

TANGAZA COLLEGE

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

THE MEDICINE-MAN AND THE HEALING MINISTRY OF JESUS – SANDAWE CASE STUDY

*This Long Essay is submitted in partial fulfilment of the requirements for a Bachelor
of Arts Degree in Religious Studies.*

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Student's Declaration:

I hereby declare that the material used herein has not been submitted for academic credit to any other institution. All sources have been cited in full.

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This work has been submitted with my approval as the College Supervisor, Appointed by Tangaza College.

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Dedication:

I dedicate this work to my parents Mzee Stephene Vivian Lebba and Mama Augustina Mark Lebba and to my late sister Consolata Stephene Lebba who had been inspiring and a healing presence as they introduced me into the family and into this world. May the good Lord Bless them always.

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*William M. Lebba
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CHAPTER ONE

1.0 INTRODUCTION

As long as life runs along smoothly, we can avoid facing the depths of existence. The basic questions of life can go unasked. When things are comfortable and easy, we can live as though life were shallow. However, in moments when the contradictions and crises of life stand forth, these apparently comfortable and easy things become strangely irrelevant. The encounter with sickness, tragedy and human limitation disrupts surface appearances. We are forced to look deeper than previously. What was complacently accepted about life must now be re-examined. This is where the necessity of participating in man's struggle to find meaning comes in.

I would like to acknowledge a challenge that my confreres in Tanzania posed at dinner while discussing the subject of the traditional African medicine man and his activity in comparison with the Western scientific doctors. Rev. Fr. Cessare, our Regional Superior of Tanzania put this question forward; "when people from the Western countries get sick, they go to a doctor. He/she is diagnosed, a sickness is identified, let us say malaria for example, and one is given medicine for it and eventually he/she is cured. Now, when I want to be cured of a similar problem by the traditional medicine man, does the diagnosis identify a disease and cure my sickness without involving me in their provocative, pompous and ceremonious invocations of their ancestral spirits and gods- (in a word, their faith) in the process?"

It does not seem strange to find pastors, not only my confreres, lamenting that many of their members seek the help of diviners and traditional medicine men. In the process, make offerings to their gods and their ancestors when they are seriously ill or feel their lives to be seriously threatened by mystical powers.

Experience has shown in Christianity that there are those who solely believe in God, through his son Jesus, the saviour of the world. On account of their religious conviction, they totally reject not only the traditional medicine with its resultant divination but also scientifically prepared drugs and hospital treatment. Such people are convinced that they no longer require any tangible help or medication in sickness. Some even believe that they can never be sick. All they have to do is to have faith in God and prayer. To do otherwise is a sign of lack of faith.¹ This is an extreme case.

On the contrary there are those who are so much taken up by the modern science and technology that they believe that God only heals through drugs and hospitals. Therefore they conclude, the only way through which the healing ministry of the Church can be experienced in the world is through scientific medicine. This, too, is another extreme.

Andrew Igenozza in his article *Medicine and Healing in African Christianity*, has this to offer; "It is not to be doubted for a moment that God has used compassionate and very selfless doctors and nurses, be they missionaries or otherwise, to bring life and hope to countless Africans, through their modern scientific medicine knowledge. But the question is does God work only through this medium? To answer in the affirmative,

¹ Andrew Igenozza, "*Medicine and healing in African Christianity*", AFER Vol. 30, No. 1-6, 1988, p.12.

especially in relation to an African milieu, is to completely overlook the spiritual dimension of sickness and healing so readily recognised by Africans.”²

It is timely at this juncture, to visit facts that history presents. Reading Fr. Shorter’s *Jesus and the Witchdoctor*, I was indeed impressed when he says that “modern scientific medicine is scarcely two hundred years old... until systematic medical science was born, all medical practice was ‘alternative medicine’”³ This is to say of the Western situation. Africa and the Sandawe community in particular, before the coming of the foreigners, had its own way of contending and coping with the problem of sickness in their midst. But the medicine concept in traditional eyes was and still is today in the context of sacrifice, prayer and magic.

The Sandawe community and most of the African communities if not all, have such a tremendous psychological back up that no wise man will dare to ignore it. That the Traditional African never lived an isolated individualistic life but in a supposed harmonious relationship with the socio-religious order. This was made up of himself/herself; the community around; the departed ancestors; the divinities; the spirit world and of course The Creator -*Warunge/Mumba*.⁴

Everyone who dies in the Sandawe community is believed to pass into more spiritual way of being. He/she is said to have followed the ancestors *kókôg<ha xháing*. They are alive but unseen. This reminds me of what Theresia Gwae, my grand mother, told me some time ago; “Hey! Don’t talk too badly about your grandad, he is hearing you. He used to be a great man, everybody came to him for some advice. After his death

² Andrew Igenzo, “*Medicine and Healing in Africa Christianity*”, *AFER*. p.12

³ A. Shorter, *Jesus and The Witchdoctor*, New York: Maryknoll, 1985 p. 10-11

⁴ It is the Sandawe term for God The Creator.

there were some mysterious happenings in our compound”. And she went on and on singing praises to her beloved husband to make him happy. Thus every family has its seen and unseen members. From this point of view, the extended family is a vast sea of dynamic relationships, each person bearing influence on the life of the other.

I am not saying that the Sandawe people live in a state of permanent mystical ecstasy, but simply that their understanding and appreciation of the Ancestors stimulates the memory, bringing depth, meaning and purpose to life. This in turn brings its own peace of mind and its own healing even in the midst of terrible hardships.

1.1 BACKGROUND TO THE PROBLEM

One of the deepest aspirations and desires that the Sandawe people long to see them fulfilled are their Religious values. When properly understood, these throw much light on the way they respond to God’s revelation. They are very important for catechesis and pastoral work.

Rainmakers, priests, diviners, medicine men are considered agents of the ancestors and in turn God. It is a group of people in the community that work hand in hand in order to restore the health and well being of the society. There is the whole outlook that people have about the medicine men, diviners, priests and the rainmakers. God especially gifts them. They possess powers that other members of the community do not have, they are trusted and relied on by the whole community.

The medicine man who at times functions as diviner or a priest and even rainmaker, is very closely related to the community. He is given a special respect and at times feared. Since this medicine man is an elder himself, and at least for those that I met

and interviewed they are well versed with the culture. The people around look at them as the wise men. They enter into the group of the *Wazee*⁵. Therefore any pronouncement they make is considered to be from that accumulation of the wisdom from the *Wazee* of the traditions.

1.2 STATEMENT OF THE PROBLEM

The African Christian has suffered from a form of religious schizophrenia.

*With a part of himself he has been compelled to pay lip service to Christianity as understood, expressed and preached by white man. But...he was redeemed from sins he did not believe he had committed.*⁶

Being among the Sandawe, I have noticed a phenomenon that can be said to be sad from the Christian point of view. We have numerous names in the baptismal books in all the parishes of the Sandawe land. But the attendance at mass is it during weekdays or Sundays has drastically dropped. Commitment to Christian life is questionable. The so called Small Christian Communities are practically dormant. On the other hand people make frequent trips into the interior to visit the traditional medicine men. They do so in a hidden way because it is not the expected Christian thing to do.

The Sandawe are by and large Christians, at least nominal Christians. But they are practically taking their traditional healers more seriously than The God of Jesus Christ. This perhaps demonstrates that Christ is yet to be identified by these people for one reason or another. They are caught up between two world views; Their traditional beliefs

⁵ Swahili word for Elders

⁶ Z. Nthamburi, *The African Church at The Cross roads*, Nairobi: Uzima Press, 1991, p. 4

concerning the medicine man and the Christian Faith in Jesus and his God, the father of us all. This is what Bishop Desmond Tutu clearly states as a form of religious schizophrenia. Nevertheless there may be here and there a handful committed Christians. There is no doubt that in the medicine man there is a lot of something good, reliable and healing. But should it be at the expense of the Christian Faith?

There are countless such cases in Africa in which the African Christian finds himself/herself split and made to leave in this dualistic mode. There is a great need and call to the pastors today to enter into dialogue with these people of God. It is a long and painful procedure that needs a tremendous openness and sharing of our pastors and the people they minister to. The whole African world-view with its values and aspirations meets the Christian world-view and asks, what have you to offer me, the African, the Sandawe? Then dialogue begins.

1.3 THE OBJECTIVE OF THE STUDY

The Sandawe community is a very small group of people in the mainland Tanzania that lives among more than one hundred twenty two ethnic groups in the country. It is not well known even within the country, let alone outside the country. There is scarcely any material that elaborately talks about these people on any one aspect of their lives. This essay therefore is an attempt to contribute in a small way to the awareness of the reality of medicine man and his activities among the Sandawe and try to compare with the approach of Jesus to the sick of his time. Issues are raised in this case not because solutions will be provided in certainty during the course of our discussion. But rather surfacing them is considered important in itself for the reason that it serves to raise consciousness. It is in

being aware of the issues and the questions facing us, that together as Church we can begin to try to find solutions to them.

We will therefore carefully examine the main Sandawe healing methods as known to them through their traditional medicine man some of who happen to be Christians-at least nominal Christians. Observing reading and evaluating the situation in my own place, specifically in the subject of the medicine man, I think that the Church and especially our beloved Vatican II has stated crystal clearly that the understanding of African values is inevitably important for evangelisation: In Vatican II's *Gaudium et Spes* (No. 58) we read:

There are many links between the message of salvation and human culture. For God revealed Himself... in His Incarnate son, has spoken according to the culture proper to different ages ... The church sent to all people of every time and place, is not bound exclusively and indissolubly to any race or nation, nor to any particular way of life or any customary pattern of living, ancient or recent. Faithful to her own tradition and at the same time conscious of her universal Mission, she can enter into communion with various cultural modes, to her own enrichment and theirs too.⁷

Like St. Paul therefore we African Pastors need to take a great amount of initiative in the practical application of the Gospel values with the life situation of our people. With enormous energy put into understanding as much as we can of both world-views, namely The Christian world-view and its historical growth and development and our African world view with its historical growth and development then look into the present real and existential call for complementarity. This is indeed true for the Sandawe of my area but it can be true as well for the neighbouring groups, the whole country and Africa in general. It is a process of healing and recuperation.

1.4 THE SCOPE AND LIMITATION.

This Essay limits itself to the Sandawe of Dodoma Region. Matters pertaining to the medicine man and his healing activities, or what I sometimes call '*ministry*', is our preoccupation. There is a great limitation in this paper of time and means of transport and financial incapability that hinders wider contact with these traditional experts in the Sandawe community. I am not intending in this Essay to say everything about the medicine man but rather pay a selected attention to the activities of the medicine man that bring actual healing to his people. It is more a looking at the positive side of the medicine man and his activities without canonising him. The moral aspect of the medicine man might not be so much of concern, although it may come up here and there. What I am setting out to do is to expose what goes on in this regard and people can draw their own conclusions. However I will try to give my personal view which in any case will remain personal in as far as it will be my own convictions on the issue of the medicine man among the Sandawe.

⁷ Walter M. Abbot, Ed. "Gaudium et Spes", *The Documents of Vatican II*, New York: Guild Press, 1966, No. 58

1.5 METHODOLOGY

The methodology employed in my Essay is interview and Research work. Back home, I prepared men who were familiar with various medicine men to request them, on my behalf, to have an unofficial and friendly chat with me (their son).

I read various books and articles related to the activities of the medicine men and the healing ministry of Jesus and sharing with Africanists and African Theologians competent with the subject in question. My experience among the Sandawe, is not to be underestimated.

1.6 ORGANIZATION OF THE STUDY

Chapter one of this research has dealt with the general introduction to the study. Then background of the problem, after which the statement problem is highlighted. The objective of the study is clearly put in this chapter after which the scope and limitations of the study is stated and the methodology of the study is briefly indicated.

Chapter two will be dealing with book reviews. I will therefore present a historical and biblical evidence of healing, healing in the Old Testament, New Testament and early Church will surface. Then we shall see the scriptural healing ministry of Jesus. I will present African and the Africanist Theologians' view of healing. There we will see from Shorter's view and Cécé Kolié's view of healing after which a conclusion will be made.

Chapter three will be introduced and it will be dealing with occupations of the Sandawe, Medicine man in Sandawe land, Belief and Practice of the medicine man among

the Sandawe, The Sources of power of the medicine man and how it is acquired and finally a conclusion will be given.

Chapter four is our final chapter that consists of the Letter of James (Jms 5:13-20). The Sacrament of the Anointing of the Sick, The relationship between the Traditional Sandawe and Christian ways of healing, Evaluation and critique, Pastoral suggestions and General Conclusion.

CHAPTER TWO

2.0 INTRODUCTION

Awareness of the presence of the Divine in the lives of the Africans is world wide acknowledged as far as the African world-view is concerned. God's powers are felt to be in operation through various intermediaries who are believed to act and operate in nature-creation, super natural phenomenon like lightening and thunder and in gifted people such as the medicine man who can be referred to as the diviner- healer or rainmaker, herbalist etc. This sort of spirituality, of God fearing because of his nearness and concretely affecting daily lives of the people in the family and through different stages/rites of passage in the community to death is what Mbiti refers to as the African being Notoriously Religious.

How notorious is the African in regard to Religiosity is debatable. But the constant reference to God by these people in their identification into the family and the community is quite obvious and undeniable.

The medicine man is a key figure in the Sandawe community of Dodoma in Tanzania. He is trusted to have special powers to heal and restore harmony in the lives of individuals and the community at large. He can find causes of illness or unhealth and heal them. There are quite a good number of materials about the medicine man and his healing "*ministry*" in the African context, but there is scarcely any written material on the medicine man of Sandawe land. Perhaps this will give a clue into who and what sort of medicine man is found among the Sandawe. In order to do so it is enriching to visit the existing sea of knowledge that we already have.

According to the Dictionary of Pastoral counselling by Rodney Hunter, health is the process of being restored to bodily wholeness, emotional well being, and mental functioning and spiritual aliveness... Healing may also refer to the process of reconciling broken human relationships and to the development of a just social and political order among races and nations. We will therefore see the notion of healing developed historically beginning from Old Testament view of healing. New Testament view of healing. The early church view of healing in the Gospel and finally we will look into prominent personalities who have dealt with the question of illness and healing and the medicine man.

2.1 OLD TESTAMENT VIEW OF HEALING

For the Hebrews, health was viewed as a blessing, from God, a reward for righteousness and faithfulness to the Mosaic covenant, illness was often regarded as divine punishment or chastisement for transgression. Health and Holiness were therefore positively related and were united in the concepts of “shalom” and righteousness. Holiness refers to a sense of personal unity and free integration of one’s being in dynamic relationship to God, the world, and community. This existence is characterised by “shalom”, or bodily wholeness and being at peace with self, God, neighbour. It is a righteous life in as much as it is characterised by deliverance from one’s enemies, personal integrity and living fitly in the world as a member of the covenant community with God.⁸

⁸ Rodney Hunter, *Dictionary of Pastoral counseling*. Nashville: Abingdon Press, 1990, P. 497

2.2 NEW TESTAMENT VIEW OF HEALING

The New Testament, portrays Jesus as vitally concerned with healing the physical, moral and mental diseases of persons, and commanding his followers to do the same. About one third of the Gospel accounts describe various healings performed by Jesus and the early Church reported dramatic healings by its leaders and members. The New Testament regards healing as an indication of the presence of the kingdom of God, in which restoration of bodily wholeness, emotional well-being and mental functioning take place in the context of spiritual advance.⁹

2.3 EARLY CHURCH VIEW OF HEALING

For the first centuries, the ministry of healing was made central in the worship and mission of the apostolic church, and was practised regularly by those recognised as having this capacity. Unlike the Gnostics, who viewed the body as subordinate and therefore denigrated it, the early church affirmed the goodness of the body and regarded the human being as a unity of mind, body and spirit. Healing during this period became more sacramental and was combined with anointing and exorcisms.¹⁰

2.4 THE MINISTRY OF JESUS IN THE GOSPELS

At the beginning of Mark's gospel, Jesus surprises people with his teaching, he teaches with authority. He drives away the unclean spirit: *Quiet! Come out of him!*¹¹ He

⁹ Rodney Hunter, *Dictionary of Pastoral Counselling*, p. 498

¹⁰ Rodney Hunter, *Dictionary of Pastoral Counselling*, p. 498

¹¹ Mk. 1: 25-26

cures Simon's mother-in-law; *He approached, grasped her hand, and helped her up. Then the fever left her and she waited on them.*¹²

The gospel of Mark can be summed up by saying that *"He cured many who were sick with various diseases, and he drove out many demons, not permitting them to speak because they knew him"*¹³. We have similar verses such as; *"So he went into their synagogues, preaching and driving out demons throughout the whole of Galilee"*¹⁴. Faith was central in this activity of Jesus in relation with health and wholeness. Without faith very little or nothing was done by Jesus; *"So he was not able to perform any mighty deed there, apart from curing a few sick people by laying his hands on them. He was amazed at their lack of faith"*¹⁵.

Jesus restored the woman's menstrual irregularity and so removing her from the category of the "unclean" hence welcoming her back into the community and participates in the community efforts to make sense out of life. Jesus' success in casting out demons is indicative of his superior power to that of the demons. Moreover such a mastery over the spirit world is convincing evidence that the reign of God has arrived and is present in the ministry of Jesus¹⁶

In Matthew's Gospel, Jesus' wonder-working activity is portrayed precisely as the people of that culture would perceive it: although both Mark and Matthew talk of Jesus' compassion, their contexts differ. Having seen "the crowd, his heart was moved with pity for them, for they were like ship without a shepherd", in response to such a situation Jesus

¹² Mk. 1: 31

¹³ Mk. 1: 34

¹⁴ Mk. 1: 39

¹⁵ Mk. 6: 5-6

taught and fed them. Here the crowd moves Jesus to compassion. While in Matthew the sight of the crowd moved Jesus to compassion so that *“he healed their sick”*¹⁷.

It is evident therefore, that Jesus’ ministry of healing in the Gospel has taken a lion’s share’. It is a very important part of the signs of the presence of the kingdom of God. It is healing from the chain or conglomeration of wounds mankind has caused from time immemorial. The Bible tells us clearly that having disobeyed God, The first humans *“realised that they were naked; so they sewed fig leaves together and made loincloths for themselves”*.¹⁸

If we may digress a bit from the bible story and look around, how many people go hungry and hopeless due to famine. Perhaps nature is so much wounded today, that it is incapable of giving what ought to come out of it. Deadly diseases such as Aids, Ebola, Cancer to mention but a few. Our people continue dying of even very simple diseases such as tuberculosis, malaria, and minor injuries to talk of possible curable diseases. These may be well to do with careless relationship there is among the people, the environment and The Creator Himself. Things are compartmentalised so much so that nothing seems to have meaning when looked at in its totality. Fear of being caught by the truth, reality of God and hence be reminded of the interdependency, holistic approach to life. There is so much suffering and pain due to inability to have access to the best treatments possible because of poverty. And yet Jesus whom we claim to be our master did all he could to reach out to everybody the poor in particular. He did not talk a lot, he actually did cure

¹⁶ Carroll Stuhlmueller, *The collegeville Pastoral Dictionary of Biblical Theology*, USA, The Liturgical Press, 1996, p. 418

¹⁷ Mt. 6: 14

¹⁸ Gen. 3: 7

the people, and he actually did feed them. It was words and deeds of Jesus, the whole of his life brought healing to the people.

To return to the story of Genesis, progressively, the episode of Cain and Abel; having killed Abel, Cain denies his responsibility to his brother: *Am I my brother's keeper?* The story continues up until the time of the prophets, these were persecuted and killed. Eventually Jesus himself was crucified and died on the cross and of course he rose from the dead. Furthermore we see the martyrdom of the first Christian community and even today we still have on going pain and suffering of the innocent both Christians and non Christians. It is indeed a mystery of suffering that needs urgent divine intervention. Thank God we have Jesus Christ who brings back wholeness and healing to such a wounded human community. Eliot describes Jesus as the wounded surgeon, the dying nurse, and the ruined millionaire.

The wounded surgeon plies the steel that questions the distempered part; beneath the bleeding hands we feel the sharp compassion of the healer's art resolving the enigma of the fever chart.

Our only health is the disease if we obey the dying nurse
Whose constant care is not to please but to remind of our, and Adam's curse
And that, to be restored, our sickness must grow worse.

The whole earth is our hospital endowed by the ruined millionaire
Wherein, if we do well, we shall die of the absolute paternal care

That will not leave us, but prevents us everywhere.

The dripping blood our only drink, the bloody flesh our only food

In spite of which we like to think that we sound, substantial flesh and blood

Again, in spite of that, we call this Friday good¹⁹.

It is rightly said by Robert J. Schreiter in his *Faces of Jesus in Africa* that Jesus enters wholesale into the healer-patient logic. He is healer and patient at once. His role of healer quickly changes to that of being one of the sick. He passes from the pole of the healer in relationship with the sick, to the opposite extreme of the polarity and functions in the relationship of the sick toward the healer²⁰. Perhaps this is the Christian thing to do.

2.5 AFRICAN AND AFRICANIST THEOLOGIANS' VIEW OF HEALING

Fr. Aylward Shorter:

He is a British born Catholic Missionary of Africa, a theologian and Anthropologist. He lived as a missionary and field researcher among the Kimbu people of central Western Tanzania, in the small village of Mazimbo from 1965 to 1967, as part of his program for the doctorate in anthropology with the University of Oxford. He is author of many books²¹.

¹⁹ T.S. Eliot, *Four Quartets*, London: Faber & Faber Ltd., 1968, p. 28-29

²⁰ Robert J. Schreiter, *Faces of Jesus in Africa*, New York: Maryknoll, 1991, p.132

²¹ Fernando Domingues, Doctoral Dissertation presented to Gregorian University: *Christology and Traditional Religion in Africa*, Rome, 1999, p. 402

Shorter is an appropriate Theologian to consult in my research on the medicine man. For he has a vast experience by contact and study on the question of sickness and healing in Africa, with a particular reference to the Kimbu people. We, as African ministers certainly need to collaborate more with missionaries like him in entering into the African world view, in order to meaningfully evangelise the people of God.

He came to realise that, sickness and healing is something that lies at the very heart of human cultural and religious experience in Africa...Is Christ the healer they need? Fr. Domingues explains Shorter's plea for a functional Christology in African Christians will only fully accept Christ as their saviour and totally entrust themselves to him when they discover him as the one that totally responds to their need for holistic healing and salvation that will touch on all the relevant levels of their cultural and religious experience of sickness and healing.²²

In his book *Christology and Traditional Religion in Africa*, Fr. Domingues elaborates the suggestion of R. Buana Kibongi at the consultation of African theologians held at Ibadan, Nigeria, in January 1966. Kibongi suggests we should rehabilitate the much slandered traditional figure of the 'nganga'; who often was considered and treated by missionaries as a totally negative figure, even as an agent of Satan. There are important positive aspects in this character, which are doctor, diviner, healer and priest. He was (is) seen as exercising sacred functions of revelation and salvation.²³

The term 'witch doctor' is misleading. Fr. Shorter knows the misconception of this term and he even has pointed out the misconception itself- that such a person is understood to be mainly or exclusively involved in anti-witchcraft activities or perhaps

even a witch himself. But on the contrary, Shorter explains in his book, *Jesus and the witch doctor* that the term is used to refer to traditional diviner-doctors in pre-literate societies, particularly in Africa. He continues to elaborate that divination is a form of revelation. It goes beyond mere diagnosis, the examination of the patient and the knowledge of natural cures and remedies, to include the analysis of dreams, the restoration of mental hygienic balance and the dynamics of human and supra human relationships²⁴. This diviner-doctor I call the medicine man.

The witch doctor according to Shorter not only did not disappear, on occasion he has even reappeared with a Christian hands may have stimulated this development. Furthermore Shorter says, The power of the cross is a power through weakness, a fact that may have been momentarily forgotten by the latter-day Elijahs. Jesus Christ, to quote T.S. Eliot, is 'the wounded surgeon', 'the dying nurse', and 'the ruined millionaire' who has endowed our cosmic 'hospital': It is the 'bleeding hands' that he heals. This reminds me of what St. Paul of the cross, founder of the Passionist Congregation had-because of the forgetfulness of this great love of God for mankind, he promoted the awakening of the memory of the passion of Jesus Christ by preaching Christ crucified.

I am impressed by the openness with which Shorter enters the historical environment in which Jesus found himself. Jesus of Nazareth, Shorter analyses, conformed to the type of itinerant healer-exorcist of his own day in rural Palestine. We do not see him treating the sick, administering medicines, or even massaging limbs or binding wounds. We do, however, see him imitating the 'mumbo jumbo' of contemporary healers. Pagan

²² Fernando Domingues, Doctoral Desertation, p. 404

²³ Fernando Domingues, *Doctoral Desertation* p. 405

²⁴ A. Shorter, *Jesus and The Witchdoctor*, p. 8

healers as a symbol of the healer's life frequently used saliva. Jesus touched the tongue of a deaf-mute, having spat on the finger. He also made a kind of primitive poultice out of mud mixed with his own spittle for a blind man. He usually touched or manipulated the affected part of the body. At times he made a noise, variously interpreted as a 'sigh'; a 'groan' or a 'snort' which may have been characteristic of an exorcist and which was recommended as a potent action in several ancient magical texts²⁵.

Father Shorter looks at our historical development today and identifies the modern scientific medicine as scarcely two hundred years old. We are grateful to such people as Shorter, particularly in this regard. Because he is not only a theologian and anthropologist but he is a Briton, a man from the West. He says, for centuries in Europe medical practice was based upon theories such as those of the four humours or the signs of the zodiac. One could say that, until systematic medical science was born, all medical practice was 'alternative medicine'.

Cécé Kolié

Jesus the Healer is a chapter in the book entitled "CHEMINS DE LA CHRISTOLOGIE AFRICAINE". Cécé Kolié writes this chapter. He has beautiful views on Jesus the healer in Africa.

Kolié puts forward that it appears easier to present Jesus as the great master of initiation, the great ancestors and a chief than as a healer to people who are undergoing all sorts of troubles and sufferings. A consistent and authentic theological message can only come from the way people experience Christ in their life problems.

²⁵ A. Shorter, *Jesus and The Witchdoctor*, p. 10

Poverty, oppression, war, diseases which render life so difficult and meaningless to most of the African people, are very big obstacles and challenges to the real acceptance of Christ in their life.

Jesus healed many people of all kinds of diseases. This was fully part of his proclamation of the kingdom and his redemptive mission. His death and resurrection concluded the whole mission and rendered it intelligible to humankind. Faith was at the centre of Jesus' healing works. He expected nothing but an act of Faith from his patients. Many times Faith was a priori to the performance of miracles.

Jesus was deeply in solidarity with the humankind; he became man, lived like man except he did not sin. Furthermore, he did not remain the healer all the time., he even joined the rank of being a patient, a weak man on the cross, Jesus appeared sick, weak and asked for help. He asked to be healed by his Father. This constitutes a big Christian virtue that he revealed to us.

Kolié is convinced that before looking at Christ as the healer, we need to identify him first of all as one of us and, together with him, be at a position of understanding all the parameters of our problems and the kind of healing we need. Christ can not just operate "miraculously" among Africans while he still remains a stranger to them.

Africans constantly need healing so that they may carry on well *the battle for life* which is their cult per excellence. Christianity, Islam and all other religions can score enough credit among Africans only by working on this line. Today, many traditional healers, seers or diviners are still in big demand among Africans because of their very important role in the battle for life.

When one is sick, he is sick in his entire being, as a whole. Being a member of the community he affects and weakens the vitality of the entire group. The healing process therefore takes place at the personal level and at community level as well. The sick are healed as individuals and as community.

So far, the title of healer, great ancestor and chief, master of initiation, given to Jesus seem to be more of an attempt and adaptation from theologians than from the people themselves. They are trying either to put it in the people's mouth or simply impose it on them. Once more, the western model and method of imposing have been copied here.

Africans confess their faith in relation with their daily life, their problems and their goals. Most of our liturgies seem not to be a celebration of, and by Africans searching for liberation. What can they really offer and expect if they can not offer what they have, what they endure? It is easy for them to fall out of place. The proliferation of Churches can also be understood on this line. They actually consider as oppression and dominion from the west.

The title of a healer for Jesus should be made intelligible and effective among the Africans. The gift of healing that many ministers and Christians possess should be exercised well enough so that the healing ministry of Christ may make sense among the people. It should be emphasised on Christ as the one really healing and restoring life.

The understanding of illness, and the attitude and stand to be taken in front of it are not something Africans learned or have to learn from the western civilisation. We should acknowledge that what Cécé Kolié names as western myths in his article, caused a lot of damage and falsification in this regard. The rejection and the destruction of whatever could be seen as witchcraft by means of evangelisation and western civilisation was so radical that it almost left Africans without identity.

Africans are people who, when illness occurs to one of them, suspend their activities come together in order to fight back the evil. Illness, sufferings are important moments of special solidarity and renewal in the society. This is even more when death takes away one member. The celebration of death takes place as a remedy for sorrow and all kinds of pains surrounding death. This same celebration also declares life now and life to come stronger than death: “Oh death, where is your victory?”

What Christianity needs to do today, is to allow Africans to identify themselves deeply the life and message of Christ who died and resurrected. It is only through such a journey of faith that Africans can be healed from all their myths and illness. But if Christianity continues suppressing and rejecting even what Africans consider to be sacred and divine, it will end up throwing the baby and the bathing water.

The church and theologians should allow people themselves identify Christ as the ancestor and chief per excellence, the healer, by experiencing his liberating power and love. In my opinion this is greatly affected by the kind of agents of evangelization sent to these innocent people of God.

However, concludes Cécé Kolié, there seems to be a gap between the theological language and the present situation of African people. Christ in Africa has more the face of a sick person than of a healer. And this might be the case among the Sandawe.

CHAPTER THREE

3.0 INTRODUCTION

The Sandawe cultural tendency to personify nature always looks for a personal agent behind the human experience of well being or misfortune. Life is good because God or other spiritual beings have not disturbed the basically good order of creation. Misfortunes are blamed not on germs, bad weather or natural disasters but rather on some personal agent who has deliberately disturbed or thwarted a good situation. Human beings are incapable of remedying the misfortune, though they can and must intervene with proper super-human agent who can restore well being.

When I was at home for my holidays, an elderly lady whom we often referred to as Bibi, hence Bibi Rebecca who was staying in the mission compound, taken care of by the sisters (she was a leper), was bitten by a very poisonous snake and despite all the efforts the sisters put to save her life, Rebecca died. In the process of putting things together, the parish priest Fr. James Mirror attended to her for the Sacraments and our Bibi really died in the peace of Christ. Many people came including Rebecca's relations. In trying to find out what really happened, people saw the snake that was still laying there, dead of course, commented; *"this kind of snake does not enter into houses, how come that it entered into this one, it must have been sent!"*

3.1 The Occupation of the Sandawe

It is believed that the Sandawe have occupied the areas between the "Bubu" and "Mponde Rivers, "uta lo lo'che", "tangu zamani sana" ("since time in memorial").

Besides the environmental factors which have influenced the Sandawe in their choice of settlement, other social factors have also an effect. The Sandawe may be indigenous to the area but certainly they did not live in isolation from other groups. As the history of east Africa shows, there were movements of people from within and from without the continent with whom the Sandawe came into contact. These influences and contacts ultimately shaped the settlement pattern seen today.

Today the Sandawe are surrounded by the Barabaig (Tatoga, Datoga, Tatur, Mangati) to the north, the Rangi to the north east, the Burunge to the east, the Nyaturu (Turu, Rimi) to the west, and the Gogo to the south, The Nyaturu, Gogo and Rangi are Bantu speakers. The Barabaig language is classified as southern Nilotic and the Burunge language belongs to the southern Cushitic group.

The Sandawe believe they were among the hunter-gatherer groups who once occupied all of Eastern and Southern Africa. They are unique in language among their neighbours. In fact, the Sandawe share more affinities with the San and Khoi-Khoi of South Africa and the Basarwa of Botswana than they do with their immediate neighbours, the majority who are Bantu speakers.

Khoisan-speakers are associated with hunting and gathering economy and this subsistence mode is still evident among the Sandawe. In the distant past most of eastern sub-Saharan Africa was populated by Khoisan language speakers. Thus the Sandawe may be the remnants of this East African Khoisan-speaking population who survived the

various migrations of Bantu and Cushitic peoples. They may in fact, share the same ancestry as the San and Khoi-khoi of South Africa if not the Basarwa of Botswana.²⁶

3.2 MEDICINE MAN IN SANDAWE LAND

It is appropriate to begin talking of what the Sandawe consider as health and ill health before seeing the medicine man in this particular community. It is not false generalisation to affirm that good health for Africans is not just a healthy body. It is defined in terms of the fulfilment of all the roles expected of a human person. "*Health is a state that entails mental, physical, spiritual, social and environmental harmony*"²⁷. Therefore it is a state of wholesome adjustment. It is part of magical Religious and social-religious phenomenon. It relates with the ontological balance- a desire to be intergrated or be in harmony with the vital force of life. Health then is multi-dimensional.

Ill health in the contrary is a lack of harmony brought by a number of things, irresponsible behaviour which is perceived as life threatening not living according to the expected norms of the Sandawe people is believed to be another cause. Since health would mean peaceful living with one's neighbors, observing social norms, living in harmony with the Environment, Spirit World, Ancestors and God. Ill health is also attributed to witchcraft, curses, super natural agents (Ancestral Spirits and God), sorcery, evil eye or possession of evil spirits. These forces are believed to operate in view of destroying a person (witch craft) or punishing an individual who commits crimes against the

²⁶ Imogene Letitia Lim, *A study from Usandawe, Brown University; 1992*, p. 84

²⁷ Philomena M. Njeri, *Perceptions of Healing and health in African Instituted Churches: A search for Holistic Health in Social Behavioral Health, Nairobi: Kenyatta University, No. 3, 1996*, p. 31

community, or symptoms of a call to perform a sacred role such as a call to become a diviner – healer, a medicine man etc.

Many credible African authors rank medicine men among the traditional African specialists. It is this category of people that have traditionally been called “witchdoctor” in English. And as Fr. Shorter has already pointed out in our previous chapter, it was a misconception. It is a term that was coined by the early ethnographical works on Africa by people who were even ignorant of the African social facts.

The medicine man in the Sandawe community is defined in terms of his actual relationship, behaviour and role that he plays in the community as far as restoration of health is concerned. Thus “*Mirigiseseng*” is the one who heals or cures, while ‘*mirigi*’ is the medicine. There is a good contrast between *Mirigiseseng* or “*Wagangaye*” (a term borrowed from the Bantu languages from the neighbourhood.) and a witch. *Thlçese* (a male witch), *Thlçesus* (a female witch) literary means, *that which is bitter*. *Thlçeo* is to be bitter, from this come the word *thlçese* and *thlçesus* that literary means a person that is bitter, causing bitterness to others which is considered evil and unspiritual.

For a broader understanding of the term medicine man there is no harm to look into other cultures around. The Wagogo of Dodoma for instance, use *mganga* (which is similar to the swahili) to mean he who cures, a doctor, the one who counter acts a misfortune, and they refer to a witch as ‘*muhawi*’ the one who destroys (life). The Wanyaturu of Singida call medicine man *mughanga* (pl. *aghanga*) which means he who heals, protector, peace maker, the one who can predict or foretell the future and a witch *muroghi* (pl. *aroghi*) which means evil doer. The Chagas of Moshi generally call the medicine man ‘*muanga*’, the one who heals while a witch is ‘*msawi*’, the evil one. The

Kamba of Kenya call a medicine man- '*mundu wa ngo'ndu*' (a healer), a witch is a '*mundu mue*' The Baganda of Uganda call the traditional healer '*Omusawo Omuganda*' this simply means a traditional Ganda doctor. A witch is '*Omulogo*' which literary means a killer or a murderer. The Bemba of Zambia refer to him as '*umuloshi*' and the healer is '*Shing'anga*'.

These examples among many others clearly show that a traditional African medicine man or healer cannot in any way be associated with the practices of witchcraft or sorcery²⁸. He or she is a promoter of nothing else but health, and wholeness. Witches strictly speaking destroy health; they are enemies of their respective societies, they could be termed to be the devils incarnate and murderers who are usually punishable by death or isolation.

The Sandawe medicine men we are dealing with are considered as specialists in virtue of their office, knowledge and skills. They are the experts in the traditional medical matters. Sometimes they are called herbalists due to the knowledge they have of herbs, roots and fruits with power to cure and heal diseases or other afflictions. Hence these are The Traditional doctors, psychologists, counsellors, pastors, and hopes of the community. They are considered faithful indispensable public health servants. A people whose sole purpose is to put things right and counter forces of mystical evil. We would say generally that they are African health practitioners.

3.3 BELIEF AND PRACTICE OF MEDICINE MAN AMONG THE SANDAWE.

Although Christianity has been more than seventy years among the Sandawe, many people with physical and psychological problems practice both traditional medicine and Western medicine. And since the Sandawe are in the villages and thus in the bush, they have more access to the traditional medicine man than the modern doctor or nurse.

In this community all sickness and diseases have a supernatural causes- refer to the case of bibi Rebecca. In most cases the supernatural causes for these diseases are clan and family spirits who have been offended and must be appeased. The medicine man in the Sandawe community is a person who underwent special preparation and dedication for the 'job'. There are tremendous expectations of the people from the medicine man: he needs be an elderly person, good moral conduct, rooted in the traditions, somehow detouched from the people, has special capacity of communicating with the ancestors.

The Sandawe understand the world in terms of direct relationship between cause and effect in a spiritual realm in which exist '*powers*' (spirits, magic /medicine/sorcery/witchcraft). A person can attempt to control for the purposes of *good* or *evil*. The Sandawe therefore believe that whatever happens outside the normal range of expectation (whether it is a success or a failure) is due to something beyond one's own personal abilities. For example an especially good harvest is considered the result of the assistance of ancestral spirits, or perhaps using appropriate "charms/medicine". While misfortunes like incurable diseases such as Aids or Canser would be due to violation of the traditional moral norms.

²⁸ Note that the association with witchcraft and sorcery may be as long as they remain protectors or sometimes known as witch finders.

The medicine man is seen as possessing God's favors; he has therefore responsibility to direct those favors to others, he has to find a way. There are many people who are said to be unhealthy simply because they have some conflicts. In these conflicts they go to the medicine man to seek for some help. The Sandawe believe that medicine man has the power to restore the broken relationship. By his involvement through offerings he gives to appease the ancestors and through the intercessions that at times appear magical and funny. By his cleansing that involves slaughtering of a goat, a sheep or a hen, springling of the blood, sharing of meat according to the procedures laid down by the medicine man during this time of need bring relief, restores confidence and reassurance of health if not in this life then in the life to come – the ancestral world.. So the people thank the medicine man in return, by giving him gifts of different kinds. They are ready to share the little they have with him, they are ready to give him anything that he wants, at times their own daughters. In my research, of the five that I interviewed three were polygamous. The Sandawe consider the medicine man as their healer.

Mzee Gwae Kibwana (William), traditional healer, had just sat down on a traditional three legged chair which was on a wild animal skin down on the floor, when we arrived at his place, (I was with my cousin Steven), The healer was with his two sons and two other men. On inquiry his wives told us *yaabotagaiyee* that means he is busy, and you have to wait until he finishes. We asked if we could watch as he is treating, we were told we are not supposed to be there unless we had told him before, then my cousin who actually made the arrangements explained to them and we were allowed to stay.

Mzee Gwae (baptized Catholic) proceeded. He asked the two sons to put their hands on the shoulders of the two sick men and he began to invoke the ancestral spirits, he

says such words as *xhâtiquê //wâno xhâtiquê //wâno* which means *come we ask you, come we beg you*. Then he takes a leaf on the skin, gives it to one of the patients and says, tell your colleague to touch that leaf, tell him *xhçsestsé, xhçsestsé ware* which means my friend I will not do it again, then he promised to pay a male cow and a female cow. After a short while, we saw both of them crying and immediately the healer and his children left and entered into a room, these two came out holding their hands went into the *hadö/zizi* (place where cows and goats are kept), there was a goat tied. One of them held the goat and the other one slaughtered it. They left the blood to flow out. When the goat was almost dying, they both put their hands on the neck of the goat and shook their bloody hands as a sign of forgiveness and reconciliation.

Mzee told us that this was a reconciliation ritual that was at its peak in the process of resolving a conflict. He said, the man who slaughtered the goat was caught red handed with the wife of the one who held the goat. And after some discussions the reconciliation took place. It is a process of healing the whole community.

“What is the significance of the leaf you used in reconciling the two men?” Asked Steven. My sons, said the medicine man, God created plants to sustain life in our country, all plants are medicine, it takes an expert to identify which plant treats which disease. Then he took us outside into the bush and said, look, all these are medicine, but it will take one a number of years to master them. From youthful stage is one supposed to begin. The leaf that I used is simply a leaf that is what you see and that is what it is. But what the two men saw and touched was the woman they ‘shared’. That is the reason why they both cried. Being a green leaf is a sign of life and they had the obligation to protect life, we need to control our anger and carry on the battle of life. So now they could direct that anger on

the goat. The two families are to share the meat there and then, no meat is to be taken home, it was to be consumed in one place.

The medicine man in the Sandawe community is indeed powerful. His activities of healing diseases by using herbs, his ability to resolve conflicts by using some religious rituals has tremendous impact on the people. This is a practice that has been active from time in memorial. One cannot imagine replacing the whole of it just in a year or two.

3.4 THE SOURCE OF POWER OF THE MEDICINE MAN AND HOW IT IS ACQUIRED.

It is strongly believed among the Sandawe that the powers the medicine man has come from God. It is inborn and can be inherited or learned as well: Mwalimu Bure gives a story of his father. This happened in Kurio Parish when I went there for my research.

My father, Mzee Alfred Essô, lived in the father's house, at the parish. He stayed together with Fr. Martin Lemble as a young man. He was introduced to prayers and was taught catechism. This was a preparation for becoming a catechist. One day while at table, Alfred fell down and after a few minutes a white foam was coming out of his mouth, the whole body was shaking. He was given some help, first aid and after some time of rest he was back to normal in the same day. Another day he fell down as the catechism class was going on and the same sort of things came out of his mouth. He was attended to, left to rest and he was well again. The third time he fell down and as usual the foam came out of his mouth but this time he stood up by himself before anything was done. He was shevering and producing sound like one who was possessed. He was running into the Church and

back to the house, he did this several times. Another time Fr. Lemble found him up on the roof of the Church building which is pretty high and a dangerous place to be. Eventually the priest sent him back home which was about nine miles away a location called Mologa.

In Mologa the elders requested him to begin the job of treating people, and after some few instructions he was able to carry on by himself. He was able, said the informant to minister to the sick by using herbs, he could also foretell about things and bring reconciliation to the broken relationships. He was considered divinely gifted person. At the same time this traditional healer is a trained catechist as it were and he was a good person. So the Priest made him the catechist of that area even because many Christians with various problems flocked to him for treatment.

There were condition underwhich he was supposed to live as a medicine man. He was to be in a traditional Sandawe house, and put on dark clothes and which are not very attractive. At times not very clean, he was not supposed to eat just anywhere and not with everyone but a few who meet his conditions, he is to be always with someone when he goes out.

No. 2 Mzee Kibwana William, is popularly known by his Christian name William, lives about six miles away from my village, a village known as Khübunko. He is a very famous medicine man to who go many people from distant areas within Sandawe land and other parts of Tanzania, and he says even from Europe “some white men came to take medicine from me.” He is primarily a herbalist. William narrates as to how he became a medicine man:

It is from my grand father. I was taught. *Babu*, mzee Tamba Dêdâ introduced me into this. I was staying with him from my childhood. But at the age of 15 years is when I was more actively involved. I would be sitting near him as he was treating the patients he would tell me to get into the room and get such and such for him. In the evening, outside, around nice fire, he would teach me songs. They were songs related to medicine. He began taking me with him to the bush to dig roots, or cut bark of a tree or pluck some leaves. Before cutting he would sing one of the songs he taught me, then we would be silent for a while. He showed me different types of roots, trees, plants and fruits which had medicinal value. He explained to me a lot of *taboos* (môko/miiko) that I had to keep. He taught me prayers before every activity in the field of medicine, most are to be done silently but with external signs like chuuu, chiiii, spittle and the like. All the time we went for the medicine in the bush, I was to carry the bag. He said it was very important to carry the bag. That is where all your skill is, the bag. He did some invocations of the ancestors followed by slaughtering of a purple goat. Then a fresh skin from the forehead of the goat was cut and tied on my right hand (it was traditionally called *q^{abû}*). The goat was to be offered to the ancestors. It was a sign of union with them and a moment of blessing from them. This was a special for my initiation to the work of healing.

Although I felt I was competent enough to carry out the mission, I was not allowed to until after his death. It was only after his death that I began treating people using herbs. Some people are not really sick, but they are full of fear due to some unfounded beliefs in witchcraft. So I restore confidence by staying with them

a few days or I visit their homes giving them symbolic medicine and things are alright again.

There are more than forty diseases that I can treat. Here are a few as examples; Pneumonia, Tuberculosis, Asthma, Coughs, Bronchitis, General chest illness, Diarrhoea, Intestinal infections, Stomach aches, Heartburns, Hernia, Female complications and conditions such as menstruation, pregnancy, childbirth, abortion and sterility, Malaria, etc.

Gwae Kibwana said, herbs can treat most of the diseases, it needs some effort to find out, and try to combine and mix different kinds and try them. This is known scientifically as researching and testing. He emphasised the preservation of the environment, not cutting of the natural vegetation carelessly.

The roots of a tree, the bark, leaves and fruits are to be boiled, some are to be dried up and made into powder form in order to be preserved for future use.

Having made the diagnosis, Gwae continues to explain, and prescribing the medicine, I give them restrictions (*mōko/miiko*). They are strictly speaking taboos. I tell them what is not supposed to happen during the period of healing. Example no drinking alcohol, no smoking, no showing anger or entering into a situation that can provoke anger, no talking for a day, no sex for a period of time (this is not in every case) etc. In case of conflict resolving, I stay with them for a number of days, then I will introduce to their families with some rituals and lay some taboos, lest they rupture immediately the restored relationship. In so doing many kept the instructions and in most cases got healed.

When we asked him what obstacles he is encountering, he says, although people flock to me for treatment, most of them are not free. Many do not differentiate between a

medicine man and a witch. So I am always told not to tell people that so and so came here for medicine or treatment and yet almost every one comes here more than to the church dispensaries or government ones. For the Catholics who know me as a baptised Christian I appear to be a scandal and betrayer. Some so called good Christians in Farkwa believe that a religious or a Christian for that matter is not supposed to use herbal medicine, it is devilish! Then he turns to me and says in Kiswahili, *Mjomba, hiyo ni kweli?* And I nodded, and responded, *hiyo si kweli mjomba.*

In my research I visited other neighbouring group of the Rangi traditional medicineman, known as Mr. Juma Shabani Lali, from Itololo village, Kondo district, Dodoma Region. He too became a medicine man by inheritance, but then he was introduced into the job step by step as he grew up. Mr. Juma, emphasized the importance of carrying the bag. It is necessary to carry the bag; there is the power of the medicine.

Moreover, Juma was gifted in predicting what medicine is to be used when patients come. He said, many times he could have a dream about one kind of medicine or another and the following day or two people with problems. After diagnosis, he finds that they need the very medicine that he dreamt of the previous night. Juma is able to treat many different diseases including the signs of Aids and Cancer in its early stage.

I visited medicine men in my own village Farkwa, Khubunko, Kurio, and Ovada which are all within the Sandawe land. I also visited neighbouring group of the Rangi people; Itololo, Machinjoni, Mongolo where I spoke to Mzee Aloyce Duru, and Masawi village. In all these villages there are a lot of similarities in the work and activities of the medicine man. Most of these healers primarily use herbs to bring about healing to their patients. Nevertheless some of them were rain makers, diviners and almost all of them

were which finders. All of them employed prayer and sacrifice in the process of treating or restoring health among their people.

The source of power that these healers have is God. All of them claim that the power they have is from God and they cannot help but be a medicine man. The ancestors who are believed to have been healers, medicine men themselves while on this earth transmit this to them. The case of Mzee Alfred is an extreme case of possession by the ancestral spirit. While the case of Gwae Kibwana is inherited and learned, this is true of Mr. Juma also.

Their approach to the environment gives us clues. Trees, plants and the environment, are all medicinal. We need to respect our environment. It is sacred and holy. It is God given. So all medicine is God given and people should approach nature with reverence. They are part and parcel of our health. They bring healing in our lives.

CHAPTER FOUR

4.0 INTRODUCTION

We are going to see the letter of Saint James dealing with those who are suffering and sick. The letter is believed to be the Biblical foundation for the Sacrament of The Anointing of the sick in the Catholic Church. It will throw some light in our search for examples that may enlighten us. James in his letter writes:

Is anyone among you suffering? He should pray. Is anyone in good spirit? He should sing praise. Is anyone among you sick? He should summon the presbyters of the Church and they should pray over him and anoint (him) with oil in the name of the Lord and the prayer of faith will save the sick person, and the Lord will raise him up. If he has committed any sins, he will be forgiven. Therefore, confess your sins to one another and pray for one another that you may be healed²⁹.

Cheerfulness, or being in good spirit and suffering are realities of human life. Singing praise is a form of prayer, the advice here is to pray at all times. *Is anyone among you sick?* The reference is to the Christian community. The verb *astheneō* is sometimes used of those near death. *Let him call for elders of the Church:* In the early Christian community, the “presbyteroi”, “elders”, were closely associated with the apostles in authority. Thus the term elders does not signify merely advanced age, but an official position of authority in the local Church. *Let them pray over him, anointing him with oil* Prayer for healing in time of illness is recommended, together with repentance for sin. *The prayer of faith will save the sick person:* Here no mere medical treatment is envisaged. Elsewhere in James *sōzein, to save*, refers to eschatological salvation of the person. In the

Gospels it is used both of salvation of the person and of restoration to health and frequently in connection with “faith”; *He was not able to perform any mighty deed there... He was amazed at their lack of faith*³⁰. The emphasis here in James is on restoration of health. *If he has committed sins will be forgiven him*: The sins are apparently something more than the unavoidable faults committed by all. Physical healing and forgiveness of sins are closely associated³¹.

4.1 THE SACRAMENT OF THE ANOINTING OF THE SICK.

It was Christ who instituted this Sacrament as implied in Mark’s Gospel; *They drove out many demons, and they anointed with oil many who were sick and cured them*³². James promulgated the Sacrament.

James gives matter, form, minister and effects of the Sacrament as shown in the prayer. Matter is *oil blessed by the Bishop*, Form -the words, *By this Holy Anointing and His Most Loving Mercy, May the Lord Forgive you whatever sins you have committed by the use of your senses of...* The Minister is Presbyter (not the elders in the community), Sick person; So seriously ill as to seem to be in danger of death. If the person recovers, the Sacrament can be administered again³³.

Our teacher in class commenting on the presider said that, the ministry is of service to the assembly. It is a ministry within the community. The presider is not the principal

²⁹ James 5: 13-30

³⁰ Mk. 6: 5-6

³¹ Raymond E. Brown, Joseph A. Fitzmyer, Roland E. Murphy, *The New Jerome Biblical comentary*. New Jersey: Prentice-Hall, Inc., p. 915-916

³² Mk. 6: 13

³³ Fr. G. Rolandi, *class notes*, 2000.

figure but he is central. The rite of the anointing should creatively be applied according to the situation in the pastoral care of the sick.

4.2 THE RELATIONSHIP BETWEEN THE TRADITIONAL SANDAWE AND CHRISTIAN WAYS OF HEALING

There is no harm to re-enumerate some similarities that are found in the healing ministry of the Sandawe medicine man and the Christian ways of healing.

Christian	Traditional Medicine man
Jesus use of saliva	-use of spittle
Touch	-touch
Making of noise	-noise (often interpreted as devilish)
Faith	-faith
Presence of the community	-always in a communal way
Restrictions (don't tell...)	-restrictions (in form of taboos)
Prayer	-prayer, invocations
Use of oil	-medicine, (herbs)
Forgiveness	-reconciliation with the community

I am not giving equal value importance by placing side by side these apparently similar methods or approaches to healing in response to their respective situations. But these similarities give us a hint to our ministry to the Sandawe people and majority of the African ethnic groups.

It took more than a thousand years after the Gospel was first proclaimed, for the West to be deeply imbued with evangelical ideas and values. They needed all this period of time in order to see the world through Christian eyes, think in Christian terms and evaluate things according to Christian standards. A thoroughly Christian world-view took such a long time to take root in Europe.

Such a specific way of being that includes a specific way of thinking, living and viewing things is a product of long and a painful process. It is a permanent and constant process of orientation. We all know how St. Paul, the Apostle struggled with the Greeks and the Romans- Jews and the Gentiles. Our people today need such missionary approaches as Paul, and the spirit like that one of St. Paul in order to build the bridge between the traditional beliefs (on the traditional medicine man) and our Christian Faith on our Lord Jesus Christ the true healer and redeemer of all mankind.

The medicine men that are diviners as well know the sacred traditions regarding God, the ancestral spirit world and life after death. Their authority derives from traumatic, supernatural encounter with the spirit world that has turned them into mediums of the ancestral spirits (eg. Mzee Alfred Ezzo). They stand as salvific mediators between the living and the dead. And since they are present to both realities they are able to make known the will of the ancestral spirits. This is deep in the hearts and minds of our people. It has shaped the psychology of our people. This is their worldview. Our people do not know Christ well, I am not sure if they know him at all! We have a tremendous job to do to get Christ to sink deep in their hearts. The pastors today need to take this hint.

4.3 EVALUATION AND CRITIQUE

Thçlumao is an act of finding out from a witchdoctor what or who might be the cause for such and such problem (kupiga bao). The witch doctor that deals with this kind of activity is mostly referred to as *thçlumaseng / wagangaye*. He or she is believed to be able to tell people their problems, and causes of their misfortunes. People in time of sickness, and pain are usually desperate to find a solution to their problems, they turn to *thçlumaseng*.

The doctor will try in many cases using the very informations from the patient to label some neighbours, relatives and friends to be the causes of one's sickness or misfortune : 'Oh so and so is responsible of this, it is your ant, that one close to you, she does not like the way your mother loves you', and similar words. This causes hatred, conflict and division within families, friends, neighbours and community. Some of these doctors, I was told, put sexual intercourse as part of the treatment or ritual. Many such and other evil oriented activities of the witchdoctors are traditions that we cannot just entertain them. But all the same we need to be Jesus among these people as well, they too need loving hand of God. This is the difference.

Today some medicine men, is money - oriented. So the whole traditional set up is slowly disoriented, the motive behind the activities of these doctors are becoming more of business, and money making at any cost and perhaps not so much of restoration of health and healing of the community, as its roots and foundations dictate.

The fact remains however that even the most educated people around my area and other parts of Africa, value traditional medicine more effectively in that it is consecrated

medicine with the touch of the diviner-healer. Thus most of our people in Africa still see their medicine men as “the way”.

Medicine, from time in memorial, has been respected and honoured. As the bible says: Honour the physician... for the Lord created him, for healing comes from the earth and a sensible man will not despise them³⁴.

In order to have a positive look at good medicine, Sirach continues to say;

My son, when you are sick, do not be negligent, but pray to the Lord and he will heal you... and give the physician his place, for the Lord created him. Let him not leave you, for there is need for him³⁵.

On the other hand we all know now what happened at the beginning of Christianity; the mistakes of our primitive evangelizers made; discarding all the traditional beliefs and creating Christianity on a ‘void as it were, hence creating a syncretic existence for our people, the consequences of which we experience in our Church (es) today. We need better ways of evangelisation in this new millenium.

4.5 PASTORAL SUGGESTION

Pastoral care in a situation of chrisis due to so many infirmities, misfortunes and diseases, need agents who are they intergrated and experienced, those who are sent by God to proclaim the good news of the Kingdom. Paul to the Romans, 10:14-15, is particular about the need of these agents. He says; but *how can they call on him in whom they have not heard? And how can they believe in him of whom they have not heard? And*

³⁴ Sirach/Ecc., 38: 1- 4

³⁵ Sirach/Ecc., 38: 9- 14

how can they hear without someone to preach? And how can people preach unless they are sent? As it is written, "how beautiful are the feet of those who bring (the) good news!"

It is in view of getting competent pastoral agents that I would like to look into our contemporary approach in formation of those who are to be sent to proclaim the Good News. Chukudum Bokolo in his article *The Liberating role of the Church in Africa Today*, is a bit skeptical of our formation as preparation in view of meeting the needs of the Church in Africa today. He says:

The classical Theological method of the West under which most, if not all, of us have suffered has been to make a thorough, detailed and academic study of the major sources of Christian doctrine in order, we are told, to explore God's self-revelation... Thus our theological curriculum has taken us through Biblical studies. We have studied content, problems of authorship, problems of date of writing... Alongside this we have battled through the history and doctrine of the early ecumenical debates of the third and fifth centuries, the reformation, the Counter Reformation, the council of Trent...³⁶.

Many African priests, due to their education and training in the Western Philosophy and Theology, still find themselves ineffective in handling problems and needs of the African people. Some who have tried to contextualize the Gospel have found themselves lost into the crowd and turned into "wolves instead of a lamb." Hence end up being neither an African witness nor a Western Theologian! The saying, *A square peg in a round hole is non-functional* seems to fit in such a situation. Western Theological education or training for ministry in an African cultural milieu leads to alienation and irrelevance if not contextualized.

I have had a glance on Fr. Magesa's article in the AFER series, entitled, *Seminary Formation and Priestly Pastoral Ministry*. He writes;

Given the circumstances in Africa today, is the training and formation being offered in our seminaries realistic and relevant? No...African present seminary training is far from being adequate, particularly when judged in the light of the problems that face us in an underdeveloped continent like Africa.

The lack of formation in maturity and discernment; the alienation from the seminarian's own culture and values engendered by a false universalism of philosophical and theological studies and the "institutionalisation" of seminary curricula (Downey); the persistence of the syndrome of the priest as a jack-of- all-trades (Downey); and what Downey calls the "mythology of the system" where seminary curricula, while retaining an essentially "mediaeval" scholastic content, are laden with this or that "African" course in the name of relevance and modernity, but which are actually merely window-dressing paraphernalia,- all these are part of the problem.³⁷

Fr. Shorter, in his book, *The African Synod, A personal Response to the Outline document*, on the priestly formation, said;

For many Seminarians in Africa, the major seminary is the gateway to higher social status and even wealth. Priestly ordination is celebrated in Africa, on a scale and with lavishness probably unknown elsewhere in the world. This is not bad in itself but the young man who is the focus of all the festivity and congratulation can easily persuade himself that he is now beyond criticism and accountability³⁸.

I have been to several ordinations; some of the men being ordained have been my close friends and I have seen these ordinations being celebrated, indeed one would wonder, where does all that wealth put into it come from in such a poor and hungry situation all

³⁶ Chukwum Okolo, *The liberating role of the Church in Africa Today* in Spearhead Nos 115-122, 1991, p. 44.

³⁷ Laurenti Magesa, *Seminary Formation and Pastoral Ministry*, AFER Vol.26, No. 1 and 2, 1984, p.123-124.

around it! Providence many say! Providence? Whatever the case may be; providence or generosity of the African community to a young man who is considered a hero after such a long period of time of training. But then what next, I am the Boss now.

Sharing on our lives as brothers in formation we had opportunity to look critically into our formation houses. For many of us, some of our formation centers or houses prepare “rebels” and “enemies” for the future and not confreres. It was pointed out that, this situation was due to too much centralisation of authority on the hand of what the medievals would call *superiors* and perhaps some today enjoy that title. And indeed one makes himself/herself felt that he/she is really the superior and the rest, it follows, ‘inferiors’.

In formation, the formed, goes through it with superficial and hypocritical involvement in order to be able to survive. For almost all who dared to be themselves, and shared really and truly brothers or sisters and part and parcel of an order or society. In congregations are labeled rebellious, disobedient, lack humility to recognise the authority put by God in the community, and many others one could long to mention. Under those pretexts many good religious brothers and sisters are put under pressure hence eventually leave their convents or advised to leave the congregation “for the good of the congregation and the Church!”. So people try to survive under all circumstances. But sooner or later, we begin seeing the worst colours of the poor brothers, just open your eyes and look around in your community you might get a clue of what I am talking about. It is not surprising therefore what Fr. Shorter is saying, that after ordination we become “beyond criticism and accountability”. We are trained to be so.

³⁸ A. Shorter, *The African Synod, A personal response*, New York: Maryknoll, 1985, p. 37

In this regard I would like to conclude that the solution is found in the problem itself. Formation houses have to find better ways of dealing with the brothers and sisters. Formators should see themselves as companions and directors of the younger ones in their houses and not just “superiors”. There should be a wide range of exposition of the trained so that there might not many surprises in the field as priests. Dialogue should involve listening and not dictatorship of solutions that one is to fit in. In our world today we need genuine vocations. Not those protected and fearful, unexperienced, ‘innocent’ priests. They do not know what to do when they are given big responsibilities and hence turn into becoming ‘The Bosses’ instead of being the servants of the younger brothers in the community, *I did not come to be served but to serve...* said Jesus the overall master.

Our pastors today are called, to be more close to the people and **Listen** to them. It is important to understand deep causes of our people’s problems and try to work on those lines. Begin from the known to the unknown.

Being aware that a person is complex being, the medicine men operate in many different levels. That is, psychological, social, magical, biological and religious to mention but a few, the medicine men serve better than the modern medical practitioners who are keen only on signs and symbols and dealing with patients as faceless cases. This approach of the medicine men is shown in their integrated, inclusive, holistic, humane and even more personal approach to healing. Isn’t it an exemplary approach that our pastors, our priests and Christians to day are invited to humbly imitate or learn from?

We have “charismatic priests”, in the sense of the “on going charismatic renewal groups” in our Church. These can better not only capture but satisfy our people’s expectations and needs. In other words rather than going to the witchdoctors and diviners

who are so much commercialised in our times, the troubled Christians can go to an acknowledged Christian prophet or healer. I would like to be understood to mean that our pastors should be able to find variety of ways to reach out to these people of God.

We need to learn from the traditional healers methods they use for their work if we want to be effective evangelizers among our people. Having read this paper one may have even better clue to the pastoral approaches necessary for our ministry today.

4.6 GENERAL CONCLUSION

We have seen the notion of healing developing historically beginning with the Old Testament in which holiness is referred to as a sense of personal unity and free intergration of one's being in dynamic relationship to God, the world and community. Then in the New Testament we saw healing as an indication of the presence of The Kingdom of God, restoration of bodily wholeness, emotional well being and mental functioning takes place in the context of spiritual advance. The Early Church affirmed the goodness of the body and regarded the human being as a unity of mind, body and spirit. We saw the scriptural healing ministry of Jesus and the views of some Africanist Theologians. Moreover we saw the medicine man among the Sandawe, his ministry and how he becomes one. According to this traditional Sandawe approach, it has been evident that the healing process involves not only the individual in question but the community, nature around which is all God given (herbs), the ancestral spirits and God. The patient is never left alone to cope with an illness. Illness is a community, rather than individual, phenomenon.

Our research work has substantiated that medicinemen still exist and practise to various degrees in different societies. They do not constitute a single category but several, each with a unique function and several at times by members of other communities. And finally, it is evident that the traditional Sandawe healer's presence and practices do affect people's life of faith.

The whole worlds today with its environment need healing tremendously. It needs wholistic healing. We are living in a global village. The Sandawe are just a drop compared with the global agency for healing. No respect for each other- the creatures. Feiipe

Arnande Z- Armesto, gives us a picture of the stuation of woundedness in which .The Church is no exeption. He says in the magazine *Priests & People* :

“Christ in the World has become like the Pope in the Church: a figure more revered than obeyed.” Christianity’s enemies grant that Christ’s influence, such as it is, has made a difference for the worse by providing iniquity with excuses. Caricature-Catholics climb out of the pit by way of the confessional. Sadists have been able to set about their torturees with sanctified tongs, Tyrants have been anointed and the powers that be have claimed divine backing for despotism. Bombs and bayonets have been blessed. Sainly apparitions have hallowed scenes of massacre. Martyrdom has become a pretext for revenge. Crusades abused the language of pilgrimage and terrorism has appropriated the language of crusades. Christian intolerance has been added to people’s previous reasons for killing, maiming and expropriating each other. Inquisitions have brutalised society and incited hundreds. As sects have multiplied so have persecutions. Churches have collaborated with political oppression and economic exploitation. They have concocted pious forgeries, told lies, perpetuated ignorance and warped the Gospel. The apologist’s only answer is that the scale of Christian viciousness is evidence not of the power of Christianity but of its impotence. It keeps good people good and bad people bad³⁹.

³⁹ Felipe Fernande Z- Armesto, “*What Difference has Christ made?*” In *Priests And People*, December 1999, Vol. 13, No. 12. p. 453.

This is a challenge for us, as Church. It is indicative of woundedness that calls for a healing ministry somewhere. Is Christ still alive? Or have we stifled the image of Christ among and around us?

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