

Indigenous, biomedicine and faith healing ambiguity in Tanzania: Bridging the trio gaps through pastoral counselling

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Abstract

Treatment of diseases was known in Africa long before the coming of modern scientific medicine. The Africans had their own traditional folk healers who treated both organic and functional diseases. Knowledge of plants, soils and water with special properties have enabled them to deal with infections, bacteria, and diseases. Different kinds of plants, large and small, terrestrial, and lacustrine, constitute about 75% of traditional medicine. Animal products make up about 20%, and minerals constitute the remaining 5% (Alves and Rosa 2005:77). However, with the coming of missionaries some developments took place. Western medicine was introduced in dispensaries and hospitals with a natural explanation for all sickness and healing. Missionaries treated indigenous healing as superstition, and unworthy of belief by promoting biomedicine and faith healing through prayers. Hence, there is a need of bridging the trio gaps through pastoral counselling in order to make sustained efforts to foster collaboration among them.

Keywords

Indigenous healing; faith healing; biomedicine; ambiguity; reconciliation

1. The impetus of indigenous healing in Tanzania

Traditional medicine is the oldest form of health care system that has stood the test of time. It is an ancient and culture-bound method of healing that humans have used to cope and deal with various diseases that have threatened their existence and survival (Abdullahi 2013). Different societies have evolved different forms of indigenous healing methods.

George Shemdoo and Loy Mhando (2012:15), have indicated that over 80% of rural Tanzanians are estimated to depend on indigenous knowledge¹ of healing for their primary health care needs for themselves and their livestock. Furthermore, Georges Shemdoo and Loy Mhando (2012:10) have reported that up to 80% of the population in developing countries depends on traditional medicines to meet their health-care needs. Mark Tanaka, Jeremy Kendal, and Kevin Laland (2009) maintained that in recent years, 60%–80% of the world's population, mainly from developing countries, depended primarily on traditional medicines, folk remedies, and home cures, as well as treatment from witchdoctors and other “supernatural practices” for their health-care needs.

Most communities in Tanzania have tried to meet the challenges of pests by using traditional healing methods. Where the problem is local and familiar the effort of traditional healers² has met with some degree of success. In a survey carried out in Simanjiro Tanzania it was found that the local Maasai community know a total of 96 plants and treatment for 81 diseases. It is believed that the Maasai are leading in indigenous knowledge of healing in Tanzania due to their social cultural lives (Mascarenhas 2012:7). This proves how much indigenous knowledge in terms of healing is playing a great part in Tanzanian context. However, where the problem was unfamiliar beyond the application of indigenous knowledge, such as the

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- 1 Indigenous knowledge is a body of information and beliefs transmitted through oral tradition and first-hand observation. It includes a system of classification, a set of empirical observations about the local environment, and a system of self-management that governs resource use. Ecological aspects are closely tied to social and spiritual aspects of the knowledge system. The quantity and quality of indigenous knowledge varies among community members, depending on gender, age, social status, intellectual capability. With its roots firmly in the past, indigenous knowledge is both cumulative and dynamic, building upon the experience of earlier generations and adapting to the new technological and socio-economic changes of the present. Some forms of Indigenous knowledge are expressed through stories, songs, myths, proverbs, cultural values, beliefs, rituals, community laws and local language. According to Georges Shemdoo and Loy Mhando (2012:10), Indigenous Knowledge is not limited to any specific technical field and may include agricultural, environmental, and medicinal knowledge, and knowledge associated with genetic resources.
 - 2 Traditional healer is “a person who is recognised by the community where he or she lives as someone competent to provide health care by using plant, animal and mineral substances and other methods based on social, cultural and religious practices” (WHO 2000a:11).

outbreak of Rinderpest³ in 1997 (carried over from Ethiopia) the impact was devastating.

The formal health sector can only meet a small proportion of those with related problems. Notable success has been made against communicable diseases, such as polio, and some deficiencies like iodine. Despite all these advances, trained medical staff are few, equipment and some drugs are expensive, the infrastructure, sanitary water, electricity are scarce. In contrast, traditional healers are available on site even in the most remote villages. Boniface Magesa (2008:11) and Menan Jangu (2012:47) have found that in Tanga District (where the author of this article comes from) the ratio for trained physicians to patients stands at 1: 33,000. On the national level, the recent report indicates that doctor-to-patient ratio is pegged at 1:20,000, far short of World Health Organization of 1:8,000 (Salome Gregory, 2022). In contranzania are found in rural areas where they are easily carrying their daily works. However, due to urbanization, which was made possible by globalization and modernization, today a big number of traditional healers flee to big towns like Dar es Salaam, Tanga, Arusha, Dodoma, and Mwanza where they perform various forms of healing.

2. Forms of healing knowledge and practices

Traditional medicine not only provides benefits to the health of an individual; it also accounts for individual and societal wellbeing. It entails fighting illnesses, misfortunes, dangers, risks, and disasters. There are various groups of healers in Tanzania and in most African countries, each with a specific role. They may be categorized as diviners, herbalists, midwives, or circumcisers, while others are identified with combined roles (Nelms and Gorski 2006). For instance, *waonaji* (or diviners) exist in various categories including a chicken diviner; a diviner using piece of tree; a diviner using intelligence; and a diviner using dice (Welch 1974:204).

3 Rinderpest is a highly infectious disease of even toed ungulates of the order Artiodactyla. It mostly affects cattle, domestic buffalo, and some species of wildlife. Rinderpest is a German word that is directly translated as “cattle plague” in English. The English also referred to rinderpest as “steppe murrain” reflecting the early belief in Europe that its homeland was the steppes between Europe and Asia from where waves of rinderpest swept west to the Atlantic and east to the Pacific in the retinues of marauding Asian armies (The Interafrica Bureau for Animal Resources 2011:1).

Waonaji use different gear to predict events or to describe past events. They are known to be capable of foresight. Through the knowledge of the past and present natural events, they are able to provide advice on measures to address threatening events. Kale (1995:71) has noted that people do not become diviners by their own choice; instead ancestral spirits select them.

Diviners use different environmental resources for divination, including chicken, water, *bao* (a divining board), *ungo* (winnowing basket), *kioo*(mirror), *mbuzi* (goat), *ulezi* (finger millet grain) and *mtama* (sorghum grain). Historically, diviners played a big role as advisors and guides (*waongozaji*) of famous healers in societies. Likewise, political leaders, such as chiefs, relied on *waonaji* for directives that were important for their leadership. Divination does not come from secular schooling. Instead, divination derives from in-born knowledge and special talents. For this reason, *waonaji* (diviners) are rare, and each is *miujiza* (a miracle) (Jangu 2012:42). Additionally, in Tanzanian context both healers and diviners, preferred to be called (herbalists), due to increasing government attention to and restrictions on traditional healing. Herbalists are healers whose main sources of therapies are dependent on the use of medicinal flora and occasional animal parts. While a majority of the healers are known as herbalists, the claim to be an herbalist has been reinforced by government restrictions on the practice of divination. Thus, healers prefer to say that they are (herbalists) for reasons of personal security and to avoid interference by government agencies (cf. Jangu 2012:23). The government, however, claim that divination is associated with witchcraft and therefore is linked to troubling and violent practices that are on the rise.

The proliferation of the belief in witchcraft is not only widespread across sub-Saharan African countries but also very disturbing. It was previously believed that these beliefs and socio-cultural practices would disappear over time, but the current situation indicates the contrary. In Tanzania for example, thousands of elderly people, especially women, have been accused of witchcraft and then beaten and/or killed (Cimpric 2010:13). Moreover, more than 200 witchdoctors and traditional healers have been arrested in Tanzania in a crackdown on the murder of albino people (BBC News 12 March 2015), (Masanja 2015:231). According to the research done by Tjitske de Groot (2021), between 2000 and 2019 in Tanzania, 76 people with albinism were killed and 182 people survived physical attacks. The

attacks are so brazen that the government has opened boarding schools for albino children for their own protection. However, healers and healing practices provide a key to determine structural vulnerability among health, dietary, discriminatory, and environment concerns. Nevertheless, apart from multiple and interacting roles of healers in Tanzania, their healing profession should be regularised by an arm of government such as conventional medical practitioners so that in case of any mishaps, the police will interrogate them to identify one of their own as the perpetrator.

3. Multiple and interacting roles of healers in Tanzania

Tanzanian people see health as a concern beyond an individuals' physical system in order to account for conditions such as economy, production, food, security, joy, happiness, fertility, social life, and relations. According to World Health Organization, health is a state of complete physical and mental wellbeing, and not merely the absence of disease or infirmity (Jangu 2012:62). Healers' roles in Tanzania can be divided into four main categories according to their functions: economical, ecological, sociological, and political.

3.1 Economical

Healers comprise a group of people who strive for financial gains to improve their livelihood and living standards using their medicinal knowledge. In order to achieve these objectives, healers complement their practices with other activities, such as farming, livestock keeping, and other informal activities. It is believed that healers in urban areas are increasingly selecting a medical landscape that is accessible and reachable by many clients. In rural areas, healers will seek to secure land that is productive for farming and livestock keeping. The number of his/her clients determines a healer's fame. According to Boniface Magesa (2008:11) some healers are more likely to use attractive medicine in their compounds in order to increase their number of clients.

In big cities like Dar es Salaam, Arusha, Tanga, Mwanza and Dodoma people have used traditional medicine to maintain their successful businesses. For instance, the economic role of traditional healers is captured in the song lamenting the death of a popular healer and supplier of wealth

medicine in Mwanza Tanzania. His clients (businessmen) were devastated by his death. The popularity of the deceased helped people expand their businesses. Upon his death, according to the song, the businessmen who were consumers of medicine had to close their shops in Mwanza town and attend the burial ceremony in a remote area (Jangu 2012:63). The presence of healers and consumers in urban areas provides a mutualistic, symbiotic relationship in which healers receive financial gains and clients receive services they need. This is not to say that healers have abandoned their services in rural areas, however.

3.2 Ecological

Healers' interactions with the environment are enormous and varied, both direct and indirect, particularly in their search for and gathering of medicinal fauna and flora. In addition, healers, particularly in rural areas, have actively engaged in agriculture and livestock management. These activities, to a large extent, are determined by the quality and quantity of the environment. Food production and livestock management provides assurance to healers' clients that therapies are supported by a good diet. Therefore, healers are significantly affected by changes happening in the environment.

According to Deogratias Mushi (2009:33), the environment serves various purposes, including the space for the medical landscape. This landscape includes the built environment where healers decide to operate, the source of medicinal flora, fauna, and minerals, and the places where interactions with clients occur. In addition, the quality of the environment will influence the health conditions of the people and thus help to define the number of people seeking medical care services.

However, this environment is threatened by many different conditions. Based upon dynamic and interactive processes in their work that are related to the environment, healers are more likely to effectively describe changes they see happening in that environment. Healers, to a large extent, contribute the labelling and recording of the use of fauna and flora in the medical field in Tanzania. Juliet Lapidos (2009:28) believes that healers are the producers, consumers, and disseminators of environmental knowledge; they retain a unique position in environmental and developmental programs, if effectively involved. However, environmental change not only

affects availability and access to medicinal resources. The environmental degradation happening through pollution, as well as the decline of forest resources, has had double impacts upon healers' activities. Healers receive clients who suffer from conditions associated with environmental pollution. In addition, healers interact with the environment on a daily basis as through seeking, harvesting, and processing herbs.

3.3 Sociological

Traditional healing and traditional medicine are more than individual physiological gestures. Traditional medicine accounts for livelihood, and for social formation and structure. Healers in contemporary society have been dually contextualized. They are seen as health care providers; however, because one group has been accused of participating in elderly and albino killings to use in medicine, healers have also been marginalized (Mapunda 2011:41).

Traditional medicine and its actors are widely used in social events as described in the previous sections. They are used to provide social therapies by composing and singing different kinds of songs concerning hope, grieving, political campaigns, and the awareness of diseases (Mango 2009:55).

Traditional healers are also a potentially important resource in coping with HIV/AIDS epidemic. Many patients, aware that the modern medical sector has no cure for HIV/AIDS have turned to traditional healers for treatment. Traditional healers are also potentially important sources of information about the transmission, prevention and treatment of AIDS and related infections. Of equal concern is the extent to which any practices might be aiding in HIV transmission or putting the practitioners themselves at risk of acquiring HIV/AIDS. However, little is known about their practices in general, or specifically what they know with respect to transmission and prevention of HIV/AIDS (Semali and Ainsworth 2002:1).

3.4 Political

The presence of healers in society creates perceptions and ideas about leaders' roles in shaping a political landscape. Healers are political players that represent a political unit that further contributes to the formation of

political ambitions and ideas. Healers have participated as political actors, and also have been consulted by politicians for advice or kismati (attraction) medicine for authority and power. Politicians have previously and are now offering money to the healers to gain support from constituents. Therefore, the presence of traditional healers in the political arena is both a blessing and a threat. Politicians use traditional medicine to gain power or protect themselves from opponents. Opponents seeking the same position may also seek out damaging medicines.

For example during the general election in Tanzania in November 2010, the community of traditional healers was involved in the political process in various ways. They were voters and source of winning therapies to politicians. The medicine these politicians sought was for various purposes: to empower people, to make a candidate attractive to voters, to give candidates the ability to conquer people with their rhetoric, and to make them appear powerful and able to lead.

The traditional medicines that politicians get from healers have also opposite impacts upon the opponents, to render them weak, unconvincing, and untruthful. Traditional medicine is known and has been cherished as something that can bring power, as well as influence certain behaviours of people in the community. Power is the capacity of a group or an individual to impose preferences on others, whether the imposition of these preferences may be peaceful or violent (Camacho 1998:14). Therefore, the use of traditional medicine demonstrates how the power of the medicine influences social and political structures. However, in essence traditional healing is distinguished from other types of healing, Christian and modern or biomedicine.

4. Indigenous, Christian, and biomedical healing

Mika Vahakangas (2015:24) has attempted to distinguish between the three categories of healing in Tanzania. Indigenous (*Kienyeji*) is related to African traditions that may stem from pre-colonial times but can likewise be contemporary inventions claiming African ancestry or African reactions to the encounter with the two other cultural categories. Christian (*Kikristo*) refers predominantly to Western missionary Christianity and therefore has a certain foreign aura. Yet at the same time, the life and faith of the

historic churches have had a century to adapt themselves to the Tanzanian context. Modern/Biomedicine (*Kisasa*) is related to science, business, and postmodern influences, all of them foreign and more or less Western.

These three categories should thus not be seen in an essentialist manner or as mutually exclusive. The observer's position and the question at hand defines whether, for example, a certain dimension of Charismatic Christianity should be classified as modern or Christian or even indigenous. In many cases different phenomena combine elements of two or three of the categories. Neither should one consider these categories constant in the sense that a phenomenon or value is unable to move from one category to another in the course of time (Vahakangas 2011). Theologically, healing encompasses the belief that God heals people through the power of the Holy Spirit. Divine healing, according to Kydd (1998:XV), is the restoring of health through the direct intervention of God. The products of such an intervention constitute miracles. This practice is often exercised by the laying on hands. According to Stephan Pretorius (2009), divine healing is complex; some believers are healed through prayers, while others are not. Some believe that absence of divine healing indicates a lack of faith on the part of the person praying or vice versa. The issue is further categorised, namely those with faith, those with little faith and those with no faith.

On the other hand, indigenous healing is *the sum total of all knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating a physical, mental or social disequilibrium and which rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing* (World Health Organisation 1976:8). However, the relationship between indigenous healing, Christian healing and biomedical systems is characterized by ambiguity; mistrust, tension, and conflict, which constitutes a major setback for the current effort to forge collaboration between the trio systems.

4.1 Trio gaps ambiguity; indigenous, biomedicine and Christian healing

The relationship between indigenous healers and biomedical practitioners has historically been tense, characterised by a belief that the two systems would not be able to work together due to their diametrically different understandings of healing system (Calabrese 2013). It has also been widely

believed that patients' use of traditional healers simply reflected the lack of an alternative. Other criticisms of the traditional healing system are that it was "not well developed" and that there was an "absence of clear guidelines" (Ae-Ngibise, et al. 2010:563).

Furthermore, while scientific studies have validated some traditional remedies, for instance, by confirming the biological activity of plant extracts, the use of complementary and traditional medicines remains contentious, and doubts about the efficacy and safety of many treatments remain (Abbott 2005). For instance, fears have been expressed that, in Nigeria, witchcraft and traditional remedies of unknown efficacy are widely employed as treatments for malaria, instead of, or delaying access to, modern medicines of proven effectiveness (Okeke, et al. 2006). In 2002 the WHO launched a global plan to make the use of traditional medicines safer by encouraging evidence-based research on the safety, efficacy, and quality of traditional practices (WHO 2002).

Consequently, indigenous healers expressed frustration that their knowledge was not respected and some presented regulation as a means of professionalising healers so that they could be recognised as "legitimate partners" in healthcare provision (Campbell-Hall 2010:621). However, recent research shows that they are used even when scientific biomedicines are readily available and it is now generally accepted that the appeal of healers lies in their ability to understand patients' illness experience within their cultural framework (Burns 2015; Heaton 2013).

Providers of biomedicine are vocal in their criticism of indigenous healing and the fact that indigenous healing lacks a body of evidence to substantiate its practice through a scientific knowledge lens (Makgobi 2014:1). Conversely, Indigenous Health Practitioners have difficulty understanding the lack of appreciation shown by biomedical providers of their role in health and wellbeing as viewed through the indigenous knowledge lens (Mashabela, Zuma and Gaede 2016). The distrust between allopathic and traditional practitioners in Africa has continually hampered and thwarted the process of integration and cooperation between traditional and modern medicines as well as the difficulties in regulating traditional medical practices (Nevin 2001).

In addition, the coming of Christianity and imperialism condemned radically the African traditional healing approach as evil and associated with satanic powers (Morekwa 2006:69). Africans who converted to Christianity were forced to cease going to traditional healers. Instead they were advised to pray to God and also go to clinics. Feelings of shame and fear when asked about traditional healing often make it difficult, especially for those who have become Christians and have accepted western medicine. One could notice a clear ambiguity between indigenous, biomedicine and faith healing. Hence, the need for bridging the trio gaps through pastoral counselling is indispensable.

4.2 Bridging the trio gaps ambiguity through pastoral counselling

As we have discussed, the influence of the colonial legacy, missionary teachings, and Western education may have a significant impact on the views people have about indigenous healing practices. The negative views have created a gap and resulted in people shying away from the cultural practices and methods because this influence made them believe that their ways were inferior to those of Western origin (Akosah-Sarpong 2001). Unfortunately, this perception about the cultural practices was reflective of the Eurocentric attitudes that continue to widen the gap between indigenous, biomedicine and faith healing. This article argues that there is a need of bridging the trio gaps through pastoral counselling given that it is through pastoral counselling, reconciliation and dialogue become essential (Cf. Louw 1998:35).

Indigenous, biomedicine and faith healing are intertwined and many scholars such as (Hill & Pargament 2008) have examined this important relationship. According to Pinkoane (2008:35), both groups need to engage mutually to understand each other's cultural world and work so as to alleviate existing gap of tensions. In addition, the following principles have been highlighted by several studies as crucial in establishing a reconciliatory collaborative relationship: education, trust, mutual understanding, cross-referral, and shared working spaces (UNAIDS 2006).

In a very useful book entitled *Pastoral Counselling Across Cultures*, David Augsburg argues for the need for “culturally capable pastoral counsellors” who have the “ability to join another in his/her culture while fully owning one's own”(1986:19). The aim of Augsburg is to assist in

training culturally able counsellors who are at home on the boundary, able to cross over effectively into another culture with deep “interpathic” understanding and then return to their own.

Pastoral Counselling across cultures recognises three sets of ideas that seem to be uppermost in the thinking of those who take this approach to the multi-cultural reality (Lartey 2002:323). Firstly, the very fact of difference, namely the recognition that real difference exists between groups of people in a society. That we are not all the same. Secondly, the view that the boundaries around groups are fixed, unalterable and to a degree impenetrable must be taken into consideration. Third, that each group has an identity that is shared by all who belong to the group.

Crossing over to another culture with openness and reverence and then coming back is the spiritual adventure of our time. Augsburgers believe that crossing over with this mind-set and heart-set enables one to return to one’s own culture enriched, more aware, more humble, more alive, changed, renewed, healed, and reconciled (1986:10). He emphasized that, “One who knows but one culture knows no culture” (1986:18). Pastoral counselling wishes to influence, change, renew, comfort, support, sustain, reconcile, and heal people (Louw 1998:7). Occasionally, there are attempts to fuse traditional and modern technology, unite, and reconcile between traditional healers, faith healers and medical doctors (Vähäkangas 2015:25). For that matter therefore, it is strongly argued that counselling becomes an important tool for the reason that, “Counselling does not alienate God and man, but involves them with each other via pastoral encounter” (Louw 1998:26).

Incorporating aspects of traditional healing in the training of biomedical practitioners and creating a space for knowledge sharing is proposed. A pastoral counsellor can better facilitate the mutual respect between biomedical practitioners and traditional healers, so that patients’ health care needs are mostly satisfied. I believe that reconciliation is concurrently practiced with counselling, which is the most important instrument to manage differences and to calm everyone involved. It serves to maintain peace and stability between conflicting groups; serves lives and prevent destruction of property; assists in progressing community rules and regulations; and support family and groups’ challenges (Abeshu and

Urgessa 2021). However, apart from its contributions, lack of knowledge about traditional medicine among many biomedical practitioners could create serious challenges to integration.

5. Contributions and challenges of traditional medicines

5.1 Contributions

World Health Organisation (WHO) has acknowledged the contributions of traditional healers to the overall health delivery particularly in developing countries (WHO, 2001;2002a; 2002c). According to WHO the native healers have contributed to a broad spectrum of health care needs that include disease prevention, management and treatment of non-communicable diseases as well as mental problems (WHO, 2001). There are also increasing evidence that traditional medicine is effective in the management of chronic illnesses (Thorne,et al. 2002). African herbal medicine is “holistic” in the sense that it addresses issues of soul, spirit, and body. It is cheap and easily accessible to most people, especially the rural population.

Research has shown that a number of traditional medicines are important and effective therapeutic regimens in the management of a wide spectrum of diseases some of which may not be effectively managed using Western medicines. Furthermore, inadequate accessibility to modern medicines and drugs to treat and manage diseases in middle- and low-income countries, especially in Africa, may have contributed to the widespread use of Traditional Medicine in these regions especially in poor households (Abdullahi 2011). Indeed, majority of medical doctors available in Africa are concentrated in urban areas and cities at the expense of rural areas. Therefore, for millions of people in rural areas, native healers remain their health providers.

Traditional medicine is commonly used to treat or prevent diseases including chronic illness therefore improving the quality of life. It occupies an important place in the health care systems of developing countries. However, use of traditional medicines in health programs has been challenged due to lack of standards and sometimes due to the difficulty dialogue which is there between indigenous and Christian healing.

5.2 Challenges

Traditional healing is still a big debate among religions in Tanzania and elsewhere. For instance some Christian churches in Tanzania like the Pentecostal churches attack traditional healing by associating it with witchcraft and to them traditional healing is sin against God – the only healer and the restorer of health. Any member who consults a traditional healer is seems to lack faith in God and therefore he/she is excommunicated from their churches. Another challenge to the traditional healing today in Tanzania is the fact that in most cases it is used for profit making business. When that happens, the dignity and worth of indigenous healing is losing credibility. Of course, there are those who are still keeping their profession as true indigenous healers. Ingredients utilised by traditional practitioners can be toxic – at times fatally (Mashabela, Zuma and Gaede 2016). Toxic components in these herbs such as alkaloids, tannins, oxalates, etc., may likely be responsible for such observed toxicities. Incorrect identification and misuse of plants may also lead to toxicity. Some traditional medicinal practices do not meet the standards of biomedicine and their prescriptions could be based on dreams (Flint and Payne 2013:47–68).

The dosage is most often vague, and the medicines are prepared under unhygienic conditions, as evidenced by microbial contamination of many herbal preparations sold in the markets (Ezekwesili-Ofili *et al.* 2014). The knowledge is still shrouded in secrecy and not easily disseminated. Some of the practices which involve rituals and divination are always misinterpreted by religions such as Christians who find it incomprehensible and unacceptable.

Moreover, some of traditional healers are associated with albino killings. There have been positive measures by the Government to address witchcraft practices, including the registration of traditional healers, but full oversight over their work has still not been achieved, and confusion still exists in the minds of the general public between witchcraft practice and the work of traditional healers.

6. Conclusions

This article has argued that treatment of diseases was known in Africa long before the coming of modern scientific medicine. The Africans had their own traditional folk healers who treated both organic and functional diseases. It was revealed that more than 80% of health care needs in developing countries are met through traditional health care practices. However, with the entry of modern medicine with the first missionaries into Tanzania, it had a negative effect on traditional medicine. Folk healing was disparaged in a number of ways. It was simply discarded as unimportant because it seemingly lacked a scientific basis and did not use ideas accepted by western canons of medicine. In addition, folk healers were regarded as basically ignorant because they did not know of or accord with western medical practice. Related to this was the fact that folk healing was passed on through oral transmission. It lacked the dignity of the written word, and was, therefore, obviously uncivilized business and primitive. Hence, there occurred three gaps between indigenous healing, faith healing and biomedicine. It was therefore argued that there is a need of bridging the three gaps through ambiguity through pastoral counselling, because pastoral counselling does not alienate but unites each one to the other through pastoral encounter.

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