


# The Yorùbá Traditional Healers of Nigeria

 Mary Olufunmilayo Adekson

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Mary Olufunmilayo Adekson

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To my two wonderful children,  
Adedayo Oluwakayode and Babatunde Oluwaseun



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# Foreword

**D**URING THE LAST TWENTY-FIVE YEARS, I HAVE MADE SIX TRIPS TO AFRICA TO interview traditional healers and their patients. I use the word *healer* instead of doctor to refer to holistic lay practitioners who treat more than eighty percent of the people in sub-Saharan Africa. Serving concurrently as psychologist, sociologist, physician, spiritual leader, and magician, they treat all problems since specialists are generally unavailable. In rare cases where another generalist is within walking distance, a healer may specialize in setting bones or “fixing” minds. I use the phrase *traditional healer* to differentiate them from physicians, psychologists, social workers, counselors, and other healthcare personnel trained in Western methods of healing. Although Western-style professionals are found in large cities in Africa, few people can afford to pay their consultation fee or buy the medicine they prescribe.

There are several differences between American counseling and its equivalent in traditional Africa. How people are screened into the helping profession represents an important distinction. In the United States, counseling usually requires the use of standardized tests and “well conceived theories.” It is generally considered a science rather than an art. One justification for this assertion is the manner in which applicants for admission to counselor training programs in graduate schools are screened. In general, they are required to take the Graduate Record Examination or some other empirically-tested, “valid” and “reliable” psychometric instrument. For the most part, only academically-qualified students are admitted to counselor education programs.

In traditional Africa, many healers declare that they were “called.” Evidence of the calling can be spotted in children as young as five. In visiting a family in Ivory Coast, I talked with the mother of a six-year old boy who indicated that her son was going to be a healer like his grandfather, because the child reflected the sagacity of his departed ancestor. Members of the family respected the little boy’s judgment so much that they consulted him before they made important decisions. Once such an individual is “spotted,”

he (the person is usually a male) may be apprenticed to a healer for up to fifteen or twenty years, during which time he learns a great deal about human nature, healing properties of plants, bark, and roots, and therapeutic rituals.

In the United States, psychological theory is an important part of most counselor education programs. In traditional Africa, a codified healing theory does not exist. Instead, there exists a philosophy of nature that holds that everything in the universe is a single living, breathing, and responsive organism. Therefore, all of nature is connected. If a healer wants to diagnose a problem or malady in a human being, it may be reasonable and insightful to study the direction in which caged mice run or to observe the configuration of thrown cow chips on the ground. "Reading" the direction of running mice and the spread of chips are just two of the many procedures used by healers to determine what is wrong with their clients.

Conversely, American counselors depend on scientifically-validated instruments, research, and therapeutic procedures. Over the last forty years, school-related "helping" evolved from guidance to counseling, which today is not easily distinguishable from psychotherapy. In the 1950s and 1960s, many school principals selected teachers who demonstrated a special ability to relate to children and assigned them counseling duties, even when they lacked professional training as a counselor. Today, counselor educators and employers usually consider academic acumen and scientific knowledge to be more important than "people skills," which, although desirable, can not be empirically measured. Students who have nothing to offer but relationship skills usually do not get through graduate school.

On the other hand, in traditional Africa, the most important quality that healers exhibit is their authority and healing charisma; traits that are usually personified in old people. Throughout my years of travel in Africa, I have never met a healer younger than fifty years. However, in the United States, psychotherapeutic knowledge can be obtained by anyone who is intelligent enough to read university textbooks, use the library, surf the internet, and pass courses required for graduation, licensure, or certification purposes. Once they receive the stamp of approval from whatever governmental body to which they must present their credentials, they are among the helpers foreign-born persons consult for direction and assistance. Unfortunately, many culturally-different clients from traditional societies are unable to relate to our scientist-counselors, because such people are external to their understanding of helping and the person of the helper.

Another important difference between American-style counseling and traditional African healing is client participation. In the U. S., the prevalent therapeutic model requires that clients provide continuous verbal and non-verbal content that counselors interpret. The practice is based on the belief that therapeutic interpretation triggers insight that, in turn, enhances mental

health and desired social behavior. In traditional Africa, the helper is an authority figure who prescribes therapeutic remedies and objects designed to eradicate human problems. In some cases, clients do not engage in a therapeutic dialogue. They may not even state the presenting problem. The head of the family may be the one who describes the symptoms of the relative needing treatment.

Helping cannot be divorced from the culture in which individuals and their problems in life develop and reside. A culturally-symbiotic relationship exists between the counselor and client. Counselors are most effective helping their cultural peers who are products of the same socialization as they are. Their counseling competency is put to test by clients from non-Western countries who consulted traditional healers back home. In order to benefit such clients, they need to acquire as much information as possible about the kind of helping their culturally-different clients received in their native country. They may even try to incorporate some of the traditional African healing techniques in their work with immigrant clients.

Professor Mary Adekson's book adds to the growing body of literature on traditional healing in Africa. Scientifically trained American and European counselors need not abandon their usual approaches to therapy. With the information provided in this book, they can decide what aspects of traditional healing they want to consider using in helping all clients, not just those from developing countries in which most people depend on healers such as the ones described by Dr. Adekson. American psychotherapeutic professionals must be open to learning from traditional healers, as they are open to learning from us.

Clemmont E. Vontress, PhD  
Professor Emeritus of Counseling  
George Washington University.

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# Introduction

## CULTURAL AND METHODOLOGICAL CONTEXT

**M**OST OF THE EXISTING STUDIES on traditional healers in Africa were conducted by Western anthropologists, sociologists, psychologists, and psychiatrists. Researchers such as Margaret Mead, Jahoda (1961), Kahn and Delk (1973), Kramer (1970), and Kelly (1965) elicited vital information by living with so-called “natives” in different cultures in the developing world. Information derived from these studies has contributed to the field of psychotherapy, even though Western scientists view traditional healing systems, such as those prevalent in Africa, as primitive and non-therapeutic (Ìdòwú, 1985).

Research conducted by Western researchers, though important, lacks the richness and depth available from scholars of non-Western cultures. According to Ahia and Bradley (1984), most researchers in this category are affluent, well-meaning and adventurous Westerners like Drewal (1992) who are not representatives of the culture under investigation. Mákindé (1988) further contended that major debates on African culture over the past two hundred years have been conducted by Europeans for Europeans.

Consequently, “if we are to truly begin to talk to Africans and not just about them, we need to hear the African side of the story from the African point of view” (Mákindé, 1988, p.xxi). Since culture has a potentially great impact on the counseling relationship and its outcome, studies done by researchers from the same culture elicit information that is richer and more eye-opening (Saleh, 1989).

Traditional healers have unique roles to play in psychotherapy and medicine, both in Africa and in the rest of the world. The uniqueness of Africa as a continent with its rich cultural heritage and people therefore supports the usefulness of and need for this study. Equally, Torrey (1986) argued that,

regardless of what one believes about the desirability of promoting or not promoting the use of indigenous therapists in third world cultures, the fact remains that such therapists are today the only psychotherapeutic (and often medical) resource for the majority of the world's population (p. 185).

A triadic or three-pronged counseling relationship exists between a counselor, client, and a third party culture (Saleh, 1989). In this vein, this volume analyzed the functions performed and interpersonal techniques used by seven Yorùbá Traditional Healers of South-Western Nigeria. The author specifically examined the culture of these healers and observed their interactions with clients during individual and group divining sessions through observations of videotaped live sessions and interviews in *Yorùbá* land. However, due to time constraints, only five (four herbalists and one diviner) healers were interviewed.

It is hoped that this study, which was conducted in 1994, will contribute to the literature on these healers because the researcher is a *Yorùbá* woman who holds the same fundamental beliefs about, and comes from the same culture as, the traditional healers. It is also hoped that this volume, which provides interesting facts on healers' physical, interpersonal and personal or private worlds (Binswanger, 1962), will help readers gain a deeper understanding of healers' "everyday experiences" (van Manen, 1990).

## METHODOLOGY AND HYPOTHESES

The volume employed an exploratory case study method and incorporated the participant observation method in the investigation of the roles, functions and services of, and the interpersonal techniques used by, Yorùbá Traditional Healers (YTH). This method is supported by Frey (1978), Ary, Jacobs, and Razavich (1979), Kazdin (1980), Merriam (1988), and Yin (1994). Yin (1994) referred to a case study as "an empirical inquiry that investigates a contemporary phenomenon within its real life context" (p.13), especially when the boundaries between phenomenon and context are not clearly evident. Chassan (1967) also maintained that case studies allow in-depth examination of group research, while Goldman (1978) and Frey (1978) argued that they enable the researcher to probe issues in an intensive, in-depth and holistic manner.

The case study is typically an inductive research method, which does not postulate or test hypotheses but generates them (Van Dalen & Meyer, 1966). According to Frey (1978), hypotheses are not developed from case research until the data collection process has been completed. Yin (1994) added that the goal of case study is to "develop pertinent hypotheses and propositions for further inquiry" (p.5) and Merriam (1988) confirmed that the case study has been widely used "to build theories when there is none available to explain a particular phenomenon" (p.59).

Furthermore, Kazdin (1980) asserted that the case study, as used in psychological research, has provided theories about the etiology of psychological disorder, produced theories about behavior in general and has been advanced by the impetus behind the study of individual cases. "The case study, like other research strategies, is a way of investigating an empirical topic by following a set of pre-specified procedures" (Yin, 1994, p. 15).

The inductive nature of the case study research provides the investigator with a better understanding of various and basic aspects of human behavior (Ary, Jacobs, & Razavich, 1979, Johnson, 1986). It also offers the researcher an "intensive probing" technique which may assist in revealing unanticipated information about "relationships" (Ary, Jacobs, & Razavich, 1979). Miller and Warner (1975) agreed that the case study not only provides for the collection of extensive data regarding a client's or individual's behavior in general, it also provides other data on him or her relating to "health, socio-economic status" and much more.

In Chapters Four and Five, this volume formulated hypotheses that attempt to explain the interpersonal techniques used by Yorùbá Traditional Healers. Moreover, this study analyzes healers' communication patterns, functions, daily activities, interactional relationships, categories of behavior and services. The hypotheses developed from this study explained how Yorùbá Traditional Healers impacted the interpersonal world of the persons (clients) under investigation (Binswanger, 1962, 1963).

In order to improve objectivity, triangulation, which is the use of "multiple sources of evidence" such as participant observation, interview schedules and physical evidence, like videotaping (Yin, 1984, 1994), was used to collect data on Yorùbá Traditional Healers. I observed, interviewed, videotaped and kept journals on each healer. Interview schedule, which is a set of questions administered to all respondents/healers (Appendix B & C), provided standardization and structure, and permitted the respondent to amplify and or qualify needed responses (Johnson, 1986). Records of Yorùbá Traditional Healers' thoughts, behaviors, as well as verbal and non-verbal interactions were also kept by the investigator. Additional information was obtained through participant observation and journals to supplement the case facts derived from the use of an interview schedule.

## NEED FOR THE STUDY

The present volume is important for several reasons. Firstly, there is a pressing need to understand the interpersonal techniques used by Yorùbá Traditional Healers of Nigeria, since each human being exists in a unique physical, interpersonal, and private world (Binswanger, 1962). As such, the Yorùbá Traditional Healers' interpersonal relationships necessarily affect their communication patterns with their clients.

Secondly, due to the dearth of data on interpersonal techniques used by and the general activities of Yorùbá Traditional Healers, there is a need to fill the void in the literature. The World Health Organization (W.H.O.) (1977) suggested a need for more research to be undertaken on all aspects of traditional medicine (and healing or counseling, as it applies in this study) and to improve methods, techniques, and the composition of traditional medicaments. W.H.O. believes that there is a need to communicate such knowledge to political decision-makers and professional personnel employing other systems of medicine (or psychotherapy). Mákindé (1988) supported this need by concluding, “the world would be a better place to live in, if we come to know each other’s way of life and thinking through proper integration” (p. xvi).

Thirdly, it is important to examine Yorùbá Traditional Healers’ interactions and relationships with their clients in order to understand the healers’ helping behaviors, roles, functions, techniques and services rendered within the *Yorùbá* cultural milieu. Such an understanding will help psychiatrists, psychologists, medical doctors, pharmacists, social workers, counselor educators, other helping professionals, administrators, and the World Health Organization (WHO) to learn more concerning the roles played by Traditional Healers. Mákindé (1988) stated that modern research and useful publications are the two avenues through which the secrecy and mystery surrounding African Traditional Healing can be unraveled.

Fourthly and relatedly, the observations derived from this study are designed to reduce these mysteries by building on the work of researchers such as Mákindé (1984), Mallum (1983), Mákindé (1988), Saleh (1989), and Ìpàye (1986). The Bethesda Maryland-based National Institutes of Health (NIH) showed support for W.H.O. directives in this regard when it opened a department of Alternative Medicine in January 1993 as mandated by the United States (U.S.) Congress in Washington, D.C. (Trachtman, 1994). Dr. Joe Jacobs, former head of the Alternative Medicine Department at NIH, invited personnel to research various types of alternative medicine in the United States and overseas (Trachtman, 1994).

Finally, the increased visibility given to Yorùbá Traditional Healers and their methods should add valuable knowledge to the field of psychotherapy by creating a better understanding of the factors that produce healing in non-Western cultures. This volume, therefore, supports the preceding goals by collecting and seeking information on the healing culture of Yorùbá Traditional Healers.

The results of this undertaking should assist counseling professors to determine which new techniques and practices could be incorporated into training Nigerian and African counselors, in addition to Western counseling theories currently being emphasized in Nigerian and other African universities. Saleh’s point that “the direct transfer and adoption of coun-

seling theories and approaches from one culture to another are highly suspect” (Saleh, 1989, p. 3) supports the potential value of this project. The insights derived from this volume will yield new hypotheses that should lead to the adoption of counseling theories useful for *Yorùbá* and African counselors, and their clients.

#### FOCUS AND POTENTIAL APPLICABILITY OF STUDY

Two basic assumptions were necessary to carry out the present study:

1. that all of the subjects would respond truthfully and openly to all questions of the interview.
2. that the investigator, being a *Yorùbá* female, would facilitate interpersonal rapport with the *Yorùbá* Traditional Healer male subjects.

The project studied only seven all-male traditional healers in *Yorùbá* land in the South-Western part of Nigeria. These Nigerian-born healers from the *Yorùbá* ethnic group resided in *Ọ̀yó*, *Ọ̀sun*, *Ọ̀gùn*, and *Ondó* States of Nigeria in 1994 and consisted of four herbalists and three diviners. Since *Yorùbá* healers have mostly been males, they usually have been referred to as *babalawo* (father of the secrets) and medicine man. Although this volume’s choice of all-male *Yorùbá* Traditional Healers was made to ensure uniformity and consistency, this does not imply that female *Yorùbá* Traditional Healers are less efficient or effective. Yet, because the roles and functions of, and techniques used by, female *Yorùbá* Traditional Healers could be different because of gender, only their male counterparts were chosen.

Certain female traditional healers specialize as mediums, i.e. those who are endowed with the power to transmit messages from the dead to the living (Stoller, 1989). The *Yorùbá* and African female healers also specialize in treating hematological diseases, psychiatric disorders, polio, dental problems, gynecological issues, marital problems, infertility and other family crises (Makinde, 1974; Levers & Maki, 1994).

Not surprisingly, the results of this research may not have universal applicability because it utilized a case study approach that focused on *Yorùbá* Traditional Healers. Therefore, interpretation beyond that group of individuals can only be done in a tentative manner at this time. On a related note, this volume did not directly compare the techniques used by Nigerian Traditional Healers with Western counseling techniques. Instead, Traditional healing techniques were evaluated on their own merit without the bias of Western cultural involvement. In so doing, the findings that emerge from this study may not be directly comparable to Western theories, techniques, and research.

## IMPORTANT/CRITICAL CONCEPTS, NAMES AND TERMS

The following words, concepts, names and terms, used throughout the volume, are defined specifically as follows:

### Tradition

Tradition is the totality of socially-transmitted behavior patterns, arts, beliefs, institutions, and all other products of human work and thought characteristic of a community or population. Gould and Kolb (1964) described tradition as a neutral term used to denote the transmission, usually oral, activities, taste, or beliefs from one generation to the next.

### Traditional Medicine

The term traditional medicine refers to the sum of all the knowledge and practices, whether explicable or not, used in diagnosis, prevention, and elimination of physical, mental, or social imbalance (W.H.O. Technical Reports, 1978, p. 23). Traditional medicine relies exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing (W.H.O. Technical Reports, 1978, p. 23).

The totality of what is known as traditional medicine among the *Yorùbá* consists of the practice of *Oníṣègùn/Adábunṣe* (herbalists) and *Ifá priests* (diviners), with complementary roles (Mákindé, 1994). Herbalists have a broad knowledge of and prepare herbs needed for treatment. Diviners consult *Ifá* to discern the obstacles that may impede treatment.

Dr. Afólábí Epega, a fifth generation *Yorùbá Ifá* priest (*babaláwo*) and Phillip Neimark, an American *babaláwo*, pointed out that diviners employ “the probabilities of future events by restoring harmonious balance in the individual through ritual, sacrifice, and prayer” (Epega & Neimark, 1995, p. viii). Epega & Neimark (1995) further observed that “the diviner sees what is likely to happen if clients remain in their current state and understand that restoring harmonious energy (through the right diagnosis with the divining chain) enables them to alter unpleasant future events” (p.viii), by focusing on the individuals and not on their problems.

### Traditional Healers

Traditional healers specialize in healing different kinds of diseases and illnesses. Some specifically specialize in healing psychiatric problems, while others specialize in healing multifarious problems. For the purposes of this study, traditional healers are regarded as individuals who specialize in healing psychological, social, emotional, spiritual and holistic problems.

A review of the literature indicates that Africans, who have been trained

in the western system of education, refer to traditional healers as native doctor or divinator (Mallum, 1983). They are also referred to as medicine-man, herbalist, witch-doctor, soothsayer, or seer by their clientele and the populace; and as sorcerer, magician, or occultist, depending on the function they perform at different times (Vontress, 1991).

Denga (1983) posited that traditional healers include: elders, diviners, soothsayers, priests, and magicians who are believed by some clients to possess supernatural powers and are thus capable of predicting and forecasting the fate of individuals. Traditional healers believe that a positive change can be effected in their clients through the use of a traditional directive approach (Mallum, 1983). Classified as men and women whose activities, fame, or prestige have culturally mythical explanations (Mallum, 1983), these traditional healers are usually associated with gods, religion, spirits, and supernatural powers.

## Babaláwo

*Babaláwo*, another name for Yorùbá Traditional Healers of Nigeria, literally means “father of the secrets” (Epega & Neimark, 1995, p. xii). Mákíndé (1974) posited that the *babaláwo* are undoubtedly men and women whose intelligence appears to be distinctly sharper than that of most of their followers.

They take keen delight in the recitation of their proverbs, songs, and wise sayings. Their influence is very extensive, as they are consulted in all the major affairs of life including social, psychological, physiological, intellectual, and political areas: “The *babaláwo* of the *Ifá* tradition predict events by focusing on individuals” (Epega & Neimark, 1995, p.vii). *Babaláwo*, like other effective helpers, know themselves and their clients very well. *Babaláwo* and Yorùbá Traditional Healers, consisting of both herbalists (*oníṣègùn*) and diviners (*Ifá* priests), are used synonymously in this study.

## Divining

This is the traditional healers’ method of predicting their clients’ futures, by utilizing the divining chain to inquire concerning the future or the nature of their clients’ problems from *Ifá* (*Ọ̀rúnmilà*). *Ọ̀rúnmilà*, also referred to as *Ifá*, was one of the four hundred and one divinities who was sent by *Olódùmarè* (the Yoruba High God) from *Ọ̀run* (heaven) to *ayé* (earth) to assume certain responsibilities (Abímbólá, 1977). “It is through the vision and direction of *Ọ̀rúnmilà*’s words known as the sacred *odù*, that his wisdom and guidance are expressed on earth” (Epega & Neimark, 1995, p. xii). *Ọ̀rúnmilà* (*Ifá*) was put in charge of divination because of his great wisdom which he acquired as a result of his presence by the side of *Olódùmarè*, when the latter created the universe (Abímbólá, 1977).

Epega & Neimark (1995) pointed out that “the training, knowledge, and spiritual insight of the practitioners are critical to the proper use of divination” (p.ix). These authors added that “a skilled *babaláwo* does not simply give a mechanical recitation of alternatives, [but] he carefully selects and blends the energy of the *odù* with the client’s unique situation and works from there” (Epega & Neimark, 1995, p.ix). In the same vein, Abímbólá (1977) maintained that some clients consult *Ifá* at critical moments of their lives, including marriage, divorce, change of profession or place of abode.

## Diviners

The *Yorùbá* refer to a diviner as one who predicts accurately (*aláfòse*) and as one who predicts or tells before the problem emerges (*alásọtélé*). They are *Ifá* priests (*babaláwo*) who act as *Ọrúnmílá*’s mouth piece among the *Yorùbá*. Diviners are the ones who utilize the *òpèlè* (divining chain) to inquire into and relay messages from *Ifá* to their clients. *Yorùbá* diviners consult *Ifá* and recite *Odù Ifá* as they unravel the problems of each of their clients “through specific ritual or offerings, which are indicated through divination” (Epega & Neimark, 1995, p. ix).

*Babaláwo* (*Ifá* priests) accomplish their goals through their ability to communicate and interpret the 256 *odù*, or sacred stories, of *Ifá* which have survived through thousands of years of oral tradition (Epega & Neimark, 1995). Epega & Neimark (1995) concluded that “in casting a specific *odù* for a client, the *babaláwo* (*Ifá* priest) meshes the universal energy and wisdom of the particular *odù* with the specific circumstances facing the client,” and that “it is the “marriage” between the truth of the *odù* and the reality of the client that creates a unique and individual interpretation of current and future events” (p.ix).

## Herbalists

These traditional healers utilize locally prepared herbs and concoctions to cure different diseases and ailments brought to them by clients. They are referred to as *adábunṣe* or *oníṣègùn* in *Yorùbá* land and are respected for their innate and acquired knowledge, and ability to use different herbs to make medicaments for different diseases and illnesses (*wọ̀n ní òye bí a tí í fì ewé ṣe oògùn*).

## Traditional Counseling

Traditional counseling is seen by the *Yorùbá* people as a means by which traditional healers help them understand themselves and others, and ultimately enhance their personal satisfaction (Mallum, 1983). Traditional counseling is inherently embedded in *Yorùbá* tradition because people seek

help for different problems from traditional healers as a way of living a holistic lifestyle and finding meaning for their lives.

### Dean of Healers

These are the oldest and most respected *babaláwo* (*Ifá* priests and herbalists) who possess wide knowledge and experience of healing in *Yorùbá* land.

### *Odù Ifá*

*Odù Ifá* comprises sixteen signs with 256 *odù*, chapters, or sacred stories of *Ifá* (Epega & Neimark, 1995, p. ix), parts of which are memorized by diviners (*Ifá* Priests). According to Epega & Neimark (1995), “the *odù* are powerful guides, with strong general characteristics, waiting to reach fruition as they apply to specific situations in our lives” (p. x).

Mákindé (1983) noted that these chapters (*odù*) comprise a vast compendium of knowledge, while Abímbólá (1968) referred to the *odù* as possessing the deepest wisdom and philosophy of the *Yorùbá* ethnic group. The sixteen primary *odù* are called *méjì*, or twos, with *Ejì Ogbè* as the first in the *Odù Ifá* series, while, *Òyèkú méjì* is the second in these series, with each *odù* carrying hundreds of tales that have accumulated in the oral tradition of *Ifá* (Epega & Neimark, 1995, p. xiii).

### *Ifá*

The most dominant aspect of *Yorùbá* culture is associated with the oral and written *Ifá* literature. *Ifá* has challenging ideas that generate philosophical knowledge in metaphysics, ethics, epistemology, and science. *Ifá* knowledge progresses, is programmed and learned in 16 consecutive sets. The most complete and accurate form of *Ifá* divination can only be performed by a trained and initiated *Ifá* priest (Epega & Neimark, 1995).

Olu Mákindé (1983), a former dean of the Faculty of Education at Obáfémi Awólówò. University, a Nigerian counselor educator and an expert in the field of *Yorùbá* Traditional Healers, referred to *Ifá* as the repository of knowledge or the infinite source of knowledge (*ìmò àìmò tán*). Moreover, Akin Mákindé, the Head of the Philosophy Department at Obáfémi Awólówò. University in 1994, affirmed that *Qrúnmìlà (Ifá)* possesses knowledge of the following subjects: the study of nature (physics), animals (biology), plants (botany), oral incantations (*ofò*), divination (prediction), medicinal plants (herbalism), physiology (anatomy), and sciences associated with healing diseases (medicine)” (Mákindé, 1988). *Ifá* foretells by warning and provides solutions to anticipated events or problems. Mákindé (1984) observed that:

Wisdom is known as *Ifá*  
knowledge is the other name for *Òpèlè Ifá*  
because we are bound to have problems.  
It is to be informed about something we are ignorant of  
that *Ifá* exists to help us (p. 88).

### Divining Chain (*òpèlè*)

The divining chain (*òpèlè*) consists of “eight half seed shells held in the middle so that four shells fall in a line on each side” (Epega & Neimark, 1995, p.xv). Epega & Neimark (1995) added that “by casting the *òpèlè*, the *babaláwo* can, in a single toss, arrive at the necessary eight symbols to form a complete *odù*” (p.xv), thereby assisting clients to diagnose their problems and find appropriate solutions to these problems. However, they stated that the method of divining with the *òpèlè* is not as accurate or precise as divining with the *ikin*.

### Alternative Medicine

Alternative medicine applies to various therapeutic systems not accepted by orthodox medical science because of their reported failure to submit to or withstand evaluation by objective methods such as the randomized clinical trial (Beeson & Scott, 1986). Techniques and disciplines that may be classified under alternative medicine include: homeopathy, osteopathy, chiropraxis, acupuncture, and herbal medicine (Beeson & Scott, 1986).

Moreover, Tratchman (1994) defined alternative medicine as being concerned with the qualities that distinguish people who may have the same diagnosis. Alternative medicine addresses the mental, emotional, and spiritual, as well as biological aspects of each person’s life (Tratchman, 1994, p.116). Alternative medicine applies to various types of treatment used instead of established forms of modern medicine. Overall, it involves the continuous dissemination of healing methods of dynamic medical knowledge and ancestral experience.

### Disease or Ill Health

Disease or ill health is induced by an imbalance or disequilibrium in a person’s total ecological system (W.H.O., 1978). Disease occurs when someone is literally “without ease,” and is defined as any sickness, ailment, or departure from the generally accepted norm of good health (Beeson & Scott, 1986). Overall, this study perceives disease or ill-health as being present when physical, psychological or emotional unease is apparent in a client’s life.

## Illness

Illness is present when an individual perceives herself or himself as diseased, and disease is present when identifiable by objective and external criteria.

## Client

A client, for the purposes of this study, is a person who visits traditional healers, with psychological, physiological, organismic, or emotional problems, in the hope that his or her problem(s) will be solved.

## *Yorùbá*

The *Yorùbá* are one of the largest ethnic groups in Africa. They are estimated to number 20.3 million, which is about 20 percent of Nigeria's population (Population Reference Bureau, 1995). They live predominantly in the southwestern part of Nigeria and have been divided by some geographers into over 20 subgroups including: *Qyó*, *Ègbá*, *Ikétu*, *Òhòrí*, *Ègbádó*, *Ìjèbú*, *Ifè*, *Ìjèṣà*, *Ìgbómìnà*, *Ondó*, and *Èkiti* (Kurian, 1989, p. 283). *Yorùbá* settlements are characterized by their remarkable urban centers (Mábògùnṣẹ, 1962), which are unparalleled anywhere else in tropical Africa.

## *Olódùmarè*

The *Yorùbá* name for God Almighty, who created everything in the universe including the gods.

## The gods

These are different categories of deities worshipped, prayed to and appeased by the *Yorùbá* people of Western Nigeria.

## SUMMARY

The purpose of this research is to formulate hypotheses on how the interpersonal techniques used, as well as functions and roles performed, by *Yorùbá* Traditional Healers, impact the physical, interpersonal, interactional and inter-relational worlds of each of their clients and the total healing culture as a whole (Binswanger, 1962 & 1963). As a whole, this project utilized the case study approach to investigate the interpersonal techniques used by *Yorùbá* Traditional Healers.

Towards this end, this Chapter provided information on the formula-

tion of hypotheses and a brief overview of the methodology utilized for the research project. Since the case study is mainly an inductive methodology, hypotheses are formulated, not tested. In Chapter Two of this volume, related literature on the Traditional healing systems and issues related to Yorùbá Traditional Healers and healing are reviewed. Chapter Three provides information on the methods and procedures that I utilized in conducting this study, while Chapters Four and Five discuss the profiled cases and hypotheses. Finally, Chapter Six summarizes my findings, and provides recommendations and related observations.

# Review of Related Literature

**T**HIS CHAPTER HIGHLIGHTS THE INTERACTIONAL AND INTERRELATIONAL roles and functions of, and the interpersonal techniques employed by, traditional healers. In this vein, the literature review presented herein specifically focuses on the following topics: Nigerian ethnic groups, *Yorùbá* land and the *Yorùbá*, ethno-medicine, personalistic and naturalistic etiologies, diagnoses in personalistic and naturalistic etiologies, disease and illness. Other reviewed concepts include alternative medicine, because it is a new approach of healing used in different parts of the world, cultural issues that are central to traditional healers' myths and superstitions, tradition, traditional systems of healing, helpers (traditional healers), roles and functions of traditional healers, herbalists and religious healers.

Themes such as traditional healers' techniques, props and cues, healing factors in traditional therapy, counseling and Western trained Nigerian counselors, as well as guidance and counseling in Nigeria, are all incorporated into the literature review and discussion. Quality and criticism of reviewed research are also discussed. The chapter ends with a summary of important points concerning the relevant roles and functions performed, and techniques used by traditional healers in all societies.

## NIGERIAN ETHNIC GROUPS

Nigeria has a rich cultural heritage, deriving from its indigenous ethnic elements as well as from Middle Eastern and Western cultural influences. A typical African country in the diversity and heterogeneity of its ethnic heritage with more than 250 ethnic groups (Book of Facts, 1995), Nigeria is one of the most ethnically diverse countries in Africa and, relative to its size, in the world (World Almanac, 1995). The four dominant groups, *Igbo* in the East, *Yorùbá* in the West, and the *Hausa* and *Fulani* in the North constitute roughly 60 percent of the population. The *Igbo* have a

population of approximately 16.6 million (17 percent), while the *Hausa* and *Fulani* have a population of 29.5 million (30 percent), and the *Yorùbá* have a population of 20.3 million (20 percent) (Population Reference Bureau, 1995).

Relative to Nigeria's population, the size of the non-African community, which is estimated at around 27,000, is small but diverse. The non-African community includes Britons, Americans, Lebanese, and Indians. Nigeria ranks seventh in the world in terms of ethnic and linguistic homogeneity, with 13 percent homogeneity (Europa, 1995).

## YORÙBÁ LAND AND THE YORÙBÁ

*Yorùbá* land, located within the tropics, is closer to the equator than to the Tropic of Cancer. The roughly east-west coastline is on the average about 6° 0' 22"N of the equator, where the coastline swings southwards towards the delta. The great achievement of *Yorùbá* settlements are their remarkable urban centers, unparalleled anywhere else in tropical Africa (Africa Yearbook, 1995), (Mábògùnjé, 1962). *Yorùbá* indigenous economies revolve around hunting, fishing, farming, and craft industries, and members of the ethnic group have a long tradition of living in towns and cities (Population Reference Bureau, 1995), (Africa Yearbook, 1995), (Myers, 1989), (Òjò, 1967).

Epega & Neimark (1995) asserted that, "one of the great powers of the *Yorùbá* tradition is its ability to translate basic truth and wisdom through time, so that its application in our world of instant communication, high technology, and material goals and aspirations can be as accurate and beneficial today as it was thousands of years ago" (p.xvii). The *Yorùbá*, according to Mákindé (1974), have "their own distinct, systematic [sic] and rationalized ideas about the mysteries of the world; their philosophy is life affirming, be it true or mythical, scientific or not" (p.90).

He further reiterated that:

the material endowment of the *Yorùbá* is a fund of invaluable information for the scientist. That the *Yorùbá* are so immeasurable above the apathy peculiar to the denizens of Western Africa in general, so vivacious and alert, so skillful in the management of life that they may very well be called the nation of practical philosophy of dusky African people who are ready with an apt illustration of whatever may be under discussion as the thoughtful peasant of Europe (p. 322).

The *Yorùbá*, Mákindé continued, are a people with their own philosophy of counseling with the *babaláwo* as the medium through which healing and counseling are practiced. *Babaláwo* are the traditional healers of *Yorùbá land*, comprising of diviners (*Ifá priests*) and herbalists (*Oníṣègùn* or *Adáhunṣe*).

## ETHNOMEDICINE

Ethnomedicine is an area of study within the field of cultural anthropology that involves the comparative study of systems of medicine (Hughes, 1968). Ethnomedical systems are culturally unique beliefs and knowledge about health and disease held by the culture members, both health experts and nonexperts (McElroy & Townsend, 1985). Ethnomedicine analyzes society-wide as well as more localized, i.e., interpersonal, aspects of medical problems, with an emphasis on cultural factors (Fabrega, 1990).

An ethnomedical approach should illuminate how a society's culture creates and conditions specific problems involving health, illness, and medical practice. Levers & Maki (1994) contended that "the ethnomedical literature amplifies the importance of understanding the various paradigms of illness and health which are bound to culture, social construction, and, at least in part, to worldview" (p.12). Culturally-based beliefs about health and illness influence our interactions with people from other cultures, especially in health-care settings (Witte, 1991).

These subtle beliefs, which may be unknown to the health practitioner, might be obvious to the client. A person's socialization and cultural background form the framework from which he or she communicates. Feierman (1985) declared that the "evolution of health cannot be separated from the broader story of social change" (p.73). Additionally, "the political and economic forces which shaped the continent's [Africa] history also established the framework within which patterns of diagnosis and treatment, health and disease emerged" (Feierman, 1985, p.73).

Epega & Neimark (1995) maintained that the diviners' focus is on individual clients and the circumstances of their lives, not on their problems. These two authors added that shamans view the disease more as the problem, more than their clients or the circumstances of their clients' lives.

The biomedical perspective of Western medicine focuses more on the objective physiological processes of disease, while non-Western medical systems tend to focus more on the subjective perceptions of illness. Witte (1991) contended that no one medical system is right or correct, rather, each system provides a unique approach to understanding health and disease. Ethnomedicine has no developed theory of natural causation, while biomedicine treats social and psychological issues as secondary therapeutic problems (Morris, 1986).

Agyepong (1992) observed that ethnomedical perceptions of the causes of and treatment for malaria are different from conventional views among the *Adangbe* of Ghana. Many *Adangbe* perceived malaria as an environmentally-related disease caused by excessive contact with external heat which upsets the blood equilibrium. Therefore, many community members do not connect malaria with the mosquito, in theory or practice.

## PERSONALISTIC AND NATURALISTIC ETIOLOGIES

Personalistic and naturalistic etiologies are the two principal factors identified within the etiology of disease (Foster, 1976). Foster (1976) referred to disease etiology as the key to cross-cultural comparison in non-Western medical systems, and further explained that personalistic etiologies hold the belief that all misfortune, including disease, is explained in the same way: that illness, religion, and magic are inseparable. He stated that the most powerful healers have supernatural and magical powers, and that their primary role is diagnostic.

Scientific beliefs simply mingle with traditional ones instead of supplanting them (Roder, 1991). Beliefs in the supernatural causation of serious illness and death by sorcery, witchcraft, or taboo violation remain largely unchanged after Western medical methods were introduced in Papua New Guinea (Lepowsky, 1990). Foster (1976) explained that there is a belief that religion and magic are largely unrelated to illness, that the principal healers lack supernatural or magical powers, and that their primary role is therapeutic.

Most traditional healers in *Ilé-Ifè*, Nigeria, attributed deafness to supernatural causes, despite the distinction between congenital and non-congenital deafness (Ọdẹbíyì & Togonu-Bickersteth, 1987). Quidraogo (1989) also observed that traditional healers attributed illnesses to the will of God, witchcraft or magic.

Under the personalistic etiology, disease is explained as the results of the active purposeful intervention of an agent, who may be human (a witch or a sorcerer), nonhuman (a ghost, an ancestor, or an evil spirit), or supernatural (a deity or other very powerful being) (Foster, 1976). The sick person is literally a victim, the object of aggression or punishment directed specifically against him or her for reasons that concern him or her alone. Personalistic causality allows little room for accident or chance. If the agent intended harm to the victim, the etiology is commonly personalistic (Foster, 1976).

Illness is said to be but a special case in the explanation of all misfortunes in personalistic systems, while personalistic medical etiologies are parts of more comprehensive or general explanatory systems. Most authors agree, however, that clients, because of their beliefs in supernatural interventions, consult traditional healers for illnesses and diseases that have personalistic etiologies as their cause. Foster (1976) stated that most villagers believe that illness ultimately comes from God.

Naturalistic etiologies are, on the other hand, the belief that disease causality has nothing to do with other misfortunes. This naturalistic concept presupposes that religion and medical practices are almost inseparable. A possible reason for the persistence of these beliefs is that education and health services for Africans were for many years the exclusive province of Christian missions (Roder, 1991). Roder (1991) reiterated that

western “civilization” was presented to Africans as a superior gift from a truer god, and not as a rational, logical, and scientific approach to life.

Illness is explained in impersonal systemic terms under naturalistic etiology. Disease is thought to stem not from the machinations of an angry being, but rather from such natural forces or conditions as cold, heat, winds, dampness, and above all, by a disruption in the balance of the basic body elements. The *yin*, the feminine passive principle in nature exhibited in Chinese cosmology in darkness, cold or wetness, combines with *yang*, the masculine active principle exhibited in light, heat or dryness, to produce an equilibrium. Health conforms to and results in an equilibrium model, when the humors, the *yin* and *yang* or the *Ayurvedic dosha*, are in the balance appropriate to the age and condition of the individual in his natural and social environment (Foster, 1976). Clients consult traditional healers and Western-trained medical doctors for diseases and illnesses that are explained within the realm of naturalistic etiologies.

#### DIAGNOSIS IN PERSONALISTIC ETIOLOGIES

Personalistic systems see the shaman or witch doctor diagnoses in terms of trance or other divinatory techniques. Diagnosis—to find out who and why—is the primary skill that the patient seeks from the curer. Treatment of the instrumental cause, while important, is of secondary concern (Foster, 1976).

The basic personal health strategy in personalistic etiologies emphasizes the importance of ensuring that one’s social networks with fellow human beings, with ancestors, and deities are maintained in good working order. Time and money are essential ingredients in the maintenance of health in personalistic etiologies. Clients invest in money and time for rituals to God, ancestors and the gods.

#### DIAGNOSIS IN NATURALISTIC ETIOLOGIES

Naturalistic systems view diagnosis as being of very minor importance, as far as the curer is concerned. Diagnosis is made, not by the curer, but by the client and the members of his or her family. For instance, the initial psychiatric interview is usually a group activity where all significant members, friends, and co-workers present are invited to participate (Asuni, 1990). Treatment is based on findings of physical and mental state examinations, and focused on drawing relatives’ attention to unhealthy interactions (Asuni, 1991). Asuni further reiterated that the discharge procedure and follow-up are also addressed and the client returns to the time prior to when the illness was diagnosed. For example, Foster (1976) recalled how the fact that he stepped on a cold wet floor the night before caused “risen heat” (p. 780).

Moreover, as pointed out earlier, the *Adangbe* of Ghana believe that

malaria is an environmentally-related disease caused by excessive contact with external heat which upsets the blood equilibrium (Agpeyong, 1992), instead of by the mosquito as proved by modern Western medicine. In Guyarat, India, diarrhea is attributed to the excessive consumption of hot foods (Pool, 1987).

Overall, Foster (1976) felt that naturalistic etiologies correlate predominantly with “don’ts,” which means that in theory, a hypercautious individual should be able to avoid almost all illnesses by “not doing certain things” (p.780). In contrast, personalistic systems emphasize the “dos.” The naturalistic system emphasizes knowledge of how the system works and the will to live according to its dictates (Foster, 1976).

## DISEASE

Disease is an objective phenomenon of organic malfunction, e.g., bacterial infection, viral attack, or injury (Witte, 1991). However, Rankin (1993) argued that individuals of various cultures have different perspectives about sickness and health. Foster (1976) declared that the culture in which people are socialized determines the beliefs that they hold concerning the nature of their problems and the way they may be solved.

McKee (1987) propounded two theories of causality. One theory of disease causality seeks explanations of pathogenesis in supernatural interventions or humorous imbalances; the other theory rests firmly on the germ theory of disease. The primary approaches to health and disease can be explained within sociological perspectives. The structural concept reveals disease as being dysfunctional, because it threatens the equilibrium by affecting normative and valued social participation in societal activities (Alonzo, 1984). An ideational/interactional perspective focuses specifically on the process of disease definition and evaluation and on their social consequences (Alonzo, 1984).

Supposedly, disease results from the normally and naturally-emergent changes in the environment and our inability to meet these ever-emerging changes in our socially-produced environment (Alonzo, 1984). The image of health, expressed by Dubos (1959), is that of a relationship to one’s social, psychological, and physical environments. Diviners seek the underlying etiology of disease or misfortune among their African clients through reference to social conflicts or moral transgressions (Morris, 1986).

Epidemics are popularly explained in many villages as being the result of the wrath of a malevolent goddess (such as *Sitala* in India) associated with smallpox, measles, and other febrile diseases characterized by skin eruptions (Weiss, 1986). Evil spirits or familiar spirits have both been purported to be the cause of disease in ‘traditional’ societies. Traditional healers are believed to be the only agents who can remove these spirits from their victims (Green, 1985). It is because of this trust in traditional healing that sexually transmitted diseases in Africa are always presented

to traditional healers, because clients and healers seem to believe that cures effected by the latter are more effective than modern cures (Green, 1992).

## ILLNESS

Illness is an individual's perception of not feeling well. Someone can have a disease yet not feel ill, e.g., hypertension. On the other hand, one can feel ill but not have a disease, e.g., psychosomatic illnesses. Usually, however, one experiences disease and illness simultaneously, e.g., the flu, cancer, or infection.

Illness is a recurring phenomenon in human groups and social factors, as opposed to molecular variables alone, must be considered when analyzing its causes (Dossey, 1994). Non-Western and small-scale societies tend to conceptualize illness holistically with wide ranging meanings. Two classes of religious explanations for mental illness among the *Annang* of Nigeria, possession and non-possession, were identified in the socio-cultural milieu of the people (Umoren, 1990).

According to Fabrega (1990), illness brings fundamental concerns of a people, such as community rivalries, antagonisms, and relations with spiritual agencies, "to the fore." Treatment is often a highly-socialized spectacle with potentially-religious, moral, and political impacts on clients. Although the *Igbo* of Nigeria use both kinds of health care services in tandem, modern medicine is generally regarded as a secondary approach (Ezeji & Sarvela 1992). These authors added that there is a general feeling that illness management is never complete until a traditional management is undertaken.

Distinctions between mental and bodily illnesses are not generally produced (Ezeji & Sarvela). In some more complex and small-scale societies, one finds genuine specialists dealing with mental illness. Generally, however, non-specialist practitioners treat different types of illness, including those classified as psychiatric and psychological. Fabrega (1990) affirmed that the theory of illness of the early modern era was also eclectic. Problems that were labeled as psychopathological were handled in social-psychological and religious terms, with the family and community as active agents in their management and treatment.

Notions of illness causation are an important issue in the comparative study of medical systems. A review of literature on this topic reveals that etiological knowledge in non-Western cultures is dominated by religious or supernatural beliefs, in contrast to the supposedly more scientific and rational "Western etiological system" (Ngokwey, 1988, p. 793). However, there are exceptions even in the West. Waldram (1990) found that native residents of a western Canadian city retain a strong belief in traditional illness etiologies and the efficacy of traditional medicine. These western Canadian residents refer to creator, witchcraft, and ancestor spirits as the causes of illness.

Illness in Swaziland is believed to be sorcery-induced and environmentally-caused, i.e., diseases are thought to be in the air or in its agents. Illness could be caused by magical poisons that are hidden by one's enemies in places that a victim is likely to walk past or touch (Green, 1985). Beliefs about supernatural or mystical causation of mental illness and the efficacy of modern psychiatric resources versus traditional healers are also prevalent in Turkey (Eskin, 1989).

Nigerians and other Africans also believe that illness is caused by the deliberate use of spells and harmful medicines or, less commonly, by ancestral displeasure resulting in the withdrawal of spiritual protection (Green, 1985). Certain *Yorùbá* healers interviewed in Odejidé, Olatawùrà, Sàndà and Oyènyé's (1978) study characterized curse (*Èpè*) (75.5 percent), mysterious epidemic infections (*Şànpònmá*) (67.9 percent), spirits (*Ànjònú*) (47.2 percent), and heredity (*Ìran*) (32.2 percent), as the etiological causes of mental illness in the city of *Ìbàdàn*, *Òyó* State. Eight of the 53 *Yorùbá* healers interviewed stressed the importance of conflicts of the mind as a possible etiological factor. Overall, traditional healers attributed illnesses to the will of God or to witchcraft (Quidraño, 1989).

For their part, the *Pokot* of Kenya perceive illness causation as a dynamic phenomenon embracing various planes of reality. They believe that it is possible for the same illness to be caused by natural physio-chemical processes, social, and spiritual forces. The client's pathological condition provides the starting point for the process of illness causation (Nyamwaya, 1987), which may be divided into the "how" and the "why" dimensions (Pritchard, 1937). The "how" dimension alludes to natural, physio-chemical, and psychological causes such as old age, bad air, moisture, thunder, and organisms, while the "why" plane regards social and spiritual relationships as directing or aggravating an illness.

Nyamwaya (1987) concluded that it has become increasingly clear that concepts of causality are crucial in determining the relationship between traditional and modern Western-based medicine, particularly in the initial stages of contact. Concepts and causality become less important in influencing the relationship at the latter stages of contact. Some illnesses purportedly are uniquely African and therefore not treatable by Western medicine (Nyamwaya, 1987). Similarly, Rankin & Kappy (1993) argued that health care professionals must be aware that individuals of different cultures may have perspectives about sickness and health that differ from theirs.

Certain African-Americans, Hispanic-Americans, and Native-Americans use unconventional therapies or traditional treatments (Rankin & Kappy, 1993). Furthermore, Ecuadorians believe that "evil eye," "evil air," and "soul loss," which are all classified as supernatural attacks, are illnesses not treatable by Western doctors (McKee, 1987). Ecuadorians believe that the above diseases must be treated by different methods deemed appropriate by traditional medicine.

Healing is required for a wide range of problems that includes not only

physical ailments for middle-class suburban Americans, but their emotional, spiritual, and social dimensions as well (Kantor, 1993). Kantor's study of healing narratives broadened the discussion of health and illness, and supported previous research undertaken in other countries. She further noted that, for middle-class Americans, illness is not just an unpleasant reality of life, it necessitates an explanation and resolution, and is something to be overcome and conquered.

Comaroff (1980) defined healing as "fundamentally concerned with the reconstitution of physical, social, and spiritual order. . . [and that] . . . it cannot be meaningfully examined if isolated from the wider sociocultural system" (p. 639). Additionally, Levers & Maki (1994) stated that anthropological literature informs us about how Africans become ill and seek healing rather than treatment. Hence, social factors must be considered to understand health and illness (Dossey, 1994), since religious and political beliefs, as well as attitudes toward alternative medicine, were the most consistent and powerful predictors of health-related beliefs (Furnham, 1994).

## ALTERNATIVE MEDICINE

The tendency to focus on the whole person has been postulated to be the reason why clients seek healers or experts for alternative healing methods (Cassidy, 1994; Murray and Shepherd 1993; Trachtman, 1994). Specialists in modern medicine, according to Trachtman (1994), have a limited view of the world, while generalists, who have an alternative view of medicine or healing, see more of the whole person. Generally, alternative medicine is concerned with the qualities that distinguish people who may have the same diagnosis, and it addresses the mental, emotional, spiritual, and biological aspects of each person's life (Trachtman, 1994). In highlighting the credibility of alternative medicine, Gellert (1994) posited that alternative healers tend to suggest that they are "cure-alls."

Murray & Shepherd (1993) claimed that women express more interest than men in alternative healing practices. After having interviewed males and females for their study, they found that the use of non-conventional care was associated with higher general practice consultation rates among women. Other variables, including age, religion, political beliefs, and beliefs regarding health and illness, also influence clients' preferences for alternative methods of healing (Furnham, 1994).

Those who consult alternative practitioners typically believed that their treatment should concentrate on the whole person and that their practitioners had greater knowledge of the physiology of the body (Furnham & Forey's (1994). Individuals interviewed for Furnham and Forey's study were more critical and skeptical about the efficacy of modern medicine, believed their health could be improved, stayed loyal to their chosen practitioner, tried more alternative therapies, and had more ecologically-aware lifestyles.

## CULTURAL ISSUES

### Culture

Hoebel (1972) defined culture as “the integrated system of learned behavior patterns characteristic of the members of a society which are not the result of biological inheritance” (p.6), while Tylor (1989) viewed culture as that complex whole which includes knowledge, belief, art, law, custom, other capabilities, and habits acquired by man as a member of society. Who we are and what we do is determined by our biological heritage, our natural surroundings, the group in which we live, and the means, the knowledge, the skills, and the ways of behaving, by which the members of our group function together to satisfy mutual requirements (Cone & Pelto, 1969).

The culture in which people are socialized determines the beliefs that they hold about the nature of their problems and how they may be solved (Vontress, 1991). Vontress conceded that African clients’ beliefs affect the extent to which they consider the counselor’s intervention strategies beneficial. This last point is particularly helpful when considering why African clients consult traditional healers.

Medicine and therapy are more clearly a function of the culture than of environmental conditions (Lámbò, 1983; Ackerkrecht, 1943). This is one of the reasons why Rankin and Kappy (1993) advocated a program that fosters cross-cultural education for individuals of different cultures, by enhancing cultural awareness and recognizing traditional healers’ roles through lectures, workshops, and resident rotations.

Cultural misunderstandings and conflicts occur when two persons with differing cultural orientations assume that they share the same expectations for a situation but employ different behaviors to convey their intentions (Pedersen and Pedersen, 1989). This is an important variable to consider during cross-cultural interactions between clients and counselors.

Cultural variables can intervene in a counseling interview in at least three different ways (Pedersen, 1983): one is through the culture of the client; another is through the culture of the counselor; and a third is through the culture of the “problem.” The problem defines the context of a counseling interview and assumes characteristics from the cultural context. A problem is a very complex configuration that draws from the total environment of the client, persons significant to the client, and perhaps even from the counselor who becomes much like an artificial personality to the client. Finally, a problem is perceived as an “independent” force with an independent identity (Pedersen, 1983).

A triadic or three-pronged relationship exists between the counselor, client, and an invisible but ever-present third party—culture (Saleh, 1986). Culture is a fluid factor, not a stagnant one, and varies according to the specific counseling relationship (Saleh, 1989), which is the spatial distance in cultural congruence between a counselor and his or her client.

Culture enters the relationship through the counselor and the 'counselee' since both are culturally imbued. The counselor utilizes tools such as training, methods, techniques, theories, and approaches in the counseling relationship. Culture acts as an agent that either predisposes the relationship to a successful outcome or contributes to the dooming of the relationship. Culture has made a profound contribution to our understanding of human behavior through explanations of personal development and interpersonal contact (Pedersen & Pedersen, 1989). Rather than refer to a person's culture as an external factor in a counseling relationship, an accurate assessment must relate culture to the client's intended expectations and values (Pedersen & Pedersen, 1989).

Since no one is culture-free, and it is highly unlikely that any one cultural viewpoint will fit everyone's needs, there is a need to include cultural aspects of counseling into all counselor education programs (Saleh, 1989). As each culture is distinct, counseling must acknowledge and respond in a nurturing manner to the cultural differences existing within the world's population before its applicability can be carried beyond its self-imposed, mono-cultural encasement (Boas, 1964).

Studies in psychology, linguistics, and anthropology all point to the same conclusion: people think differently (Torrey, 1986). Torrey stressed that all men apparently do not see things in the same way, and that culture determines the way they see things. Differences in perception are superficial and include such basic things as colors and numbers. In sum, cultural notions imply differences in thought at all levels including ideas, values, conceptions of time, and the notion of cause and effect (Torrey, 1986).

## CULTURE AND TRADITIONAL HEALERS

Ìdòwù (1985) stipulated that for any healing system to be meaningful and effective for Africans it must give prominence to their cultural background. African healers focus on stimulating their clients' healing powers by associating their belief systems with their emotional and body states (Ìdòwù, 1985). Efforts are being made in Rwanda (and other parts of the world) to integrate traditional medicine with modern methods (Baro, 1990). Integrating western medical practice with indigenous health care is also advocated as a viable source of holistic health for the *Igbo* of Nigeria (Ezeji & Sarvela, 1992).

## MYTHS AND SUPERSTITIONS

One Zimbabwean traditional healer interviewed by Levers & Maki (1994) asserted, "myths serve a function in society" (p.63). According to Ìdòwù (1985), such myths and superstitions are transmitted from one generation to another through the process of acculturation. They are both expressed and reinforced through recurring group activities, e.g., dances, religious

ceremonies, and rituals. African myths and superstitions provide living symbols of the history, the culture, and the daily practices of Africans. They also portray the hopes and fears of Africa's people as they struggle to understand the unknown and to combat the stresses of their environment.

Ìdòwú (1985) found that African theories are created and beliefs are constructed through myths and superstition, which form the cornerstone of traditional African healing. Myths are developed in Africa to explain:

- (a) Human phenomena, e.g., creation, death, illness, disease, and relationships among people (including the dead);
- (b) Natural occurrences, e.g., rain; or
- (c) Disasters, e.g., famine, drought, and epidemics (Ìdòwú, 1985, p. 83).

African myths and superstitions also serve other purposes. They foster socialization and help to counteract anxiety caused by ontological beliefs or by the prospect of disappearing into nothingness (Frank, 1978). Myth and superstition further engender psychological, emotional, and mental well-being (Ìdòwú, 1985), but the effects on emotional states can only be inferred and not scientifically validated. Frank (1978) noted that:

in order to select among and make sense out of the welter of experiences, humans need a moral and cognitive map of the universe. Such maps may be termed belief systems (or myths) and they include beliefs as to the nature of knowledge and code of ethics—that is—descriptions of valued and devalued behaviors. Ultimately, all belief systems rest on premises which are not open to question and which cannot be demonstrated empirically—that is, they are articles of faith (p. 260).

Ìdòwú (1985) hinted that myths and superstitions act as forces of cultural integration and awareness, and promote community cohesiveness. He confirmed that elders educate people, especially youth, about the culture and its ancestry. Myths and superstitions entertain and work as a cathartic component, act as mythological tales, and are used as songs to evoke emotions and reduce anxiety.

As previously noted, deafness is attributed to superstitions among 98 Yorùbá Traditional Healers interviewed in *Ilé-Ifẹ̀*, Nigeria (Qdẹ́bíyì & Togonu-Bickersteth, 1987). Myths and superstitions allay the fears of clients from the healers' perspective, and situate clients' problems in proper cultural perspectives. Qdẹ́bíyì (1989) remarked that healers also use food taboos to explain children's problems to their mothers as a way of assuaging their fears.

## TRADITION

Tradition is a belief or practice in any field of culture, to the extent that it is received from the hands, lips, or examples of others rather than being discovered or invented. The assumption is that the authors and transmitters are reliable, and, therefore, the tradition is valid.

Eliade (1987) divided tradition into verbal and nonverbal. Verbal tradition includes traditional artifacts (e.g., icons, monuments, and symbolic objects), sites, designs, gestures, postures, customs, and institutions. Nonverbal traditions, on the other hand, cannot exist in isolation from verbal traditions, because the latter are needed for interpretation. Tradition, like traditional healing, is an indirect source of knowledge that is not readily accessible to or verifiable from contemporary sources.

## TRADITIONAL SYSTEMS OF HEALING

Traditional systems of medicine contribute significantly to the medical needs of 80 per cent of the world's population (WHO, Technical Reports 622, 1978). The WHO (1976) defined traditional medicine as the comprehensive "knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social disequilibrium and relying exclusively on practical experience and observation handed down from generation to generation, verbally or in writing" (p.3).

Traditional methods of healing have been employed by a majority of the world's population for thousands of years (Tratchman, 1994). African traditional medicine existed before the introduction of Western medicine, and suited the needs of African cultures (Mákindé, 1988). Tratchman (1994) contended further that ignoring the contributions of traditional healers is tantamount to technological arrogance. Theories and practices of medicine have a clear cultural dimension, as the traditional systems and policy emerged from the beliefs and cultures of Africans (Mákindé, 1988). According to Mákindé (1988), this occurred because the majority has faith in the power and efficacy of traditional medicine. Patients seem to believe that traditional cures are more effective than modern cures (Green, 1992). Levers & Maki (1994) discovered that in Swaziland "with traditional beliefs and practices, even when people go to the hospital, they would rather go and see a traditional healer" (p.52).

The efficacy of Western medicine is not disputed in Africa or Asia (including India or China) but the traditional system is also highly in demand (Mákindé, 1988). In Nigeria, millions of patients in both urban and rural areas depend on traditional healing for treatment (Mákindé, 1988). The majority of Africans in rural areas look for treatment of

diseases and illness (including mental illness) from traditional healers who share their experience and culture and thereby understand their problems. Consequently, the first point of contact for health concerns for most Africans is the traditional healer; they spend more time with healers than with Western doctors (Levers & Maki, 1994; Dillon-Malone, 1988; Feerman, 1985; Gay, 1993; Gay & Gill, 1993; Janzen, 1992; & Vontress, 1991).

## HELPERS

### Traditional Healers

Traditional healing is as old as the human race. Indigenous healers were prevalent amongst the Egyptians, early humans, and in the old civilizations of Greece and the Roman Empire (Schusky & Culbert, 1967). The former Director of WHO in Lesotho claimed, "there are over one million traditional healers in southern Africa, with about ½ million of those practicing in the Republic of South Africa" (Levers & Maki, 1994, p. 46).

Traditional healers are successful with their clients because they share the same worldview, possess the ability to diagnose problems, have distinct personality characteristics, and have a reputation that helps raise their clients' expectations (Torrey, 1986). Torrey added that traditional healers utilize techniques that generate emotional arousal and give these clients a sense of mastery over their problems.

Indigenous healers are equipped to provide health care within different communities (WHO, 1978). These healers may use vegetable, animal, and mineral substances in their healing practices, and their methods may be "based on the social, cultural and religious backgrounds, as well as the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well being and the causation of disease and disability" (WHO, 1978, p.41).

Traditional healers are held in high regard because of their ability to exploit the forces of nature and make contact with the spirit world (Vontress, 1991). Healers vary in terms of their power to heal. They are generally viewed as holistic, because of their ability to serve as a priest-physician-psychologist (Vontress, 1991). They perform religious functions of healing and therapeutic duties concurrently, when there is need for it.

Africans have faith in diviners, other traditional healers and herbalists, as well as in medicinal plants (Şófowórà, 1981). In a special message to the now-defunct Organization of African Unity (O. A. U.) meeting in Lagos, Nigeria, Abdel Razik, its erstwhile Assistant Executive Secretary, affirmed that Africans prefer traditional medicine to modern medicine and western-based counseling methods (Şófowórà, 1981).

Nigerians consult western trained doctors for their health problems and also seek out traditional healers who deal with the metaphysical issues that

supposedly underlie physical complaints (Roder, 1991). In Lesotho, people come to healers when “things are not going well . . . and when they are physically sick” (Levers & Maki, 1994, p.44). Africans generally consult specialists such as the herbalist, the fetish man, the medium, the healer, and the sorcerer (Vontress, 1991). Two broad categories of indigenous traditional health practitioners include those who are possessed (by supernatural powers or the spirit of the ancestral healer), including the spiritual healer, the fortune teller, and the clairvoyant, and those who are non-possessed, including the traditional doctors, the medicine men and the herbalists (Levers & Maki, 1994). Vontress (1991) also posited that African specialists differ in terms of knowledge, magical powers, and focus.

The herbalist is an individual who knows the medicinal qualities of herbs (Vontress, 1991), while the fetish man is one who manipulates great powers. The mediums are individuals, mostly women, who are usually endowed with the power to transmit messages from the dead to the living (Stoller, 1989). Healers are considered by Mbiti (1988) to be generalists referred to in Francophone Africa as “*le guerisseur*.” Anglophone countries (of which Nigeria is one), simply refer to healers as “medicine men,” “*jùjú* men,” “traditional healers,” “witch doctors” or “*babaláwo*” (Mbiti, 1988).

Awanbor (1982) explains that the *Edo* people of Nigeria use the general term *obos* to refer to native doctors, similar to the term *babaláwo* among the *Yorùbá*. Mákindé (1984), identified the following group of indigenous counseling practitioners: “*uzenakpo* (those who help people out of problems) among the *Ibibio*; *dibia*, *bokaye*, and *ogbafa* among the *Igbo*; *omufunmu* among the *Bugisu* of Uganda; *nganga* in Tanzania; *sikidy* in Malagasy; *obozi* among the *Igala-Tiv*; and *babaláwo* among the *Yorùbá*” (p. 87). These traditional healers are regarded as “poets Lucretius of ancient wisdom” within their respective communities (Mákindé, 1984, p. 87).

Traditional practitioners provide health care for an average of 75 percent of the population in the developing world, including Nigeria (Şófowórà, 1981). This underscores the necessity of considering this class of health practitioners. Şófowórà (1981) stated that international organizations like the World Health Organization (WHO), United Nation Industrial Development Organization (UNIDO), United Nations Children’s Emergency Fund (UNICEF), Economic Community of West African States (ECOWAS) and the African Union (AU) now have major programs for the development of traditional medicine in Africa. These efforts help to enhance holistic health for people in different parts of the world.

There is approximately one traditional *nganga* for every 350 residents of Dar es Salaam, the capital of Tanzania; the number is probably higher in rural areas (Rappaport, 1977). Since 80 percent of the Nigerian rural

population lack access to Western-trained doctors, nurses, midwives, and other paramedical health workers (Oyèbólá, 1980), traditional healers are the major available source of health care.

Traditional counselors are not just people who advise but men and women who offer activities, have fame or prestige, and proffer cultural or mythical explanations that are inherently psychological in nature (Mallum, 1983). Traditional healers are associated with religion, spirits, supernatural powers and the gods; people refer to such individuals as native doctor or divinator, medicine-man, witch-doctor, herbalist, soothsayer or seer (Mallum, 1983). They are also called sorcerer, magician or occultist, depending on the functions that they perform. Mallum (1983) also stated that it is this traditional healer or native doctor, as educated Nigerians refer to them, that the people choose as their traditional counselor when they experience problems.

Clients with problems ranging from maladjustment to infertility visit traditional healers for counseling, diagnosis, discovery of etiology, or the pathogenic agent at work, as well as initiating catharsis, finding solutions and predicting their future and fortunes. These traditional healers also take care of other problems, like revealing the past, finding lost articles, engendering self-actualization, and progress in endeavors (Mallum, 1983). The top 10 diseases treated by traditional healers in Swaziland were as follows: wounds, Sexually Transmitted Diseases (STDs), kidney and bladder problems, virility for men, stomach complaints, high blood pressure, diarrhea, female complaints and colic (Levers & Maki, 1994). A female traditional healer in Swaziland reportedly treated hematological diseases, psychiatric disorders, dental problems, and sometimes polio as well (Levers & Maki, 1994).

In order to improve the health of all Malawians, MacLachlan (1993) advocated increased collaboration between traditional healers and western trained mental health practitioners. Traditional healers can be utilized in community-based AIDS education since they hold roles of authority in the social networks in poor urban communities (Schoepf, 1992; Hickson & Mokhobo, 1992). The authors reiterated that traditional healers' pragmatism may be more effective to Malawians than the moralistic teachings of intellectuals.

Asuni (1990) was also of the opinion that the use of traditional healers to prevent, educate and treat mental illness as a family and group affair will go a long way to foster holistic health among Nigerians. Qđéjídè, Ohaeri, Adéłèkàn and Ikuesan (1989) agreed that traditional healers can foster growth among clients in the treatment and prevention of and education on, alcoholism in Nigeria.

Abas, Broadhead, Mmbape and Khumalo-Sakatukwa (1994) discussed the critical role that traditional healers assume in the treatment of depression in Zimbabwe, while Ezeji & Sarvela (1992) observed that modern

medicine is generally regarded as a secondary approach to traditional methods among the *Igbo* of Nigeria. Consequently, traditional healing methods, modern counseling methods, and medicine could be integrated for the general benefit of mankind because they are complementary (Baro, 1990; N'donazi, 1991; & Quidraogo, 1989; Mákindé, 1988). Modern pharmacists also have a lot to gain from traditional healers by understudying their herbal knowledge (N'donazi, 1991).

*Babaláwo* (generic name for Yorùbá Traditional Healers) attend promptly to clients' needs (Mákindé, 1974). As demonstrated in Chapters Four and Five, their work involves information giving, educational and vocational planning, as well as preventive, rehabilitative and developmental tasks. Mákindé (1973) stated that their training is long and inclusive: "Realizing their balanced training, high motivation, acceptance in the community, and willingness to help solve problems, there is no doubt that their methods and philosophies should be borrowed for individual counseling in West Africa" (p. 326).

In recognition of the innate utility of alternative therapies, the National Institutes of Health (NIH) has evaluated lifestyle programs like macrobiotics, vegetarian, natural foods diet, food supplements, and such well known approaches to managing stress as yoga, and breathing and relaxation techniques, prayer, biofeedback, visualization, art or music therapies and acupuncture from China (Trachtman, 1994). Indigenous practices from other cultures, like *Ayur Veda* from India, homeopathy, native American practices and microdose pharmacology from Europe, are among the traditional healing practices that have been researched at the NIH.

## Roles and Functions of Traditional Healers

Western and traditional healing systems have come into greater contact with each other since the WHO pledged in 1977 that there should be provision of worldwide health care by the year 2000 (Krippner, 1984). This was to become practical through the training of native healers, and their incorporation into Western medical clinics and hospitals. It was also recommended that Malawian students obtain training in traditional mental health services for students in Malawi as part of their medical education (MacLachlan, 1993).

Healers are depicted by Vontress (1991) as consultants for physical and psychological problems. N'donazi (1991) revalidated the healing wisdom of traditional healers in his study of the *Souma* healers of Central Africa. Diallo and Hall (1989) also claimed that people from the *Igbo* and *Yorùbá* ethnic groups of Nigeria often perceive physical and mental illness as resulting from contact with evil spirits who may have been provoked by the violation of the visible or invisible order.

The healer acts in part as an intermediary between these visible and

invisible worlds to determine which spirits are at work and how to bring the ill client back into harmony with them (Vontress, 1991). Veyrat and Ferrier (1989) contended that ritual-dominated traditional healing is the most appropriate and effective treatment regimen for psychosomatic patients from magic-dominated cultures. While Western education and modern medicine have made great headway in Africa, beliefs in witchcraft and traditional medicine flourish alongside the newer ideas (Roder, 1991). As such clients still consult traditional healers who deal with metaphysical issues (Roder, 1991).

Abas et al. (1994) averred that traditional healers play a key role in helping clients defeat depression in Zimbabwe. Traditional healers also assist in community-based AIDS education in Zaire because they hold roles of authority in the country's social networks (Schoepf, 1992). Hickson & Mokhobo (1992) supported the above point by stating that traditional healers' skills should be used for effective AIDS prevention and cure. Levers & Maki (1994) further stated that healers in Zimbabwe use counseling for HIV/AIDS clients, "because it can enable the patient to cope with the current situation and to discuss whatever depression he or she is experiencing as a result" (p.64). Traditional healers also assist and heal by reconstructing a patient's personality in a renewed harmonious relationship within the social support network (Auge, 1989).

Dr. Thomas A. Lámbò (1983), a renowned Nigerian and Western-trained psychiatrist, declared that in talking of African medicine:

the concepts of health and disease can be regarded as constituting a continuous transition with almost imperceptible gradations. In these and related cultures, the determinants of health and disease are conceptualized holistically. Psychotherapy... is an indispensable phase of a variety of institutionalized processes to promote human well-being. Because the healer plays a variety of roles in the community, he or she is able to address many different aspects of the problems of living brought by the client (p. 2).

He also made the following observation:

Your rural witch doctor is, in addition to medicine man, something of a social and probation worker, teacher, priest, and JP (justice of the peace). He may tackle the problem, of which his patient's symptoms are only a part, with an across-the-board-approach impossible to the fragmented social, penal, and medical services in the West (Lámbò, 1974, pp. 33-34).

Levers & Maki (1994) added that "traditional practitioners have a holistic approach to the medicine they practice" (p. 63), and "traditional healing considers patients in holistic relationship to their environments" (p.74).

## Herbalists' Role

Healers are acclaimed to have wide knowledge in the use of herbs (Krippner, 1984). In fact, the former WHO director recognized that "modern medicine has a great deal still to learn from the collector of herbs" (Krippner, 1984, p. 157). Healers' use of plants to cure many ailments, diseases and illness has been advantageous to western culture, which derives many medicines from African plants and herbs (N'donazi, 1991). Lepowsky (1990) opined that most islanders first utilize prepared herbs and plants from traditional healers before visiting western trained doctors and nurses' aides.

Root Bernstein, a physiologist and historian of ancient medical practices at Michigan State University, cited one example that can be verified by modern science: the treatment of injuries with sugar and honey, which are now known to prevent infection (McAuliffe, 1992). Thus, McAuliffe urged chemists in the pharmaceutical industry to study lesser-known herbs and other compounds whose curative properties have been extolled by witch doctors, shamans, and other traditional healers, so that modern medical experts can utilize them for the good of all.

## Religious Healers

One of the most positive results of religious healing, according to Edwards (1983), is the creative reintegration of healing and religion. The *Yorùbá* believe in a spiritual being (referred to as *Olódùmarè*) higher than other forces. Religious healing practices exist side by side with traditional healing in Nigeria.

Religio-psychotherapeutic (including relaxation, suggestion and manipulation) and religio-physiologic practices (including the use of chains and tranquilizing medicine) are the two treatment modalities that Umoren (1990) enumerated as common with some syncretic religious healers in Nigeria. Ọdẹ́jídé, Ohaeri, Adélékàn and Ikuesan (1989) added that alcoholism is commonly treated with some recognized approaches in some Nigerian syncretic churches. Nigerians also consult religious healers and hold persistent beliefs in their capability to ensure good luck in farming, fishing, love, business and other pursuits because education and health services were for many years the exclusive province of Christian missions (Roder, 1991).

The Christian concept of healing sees God as a willful power who intervenes in this world to produce change in the sick person, and the healing ministry has much to do with the healing of the memory as the healing of the body (Easthope, 1986). The Christian faith may be understood to open the way to a greater sense of the potential for wholeness in the midst of disharmony and threat, through the experience of forgiveness and renewal

in Christ and of living by the power of the Holy Spirit (Easthope, 1986).

The four areas that religious healers emphasize during healing are the physical, mental, emotional, and spiritual. The healer then lays hands on the client and feels in his or her own body exactly what is troubling the client to the point where the symptoms are actually transferred to the healer (Edwards, 1983). The religious healer gets an insight into what happens through prayer for enlightenment concerning the client's symptoms (diagnosis). Here, the healer experiences harmony with God, who is believed to be the source of knowledge and healing, and becomes deeply conversant with the client's needs.

The ability to diagnose different diseases allows religious healers to compare favorably with traditional healing methods. During a divination session, the indigenous healer demonstrates her or his ability to know the client's illness, without being told the symptoms, and his reputation rests in part at least on competence at doing this. The Holy Spirit is the source of religious healers' knowledge, while the traditional healers claim to divine the nature and cause of the affliction by communicating with ancestors and by consulting the *Ifá* oracle.

The first part of the religious healing session consists of worship, prayer, singing, confessions, and testimonies. The second part is Holy Bible reading and preaching, which leads to the third part where the clients present themselves for healing (Edwards, 1983). The religious healer emphasizes wholeness and the counseling function as an important part of healing. Healers do this through an emphasis on the client's confession of sin, which they recognize as cathartic. Subsequently, they mediate forgiveness through atonement, after clients confront their problems.

## TECHNIQUES

### Techniques used by Traditional Healers

The 1978 WHO Report stated that the methods and techniques traditional healers employ are somewhat closely-guarded secrets. Most of the techniques reviewed in this section were obtained through the efforts of patients and persistent field workers.

Levine and Padilla (1980) explained that therapists, witch doctors, spiritualists, or sorcerers all help their clients achieve comfort as they function in society. Each of these helpers establishes goals and employs techniques appropriate for his or her cultural milieu (Torrey, 1972). Traditional African healing processes are based on a conceptual scheme congruent with the client's worldview (Ìdòwú, 1985). Healing therefore allows clients to surrender their powers and assume roles prescribed by the healer.

The healers' roles are authoritative and their positions are reinforced by support from clients' family members and other interested parties. The interactions between healers and their clients differ because traditional

African healing is a community process that involves not only the client and the healer in individual therapy, but also the client's group and the mythical supernatural world.

The community-oriented process of healing raises the clients' expectancy of cure, helps them harmonize their inner conflicts, reintegrates them with their group and the spirit world, and stirs them up emotionally (Frank, 1978). In Africa, healing is generally geared towards complete personal integration into the cultural fabric; as a result, psychoanalysis and other insight-or behavior-oriented approaches, which focus on the individual, may be inappropriate. Rather, group counseling and other techniques that emphasize the clients' significant support groups and cultural identity seem more appropriate (Ìdòwú, 1985).

The Western counselor may see client's beliefs and the healer's techniques as "primitive" and non-scientific, but the positive outcomes demonstrate its potency. Effective counselors are those who can understand the inner and outer worlds of clients, interpret their emotional problems in terms of their worldview, and if possible, incorporate traditional beliefs in the process of undertaking the above (Ìdòwú, 1985).

Mallum (1983) stated that the most common techniques used by Nigerian traditional healers are self-meditation by clients or their relatives, divination and incantation. The process of counseling used by traditional healers involves every gesture made by a client, followed by words or incantation mostly meaningful to the traditional healer alone (Mallum, 1983). Bulus (1989) enumerated the following techniques used by healers:

Self-meditation by the client or relative; prayer to God or the gods; consultation of the traditional helper and the payment of fee where applicable; divination and incantation by using seeds up and down in specific styles, reading meaning from the face, using coins thrown in a small plate of water or looking at the palms of the hand to get meanings; before spelling out the action traditional healers want to take, (diagnosis comes after divination), when the secrets of the problem are made known to clients. The client is made to understand himself, his threats, liabilities or assets and told to use his opportunities through explanation, advice, and where necessary, persuasion to make sacrifice. Sacrifices could be using cereals, chickens, goats, or ducks, which are regarded as gifts to the gods to keep clients in harmony with the gods and used to give thanks and praises to the gods to have clients' problems solved. Psychotherapy is only used when there are serious problems which sacrifice and other positive social reinforcements cannot solve. Application of herbs and certain forces are used to relieve tension during this clinical treatment by traditional healers (pp. 109–110).

Ìdòwú (1985) provided examples of the four major categories of traditional healing techniques:

1. Activities, such as dances, rituals, confessions, and suggestions, constitute the first category. Individual participation in community activities, such as dances, rituals, and confessions release tension and promote communal mental health. Wallace (1970) referred to the above activities as therapeutically-effective control strategies. Diagnostic interviews and confessions in traditional healing include the therapeutic attributes of faith, suggestion, group support, and catharsis.
2. Traditional rituals performed at initiation ceremonies, include physical combat for strength, sex education for marriage, and initiation rites for those who will become healers help young people deal with anxieties and stressors associated with assuming adult responsibilities. These also serve preventive and developmental purposes.
3. Abreaction and catharsis, the third category of procedures, involves strategies for catharsis, temporarily indulging wishes or fantasies, and acting out a forbidden desire. These repressed impulses are allowed to be expressed, overtly or covertly, through rituals, meditation, or verbal therapy.
4. Milieu therapy, which constitutes the fourth category, allows clients to live with their families in a community, makes them part of the social system and reveals the richness that pervades in African culture (p. 84–85).

Traditional healing techniques, which result in certain environmental arrangements described above, take place within the traditional African culture and act as powerful buffers against social pressures and conflicts to promote good mental health.

Ambler (1994) discussed the efforts of “tribally” controlled colleges to integrate traditional American Indian techniques with Western medical colleges. This approach, according to him, will assist in promoting understanding of Indian traditional healing methods. Abas, Broadhead, Mbape, and Khumalo-Sakatukwa (1994) discovered that Zimbabwe training already incorporates and recognizes similar traditional healing processes. Zimbabwe, Swaziland and Nigeria medical administrators support integrating modern medical healing methods with traditional healing practices through the efforts of their respective National Associations of Traditional Healers and practicing Western medical experts.

## PROPS AND CUES

Clients consult traditional healers according to their perceived estimate of the healers’ endowed supernatural powers. Props and cues are some of those tools that healers display to exhibit their supernatural powers. Props

are part of the staging process in the presentation of self in a particular role (Davis, Boles, & Tatro, 1984).

Traditional healers' props include artifacts that demonstrate their expertise and authority. Healers use their knowledge and experience when selecting artifacts for their clients. Most props, which are handmade, are given to clients to be worn or used in different situations; some props are used as decorations in cars or homes or are worn on hands or necks (Davis, Boles and Tatro 1984).

Diviners' consulting rooms are said to be more elaborate than the stalls of market herbalists (Morris, 1986). Photographs, certificates from the healers' alma mater (which is usually from another older healer), several animal skins draped over the wall of the room, withered remains of owls or other animals, animal horns, or the skin of an enormous python are displayed in the traditional healers' consulting rooms. The floor may hold a large number of gourd containers and bottles containing a variety of root and bark infusions and oils containing wood ashes (Morris, 1986). Traditional healers use props and cues as sources of protection to bring about good health and blessings for their clients.

## HEALING FACTORS IN TRADITIONAL THERAPY

Healing can be accomplished through suggestions from traditional healers, ritual acts such as sacrifices, and alteration of the socio-physical and religious environment. Clients must implement the traditional healers' suggestion if they are to get well. Sacrifices are used to appease the gods to assist the clients to emerge from their predicament. Traditional healers look for and remove the socio-physical religious factors found to have caused the illness to alleviate their clients' sufferings and problems (Bulus, 1989).

The method of consultation is often determined by the seriousness of the clients' problems or sickness. For example, chronically ill and incapacitated clients, such as lepers and psychiatrically disabled clients, have to stay with the traditional healers until they are completely healed. These clients with serious diseases are accommodated in special treatment rooms in the practitioners' compound until they are declared to be well enough to go home (Ityavyar, 1987).

N'donazi(1991) depicted the healing wisdom, art, knowledge, and skills of traditional healers as unequaled, unparalleled and worthy of emulation. Root Bernstein believed that many discredited healing techniques and remedies of the past may yield fresh approaches to the treatment of cancer, heart disease, and infectious illnesses (McAuliffe, 1992).

## COUNSELING AND WESTERN-TRAINED NIGERIAN COUNSELORS

The present Western counseling theories and approaches studied in Western countries and currently in Nigerian Universities have their historical

roots in Western religion, philosophy, ideas, and values (Saleh, 1989). Most Western-oriented counseling theories and approaches emphasize individualistic rather than collective family-oriented notions that are alien to non-Western cultures, such as Nigeria.

The field of counseling is exclusively monocultural because of the inordinate influence of Western culture (Saleh, 1989). Some of the contributors to and manifestations of this phenomenon are: (a) the deep historical and philosophical roots of counseling in Western culture, (b) the dominant theories, practice and approaches of counseling which make the assumption that counseling will take place within a Western culture, (c) the bulk of research and literature pertaining to counseling within the West, and (d) the emulation by non-Western nations of Western models of counseling (Saleh, 1989).

There exists the real danger that people who are instrumental in developing counseling within Nigeria could so over-adapt Western-based counseling techniques that they fail to perceive the importance of the need to develop models, techniques, and approaches appropriate to Nigerian culture. This may explain why many Nigerians, including well-educated ones, have more faith in traditional healers than in imported helpers (Saleh, 1989). Theories, models, research findings and techniques of application are not automatically transferable from a Western culture to a so-called traditional culture (Mar'i, 1982).

There is a need for the training programs of both Western and non-Western nations to be changed in such a way as to infuse the curriculum with counseling methods that reflect the different cultures that are represented there (Saleh, 1989). The profession of counseling needs to leave behind monoculturalism and become culturally reflective in order to allow counselors' roles to be shaped by the culture and circumstances in which they are working (Abonta, 1986).

## GUIDANCE AND COUNSELING IN NIGERIA

Formal guidance programs were started in Nigeria towards the end of 1959 by Catholic Sisters at St Teresa's College in *Ìbàdàn* (Okon, 1983). A solid foundation was laid in the introduction of Western-based guidance and counseling practice in 1963 through the efforts of American educators at Comprehensive High School, in *Ayétòrò*, *Ògùn* State (*Fáfúnwá*, 1969).

The introduction of a new system of education referred to as the 6-3-3-4 educational system gave guidance and counseling a big boost in Nigeria (Adekson, 1987). This educational system, which mandates six years of elementary school education, three years of middle school education, three years of senior high school education, and four years of technical training, college or university education, also mandates guidance and counseling program in all the phases of education through a Federal Government White Paper (National Policy on Education, 1981). The involvement

of the Federal Government in the introduction of guidance and counseling in schools paved the way for the first interaction between counselors and the public. Counselors had to deal with students, as well as their parents and family members in schools (Oláyínká, 1976 & Ìpàye, 1986).

Recent research efforts have been geared mostly towards the improvement of traditional counseling in Nigeria (Oláyínká, 1973 & Adekson, 1987). The Universities of *Ìlorin*, *Jos*, and *Lagos*, as well as *Qbáfémi Awólówò* University at *Ilé-Ifè*, are greatly renowned for this approach and research undertaking (Bulus, 1989, Denga, 1983, Mallum, 1983, Mákindé, 1984, Achebe, 1986 & Adekson, 1987). These programs have allowed professors and graduate students to research new areas in traditional counseling. Six universities, *Jos*, *Ilé-Ifè*, *Ìbàdàn*, *Benin*, *Ìlorin*, *Nsukka*, and *Lagos*, developed laudable but mostly Western-oriented programs, for the training of counselors at the graduate level (Adekson, 1987).

## QUALITY AND CRITICISMS OF RESEARCH REVIEWED

In conclusion, the above summary reviewed primary research studies that utilized interview schedules, narrations, observations, case studies, and other qualitative methods. The review also summarized projects that combined quantitative and qualitative research methods.

Òjó (1967), Mbiti (1969), Mákindé (1973, 1974, 1978, 1980, 1984), Lámbò (1983), Mallum (1983), Salan and Marezki (1983), Edwards (1983), Easthope (1986), Ìpàyé (1986), Mákindé (1987, 1988, 1995), Bulus (1989) and Saleh (1989) Qdebíyi and Togonu-Bickersteth (1987), de Jong (1989), Veyrat & Ferrier (1989), Vontress (1991), Ezeji & Sarvela (1992), Agpeyong (1992), Rankin & Kappa (1993), MacLachlan (1993), Abas, Broadhead, Mbape & Khumalo-Sakatukwa (1994), Cassidy (1994) and Levers & Maki (1994 & 1995) gave first-hand information about their interactions with traditional healers in *Yorùbá* land, other parts of Nigeria, Africa, Malaysia, and other parts of the world. Epega & Neimark (1995) utilized first-hand narration to reveal the sacred facts of *Ifá* oracle.

Several researchers have described observations, interviews, and interactions with healers as first-hand accounts (Foster 1976; Qdejídè et al. 1978; Rappaport 1980; Alonzo 1984; McCauley 1984; Torrey 1986; Nyamwaya 1987; Ngokwey 1988; Fabrega 1990; Witte 1991; Auge 1989; Qdejídè et. al. 1989; Asuni 1990; Roder 1991; Hickson and Mokhobo 1992; N'donazi 1991; Schoepf 1992; Green 1992 and Levers & Maki 1994 & 1995). These scholars used qualitative methods to capture traditional healers' patterns of life, interactions with clients, and their modes of thought regarding the concept of illness and disease.

Qdejídè, Qlátawùrà, Sàndà & Oyènyé (1977) combined the use of surveys (quantitative) with interviews (qualitative) in their research on *Ìbàdàn* based Traditional Healers and mental health clients in *Yorùbá* land. Eskin (1989), Lepowsky (1990), and Murray and Shepherd (1993)

combined the use of quantitative research methods with interviewing traditional healers. Foster (1976), Morris (1986), and Ngokwey (1988) combined the use of case-study approaches (qualitative) with interviewing (qualitative), and observations (qualitative) with active interactions with the healers they studied.

Other researchers, like Mákindé (1984), Mákindé (1988) and Epega & Neimark (1995), utilized historical analyses based on the latter's roles as diviners (*Ifá* priests) and close relationships with the healers they observed, lived and worked with, to highlight the functions and roles performed by Yorùbá Traditional Healers.

Most of the above researchers revealed their active involvement with traditional healers through the use of different qualitative research approaches. The different researchers' styles of interactions, interviewing, narrations and observations, coupled with the way they maintained their field notes, were useful to the present researcher.

## SUMMARY

The literature reviewed in this chapter focused on traditional healers and discussed how healers' roles impact their clients. The major ethnic groups of Nigeria, Yorùbá and Yorùbá land were described as a prelude to the review. The roles, functions and techniques used by traditional healers all over the world and specifically by Yorùbá Traditional Healers were also reviewed to provide some insights into the ways in which culture affects the interactional relationships between healers and their clients. Issues such as myths and superstitions, herbalists' role and healing factors in traditional therapy were addressed to illustrate some of the underlying factors that affect healer-client relationships.

The literature revealed that clients become dependent on and have faith in traditional healers they consult because they are from the same culture. The literature also suggested that the culture in which people socialize determines the beliefs that they hold and the nature of their problems (Vontress, 1991). The way that clients perceive traditional healers' intervention as beneficial was also shown through the literature. The ethnomedical approach was reviewed to show how culturally-based beliefs about health and illness influence traditional healers' interactions with their clients.

I devoted attention to the herbalist's role in the review to show that traditional healers have varying roles. Healing factors in traditional therapy were discussed to reveal the underlying components of healers' functions and roles. Tradition was reviewed as an indirect source of knowledge transmitted from one generation to another.

I also described the functions and roles of traditional healers in an effort to show the importance of traditional healing in the world. Traditional healers were shown to have been as old as humanity, and the literature

revealed that healers have been the source of care for many clients for centuries (Schusky & Culbert, 1967). The World Health Organization (1978) also reported that traditional medicine contributes to the health care of 80 percent of the world's population, including Nigeria where the majority of the rural population lacks access to Western-trained doctors, nurses, midwives and other paramedical health workers. Hence, the literature showed that traditional healers are the world's major source of available health care.

The literature further revealed that the techniques used by traditional healers vary from one culture to another and are intricately integrated into each society's cultural fabric. Self-meditation, prayers, divinations, incantations, reading meanings from the face, sacrifices, application of herbs, initiations, abreaction and catharsis, dances, rituals, using coins thrown into a small plate of water and reading the palms of the hand are some of the techniques used by traditional healers.

I also paid attention to closely related literature on the traditional systems of healing, general techniques used by healers and the roles and functions performed by traditional healers in the world. All traditional healers are confronted with the responsibilities of healing and solving their clients' problems within their respective cultural and environmental domains. The traditional healers closely interact with their clients as they perform these roles. The reviewed literature also alluded to the presence of Western-trained Nigerian counselors, and the prevalence of guidance and counseling in the country.

In total, I reported that culture plays an important part in the healing techniques that healers use, as traditional healers play important and expressive roles in all cultures in the world. Traditional healers devote a great deal of time and energy to interacting, helping, healing, curing, assisting, communicating with and relating to their clients.

Since the literature strongly supports conducting further research on the interpersonal techniques used by healers with their clients in different countries of the world, we specifically revisit these themes in the context of the Nigerian experience in Chapters Four and Five. In the meantime, additional literature on the use of, description of and justification for the case study methodology is provided in Chapter Three.



# Methodology and Procedures

AS MENTIONED IN PRECEDING CHAPTERS, the goals of this volume are to understand what traditional healers do, discover what takes place between healers and their clients, recreate the practices, in-depth and unshared knowledge, and behaviors of seven Yorùbá Traditional Healers (YTHs) in their interactions with clients, and subsequently generate hypotheses regarding these interpersonal techniques. In furtherance of these aims, I observed, interacted with, videotaped and interviewed profiled healers during individual healing and group divining sessions with their clients, generated data from the information collected through the above methods, and derived hypotheses from these multiple sources of evidence (Yin, 1994).

Utilizing an exploratory case study approach allowed me to obtain first-hand information concerning YTHs' behavioral patterns, functions, roles and interactional relationships. In support of this enterprise, Ary, Jacobs and Razaviach (1979) asserted that the case study method provides an opportunity for researchers to heighten their insight into basic aspects of human behavior. Merriam (1988) also declared that "a qualitative case study is an intensive, holistic description and analysis of a bounded phenomenon such as a program, an institution, a person, a process or a social unit" (p. xii).

The discussion of the methods and procedures employed in this volume is subsumed under the following headings: setting and the language used for the research; support for the research; population and sample; description of the research subjects, the research entourage; the research instrument; descriptions of the procedures for data collection; interview schedule; observing, interviewing and videotaping Yorùbá healers; journal and record keeping; validity and reliability; data collection; approach to gathering and collecting the data; and summary.

## THE CASE STUDY METHODOLOGY

The case study method allows the investigator to collect in-depth and extensive data on individuals' behavior (Miller and Warner, 1975). Merriam (1988) also agreed that case study approaches "concentrate attention on the way particular groups of people confront specific problems, taking a holistic view of the situation" (p.11). More specifically, by combining multiple sources of evidence, such as interviews and observations, also referred to as triangulation, I was able to enhance the benefits of the case study approach (Merriam, 1988; Denzin, 1970 and Yin, 1994).

As shown in Chapters Four and Five, this study developed hypotheses from its case facts rather than postulating them. In general, most case studies in the field of education are inductive, qualitative and hypothesis-generating, rather than quantitative and hypothesis-testing (Merriam, 1988). This inductive procedure enabled me to generate relevant and appropriate case facts, and investigate the interactional relationships between, and interpersonal techniques utilized by, Yorùbá Traditional Healers and their clients. Therefore, the case study's intensive nature allowed me to discover important and complex details relating to profiled individual(s) that might otherwise escape researchers (Kazdin, 1980, Yin 1994).

In the field of counseling, the case study approach to group research is very appropriate and fitting for research and evaluation (Chassan, 1967). When counselors and other investigators want to understand the causes of helpers and helpees' behaviors, they rely upon this method to collect extensive data relating to their studies (Miller & Warner, 1975; & Johnson, 1986). Furthermore, the use of the case study method in the investigation of traditional healers has provided scholars with detailed data pertaining to the activities of African healers. Nyamwaya (1987), among other authors, utilized the case study methodology to study indigenous healers in Kenya.

Similarly, the case study method provided the flexibility needed to observe and collect information on Yorùbá Traditional Healers' behaviors, their interactions with clients, attitudes, functions performed, services rendered to clients, and the interpersonal techniques used with clients. The method further assisted me in developing greater understanding of the dynamics of the healing culture and the healer-client relationship within the *Yorùbá* cultural domain.

## SETTINGS AND THE LANGUAGE USED FOR THE RESEARCH

The four Southwestern states of *Ondó*, *Ògùn*, *Ọ̀yó* and *Ọ̀sun*, where members of the *Yorùbá* ethnic group predominantly reside, are the settings for this volume. This sub-region of Nigeria is very "natural and familiar" (Merriam 1988) to me. I was born in *Ọ̀yó* State, grew up in neighboring *Ọ̀sun* State, went to school and worked in all the four states covered by this study for several years. Fetterman's (1989) point that the researcher's

interest is in understanding and describing a social and cultural scene from the “*emic*, or insider’s perspective” (p. 12), was crucial in the design of this study. Throughout this project, I give an insider’s perspective of what Yorùbá Traditional Healers do as a member of the Yorùbá ethnic group.

Yorùbá is the official language used by the healers in everyday transactions with their clients (See Yorùbá questions in Appendix B). Although dialects vary within and between Yorùbá states, all profiled Traditional Healers in each of the four states where the study was undertaken understand the basic Yorùbá language. Owing to my understanding and prior knowledge of different Yorùbá dialects, I surmounted communication problems that otherwise would have impeded this project.

### SUPPORT FOR THE RESEARCH

I consulted elders, wise men and the following experts: Professor Olú Mákindé, formerly of the Counseling Department and the Dean of the Faculty of Education, at the *Ilé-Ifẹ̀*-based Obáfẹ̀mi Awólówọ̀ University (OAU), Nigeria; Professor M. Akin Mákindé, the Chair of OAU’s Philosophy Department in 1994; and Professor Akínşọlá Akiwọ̀wọ̀, former Chair of OAU’s Department of Sociology and Anthropology.

These consultants have conducted extensive research on traditional healers and different ethnic groups in Nigeria. Also, these professors have lived, worked, consulted, and interacted with YTHs. Professor Akin Mákindé is a YTH’s son and an ardent researcher in this field; one of his studies on traditional healers was published by Ohio University in 1988. As a researcher, Professor Olú Mákindé has undertaken over 30 years of research with YTHs. For his part, Professor Akínşọlá Akiwọ̀wọ̀ spent over 30 years researching different aspects of Yorùbá traditional healing, and was an apprentice to Chief *Odikun* of *Ondó* town in Nigeria. In order to enrich this venture, I also solicited the assistance of Deans of healers, elders, community leaders, and paraprofessionals who work with traditional healers in different ways in Yorùbá land.

### POPULATION AND SAMPLE

I studied seven Yorùbá Traditional Healers who included four herbalists (*onişẹ̀gùn/ladáhunşè*): one each, from *Ọ̀yó*, *Ọ̀şun*, *Ondó*, and *Ọ̀gùn* States, and three diviners (*Ifá priests*). The four herbalists, Drs. Awótáyọ̀, Akínşọlá, Adésányà and Chief Abíólá, were chosen from the above four states where over 50 percent of Yorùbá live.

Additionally, I was advised by Professor M. Akin Mákindé to interview Chief Awórẹ̀ni, an *Ifá* Priest (diviner), and also observe the functions of Chiefs Awórẹ̀ni, Awójọ̀bí, and Ọ̀lájídé, the three *Ifá* Priests (Diviners) working together in group divining in one session. The addition of three diviners to this research allowed the depiction of the totality of what is

known as traditional medicine among the *Yorùbá* (Mákindé, 1994, Appendix A). Traditional medicine in *Yorùbá* land “consists of the practices of *Oníṣègùn/Adáhunṣe* (herbalists); and *Ifá priests* (diviners)” (Mákindé, 1994, Appendix A). Information concerning the differences and similarities between the interactions of herbalists and diviners is outlined in detail in Appendix A.

Only four notable and experienced herbalists (*oníṣègùn*), and three diviners (*Ifá priests*), the two groups generically referred to as *babaláwo* in this study, were profiled and videotaped; due to time constraints, four herbalists and the chief diviner were interviewed. I employed “purposeful sampling” (Chein 1981, p. 440), which is the deliberate selection of multiple cases for the purposes of discovering, understanding and gaining new insights regarding the activities of traditional healers.

Selected *Yorùbá* Traditional Healers and diviners were at least 50 years old and had at least 10 years experience in the practice of traditional healing. The age of *Yorùbá* Traditional Healers is of importance to this study because its accompanying prestige, status, experience, and reputation are synonymous with respect and wisdom in *Yorùbá* land (Òjò, 1967). The seven selected healers and diviners command great respect and prestige in the community as evidenced by their personal involvement and leadership roles within their community, *Yorùbá*, Nigerian and African Traditional Healing circles. Their personal involvement and leadership roles are revealed in the results presented in the next two chapters.

These seven *Yorùbá* Traditional Healers were chosen based on feedback from *Yorùbá* kings, chiefs, elders, Dean of healers, community members who have interacted with the chosen healers as clients and confidants; from other *Yorùbá* Traditional Healers; and from Professors M. Akin Mákindé, Olú Mákindé and Akínsoṣlá Akiwọwọ, who have all done extensive research on *Yorùbá* Traditional Healers.

Moreover, the choice was based on feedback about the healers’ active involvement as leaders within African, Nigerian and *Yorùbá* Traditional Healing Associations. Feedback from professors at Ògùn, Òyó, and Ondó State universities, community experts, some of the seven healers’ former clients, and Chiefs in *Ilé-Ifẹ̀*, *Ìjẹ̀bú Igbó*, *Èrìn Ìjẹ̀ṣà* and *Ìbàdàn* were also helpful in identifying appropriate *Yorùbá* Traditional Healers. I further interviewed chiefs, community elders and other individuals in the marketplace of the healers’ towns and villages of *Ìbàdàn*, *Ilé-Ifẹ̀*, *Èrìn Ìjẹ̀ṣà* and *Ìjẹ̀bú Igbó*, and talked to at least four other healers in each of these cities and villages to further identify the subjects for this study.

Final selection was based on age, years of experience, number of years that healers spent on internship before becoming healers, recommendations of my three consultants and those of the Dean of healers who recommended the best healer in each state based on prior interactions with them, their reputations and the criteria discussed above. For instance, Chief Abíólá (Herbalist/*Oníṣègùn* 3), one of the *Yorùbá* Traditional Healers

recommended for this study, was one of the subjects in Professor Akin Mákindé's 1988 study. The professor is also familiar with the divining activities of the three diviners, because of his other research efforts and position within Qbáfémi Awólówò University's Philosophy Department.

Lastly, I chose seven all male Yorùbá Traditional Healers (four herbalists and three diviners) for this study because, traditionally, *babaláwo* have been mostly men in Yorùbá land. Female Yorùbá Traditional Healers were excluded from this study to ensure unanimity and uniformity.

## DESCRIPTION OF THE RESEARCH SUBJECTS

*Babaláwo*, referred to as herbalists or medicine men, and comprising of four *Oníṣègùn* (herbalists) and three *Ifá priests* (diviners), were the seven Yorùbá Traditional Healers examined in this study. *Babaláwo* attend promptly to all of the needs brought to them for healing by their mostly-Yorùbá clients. People who are in trouble are invited for counseling and one-to-one interactions with the *babaláwo* (Mákindé, 1974).

*Babaláwo* prescribe herbs and medicines which are made from the roots of various plants, believed to possess the ability to cure a variety of problems such as infertility, mental disorders, bad omens, impotence, and fractures (Cowan, 1987), and also are respected members of their communities. By virtue of this last role, *babaláwo* have become the 'listening ears' for families, individuals, and people in distress. For this reason, Nigerians from all walks of life seek the expertise of these knowledgeable ones. The examined four herbalists (*Oníṣègùn*) include Drs. Awótáyò, Akínqlá, Adèsànyà and Chief Abíqlá, while the diviners (*Ifá priests*) include Chiefs Awórèni, Awójòbí and Qlájídé.

Dr. Awótáyò was born in 1921 in *Èrìn Ijèṣà*, *Qṣun State*. He was reared as a Christian in the Apostolic Church, resided in *Èrìn Ijèṣà* and inherited traditional healing and farming from his grandfather, Akínláyemí, who was a hunter, farmer, healer and blacksmith. Dr. Awótáyò, who never had formal Western educational training, obtained his healing power through heredity (*àjogúnbá*) and has been in traditional healing practice for over 47 years. He sharpened his healing power through observations, fasting and incessant prayers to God Almighty (*Olódùmarè*). Dr. Awótáyò specializes in treating clients with "brain disorders" (*àrùn oṣṣò*). He is presently married to many wives and has several children, one of whom became a healer under his tutelage.

Dr. Akínqlá, a professional chartered accountant, was born in *Ìbàdàn*, the *Qyó State* capital, in 1935. Dr. Akínqlá resides at *Qlógèdè* a suburb of *Ìbàdàn*, and he, like Dr. Awótáyò, inherited his healing power from his father, a renowned *Ìbàdàn* Traditional Healer. Dr. Akínqlá comes from a line of traditional healers, with his grandfather also being a reputable healer in *Ìbàdàn* and its environs. He has been in the healing practice for 30 years and specializes in general traditional healing and making, mixing,

dispensing and selling locally-prepared herbs. Dr. Akinṣá, who is a devout Moslem, is an *Alhaji* by virtue of his pilgrimage to Mecca, and is married with seven children.

**Chief Abíṣlá** of Abíṣlá Native Hospital was born around 1910 and resided in *Ayégúnlẹ̀ Èkitì* in *Ondó* State in 1994. He was, as of 1994, the *Eisikin* (a Chieftaincy title) of *Ayégúnlẹ̀ Èkitì*. He was born and raised there, and later moved to *Ìbàdàn*, where he worked as a clerk for many years before retiring to practice traditional healing in his hometown. Chief Abíṣlá obtained his healing power through training as an apprentice to his uncle and an intern to other experts in *Ondó* State. Prior to this time, his maternal uncle had identified his innate knowledge of herbs and healing when he was very young.

The chief, who never attended a formal Western school, was self taught in the knowledge and practice of traditional healing. Chief Abíṣlá has been in the healing practice for over 52 years, and he specializes in obstetrics and gynecology. Chief Abíṣlá, like Dr. Awótáyò, is a well-known farmer in addition to being a healer. The chief, who has many wives and children, trained one of his sons as a traditional healer.

**Dr. Adésànyà**, the owner of *Àláfíá Táyọ* Pharmacy and Herbal Home, is a traditional healer who was born in *Ìjẹbú Igbó*, *Ògùn* State, in 1909. Like Drs. Akinṣá and Awótáyò, he also received his power through heredity and natural endowments. Dr. Adésànyà inherited, observed and learned healing methods from his father, and has practiced traditional healing for over 60 years. His area of expertise is general healing, mixing and dispensing herbs, and curing blood-borne diseases. Dr. Adésànyà, who was raised in the Anglican Church as a Christian, has many wives and children. Whilst the doctor regretted that none of his children were interested in learning the methods of traditional healing, one of his grandchildren has currently shown some interest in the profession.

**Chief Awóreni**, the only profiled chief diviner, is the *Àràbà* of *Ilé-Ifẹ̀* and the *Oníṣesìn Àgbáyé* (the highest *Ifá* Priest in the world). Born in 1932, in *Ilé-Ifẹ̀*, *Ọ̀sun* State, Chief Awóreni inherited his divining power from his paternal grandfather who was renowned for using his divining power to resurrect the dead, and from instructions from supernatural beings. Chief Awóreni, who never had a Western-oriented education, learned mechanical engineering as a vocation. He has divined for over 22 years, has many wives and children, and has taught two of his younger children the intricacies of divining.

**Chief Awójọbí** was born in *Ilé-Ifẹ̀* in 1922. He is also a priest and the *Afẹ́ódigba* of *Ilé-Ifẹ̀* city. The chief, who lived in *Ilé-Ifẹ̀* most of his life, is one of the three diviners, along with Chiefs Awóreni and Awójọbí, in charge of making sacrifices for the city and for *Yorùbá* land. In addition to performing divining rites, Chief Awójọbí is a farmer, married to many wives and has several children.

**Chief Ọlájídé**, the *Olóri Awo* of *Ilé-Ifẹ̀* was born in *Ilé-Ifẹ̀* in 1921 and

has spent the majority of his life there. He is also a farmer, and like the above-named diviners, is experienced in handling problems linked to supernatural causations. The Chief, who was never trained in a Western-oriented school, practices traditional religion, like Chiefs Awórẹni and Awójọbí, and has several wives and children.

Prior to undertaking interviews with and observations of the aforementioned Yorùbá Traditional Healers, I informed them of this study's purpose and methods (see introduction to the Interview Schedule in Appendix B & C). Following from this presentation, the healers all verbally agreed to participate in the study to enhance research efforts on traditional healing. I provided the time and opportunity for each healer to ask questions and express comments concerning the nature and aims of this project. I further assured the seven healers that all information gathered for this study would be used solely for the research purposes for which it was intended.

## THE RESEARCH ENTOURAGE

The fact that the researcher's father is a *Yorùbá* elder closely acquainted with Yorùbá Traditional Healers in *Ilé-Ifẹ́* and *Ilẹ̀sà* (both in *Ọ̀sun* State), made my trips for this study a successful one. My father was one of the important members of the entourage who visited and studied all the Yorùbá Traditional Healers with me. His presence was an added advantage to this research because of his advanced age, which is synonymous with wisdom among the *Yorùbá*, and because of his past contacts and relationships with *Yorùbá* Healers.

The driver, who grew up in *Ilé-Ifẹ́*, is both a strong believer in traditional medicine and healing, and a regular client of Yorùbá Traditional Healers. Kúnlé, the videotape expert who recorded all the activities with profiled healers, possessed personal experiences with traditional healers. His work as a professional recorder had taken him to several *Yorùbá* cities and villages where he taped traditional activities for Kings, Chiefs and important dignitaries. In sum, the fact that members of the research entourage have experience with traditional healers not only aided me in collecting relevant data, but also made the results more authentic and rich.

## TOOLS FOR DATA COLLECTION

As mentioned in prior discussions, I was born in *Ọ̀yó* State, grew up, went to school and worked as a teacher, a school counselor, a vice principal, acting principal and educational administrator for a number of years in different *Yorùbá* towns. According to Merriam (1988), data is mediated through the researcher rather than through some inanimate inventory such as the questionnaire. Furthermore, Guba and Lincoln (1981), opined that: "in situations where motives, attitudes, beliefs, and values direct much, if not most of human activity, the most sophisticated instrumentation we

possess is still the careful observer, the human being who can watch, see, listen, question, probe, and finally analyze and organize his direct experience" (p. 213). Serving as both the researcher and primary data collector therefore allowed healers to respond directly and positively to my inquiries. In so doing, existing knowledge regarding Yorùbá Traditional Healers' cultural milieu and nonverbal interactions will be expanded.

## DESCRIPTION OF THE PROCEDURES FOR DATA COLLECTION

Several data collection strategies were used for collecting data with Yorùbá Traditional Healers. These strategies included *self-prepared*, *semi-structured interviews*; *participant observations*; *journals*; and *videotaping*. I prepared structured interviews in Yorùbá Language and translated them into English Language (Appendices B & C) to elicit information from four herbalists and the chief diviner about their personal lives, experiences and lives as healers. I utilized basic knowledge of the case study approach to collect data with the help of the videotape recorder.

By investigating Yorùbá Traditional Healers, this volume seeks to discover their roles and functions, behaviors, interactional relationships and personal characteristics and communication in relation to their clients. I employed several procedures, described in turn below, to capture the essence and details of healer-client interactions in the most in-depth and inclusive manner possible.

### Interview Schedule

I obtained information from traditional healers through the use of self-prepared, semi-structured interviews (Appendices B & C). This interview schedule asked a set of questions to explore issues related to the interpersonal techniques used by selected traditional healers.

The elicited answers helped me to learn about and understand the variables that are commonly attributed to individuals who are healers among the Yorùbá. Elsewhere, similar sets of questions have yielded valuable information regarding the interactions of Malaysian healers with their clients (Salan and Marezki, 1983). Consequently, the interview schedules for this volume were constructed by using a structure similar to that described by Salan and Marezki (1983), and reflective of studies conducted by Mákindé (1974), Mákindé (1988) and Vontress (1991).

The interview schedule was reviewed by Professors M. Akin Mákindé, Akínşolá Akìwọ̀wọ̀ and Olú Mákindé, this study's three research field consultants, before it was employed in the data collection process. The use of the interview schedule enabled me to perceive and capture a broader view of the world of Yorùbá Traditional Healers as a group.

An interview generally engenders the development of a total picture of the individual(s) under consideration (Watson, 1963). Relatedly, Patton

(1980) explained that people are interviewed to identify feelings, thoughts, intentions and other variables that they cannot directly observe. Interviewing therefore allowed me to enter into the traditional healers' world from their own perspectives, while enabling Yorùbá Traditional Healers to freely express their inner thoughts. Hence, Watson (1963) argued that one of the advantages of directed interview is that "it ensures that all questions considered relevant to the issue at hand are answered in some fashion" (p.86). He further stated that interview schedules provide a modicum of flexibility.

I posed questions based on the five Yorùbá Traditional Healers' (four herbalists and the chief diviner) backgrounds and demographic characteristics to identify the traditional healers' social position and status in the community (Appendices B & C). Questions about their age, level of education, ethnic group, residence/mobility, number of years in training, gender, marital status, other occupation besides healing, period of apprenticeship, cost of services, types of clientele, source of healing power (e.g., inherited, supernaturally endowed, initiation rituals, or dream-invoked), were asked. Questions that revealed information about healers' relevant life experiences prior to entering the profession were also asked. The answers gave me some insight into the YTHs' personalities and their individual characteristics as unique members within the *Yorùbá* community (Table 1).

*Affective* questions were designed to discover what the traditional healers' feelings were toward their clients when they came in for healing. These provided an understanding of traditional healers' experiences, thoughts and responses, and how traditional healers' feelings affect their interactions with clients. Additionally, *Knowledge* questions were asked to discover what traditional healers perceive as factual information regarding their functions and roles in their healing relationships with clients.

Overall, the goal of these questions was to "develop pertinent hypotheses and propositions for further inquiry" (Yin, 1994, p. 5). Consequently, I chose *Yorùbá* words, with which the traditional healers were all familiar, as the mode of questioning (See Appendix B for interview guide). Since I am conversant with the *Yorùbá* Language, I printed the questions and the English Language translation (Appendices B & C), and transcribed the *Yorùbá* responses from the interviewing process and the videotaped sessions into English Language.

Professors Akin Mákindé, Akínşólá Akìwọ̀wọ̀, and Olú Mákindé, the researcher's field consultants who are also very fluent in *Yorùbá* and English, examined and approved the translations. Mrs. Tokunbo Adekambi, a *Yorùbá* Language Lecturer at Howard University's Department of Modern Languages in Washington D. C. in 1996, also examined and approved the translation from *Yorùbá* to English Language, and placed accent marks on all the *Yorùbá* words used in this study.

Words denoting respect were chosen to extract information from the healers, as respect for elders is part of the unwritten norms in *Yorùbá*

culture (Òjó, 1967). I therefore used respectful words and gestures while interacting with *Yorùbá* Traditional Healers referenced throughout this volume.

### Videotaping Yorùbá Traditional Healers

The videotaping of seven Yorùbá Traditional Healers' interactions with their clients during actual sessions was one of the tools used in this project to collect data. As previously noted, the case study inquiry "relies on multiple sources of evidence" (Yin, 1994, p.13), which for the purposes of this study, included a combination of videotaping, interviewing, and observations.

Specifically, videotaping, which captured the interpersonal techniques that healers used with their clients, was undertaken by Kúnlé in the clinics and compounds of four herbalists and three diviners. Interviews and interactional activities of each of the four herbalists with five clients were videotaped for five days. Videotaping the interview took the first day in each traditional healer's home.

During the remaining four days, I videotaped, observed and recorded the healers' interactions with their clients in the formers' homes, compounds, clinics and hospitals. I also spent one day interviewing Chief Awóreni, the *Àràbà* (*Oníṣèsin Àgbáyé*) and the chief diviner. The last two days were spent videotaping, observing, and recording the three diviners' interactions with their clients. The videotaping of all the sessions, plus the observations, interactions and interviews with the seven YTHs, took 31 days altogether.

I discovered that the presence of the video camera and other taping equipment did not affect the outcome of the healers' interactions or the methods or techniques they used with their clients. A review of the tapes, and anecdotal feedback from my field consultants and from elders in the community who have consulted traditional healers on numerous occasions, confirmed the researcher's observation regarding the non-intrusive nature of taped recordings.

### Observing Yorùbá Traditional Healers

In order to observe a wide range of activities and gain detailed firsthand knowledge of what was occurring in the healers' clinics, homes, or hospitals, I compiled relevant information using the participant observation method. I spent five days on site with each of the four traditional healers observing client sessions with the healers. This resulted in five visits to each of the four herbalist's compound for five consecutive days to complete this process. There was a three-day visit to the chief diviner's compound to observe the three diviners' activities.

The average time spent per day was eight hours. During the participant observation periods, the Yorùbá Traditional Healers conducted their daily healing functions and roles while I observed the healers' interactions with their clients, family members and other community members. This allowed me to gain a broader understanding of the healers' affective world and the nature of their relationships with clients, family members and the larger community.

I took mental and observational notes of the behaviors (verbal and non-verbal) of each Yorùbá Traditional Healer to enhance the study's value. These mental notes were later transcribed into written reflections and accounts of all traditional healers' behaviors in my journal. I utilized observation, in addition to interviewing and videotaping, to capture any nonverbal information that was left out of the note-taking process. This is in line with Merriam's (1988) contention that "observations differ from interviews in that the researcher obtains a firsthand account of the phenomenon of interest rather than relying on someone else's interpretation" (p. xii).

This volume purposely employed direct observation to understand the behaviors, communication patterns, interactional and interpersonal relationships, and feeling states of each of the studied Yorùbá Traditional Healers, as well as the group as a whole. Scheduled and semi-structured interviews, and videotaping were used in conjunction with direct observation to deepen the understanding of the healing culture and structure.

Guba and Lincoln (1981) contended that "... in situations where motives, attitudes, beliefs, and values direct much, if not most of human activity, the most sophisticated instrumentation we possess is still the careful observer—the human being who can watch, see, listen ... question, probe, and finally analyze and organize his direct experience" (p. 213). Therefore, observations allowed me to enter into the "here and now" framework of the YTHs studied. As such, the participant observer methodology provided me with an excellent view of the subject(s)' or person's world (Bruyn 1966).

Observation as a research procedure was utilized from my very first contact with Dr. Awótáyò the first traditional healer and through subsequent interactions with the other healers. I observed how the healers talked to their clients, related to them during healing sessions, responded to clients' questions about being healed, and performed their healing functions, as well as healers' tone and speed of speech. Evidence and description of all sequences of events, which occurred during interactions among healers and clients, were also noted. Moreover, I observed non-verbal communications such as eye contact, body movements, touching, smiles and different gestures, such as hugs and respectful gestures, between clients and healers.

As amply demonstrated in Chapters Four and Five, I observed that the profiled herbalists, Drs. Awótáyò, Akínqlá, Adésànyà and Chief Abíqlá,

allowed clients to freely explain their problems before diagnosing and suggesting remedies to them. On the other hand, Chiefs Awóreni, Awójobí and Qlájídé went into the divining mode to find out the nature of the problem from *Ifá* before asking clients any question. These and related observations strengthened the interview results.

In line with the aforementioned fact, Sundberg (1977) stated that observations and interviews supplement each other, and noted that we employ the former in everyday life in our effort to understand other people. Observation as a tool for collecting data is extremely beneficial in developing a broader, extensive and comprehensive investigation of the techniques, behaviors, functions, and interactions of Yorùbá Traditional Healers, and identifying, examining, evaluating, and explaining the constitution of their healing culture.

### Journal and Record Keeping

My record keeping procedures involved maintaining a file which consisted of the following: a research journal, interview field notes, questions from my observations during the field study, transcripts from interviews conducted in *Yorùbá* (Appendices B & C), and reports of feedback from field consultants. I collected and kept important and relevant research and field notes as a way of capturing the full observation of interpersonal techniques used by YTHs.

During the course of research, journals were kept to enhance the comprehensiveness of collected information. The journal keeping procedure allowed me to collect data on the seven YTHs in their natural environment. Barker (1968) supports the use of the ecological model to examine human behavior because it is the most appropriate tool for capturing the healers' whole environment. Barker (1968) and Sundberg (1977) further concurred that the surroundings and environmental forces of individuals impinge significantly on their well-being and existence. Consequently, I recorded quotes, paraphrases, and summaries of conversations in *Yorùbá*, and translated them into English after they were verified as accurate by my consultants. I also recorded individual characteristics, such as age, level of formal education, level of interactions, nonverbal behavior, and physical surroundings.

My field notes for this study went beyond simply including tentative interpretations of what the data meant, to including my reactions to the data. The actual behaviors and tones of Yorùbá Traditional Healers were recorded in an attempt to remain objective. Field notes were recorded during and after my observations of the healers' interactions and healing relationships with clients. More extensive notes were written each night, immediately after leaving the healers' clinics, homes or hospitals. Equally, physical and personal clues were objectively and daily recorded in my field

notes. This review, which consisted of different notes written on each healer, provided data that I could not have discovered through interviewing alone.

The field notes for this research comprehensively included identifying information such as the date, time, setting and subjects of videotaping and observation. I also recorded all the nonverbal interactions in the form of gestures, eye contact and interactional relationships, as seen through interviewing and recorded through videotaping. The observational field notes and interview schedule notes were typewritten at the end of each day. Finally, I assembled the notes, which became part of the case facts, at the end of the 31 days of research, and translated the *Yorùbá* Language transcripts. The translations were subsequently examined by Professors Olú Mákíndé, Akin Mákíndé, Akiwòwò and Mrs. Adékàmbí for accuracy.

### VALIDITY AND RELIABILITY

Validity and reliability are of major concern in case study research because every researcher needs to conduct and contribute knowledge that is believable and trustworthy. Construct validity, “establishing correct operational measures for the concepts being studied” (Yin, 1994, p.33), was guaranteed in this volume through the use of triangulation or multiple sources of evidence. This strategy improves the quality and richness of data, as well as the accuracy of case study findings.

In particular, this richness is shown through testing one source of information against another or with another to improve findings, offer an explanation, or prove a hypothesis: “The rationale for this strategy is that the flaws of one method are often the strengths of another, and by combining methods, observers can achieve the best of each, while overcoming their unique deficiencies” (Denzin, 1970, p. 308).

Reliability refers to the extent to which one’s findings can be replicated. I consulted with Professors Akin Mákíndé, Olú Mákíndé and Akínşólá Akiwòwò regarding my research undertaking, as well as my reactions to the taped recordings and healers’ activities. This consultation allowed me to check the accuracy of these reactions, obtain necessary feedback and review the taped recordings of the sessions after interviewing and observing the healers. These experts’ critical feedback regarding my research vis-à-vis their past experiences with the population also strengthened this study’s reliability. Merriam (1988) referred to this last method of consultation as peer examination, that is, “asking colleagues to comment on the findings as they emerge” (p. 169).

I also asked the healers, my parents, who watched the videotaped sessions with me during the daily reviews and the clients seen by the healers for feedback at the end of each taped session. I solicited these individuals’ feedback on techniques, the healers’ mode of interaction with their clients, the functions that healers performed and other culturally relevant

matters. This extensive consultation helped, by means of a variety of sources, to reduce artificial responses and increase the study's validity (Merriam, 1988). In broad terms, establishing chains of evidence and having key informants review the drafts of the case study reports also strengthen construct validity (Yin, 1994).

In total, I spent 31 days conducting on-site observations, videotaping and interviewing traditional healers and the diviners. Spending this length of time with the healers allowed me to fully observe and understand the traditional healers, and thereby increased this project's validity and reliability.

## DATA COLLECTION

This work incorporated several data collection methods in my quest to investigate the seven Yorùbá Traditional Healers studied. Before the data collection process was performed, I informed the seven Yorùbá Traditional Healers about the purpose of the study and its objectives, and explained the reason for the use of different data gathering procedures. The seven subjects were all informed of my interests and the purpose of conducting and pursuing research on YTHs with their clients.

I informed all the Yorùbá Traditional Healers of the need to investigate the total dynamics of their actions, which included the interactional relationships between their clients and themselves, their behaviors, functions and roles, approaches, methods and techniques and how culture influenced their interactions. My intention, as well as those of my consultants and the healers themselves, was to enhance the understanding of the healing relationship. It was also expected that the data collected from this undertaking would permit helping professionals to address the needs of traditional healers.

As the main investigator, I collected all data using interview schedules, journal keeping records, participant observation, physical evidence and videotaping. In collecting data through the use of the interview schedule, I utilized videotapes to obtain the subjects' verbal and non-verbal responses. This method was used to enhance and magnify the intensity and authenticity of the data collection. In line with this objective, Barker (1968) stated that observation is an effective technique that can be used to understand and study the human organism in its natural environment. He added that the direct observation of human subjects in their natural environment limits the distortion of the observed behavior. Similarly, Watson (1963) contended that the structured interview provides the researcher with the ability to control the direction of the interview, while the semi-structured interview "permits expression of the desired information and at the same time allows the conversation to find its own paths with a minimum of direction" (p.87).

## APPROACH TO GATHERING AND PRESENTING THE DATA

In preparing for the presentation of all data collected from this intensive, in-depth and inductive investigation of the interpersonal techniques used by Yorùbá Traditional Healers, I assessed individual healers and their clients. This was accomplished by considering cultural factors relating to both parties (Saleh, 1986; Pedersen & Pedersen, 1989; Tylor, 1989; Vontress, 1991; Ezeji & Sarvela, 1992 and Ìdòwú, 1985).

The investigation of the behavior utilized by Yorùbá Traditional Healers with their clients was done in conjunction with an examination of the subject's physical, private or personal worlds (Binswanger, 1962). This approach to data collection and review particularly combined the approaches of Binswanger (1962), Esen (1972), Fábùnmi (1975), Gardner (1964), Johnson (1986), Kleinman (1980), Lámbò (1983), Levers & Maki (1995), Mákindé (1988), Mákindé (1974), Mallum (1983), Ngokwey (1968), Nyamwaya (1987), Oyèbòlá (1980) and Vontress (1991), to heighten the comprehensiveness of this volume's investigation of the entire group of Yorùbá Traditional Healers. Thus, I collected data on healers as a whole person (a personalized approach), emphasizing the healers' inter-relational and interactional functions with their clients. This approach of data collection provided the foundation for generating data and formulating hypotheses on Yorùbá Traditional Healers.

In addition, I used the case data collected from the journal keeping records, observations, interview schedule and semi-structured interviews, and from the videotaped recordings, to reflect the interpersonal, physical, psychological and spiritual worlds of Yorùbá Traditional Healers. Information on the interactional-interrelational functions performed by Yorùbá Traditional Healers vis-à-vis their clients was gathered from the videotaped sessions, in conjunction with the interview schedule, semi-structured interviews, impressionist observations, and journal keeping records to enhance the validity of this case study's hypotheses.

### SUMMARY

This chapter outlined the methods and procedures used in this volume. My discussion specifically described the multidimensional procedure utilized to generate the hypotheses derived from obtained results. In developing a comprehensive approach to the examination and understanding of examined YTHs, the physical, interpersonal and private or personal worlds of each Yorùbá Traditional Healer were incorporated into this study's research design to augment the intensiveness and depth of this investigation (Binswanger, 1962).

As shown in ensuing analyses, this volume examined and addressed the interactional-interrelational dimensions of YTHs' dealings with their

clients, to intensify the value and validity of the data collected. The work utilized several approaches: interviewing individual Yorùbá Traditional Healers through the use of interview schedule and semi-structured interviews; participant observation; researcher's interactions with the healers in their homes, clinics or hospitals; journal keeping and videotaping to enhance the scope and richness of all data collected.

I collected data using the above methods and procedures to reflect the Yorùbá Traditional Healers' interpersonal techniques, personality characteristics and behaviors toward their clients. The case study method enabled me to interact directly with the Yorùbá Traditional Healers in their natural cultural environment. This also contributed to my discovery of the wide array of information relating to the interpersonal techniques used by each healer.

The hypotheses delineated in Chapters Four and Five were generated from the data derived from the case by case description of daily activities of Yorùbá Traditional Healers. Responses to questions in the Interview Schedule in Appendix B (translated in Appendix C) contributed to my comprehensive understanding of Yorùbá Traditional Healers' relationships with their clients. This understanding was enhanced through my use of observations, interactions, interviewing, videotaping and reviewing videotaped sessions and field notes.

The conclusion that Yorùbá Traditional Healers' behaviors stem from having a similar culture with their clients was traced to subjects' responses, which are presented in later chapters. Analyses of my observations, Yorùbá Traditional Healers' responses and the results of their interactions with their clients are discussed in Chapters IV and V under "Case Facts and Hypotheses."

## Case Facts and Hypotheses

CHAPTERS FOUR AND FIVE PRESENT RESULTS AND HYPOTHESES related to the interpersonal techniques used by seven Yorùbá Traditional Healers of Nigeria. To realize these goals, this intensive case study assesses the relationship between seven Yorùbá Healers and their clients. I interviewed and/or observed seven male Yorùbá Traditional Healers; four herbalists, Drs. Awótáyò, Akínṣlá, Adésànyà and Chief Abíṣlá, were 73, 62, 85 and 84 years old respectively in 1994, and three diviners, Chiefs Awóreni (the Àràbà), Awójòbí and Ọlájídé were 62, 72 and 73 years old respectively during the same period.

By employing a case study methodology and participant observation approach, I derived hypotheses from an investigation into the nature of Yorùbá Traditional Healers' physical, interpersonal, and private or personal worlds, their daily activities and experiences, and interactions with their clients within diverse healing environments. This critical examination of the interpersonal techniques used by Yorùbá Traditional Healers was undertaken through participant observation (via hospital, home or clinic visits), videotapes, scheduled interviews and journal records.

Responses to interview questions analyzed in later sections refer to both *Yorùbá* questions in Appendix B and to the English translation in Appendix C of the Interview Schedules. Profiled traditional healers responded to the questions listed in Appendix B with *Yorùbá* words. Consequently, I quoted some of the healers' exact words in *Yoruba* and subsequently offered the English translations throughout Chapters Four and Five. Questions and certain answers were also written in English using quotation marks to ensure easier readability. Tables 1 and 2 at the end of the book portray the "Healer Characteristics" and "Healer Support for Hypotheses" generated in this section.

Specifically, this volume examined healers' worlds, life patterns and experiences as a unit or body. This procedure was utilized by focusing on

the communication (verbal and nonverbal) and interactional behaviors affecting clients' and healers' personal and physical worlds within the *Yorùbá* healing environment, healer-client relationships, individual healer's treatment strategies, diviner-client relationships, diviners' treatment strategies, diagnoses in healing and divining, healing interventions and encounters, and healing techniques. As Bruyn (1966) stated, the participant observer in his scientific role "seeks to apprehend, register, interpret, and conceptualize the social facts and meanings which he finds in a prescribed area of study" (p.18). In the next section, I focus on the background and status of Yorùbá Traditional Healers. This information was garnered by posing the questions in Appendix B to the profiled healers.

### YORÙBÁ TRADITIONAL HEALERS' (YTHS') BACKGROUND AND STATUS

I posed the following question to the seven healers: "Do you perform other duties/work in addition to divining/healing?" The responses of *babaláwo's*, which are captured by Dr. Awótáyò's remarks, revealed that duty pervades healers' lives:

Mo wà ní àrṓwṓtṓ ní gbogbo wákàtí tí ó wà nínú ọjọ. Kò sí igbà tí àwon abewé tí ó wà ní ilé iwòsàn mi kò lè pè mí fún irànlṓwṓ. Mo wà ní ibí ní gbogbo igbà láti ṣe irànlṓwṓ fún wọn. Nítorí nàà ni mo ṣe kọ ilé mi sí iwájú ilé iwòsàn mi.

I am on call for my clients twenty four hours a day. There is no time that clients need my services that I do not respond. I am here to assist them when they need me. This is why I live right here in front of my hospital.

Additionally, I asked healers to briefly explain their experiences as a well-known traditional healer (diviner or herbalist), state how many individuals knew them in their line of work and describe how far their fame extended. I observed through the certificates and plaques hung on each healer's clinic and hospital that profiled Yorùbá Traditional Healers are prominent members of the Nigerian Traditional Healers Association, the Nigerian Native Doctors Association, *Ọyọ*, *Ògùn*, *Ọsun*, and *Ondó* Native and Traditional Healers Associations and Association of *Ifá* Priests. I also observed that the props, cues, and artifacts displayed by the healers in their homes, clinics and hospitals show their allegiance to their professions and mentors.

The seven *babaláwo* profiled served as chairmen of their local Traditional Healers Association, including Dr Akinolá, who was the chairman of a local chapter of the Native Traditional Healers Association in *Ìbàdàn*, *Ọyọ* State in 1994. Furthermore, clients, community members, Deans of healers and elders informed me, at separate times during my field research,

that all the seven Yorùbá Traditional Healers were well-known and respected in their towns, cities, states and other parts of Nigeria.

Lastly, I observed a prop with leopard skin hanging on the back of the main door at the entrance of Dr. Akinlólá's Ọyọ State office and saw the picture of a famous, Yorùbá religious leader, the late Rev. Ayò Babalólá, in the corner of Dr. Awótáyò's office. Relatedly, Dr. Awótáyò, the first Yorùbá Traditional Healer interviewed for this study, stated the following: "I admire Rev. Babalólá, one of my mentors, because he designates Almighty God (*Olódùmarè*) as the source of his power." In the following paragraphs, I provide detailed information on the healers' and diviners' unique backgrounds and experiences.

### Herbalist/*Onísègùn* 1

Dr. E. B. Awótáyò of Awótáyò Memorial Hospital, *Ẹrìn Ìjẹṣà*, *Qṣun* State, was 73 years old in 1994, and has been actively involved in healing mental illness for over 47 years. Like many of the healers profiled in this study, he does not have any formal Western education. When asked how he obtained the power and authority to start his healing practice, Dr. Awótáyò responded that "I inherited the power to heal psychiatric problems and illness from Akinláyẹmi, my grandfather, a healer of national and international repute, who specialized in healing "*àrùn ọpọlọ*" (brain disorders).

Dr. Awótáyò was not an apprentice to any traditional healer. Instead, he inherited the power to heal mental illness from his grandfather through observations and natural endowments. He further affirmed "the power of healing mental illness, hunting, blacksmith, and farming, runs in my blood because it is hereditary." Dr. Awótáyò clarified the above statements by noting that he enhanced his inherited healing power through observations, fasting, and incessant prayers to "*Olódùmarè*" (God Almighty). He further expounded upon these remarks in the following manner:

Bàbá bàbá mi fi tàdùrà tàdùrà fi agbára àti isèwòsàn ààrùn ọpọlọ fún mi nípa fífi ọwọ kọ mi ní ọrùn àti nípa fífi àyè fún mi láti fi ọwọ kọ wọn lórùn padà.

My grandfather prayerfully passed on the power to heal psychiatric illness to me by wrapping his arms around my neck and allowing me to reciprocate the same gesture to him.

Dr. Awótáyò explained that the interlocking and "twisting of arms" signified constancy and continuation of healing power within their family clan.

Dr. Awótáyò was chosen to be a traditional healer in his father's house, despite the fact that he was not the first son. He was selected because his

grandfather's extended observations revealed that he possessed the following attributes: mercy (*àánú*), perseverance (*iforítì*), humility (*ìwà tútù*), love (*ifé*), and patience (*ìpamórá*). These traits allowed him to become more knowledgeable concerning how his father and grandfather dispensed herbs and catered to clients' needs.

Dr. Awótáyò asserted that he had trained one of his children to be a traditional healer, while one of his nephews was undergoing training in 1994. Moreover, I observed three of Dr. Awótáyò's teenage sons actively participating with him in healing, and the dispensing of herbs and medication around the hospital. Dr. Awótáyò intended to continue a keen observation of his children's personality traits in order to train those suitable amongst them for the traditional healing profession. Consequently, he explained that it would be dangerous to pass the banner of healing to just one of these children, because of the sensitivity of the healing profession, and the danger of losing years of healing knowledge should something suddenly happen to that child. The quote summarized below further support this position.

Iṣẹ̀ yìí tí wúwo jù pé kí a gbé e lé eni tí ó láchun, tí kò ní igbàgbò, tí kò láàánú lójú, tí ó Ẹ́ánjú, tí kò ní ẹ̀mí mímọ̀.

This work is too delicate to be passed on to any child, especially to one who is miserly, who has no faith, is not compassionate, is callous, and who does not have the Holy Spirit.

When asked regarding Dr Awótáyò's behavior and attitude toward his clients, he informed me that "perseverance (*iforítì*), endurance (*ìpamórá*), empathy (*ifí ara ẹ̀ni sí ipò ẹ̀nikeji*) and persistence (*idúró Ẹ́nṣin*) in whatever I do has made my healing practice and interaction with clients successful." He reiterated his previous point by declaring that he typically overcame obstacles through constant prayers, fasting, and by utilizing the experience that he had learned in healing for his clients' advantage.

Concerning the breadth of his experience as a reputable traditional healer, Dr. Awótáyò stated that he could "capably say (makes a gesture by hitting his chest with his right palm three times to portray confidence) that I have been endowed by God Almighty to heal various types of mental illness." This confidence stems from the fact that he has over 47 years of traditional healing experience with mentally-challenged clients. Dr. Awótáyò, who again made a gesture by hitting his chest with the palm of his right hand four times, claimed that he possessed the ability to successfully treat different types of mental illness when placed alongside Western-trained psychiatrists.

In support of the aforementioned point, Dr. Awótáyò noted that Professor R. O. A. Mákànjúfálá, then head of Psychiatric Unit at the Qbáfẹ̀mi Awólọ̀wọ̀ University (OAU) Teaching Hospitals Complex, and some other

Western-trained psychiatrists from OAU's Faculty of Health Sciences and elsewhere in Nigeria, routinely consult with and invite him to their departments to give lectures, and assist medical and pharmacy students.

Finally, Dr. Awótáyò averred that he offered counseling services to clients and their family members. He described himself as a traditional healer who healed mental health problems, and a counselor, father, consultant, and speaker, in addition to being a farmer who owned over 300 acres of farmland where cocoa, palm produce, herbs and vegetables are grown and maintained with the help of his wives, children and hired laborers. I observed Dr. Awótáyò dispensing *asoféyẹjẹ*, one of the active herbs he grew and prepared as medication for 400 clients in his hospital, to one of his clients.

### Herbalist/*Onísẹ̀gùn* 2

Dr. S. Babalọ́lá Akínọ́lá of Afrik Naturalist Hospital *Ìbàdàn*, *Ọ̀yọ́* State was 62 years old when he was interviewed in 1994. He has been involved in herbalism and general traditional healing for over 30 years. Dr. Akínọ́lá was a Chartered Accountant licensed in various Nigerian and International Accounting Organizations before he became a full time traditional healer, after his friends convinced him to extend his healing assistance to outsiders. Dr. Akínọ́lá was born into traditional healing profession, as his father and grandfather were both renowned herbalists and traditional healers. Therefore, he inherited traditional healing and knowledge of “herb mixing” from his father.

Also, Dr. Akínọ́lá's father taught him how to “heal and discern”, beginning in 1945 when he was 10 years old. During this time, he watched and consulted with his father, and gained training in herb use, preparation and administration. Collegial relationship and respect developed between Dr. Akínọ́lá and his father, as a result of positive healing interactions that the respondent had with clients.

Dr. Akínọ́lá was licensed to practice traditional healing, which he inherited, by the Nigerian Association of African Medicine after undertaking periods of internship with different Deans of healers and experienced herbalists. He underwent special training on preservation and refinery of herbs and plants as a way of honing his hereditary knowledge of healing and herbs, under specific Deans of healers in different parts of *Yorùbá* land. In addition, Dr. Akínọ́lá improved his knowledge of traditional healing and “herb mixing,” by undergoing a five-year apprenticeship in London under Mr. A. J. Kareem, a world-renowned traditional healer.

As a result of this specialized training, Dr. Akínọ́lá successfully made an effective blood tonic that was completely sold out to pilgrims during his pilgrimage to Mecca in 1968. Dr. Akínọ́lá, when giving me a tour of his pharmacy, said that he administered all his herbal concoctions to friends and family members before prescribing them to clients to ensure they are

safe and effective. Dr. Akínṣá further explained that he was interested in dispensing medications that will be effective for his clients' ailments.

When asked whether he performed other duties/work in addition to divining/healing, Dr. Akínṣá responded in the following manner:

Iṣé mi ni láti máa ṣe iwòsàn oríṣíríṣi àìsàn, láti máa ta egbògi àti láti máa ran àwọn abewé àti idílé wọn lówó.

My work is to practice general traditional healing, dispense and sell locally—prepared herbs and medicine, and counsel individuals and their families.

Also, Dr. Akínṣá declared that he prepared and refined herbs (and medications) for diseases like high blood pressure, hypertension, diabetes, piles, heart conditions, stroke, and different forms of cancer. A tour of his pharmacy revealed where he stored various herbs specifically labeled for the above ailments and diseases. Most of these herbs were grown near his home and clinic in Ìbàdàn.

As evidenced by this intensive training and expertise, Dr. Akínṣá had in-depth knowledge of plants and botany. The videotaped sessions of Dr. Akínṣá's clinic showed his library, which contained various reference materials on plants, human physiology, biology, chest and heart diseases. He used these books to keep abreast of trends and modern approaches to herbs, plants, and diseases affecting all areas of the body. I observed various types of herbs as we both toured Dr. Akínṣá's herbal farm, which was adjacent to his house and hospital.

Regarding the extent of his experience as a well-known traditional healer, Dr. Akínṣá stated that he worked hard to mix and preserve herbs, and assisted clients by administering herbs that will protect them against evil forces and diseases. As such, he helped his clients to become prosperous in their business ventures, and attain long life by giving them herbs prepared specifically for these two purposes. I observed that one of the mottos (*àmi òye*) on Dr. Akínṣá's table, which supports his interest in herbs, read, "Herb Cures, Herb Heals" (*ewéḅè n wòsàn, ewéḅè nmú-lára-dá*).

Dr. Akínṣá has acted as a consultant to different universities in Nigeria and written on different aspects of healing for two Nigerian newspapers, *The Nigerian Tribune* and *The Daily Sketch*. He has also recorded and sold audio cassettes on traditional healing to other healers and clients.

### Herbalist/Onísègùn 3

Chief Jacob Abíṣá, of Abíṣá Native Hospital, was approximately 84 years old when this study was conducted in 1994. Since there was no formal means of keeping birth records in the town of *Ayégúnlẹ̀ Èkítì* (*Ondó*

State) when he was born, Chief Abíólá was unable to accurately recall his date of birth. Nonetheless, he was able to recall the events that happened around the day he was born and guess his age based on these recollections.

Chief Abíólá has practiced traditional healing for more than 52 years and is self-taught; he does not have any formal Western education. Chief Abíólá retired from his clerical position at John Holt Limited in *Lagos* and *Ìbádàn*, and relocated to his hometown of *Ayégúnlẹ̀-Èkìtì* many years ago to become a full-time healer, because he wanted to utilize his talents and endowments to assist clients. Like Dr. Akínólá and before his retirement, Chief Abíólá had extended healing assistance to friends, co-workers, and relatives before becoming a full-time healer.

Chief Abíólá practiced general medicine and was also an expert in the following areas: obstetrics and gynecology, anesthetics, mental illness, general diseases and ailments; in individual, marital, infertility and family counseling. He also acted as a consultant to younger healers and Western medical experts. Chief Abíólá's position as a chief and elder in *Ayégúnlẹ̀ Èkìtì* community allowed him to counsel Chiefs, Kings, and other people of high repute.

Chief Abíólá learned the power to heal and counsel through an intensive 18-year apprenticeship and training under his maternal uncle, Apàjèpolòògùn, and through observations and dreams. His maternal uncle, Apàjèpolòògùn, told him when he was a young boy that he was endowed with healing attributes. Apàjèpolòògùn also predicted to Chief Abíólá's mother that he was going to be a renowned Yorùbá Traditional Healer.

Moreover, Chief Abíólá claimed that he augmented his healing power by being constantly self-taught through dreams. In addition to being self-taught through dreams, he learned divining methods as an intern from Pa Àjáyí of *Ìyagbà* near *Ìkòlẹ̀ Èkìtì* in *Ondó* State. Chief Abíólá also consulted with renowned Yorùbá Traditional Healers and diviners to enable his clients to get the best results. In the 1990s and possibly beyond, Chief Abíólá was widely known for his healing prowess in *Ondó*, *Ọ̀yọ́*, *Ògùn*, *Kwara*, *Lagos*, other *Yorùbá* States and throughout Nigeria, by Kings, Chiefs, and highly placed personalities.

Chief Abíólá, like Dr. Awótáyò, was also a farmer of high repute in his community. He also specialized in career counseling using divining methods and prepared herbs for clients. He observed clients and consulted *Ifá* about their innate resources, talents and knowledge of numbers. This consultation allowed him to give clients appropriate advice on career choices. Chief Abíólá specifically remarked that he “gives this advice to my clients after observing their abilities and capabilities in different areas of learning through interactions with them and from results revealed to me by *Ọ̀rúnmilà* through divining.”

Lastly, the Chief stated that he was teaching one of his children, who was in high school in the mid 1990s, the fundamentals of traditional healing. Only one of his older children “Túndé, who resided in *Adó Èkìtì*, regu-

larly consulted with him on healing-related problems since he graduated as a traditional healer from his hospital.

#### Herbalist/*Onísègùn* 4

Dr. Michael Adéoyè Adésànyà, the owner of Àláfià Táyo Herbal Home, was born at Òkè Àgbò in Ìjẹbú Igbó, in Ògùn State on December 4, 1912. He was the sixth out of his father's eighteen children and has practiced traditional healing for over 68 years. My videotaped recording captured the name of his Pharmacy as Àláfià Táyo ("Sound Health Breeds Happiness") Medicine Store. Dr. Adésànyà reportedly acquired his power to heal and identify suitable herbs for healing different ailments from God Almighty (*Olódùmarè*), through heredity from his father, and through natural endowments.

His father was a renowned traditional healer who encouraged him to learn to mix herbs:

Mo fẹràn láti máa wòye bí a ti n po egbògi nígbà tí mo wà ní ọmọdé, mo bèrẹ síí ran bàbá mi lówọ láti po egbògi àti láti wá egbògi àti ewé tí ó lè wo orísíríṣi àisan sàni láti ìgbà tí mo ti wà ní ọmọ ọdún mètàdínlógún.

I loved to observe, practice with, and mix herbs when I was young, I started helping my father to prepare herbs and look for appropriate herbs suitable for curing different diseases when I was 17 years old.

In 1929 and under his father's tutelage Dr. Adésànyà successfully mixed and sold his first herbs. Until his father's death, he served as his consultant and made decisions on the choice of the right herbs for curing clients.

Like Dr. Akínṣlá's, Dr. Adésànyà's father taught him how to heal and allowed him to solve difficult client problems that he found impossible to solve because they both had a collegial relationship. Dr. Adésànyà was able to undertake these tasks because he was skilled in the preparation and administration of herbs and tonics, which refine, replenish and increase blood volume. Dr. Adésànyà confirmed during videotaped recording sessions that he made some of these herbs and blood tonics from mango leaves and "òpòlò" leaves.

I observed from the plaque displaying Dr. Adésànyà's degree that he had an equivalent of a bachelor's degree. Dr. Adésànyà further informed me that he was experienced in botany, biology and zoology, possessed "healing potential" and an aptitude for choosing the right herbs. Like that found in Chief Abíṣlá's hospital, one of the plaques hanging in Dr. Adésànyà's clinic revealed an herbalist's certificate, which demonstrated his deep knowledge of anatomy and physiology. I observed and was given a tour of Dr. Adésànyà's personal library, which is stocked with the encyclopedias of medicine, anatomy and physiology, books on health and blood pathol-

ogy, and personal records of herbs and plants. Finally, Dr. Adésànyà alleged that he had successfully used these records and books to cure various diseases, and to assist clients in need of psychological, psychiatric and medical healing over the last 68 years.

Dr. Adésànyà's 68-year practice had normally entailed general traditional medicine, consultations with Deans of healers and younger healers, and dispensing and selling traditionally-made medicine and blood tonic in *Ìjẹ̀bú Igbó*, *Ògùn* State. He had treated different kinds of illnesses and diseases, including blood-borne diseases with multifarious herbs, provided individual, adolescent, marital, family, fertility and infertility counseling to clients, and managed a farm.

Concerning his reputation as a healer, Dr. Adésànyà was a member of the *Ìjẹ̀bú* area, *Ògùn* State-based *Beje* Medical Herbalists Society and *Ajẹ̀bámitálẹ̀* Herbalist Association, and the Chairman of the *Ìjẹ̀bú Igbó* Chapter of the Native Doctors' Association. As an elder in the community, he was well known and sought after for advice, consultation, and constant help for different individual and community problems in *Ìjẹ̀bú Igbó* town.

Although none of Dr. Adésànyà's children showed interest in becoming a traditional healer in the 1990s, one of his grandchildren ("the son of his first son") had shown some interest in learning healing methods, and herb preparation and administration:

Ó bà mí nínú jẹ́ púpọ̀ láti má rí ọ̀kankan nínú àwọn ọ̀mọ̀ mí tí yóò kọ̀ iṣẹ́ iṣẹ̀gùn yìí, nítorí ọ̀kàn mí n fẹ́ láti fi òyè egbògi àti iṣẹ̀gùn sílẹ́ fún àwọn ọ̀mọ̀ mí gẹ́gẹ́ bí bàbá mí ti ṣe fún mí.

I am saddened by my children's lack of interest in learning the healing job, because I want to pass the banner of healing and dispensing herbs to my children as my father did to me.

Dr. Adésànyà reiterated, squeezing his brow in sadness, that he believed that the talent and art of healing and dispensing herbs was so precious that it should not be lost with him but passed on to the next generation.

## SUMMARY

The previous summaries were derived from the responses provided by Drs. Awótáyò, Akínolá and Adésànyà, and Chief Abíólá to questions in the Interview Schedules. These questions are subsumed under the following five headings in Appendices B & C: "Birth," "Work Setting," "Personality," "Experience in the World," and "Interaction with Clients." In addition, the aforementioned descriptions, which are based on my personal observations, videotaped sessions, and the field notes of my personal interactions with elders, Deans of healers and with clients, reveal that Yorùbá Traditional Healers are regarded as custodians of knowledge and wisdom,

and that they serve as role models in their different communities. In conclusion, the summaries presented on preceding pages indicate that Yorùbá Traditional Healers, comprising of herbalists (*Oniṣṣẹ̀gùn*) and diviners (*Ifá* priests), utilize their innate resources, divergent experiences, reservoirs of knowledge and expertise to aid their clients. Following the same format employed above, I discuss diviners' activities in the next section.

## DIVINERS (*Ifá* PRIESTS)

Suggestions offered by the Deans of healers and my consultants encouraged me to interview the most experienced and knowledgeable diviners, priests and traditional healers in Yorùbá land for this study. The three diviners (*Ifá* Priests) interviewed, observed and videotaped for this study included Chiefs Awóyẹ̀mí Awóreni (the *Àràbà*), Abíòdún Awójọ́bí (the *Afẹ́ódigba*), and Ọ̀mọ̀pariọ́lá Ọ̀lájídé (the *Olóri Awo*). They resided in *Ilé-Ifẹ̀, Oṣun State* (a city referred to as the cradle of the *Yorùbá*) and were 62, 72, and 73 years old respectively when this research was undertaken in 1994.

According to five clients who were present during the videotaped sessions, these three diviners were consulted for different diseases and psychological problems. For their part, the diviners explained that they acted as consultants to herbalists and other diviners in *Yorùbá* land, Nigeria, Africa and other parts of the world. Three *Ilé-Ifẹ̀*-based Deans of healers and two elders added that these three diviners (*Ifá* Priests), Chiefs *Àràbà*, *Afẹ́ódigba*, and *Olóri Awo* of *Ilé-Ifẹ̀*, are King *Olúbùṣe*, the *Ọ̀ni* of *Ifẹ̀'s* (a renowned King in *Yorùbáland*) major diviners and priests responsible for making sacrifices for *Ilé-Ifẹ̀'s* and for consulting *Ifá* oracle about the problems of the King and of all *Yorùbá*. I was informed by elders, Deans of healers, and other *Yorùbá* Traditional Healers that diviners (*Ifá* Priests) are well known for handling cases and problems that are linked to supernatural causation. In the next section, I present detailed information concerning the Chief Diviner's background and divining experience.

### The Chief Diviner (the Chief *Ifá* Priest)

The Chief Diviner, Chief Awóreni, was the only diviner I interviewed for this study because of time constraints and the possibility of duplicating diviners' lifestyles, roles, functions and techniques. Nevertheless, I was able to understand the techniques and methods of divining through observations, interactions and by videotaping group divining activities of the three diviners' interactions with their clients.

When asked about his date of birth and upbringing, Chief Ọ̀ládélé Awóyẹ̀mí Awóreni made the statement quoted below:

Qmọ ọgọta ọdún lé méjì ní mí, a bí mí ní Òkè Itase ní Ilé-Ifẹ ní ipínlẹ Ọsun ní orílẹ̀ èdè Nijeria ní ọdún 1935. Mo dàgbà ní Òkè Ifẹwàrà ní Ilé-Ifẹ lódò àwọn ará ilé iyá mí.

I am 62 years old, I was born in Òkè Itase, Ilé-Ifẹ, Ọsun State, Nigeria in 1935, and I grew up at Òkè Ifẹwàrà with my maternal uncle and family.

During videotaped sessions, Chief Awóreni affirmed that he was the *Àràbà* of *Ilé-Ifẹ* and the *Oníṣèsìn Àgbáyé*, the highest *Ifá* high priest in the world. His paternal grandfather, a renowned diviner and a prominent *Ilé-Ifẹ* chief who had many apprenticed diviners, was widely known for his “power to resurrect the dead (*“agbára láti jí òkú dide”*).”

Before becoming a diviner, Chief Awóreni learned mechanical engineering in *Ọṣogbo*, Ọsun State. He never went to a Western-oriented school because his father died in 1938, when he was only three years old. Although he had a personal love for divining, the Chief Diviner was reluctant to become the *Àràbà* and the Chief High Priest of the world (*Oníṣèsìn Àgbáyé*) when he was chosen because he felt inadequate to assume such a big responsibility since he lacked formal and long-term training in divining. Notwithstanding this reticence, one of *Ọ̀ni Olúbùse’s* Chiefs informed me that Chief Awóreni (*the Àràbà*) was widely known as a successful diviner throughout Nigeria, other parts of Africa, Cuba, Brazil and the United States of America.

As revealed by the following statement, Chief Awóreni inherited his power from a divine authority:

Èmi ni ẹni tí Ifá mú láti jẹ oyè ilé bàbá mí, láti jẹ oyè oníṣèsìn àgbáyé, alúfáà àti Àràbà àgbáyé ní Ọdún 1972, àti láti máa ẹ ẹṣẹ bàbá bàbá mí lọ lẹyin igbà tí mo ti Ọṣogbo dè.

I was especially chosen by *Ifá* to be ordained as a chief and priest in my father’s house and to carry on the divining rites for my grandfather’s house, after I returned from *Ọṣogbo* in 1972.”

Chief Awóreni apparently acquired wisdom and the art of divining through heredity, dreams, visions, interactions with experts, and with different supernatural beings who constantly conversed with him on the streets. He added that he was curious, had an interest in traditional things and possessed a willingness to ensure that sick people got well. One of Chief Awóreni’s long-term female clients, who brought her brother in for divining when I videotaped this session, confirmed that Chief Awóreni was always willing to assist his clients by listening to them.

During interactions and videotaping sessions, Chief Awóreni averred that no Yorùbá Traditional Healer (*babaláwo*) could make divining a full-

time job and support his family because of restrictions in charging fees and because clients also consulted Western-trained medical doctors, herbalists, and religious healers. Hence and in addition to being a diviner (an *Ifá* priest and *Oníṣèsìn Àgbáyé*), Chief Awóreni served as a farmer, mechanic and the director of his own sawmill.

In 1994, three of his younger children were learning how to divine. Chief Awóreni maintained that younger students learn how to divine faster than older students, because the 256 *odù* or the sacred stories of *Ifá*, which have to be memorized, communicated and interpreted to clients, is easily accessible to younger, fresher and fertile minds.

On a final note, Chief Awóreni avowed that he does not allow himself to be overcome by any problem. Therefore, even though he worked hard at divining, he allowed the “ups and downs” of life to take their normal course. In response to questions about his attitudes toward clients, Chief Awóreni listed patience (*sùúrù*), perseverance (*iforiti*), and endurance (*ifaradà*) as the traits that allowed him to work successfully with his clients. In a similar vein, he made the following statement:

“Mi ò ní èmí ìgbéraga ùgbón, mo ní èmí ìrèlẹ̀, mo ní èmí ìfẹ̀, mo máa n gba àwọn abewé mọ̀ra mo sì máa n ran àwọn abewé tí ó n wá sí ọ̀dọ̀ mi lówọ̀.

I am neither proud nor haughty but humble, loving, and receptive to clients who come to me for help.

In closing, Chief Awóreni stated that he worked with clients to identify solutions to their problems and encourage them to offer sacrifices to the gods and their ancestors for their problems without charging an initial fee, if they genuinely have no money. Chief Awóreni buttressed his genuine concern for clients’ well-being by citing the following proverb:

Wọ̀n kí bá ìbànújẹ̀ wọ̀lé ọ̀ba, kí wọ̀n tún bá ìbànújẹ̀ jáde.

Individuals never enter the King’s palace with sadness and go home sad.

## HYPOTHESIS 1

Based on Yorùbá Traditional Healers’ responses to questions concerning how they obtained their healing and divining power or authority, it is tenable to hypothesize that Yorùbá Traditional Healers’ skills, expertise, knowledge and power are learned through apprenticeship with Deans of healers, Chief diviners, and healers’ fathers; through observations; natural endowment; self-teaching; genetic dispositions; or dreams; and/or close meetings and associations with God Almighty (*Olódùmarè*), the gods, ancestors and supernatural beings.

## Group Divining

Professor Akin Mákindé, my chief consultant and expert on Yorùbá Traditional Healers, reiterated that the use of a three-team group divining approach with clients engenders positive outcomes. I observed that the three diviners not only worked as a team, they were cordial, cooperative, hard working, and worked collaboratively to understand clients' problems and seek divine guidance from *Òrúnmìlà* for solutions to such issues. One of the diviners informed me that "my professional interactions and cooperation enabled clients to develop confidence in my divining ability to solve most of their problems through client-healer relationships."

## YORÙBÁ TRADITIONAL HEALERS' CLIENT-HEALER RELATIONSHIPS

### Dr. Awótáyò

Dr. Awótáyò affirmed that he empathized with his clients, encouraged them to take care of their personal hygiene and eat well-balanced diets, consisting of vegetables and black-eyed beans, and desired that they got well. Dr. Awótáyò also expressed love and mercy toward clients and their family members who visited his hospital. In relation, he maintained that "not being puffy (*fifẹ*) or full of self (*ní igbéraga*), and being humble (*ní ẹmí irẹlẹ*) allowed him to build his traditional healing profession up to its present stage." Dr. Awótáyò summed his response by informing me that healing is a work of grace and alluding to the following proverb: "*Asá kòkó pẹlú kòkó rẹ ni yòò gbẹ*" (The person that is drying cocoa beans in the sun will dry out just like the beans).

In order to ensure that his clients' health improved, Dr. Awótáyò provided them with the necessary assistance one hour at a time, listened to their problems, ensured that they took their medications, and helped them with healing-related issues as they arose. Moreover, he made the remarks quoted below.

Mo máa n gbìyànjú láti ran àwọn abewé láti ọ̀ṣẹ́ lórí àti ní ẹmí ifaradà, igbàgbò nínú Olódúmarè wípé oògùn tí a ó fún wọn yòò ọ̀ṣẹ́ tí a fẹ́ kí ó ọ̀. Mo sì tún n ran àwọn abewè lówọ́ nípa jíjẹ́ kí wọn mọ́ pé mo máa dúró tì wọn tídí di igbà tí ara wọn yòò yá.

I encourage my clients to have patience, perseverance, endurance, persistence, faith in God Almighty that the medication that they are given will work towards their healing. I also assist my clients by making them aware that I will follow through the process of healing with them.

Dr. Awótáyò is renowned for a high success rate with his clients if they consistently took their medication for two full years (*ọ̀dún méjì gbáko*):

Ògòrò àwọn tí ó ti ti ilé iwòsàn wa yìí kúrò ni ó ti padà sí ẹnu iṣẹ wọn,  
wọn sì ti bẹ̀rẹ̀ síí ẹe ojúṣe wọn ní ààrín ilú láì sí wàhàlà kankan mọ.

Some of the clients who have been discharged from this hospital have returned to their careers and professions and become functional members of the society.

He cited numerous clients who had advanced professionally and otherwise in the community after coming for treatment in his hospital, and claimed that these examples showed how successful his hospital had been in enabling clients to get well. One of the interns at Dr. Awótáyò's hospital informed me that several clients, who left the hospital when he was a patient there, returned to show appreciation to Dr. Awótáyò now that they were working as highly placed government officials in Federal and State Ministries. According to Dr. Awótáyò, none of his clients had died since he started healing over 47 years ago because they were always given special care and attention.

I observed that some of Dr. Awótáyò's old clients who had previously been in treatment at his hospital stayed behind as his students or worked in the hospital as interns. These old clients pointed out to me that they remained to assist Dr. Awótáyò because they had no relatives to pay their hospital bills when they were sick. These clients further explained that they would leave after they graduated as healers or had worked for enough years to pay their debts. A discussion of Dr. Akínqlá's client-healer relationship is the focus of the next section.

### Dr. Akínqlá

One of the clients interviewed for this study declared that Dr. Akínqlá was very talented at discerning what was wrong with clients before being told about their problems. The client added that Dr. Akínqlá was endowed with the gifts of healing and problem discernment, as well as with talents to resolve different crises. For his part, Dr. Akínqlá asserted that, because he worked hard to find the root causes of and solutions to clients' problems, his over 30-year experience of traditional healing practice was characterized by multiple success stories.

Dr. Akínqlá did not treat psychiatric problems because they were time-consuming. Consequently, he conducted research, prayed, and asked questions concerning other difficult but non-mental health issues. Also, Dr. Akínqlá echoed the voices of the other Yorùbá Traditional Healers examined in this study when he made the following remark:

Ṣiṣe àànú, ṣiṣe iṣe kára, iforiti, irèlè, òwò, níni òkàn ibèèrè, fífi ara ẹni sí ipò ẹnikẹ́jì, ifẹ́, ibẹ̀rù Olódùmarè, igbàgbọ́, òye, gbígba àdùrà láìsinmi sí

Olórún jẹ̀ ipilẹ̀ iwà tí ó n ran babaláwo lówò láti lè kó esẹ̀ járí pẹ̀lú àwọn abewé.

Mercy, hard work, perseverance, humbleness, respect, a probing mind, empathy, love, fear of God, faith, understanding and constant prayer to God are the foundations of a healer's success when working with clients.

Hence, from Akínqlá's vantage point, mercy (*àánú*) is the basic foundation of Yorùbá Traditional Healing: "any traditional healer who is not endowed with mercy (*àánú*) cannot be successful in the healing trade."

Dr. Akínqlá interacted actively with his clients, and utilized his skills and expertise to solve their problems. While interacting with his clients, he employed a direct approach, which includes the use of patience (*siúrù*), endurance (*iforítì*), empathy (*fifì ara ẹ̀ni sí ipò ẹ̀nikẹ̀jì*), mercy (*àánú*), love (*ifé*), probing spirit (*ẹ̀mí ibéèrè*), discerning mind (*níní ẹ̀mí àkíyèsí*), and maturity (*níní ẹ̀mí àgbà*).

My observations of Dr. Akínqlá's interactions with his clients during videotaped sessions showed him asking questions about their backgrounds, work settings, eating and sleeping habits. As further evidenced through the videotaped sessions, my observations and interactions with Dr. Akínqlá and the other three herbalists, I discovered that Dr. Akínqlá's style of interaction was similar to that of Messrs. Awótáyò, Adésànyà and Abíqlá, because they all asked relevant questions, probed the causes of clients' problems, empathized with, listened to and assisted clients to work through and find solutions to their problems.

All the profiled babaláwo averred that they were eager to help, showed mercy (*àánú*) and respect (*òwò*), worked hard to ensure that clients' problems were solved, ensured that clients learnt the necessary preventive healing methods, showed empathy (*fì ara wa sí ipò ẹ̀nikẹ̀jì*) and understanding (*òye*) during client-healer interactions. Finally, Dr. Akínqlá's response summed up Yorùbá Traditional Healers' unanimous belief on the issue of obtaining payment for healing:

A kii kọkọ bèèrè owò ni ọwò àwọn abewé. A ó kọkọ wádíí ohun tí wọn bá wá, a ó sì gbìyànjú láti ràn wọn lówò nípa wàhálà kí wàhálà tábí ìṣòro kí a tò bèèrè owó lówò wọn.

We do not ask for money from clients when they first visit us. We ask them to describe their problems and we try our best to help them find the solutions before asking them for money,

The next section discusses Chief Abíqlá's healing relationship with his clients.

## Chief Abíólá

Chief Abíólá claimed that he utilized the healing power given to him by God Almighty to aid, rather than to hurt, his clients. His reported aim was to ensure that clients got better and were healed by responding to their needs through listening and daily interactions:

Ọpọ àwọn abewé tí ó n wá sí ọdọ mi ni ó n gba iwòsàn tí wọn sì tún n sọ fún àwọn ẹlòmíràn nípa iṣẹ́ ribiribi tí mo n ẹ.

Most of the clients who come to me not only get healed, but they also refer other clients to me for the good work I do.

Chief Abíólá offered advice and used past experiences, including clients' success stories, to offer encouragement and suggestions as he worked through different issues with them. In a similar fashion, he made the following point:

Ìwà rere ni ohun tí mo fi ẹ pàtàkì lẹnu iṣẹ́ mi yí.

Character is the foundation of my success in traditional healing job.

Hence, Chief Abíólá believed that character is the crown of success. He added that since character (*iwà*) is the cornerstone of living, if a traditional healer has character he or she will be able to interact with, and relate to others and therefore be successful in all his or her endeavors. The warm reception, which he gave his clients, encouraged them to work on their problems. This warmth is shown through the exchange of greetings and pleasantries, and expressions of goodwill between Chief Abíólá and his clients. Overall, Chief Abíólá mentioned that he cared for (*ẹ aájọ*), showed mercy to (*fi àánú hàn*), and gave full attention to the clients who came through his doors.

One of Chief Abíólá's clients reiterated that "the chief allowed his clients to feel at home in his clinic by using appropriate words that denoted empathy (*fifi ara ẹni sí ipò ẹnikẹjì*), mercy (*àánú*) and cordiality (*níní ifẹ*)." Relatedly, Chief Abíólá referred to the cordial reception that he gave my entourage as an example of the way he treated his clients and their family members. Another client, who was part of the videotaped session in Chief Abíólá's hospital, stated that he showed kindness, love, patience, and genuine love to him, his family members and other clients. In sum, Chief Abíólá referred to genuine love and mercy as the foundation of his success in working with clients.

On a separate issue, Chief Abíólá cited the example of a woman who was over nine months pregnant and had multiple pregnancy complications.

Although she visited Western-trained doctors in *Àkúré*, *Adó Èkìtì*, and *Ìdó Èkìtì*'s major hospitals, they were unable to resolve her problems. However, using his knowledge of anatomy and physiology, Chief Abíólá safely delivered the baby by employing an open attitude, divining and use incantation to cast out the spells that were responsible for blocking the baby's way, and finally applying some medication to relieve the client of any after-birth problems. This success story encouraged Western trained medical doctors from all parts of Nigeria to refer more obstetrical problems and complications, which they could not handle, to Chief Abíólá.

Chief Abíólá's consultation with other healers and elders all over Nigeria on healing methods, techniques, and different client problems allowed him to solve difficult problems like the one described above. Chief Abíólá's pride in his work ensured that clients were treated in a respectful manner; in turn, they recommended him to their friends. Likewise, Chief Abíólá treated his clients like royalty whenever they brought their problems to him individually or when accompanied by their relatives. He also added that

Mo máa n sa ipá mi láti ran àwọn abewé tí ó n wá sí ọ̀dọ̀ mi lẹ́wọ̀ nípa fífún wọn ní oògùn tí yóò wo àìsàn wọn sà. Mo sì tún máa n fetí sí ìṣòro tí wọn bá wá sí ọ̀dọ̀ mi kí n lè gbà wọn ní iyànjú léyìn igbà tí mo bá ti ẹ̀ àwárí idí ìṣòro nàà pẹ̀lú wọn.

I strive very hard to assist clients who come to seek help from me by prescribing the right herbs that will cure their illness or disease. I also listen to their problems that they bring to me to find the root causes of these problems.

### Dr. Adésànyà

According to Dr. Adésànyà, his experience with clients revealed that honesty is the best policy. Consequently, he constantly encouraged his clients to be careful about revealing innermost secrets of their hearts to other human beings because he believed that trust should be earned. Hence, information about clients and self should be guarded and revealed with caution to other professionals only after they have demonstrated their ability to keep such information confidential.

Dr. Adésànyà stated that his motto of "*iwà ló jù.*" (character is the ultimate crown of success) prevailed in his relationship with clients and other individuals. Dr. Adésànyà emphasized that character ("*iwà re*") was the basic foundation of his interaction with clients. In order for clients to appreciate his personal worth as a healer, he routinely advised his clients to visit Western-trained doctors before consulting him. One of Dr. Adésànyà's clients explained:

Àmọ̀ràn tí Dókítà Adésànyà gbà wá láti kọkọ ọ bẹ àwọn oníṣẹ̀gùn míràn wò kí a tò wá sí ọ̀dọ wọn, fún mi ní ààyè láti mọ̀ iyì iṣẹ̀ wọn pẹ̀lú mi.

Dr. Adésànyà's advice that we should first visit other health practitioners before consulting him for healing, allowed me to appreciate his unique and valuable service.

In closing, Dr. Adésànyà stated that

Mo mọ̀ wípé ọ̀gòrò ẹ̀ni tí ó bá wá bá mi fún irànlọ̀wọ̀ ni ó máa rí àánú gbà, tí wọn sì máa ọ sí ilé wọn pẹ̀lú ayọ̀.

I know that most of the clients who visit me for help will find solutions to their problems, and go back home satisfied.

### DIVINER-CLIENT HEALING RELATIONSHIPS

The videotaped sessions and my observations of the relaxed atmosphere in which the three diviners worked with one another, support the contention that their mode of interaction is conditioned by a team approach that this group atmosphere brings to healing. I observed that the three profiled diviners worked together as a team to help clients. Chief Awóreni informed me that we chose one another as diviners because we complement each other, have similar knowledge, are all helpful to clients, possess wisdom, have similar backgrounds and experiences as Chiefs and *Ifá* priests, and are proficient in *Ifá* language. In support of Akiwowo's (1979) observation regarding the oral tradition's principle of listening and understanding communicated thoughts, the diviners added that they utilized uttered statements with varied words (*gbólóhùn*) in their conversations with their clients.

Also, the three diviners concurred that they divined individually with clients who approached them when other diviners in the team were unavailable. In reviewing the videotaped sessions, I was impressed with the way the three diviners, Chiefs Awóreni, Awójobí, and Qlájídé, worked together amicably through positive group interactions to solve their clients' problems. They worked corporately with a male client with marital problems who came to them at the recommendation of his sister. The clients, who were videotaped as they consulted the herbalists and diviners for treatment, felt welcomed and accepted by Yorùbá Traditional Healers in general and these three diviners (*Ifá* priests) in particular.

### DIAGNOSES IN YORÙBÁ TRADITIONAL HEALING

I observed that the three diviners diagnosed the aforementioned client's problems by throwing their divining chain (*ọ̀pẹ̀lẹ̀*) on the mat. After some

incantations, Chief Awóreni informed me, during videotaped sessions, that *Òrúnmìlà* revealed that his marital problems would be solved if the client utilized patience, wisdom, love, and made sacrifices. I listened as the chief diviner's advice was repeated by the other two diviners after throwing their divining chains on the mat. Subsequently, the client told me that he would heed the diviners' suggestions in order to have a peaceful marriage. The three diviners re-emphasized that they consulted the *Ifá* oracle using a team approach and consulted other healers when necessary to help unravel the nature of their clients' difficulties.

Customarily, Chief Awóreni inquired about the nature of clients' problems from *Òrúnmìlà*, the father of all truth and the custodian of all the hidden secrets of the universe. I observed as Chiefs Awóreni, Awójòbí and Olájídé allowed several clients to whisper their problems, needs or requests into Naira (Nigerian currency) notes before putting the money into a divining tray. The videotaped sessions showed the diviners throwing the *òpèlẹ̀* (divining chain) on the tray to inquire from *Òrúnmìlà*, through the *Ifá* oracle, what clients' needs, requests, or problems were. I also observed the diviners as they explained how the *Ifá* oracle unraveled the problem(s) that the clients whispered to the divining chain (*Òpèlẹ̀*). One of the clients informed me that the diviners' explanations of his problem(s), as revealed through the *Ifá* oracle, were completely accurate.

I observed in reviewing videotaped sessions that diviners used their innate and acquired resources to access secrets through the use of the divining chain. I also observed and listened as the three diviners repeated the same problems and solutions for one of their clients by throwing the divining chain (*òpèlẹ̀*) on the mat, interpreting and communicating the meanings revealed through *Òrúnmìlà* or *Ifá*. Moreover, I observed as Professor Akin Mákindè, the researcher's chief consultant, secretly spoke into the divining chain (*òpèlẹ̀*) about a very important issue of his life. Professor Mákindè later told me that he agreed with the diviners' interpretations and suggestions regarding the solution of the problem at hand and the revelations that came out of his whispering silently to the divining chain ("*sísòrò wúyẹwúyẹ sí òpèlẹ̀*").

Two observed diviners' clients remarked that they had the option of either whispering directly to the divining chain or to the money, which was usually a N50 note or a larger denomination, whenever they visited the diviners. These two clients further declared that, before there was a deterioration in Nigeria's economy, they used to whisper into coins and not Naira bills.

According to Chief Awóreni, the last stage of diagnosis and consultation with the diviners (*Ifá* Priests) entailed a confirmation by the client that the facts *Òrúnmìlà* revealed through the *Ifá* oracle were accurate. *Yorùbá* consult and have faith in traditional healers (*babaláwo*) because revelation from *Òrúnmìlà* supports the truth elicited through divining. One of the clients declared after his sessions with the three diviners that "*Yorùbá*

clients believe that anyone who can reveal clients' innermost secrets with honesty and without probing openly, but by throwing the divining chain (òpèlè), is worthy of respect."

All the profiled Yorùbá Traditional Healers affirmed that they employed different methods to diagnose their clients' problems. Specifically, when asked to describe their modes of inquiries, Drs. Akínqlá and Adésànyà stated that they used the psycho-social-cultural-physical-social-spiritual-family model, which involved asking questions about clients' psychological, social, cultural, physiological and social interactions, spiritual stances, and families of origin, in order to garner detailed information concerning their conditions. One interviewed client remarked that Dr. Akínqlá allowed her to give as much information as possible about herself during healing interactions. Another client added that Dr. Akínqlá posed questions that covered demographical issues, psychosocial matters, work settings, eating and sleeping patterns, and the duration of existing problems.

My observations and the videotaped sessions also revealed that the four herbalists inquired about their clients' backgrounds, sleeping patterns, eating habits, work settings, and disease histories. In particular, these videotaped sessions depicted Dr. Adésànyà asking questions about dream patterns, parenting styles, discipline, parental involvement with children, especially adolescents, and the backgrounds of the "presenting problems." He also posed open-ended questions that not only helped him discover the causes of the problems, but also allowed clients to think and become involved in the healing process.

Before beginning the healing process, Dr. Awótáyò asserted that he consulted diviners, other traditional healers, and God Almighty (*Olódùmarè*) about the cause of each client's mental illness. One of his clients professed that Dr. Awótáyò fasted with his clients for many days in order to get God Almighty (*Olódùmarè*) to reveal their problem(s) and solutions to him. The videotaped sessions depicted Dr. Awótáyò observing a client's eating habits and physical fitness, and inquiring about his family background and financial status, before he was admitted to the hospital.

Through the videotaped sessions and my observations, I discovered that, before healing could occur, Chief Abíqlá made sacrifices after consulting diviners and other healers. He and Dr. Awótáyò agreed that it was better to consult diviners and other healers on clients' problems at the initial stage, than to wait until healing commenced to get all the facts about the illness or problem. Chief Abíqlá cited the example of the previously-described case of the female client with birth complications as a reason why diagnosis cannot always be done effectively by one traditional healer. He was able to deliver his client's baby after the due date, because he consulted with different diviners and herbalists who offered feedback and other assistance that allowed him to get to the root of the problem ("*wá òfin tótó idí àisàn náà*").

Generally, interviewed Yorùbá Traditional Healers emphasized that they

prayed to God Almighty (*Olódùmarè*), their main source of discernment, for solutions to their clients' problems. Three interviewed clients also claimed that they believed that God Almighty (*Olódùmarè*) empowered Yorùbá Traditional Healers (*babaláwo*) to cure, heal and give clients the motivation to change.

In Dr. Akínṣlá's view, his success in healing stems from his endowment with the ability to identify and discern clients' problems, and identify the proper herbs for cure. Healing tools used by Yorùbá Traditional Healers to find solutions to clients' difficulties are as follows: problem identification, diagnosis, discernment, divining, seeking solutions to problems from *Orúnmìlà*, inquiring from *Olódùmarè* about the sources of clients' problems, the prescribed solutions and the appropriate herbs to be used to heal, as well as entreating or invoking the gods or ancestors where called for, and consulting other healers.

In Chapter Five, I continue with a discussion of several important themes, including healers' interventions, interactions, underlying principles of healing, techniques, treatment strategies, culture and healing, general observations, precautions and key hypotheses derived from this primary study of traditional healers.



# Case Facts and Hypotheses

(Continued)

## INTERVENTIONS IN YORUBÁ TRADITIONAL HEALING

Chiefs Awóreni, Abíólá and Drs. Adésànyà, Akinṣlá and Awótáyò employed different approaches to solve their clients' problems. A former client and an intern in Dr. Awótáyò's hospital in 1994 opined that *Yorubá* clients often view their problems as spiritual, psychological, or physical in nature. According to Drs. Awótáyò, Akinṣlá and Adésànyà, the previous observation about the potential causes of a problem necessitates that Yorubá Traditional Healers confront clients' problems from different angles every time. As such and in Dr. Awótáyò's view, "a disease, illness or problem can only be solved when 'dug out from its roots' (*"wo àrùn tegbò tegbò, wo àrùn láwòtán"*)."

Chiefs Abíólá and Awóreni, and Drs. Adésànyà, Akinṣlá and Awótáyò believed that they will not be regarded as successful traditional healers if their clients returned to them for treatment for the same illness, disease, or problem. Therefore, Chief Awóreni made the statement quoted below.

Àdúrà babaláwo tí abewé kannáà bá wá n bá fún oríṣi àìsàn kannáà lèèmejì kò tû gbà ni.

If a client comes back to a traditional healer with the same disease, illness or problem twice, the healer's prayers have not been answered by God Almighty.

In a similar vein, one of Dr. Adésànyà's clients attested that,

Àwọn babaláwo fi àwa abewé sókàn wípé wọn gbòdò ràn wá lówò láti yanjú wàhálá, wá òfin tótó iṣòro tabí àìsàn tí a bá gbé wá fún wọn nípa

lílò gbogbo agbára tí Olódùmarè fún wọn láti ràn wá lówó yálà nípa fifún wa ní egbògi ní, àkànṣe oúnjẹ ní, gbígbà wá sínú ilé iwòsàn wọn ní, ṣiṣe ètùtù ní, tàbí nípa gbígbà wá ní ìyànjú.

Yorùbá Traditional Healers help solve our problems by utilizing all available resources given to them by God Almighty as herbs, food, using sacrifices, invoking and entreating the gods, or admitting us into their hospitals or giving us suggestions.

Drs. Akinlola, Awotayode, and Adesanya and Chiefs Abiolola and Aworeni contended that problems evolve to be solved in the here and now, and are not meant to be dragged on forever. I discovered through videotaped sessions and interactions with the seven Yorùbá Traditional Healers that their willingness to help clients “find meaning in the face of personal crises leads to the discovery of proactive pathways of healing” (Lever, 1996).

Furthermore, Drs. Akinlola, Adesanya, and Awotayode, and Chiefs Abiolola and Aworeni listed knowledge of their clients and their problems, likes and dislikes, culture, family of origin, ability to be physically present with their clients and their families, as variables that help Yorùbá Traditional Healers establish trust in their dealings with their clients.

## HYPOTHESIS 2

Based on responses obtained from healers and the issues highlighted in the preceding section, it is tenable to hypothesize that Yorùbá Traditional Healers concentrate on clients’ physical, mental, emotional, and spiritual well-being during counseling and healing sessions.

### Encounters in Yorùbá Traditional Healing

Drs. Awotayode, Akinlola and Adesanya, and Chiefs Abiolola and Aworeni regard *Yorùbá* culture as the foundation upon which they base their merciful mode of interaction with clients. According to Chiefs Aworeni and Abiolola, Yorùbá Traditional Healers’ interactions depend on their areas of specialization, levels of expertise, ages, lengths of years in healing, degree of supernatural power, extent of natural endowments which aid in problem discernment, the type of problem, past success rates with that particular type of problem, knowledge of the problem, their clients and families. From Chief Aworeni’s vantage point, the *Yorùbá* highly exalt any individual who can assist others with their wisdom, natural endowments, and supernatural power. Hence, he surmised that this was one of the reasons why *babaláwo* have to attain a certain minimum age (usually over 40 years old) before they can become a renowned traditional healer.

In support of the above postulation, Drs. Akinlola and Adesanya

contended that Yorùbá Traditional Healers (*babaláwo*) must have a higher status in the community than others and be a role model, a seer, a custodian of knowledge, respectable, respectful and caring according to the rules established by Nigerian Traditional Healers, Ifá priests and State-based Healing Associations.

On their respective attitudes toward current and prospective clients, Drs. Awótáyò and Adésànyà alleged that Yorùbá Traditional Healers relate to their clients as a father figure and use appropriate Yorùbá healing words. They further affirmed that, in order to become effective healers, *babaláwo* must cultivate and improve their divine gifts through training, internship, consultation and supervision.

I observed through interactions with Drs. Awótáyò, Akinṣlá and Adésànyà, and Chiefs Abíṣlá, Awóreni (the *Àràbà*), Awójòbí, and Ọlájídé that they served as elders within their respective communities. In 1994, Chief Abíṣlá of *Ondó* State was a third-in-rank chief to the king of *Ayégúnlẹ̀ Èkiti*, *Ondó* State, while Dr. Akinṣlá was an Elder in *Ológèdè* Village, *Ibàdàn*, *Oyo* State. Chiefs and the Kings of *Èrìn Ìjẹ̀ṣà*, *Qṣun* State, and other adjoining communities, also sought Dr. Awótáyò for his wisdom and advice. When this study was undertaken in the 1990s, Dr. Adésànyà was a prominent man sought after by young traditional healers in *Ìjẹ̀bú-Igbó*, *Ógùn* State.

I discovered through the videotaped sessions and plaques hung in their offices, clinics and hospitals that the profiled Yorùbá Traditional Healers were also leaders within the professional body of Nigerian Traditional Healers. The Dean of healers, other Ifá Priests, chiefs and elders in *Ilé-Ifẹ̀* community informed me that Chief Awóreni was the world's greatest priest (*Oníṣèsin Àgbáyé*) and diviner. In this position, he performed healing activities for clients and acted as a consultant to other healers in the city, in Nigeria and other parts of the world. Chief Awóreni, the chief diviner, declared that Chiefs Awójòbí and Ọlájídé were two of King Síjuádé, the *Qṛnì's* (the ruler of the city of *Ilé-Ifẹ̀* and one of the most respected kings in Yorùbá land and Nigeria) prominent chiefs, diviners (*Ifá* priests) and healing consultants.

Several people, including many clients I interviewed, expressed respect and awe for Yorùbá Traditional Healers' (*babaláwo's*) power, and sought them for their wisdom, knowledge and supernatural endowments. Conversely, Yorùbá Traditional Healers respected their clients, kept their problems confidential, showed them love, cared for them, and were always receptive and open to them, regardless of the problem or illness that they presented to them. By and large, Chiefs Awóreni and Abíṣlá concluded that healer-client interactions have endured over the years because Yorùbá Traditional Healers have used their knowledge, supernatural power, appropriate communication patterns, interpretations and principles to alleviate clients' problems.

## Underlying Principles of Yorùbá Traditional Healing

Yorùbá Traditional Healers create a climate of trust, acceptance, and respect for their clients. Chief Awóreni buttressed the above point by adding that,

Mi ò lè sùn sórí ibùsùn mi kí n má dá ọ̀kùnrin tàbí obinrin tí ó bá wá bèèrè nípa wàhálà ayé wọn lẹ́wọ́ mi lóhùn nítorí pé mi ò mọ́ bí nkan tí wọn bá wá sí ọ̀dọ́ mi tí le tó. Mo gbọ́dọ́ dá gbogbo ẹ̀ni tí ó bá wá bá mi lóhùn. Mi ò gbọ́dọ́ gbéraga rárá nítorí mi ò gbọ́dọ́ fí agbára tí Olódùmarè fún mi wọ́lẹ́. Kí Olódùmarè má gbé ẹ̀wù ìgbéraga wọ́ mí o, Àmín.

I cannot sleep on my bed when my clients need my attention to assist them to solve their problems. I should not be vainglorious because I do not want to allow my God-given talent to be wasted. May God never allow me to be proud. May God never allow me to be cloaked with pride. Amen.

Equally, Drs. Awótáyò, Akinọlá and Adésànyà, and Chiefs Abíọ́lá and Awóreni stated that Yorùbá Traditional Healers show empathy (*ifí ara ẹ̀ni sí ipò ẹ̀míkẹ̀jì*), mercy (*àánú*), respect (*ọ̀wọ́*), friendliness (*fifẹ̀rà̀n*), love (*ifẹ̀*), and create a climate of trust (*ìgbẹ̀kẹ̀lẹ̀*), which they all viewed as traits necessary for engendering wholeness amongst their clients. I observed that these basic qualities helped Yorùbá Traditional Healers as they utilized different techniques with their clients.

### TECHNIQUES USED BY YORÙBÁ TRADITIONAL HEALERS

Chiefs Awóreni and Abíọ́lá and Drs. Adésànyà, Akinọlá and Awótáyò submitted that divining, sacrifices, herbal therapies, therapeutic dances, prayers, entreating and invoking the gods and ancestors, incisions, dream interpretations, proverbs, folk tales and stories were the most common techniques used by Yorùbá Traditional Healers to solve clients' problems. I highlight these techniques in the subsequent paragraphs.

#### Divining

Chiefs Awóreni, Awọ́jọ́bí and Ọ́lájídé described divining as counting, throwing and using divining chains (*ikin* or *ọ̀pọ̀n Ifá*) to inquire from Ọ̀rúnmìlà. Chief Awóreni specifically noted that throwing the divining chain (*ọ̀pẹ̀lẹ̀*) on a mat allows healers to inquire into clients' problems by asking Ọ̀rúnmìlà (the father of all gods), the question for which an answer is sought.

## The Process of *Ifá* divination

According to Chief Awóreni, the chief diviner and *Ifá* priest, *Ifá* priests address several issues, including whether or not a client should embark upon a journey and important matters of life and death involving a sick person. In order to ensure that divination was successful, diviners use citation of memorized *Ifá* names or praises to Ọrúnmílà. Chief Awóreni also declared that interpretations of the content of clients' difficulties are done by the priest or diviner. Relatedly, Epega & Neimark (1995) explained that "by casting the divining chain (*òpèlẹ̀*), the diviner (*babaláwo*) can, in a single toss, arrive at the necessary eight symbols to form a complete *odù*, with a seed that fall with the concave or inner surface face up equalling a single mark (I), while one that falls with the convex or outer surface face up equals a double mark (II)" (p.xv).

Chiefs Awóreni, Awójọbí and Ọlájídé attested that the first two parts of *Ifá* divination are done in a monologue as incantations by the diviners, while the last part is done with the client's participation. An incantation usually involves the uttering of words according to a formula, in a set order, to achieve a set purpose. Additionally, Chief Awóreni further explained that incantations are recited in different forms to serve the purpose of medication. I observed from the videotaped sessions that diviners threw the divining chain (*òpèlẹ̀*) on a mat to ask Ọrúnmílà about the nature of clients' problems during the first part of the healing process, and disclosed the interpretation revealed by Ọrúnmílà to the clients during the second part.

## Sacrifices

Chiefs Abíọlá and Awóreni and Drs. Awótáyò, Adésànyà and Akinọlá stated that sacrifices (*rírú ẹ̀bọ*), considered to be at the core of healing, empower them to solve clients' problems. One of Chief Awóreni's clients added that the ability to "follow through" with making sacrifices as the healer suggests, determined his ability to attain sound health. The videotaped sessions revealed that Chiefs Awóreni, Awójọbí, Abíọlá and Drs. Awótáyò and Akinọlá, and some of their clients, listed animals and items like chickens (*adiyẹ*), goats (*ewúre*), cows (*mààlúú*), snails (*igbín*), kola nuts (*obì*), palm oil (*epo pupa*), water (*omi*), and money (*owó*) as some of the animals and objects that are used for sacrifices.

Drs. Awótáyò, Akinọlá, and Adésànyà and Chiefs Awóreni and Abíọlá disclosed that making sacrifices is the first step in diagnosing client's problems. They also divulged that in certain cases, sacrifices are first performed before proceeding to ascertain the sources of clients' problems. Chiefs Awóreni and Abíọlá, and Dr. Awótáyò emphasized that sacrifices could be done in healers' compounds, clients' homes, outside the city limits near a river or forest, or on a mountain.

In Chief Awóreni's view, the type of sacrifice, where it is to be done, how it is to be done, for and by whom it is done, depend on the gravity of clients' situations. Problems or illnesses that involve life and death demand prompt sacrifices that need to be performed with the help of the *babaláwo* that diagnose the problem. One of Chief Akinqlá's clients proclaimed that she promptly followed Yorúbá Traditional Healers' instructions because they are the supernatural mediators between human beings and their ancestors.

### Herbarium—Herbal Therapy

The four herbalists, Drs. Akinqlá, Awótáyò and Adésànyà, and Chief Abíqlá, claimed that they were knowledgeable in herbal therapy, and utilized herbs and different plants to cure different ailments. According to Dr. Akinqlá, he used almond leaves on his farm for refining blood and curing blood-borne diseases. Drs. Adésànyà and Akinqlá allowed me to peruse records of all the herbs that they used to cure different diseases and ailments. They also continued to refine, experiment, test, and conduct research to discover better methods of administering herbs to their clients.

To improve their knowledge of medicinal plants and herbs, Drs. Akinqlá and Adésànyà consulted health encyclopedias and other sources for information on health, plants, botany and blood-borne diseases. I discovered through observations and interactions with Drs. Awótáyò, Akinqlá and Chief Abíqlá that they had farms where they grew and tended herbs and plants used for medicinal purposes. Several clients informed me that they had repeatedly consulted Drs. Awótáyò, Akinqlá, Adésànyà and Chief Abíqlá for different problems and ailments because they possessed innate and acquired knowledge of appropriate herbs that cured different mental illness, physical and gynecological conditions. One client, who was an intern within Dr. Awótáyò's hospital, was undergoing training on how to identify, mix and use herbs to improve his knowledge of healing.

### Therapeutic Dances

Chief Awóreni defined therapeutic dance as the dance that enables clients to work through and gain independence from problem-related stressors. Music is an important part of daily living among *Yorúbá* and Africans. Music and dancing are used on different occasions to spur child birth, religious observations, marriages, initiations, and funerals. The three diviners (*Ifá* priests) stated that music added grace to every merrymaking occasion among the *Yorúbá*. Music allows clients to find solutions to some problems, because music, singing, listening, and dancing are used by clients for relaxation and as a means of working on their problems.

The videotaped sessions depicted a client's sister singing, dancing, and

using song interpretation as a “mode of transition,” while the three diviners threw a divining chain on the mat to inquire about her brother’s problems. My observations also revealed the diviners assisting the client, as the sister’s singing and dancing resumed after *Ifá* revealed to the diviners that the source of her brother’s problem was his relationship with his wife. I also noticed that the diviners joined the client’s sister in singing a song that directly told a story similar to the client’s. In so doing, the diviners expected the client to relate sympathetically to the main character in this song and story about a protagonist who forgave his first wife. Diviners chose this song to highlight a conflict resolution similar to the client’s and to encourage the client to use a similar method to resolve his own issues.

## Prayer

Prayer is the mainstay of Yorùbá Traditional Healer’s profession. In support of this assertion, Drs. Akinḡlá and Awótáyḡ viewed Yorùbá healing as being equally underpinned by prayer and sacrifice. Consequently, Chief Awóreni affirmed that “*Àdúrà ni èbḡ*” (Prayer is sacrifice). During my conversations with the seven healers, they emphasized that prayer could be in the form of entreating God Almighty (*Olódùmarè*), invoking the ancestors or the gods, as each client understands them, or offering sacrifices to *Olódùmarè*, ancestors, the gods, or the elders who are wiser and can give clients needed comfort and wisdom to work through their situations.

Dr. Akinḡlá supposedly prayed in his prayer-room, which is adjacent to his office, for clients, prospective clients and their family members (both before and after seeing them) five times a day because he believed that healing without prayers prevent clients’ problems from being solved. Additionally, Dr. Awótáyḡ fasted and prayed with and for his clients to get well and go home to become functional members of the community, and one of his clients described prayer as the cornerstone of healing in Awótáyḡ’s Hospital.

Yorùbá Traditional Healers (*babaláwo*) use prayers and sacrifice to appease *Olódùmarè*, the gods and the ancestors as a process of making healing final for their clients. They say prayers on behalf of their clients to ensure that they worked through difficult and complicated problems. For Dr. Awótáyḡ, prayer to God Almighty (*Olódùmarè*) completed the healing process for the *babaláwo* and his client.

One of Dr. Adésànyà’s clients concluded that saying prayers to *Olódùmarè* made it relatively easy to appease the gods. Yorùbá Traditional Healers believe that God Almighty (*Olódùmarè*), the ultimate source of answered prayers and the chief ruler of the universe, made positive things happen by answering all prayerful invocations made to *Òrúnmìlà*, all the gods and ancestors on their clients’ behalf.

## Entreating and Invoking the gods and ancestors

Clients are advised to entreat and invoke the gods and the ancestors when *Ọ̀rúnmilà* entreats them to do so through the *Ifá* oracle. The following statement, expressed by Dr. Awótáyọ̀, expounds upon the previous observation:

Ìgbàkúgbà tí Olódùmarè tàbí àwọn alágbára tí ó ju tí ẹ̀dá lẹ̀ bá fi àṣẹ̀ fún wa pé kí a gba àdúrà tàbí ẹ̀ ẹ̀tùtù fún àwọn abewé a ó tètè yára ẹ̀ é fún anfàní wọn.

Whenever we are authorized by Olódùmarè, the gods or any supernatural power to make sacrifice or say prayers to entreat, appease or invoke the gods and ancestors on behalf of our clients, we immediately do so for the benefit of our clients.

Yorùbá Traditional Healers believe that some clients have problems because they refuse or forget to pay homage to their ancestors or because they disrespect *Olódùmarè*, *Ọ̀rúnmilà* or the gods. Respect for *Olódùmarè*, the gods, supernatural beings, and ancestors are important elements of *Yorùbá* culture.

Prayer to *Olódùmarè* takes the form of pleading or entreating. In Dr. Awótáyọ̀' s hospital, clients' family members say prayers when clients are very sick and cannot talk or say the prayers themselves. Invoking and entreating the gods and the ancestors can take the form of sprinkling palm oil, blood of a chicken, goat, or cow or going to the cemetery or burial place to say prayers or ask for certain requests from long dead ancestors. All the above rites are done with the aid, support, and advice of the *babaláwo*.

### HYPOTHESIS 3

Based on clients' comments, my own observations, and videotaped sessions, it is tenable to hypothesize that Yorùbá Traditional Healers believe that prayers to God Almighty (*Olódùmarè*) complete the healing process.

### Incisions

Incisions (*gbéřẹ̀*) are small cuts made into the skin with a lancet or any other sharp instrument. Incisions are used for clients for different purposes in *Yorùbá* land. Most commonly, they are used to prevent diseases, alleviate a swollen body that is ridden with too much water and vaccinate children. Some incisions are made on the head and other strategic parts of clients' body to prevent evil from coming to clients' lives. Dr. Awótáyọ̀

often used incisions to get rid of excess water from a client's body before treating their mental illnesses, while Dr. Akinḡlá alleged that his AIDS cure, made in the form of incisions, could protect clients from the HIV virus.

## Dreams and Dream Interpretations

Profiled healers, including Dr. Awótáyò, perceived dreams as valuable to the *babaláwo* in the conduct of their activities. Certain Yorùbá Traditional Healers sharpen their healing knowledge and obtain instructions about how to solve difficult problems from dreams. The videotaped sessions showed that suitable herbs were revealed to Drs. Awótáyò, Akinḡlá, and Adésànyà, and Chiefs Abíḡlá and Awóreni through dreams. Chief Awóreni also stated that he learned how to divine through dreams and meetings with supernatural beings.

During healing and counseling sessions, Drs. Awótáyò and Adésànyà asked their clients about their most recent dreams. One of Dr. Adésànyà's female clients informed me that she dreamt that her dead father saved her from disaster several times. She added that Dr. Adésànyà interpreted this dream to mean that her ancestor was closely watching over and protecting her. Dr. Adésànyà later made some recommendations that allowed this client to relate her dream to solutions of the problem that she brought to counseling. Dreams, according to Dr. Adésànyà, enabled *babaláwo* to learn more about their client's problems and gain insight into hidden mysteries that can only be revealed by *Olódùmarè*, *Ḳrúnmilà*, the gods, and the ancestors.

## Proverbs

The Yorùbá regard proverbs as intellectual maps that the wise use to find lost paths in the world. When asked "what other points can you add to the above that I have forgotten to ask you," Chief Awóreni replied that this question was an "*adéḡamò*" (additional question that enhances knowledge). More particularly, he stated that a Yorùbá proverb is referred to as *òwe*: "*Òwe ni eṣin ḡrò, tí ḡrò bá sònu òwe ni a fí wá a*" (Proverb directs language, if a word is lost, proverbs are used to find it).

Yorùbá Traditional Healers' explanations of proverbs is supported by Adéḡbité's (1993) reference to *babaláwo*'s use of language as being closely linked with the Yorùbá belief in the power of the spoken word. Adéḡbité (1993) added that the spoken word has some hidden symbolic and inexplicable implications or importations with its utterance producing the desired effect without the use of magical or medicinal preparations.

Yorùbá Traditional Healers use proverbs to instill wisdom into their clients. The videotaped sessions showed Dr. Adésànyà telling a wife that

came for marital counseling that “*sùúrù lè se òkúta jinná*” (patience, perseverance, and endurance can cook a stone until it becomes soft and tender). Dr. Adésànyà explained the above proverb as meaning that perseverance, hard work, and endurance enable a wife to enjoy a fruitful marital life. Drs. Awótáyò, Akinólá, and Adésànyà and Chiefs Abíólá and Awóreni used the proverb, “*Sùúrù ni baba iwà*” (patience is the foundation of character), at different times during the course of my interviews.

Many of the healers constantly emphasized in their responses that,

Iwà tí ó jẹ ọba àwùre ni aláṣeyọrí ohun tí ó ẹ pàtàkì nígbà tí a bá n jíròrò pèlú àwọn abewé tí ó n wá sí ọdọ wa.

Character, the crown of success, is the basis of how we interact with our clients.

Yorùbá Traditional Healers use language as the vehicle for undertaking traditional healing. They use proverbs as a successful traditional healing and counseling tool, and to instill wisdom into and get their points across to their clients.

### Folk Tales and Stories

Folk tales (*ààlọ, itan*) are common ways of transmitting tradition, knowledge and wisdom to others in Yorùbá land. Most teachers utilized folk tales to instruct their students and to pass tradition on from older to younger generations before the advent of writing. Yorùbá Traditional Healers walked clients through delicate and problematic situations by reenacting stories about what they have seen happen, or telling stories from *Ifá* oracle, from their healer fathers or mentors, or using stories to identify the actions of main characters as role models or teachers. Chief Abíólá added that he learned healing by listening to stories from successful healers and through *Ifá* oracle teachings.

The videotaped sessions revealed Chief Awóreni and his team of diviners telling the story of how a brother, who forgave his brother who attempted to kill him, later became a rich and prosperous ruler. The three diviners acknowledged that this story helped instill wisdom into the life of one client who was observed for this study.

Generally, diviners use folk tales from ancient Yorùbá literature when revealing secrets to clients during *Ifá* divination sessions. In the same vein, Epega & Neimark (1995) stated that diviners communicate and interpret the odù, the sacred stories of *Ifá*, which have survived through Yorùbá oral tradition. They further contended that “each odù carries with it hundreds of tales that have accumulated in the oral tradition of *Ifá* through thousands of years” (p. xvii).

## HYPOTHESIS 4

Following from the preceding analyses, it is tenable to hypothesize that Yorùbá Traditional Healers use divining, sacrifices, herbal therapies, therapeutic dances, entreating and invoking the gods and ancestors, incisions, dreams and dream interpretations, proverbs, folk tales and stories and family-supported counseling as techniques that help clients better manage their lives.

### Sources of the Techniques used by Yorùbá Traditional Healers

Most of the techniques used by Yorùbá Traditional Healers are attributed to God (*Olódùmarè*), as the Yorùbá believe that God is the giver of all supernatural or natural power. Interviewed healers stated that their techniques, which produce positive healer-client interactions, are given from dreams by God Almighty (*Olódùmarè*), through inherited characteristics and skills, learned from *Òrúnmìlà* and their superiors, or as part of Yorùbá tradition or culture.

### Yorùbá Traditional Healers' Interactional Approaches

Drs. Awótáyò, Akinṣalá, and Adésànyà and Chiefs Awóreni and Abíṣalá regarded mercy (*àánú*) and character (*iwà*) as requisite for successfully healing clients. Likewise, they maintained that the following are needed to make healing a success: Concern (*aájò*), lending a helping hand (*iràmìlòwó*), and non-pretentious love (*ifẹ̀ àìṣetán*), hard work (*iṣẹ̀ àṣekára*), endurance (*ifaradà*), perseverance (*ìdúró ṣinṣin*), patience (*fifí ara balẹ̀*), persistence (*ìṭeramóṣẹ̀*), keen observation (*ikíyèsí títaratitara*), humility (*irẹraẹnisílẹ̀*), esteeming others (*gbígbe èniyàn lárugẹ̀*), sacrificial giving ( *kí èniyàn má ẹ̀ ahun*), listening to elderly advice (*gbígbeóràn sí àwọn àgbà lẹnu*), respectful attitude (*kíkún fún ọ̀wọ̀*) and consulting with others who know more about the profession (*fifí ọ̀rọ̀ ẹ̀ni lọ̀ àwọn tí ó mò jù wá lọ̀*).

Yorùbá Traditional Healers further listed assistance (*iránlòwó*), encouragement (*gbígba ẹ̀ni níyànjú*), exemplary behavior (*iwà rere tí ó ran ẹ̀lómíràn lọ̀wó*), role modeling (*iwà tí a lè ló fún àpẹrẹ̀*), kindness (*inú rere*), and being there for clients (*inítara*) as behaviors and attitudes required to create and maintain solid healer-client relationships. In particular, they employed empathy and mercy with their clients because *babaláwo* work through problems with their clients. Several times during my interviews, Drs. Awótáyò, Akinṣalá and Adésànyà and Chiefs Abíṣalá and Awóreni stated that,

*Babaláwo* tí kò bá ní àánú kò lè kó ẹ̀ṣẹ̀ járí nínú iṣẹ̀ iwòsàn yìí.

Any *babaláwo* who is not merciful cannot be successful in the healing profession.

Chief Awóreni and Dr. Awótáyò summed it up with the statement quoted below.

Iṣẹ́ yíú tí wúwo jù pé kí a gbé e lé ẹ̀ni tí kò l'áánú lójú lówọ́.

The healing trade is too delicate to be passed to an individual who has no mercy (áánú).

According to Dr. Awótáyò and Chief Awóreni, individual healers who find it difficult to show mercy often misuse the power and techniques passed on to them by *Olódùmarè* to destroy rather than to aid clients. All the seven Yorùbá Traditional Healers referred to *mercy* as an important skill necessary for the success of traditional healing.

## HYPOTHESIS 5

Based on the foregoing discussions, it is tenable to hypothesize that Yorùbá Traditional Healers consider mercy (áánú), character (*iwà*), kindness (*inú rere*), assistance (*irànlówọ́*), concern (*aájò*), encouragement (*gbígba'ni níyànjú*), hard work (*iṣẹ́ àṣekára*), endurance (*ifaradà*), humility (*ipamọra*), esteeming others (*pípọ̀n ẹ̀niyàn lẹ́*) and patience (*fifí ara balè*) as requisite for inducing successful healing outcomes with their clients.

### Healer-Client Healing Interactive Interrelational Strategies

Yorùbá Traditional Healers create a climate of trust, relaxation, love, acceptance, respect, atmosphere of positive acceptance, receptability, empathy, and unparalleled mercy through their interactions with clients during healing. Drs. Awótáyò, Akinọlá and Adésànyà and Chiefs Abíọlá and Awóreni opined that a serene climate allows clients to talk and think about their problems, and start moving towards healing.

This climate of trust, peace, acceptance, love and mercy creates a positive restorative effect that commences before the healing interaction actually begins. Clients visit the *babaláwo* with faith that they will receive help. One of Dr. Awótáyò's clients explained that this positive expectation allows clients from all walks of life to come into healing interactions with the hope that everything will be all right once they see and talk with the *babaláwo*. The above client and one of Chief Awóreni's clients both admitted openly that consultation among Yorùbá Traditional Healers guarantees effective healing outcomes. Clients consult Yorùbá Traditional Healers daily on matters relating to marriage, having a baby, traveling, career choices, naming a child, starting a trade and solving marital problems because they respect, admire, trust, have faith in and adore traditional healers.

## HYPOTHESIS 6

As evidenced by the previous comments, it is tenable to hypothesize that Yorùbá Traditional Healers' use of care, empathy, love, respect, compassion, patience, hard work, consistency, faith in God Almighty (*Olódùmarè*), constant prayer, a probing mind, fear of God, humility, attention to details of clients' problems, eagerness to offer services, continual presence with their clients spur positive therapeutic and healing outcomes.

### YORÙBÁ TRADITIONAL HEALERS' TREATMENT STRATEGIES

#### Dr. Awótáyò

Dr. Awótáyò remarked that his relationship with clients revealed empathy, respect, love, mercy, joy, patience, humility, and faith that they will get well. My observations and comments elicited from five interviewed clients showed that the doctor cordially interacted with and greeted his clients, and later attempted to resolve their problems. I also observed Dr. Awótáyò's full commitment to all his clients at the hospital. Clients are allowed to remain in treatment until they are well enough (*gba iwòsàn lágbàtán*) to go home and become functional members of the society. The number of years for hospital stay is usually between one to three years for some clients, including the two years they have to come and take their medication.

Dr. Awótáyò gives his clients taboos (*èèwò*) that they should refrain from both when they are in the hospital and when they leave. One of the five clients interviewed in Dr. Awótáyò's hospital, who said that he has been advised to refrain from using salt, asserted that these *taboo* (*èèwò*) are usually in the form of foods like a large rat (*òkété*), salt (*iyò*), sugar (*iyò dídùn*), rice (*irẹ̀sì*), pounded yam (*iyán*), and alcoholic drinks (*otí líle*).

Dr. Awótáyò reported that he empathized with his clients by paying special attention to them and by treating them as unique individuals. He claimed that his special wish and prayer for clients were that God Almighty (*Olódùmarè*) should heal them and that they should go back to former or better vocations.

Dr. Awótáyò studies the underlying problems prevalent with the client and his or her family before healing the client. Close family members like mothers, fathers, sisters, cousins, aunts, nieces and nephews, take turns to observe, stay with, help administer medication, and attend family sessions during in-patient and outpatient sessions in Dr. Awótáyò's hospital, which is about 90 kilometers from Dr. Akinqlá, the second herbalist interviewed for this study.

#### Dr. Akinqlá

One of Dr. Akinqlá's clients informed me that she had full confidence in Dr. Akinqlá's ability to solve her marital problems. She was very confident

that Dr. Akinḡlá was equipped to handle any illness or problem. During one of the videotaped sessions, I observed Dr. Akinḡlá working with one of his clients to solve her marital problems by suggesting that they come for family counseling. He further suggested that this couple explore all avenues for having another baby. Afterwards, Dr. Akinḡlá explained to me that this couple presently had a four-year-old. The client lauded Dr. Akinḡlá's empathy, love, mercy and ability to convince both her husband and herself to come for counseling and healing sessions in his office, and added that,

Oniṣèḡùn Akinḡlá yìò ràn wá lḡwḡ láti yanjú iṣòro tí a bá wá sí òḡḡ rẹ̀.

Dr. Akinḡlá will help us to solve the problems that we came to him for.

### Chief Abíḡlá

Chief Abíḡlá depicted character (*ìwà*) as the secret key behind his success with clients and of utmost importance in any healing relationship. He submitted that, if a *babaláwo* possessed character, he will be successful in all his healing endeavors. During the course of my conversations with him, Chief Abíḡlá cited caring (*ṣíṣe aájò*), assisting others (*ríran'ni lḡwḡ*), empathy (*fífi ara ẹ̀ni sí ipò ẹ̀nikẹ̀jì*), hard work (*ṣíṣe iṣẹ́ kára*), endurance (*ìfaradà*), perseverance (*ìforítì*), being considerate (*gbígbà ti ẹ̀lòmíràn rò*), and being observant (*níní ẹ̀mí ìwòye*) as traits necessary for effective healing.

Chief Abíḡlá emphasized that being respectful (*"bíbḡwò fún"*), being inquisitive (*"títóṣẹ́ lófintótó"*), giving others preference over myself (*"pípḡn ẹ̀niyàn lé"*), humility (*"ìwà irẹ̀lẹ̀"*), kindness (*"iṣoore"*), receptivity to others (*"fífa ẹ̀niyàn mọ̀ra*), giving older and experienced women preferential respect so that they can share their expertise and knowledge with him (*"gbígbé àwḡn obinrin àgbàlagbà ní arugẹ́ kí wḡn lẹ̀ ràn mí lḡwḡ"*), giving his time, talents and abilities to aid clients without complaining (*"sísa gbogbo ipá mí láti ran àwḡn abewé tí ó n wá sí òḡḡ mí lḡwḡ láti ráhùn"*), as additional skills and expertise that contributed to success as he counseled and healed clients. He also attributed his accomplishments to his persistence (*"títeṣamósé"*) and consultations with Deans of healers and *Ifá* Priests all over Nigeria (*"gbígbà àmòrán lḡḡḡ àwḡn àgbà babaláwo àti aláfḡṣẹ́ ní gbogbo orílẹ̀ èdè Nìjẹ̀ria"*).

One of Chief Abíḡlá's clients and her family declared that Chief Abíḡlá listened, showed empathy, respect and genuine love, provided advice where necessary; dispensed herbs with utmost care, was attentive, and treated his clients' secrets with utmost confidence (*"bo àṣírí abewé"*). Finally, Chief Abíḡlá added that he was honest with all the clients who visited him. While smiling, he admitted to me that he took special care of himself to prevent burnout and contracting other people's diseases.

## Dr. Adésànyà

Equally, Dr. Adésànyà stated that having mercy (*àánú*) and specified treatment goals for each client, encouraging clients that everything will be all right, being there for clients at all times, cooperating with clients and encouraging their family members to be active in their treatment enabled him to solve clients' problems. He also proclaimed that,

Mo ní òye àti máa ẹ aájò, àti ní ẹmí ifẹ, fífi ara ẹni sí ipò ọmọnikẹjì, ní àánú lójú, ní ẹmí igbòrandún, ẹmí ríran'ni lówó pẹlú ẹmí agbà sí àwọn abewé tí ó n wá sí ọdò mi.

I exhibit the skills and characteristics of caring, love, empathy, compassion, sympathy and fatherly compassion toward my clients.

Dr. Adésànyà consulted with trusted colleagues, *Ifá* Priests and Deans of healers about his clients' progress, their family status, backgrounds, physical conditions, and psychological, social, religious, medical and emotional concerns when he treated them. According to one client, Dr. Adésànyà's caring attitude and concern encouraged him to help clients before asking them for money. Relatedly, Dr. Adésànyà said that "money cannot buy caring and compassion that we, Yorùbá Traditional Healers give," and that, after having settled down in their career and/or business endeavors, some of his clients returned to show their appreciation.

Dr. Adésànyà, like Dr. Awótáyò of *Èrìn Ìjẹ̀sà*, *Ọ̀sun* State, was confident that he could solve some of the problems that Western-trained medical experts, counselors, social workers, psychiatrists, and psychologists could not solve. Dr. Adésànyà's confidence derived from his knowledge of herbs, *Yorùbá* culture, human personality, clients, their families, culture, likes, dislikes, and problems. A client who traveled from *Ọ̀yọ* to *Ọ̀gùn* State to consult with Dr. Adésànyà about his wife's barrenness, asserted that Dr. Adésànyà's physical presence promotes healing and clients' growth as individuals.

Skills needed for success in *Yorùbá* Traditional Healing, according to Dr. Adésànyà, included concern (*àníyàn*), love (*ifẹ*), compassion (*ibákédùn*), empathy (*fífi ara ẹni sí ipò ẹnikẹjì*), fatherly interaction with clients, confidence (*níní igbékẹ̀lé*), trustworthiness (*níní igbékẹ̀lé nínú*) and wisdom (*ọgbón*). In a similar vein, he made the following statement:

Agbára láti ní ìmònípa wàhálà tàbí ìṣòro abewé, àti láti tètè fún abewé ní ìmòrán tí ó ẹ pàtàkì nínú ìṣé ìṣègùn, jé òye pàtàkì tí ó n jé kí onísègùn ẹ àṣeyọrí ní ilẹ̀ Yorùbá.

The ability to discern, diagnose and identify problems early in the counseling sessions, offer advice and a willingness to offer precautions against future problems for clients are other skills needed to be a successful *Yorùbá* Traditional Healer.

Also, Dr. Adésànyà affirmed that being merciful (*lílánú, níní iyóńú*), respectful (*kíkún fún ọwò*), having treatment goals for all clients, and keeping clients' problems and discussions confidential enabled clients to obtain healing and become whole.

Dr. Adésànyà used a direct mode of interaction when he asked pertinent questions concerning how clients' problems evolved. I discovered from a videotaped session of Dr. Adésànyà's interaction with a female client that, in helping the woman to improve her adolescent daughter's attitude, Dr. Adésànyà encouraged the woman to become positively involved in her child's life, set consequences for her negative behavior patterns, and discipline her when necessary. The sessions portrayed Dr. Adésànyà recommending that the woman return for family counseling with her daughter and husband to work on the issues of setting boundaries. Dr. Adésànyà specifically recommended a minimum of once a month family meeting after he had gained knowledge of the mode of interaction between the client and her daughter.

During Dr. Adésànyà's counseling of this female client, he recreated Yorùbá tradition by explaining and emphasizing parental roles vis-à-vis children's roles in the home. He did this by encouraging this mother to become a role model for her daughter, train her in character development and live an exemplary life in their home. Dr. Adésànyà related his own experience as a father to demonstrate that her client's family problems were solvable.

### Diviners' Treatment Strategies

Chief Awóreni echoed the views of other interviewed *babaláwo* when he stated that Yorùbá Traditional Healers should be humble and not utilize their power to hurt or project evil intentions toward others. This remark supports Epega & Neimark's (1995) observation that *babaláwo*'s successful healing method "demands humility" (p.viii).

I listened to Chief Awóreni, the Chief *Ifá* Priest, repeating the following prayer, several times with both hands clasped and raised toward the sky: "*Kí Olódumarè má gbé ẹwù igbéraga wò mí o*" (May God never cloak me with pride). The three diviners (*Ifá* Priests) also emphasized that a successful relationship between Yorùbá Traditional Healers and their clients is characterized by humility and wisdom. The three diviners utilized wisdom through songs, proverbs, folk-lore and witty sayings as they diagnosed and treated their clients' problems.

### Treatment Strategies: Concluding Discussions

Drs. Awótáyò, Akinọlá and Adésànyà and Chiefs Abíọlá and Awóreni reportedly accepted their clients by showing them respect, love, care, mercy, and love at all times. As a general rule, Yorùbá Traditional Healers

are physically present to offer their best efforts to clients in all situations and for all problems. In their dealings with clients, Yorùbá Traditional Healers listen, attend to their needs, give advice and encouragement where necessary, give positive feedback, make suggestions, empathize, are attentive, treat clients' secrets with the utmost confidence and respect; and seek to build trust and rapport with them.

Yorùbá Traditional Healers are trusting, have an unbiased mind towards clients and their family members, and are always eager to help. In line with the dictates of the Yorùbá culture, where honor, prestige and status are automatically accorded to people who possess wisdom, understanding, and natural as well as supernatural power to heal and counsel, they employ direct approaches while interacting with their clients. These approaches allow Yorùbá Traditional Healers to guide, introduce information, suggestions, content, and attitudes that promote proactive and positive healing.

Yorùbá Traditional Healers also work hard to teach their clients preventive measures against diseases and problems. Healers persevere with clients by leading them toward solutions to their problems and illnesses. *Babaláwo* pray for their clients to be healed of most ailments, show humility, and work with patience, kindness, endurance, and perseverance to get to the root of their clients' difficulties. In addition, Yorùbá Traditional Healers use their cordiality as catalysts for inducing healing in their clients. Typically, *babaláwo* exhibit joy and faith in the fact that clients will get well, as they prayerfully assist them and their family members to confront their problems with optimism.

Yorùbá Traditional Healers' knowledge of herbs and various techniques engender success as they help build their clients' trust and confidence. *Babaláwo*'s position within their different communities and their knowledge of Yorùbá culture are instrumental to the positive outcomes expected from healing and counseling sessions. Healers demonstrate their genuineness and concern with fatherly compassion as they encourage and cooperate with clients. Their ability to ask pertinent questions encourages clients and their family members to tackle their problems with ease. Yorùbá Traditional Healers take care of their clients wholeheartedly until healing occurs, until their counseling needs are met or until they can locate the source of their ailments (*wá òfintótó idí àisàn nàà*).

## YORÙBÁ Traditional HEALERS' UNIQUE ROLE IN THE COMMUNITY

Drs. Awótáyò, Adésànyà, and Akinṣalá and Chiefs Abíṣalá and Awóreni asserted that they “stood out” as unique individuals in their respective communities and states. As noted in Chapter IV, Chief Awóreni, the Àràbà, is also the Chief *Ifá* Priest and diviner of the world (*Oniṣèsin Àgbáyé*), while Chief Abíṣalá is the *Eisikin* of *Ayégúnlẹ̀ Èkiti*, consulted by the people of *Ayégúnlẹ̀ Èkiti* for solutions to individual, family, community and city

crises. Dr. Adésànyà was a leader within professional healing organizations, a church warden and also a community leader in *Ìjẹ́bú Igbó, Ògùn State*. The plaques and certificates displayed in the clinic and hospitals of Drs. Awótáyò and Akinqlá showed that they were renowned members of different professional Traditional Healing Organizations.

Yorùbá Traditional Healers are keenly sought for their knowledge and wisdom by dignitaries, other traditional healers and clients within the city, the state, the country, the African continent and indeed other parts of the world. Western-trained medical doctors, psychiatrists, pharmacy professors, counselors and members of other healing-related disciplines consult *babaláwo* for their knowledge, wisdom, and understanding of herbs and healing methods. The above roles performed by healers support's the following observations made by Lámbò (1974):

... in addition to being a medicine man, something of a social worker and probation worker, teacher, priest, and Justice of the Peace (JP), Yorùbá Traditional Healers tackle the problem, of which his patient's symptoms are only a part, with an across-the-board-approach impossible to the fragmented social, penal, and medical services in the West" (Lámbò, 1974, 33–34).

## YORÙBÁ TRADITIONAL HEALERS' ROLES AND FUNCTIONS

To a great extent, traditional healers' roles within the *Yorùbá* community depend on people's expectations. The *Yorùbá* rely on *babaláwo* to perform different roles at different times. Chief Abíqlá explained how he used water from the snail's internal organs as anesthetics for preventing bacteria from entering a male circumcised after his birth, while Dr. Awótáyò explained the process of using incisions to remove excess water from the body of one of his clients.

Yorùbá expect *babaláwo* to be there for them at all times and for different problems. Clients expect healers to address problems like infertility, child-delivery complications, marital difficulties, parental problems, mental health issues and workplace conflicts. The following comments by Dr. Adésànyà support the above observation:

Kò sí ohun tí wọn kii bá wá sí òdò wa, bí wọn ti n bá wa náà ni à n gbìyànjú láti se irànlòwọ́ fún wọn nípa wọn.

There is no problem that they do not bring to us; we put in all efforts to assist them as they bring these problems to us.

Yorùbá Traditional Healers cure a magnitude of diseases and take care of clients with multifarious concerns, and Dr. Akinqlá affirmed that Yorùbá

Traditional Healers have a type of medication referred to as “*gbogbonṣe*” (a panacea that can cure diverse ailments, diseases and illnesses). *Babaláwo* utilize their power, prestige, and knowledge to enable clients to make the best of their situations within *Yorùbá* culture.

During my field research, I observed that *Yorùbá* Traditional Healers assisted clients who came to them with problems ranging from career choice, handled by Chief Abíólá from *Ondó* State, juvenile delinquency, handled by Dr. Adésànyà, the traditional healer from *Ògùn* State, marital conflict, handled by Chiefs Abíólá, Awóreni, Awójóbí and Ọlájídé, and Dr. Adésànyà, and healing individuals with psychiatric disabilities, alcoholism and drug abuse as handled by Dr. Awótáyò from *Òṣun* State.

At various times and in their daily interactions with their clients, *Yorùbá* Traditional Healers perform the roles of medical practitioner, psychiatrist, pharmacist, herbal dispenser, consultant, career, genetic, group, individual, marital, and family counselor, orthopedist, pediatrician, obstetrician, anesthetist, mediator, Justice of the peace, mental health practitioner, psychotherapist and crisis interventionist. *Yorùbá* Traditional Healers take care of their clients’ physical, spiritual and psychological problems concurrently. Drs. Awótáyò and Adésànyà and Chief Abíólá addressed clients’ psychiatric problems, while Dr. Awótáyò directed his own psychiatric hospital, where he acted as counselor, psychiatrist, nurse, herb dispenser, surgeon, family counselor, and pharmacist. *Yorùbá* Traditional Healers’ ability to function as priest-physician-consultant-counselor-case worker-peace maker-mediator-pharmacist allows clients to gain holistic health, and resolve their physical, mental, psychological and spiritual problems.

Chief Awóreni’s words sum up the thoughts and plans of *Yorùbá* Traditional Healers toward the clients who approach them for help:

A fẹ ran àwọn èniyàn tí ó bá wá sí ọ̀dọ̀ wa lówó tó bèẹ̀ tí ó jẹ̀ wípé wọn kò ní padà wá mọ̀; bíkòṣe láti dúpẹ̀ tàbí láti mú ẹ̀lòmíràn wá fún iránlówó. Àdùrà babaláwo tí abewé kannáa bá n padà wá bá kò títí gbà ni. Olódùmarè má jẹ̀ kí a ẹ̀ ẹ̀ṣeti o, nítorí, àṣeyọ́rì ni alákan máa n ẹ̀ epo, àṣeyọ́rì ni a ó ma wo èniyàn sà̀n, Àmín.

We strive to help those who come to us promptly and effectively so that they do not have to come back again, except to show gratitude or bring another relative or friend for healing. The prayers of any healer, to whom the same client repeatedly comes for help for the same problem, have not been answered. May God never let us fail in all our healing endeavors because the crab never fails at making oil and may we successfully cure all who come to us, Amen.

Hence, *Yorùbá* Traditional Healers want their clients to be healed and assisted every time they come for help for different ailments or problems.

In explaining their quest for client healing, Dr. Awótáyò informed me that,

A gbòdò tójú àwọn abewé tókàntòkàn, bí ẹni pé ikannàà ní wá, tó bẹ̀ẹ̀ tí wọn yòò fi sà̀n tán pátápátá, tí wọn kò sì ní fi padà wá mọ̀, ju wípé láti dúpẹ̀, tàbí láti wá gba ògùn fún ọ̀dún méjì gbáko, lẹ̀yìn ẹ̀yí tí wọn kò ní padà wá mọ̀.

We must take special care of our clients to ensure that they do not have to come back except to express their gratitude or get their medications for two years, after which they do not have to come back again.

In sum, Yorùbá Traditional Healers' techniques allow them to combine individual healing and counseling, where necessary, with group and family counseling and healing where applicable.

## CULTURE AND HEALING

Interviewed healers pointed to culture as an important foundation in healing, divining and counseling clients. Culture plays a significant role in healer-client interactions. Clients visit and feel comfortable with Yorùbá healers who share their worldview and speak the same language as they do. Two clients from both Drs. Adésànyà and Akinṣà's clinics explained that a comfortable, relaxed, reliable, viable, helpful, and useful healer-client relationship occurred because clients and healers are both from the same culture and operate under the same belief system. *Babaláwo* combine the roles of teacher, seer, diviner, healer, adviser, listener, and father. The fact that clients understand these roles from a cultural standpoint allows the interaction to yield fruitful results and steers the relationship towards positive results.

## HYPOTHESIS 7

Following from previous analyses, it is tenable to hypothesize that effective counseling and healing occur because Yorùbá Traditional Healers share the same culture, experience, understanding, world view and view of disease, illness and problem with their clients.

### Yorùbá Traditional Healers' Techniques and Cultural Norms

Yorùbá Traditional Healers and their clients clearly understand the cultural language of interaction. Relatedly, Adégbítẹ̀ (1991) explained that *babaláwo's* language is used with clients to serve "the purposes of persuasion, education, naming, greeting, entertainment, healing, conjuring and recording experiences" (p. 8). My interviews and interactions with Yorùbá

Traditional Healers suggested that the techniques of sacrifices, dreams and dream interpretations, incisions, folk tales, proverbs, prayers, herbarium, entreating and invoking the gods and ancestors, therapeutic dances, and songs are all core parts of *Yorùbá* culture.

These techniques are widely used and recognized by clients as they consult Yorùbá Traditional Healers regarding their problems. Chief Awóreni's client's sister alleged that those who recommended their friends and relatives to *babaláwo* automatically understood the healers' day-to-day routine because most of them were old clients who had successfully sought healers' help. She added that these old clients informed new clients about the process of healing and what to expect.

Usually, Yorùbá Traditional Healers are proud that their clients understand their basic approach to healing and recommend, others to visit a *babaláwo*. Clients consult healers with confidence and peace of mind because Yorùbá Traditional Healers assist their clients with their problems, utilizing the same world view, culture, religion, and a traditional base that they have grown up to understand.

## HYPOTHESIS 8

Based on prior discussions, it is tenable to hypothesize that *Yorùbá* culture plays a predominant role in clients' beliefs, healers' diagnoses and the techniques of healing and curing diseases, illnesses and problems.

### THE FAMILY: A CATALYST IN YORÙBÁ TRADITIONAL HEALING

The influence of the family is firmly felt in *Yorùbá* Traditional Healing, as the family is actively used as partners-in-progress for advancing clients' health and well-being. Dr. Awótáyò attested that, of the 400 clients admitted to his psychiatric hospital in 1993, only 80 clients were there without their relatives. 80 percent of his clients came to his hospital with their mothers or immediate family members. Consequently, extended family members play an active role in healing among the *Yorùbá*, as healing and questions relating to health are initiated by concerned relatives.

Family members are present through all the stages of healing to show their support, love, and caring attitude. Relatives sleep and eat with the client, when necessary, to facilitate his or her healing. In Dr. Awótáyò's hospital, the client is released early to the family member(s) when he sees involved family commitment. The *Yorùbá* believe that "*ìròrùn ẹyẹ ni ìròrùn eku*" (the comfort of the bird is also that of the rat); if all family members are healthy, everyone will be happy and comfortable.

The process of group healing and counseling is widely used by all Yorùbá Traditional Healers. In fact, healing is regarded as a family affair among the *Yorùbá* and families are actively involved in daily decisions

pertaining to the client's life in the healer's clinic. Owing to this reality, the family emerges as the major catalyst for sound health in *Yorùbá* Traditional Healing. Dr. Awótáyò and Chief Abíólá both inform the client when she or he comes in for treatment that his or her family's involvement is mandatory or recommended. The healer and his family support the client when the client's family cannot participate because of the long distance to the healers' clinic, estrangement from family members, or fear of being held responsible for relatives' hospital bills or sudden death while in the hospital. In such cases, friends, co-workers, neighbors, supervisors, and distant relatives fill the void for clients who have no relatives because *Yorùbá* believe that *ẹbí ẹniyàn ni aṣọ wọn* (family members are as clothes that must be worn at all times). The belief about the importance of the family not only permeates *Yorùbá* culture, standards, and values, it successfully extends to healing practices across *Yorùbá* land.

## HYPOTHESIS 9

It is tenable to hypothesize, following from previous observations, that community-oriented therapy is a culturally-appropriate and suitable method for treating *Yorùbá* clients.

## GENERAL OBSERVATIONS OF YORÙBÁ TRADITIONAL HEALERS

My observations indicated that *Yorùbá* Traditional Healers are relaxed and comfortable with their clients during healing and counseling sessions. Healers use appropriate healing and counseling techniques to address their clients' problems, who, in turn, develop confidence in the traditional healers' competence, authenticity and efficacy, because the initiative was always there to address such issues at any time of the day. In a similar vein, Chief Awóreni, the *Àràbà*, stated that,

Ọpẹlẹ mi máa n wà ní àpò mi nígbà gbogbo láti ran àwọn abewé lówó, yálá ní ibi isẹ mi ni tàbí ní ojà, tàbí ní àsikò tí mo wà ní ipàdé, nítorí a kò lè mọ irú wàhálá tí ó n pọn abewé lójú. Mo gbọḍọ sa gbogbo ipá mi láti ràn wọn lówó.

My divining beads are always in my pocket to assist clients anywhere they need my help, be it at my avocation, in the market place, or even when I am at meetings, because you never know what problems the clients may have or are working through. I must be there for them at all times.

## FEES CHARGED BY YORÙBÁ TRADITIONAL HEALERS

On the above matter, Chief Awóreni made the following postulation:

Kò sí babaláwo tí ó lè fi owó tí ó pa nípa iṣẹ awo gun ọkọ ayọkẹlẹ

No babaláwo can ride a car from money earned solely from healing as a vocation.

The Bill of Rights of the Association of *Ifá* Priests and Yorùbá Traditional Healers' Association stipulate the fees that all Yorùbá Traditional Healers must charge. Certain profiled healers declared that any *babaláwo* who charges above the prescribed fees would never prosper. They reiterated that clients returned to express their gratitude and pay homage to healers by bringing gifts during annual festivals.

In addition to being full-time healers, Drs. Awótáyò, Akinṣalá and Adésanya and Chiefs Abíṣalá and Awóreni worked as farmers, accountants, or sawmill director to supplement their incomes. Despite their very busy schedules, the healers still found time to take care of their clients' needs.

## TIME AND YORUBA TRADITIONAL HEALERS

*Babaláwo* take their time to cater for their clients' problems, demands, needs and problems. They are skillful, efficient, capable, always on time and attuned to their clients' concerns. *Yorùbá* Traditional Healers' skills and confidence, coupled with their ability to ensure that clients' predicaments are promptly resolved, allow them to help as many clients as possible.

Diviners usually spend more time with their clients than herbalists. Diviners (*Ifá* Priests) use a team approach that promotes effectiveness, thoroughness, and the ability to locate the root of the problem by inquiring from *Ọrúnmìlà*, through *Ifá* divination, into the source of client's problem(s). The duration of time spent with each client and her or his family depends on the nature of the problem. I observed that diviners spent one hour and thirty minutes with a male client and his family member in order to assess and analyze his problem, and recommend appropriate solutions.

In explaining the process of *Ifá* divination Epega & Neimark (1995) concluded that "the *babaláwo* uses his skills to interpret the *odù* as it applies to the specific situation and presents his client with the tales or stories that express that specificity; . . . once the correct interpretation has been presented to the client, he/she and the *babaláwo* can explore specific solutions or alternatives" (p.x).

Yorùbá Traditional Healers do not allot specific time to their clients when they start working with them. Dr. Adésanya's words echoed the assertions of the other healers when he said that,

Èyin ni ẹ máa n topinpin nípa àsikò, àwa kò bikítà nípa àsikò, nítorí wípé  
a ní àsikò púpọ̀ láti ẹ̀ ìtọ̀jú àwọn abẹ̀wẹ̀ tí ó n wá sí ọ̀dọ̀ wa, dídùn inú wa

ni wípé kí a ràn wọn lówó láti gbádùn tán pátápátá láì padà wá fún wàhálà kannáà, kii ẹe láti ka oye abẹwẹ tí a ó rí àyè ràn lówó ní ojo kan.

Western trained professionals are the ones who worry about time; we don't. We have plenty of time to assist our clients; our ultimate goal is not how many clients we see per day, but how many of them acquire healing and do not have to come back with the same problem.

Yorùbá Traditional Healers work from dawn to dusk to assist their clients and family members. According to Dr. Awótáyò, “*a sá kòkó pèlú kòkó rẹ̀ni yòò gbẹ*” (the owner of cocoa beans will become as dried out as the beans left in the sun while watching over them). Chief Abíólá and other healers believed that their ability to willingly and ungrudgingly spend as much time as needed with their clients made them effective healers.

#### PRECAUTIONS ON BECOMING A YORÙBÁ TRADITIONAL HEALER

Finally, like other professions, traditional healing offers some warnings that should be heeded by students, interns or new trainees. Healers, including Drs. Adésànyà and Awótáyò, routinely cautioned their students not to utilize healing methods and supernatural power endowed on them to hurt their clients or people who their clients detest.

#### SUMMARY

This chapter discussed the information that I gathered through Yorùbá Traditional Healers' responses to the questions in the interview schedules, client(s) feedback, observations and interactions via videotapes, participant observations and journals. Furthermore, I delineated nine hypotheses from the data collected and presented them in Chapters Four and Five. In the following chapter, I present a summary of Chapters One through Five, the hypotheses, an outline and discussion of related observations, and offer recommendations for further study.

# Discussions, Summary, Related Observations and Recommendations

**T**he major purpose of this volume was to critically and fully examine the roles and functions of, and behaviors exhibited by, Yorùbá Traditional Healers (*babaláwo*) of Nigeria toward their clients. Furthermore, this analysis generated hypotheses concerning the interpersonal techniques used by healers with their clients within the Yorùbá cultural milieu. Following from the foregoing, this final chapter summarizes Chapters One through Five, highlights the hypotheses formulated in Chapters Four and Five, discusses the observations and images that were captured during the videotaped sessions, presents recommendations for further study and analyzes implications for counselors.

## SUMMARY OF THE CHAPTERS

Chapter One introduced the focus and subject area of this project and explained the aims of this project, which was to explain the interpersonal techniques used by Yorùbá Traditional Healers of Nigeria and thereafter generate relevant hypotheses. Cultural and methodological contexts, support for the volume's inductive hypotheses-producing method, the need for the study, important/critical concepts, names and terms, and a general overview of the study's methodology were also discussed in Chapter One.

The review of related literature was discussed in chapter Two. Due to the lack of pertinent data on interpersonal techniques used by Yorùbá Traditional Healers in particular, Chapter Two reviewed related literature on the subject of traditional healers in general. Major areas of the reviewed literature were as follows: ethnomedicine, personalistic and naturalistic etiologies, disease and illness, alternative medicine, cultural issues as it related to traditional healers, myths and superstitions, tradition, traditional systems of healing, traditional healers, roles and functions of traditional healers, herbalists' roles, religious healers, techniques used by traditional

healers, props and cues, healing factors in traditional therapy, counseling and Western trained counselors, and guidance and counseling in Nigeria.

Chapter Three outlined and discussed the methods and procedures employed in undertaking the study. Specifically, it provided support for the use of the case study method in carrying out the investigation of the interpersonal techniques used by Yorùbá Traditional Healers of Nigeria. The chapter described the setting—*Òyó*, *Ògùn*, *Ondó* and *Òṣun* States of Nigeria, where members of the *Yorùbá* ethnic group of Nigeria reside and provided a description of the subjects—consisting of four herbalists, Drs. Awótáyò, Akínṣlá, Adésànyà and Chief Abíṣlá, and three diviners, Chiefs Awóreni, Awójòbí, and Ọlájídé.

Moreover, Chapter Three discussed the data collection procedures and methods utilized for the purposes of data analyses. The experiences of each individual healer and those of the Yorùbá Traditional Healers as a whole were analyzed through in-depth references to the physical, interpersonal and private or personal worlds (Binswanger, 1962) of each Yorùbá healer.

In Chapters Four and Five, I presented detailed case information and pertinent hypotheses. The case history information was discussed under the traditional healers' physical world, which describes where the healers live and perform their duties; interpersonal world, which describes the healers' interactional activities with their clients; and their private or personal world, which describes all pertinent information about each of the healers and their family members. The hypotheses formulated from these results are summarized in the following section.

## HYPOTHESES

The hypotheses of this work were derived inductively from the facts of the case, which I collected using participant observation methods, interview schedules, semi-structured interviews, journal keeping records and video taping to assess the interpersonal techniques of Yorùbá Traditional Healers (*babaláwo*). In direct accordance with the case study method, this work formulated nine hypotheses based primarily upon the facts of the case and data gathered through the different methods mentioned earlier.

1. Yorùbá Traditional Healers' skills, expertise, knowledge and power are learned through apprenticeship with Deans of Healers, Chief Diviners, and healers' fathers; through observations; natural endowment; self-teaching; genetic dispositions; or dreams; and/or close meetings and associations with God Almighty (*Olódùmarè*), the gods, ancestors and supernatural beings.
2. Yorùbá Traditional Healers concentrate on their clients' physical, mental, emotional and spiritual well-being during counseling and healing.
3. Yorùbá Traditional Healers believe that prayers to God Almighty (*Olódùmarè*) complete the healing process.

4. Yorùbá Traditional Healers use divining, sacrifices, herbal therapies, therapeutic dances, entreating and invoking the gods and ancestors, incisions, dreams and dream interpretations, proverbs, folk tales and stories, and family-supported counseling as techniques that help clients better manage their lives.
5. Yorùbá Traditional Healers consider mercy (*àánú*), character (*ìwà*), kindness (*inú rere*), assistance (*irànlòwó*), concern (*aaìò*), encouragement (*gbígba'ni níyànjú*), hard work (*iṣẹ̀ àṣekára*), endurance (*ifaradà*), humility (*ipamóra*), esteeming others (*pípón èniyàn lé*), and patience (*fifi ara balẹ̀*), to be the basic foundations for successful healing outcomes with their clients.
6. Yorùbá Traditional Healers' use of care, empathy, love, respect, compassion, patience, hard work, consistency, faith in God Almighty (*Olódùmarè*), constant prayer, a probing mind, fear of God, humility, attention to details of clients' problems, eagerness to offer services and continual presence with their clients spur positive therapeutic and healing outcomes.
7. Effective counseling and healing occur because Yorùbá Traditional Healers share the same culture, experience, understanding, world view, view of disease, illness and problem with their clients.
8. Yorùbá culture plays a predominant role in clients' beliefs, healers' diagnoses, and in the techniques of healing and curing diseases, illnesses and problems.
9. Community-oriented therapy is a culturally-appropriate and suitable method for treating Yorùbá clients.

#### RELATED OBSERVATIONS

Videotaped sessions of Drs. Awótáyò, Akínqlá and Adésànyà and Chiefs Abíqlá and Awóreni revealed that Yorùbá Traditional Healers were cordial, and openly welcomed me. Relatedly, they gave open, honest, and authentic feedback that allowed me to gain insights into traditional healing and opened avenues for recommending areas for fruitful future research that will be helpful both now and in the coming years.

This volume examined Yorùbá Traditional Healers' (YTHs) techniques interactions and relationships with their clients. My research elicited information about what Yorùbá Traditional Healers do with their clients to effect positive outcomes. Discussions about Yorùbá Traditional Healers and clients responses indicated that clients have confidence in what healers do in Yorùbá land, and that clients from all walks of life consult Yorùbá Traditional Healers in large numbers. Additional support for clients' confidence is buttressed by the fact that certain Western trained professionals in Yorùbá land who hold Yorùbá Traditional Healers in high esteem also consult them for assistance in solving their clients' physical and psychological problems. Yorùbá Traditional Healers who make unique contribu-

tions to clients' overall health and wellness have a lot to offer *Yorùbá*, Nigerians, Africans, and the international community.

In the main, the responses of clients, Deans of healers, Chiefs and Elders revealed that *Yorùbá* Traditional Healers interact with clients because of familiarity with culture, language and traditional affinity, and because traditional healing occupies a central place within counseling and the broader cultural milieu. Responses from clients also showed that they believe that motivation to change is God-given. This spiritual spark results in high motivation for clients to get better because they perceive *Yorùbá* Traditional Healers as God Almighty's (*Olódùmarè*'s) messengers and one of their main sources for acquiring healing. This religious/spiritual component that directs clients to look at their involvement with God Almighty (*Olódùmarè*), other gods, and their ancestors undergirds the interpersonal techniques used by *Yorùbá* Traditional Healers.

*Yorùbá* Traditional Healers' responses to questions in Appendices B & C of the Interview Schedule revealed that they view power to heal as emanating from a supernatural source. Healers pointed to this supernatural component as the foundation that gives *Yorùbá* clients faith to consult, and believe in the efficacy and authenticity of, traditional healing.

The results described in Chapters Four and Five also suggested that *Yorùbá* Traditional Healers regard clients as members of their own family and that they utilize care, empathy, mercy and respect when relating to them. Similarly, they maintained that clients' family members are perceived as integral parts of their treatment plans and goals. *Yorùbá* Traditional Healers also exclude financial constraints from being a precondition for treatment, and they claim that clients are neither ignored nor dismissed because they have no money.

The videotaped sessions revealed that there is a recognizable moral system in *Yorùbá* Traditional Healing practice that is based upon an empathetic perception of the client as just another human being like the healer. Interactions with *Yorùbá* Traditional Healers and their clients indicate that healers regard being cured as a total and permanent attainment of a certain level of consciousness or wellness. To *Yorùbá* Traditional Healers, "*iwòsàn láwòtán*" i.e. being totally cured or healed, does not result in recidivism of the illness in the practice of *Yorùbá* healing.

Additionally, this work supports the contention that the training programs of both Western and non-Western nations must be infused with counseling methods that reflect different cultures (Saleh, 1989). Therefore, this volume highly supports Saleh's recommendations that the profession of counseling needs to discard monoculturalism, and become culturally reflective and relevant, since counselors' roles are shaped by the culture and circumstances in which they are working (Abonta, 1986).

In closing, *Yorùbá* Traditional Healers' activities are culturally reflective and successful because their roles are shaped by *Yorùbá* culture and by the circumstances and the environment in which they operate. Not

surprisingly, Yorùbá Traditional Healers transmit the social, political, moral and educational norms of the *Yorùbá* culture. The results presented herein support Torrey's (1986) proposition that, regardless of what one believes about the desirability of promoting or not promoting the use of indigenous therapists in third world cultures, the fact remains that such therapists are today the only psychotherapeutic, available and accessible source of health care for the majority of the world's population. The fact that Yorùbá Traditional Healers are usually consulted by clients from all walks of life for different illnesses, diseases and problems before their Western-trained counterparts, makes a thorough examination of their techniques all the more imperative.

### RECOMMENDATIONS FOR FUTURE RESEARCH

This section outlines the recommendations for further work on the interpersonal techniques used by Yorùbá Traditional Healers of Nigeria due to the paucity of literature in this area. The recommendations were also formulated from the insights gathered through discussions of observations, videotaped sessions, clients' feedback, Deans of healers' and Elders' feedback and Yorùbá Traditional Healers' responses to questions from the Interview Schedules in Appendices B & C.

Therefore from the above observation(s), it is recommended that:

1. Further research be conducted on traditional healers, utilizing the results of this present undertaking, on the techniques, models, and methods of counseling that are cognizant of African, Nigerian, and *Yorùbá* culture, since techniques of application in counseling are not automatically transferable from the Western to the traditionally well-developed and grounded culture (Mar'i, 1982).
2. More studies be conducted and published in *Yorùbá* land and in other parts of the world to identify traditional healers' levels of interactions and their exceptional performance with their clients.

Since the present volume has opened avenues for professionals to proceed to learn more concerning the valuable services offered by Yorùbá Traditional Healers, it is further recommended that experts:

3. Continue with research into the interpersonal techniques used by traditional healers in other parts of the world.
4. Test the nine hypotheses generated from this research on Yoruba Traditional Healers with traditional healers from other parts of the world.
5. Identify if there are parallels or differences between the skills, techniques, beliefs, basic foundations for therapeutic outcomes with clients.
6. Identify how healers from other parts of the world learn their skills and knowledge.

7. Identify how healing and counseling occur in different communities of the world.
8. Identify the role of culture in traditional healing elsewhere to perceive if there are parallels between the findings of this research on Yoruba Traditional Healers and the results derived from similar investigations in other parts of the world.

## FUTURE RESEARCH STRATEGIES

Future research endeavors could include methods of healing, healing relationships, interactions between the traditional healer and his or her client, one herbalist and another, diviners, and herbalists (*onişègùn*) and diviners (*Ifá* priests). Specific research is required on the success rate and recidivism of traditional healers who specialize in treating clients with mental illness, alcohol and drug addiction.

Research into herbs that result in successful cures for deadly diseases like sickle cell anemia, Acquired Immune Deficiency Syndrome (AIDS), diabetes, high blood pressure, stroke, heart attack, and blood-borne diseases should, on the one hand, compare Nigerian and other African Traditional Healers, and experts on alternative medicine, counseling and traditional medicine, with other related but non-African professionals.

Inter and intra-disciplinary research on different cures for diseases and successful healing methods, and counseling techniques among medical experts, counselors, counselor educators, psychologists, psychiatrists, social workers, human service workers, sociologists, anthropologists, scientists, pharmacists, experts on alternative medicine and traditional healing should be encouraged. Research should also be undertaken on the importance of cultural influences of traditional healers on clients' health. The effectiveness and authenticity of Yorùbá Religious Healers, and Yorùbá Religious Healers' techniques and their interactions with clients, should also be investigated.

Nigerian counselors should be encouraged to further research traditional healers' models, techniques, and approaches that are rooted in Yorùbá, Nigerian and African culture. Research that will expand the literature on traditional healers should be promoted in Nigerian graduate psychology and counseling programs. Finally, legal and ethical issues as well as the applicability of this study's results to other contexts (to determine if there are parallels in techniques used and approaches with clients) should be explored.

## IMPLICATIONS FOR COUNSELORS

African, Nigerian and international counselors can learn from what traditional healers do by observing, questioning, interning and consulting with them, and by conducting first-hand research into their techniques and

styles of interactions. Professors and students could advance their understanding of traditional healing with more research in this field through published articles, and through presentations on healers' techniques, interactions, and other strategies that have characterized Yorùbá Traditional Healers since the beginning of time.

## WHERE DO WE GO FROM HERE?

Pursuant to the analyses thus far, the World Health Organization (WHO) should continue to explore avenues for an open forum for discussions between traditional healers and Western-trained counselors, social workers, rural and village health workers, psychologists, pharmacists, alternative medical experts, and Western-trained medical experts to find solutions to the problems of healing in all parts of the world.

The days when traditional healing is regarded as 'primitive', unrefined, and confined only to rural communities are gone. This research has demonstrated that all healers, traditional or Western-trained, in any part of the world, can learn a lot from each other, provided that they are willing to lay aside inherent biases and prejudices that are presently depriving the human population of access to holistic health. As Levers & Maki (1994) conclude in their study with healers in Lesotho, Swaziland, and Zimbabwe, the human services and rehabilitation service delivery systems must accept the array of professionals—Western trained and indigenous—providing interdisciplinary care to citizens in these and other countries.

Traditional healing should be reflected in multicultural studies' curriculum because differences in healing methods and techniques are means not an end. The end result for all healers (traditional or Western-trained) is to help clients solve their problems, which could be physical, physiological, psychological, emotional, mental, marital, family-related, gynecological, spiritual, or parenting issues.

It is hoped that this volume on interpersonal techniques used by Yorùbá Traditional Healers would pave the way and serve as the impetus for further research into the fascinating and worthwhile realm of traditional healers. The usefulness of such research will undoubtedly expand our knowledge of traditional healing and enable clients to benefit from alternative healing methods.

## SUMMARY

In total, the chapter summarized Chapters One through Five, discussed and enumerated the results of this volume by highlighting hypotheses, observations and interpretations. The chapter also discussed recommendations for further study, future research strategies, and implications for counselors and professionals in human services.

The chapter incorporated ideas discussed in earlier studies by Saleh (1989), Abonta (1986), Torrey (1986), and Mar'i (1982), and also highlighted the importance of encouraging dialogues between traditional and Western-trained practitioners under the auspices of the World Health Organization and other fora. Furthermore, Chapter Six enumerated the significance of utilizing the expertise, knowledge, and distinguished innate resources used by three diviners (*Ifá* priests) and four herbalists (*onísègùn*), the Yorùbá Traditional Healers profiled in this study.

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# Appendix A

Discussions of the Taped Conversation between Chief Àràbà of Ilé-Ifè, the profiled Chief Diviner and Professor Michael Akin Mákindé, the Researcher's Consultant on November 20, 1994.

The purpose of the discussion was to enlighten the researcher on the roles of *Oníṣègùn* (Herbalists) and *Ifá priests* (Diviners) in Yorùbá traditional counseling and medicine. Herbalists are Yorùbá Traditional Healers who mix, dispense and cure diseases with herbs, and also counsel clients who have problems. Diviners are Yorùbá Traditional Healers who use divining chains and beads to consult *Ifá oracle* about the sources of clients' illnesses, diseases and problems.

## 1. DIFFERENCES BETWEEN DIVINERS AND HERBALISTS

Herbalists sometimes depend on diviners who, through *Ifá*, know the right herbs needed for treatment. Some herbalists may find it difficult to treat patients unless they consult *Ifá* oracle to inquire about what obstacles are likely to impede effective treatment and cure. Thus, it is usually said that evil forces must be eliminated before success could be attained in the treatment of certain ailments, which cannot be treated by orthodox medical practitioners. Therefore, Chief Àràbà specified that, “*kí a mú ti èṣù kúrò.*” (Let us remove the enemy's hand from the problems at hand).

Chief Àràbà agrees with Professor Michael Mákindé, the researcher's consultant, that **herbalists** are very powerful practitioners that **diviners** need, and that both of them complement each other's efforts.

## 2. YORÙBÁ TRADITIONAL COUNSELING

The method of counseling by *Ifá* priests is different from the *Oníṣègùns*. By virtue of his oracular power, the *Ifá* priest comes to know the problem

of his client divining using the *Ifá* oracle. It is from this point of view that the *babaláwo* begins to counsel his client and advise him on what to do, how to do it, and when to do it. He does not expect the client to disregard his advice and counseling, as he sometimes warns the client about the consequences of not cooperating with him. The question of lying or faking an issue or complaint does not arise, since *Ifá* says what is presented before it. So if there is a problem *Ifá* says so; if there is none it says so as well.

On the other hand, the *Oníṣègùn* has no means of finding out his client's problem unless the client tells him or examines him or her. He depends on observation, which is, observing the client and questioning her or him or his or her relatives about some antecedent events. For example, questions regarding when a client or patient was born, what led to his or her sickness, and how and when the sickness started are asked. *Ifá* priests sometimes advise clients against doing certain things because of the consequences. It is generally agreed among the *Yorùbá* that, *Ọ̀rúnmìlà* is the owner of *Ifá* while, *Ọ̀sanyìn*, *Ọ̀rúnmìlà's* servant, is the father and initiator of herbal knowledge and medicine.

# Appendix B

## Interview Schedule

### INTERVIEW SCHEDULE

Yorùbá questions used to elicit information from five Yorùbá Traditional Healers: four Herbalists and one Diviner, interviewed in Òyó, Òsun, Ògùn, and Ondò states of Nigeria.

### YORÙBÁ SCRIPT

ÀWỌN ÌBÈÈRÈ FÚN ÀWỌN BABALÁWO MÉJE: ONÍŞÈGÙN MẸRIN ÀTI ALAFOSE KAN TÍ MO FI ÈRỌ ÌYANILÁWÒRÁN ÀTI ERO ÌGBA OHUN SÌLÈ BÁ SỌRỌ.

È kú ààrọ Bàbá wa.

Mo wá sí ọ̀dọ̀ yín láti fi ẹ̀rọ̀ yíi ya àwòrán irú ijíròrò tí ó máa n lọ láàárín ẹ̀yìn àti àwọ̀n tí wọ̀n n wá sí ọ̀dọ̀ yín ní gbogbo ìgbà. N ó sì fi ẹ̀rọ̀ ìgbà ohùn sílẹ̀ yíi gba àwọ̀n ọ̀rọ̀ tí ẹ̀ bá sọ sílẹ̀ pẹ̀lú.

Àwọ̀n ọ̀gá mi láti ibi tí mo ti n kọ̀ یشه́ fún àti máa ran àwọ̀n onírúurú ẹ̀niyàn lówọ̀ ní wọ̀n gbà mí nímọ̀ràn láti lọ̀ ẹ̀ ẹ̀fi ọ̀rọ̀ wá ní lẹ̀nuwò yíi. Inú mi dùn nígbà tí wọ̀n dárúkọ̀ yín gégé bí ẹ̀nikan pàtàkì tí ó ti ran ọ̀gòrọ̀ ẹ̀niyàn lówọ̀, tí ó sì tún sì n ràn wọ̀n ló wọ̀ síbẹ̀.

Mo sì mọ̀ pé mo ẹ̀ orí ire lónií láti lè ẹ̀ ẹ̀ àkíyèsì bí یشه́ yín ti fi idí múlẹ̀ di à̀sìkò yíi.

Láti fi à̀sìkò ẹ̀fò mo fẹ́ kí ẹ̀ gba ẹ̀bùn kékeré yíi fún ànfàni tí ẹ̀ fún ẹ̀mi omọ̀ yín láti ẹ̀ ẹ̀fi ọ̀rọ̀ wáni lẹ̀nu wò yíi. È má bínú pé ó kéré. Ní agbára lówọ̀ Ọlórún tí mo bá kó ẹ̀sẹ̀ járí nínú ẹ̀kọ̀ mi ẹ̀mi ó lè ra nnkan tí ó tóbi ju eléyíi lọ̀ wá fún nyín. Lẹ́ẹ̀kan si, mo dúpẹ̀ púpọ̀ fún ànfàni tí ẹ̀ fún mi yíi. Ọlórún á ẹ̀ ẹ̀yìn àti àwọ̀n ẹ̀bí yín ní olóríire, Àmín. Omọ̀ áti omọ̀ dé omọ̀ yín náà yóò ẹ̀ orí ire o, Àmín. Àwọ̀n náà yóò sì gbé ìgbá orókè, Àmín.

Ohun tí n ó kọ̀kọ̀ ẹ̀ ni, bíbèèrè bí ẹ̀ ẹ̀ bẹ̀rẹ̀ یشه́ yíi lówọ̀ yín. Lẹ̀yìn náà,

n ó wá lo èrọ amóhùn máwòrán yìí láti ya bí ẹ ẹ ẹ maa n kàràmasíkí àwọn tí ó n wá sí ọdọ yín lójojúmọ, tí ó nmú wọn padà wá fún oríṣírísí ibéèrè àti ọrọ̀ ịṣírí fún ịgbé ayé wọn ní àsikò dé àsikò. N ó yà àwòrán yìí ní ẹ̀marùn-ún, fún ịgbà kọ́ọkan tí ẹ bá rí abẹwé ọkùnrin tàbí obìnrin kọ́ọkan tí ó bá wá sí ọdọ̀ yín. Èyì ni yóò fún mi láyè láti rí ịṣesí yín àti iwà yín tí ó ngbé yín lárugè lójú àwọn abẹwé.

## ÌBÉÈRÈ

(I) Ịpín ikinni: Ịbí yín

1. Níbo ni a bí yín sí?
2. Àsikò wo ni a bí yín?
3. Qdún wo ni a bí yín?
4. Qmọ qdún mélòò ni yín?
5. Nnkan pàtàkì wo ni ó ṣeṣe nígbà tí a bí yín tí ó fún àwọn òbí yín ní ààmì pé irú ịṣẹ̀ yìí ni ẹ́ ó ẹ́?
6. Ẹ́ ibi tí a bí yín sí nì yíí?
7. Ẹ́ ibòmíràn ni ẹ́ ti wà síbí láti wá ṣiṣe yìí?
8. Iwé òyìnbó mélòò ni ẹ́ kà?

(II) Ịpín èkejì: Ịṣẹ̀ yín

1. Ịgbà wo ni ẹ́ bẹ̀rẹ̀ ịṣẹ̀ yìí?
2. Báwo ni ẹ́ ẹ́ bẹ̀rẹ̀ ịṣẹ̀ yìí?
3. Ibo ni ẹ́ ti gba agbára tàbí àṣe láti maa ẹ́ ịṣẹ̀ yìí?
  - (a) àjogúnbá?
  - (b) àti ọdọ̀ Qlọrun?
  - (d) àti ọdọ̀ àwọn àgbà tí ó kọ̀ yín ní ịṣẹ̀?
  - (e) àti ojú alá?
  - (f) ibòmíràn? (ṣe àpèjúwe)
4. Qdún mélòò ni ẹ́ ló ní ẹ̀nu ẹ̀kọ̀ṣe kí ẹ́ tó bẹ̀rẹ̀ ịṣẹ̀ yìí?
5. Ta ni ó kọ̀ yín ní ịṣẹ̀ yìí?
6. Ẹ́ ẹ́ tún n ẹ́ ịṣẹ̀ miràn mọ́ ịṣẹ̀ yìí?
7. Èniyàn mélòò ni ó mọ̀ yín lẹ̀nu ịṣẹ̀ yìí?
8. Ẹ́ jòwò ẹ́ ẹ́ àpèjúwe ibi tí òkikí yín ti tàn dé ní ẹ̀nu ịṣẹ̀ yìí?

(III) Ịpín Ịkẹta: Irú èniyàn tí wọn je

1. Ịyàwó mélòò ni ẹ́ ní?
2. Ẹ́ iyàwó yín fẹ̀ràn ịṣẹ̀ yín?
3. Ẹ́ iyàwó yín n bá yín ẹ́ ịṣẹ̀ yìí?
4. Qmọ̀ mélòò ni ẹ́ bí?
5. Àbúrò mélòò ni ẹ́ ní?
6. Mélòò nínú àwọn qmọ̀ yín ni ó n ẹ́ ịṣẹ̀ yìí?
7. Mélòò nínú àwọn qmọ̀ yín ló wà lẹ̀nu ịkọ̀ṣe lọdọ̀ yín tàbí lọdọ̀ ẹ̀lòmíràn ní lóólóò yìí?
8. Mélòò nínú àwọn qmọ̀ yín ni ó maa kọ̀ ịṣẹ̀ yìí ní ojọ̀ iwájú?

9. Ipò kelòò ni ẹ jẹ nínú ọmọ báà yín?
10. Kí ni irú iṣẹ tí bàbá yín fún yín ẹ gégé bí olú ọmọ nígbà tí ẹ kéré?
11. Ẹ nnkan miràn wà tí ẹ fẹ sọ fún mi nípa ara yín nígbà tí ẹ kéré tàbí nígbà tí ẹ dàgbà tí mi ò rántí láti bèèrè tí yòò ràn mí l'ọwọ láti mọ idí tí ẹ fi ní òkìkì ní ẹnu iṣẹ yín?

**(IV) Ìpín èkẹrín: Ìrírí Ayé (Experience)**

1. Ẹ j'ọwọ ẹ sọ irírí yín nípa ayé ní sókí gégé bí oníṣẹgùn pàtàkì tí ó lókìkì ẹnu iṣẹ yíí?

**(V) Ìpín Ìkarùn-ún: Ìṣesí yín sí àwọn èniyàn tí ó nwá sí ọdọ yín (Interactions)**

1. Báwo ni ìṣesí yín sí àwọn abewé tí wọn n wá sí ọdọ yín? (**behavior**)
2. Kí ni èrò ọkàn yín sí àwọn abewé tí wọn bá wá sí ọdọ yín? (**feelings**)
3. Kí ni ètò tí ẹ máa n ẹ pèlú àwọn abewé tí wọn bá wá sí ọdọ yín? (**plan**)
4. Kí ni ètò tí ẹ máa n ẹ pèlú àwọn abewé nípa ohun tí ó wù kí wọn bá wá sí ọdọ yín? (**plan**)
5. Báwo ni ẹ ẹ n ẹ sí áwọn abewé ní gbogbo ìgbà tí wọn bá wá sí ọdọ yín? (**attitude**)
6. Ànfàní wo ni àwọn abewé n rí gbà l'ọdọ yín tí ẹ rò pé ó n mú wọn padà wá lójojúmọ fún ìrànlọwọ l'ọdọ yín?
7. Kí ni èrò ọkàn yín láti jẹ kí iṣẹ yín máa l'ọ déédéé?
8. Kí ni ọkàn yín máa n fẹ ẹ sí àwọn abewé nígbà tí wọn bá wá sí ọdọ yín fún ìjíròrò tàbí fún ìṣòro kíṣòro?
9. Kí ni ọkàn yín máa n fẹ ẹ sí àwọn abewé nígbà tí ẹ bá n bá wọn jíròrò nípa ohun tí ó wù kí wọn bá wá?
10. Kí ni ohun miràn tí ẹ fẹ kí n mọ nípa iṣe yín sí àwọn abewé tí wọn n wá sí ọdọ yín tí í ẹ ṣínìlórí fún wọn láti padà wá nígbà gbogbo?
11. Irú ìlànà wo ni ẹ máa n lò pèlú àwọn abewé tí wọn nwá sí ọdọ yín fún àmòrán tàbí fún iwòsàn?
12. Kí ni ohun miràn tí ẹ fẹ kí n mọ nípa bí ẹ ti n ẹ iṣẹ yíí tí n kò rántí bèrè? Ẹ ẹ púpọ fún fífi àsìkò sílẹ fún mi láti ẹ ìjíròrò yíí pèlú yín. Ọlórùn Olódùmarè á jẹ kí ẹ pẹ fún wa o. Àmín. A ó máa rí yín bá o. Àmín.



# Appendix C

## Interview Schedule

English language translations of Yorùbá questions used to elicit information from five Yorùbá Traditional Healers: four Herbalists (Onísègùn) and one Diviner (Ifá Priest), interviewed in Òyó, Òsun, Ògùn, and Ondò states of Nigeria.

### ENGLISH LANGUAGE TRANSLATION

Good morning, our fathers.

I have come to you this morning to use this videotape equipment to capture the interactions that take place between you and the clients who come to you for counseling.

My advisers at my university, where I am learning how to counsel individuals, encouraged me to come and inquire about your sources of expertise from you. I was happy when your name was mentioned as one important personality in the community who has been of assistance and who still continues to be of assistance to numerous clients. I know that I am opportuned to be able to come and observe how your interactions with clients have been excellently renowned to be of good reputation/foundation until now. Without wasting much time, I am presenting this gift to you for giving me the opportunity to ask questions and to observe your interactions with your clients.

Thank you for giving me this opportunity. I promise to show further gratitude when I finish my academic endeavors. My prayer is that you and all the members of your family excel and succeed in all your undertakings. Amen.

The first set of questions will focus on how you started your healing work. After this set of questions, I will videotape the modes of interaction between you and the clients who come to you for help in your clinic. I intend to videotape one interaction each for five clients who visit you. The

video-taped session will allow me to observe your interactions with your clients, and to perceive how this mode of interaction has encouraged clients to continue to patronize you.

## QUESTIONS

### Section I: Birth

1. Where were you born?
2. What time were you born?
3. What year were you born?
4. How old are you?
5. What important thing happened at your birth to show your parents that you were set apart to be a traditional healer?
6. Were you born in this town?
7. Were you brought from another place to work here as a healer?
8. What grade level of Western education did you finish?

### Section II: Work Setting

1. When did you start this work?
2. How did you start this work?
3. How did you obtain the power, or authority to start this work, through:
  - (a) Inheritance
  - (b) From God Almighty (*Olódùmarè*)
  - (c) From elders who trained you to master this work.
  - (d) From dreams/dream invoked
  - (e) Other sources not mentioned above  
(please describe)
4. How many years of apprenticeship did you spend learning this work before you graduated?
5. Who taught you this work?
6. Do you perform other duties/work in addition to divining/healing?
7. How many individuals know you in this work?
8. How far does your fame extend in this work?

### Section III: Personality

1. How many wives do you have?
2. Does your wife (wives) assist you in doing this work?
3. How many children do you have?
4. How many siblings do you have?
5. How many of your children do this work with you?
6. How many of your children are presently learning this work under your supervision or somebody else's supervision?

7. How many of your children will learn this work in the near future?
8. What is your birth position among your father's children?
9. What type of work did your father give you as a special child when you were growing up?
10. Please explain any other information that I forgot to ask that will prove useful in explaining the reasons for your fame and popularity in this work.

#### SECTION IV: EXPERIENCE IN THE WORLD

1. Please explain briefly your experience in this work as a well-known traditional healer (diviner or herbalist).

#### SECTION V: INTERACTIONS WITH CLIENTS

1. How do you behave to clients who consult you?
2. What do you think and feel towards your clients when they consult you?
3. What plan do you have for your clients when they come to you for healing?
4. What plan do you have for your clients in terms of the unique problems that they bring to you?
5. What are your attitudes toward your clients when they come to you for counseling and healing?
6. What advantages do you think clients derive from you that encourage them to come back or recommend someone else to you?
7. What are your plans for making your work with clients progress for the better?
8. What plans do you conceive toward your clients when they consult you for their different problems?
9. What are your thoughts toward your clients as you assist them with their problems?
10. What other explanations can you give me in addition to the above that encourages clients to consult you, and which also makes you renowned among them?
11. What techniques do you use with your clients who come to you for counseling or healing?
12. What other points can you add to the above that I have forgotten to ask you?

Thank very much for your time. May you live long for us to continue to consult with. Amen.



# Tables

Table 1. Healer Characteristics

Demographic Variable	Herbalist 1	Herbalist 2	Herbalist 3	Herbalist 4	Chief Diviner
<b>Age</b>	73	62	84	85	62
<b>Education</b>	No Formal Western Education	Chartered Accountant	No Formal Western Education	College Graduate	No Formal Western Education
<b>Family</b>					
Married	Yes	Yes	Yes	Yes	Yes
Wives	Many	1	Many	Many	Many
Children	Many	7	Many	Many	Many
<b>Siblings</b>	Many	Many	Many	Many	Many
<b>Years Experienced</b>	47 Years	30 Years	52 Years	68 Years	22 Years
<b>Religion</b>	Christian	Muslim	Traditional	Christian	Traditional
<b>Sources of Power</b>					
* apprenticeship	Yes	Yes	Yes	Yes	Yes
* observations	Yes	Yes	Yes	Yes	Yes
* natural endowment	Yes				
* self-teaching			Yes	Yes	Yes
* genetic dispositions	Yes	Yes			
* dreams			Yes	Yes	Yes
* close meetings and associations with :					
* god almighty (olódùmarè)	Yes	Yes			
* the gods	No	Yes	Yes	Yes	Yes
* ancestors	Yes	Yes	Yes	Yes	Yes
* supernatural beings	Yes	Yes			
* others	Also Fasts and Offers Prayers to Olódùmarè	Offers Prayers Five Times a Day to Allah Endowed with the Spirit of Discernment	Consults with Diviners and Other Healers on How to Assist Clients		Also Taught by Supernatural Beings

Table 2. Healer Support for Hypothesis

Hypo #s	Healer 1	Healer 2	Healer 3	Healer 4	Healer 5	Healer 6	Healer 7
1.							
Sources of Power							
apprenticeship	Yes	Yes	Yes	Yes	No	Yes	Yes
observations	Yes	Yes	Yes	Yes	No	Yes	Yes
natural endowment	Yes	Yes	Yes	Yes	Yes	Yes	Yes
self-teaching	Yes	Yes	Yes	Yes	Yes	Yes	Yes
genetic dispositions	Yes	Yes	No	Yes	Yes	Yes	Yes
dreams	Yes	Yes	Yes	Yes	Yes	Yes	Yes
close meetings with:							
God Almighty Olódùmarè	Yes	Yes	No	Yes	Yes	Yes	Yes
the gods	No	No	Yes	No	Yes	Yes	Yes
ancestors	No	Yes	Yes	No	Yes	Yes	Yes
supernatural beings	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2.							
Concentrate on their clients' physical, mental, emotional, and spiritual facets during counseling and healing.	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3.							
Believe that prayer to God Almighty (Olódùmarè) completes healing	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4.							
Use sacrifices, divining, herbarium, therapeutic dances	Yes	Yes	Yes	Yes	Yes	Yes	Yes
entreating and invoking the gods and ancestors	Yes	Yes	Yes	Yes	Yes	Yes	Yes
incision							
family supported counseling as techniques to help clients better their lives	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Hypo #s	Healer 1	Healer 2	Healer 3	Healer 4	Healer 5	Healer 6	Healer 7
<b>5.</b>							
Consider mercy ( <i>àánú</i> )	Yes	Yes	Yes	Yes	Yes	Yes	Yes
character ( <i>iwá</i> )	Yes	Yes	Yes	Yes	Yes	Yes	Yes
kindness ( <i>imí rere</i> )	Yes	Yes	Yes	Yes	Yes	Yes	Yes
assistance ( <i>iránlòwò</i> )	Yes	Yes	Yes	Yes	Yes	Yes	Yes
concern ( <i>àájò</i> )	Yes	Yes	Yes	Yes	Yes	Yes	Yes
encouragement ( <i>gbígba eni nnyànjú</i> )	Yes	Yes	Yes	Yes	Yes	Yes	Yes
hard work ( <i>isè àsekára</i> )	Yes	Yes	Yes	Yes	Yes	Yes	Yes
endurance ( <i>ifaradà</i> )	Yes	Yes	Yes	Yes	Yes	Yes	Yes
humility ( <i>irèlè</i> )	Yes	Yes	Yes	Yes	Yes	Yes	Yes
esteeming others ( <i>pípón eniyàn lé</i> )	Yes	Yes	Yes	Yes	Yes	Yes	Yes
and patience <i>fifí ara balè</i> as basic foundations for successful healing outcomes with their clients	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>6.</b>							
Use care, empathy,	Yes	Yes	Yes	Yes	Yes	Yes	Yes
respect, compassion,	Yes	Yes	Yes	Yes	Yes	Yes	Yes
patience, hard work,	Yes	Yes	Yes	Yes	Yes	Yes	Yes
consistency, faith in God Almighty <i>Olódùmarè,</i>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
constant prayer,	Yes	Yes	Yes	Yes	Yes	Yes	Yes
a probing mind,	Yes	Yes	Yes	Yes	Yes	Yes	Yes
fear of God,	Yes	Yes	Yes	Yes	Yes	Yes	Yes
humility,	Yes	Yes	Yes	Yes	Yes	Yes	Yes
attention to details of clients', problems,	Yes	Yes	Yes	Yes	Yes	Yes	Yes
eagerness to offer services, and continual presence with their clients allow for positive therapeutic and healing outcomes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>7.</b>							
Share the same culture, experience, understanding and world view of disease, illness and problem with clients	Yes	Yes	Yes	Yes	Yes	Yes	Yes