a common pool of patients and, hence, end up competing with one another. The role of priestesses/cult healers is increasingly being usurped by faith healers, who deny the effectiveness of traditional spiritual healers. The continuing assault on, and public condemnation of, African traditional religion in general, by both orthodox and Independent African churches, have fostered disbelief in traditional religion. Consulting a faith healer whose practice is "Christian-oriented" is considered more dignified than visiting the shrines or oracles of traditional spiritual healers.

The serving of religious needs, healing, divining, and prophesying are the main activities of faith-healers. They integrate religion with healing, and this makes their churches attractive to hundreds of people who have such problems as adjusting to new socio-economic situations,

coming to terms with misfortunes, and finding solutions to illnesses and to social problems like love, marriage, and insecurity as well as "spiritual emptiness." In some areas, healing sanctuaries have been established for patients, who are admitted for continuous healing periods. Faith healers have "traditionally" relied on the power of prayers, fasting, floral water (a specially bottled liquid prepared from plants which is regarded as "holy water" by faith healers), and spring water (blessed as "holy water") for the treatment of patients. In recent years, however, many faith healers have begun to provide herbal treatment. Faith healers also heal through the laying on of hands, church service, immersion, and incantations. It is evident that a combination of political, economic, social, medical, and spiritual factors underlie the emergence of Independent African churches. The dominance of female membership in such churches reflects the fact that women, who are poor, occupy low status, are increasingly being marginalized, and bear the brunt of governments' economic mismanagement and policies, find solace and security in such churches.

Spiritual healing continues to persist in Africa partly because of the pressing human need for explanations of personal sickness, difficulties, and disasters. Spiritual healers provide solace as well as reassurance for people, most of whom are females, who usually project their fears, problems, and anxieties onto sorcery and witches. Spiritual healers are patronized as long as they seem to have some success.

In addition, several traditional societies in Africa still observe some old public "spiritual activities"; spiritual healers continue to take active roles in local cultural festivities. Spiritual healers, lineage heads, and local chiefs perform propitiatory rites to pacify ancestral gods and other gods of the "state" and pray for prosperity, good health, and long life. Such cultural practices contribute to the persistence of spiritual healers.

Thus, the functions of spiritual healers are not limited to the diagnosis of diseases and the prescription of drugs; it is the spiritual healer who provides answers to the adversities, like curses, evil spirits, aggrieved ancestors, and witches, that are beyond the comprehension of ordinary people. It is the spiritual healer who provides charms and prescribes the rituals to neutralize the effects of the enemy's charms, wards off evil spirits, and intercedes between the community and the gods and spirits of deceased ancestors.

Conclusion

Female spiritual healers serve the purpose of securing women some freedom in the face of the repression that they suffer. Membership in a cult group, for example, confers a higher status upon women. No wonder many men object to their wives joining cult groups. Female spiritual healers provide women, particularly in Islamic societies, a means of expressing their anxieties and prob-

lems. Cults in particular are also an institutionalized and symbolic way of defying male domination.

The continuing vitality of African traditional medicine and the role of female spiritual healers, in particular, reflects the capacity of these healers to adapt to the rapidly changing conditions of social and economic life in Africa today. African traditional healers lost status and power during the colonial era. Many of the cults which formerly occupied an important place in religious life of the people have become peripheral in the contemporary era. Even though not much of the past "glory" has been recouped since independence, the spiritual healer still occupies a unique position in African society.

In view of the role played by female spiritual healers, especially for women, the definition of women's health and well-being must incorporate the entirety of their lives, the full range of their needs and activities, and all the discomforts and illnesses that they face. This perception of women's health is recognized in traditional medical practices.

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SHULAMIS YELIN

On Making My First Fishbone Sculpture

Lord, when you first put
those small bones together
and made a fish
with skin and bones and scales
and head of
incomparable complexity and design,
did you, too,
stand in awe and wonder?

Did you first fantasize
its frame and shimmer
then fashion it?
Or was it all
a lucky accident—
like random toss of stars
on August nights?

And when you saw it finished,
did you, too, smile
from depths of child in you
who made that wondrous toy?

Shulamis Yelin's poetry appears earlier in this volume.