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Sap and the Traditional Healer: A Tribal (Khasi) Understanding of the Human Potential

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Abstract

This paper presents factors contributing to the "making of" *nongai dawai,* a Khasi healer. The Khasi community's understanding of what is referred to as a key component of becoming a good healer, *sap*—loosely translated as talent or potential—is elaborated. *Sap* is a generic term, not restricted to a specific field but we explore here its importance to Khasi understandings of the recruitment and recognition of those best suited to be healers. The presence of such concepts within indigenous knowledge systems suggests that including the assessment of "aptitude" or "potential" remains important in career guidance even in the present times.

Key words: gift, indigenous, khasi, potential, talent, traditional medicine, sap

Meghalaya state in the Northeastern region of India has a predominantly indigenous population with 86% identified as belonging to Scheduled Tribes (Ministry of Tribal Affairs, 2013). The main tribes are Khasi (including Jaintia) and Garo, with the former being the larger in numbers (Government of Meghalaya, 2009). In the Khasi hills of Meghalaya the herbal traditional medicine practitioner among the Khasis is referred to as *nongai dawai* and the medicines and medicinal plants that the healers use are referred to as *dawai khasi*. The *nongai dawai* often make a distinction between themselves and the ritualistic healers, the *nongkñia*. This paper outlines factors contributing to the "making of" a healer *nongai dawai* and the healers' understanding of what is referred to as a key component of becoming a healer, *sap* (translated as talent or potential). This concept of *sap* is a generic local term, not restricted to the field of traditional healing, but we explore here its importance to Khasi understandings of the recruitment and recognition of those best suited to be healers.

Method

Data for this study were collected through in-depth interviews with healers, focus group discussions with healers, interviews with key informants (including policymakers and local elders), and non-participant observations. Observations such as of healer interactions with patients, medical plant suppliers and other healers, and of clinic facilities and herbal

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gardens helped to improve the understanding of the context. It also assisted in corroborating what was said in the interviews. For instance, observation of interactions of healers with patients and between healers and their peers further verified accounts provided during interviews. In-depth interviews were held with 24 healers (seven female, 17 male). They were selected following discussions with key informants, such as office bearers of the grassroots organisation of healers, and researchers who were familiar with indigenous healers, to develop criteria for inclusion and exclusion. Well-known healers, with at least five years of practice and who worked fairly full-time were included. Healers with expertise in a single disorder and those who practised occasionally or infrequently were excluded as were those who specialised exclusively in mental health (*nongkñia*) or as traditional birth attendants. Healers were identified from different districts using the snowballing technique (Biernacki & Waldorf, 1981) based on information provided by key informants, peers, and the community. After the interviews, three focussed group discussions, two with six participants each and a third with 13 participants lasting between 1.5 to 2.5 hours, were conducted. In all, 25 healers participated in a focussed group discussion (FGD), of whom 13 were also interviewed before they participated in the FGD. This amounted to a total of 36 healers: only interviews 11, interview plus FGD 13, only FGD 12. While this paper draws predominantly on the interviews and FGDs with healers, it also references data from key informant interviews, which are described in more detail elsewhere (Albert & Porter, 2015).

Audio-recordings were made of all in-depth interviews and focus group discussions after obtaining informed consent of the participants. Data were collected between April and December 2012.

The challenges posed by language in cross-cultural research settings have been well documented (Green, Pereyaslov, & Balabonova, 2010; Larkin, de Casterlé, & Schotsmans, 2007; Pitchforth & van Teijlingen, 2005). In this study the involvement of bilingual, indigenous research assistants who conducted the interviews as well as translated them reduced the problem of translation to some extent. All interviews and FGDs were audio-recorded. They were transcribed and translated into English by the interviewer. When words that were difficult to translate were used by participants they were retained as is and a possible meaning typed in parentheses. This was later rechecked and the translation arrived at after consultation with knowledgeable persons in the community. An additional step taken to reduce translation errors, was to get about half the Khasi transcripts as well as their English translation compared and checked by a bilingual elder. The qualitative data collected was analysed using a thematic content analysis that incorporated elements of the grounded theory approach (Green & Thorogood, 2009). The first set of codes informed further data collection as well as fine-tuning the topic guides. As analysis progressed, codes were modified, regrouped, and categorised. For example, references to *sap* (talent) were initially line coded as rationalising the practice of tribal medicine, but later, on observing that it was frequently used both within and between transcripts it became an in-vivo code and an analytical theme. In this paper, the codes following extracts from transcripts are presented as follows: Focus Group Discussion (FGD), Khasi Healer (KH) or key informant interview (KI), gender (F or M), and the transcript number (e.g., KH 001). Unless otherwise specified all quotes are from interviews.

Results

Both men and women practiced tribal medicine and were well known in the community as practitioners. Of the healers interviewed, six had no formal school or college education while 10 had seven or more years of formal education, including four who had a bachelors or diploma qualification. Many (16/24) of the healers interviewed had a clinic either

adjacent to or away from their homes from which they practiced. Their experience ranged from 7 to 25 years. Most healers obtained medicinal plants from nearby forests or sometimes from more distant forests in other districts. More than half of them (14/24) relied on a network of suppliers and or assistants who collected medicinal plants for them.

A majority of the tribal healers in this study were Christian (21/24) and they often were quick to distance and differentiate themselves from the ritualistic healers, who are usually associated with indigenous religions.

How Do They Become Healers?

Ancestry

Ancestors and older family members were reported to have played a major role in transference of knowledge and skills by a majority of healers in this study. Most healers (15/24 interviews) reported having an older family member usually a parent, grandparent, or uncle who was a traditional healer. For these healers, introduction and exposure to tribal medicine began within the family and thereafter there was a gradual progression from assisting, to taking over, or continuing with the practices of the forebears. Thus for some it was reportedly an obvious "career" option from an early age. But in some instances despite having assisted parents or grandparents in the craft, a few reported that they had not considered traditional medicine as a career initially. Their training occurred inadvertently through helping and assisting the ancestor.

> Even me, I did not dream that I would become a traditional healer [the healer had initially chosen a different career: running a beauty parlour]. My grandmother and grandfather were both traditional healers. After my grandfather died, my grandmother took over. But as she grew older, she was not in good health for most of the time. Whenever people come to her for treatment, she would always ask me to go and prepare medicines for them. And as time passed, people started recognising me and they started looking for me whenever they came for treatment to our house. Eventually I thought this is what I wanted to do, and I told myself - when people are benefiting from what I did, why should I stop. I think that is how I became a traditional healer.
> FGD3, KH 019, F.

One healer claimed to have learnt and inherited her talents from an ancestor in the distant past who had not actually trained her in a tangible, practical sense. Claims to a link with a skilled ancestor were reported to provide this healer some confidence and perhaps credibility within society and among peers.

> My talent/skills (sap) are a gift from God (*jingai U blei*). It is not that I had or went for any training...From my mother's clan but not actually my real mother. But I inherited my talent/skills from her.
> KH 018, F.

In these accounts, *sap* is typically referenced as tacitly understood concept that exists in the community. It was mentioned along with ancestry as a key component explaining how and why an individual became a healer.

Sap, Talent

The Khasi word *sap* was used by almost all healers in the interviews and in focus group discussions. *Sap* can be loosely translated as talent, gift, or skill. Healers used the concept of *sap* as an explanation for the knowledge and skills that they had acquired, which they found difficult to explain.

> It is inherited, my talents (*sap*) are inherited (*hiar pateng*) or passed down through the generations and, but I can't explain it [laughs].
> KH 004, M.

> For me, it is passed down from my ancestors (*ai pateng*) for three generations and it is also the skills/talents (*ka sap ka phong*) that are gifted to me by God (*ai U blei*).
> FGD2, KH 028, M.

The term *sap* as used by the healers appeared to represent the abstract concept of an inherent or intrinsic ability. *Talent* has been defined as natural aptitude or skill in the Oxford English Dictionary (http://oxforddictionaries.com). The words and phrases used by healers were also discussed with bilingual experts. They translated *sap* as "an inborn potential", "a sort of instinct" and said that it could also mean skills. It was said that it could be translated as talent but possibly represented a lot more than just talent. There also seems to be an affective or motivational aspect to *sap*. References to *sap* were used to describe the motivation or vocation to practice tribal medicine.

The recognition of *sap* was especially important to those who did not have an ancestry of healing. Healers reported that their initial successes contributed to their being recognised and acknowledged within the community as having the required talent/skills. This, they recalled, had led to verbal encouragement from patients and elders in the community to take up the role of healer. The following is an excerpt from a healer who did not have healer ancestors:

> But I did not focus on it much until I reached 18 years of age and that is when I started realising my capabilities/ potential/talents (*jinglah ka sap)* for treating people. My friends used to tell me that I have the talent/potential (*ka sap*) but I never took it seriously then because I thought it was boring. But when I was 35 years of age I treated a man and cured him. He then kind of forced me to take up this practice as he brought patients to me regularly and also took me to several places to treat people. It is because of him that I am successful and I give him credit for making me realise my own potential (*ka jinglah*).
> KH 005, M.

On being asked if there was any means of knowing if a person had *sap* a few elder healers responded that it was possible. They claimed that they would be able to do so by observing a person in action:

> Just by his touch I will be able to understand if he is capable for this profession.
> KH 005, M.

On further enquiring how one would determine if a person has *sap* or not, healers used examples and the steps they would take to decide as illustrated by the following set of quotes.

> For example, let us take the case of a male child. A male child who loves carpentry, on seeing the tools of a carpenter, he would take those tools and do something with it. Likewise, we look at the person's interests and determine the potentials.
> KH 004, M.

> A master can recognize whether a person has the potential needed. We can determine a healer by observing the way of treatment, asking questions. A teacher can recognise if his student has the potential or not.
> KH 010, M.

Sap could therefore be inferred from a person's interest and observable behaviours. Thus *sap* or talent is somewhat intangible, something that an established healer will look for before deeming someone worthy of receiving his or her knowledge and teaching. Desirable behaviours described included attitudes like concern and care for the sick. One cognitive skill attributed to *sap* appeared to be the ability to memorise and identify different medicinal plants and to recall their properties as needed.

> He [father] once told me that if you feel/understand (*sngew*) that you are unable to remember all these herbs, then it is better that you do not become a traditional healer [.....] If God does not give us the skills and talents we will not be able to remember everything, because in our treatment there are hundreds of species of plants that we use.
> FGD2, KH 030, F.

It was also apparent that *sap* was not something that healers believed would be always inherited. A few healers, especially those who professed interest in starting training institutions, did say that they needed to observe their children and see who had interest and potential. It was said that they would be wasting their time in training someone if the person did not have *sap*. Thus, by *sap*, the traditional healer implies that a combination of interest, talent, aptitude, and potential for the job is required.

The Community and the Healer

Acknowledgement and support. The healer's success is experienced and witnessed by the patient and the community. The resulting acknowledgement of the healer's skills raises the expectations of the community. Healers report that they are influenced by pressure from people who expect them to provide help to relieve suffering. As evident in an earlier quote these expectations came from the community even before the healer had considered the practice of tribal medicine as a career. On observing a young family member assisting her relative, members of the community also become convinced of the novice's healing abilities.

When discussing their beginnings, healers often recollect a successful first case or cases that tested their abilities. For those without ancestral claims the initial successes were recounted as factors that encouraged them to persist in the healing profession. Their reputation reportedly spreads by word of mouth and more people seek their help. Influential members in the community averred that a good reputation was crucial to a healer. Accessibility and the trust that develops within the community in the healer's ability were considered as contributory to the building of the reputation.

> ...this is their strength; people have faith in them [the traditional healers] because they are there and they [the people] feel that they are not there to exploit anyone. Secondly, the second thing is that ehhh since they are a part of society and they move freely among these people and ehh their reputation is by word of mouth and . . . [citing an example of one healer] people go there and he is good and they get cured and that's again by word of mouth.
> KI, Elder.

Knowledge in the community. Closely observing the plants that more experienced healers picked from the forests, imbibing information through assisting and later using this information to tentatively help people in the community were common first steps. For those without ancestors, acquiring knowledge without an apprenticeship is possible as there is considerable knowledge of medicinal plants existing within the community, especially in rural areas. The existence of this knowledge within the

community was corroborated and inferred from our interactions with academics and policymakers. An example is illustrated below that implies certain geographically-bound existence of knowledge within communities.

> Yes, just anybody from this village [could treat]. When they migrate to Ri Bhoi or to West Khasi on account of marriage or anything, they will also carry that knowledge there. So, we'll always say that people from Thynroid can cure this.
> KI, Policymaker, Khasi Hills Autonomous District Council.

Healers also report collating information from others in the community. Many said they seek out medicinal plants that were outside their usual repertoire, they would look for medicinal plants in the forests that they had heard of, and also try out or experiment with new medicinal plants when they were faced with unusual ailments that did not respond to their usual therapies.

Experimenting, Empiricism, and Experience

Healers in rural areas, especially those engaged in agrarian occupations, reported learning from their observation of animal behaviour. They recalled situations where elders guided them in administering medicinal plants to sick animals. The observation of effectiveness of the medicinal plants on animals was said to prompt them to give it to humans as well. Healers also reported experimenting with medications on farm animals. Invariably this progresses to a trial on themselves and/or a family member to assess efficacy in human beings before progressing to prescribing to the larger community.

> When the goats were bitten by snakes our grandfather instructed us to pluck a plant and feed it to the goats. So when people were bitten by a snake we went to pluck the same kind of herb and gave it to them and they were cured. Right from childhood people came to seek our help and we started helping them. Now I am 68 or 70 years of age. When a goat or a cow had a fracture I applied medicines on them and after that I try on humans as well.
> KH 012, M.

It was noteworthy that some healers were aware of both the usefulness and potential limitation of animal experiments. A healer with barely seven years of school education explained that animals also fall ill like humans, with similar disorders like fever. So he would try his medication on the sick animals first and learn from the animal's response to the herbal remedies. He also acknowledged that what works in animals may not work in humans. He reasoned, therefore, that trials on animals must proceed to self-tests and trying out on a few humans before giving to the larger community.

In the absence of animal experiments, herbal remedies or a new use for a particular plant are reportedly also discovered after a trial on themselves and/or family members. This happens, for instance, when a particular medication fails to provide adequate relief and the healer tries out new medicinal plants for the condition.

> Even for coughs, stomachaches I try different medicinal plants on my children because at night it is difficult to find doctors in our village. When there is improvement and they are cured I give it to other people with similar problems. Then my neighbours came to know about it and whenever they have some kind of problem they come and take my medicines.
> KH 012, M.

Thus tribal medicine healers experiment in different settings. This may involve going into the forests looking for new or rare herbs and trying them out. Or it may involve trying out familiar herbs on new ailments and learning from the experience. It may involve conducting a loose cycle of uncontrolled experiments involving farm animals, pets, and humans.

Although watching, imbibing, and apprenticing skills from another healer is the usual mode of early learning, the actual practice of the craft by itself reportedly adds to their learning. When they start practicing on their own, they report becoming more aware of the nuances of healing and claim to "understand" better. It was stated that the art could not be learnt in one day: rather it took "years of training and experience". The following two quotes are from a healer who learnt from an ancestor and one who did not:

> It is the same for me, like she [referring to another participant in the FGD] said. I learnt everything from my mother and when I started treating patients, I could learn and understand even better through my experiences. FGD2, KH 031, F.

> When I started I did not know much about what to do but as the years progressed, my work started to help me understand and helped me do the needful things accordingly. KH 018, F.

Elements Contributing to the Making of a Healer

Becoming a well-known healer in the community thus results from a combination of factors working together: the person must be recognised as having *sap,* a kind of intrinsic talent, in addition to the requisite knowledge and skills obtained from ancestors or other elders. Although this knowledge builds on a certain stock of common folk knowledge of herbal remedies, the professional healer must be acknowledged by the community by their witnessing successful treatments of patients. Ancestry and/or the community recognition of his or her talent are accompanied by a growing self-realisation that encourages the healer to practice. These aspects have been summarised and the interconnections represented schematically in Figure 1.

The continuation of practice as a career occurs when there is acceptance and appreciation from the community as evidenced through an increasing demand for their services. For Khasi tribal healers it appears important that they detect both interest and aptitude in a person as a requisite for training a person. This is especially important when the recipient is not a family member.

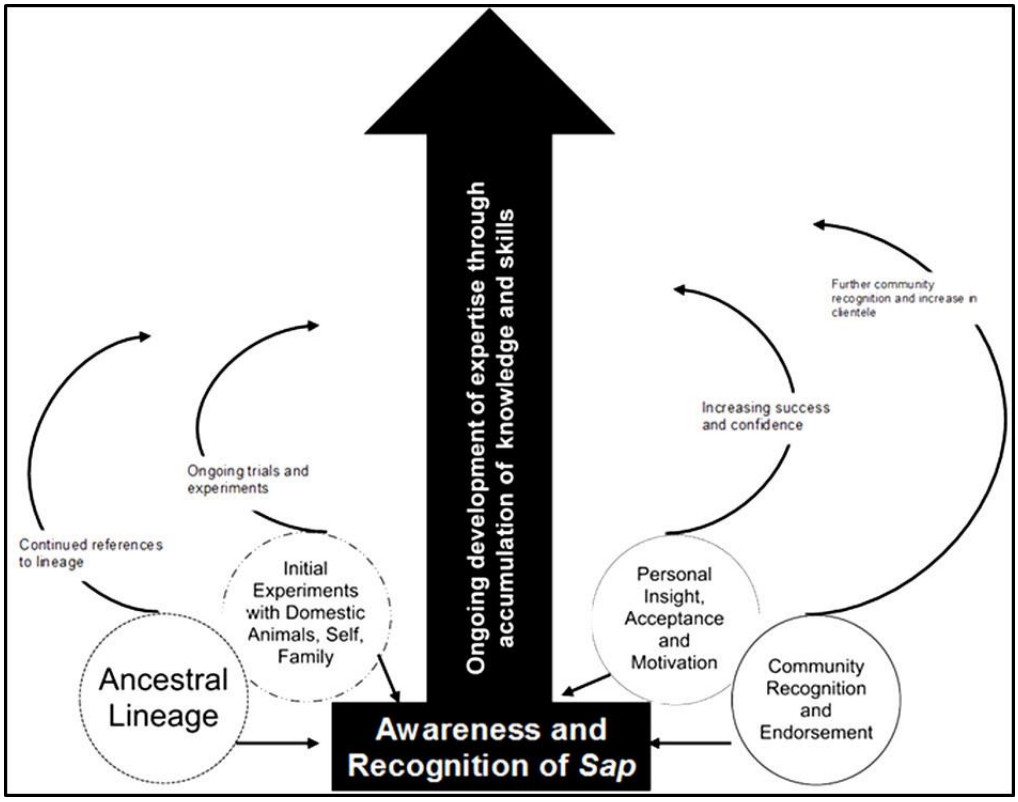
Discussion

This paper presents a descriptive analysis of an under-researched group of indigenous traditional healers, the Khasi tribal healers of Meghalaya. We have described how healers account for their career choice and the factors that lead to the recognition of their role by the wider community.

Most healers said they acquired their knowledge and skills from ancestors but acquisition of knowledge from community members and peers also took place to a limited extent. Khasi tribal medicine is learnt from the elder healer through observation and didactics similar to folk healer traditions reported in other societies (Prince & Geissler, 2001; Rubel & Hass, 1996). Khasi healers without hereditary antecedents often embarked on a healing career by early practice on family and friends before expanding their practice to non-relatives, a transition process also reported in other ethnic groups (Rubel & Hass, 1996).

Regardless of whom knowledge and skills were acquired from, a more important concept among Khasi healers was the notion of *sap* or intrinsic talent. The concept has several facets like

Figure 1
Elements Contributing to the Making of a Tribal Healer



interests, aptitude, and potential. These concepts reported by tribal healers have resonance with those that are described in the domain of career psychology. The career psychology literature refers to interest and aptitude as key constructs that form the basis of career guidance interventions (Arulmani, 2009; Gottfredson, 2003). More recently the notion of potential as a blend of interests and aptitudes has been proposed (Arulmani, 2014). Extending this concept to the above discussion, becoming an established healer is dependent on several interrelated elements coming together. These include acquiring knowledge and skills by learning from ancestors and others, and a concept of *sap* or inherent potential that is recognised by both healers and the community.

In homes, learning seemingly occurred in an experiential setting, initially by observing and listening, which then progressed to imitation and doing as reported elsewhere in indigenous societies (Rubel & Hass, 1996). Tribal healers also provided accounts of learning while practicing through experience, empiricism, and experimentation. This resonated with elements of the learning cycle described in the influential experiential learning theory (Kolb, 1984; Kolb, Boyatzis, & Mainemelis, 2000). Kolb (1984) defines learning as "the process whereby knowledge is created through the transformation of experience" (p. 41). Healers reported experimenting with medicinal plant preparations on farm animals, on family members, and on themselves before administering to others. Thus Khasi tribal medicine is not a static system restricted to what is learnt from ancestors, but a dynamic one where healers continually "experiment" with therapies. Such dynamism in practices although not widely recognised in the literature has also been documented among folk healers in other parts of India (Payyappallimana & Hariramamurthi, 2012).

In conclusion, this paper provides Khasi indigenous perspectives on their concept of *sap.* *Sap* represents a combination of the notion of "gift", talent, aptitude, and potential. It indicates that including aptitude or potential in career guidance remains important. The study also highlights the role of the community in the manifestation of a person's potential. Vocation was important, as were craft skills, but the recognition of the community also contributed to becoming a Khasi healer.

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