

Healthcare and Spirituality: A Traditional African Perspective

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Abstract – Medical practice and healthcare in indigenous sub-Saharan African culture are established on beliefs, values, and practices which are profoundly linked to a spiritual and holistic worldview. From its interpretation of the human body, health, disease, to its diagnostic approach, every aspect is hinged on and shaped by a spiritual conception of the universe. According to this outlook, the universe is a continuum of natural and supernatural entities such as minerals, plants, animals, humans, ancestors, spirits, gods, and God, which jointly play a fundamental role in health and healing. These beings do not exist as independent atoms, but are interrelated and interdependent on each other. As a consequence of this relational logic, a patient is not merely an extension of his/her community, but also an extension of the entire universe. Hence, health is considered as a harmonious balance, a good relationship, between the various components of the cosmos and disease is viewed as the collapse of harmony. In this paper, I argue that from this indigenous African outlook, not all diseases are empirically distinct entities which can be identified through modern scientific diagnostic equipment, there are also supernatural or para-experimental diseases, which fall beyond the spectrum of modern scientific, evidence-based, medical rationality. Hence, no therapy can be considered complete if it does not encompass the biological, social, and spiritual dimensions of disease and health.

Introduction

Traditional African medicine (from now on TAM) and healthcare are established on beliefs, values, and customs that are linked to a deeply spiritual and holistic worldview. From the interpretation of the human body, health, disease aetiology, to its diagnostic approach, all aspects of indigenous sub-Saharan African medicine are hinged on and influenced by this holistic and inclusive conception of the universe. According to this African outlook, the universe is a continuum of natural and supernatural entities such as minerals, plants, animals, humans, ancestors, spirits, gods, and God, which all play a crucial role in health and heal-

ing. These beings do not exist as separate and independent atoms, but as interconnected and interdependent beings, linked to each other by vital forces. As a consequence of this relational logic, a patient is not merely an extension of his/her or community, but also an extension of the universe. Health is defined as a harmonious balance, a good relationship, between the various parts of the cosmos and disease is the breakdown of harmony.

In this paper, I argue that from the indigenous African view of the universe, diseases are not merely caused by empirically distinct entities (viruses, bacteria, mechanical dysfunction), which can be perceived through scientific diagnostic tools, but also have paranormal causes which fall beyond the range of modern scientific, evidence-based, medical logic. By paranormal diseases, I am not referring to mental or psychic disorders; these are diseases that do not have any identifiable material cause, but may affect the physical and mental well-being of the patient. They are caused by forces beyond the natural realm¹ and this is why they are called paranormal. In their book, *Doctors and Healers*, a psychiatrist, Tobie Nathan and a philosopher, Isabelle Stengers, compellingly show that the difference between the world in which doctors (modern scientific allopathic practitioners) operate and the one in which traditional healers operate is that the former operate in «one universe» (natural world) and the latter operate in «multiple universes»² (para-natural or paranormal world). From this standpoint, indigenous African healing involves appealing to the physical, social, and spiritual, such as the use of herbs, divination, expiatory sacrifice, and exorcism.

There is no unanimously established definition of spirituality. The word has different connotations for different people; there are religious as well as secular interpretations of the term. Also, the concepts of spirituality and religion are usually employed as synonyms, but are actually distinct, although some relation exists between them. In common usage, the word «spiritual» is employed to designate a transcendent being, that which is beyond the corporeal³. According to David Rousseau, «spirituality is practice-oriented – a way of living that is informed by a

¹ M. Hebga, *La Rationalité D'un discours africain sur les phénomènes paranormaux*, Paris, L'Harmattan, 1998, pp. 3-4; E. Kenmogne, *Maladies paranormales et rationalités: Contribution à l'épistémologie de la santé*, Paris, L'Harmattan, 2016, p. 16.

² T. Nathan - I. Stengers, *Doctors and Healers*, Cambridge, Polity, 2018, p. 6.

³ A.M. Josephson - J.R. Peteet (eds.), *Handbook of Spirituality and Worldview in Clinical Practice*, Arlington VA, American Psychiatric Association Publishing, 2004, p. 16.

personal worldview»⁴. However, the common denominator in the different interpretations of spirituality is the idea of believing in a transcendent being, force or power. The transcendent is «that which is outside of the self, and yet also within the self»⁵. Spirituality is, therefore, concerned with a superior power and may denote God, a god, a supernatural, or a mystical being. Spirituality is also closely connected with organized religion, although not all spiritualities are linked to organized religions⁶. Moreover, spirituality «relates to the way in which people understand and live their lives in view of their sense of ultimate meaning and value. In this sense, «spirituality includes the need to find satisfactory answers to ultimate questions about the meaning of life, illness, and death»⁷.

In the traditional African outlook, there is no clear separation between the spiritual and the religious, and between the natural and the supernatural. Spirituality is not circumscribed to the ethereal world. As John S. Mbiti appositely opines, «the spiritual universe is a unit with the physical, and ... these two intermingle and dovetail into each other so much so that it is not easy, or even necessary, at times to draw the distinction or separate them»⁸. John Swinton provides a definition of spirituality that coincides with the indigenous African conception of spirituality. He writes: «spirituality is an intra-, inter- and transpersonal experience that is shaped and directed by experiences of individuals and communities within which they live out their lives»⁹. In the traditional African context, the community is perceived in its broadest sense to include past, present, and future members as well as the natural environment.

TAM and healthcare are, therefore, linked to this spirito-religious, meta-physical, and epistemological worldview. In this universe, humans are merely part of the whole and do not have any mandate to dominate and exploit the rest of nature (as observed in the modern scientific outlook inherited from Francis Bacon and René Descartes), because that

⁴ D. Rousseau, *Spirituality and Philosophy*, in L. Zsolnai - B. Flanagan (eds.), *The Routledge International Handbook of Spirituality in Society and the Professions*, London - New York, Routledge, 2019, pp. 15-24, here p. 15.

⁵ H.G. Koenig - D.E. King - V.B. Carson, *Handbook of Religion and Health*, Oxford - New York 2012², Oxford University Press, p. 18.

⁶ J. Swinton, *Healthcare Spirituality: A Question of Knowledge*, in M. Cobb - C. Puchalski - B. Rumbold (eds.), *Oxford Textbook of Spirituality in Healthcare*, Oxford, Oxford University Press, 2012, pp. 99-104, here p. 102.

⁷ *Ibidem*

⁸ J.S. Mbiti, *African Religions and Philosophy*, p. 74.

⁹ J. Swinton, *Spirituality and Mental Healthcare*, London, Jessica Kingsley Publishers, 2001, p. 20.

would lead to self-destruction. In the supernatural or spiritual world, there are beings which have significant and direct influence on the life and health of those in the material world. When Mbiti postulates that «the African is notoriously religious»¹⁰, he implies religious in this deep spiritual sense in that there is not only a unified relation between the material and the spiritual world, but also a mutually dependent relation. Ancestors and supernatural beings can influence the life and health of the living in different (positive and negative) ways. It is a mutually reinforcing relation in which the living-dead «depend on the actions, especially ritual sacrifices, of the living for their well-being and the living, in turn, depend on the solicitations and intermediacy of the dead for their health, progress and well-being»¹¹. The World Health Organization (WHO) defines traditional medicine (TM) as

«the sum total of all knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating a physical, mental or social disequilibrium and which rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing»

as well as

«health practices, approaches, knowledge, and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercise, applied singular or in combination, to treat, diagnose and prevent illnesses or maintain well-being»¹².

More than 80% of Africans use traditional medicine¹³. Two reasons account for this. Firstly, traditional medicine is tied to beliefs and values which fit into the African *Weltanschauung*. Secondly, traditional medicine is accessible and affordable, with a doctor-patient ratio of 1:200, compared to 1:20, 000 and 1: 100,000, in some parts of sub-Saharan Africa, with modern scientific medicine¹⁴.

In this paper, I do not suggest that there is a unique or homogenous worldview found across Africa or that the worldview that I qualify as

¹⁰ J. Mbiti, *African Religions and Philosophy*, London, Heinemann, 1969, p. 1.

¹¹ G.B. Tangwa, *Elements of African Bioethics in a Western Frame*, Bamenda, Langaa, 2011, p. 17.

¹² World Health Organization, *African Traditional Medicine: African Technical Report Series No. 1.*, Congo Brazzaville, 1976, p. 8.

¹³ P.B. James et al., *Traditional, Complementary and Alternative Medicine use in sub-Saharan Africa: A Systematic Review*, in «BMJ Global Health», 3, 2018, 5, pp. 1-18.

¹⁴ E. Krah - J. de Kruijf - L. Ragno, *Integrating Traditional Healers into the Healthcare System: Challenges and Opportunities in Rural Northern Ghana*, in «Journal of Community Health», 43, 2018, 1, pp. 157-163, here p. 159.

African can be found only in this part of the world. I refer to the philosophical that I describe in this paper as «African» because it is the leading swathe of ideas that form the foundation of sub-Saharan African worldview. Some aspects of this worldview can be found in some Oriental and Western¹⁵ cultures.

This paper is divided into five sections. I begin (1) by examining indigenous African worldview. The aim is to show that the African perception of the universe is deeply spiritual, and that health, disease, and medicine are conceived within this spiritual universe. Next, (2), I discuss the notion of health in TAM. Here, I show that health is associated with cosmic harmony; equilibrium between the individual and his/her community. In the section that follows (3), I examine the notion of disease and evince that although all diseases may have physical and psychological effects on the patient, according to the traditional African understanding, not all diseases have natural origins. Some diseases have spiritual or paranormal causes and can only be effectively diagnosed and treated if they are diagnosed accordingly. Next, (4), I show that the spiritual plays a fundamental role in diagnosis and treatment, as well as caring for the sick, the old, and the dying. Finally, (5) I briefly raise some possible objections to the spiritual dimensions of TAM and respond to them.

1. The African Worldview and Spirituality

To fully grasp the import and depth of spirituality in TAM and health care and the meaning that the people make out of it, it is imperative to understand the indigenous African worldview. Spirituality is often also glossed as «human experience in daily life of that which is perceived to have ultimate meaning and value ... Spirituality is human engagement with reality at its most fundamental level, whether that reality is identified as divinity or the cosmos or the deepest dimensions of of the self ...»¹⁶. Here are three principal beliefs and values form the nucleus

¹⁵ In some respect, the outlook that I present in this paper is similar to the pantheistic view advanced by Baruch Spinoza, one of the canonical modern philosophers. In his *Ethic Demonstrated in Geometrical Order and Divided into Five Parts* (1677), Spinoza argues that the totality of Nature/God is an interrelated and interdependent, all-inclusive, infinite, and indivisible system. See *Spinoza's Ethics: An Edinburgh Philosophical Guide* by Beth Lord, Edinburgh, Edinburgh University Press, 2010.

¹⁶ L. Baldwin, *Spirituality*, in D. Patte (ed.), *The Cambridge Dictionary of Christianity*, Cambridge, Cambridge University Press, 2010, p. 1183.

of African spiritualism: Firstly, life is seen as a continuum and death is simply a transition from one state of being, the corporeal one, to another, the spiritual one, in which the individual does not change in essence. The natural and the supernatural are perceived as the extension of each other and God, gods, spirits, ancestors, humans, animals, plants, and inanimate entities relate with each other in a hierarchical order. Secondly, there is communication between the living and the living-dead or ancestors. The method of communication includes, *inter alia*, divination, ritual sacrifices, expiation, and cleansing. And, thirdly, there is mutual dependence between the physical and the supernatural. It is in this context of an intensely holistic outlook that TAM is practiced.

The traditional African spiritual conception of the universe can be gleaned through the views of some prominent African/Africanist philosophers and theologians. John S. Mbiti, the foremost African philosopher to write a full length book on this question, avers that:

«Because traditional religions permeate all the departments of life, there is no formal distinction between the sacred and the secular, between the religious and the non-religious, between the spiritual and the material areas of life. Wherever the African is, there is his religion: he carries it to the fields where he is sowing seeds or harvesting a new crop; he takes it with him to the beer party or to attend a funeral ceremony; and if he is educated, he takes religion with him to the examination room at school or in the university; if he is a politician he takes it to the house of parliament»¹⁷.

Additionally, Mbiti argues that God is considered as the moulder and sustainer of the universe and humans are at its centre, while animals, plants and the rest of nature constitute the habitat in which the other spirits dwell¹⁸. It is believed that «some of the departed and the spirits keep watch over people to make sure that they observe moral laws and are punished when they break them»¹⁹.

This position is also underscored by the Dutch priest and philosopher Placide Tempels, who spent several years of missionary and research work in the Congo (Democratic Republic of Congo). According to Tempels, African ontology is governed by communication of dynamic forces, not as an attribute of being but as being itself. For him, 'force' is an essential component of 'being', and the «concept 'force' is inseparable from the definition of being. There is no idea among Bantu of 'being' divorced

¹⁷ J. Mbiti, *African Religions*, pp. 1-2.

¹⁸ *Ibidem*, p. 16.

¹⁹ J. Mbiti, *The Prayers of African Religion*, London, SPCK Publishing, 1975, p. 175.

from the idea of 'force' ... We hold a static conception of being, they hold a dynamic one»²⁰. For Tempels, in African metaphysics, «force is the nature of being, force is being, being is force»²¹. In this outlook, the forces that govern the cosmos are ordered in a hierarchical manner. The universe consists of forces which help to safeguard the link between forces. Reality, therefore, involves some intimate ontological relationships and interactions among beings. Tempels states that the aim of being:

«... is to acquire life, strength or vital force ... Each being has been endowed by God with a certain force, capable of strengthening the vital energy of the strongest being of all creation: man. Supreme happiness, the only kind of blessing, is, to the Bantu, to possess the greatest vital force ... Every illness, wound or disappointment, all suffering, depression, or fatigue, every injustice and every failure: all these are held to be, and are spoken of by the Bantu as, a diminution of vital force»²².

Tempels adopts a vitalist view of the universe in which everything is attached to and accounted for by vital force. It is this force that connects humans to God, spirits, and the rest of the universe, and ensures moral order in the universe.

In line with the spiritual and vitalist conception of the universe, Polycarpe Ikuenobe argues that reality is a harmony of forces made up of humans, the natural environment, and supernatural beings. He contends that:

«Reality is seen as a composite, unity and harmony of natural forces. Reality is a holistic community of mutually reinforcing natural life forces consisting of human communities (families, villages, nations, and humanity), spirits, gods, deities, stones, sand, mountains, rivers, plants, and animals. Everything in reality has a vital force or energy such that the harmonious interactions among them strengthen reality»²³.

In this integrated universe, disease is provoked by a disruption in the normal working of forces, in a disequilibrium triggered by human transgression of the moral order of things. The moral imperative, therefore, is to be in harmonious relation with the community and to ensure its perpetuation. The aim is to maintain the moral balance between the community of human beings and the rest of nature.

From the same standpoint, and emphasizing the relation between spirituality, ethics and African ontology, Chibuezi C. Udeani argues that:

²⁰ P. Tempels, *Bantu Philosophy*, Paris, Présence africaine Éditions, p. 35.

²¹ *Ibidem*, p. 35.

²² *Ibidem*, pp. 30-32.

²³ P. Ikuenobe, *Traditional African Environmental Ethics and Colonial Legacy*, in «International Journal of Philosophy and Theology», 2, 2014, 4, pp. 1-21, here p. 2.

«Traditional African spirituality and ethics are, in a way, a triangular relationship which incorporates, firstly, the natural beings in their relationship with other natural beings. Secondly it pertains to the relationship between natural and spiritual beings, and then that of existing spiritual beings in their relation to one another. Ethical and moral issues go beyond the issues that arise within the context of interactions among natural beings. That is to say, issues of ethics do not only come into question when considering the implications of human actions vis-à-vis other humans and animals. It has wider and deeper dimensions»²⁴.

The natural universe is so so tightly connected to the spiritual dimension that traditional African view of morality transcends the anthropological level, extending it to the realm of spirits and the unborn. In traditional African societies, ancestors and spirits continue to be invoked in the affairs of their communities even in their physical absence. They are still implicated in the moral integrity of their communities, specifically for fear that any disregard of what constitutes moral virtue may render the community vulnerable to harmful spirits and consequent destruction. Ancestors are usually spoken of by their living relations as daily participants in the lives and activities of living members of their families. Usually, their permission and counsel is sought whenever people want to embark on an important activity concerning the survival and welfare of the community such as the cause of disease and appropriate diagnosis and treatment of a sick member of the family, marriage, business venture, or job application. The spiritual dimension of the indigenous African conception of the universe may also be seen from the African perception of the human person.

a. *Personhood*

Every medical tradition is based on a certain characterization of the human body and how that body can be afflicted by disease. Personhood in the African worldview is relational, constituted of embodied (material), disembodied (spiritual components), and fully lived in a socially and spiritually interconnected context. Alexis Kagame²⁵ and Meinrad Hebga²⁶ are two African philosophers (among others), who dedicated a great

²⁴ C.C. Udeani, *Traditional African Spirituality and Ethics – A Panacea to Leadership Crisis and Corruption in Africa?*, in «Phronimon», 9, 2008, 2, pp. 65-72, here p. 67.

²⁵ A. Kagame, *The Problem of 'Man' in Bantu Philosophy*, in «The African Mind: A Journal of Religion and Philosophy in Africa», 1, 1989, 1, pp. 35-40.

²⁶ M. Hebga, *La rationalité d'un discours africain sur les phénomènes paranormaux*, Paris, L'Harmattan, 1998.

part of their research to the study of indigenous African conception of persons. Kagame undertook an extensive study of the notion of personhood held by Bantu people and outlined three important constitutive elements of the body: the body (the material component of a human person); the «shadow», which is the part that makes humans sentient beings and is also the seat of intelligence; and the heart, considered as the basis of volition and emotions²⁷.

Inspired by Kagame's work, Hebga identified additional components of the human body and apart from the physical body, the shadow and the heart, Hebga adds the breath. Breath here may be equated to the spiritual part of a person; it is the dynamic principle of life which is necessary for human survival. The spirit, according to Hebga is therefore both corporeal and incorporeal. The third important component of the body is the shadow. This is actually not shadow in terms of the reflection of light; it is a person viewed from the standpoint of mobility, agility, immateriality, or spirituality²⁸. According to Hebga, the human being is a structurally energetic, relational and pluralistic being²⁹. The shadow is the part of the body which can exist in multi-locations at the same time. Spiritists and shamans are capable of penetrating this non-corporeal spheres. For some authors, the shadow is quasi-physical³⁰. It is this part of the body that can be afflicted by malevolent forces or people who possess evil powers to provoke disorder and the onslaught of different types of illnesses, some of which are difficult to diagnose or treat through modern medicine³¹. Scientific medicine usually treats only the symptoms and not the underlying causes of these diseases³² because they are based on a different kind of rationality which is outside the purview of modern scientific rationality.

This ontological view of the human person is coextensive with the social and normative conception. L. A. Teffo and A. P. J. Roux opine:

²⁷ A. Kagame, *The Problem of 'Man' in Bantu Philosophy*.

²⁸ M. Hebga, *La rationalité d'un discours africain sur les phénomènes paranormaux*, p. 92.

²⁹ *Ibidem* (my translation from French).

³⁰ S. Gbagedesin, *Eniyan: The Yoruba Concept of a Person*, in P.H. Coetzee - A.P.J. Roux (eds.), *Philosophy from Africa: A Text with Readings*, Johannesburg - New York, International Thomson Publishing, 1998, pp. 149-168, here p. 158.

³¹ E. Kenmogne, *Maladies Paranormales*, p. 21; W.C. Olse - C. Sargent, *Introduction*, in W.C. Olse, C. Sargent (eds.), *African Medical Pluralism*, Bloomington - Indianapolis IN, Indiana University Press, 2017, p. 1.

³² W.C. Olse - C. Sargent, *Introduction*.

«In Western philosophy the starting-point of an account of personhood is usually epistemological and psychological. Knowledge is the possession of a particular individual and the question then becomes how this knowledge can be accounted for, how the knower uses him/herself from the inside. In African thinking, the starting-point is social relations. Selfhood is seen and accounted for from this relational perspective»³³.

Here, a being is judged to be genuinely human by virtue of his/her capacity to share his/her life and commune with others, treating them with compassion, and identifying and sharing a way of life with them. This is commonly expressed in the maxim: «a person is a person through or because of other persons», an idea which reverberates in the moral outlook expounded by many African scholars³⁴. In a dictum which seems to be the traditional African converse of the Cartesian *cogito*: «I think therefore, I am»³⁵, Mbiti writes: «I am because we are; and since we are, therefore I am»³⁶. The traditional African conception of a person takes into account the whole person, his/her corporeal, spirito-psychological, social, as well as his/her relation with past, present and future generations. Tangwa describes this relational view as «eco-bio-communitarian»³⁷. By stating this, he means that traditional African worldview is neither anthropocentric nor ecocentric; it is holistic; it is a relation that «goes beyond anthropological communality and even goes beyond bio-communitarianism»³⁸. It involves communion with the living (natural) and the ancestral (paranormal) world.

This relational conception of the human person aligns with the African spiritual view of health. John Macmurray has underscored the relational view of the person. In his book, *Persons in Relation*³⁹, he argues that «it is only in relation to others that we exist as persons; we are invested

³³ L. A. Teffo - A. P. J. Roux, *Metaphysical Thinking in Africa*, in P.H. Coetzee - Abraham P.J. Roux (eds.) *Philosophy from Africa*, pp. 192-258, here p. 204.

³⁴ For a short list of these, apart from Mbiti and others that I have cited in this paper, see also I.A. Menkiti, *Person and Community in African Traditional Thought*, in R.A. Wright (ed.), *African Philosophy: An Introduction*, New York, University Press of America, 1981, pp. 171-181; T. Metz, *Towards an African Moral Theory*, in «The Journal of Political Philosophy», 15, 2007, 3, pp. 321-341; D.A. Masolo, *Self and Community in a Changing World*, Bloomington - Indianapolis, Indiana University Press, 2010.

³⁵ R. Descartes, *Meditations on First Philosophy* (1641), Cambridge, Cambridge University Press, 1911, p. 14.

³⁶ J.S. Mbiti, *African Religions and Philosophy*, p. 109.

³⁷ G.B. Tangwa, *Bioethics: An African Perspective*, in «Bioethics», 10, 1996, 3, pp. 183-200, here p. 192.

³⁸ *Ibidem*

³⁹ J. Macmurray, *Persons in Relation*, London, Faber & Faber, 1961, p. 211.

with significance by others who have need of us; and borrow our reality from those who care for us». Personhood is not a disconnected quality that is measured by reason, freedom, and individuality as portrayed in the modern Western liberal philosophical literature; it is shared and lived out in a relationship with others. Traditional African relational perception of persons espouses a notion of personhood, health, and disease that transcends individuality and materiality.

2. Health, Disease, and Spirituality

a. *Health and Spirituality*

From the above metaphysical and moral conception of reality and the place human beings occupy in the universe, the indigenous African interpretation of health is, arguably, much broader than WHO's definition of health. The traditional African view of health goes beyond «physical, mental and social well-being ...»⁴⁰ and includes the spiritual, moral, and ecological equilibrium in its characterization of health. In this context, therefore, good health is not a subjective matter; it requires the maintenance of inter-human and inter-species harmony⁴¹.

In TAM, the purpose of healing is not merely to repair a mechanically dysfunctioning body part, but also to repair a broken relationship, which might require the ritual expiation of spiritual forces, spiritual cleansing, and sacrifices in conjunction with medical procedures (herbs). Mbiti has outlined the following as the cardinal aspects of TAM: (1) treatment, (2) prevention, (3) protection against evil agents, (4) purification, (5) ensuring success, (6) retribution, (7) exorcism, and (8) eradication of witchcraft⁴². No treatment is said to be complete if all the possible natural and supernatural causes of the disease have not been properly investigated and attended to⁴³. As we have argued above, although some diseases have physical signs and symptoms, they may have purely spiritual or paranormal causes and require the intervention of a traditional healer,

⁴⁰ WHO, *Constitution of the World Health Organization*, 2005 available at <http://apps.who.int/gb/bd/> (accessed 15/08/2020).

⁴¹ M.J. Tosam, *African Environmental Ethics and Sustainable Development*, in «Open Journal of Philosophy», 2019, 9, pp. 172-192.

⁴² J. Mbiti, *African Traditional Medicine and Its Relevance for Christian Work*, in O. Waack (ed.), *So sende ich Euch*, Stuttgart, Evangelischer Missionsverlag, 1973, pp. 310-319.

⁴³ E. Kenmogne, *Maladies paranormales et rationalités*.

a priest/pastor (exorcist), who specializes in the treatment of these kinds of illnesses. To perceive the acutely spiritual dimension of TAM, most patients always consult the traditional healer or a diviner, after they have been duly treated through modern orthodox medicine, for spiritual diagnosis and/or treatment⁴⁴. This behavior is informed by the belief that most diseases have paranormal origins and modern Western medicine usually does not treat the underlying causes, since they are not within its area of competence. Health, therefore, is a state of complete physical, psychological, spiritual, emotional, social, and environmental harmony and not merely a level of normality and efficiency of a person⁴⁵.

b. *The Nature of Disease/Illness*

Tristram Engelhardt has astutely argued that «the concept of disease acts not only to describe and explain, but also to enjoin to action. It indicates a state of affairs as undesirable and to be overcome»⁴⁶. From the above-discussed conceptualization of health as the reflection of cosmic equilibrium, it is evident that disease is not defined exclusively in terms of a mechanical dysfunction, as it is the case with biomedicine; disease and infirmity might result from a breach in cosmic harmony. Health and disease, therefore, have a moral implication. According to the indigenous African interpretation of disease, there exist two sources of disease: normal/natural and paranormal/spiritual. To understand the difference between these two forms of diseases, one needs to situate them within an epistemological problem. According to John Swinton, there are two forms of knowledge in health care: «nomothetic and ideographic forms of knowledge»⁴⁷. Nomothetic knowledge is obtained from the scientific method; the type of knowledge about a disease that we derive from «experiments and randomized control trials»⁴⁸. There are three ways to ascertain the validity of this type of medical knowledge. It is «falsifiable, replicable and generalizable»⁴⁹. Nomothetic

⁴⁴ M.J. Tosam, *Human Nature, Disease Diagnosis, and Health in Traditional African Medicine*, in «Polylog: Forum for Intercultural Philosophy», 2019, 42, pp. 21-42, here p. 31.

⁴⁵ *Ibidem*.

⁴⁶ T. Engelhardt, *The Concepts of Health and Disease*, in H.T. Engelhardt Jr. - S.F. Spicker (eds.), *Evaluation and Explanation in the Biomedical Sciences*, Dordrecht, D. Reidel, 1975, pp. 125-142, here p. 127.

⁴⁷ J. Swinton, *Healthcare Spirituality*, p. 99.

⁴⁸ *Ibidem*.

⁴⁹ *Ibidem*.

knowledge therefore falls within the realm of empirical science and can be subjected to the the principles and methods of modern science. For example, through a laboratory test we can determine that a patient is suffering from malaria, bacteria infection, or cancer.

Ideographic knowledge, on the other hand, is the form of knowledge that cannot be subjected to the scientific method.

«This form of knowledge presumes that meaningful knowledge can be discovered in unique, non-replicable experiences ... no two people experience the same event in the same way ...»⁵⁰.

Ideographic knowledge takes into account the «individuality of people, the uniqueness of meaning, and the recognition that the general requires the particular before sense can be made of the whole»⁵¹. With the ideographic medical knowledge, Swinton's focus is on the kind of medical knowledge we acquire in the biopsychosocial model, which is only an aspect of paranormal knowledge. Paranormal diseases or experiences include this type of knowledge, but go beyond them in that they bring into play another world; apart from the fact that diseases can be unique to individual experiences, they can be replicable and generalizable for those who have the power (diviners) to penetrate this supernatural realm. The only similarity that paranormal experiences have with ideographic knowledge is that they take into account the uniqueness of each individual's experience; they go beyond the empirical world and are accessible only to those who have the powers (i.e. the initiated) to penetrate the paranormal world.

c. *Natural/Normal Diseases*

Natural diseases are those which can be explained scientifically and can be diagnosed with the help of modern scientific diagnostic methods. They fall within the purview of modern scientific classification of disease. These diseases are concrete entities and can be established through a laboratory test. They can be measured, calculated, and quantified in mathematical and statistical terms. They respect scientific rationality.

⁵⁰ *Ibidem*, p. 100.

⁵¹ *Ibidem*.

d. *The Spiritual or Paranormal Diseases*

Not all diseases can be diagnosed or established through conventional diagnostic methods, although they may have physical and psychological manifestations on the patient. According to Kenmogne, this class of diseases/illnesses fall within the range of another kind of rationality which is not necessarily different from modern scientific rationality, but which has simply not been investigated and not been taken seriously within mainstream medical epistemology⁵². Paranormal diseases are conceived within «multiple universe»⁵³ cultures like sub-Saharan African cultures. Hebga describes these type of diseases which fall outside the scope of modern medical aetiology as paranormal diseases⁵⁴. These includes diseases caused by bewitchment, spirit possession, and mystical/spiritual attacks. These types of illnesses «inhibit biomedical diagnostic technologies or block the efficacy of pharmaceuticals. By removing the blockage, healers' treatments allow hospital-based technologies and medicine to work ...»⁵⁵. As a philosopher, anthropologist, and exorcist priest, Meinrad Hebga attended to and treated many patients suffering from such paranormal diseases. Such diseases appear mysterious to the modern medical practioner who does not fathom that spiritual forces can have an influence on the material world⁵⁶. According to Kenmogne, to understand how this is possible, there is need to expand our notion of rationality (modern Western rationality) by including another type of rationality, since there exist multiple rationalities⁵⁷.

A disease may also be provoked by the breach of a taboo. There are different types of taboos which seek to maintain cosmic harmony and ecological balance. Hence, any violation of these taboos (like the killing of protected animal and plant species) may provoke disharmony which may lead to different kinds of diseases. Thus, nature, which is considered to be the abode of the gods and spirits, must be treated with reverence if we want to maintain cosmic equilibrium and *ipso facto*, human health.

⁵² E. Kenmogne, *Maladies paranormales et rationalités*, p. 16.

⁵³ T. Nathan - I. Stengers, *Doctors and Healers*, p. 6.

⁵⁴ M. Hebga, *La rationalité d'un discours africain sur les phénomènes paranormaux*, pp. 3-4.

⁵⁵ S.A. Langwick, *Bodies, Politics and African Healing: The Matter of Maladies in Tanzania*, Bloomington - Indianapolis, IN, Indiana University Press, 2011, p. 10.

⁵⁶ E. Kenmogne, *Composés humains et perspectives thérapeutiques à propos de 'l'anthropologie Africaine' et de la méthode de Meinrad Hebga*, in R.N. Biya - E. Kenmogne (eds.), *Pierre Meinrad Hebga: Philosophie et Anthropologie*, Paris, L'Harmattan, 2010, pp.75-99, here p. 77.

⁵⁷ *Ibidem*, p. 16.

It is, therefore, a reciprocal relationship which must not be violated by any party. The reason why we must maintain equilibrium in nature is

«because what affects nature affects us as part of the cosmic whole. Keeping such balance and harmony makes the world a good place for us to live; it helps our well-being both physically and spiritually»⁵⁸.

However, not all anatomic diseases have natural causes; sometimes the physical manifestations of a disease may simply be a sign of a social, spiritual, or ecological disorder. It is for this reason that even when a patient has been scientifically diagnosed of a condition, they still visit a traditional healer or diviner to be sure that the disease does not have a spiritual provenance. It is from this perspective that Mbiti maintains:

«Even if it is explained to a patient that he has malaria because a mosquito carrying malaria parasites has stung him he will still want to know why that mosquito stung him and not another person. The only answer which people find satisfactory to that question is that someone has ‘caused’ (or ‘sent’) the mosquito to sting a particular individual, by means of magical manipulation. Suffering, misfortune, disease and accident, all are ‘caused’ mystically, as far as African peoples are concerned»⁵⁹.

No medical condition is conceived in exclusion of the spiritual dimension of the human person and disease. From this, therefore, it is, difficult to think of disease, health, health care and medicine within the traditional African context without the supernatural or multiple worlds.

3. The Medical Encounter and Spirituality

The spiritual nature of African traditional healthcare can be observed in the nature of the medical encounter. The medical encounter is also characterised by practices that emphasize the spiritual underpinning of indigenous African medicine. In this encounter, diviners, herbalists, traditional surgents, birth attendants, families and communities play a primary role in the diagnostic and healing process. Through TAM a diagnosis is made through spiritual means and a treatment is prescribed, usually made of herbal solutions, which have both physical and spiritual therapeutic powers.

⁵⁸ P. Ikuenobe, *Traditional African Environmental Ethics*, p. 10.

⁵⁹ J. Mbiti, *African Religions and Philosophy*, p. 165.

a. *Diagnostic Method*

Diagnosis in TAM involves investigating the natural and spiritual causes of a disease/illness. The healer begins by checking for physical signs and symptoms, ensuring that there are no physical dislocations on the patient's body. Once this has been established and a disease diagnosed, the healer may proceed to prescribe the relevant herb. When this phase of treatment fails, the healer will resort to spiritual healing or refer the patient to a diviner, if he/she is not a specialist in divination. Divination is the diagnostic instrument, the stethoscope, of the traditional healer. It is a key epistemological system in indigenous African culture used for a wide array of inquiries including medical diagnosis⁶⁰. Indigenous African medicine functions within «multiple universes». As Tobie and Stengers argue, «... all cultural worlds with multiple universes have recourse to divination while all those with one universe use diagnosis»⁶¹. There are different ways that diviners use to diagnose disease. They use stones, bones, cowries, gourds, form or see images, interpret animal marks⁶² and receive information from the supernatural realm. Sometimes diviners proceed by geomancy (the art of connecting to the earth's energy to obtain spiritually hidden information/knowledge) or necromancy (communication with the supernatural, ancestors and spirits) in order to gain insights into a particular disease and possible treatment alternatives or simply to find out whether the disease is treatable. It is for this reason that some diviners are simply referred to as seers or spiritists.

Diviners play the role of seers and/or spirit mediums. A seer is an individual «with profound moral and spiritual insight or knowledge, such as a sage»⁶³. Some seers also play the role of spirit mediums or chief priests in traditional African religion. Spirit mediums are people who have the ability to receive messages from, and communicate with, the supernatural world and also provide distance-therapy. This is a form of treatment that does not involve having any physical contact with the patient. They «provide spiritual, health, and relationship interventions

⁶⁰ M.J. Tosam, *Human Nature, Disease Diagnosis and Health in Traditional African Medicine*, p. 32.

⁶¹ T. Nathan - I. Stengers, *Doctors and Healers*, p. 11.

⁶² *Ibidem*, p. 33.

⁶³ D. Martin, *Seers*, in M.K. Asante - A. Mazama (eds.), *Encyclopedia of African Religion*, Los Angeles CA, Sage, 2009, p. 601.

to help restore balance»⁶⁴ when the normal rhythm or equilibrium in the universe is disrupted. Spiritists, seers, and spirit mediums are earthly intercessors between human beings and the spiritual world.

4. Caring for the Sick, the Old, and the Dying

Human suffering in all its forms, according to the indigenous African understanding, is linked to immorality and the disruption of cosmic harmony. The aim of medicine, therefore, is not simply to treat somatic, mental, and paranormal illnesses, but, above all, to mend broken relationships. Okwu accentuates this opinion when he submits that

«traditional therapy on the whole is not meant for healing illnesses only. It is a process for restoring the harmony of relationship between man and divinity, between the individual and society, as well as for the total physical and spiritual well-being of the individual and society»⁶⁵.

Such mending sometimes requires the work of an intermediary whose job is to communicate with the spiritual realm on behalf of the patient and his/her family. Sacrificial offerings, propitiation, and ritual atonement are some of the ways traditional healers use to restore cosmic equilibrium. In most parts of sub-Saharan Africa today, three categories of persons are involved in the provision of health care. These include the modern health practitioner, the exorcists priest/pastor, and the traditional healer. Sometimes patients, whether they are Christians or not⁶⁶, visit these providers simultaneously and in other instances they consult them sequentially depending on how defiant the health condition is to treatment. Kenmogne refers to this health-seeking behavior as therapeutic syncretism⁶⁷.

Indigenous African relational medical model is based on the ethics of care wherein the healer is required to portray such virtues as compassion, harmony, and sensitivity towards the patient. Here, a caring relationship is prized above all other goods. From the relational perspective,

⁶⁴ E.M. Alexandria, *Spirit Mediums*, in M.K. Asante - A. Mazama (eds.), *Encyclopedia of African Religion*, p. 634.

⁶⁵ A.S.O. Okwu, *Life, Death, Reincarnation, and Traditional Healing in Africa*, in «Issue: A Journal of Opinion», 9, 1979, 3, pp. 19-24, here p. 22.

⁶⁶ W. Berends, *African Traditional Healing Practices and the Christian Community*, in «Missiology: An International Review», 21, 1993, 3, pp. 275-288, here p. 276.

⁶⁷ E. Kenmogne, *Maladies paranormales*.

healthcare is not the private affair of the individual patient and his/her physician, sanctioned by strict respect for privacy and individual self-determination, but the concern of the whole community. There is «a network of connections and support around the sufferer»⁶⁸. Based on an ethic of care approach, the physician, the patient and his family share equal power in the medical encounter. The traditional healer does not have monopoly over knowledge or power of decision-making; medical decisions are taken in consultation and collaboration with the patient and his/her family. The traditional healer plays the role of a therapeutic mediator between the natural and the supernatural realms. Since illness is defined within a relational context as the disruption of social and cosmic balance, the cause of a disease is usually carefully investigated as well as the possible cures. Usually, the whole family or kinsmen garners their resources (financial, knowledge, and emotional) to assist the sick. The traditional «healer deals with the complete person, and provides treatment for physical, psychological, spiritual, and social symptoms»⁶⁹.

Compassion and the advancement of the welfare of the other is a core value in traditional African culture. For this reason, the sick, the old, as well as the terminally sick live with members of their families and are provided with the best possible quality of available care until they get well or eventually die and transit into the ancestral realm⁷⁰. In this context, therefore,

«no single human being can be thoroughly and completely useless. For this reason, even the demented still have meaning in life otherwise the ancestors would have provided for their passage out of this world»⁷¹.

Here, personhood is bound to social relations and to the ascription and forms of recognition that result therefrom. The self or the personal identity of a person is retained in the recognition others show towards them. From a relational standpoint, personhood is defined by the moral

⁶⁸ T. Nathan - I. Stengers, *Doctors and Healers*, p. 29.

⁶⁹ G. Setswe, *The Role of Traditional Healers and Primary Health Care in South Africa*, in «Health SA Gesondheid», 4, 1999, 2, pp. 56-60, here p. 56.

⁷⁰ Not all dead members of the family become ancestors. Ancestors include those who die at old age. They do not include children and young people. And most importantly, they do not include old people who have died a bad death, for example, those who committed suicide. See S.A. Ige, *The Cult of the Ancestors in African Traditional Religion* in «An Encyclopaedia of the Arts», 10, 2006, 1, pp. 26-31.

⁷¹ M.B. Ramose, *African Philosophy through Ubuntu*, Harare, Mond Books, 2005, pp. 70-71.

and spiritual standing or meaning that is conferred upon a person by members of the community, those with whom they share their life. It is for this reason that the traditional health provider has no legal authority «to pronounce upon the discontinuance of the life of the patient despite the fact that the latter is leading a purely vegetative life»⁷². Based on African cultural refusal to accept death⁷³, an advance care directive, understood as a patient's oral or written instructions about his or her future medical care/desire, if they become incompetent and unable to communicate, is inconsistent with traditional African values and healing practices. «Death is also considered an enemy of life and Africans believe that life should be preserved by all means even if the case is a hopeless one»⁷⁴. Assisting the patient to die is something unthinkable, outrageous, and abominable in such a communitarian context, because the patient is not a separate entity whose life is disconnected from or has little meaning to the lives of others.

Moreover, advance directive concerning the ending of life is not acceptable because the patient does not own his/her life alone. The aim of advance directive is to permit individuals to exercise greater control over their treatment, and therefore to establish how power of choice can be reinforced and extended in the likelihood of their own future loss of competence⁷⁵. According to Ramose,

«the transfer of the competence to assign people to psychiatric centres to the judiciary means allowing the emigration of mutual concern, mutual care and compassion for one another to the unsympathetic, formal and uncompassionate structures»⁷⁶.

The reason why one must take proper care of the sick and the old is not only to align with communal ethos, but also to avoid curses or misfortune when a disgruntled relative transits into the supernatural realm. The old or the elderly are seen and treated as kinsmen in the treshold of becoming ancestors. Hence, they possess, for junior members of the communities, legal and mystical powers. As Igor Kopytoff argues:

«An elder – any elder – represents to a junior the entire legal and mystical authority of the lineage. The very fact of eldership confers upon a person mystical powers over

⁷² *Ibidem*.

⁷³ Death is a sinister event in every culture.

⁷⁴ R.I. Ekore - B. Lanre-Abass, *African Cultural Concept of Death and the Idea of Advance Care Directives*, in «Indian Journal of Palliative Care», 22, 2016, 4, pp. 369-372, here p. 371.

⁷⁵ S. Tsinorema, *The Principle of Autonomy and the Ethics of Advance Directives*, in «Synthesis Philosophica», 59, 2015, 1, pp. 73-88, here p. 74.

⁷⁶ M. B. Ramose, *African Philosophy through Ubuntu*, p. 71.

the junior. He can curse his junior in the name of the lineage, thereby removing from him the mystical protection of the lineage. The curse can be formal and public, but it can also be secret and even unconscious»⁷⁷.

No one wants to invite a curse or misfortune from the old by treating them poorly. It is for this reason that the old live with their families (sometimes three generations live together in the same home) and treated with compassion and reverence. They are never conferred to a home for the elderly because that would be a contravention of communal ethos and the fundamental educational, intermediary, and spiritual role they play between the living and ancestral worlds.

Also, to ascend to the status of an ancestor after death is «a desirable goal of every individual and it is believed that this cannot be achieved if an individual did not live a meaningful life, or had his/her life cut short ... through an accident or by an unnatural death»⁷⁸. An advance directive will be considered suicide and a morally and spiritually insensitive behavior on the part of the dying towards living members of his/her community. Such an act may provoke calamitous consequences on the living. An individual

«would therefore, prefer a slow and lingering death that comes naturally, as they would not only be able to tidy up many issues such as making peace and saying farewell ... to relatives, but ... they would also be admitted in the spirit world»⁷⁹.

Failure to do so may be disastrous to the surviving members of the deceased family. Motivated by the «belief that the goal of life is to become an ancestor after death, a person is given a proper burial after death as failure to do this may result in the individual becoming a wandering ghost, unable to live properly after death, and constituting a danger to those who are still alive»⁸⁰.

Ancestors are closely involved with the interests of their community. They «... form a chain through the links of which the forces of the elders [now with the community] exercise their vitalizing influence on the living generation»⁸¹. Moreover, since the community in the African

⁷⁷ I. Kopytoff, *Ancestors as Elders in Africa*, available at http://era.anthropology.ac.uk/Era_Resources/Era/Ancestors/kopytoff.html (retrieved 15/08/2020).

⁷⁸ R.I. Ekore - B. Lanre-Abass, *African Cultural Concept*, p. 370.

⁷⁹ *Ibidem*.

⁸⁰ *Ibidem*.

⁸¹ L. Magesa, *African Religion: The Moral Traditions of Abundant Life*, New York, Orbis Books, p. 47.

worldview is not only made exclusively of its living members, but also of the living-dead and the unborn, giving the dead a befitting and dignifying burial is a right and an honor for the deceased and it ensures their smooth transition into the ancestral realm. Hence, personhood, rights and duties include, but are not limited to, the living members of the community. Since the dead have the ability to bring fortune and inflict disaster to the living, treating them with love and respect is an imperative for the survival and well-being of the living.

5. A Critique of the Spiritual Therapeutic Dimensions of TAM

There are undoubtedly many aspects of indigenous African medicine that shares some commonalities with Western scientific medicine, especially its herbal remedies, some of which have been transformed into pharmaceuticals which are being used today for the treatment of various diseases across the world. However, some of the knowledge, beliefs, and practices are shrouded in secrecy and esoterism, which raise doubts about the validity of the supernatural aspects of TAM. For this reason, the spiritual dimension of TAM has not been given any critical scholarly attention.

However, this kind of knowledge cannot simply be rejected because it does not fit into modern scientific explanatory model, especially when many patients suffer and testify about paranormal diseases. The families and physicians who provide care for these patients observe them suffer but are unable to diagnose or provide any help for these patients through evidence-based medicine. Science is not a closed discipline. Scientific truth are tentative, falsifiable, and rectifiable. As far as paranormal phenomena are concerned, the experiences and multiple testimonies of the patients⁸² cannot just be dismissed without proper investigation. The fact that these phenomena are repetitive, means that they respect a certain rationality, but not scientific rationality⁸³. For several years, Hebga consulted and healed many patients suffering from these type of health problems where no disease could be identified through laboratory test or even treated, but these diseases easily got diagnosed and treated through modern medicine after divination and ritual cleansing.

⁸² M. Hebga, *La rationalité d'un discours africain sur les phénomènes paranormaux*.

⁸³ E. Kenmogne, *Maladies paranormales*, p. 16.

Paranormal diseases are therefore «para-experimental» because the rationality which created experimental science, with all the achieved results, also restrained the field of the experimentable»⁸⁴. Nathan and Stengers make a distinction between natural world, definable as «single-universe», and the paranormal world, «multiple universes»⁸⁵, in which modern medicine and TAM respectively operate. They write:

«In a single-universe world, the existence of spirits is clearly ridiculous. Just imagine spirits having problems putting on their shoes, taking a bus or waiting in a queue to order a hamburger. This would certainly be funny, but it's absurd. Spirits have irreducible qualities; they can only be evoked in a world of multiple universes since their very evocation in and of itself calls the second universe into existence»⁸⁶.

To imagine the possibility of spiritual healing or paranormal disease, one must first imagine the possibility of multiple universes. These other universes are based on a different kind of rationality, the para-empirical rationality.

Maybe scientists will be able to penetrate this 'other' world in the future, but in the meantime denying its possibility is contrary to science itself. If scientific explanations are always tentative proposals, provided with the hope of capturing the best possibility view on an issue but subject to evaluation, modification, or even falsification in light of new evidence, then it will be impulsive and unscientific to reject this category of medical knowledge. Some examples in the history of science are telling. It took more than 2500 years for atoms to be scientifically verified after Democritus and Leucippus had expounded on the indivisible nature of the atom in the fifth century BCE. Moreover, scientists have demonstrated that dark matter makes up about 68% of the universe and «unlike normal matter, dark matter does not interact with the electromagnetic force»⁸⁷. What this imply is that dark matter does not absorb, reflect or discharge light, making it difficult to spot. In fact, scientists have only been able to infer the existence of dark matter from the gravitational effect it seems to have on normal matter. From

⁸⁴ *Ibidem* (my translation from French).

⁸⁵ T. Nathan - I. Stengers, *Doctors and Healers*, pp. 14-15.

⁸⁶ *Ibidem*.

⁸⁷ See the article *Dark Matter* available at <https://home.cern/science/physics/dark-matter> (retrieved 12/08/2020); *NASA Finds Direct Proof of Dark Matter* available at https://www.nasa.gov/home/hqnews/2006/aug/HQ_06297_CHANDRA_Dark_Matter.html (retrieved 12/08/2020); E. Kenmogne, *Maladies paranormales*.

this standpoint, therefore, modern Western science or rationality⁸⁸ is only among several other underexplored rationalities⁸⁹.

Conclusion

In this paper I have shown that spirituality shapes and influences the practice of indigenous African medicine and health care. Relationalism which underpins and informs traditional African ontology is based on a deeply spiritual and holistic understanding of reality. It is from this spiritual environment that indigenous sub-saharan people find meaning and purpose in life, health, and death. This holistic worldview provides a broader and inclusive interpretation of the human person, disease, and health than the modern mechanistic and reductionist view that has dominated medical practice for more than three centuries. One of the fundamental benefits of this holistic approach to medicine is that it treats the entire person (body, spirit, mind, emotions, and social relations) and not merely the diseased or broken part. It is in this sense that it may be appropriate to speak of traditional African healing and not treatment. Moreover, it shows that not all of reality, and of course disease, is measurable or experimentable. In its conceptualization of reality, modern science has left out an important part, the paranormal, simply because it falls outside the gamut of scientific rationality. According to indigenous African view, the universe is a continuum of physical and supernatural entities which entertain an interdependent relationship through the medium of vital forces. In traditional African health care, there is no genuine healing without invoking the spiritual; healing is not complete if it does not take into account the relational and holistic dimension of the patient. Within indigenous African worldview, there is no human flourishing without communion, identity and solidarity with 'others', who include not only the living, but also past and future generations and non-human members of the community.

⁸⁸ It excludes, derides, and silences other rationalities, especially feminine and indigenous forms of rationalities.

⁸⁹ S.J. Tambiah, *Magic, Science, Religion, and the Scope of Rationality*, Cambridge, Cambridge University Press, 1986, pp. 105-106; P. Hountondji (ed.), *La rationalité, une ou multiple?*, Dakar, Codesria, 2007.