In the spirit of Uganga - inspired healing and healership in Tanzania

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Chapter 1

Introduction

My interest in the way creative and spiritual forces are expressed in the setting of inspired healing practices in Tanzania has come from my activities as a yoga teacher. The word ‘yoga’ is derived from the Sanskrit root युज meaning ‘to bind the yoke’ and refers to the manner by which two burdens achieve a state of balance. Yoga is a traditional science that was described for the first time in the Book of Wisdom – the Veda – 4000 years ago. About 1500 years later, Patanjali presented the book in an abridged form (cf. Udupa 1983). The underlying philosophy of yoga is to seek a union of one’s soul with the eternal spirit or God. To facilitate this union, one uses mental and physical exercises as a means to be in spiritual harmony with the self and the body. More precisely, there are eight stages of yoga marked by exercises and postures that can have a beneficial effect on the internal functioning of the body and, can improve psychological ailments by positively changing a person’s views and attitudes towards life (see Eliade 1969). As such, it can be used as a preventive and curative technique to manage psychic and psychosomatic disorders. There is now a great deal of literature on Asian philosophy and yoga practices that allows understanding its tradition and artistry. Also Ayurvedic medicine has been extensively researched and documented in India. Ayurveda means ‘the science of life’. Ayurveda is based on certain fundamental doctrines known as Darshanas which encompass all sciences – physical, chemical, biological and spiritual. According to Kurup (1983), Ayurveda is born of intuition and revelation, developed into eight branches or specialities. Generally, Ayurvedic practitioners are traditionally or institutionally trained. They are closely related to the society in which they live and practice. Though the situation is rapidly changing in urban centres in India, in rural areas these physicians remain the first contact of the villagers in times of illness and difficulties. These village physicians normally do not charge any fees. They often are compensated with small gifts from people to show gratitude for their rendered services.

But what about African healing traditions and arts; are they also born out of intuition and revelation and how do they contribute to mental and physical harmony to improve a state of wellbeing? By ‘wellbeing’ I mean ‘health’, as defined by the World
Health Organization (1998) being a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. The African healing traditions are pre-Islamic and pre-Christian on which there are no scriptures or ancient texts. This is a serious disadvantage to the study of traditional religion and its role in medicine and healing. In Tanzania, indigenous healers may be traditionally trained, but many others develop an intuitive knowledge of healing and medicine, often in response to a spiritual affliction. Formal institutional training does not exist.

To gain insight in the role and meaning of the traditional art of medicine and healing in Tanzania, I initially pursued a ten-month exploratory study with the healer Nambela in Mbeya region in Southwest Tanzania in 1990-1991. A Dutch physician/nutritionist had introduced me to Nambela in 1989 during my study of anthropology. For several years the physician had worked with her husband at mission hospitals in Southern Tanzania. Several visits to the healer made the physician aware of Nambela’s important contribution to regional and national health care. The main results of my study with Nambela have been described in my thesis for a Masters of Anthropology degree at the University of Amsterdam and in subsequent publications and articles (1992, 1997, 2001, 2002). The study with the healer Nambela made me realize that certain parallels existed between African traditional forms and expressions of spirituality and Indian exercises like yoga. But also I found commonalities with the basic principles of Ayurvedic practice. Intuition and revelation of medicine and healing played a crucial role in Nambela’s healing career, while her attitude was one of total commitment towards clients whom she treated free of charge. I also discovered that in order to be a successful healer, Nambela respected certain regulations set by spirit forces. In Nambela’s practice, it appeared that female novices took these regulations more seriously than male novices. Why female novices respected working regulations more seriously, or why only few novices became successful healers, remained largely a mystery to me. In fact, a range of new questions had arisen from my study about Nambela’s practice. Brief visits to other spirit healers in Mbeya region made me realize that the study had taken place in isolation from social, historical and religious dimensions in therapeutic activities elsewhere in the country. The differences between spirit healers derive from the interrelationship between cultural and personal background, and the type of spirit that guides them. These factors may have bearing on: 1) the way knowledge from within is construed, 2) how spirit encounters are experienced and 3) how a vocational career emerges.

Generally, the Southern regions of Tanzania have been poorly studied, both in terms of anthropological and religious studies. Scholarly books mainly deal with the role of traditional religion of the Maasai, the Sukuma, or the Shambaa in Northern parts of Tanzania, whereas those studies that have focused on spirit healing concern mainly urban coastal areas of Tanzania. In these studies the emphasis is mainly on the role of
Islamic spirit healers and healing cults i.e. guilds (see chapter 2). To study the larger dynamics of spirituality in the practice of spirit healers and their role in medicine and healing, I prepared a follow up research. By carrying out comparative research among healers from both sexes and various cultural backgrounds and settings, I hoped that I would get more insight into the divergent and convergent features of healing practices. In 1994 and 1996 I returned to Tanzania to check the possibilities to study other spirit healers. Initially I established contacts with respected spirit healers who operated in urban and rural settings of Dar es Salaam (city), Zanzibar (island), Mtwara (Southeast), Morogoro (Southwest), Korogwe (Northeast) and Tabora (Northwest). I also returned to Nambela to see how her practice was doing and to discuss matters that were left unspoken in my first research period. During the time span 1996-1997, I acquainted myself with the practice of two coastal healers who practiced amidst small village communities in Southeast Tanzania (Mtwara region). A year later, I studied four inland healers in the Southwest (Ruvuma and Iringa region). On the whole, the fieldwork for this study has taken place over a period of nearly four years, and has been carried out in three phases: the initial phase in 1990/91, the re-orientation phase in 1994/95, and the last phase between 1996 and 1999. During the last phase of research, I maintained regular contact with some urban spirit healers and with members of the Department of Traditional Medicine at the Ministry of Health in Dar es Salaam. I also frequently visited several scholars of the Medical and the Sociology faculty at the University of Dar es Salaam. In particular, I refer to the Institute of Traditional Medicine, the Public Health Department and the Psychiatry staff of Muhimbili Hospital.

1.1 The traditional art of ‘uganga’

The present usage of *uganga*, or healing, needs to be seen in the light of the many changes that have taken place in the last two centuries in traditional Tanzanian culture – specifically the gradual incorporation of Christian and Islamic values and practices. Next to local Bantu customs and words, the Swahili from the coast have incorporated Arab and European customs and words in all domains of their daily life including that of *uganga*. The concept of *uganga* stems from the Eastern Bantu root -ganga or -nganga (see Feierman 1985: 118). *Uganga* authentically means ‘to bind up’, ‘to mend’, ‘to heal’, ‘to cure’ or ‘to do magic’, which also forms the generic

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3 During this period, a booklet was published entitled ‘Pepo as an inner healing force; Practices of a female spiritual healer in Tanzania’ by the Royal Tropical Institute of Amsterdam (bulletin 343) which later (2001) came out in a Swahili version published by Dar es Salaam University Press, entitled ‘Pepo kama nguvu za ndani; Kazi anayofanya Nambeza kama nganga was pepo’. From 1997 up to 1998, I contributed to an exhibition at the Tropical Museum in Amsterdam entitled What inspires a shaman? A book of the same title was published in 1997.

4 The Bantu of Tanzania are made up of more than 120 ethnic tribes.
name for healer (mganga plural waganga). The concept of uganga has, however, become more diverse than its literal meaning and now refers to mending, curing or healing in general. The broader definition of uganga employed in the context of ‘indigenous’ healing, is in line with the description of the World Health Organization (1978: 9):

Indigenous healers are recognized by the community in which they live as being competent to provide health by using vegetable, animal and mineral substances and other methods based on the social, cultural and religious backgrounds as well as on 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.

The sacred and traditional art of uganga articulates the meaning, function and value of salient therapeutic techniques in which divination, dreams, ritual, music, dance and trance may go hand in hand with practical and traditional knowledge about the function of plants as medicinal or ritual ingredients. It may involve cultural, social, religious, philosophic and aesthetic experiences of human and spirit worlds. To refer to the role of tradition and custom in health care in Tanzania one speaks in Kiswahili\(^5\) of uganga wa jadi, meaning traditional healing or uganga wa asili, meaning customary healing. The words jadi and asili are both connected to ancestry and family descent to emphasize the source of healing interventions.\(^6\) In line with Swantz (1990:12), who did an elaborate study on coastal healers in Tanzania in the sixties and seventies, I will employ in this thesis the term of traditional healer (mganga wa jadi) to refer to a person, male or female, who practices the traditional or customary art of medicine and healing in the manner carried out by the ethnic group originally living in rural areas. There have been changes and adaptations in traditional and customary healing, but in general the methods closely resemble the manner in which healing was practiced before Western medicine and Islamic forms of healing were introduced. The term uganga wa pepo generally refers to the dimension of spirit (pepo) in medicine (dawa) and healing (uganga).

When healership is anticipated by a spiritual intrusion, this usually happens involuntarily occurring at any given age or life period of the individual (see Eliade 1964, Lewis 1971, Harner 1982, Walsh 1990, Reis 2000). It can happen to anyone, even without having a desire to become a healer, or without having a tradition of healers in the family. As intermediaries between spirits and men, the waganga wa pepo (spirit healers) can be seen as the African equivalent of shamans. Contemporary understanding of shamans owes much to the influential work of Claude Lévi-Strauss

\(^5\) Besides being a linguistic category for the entire country, the word Swahili serves as a cultural, ethnic and religious category of the coastal population in Tanzania. To differentiate its meaning, I employ the prefix Ki which means the language of the Swahili people.

\(^6\) See A standard Swahili-English dictionary (1939).
(1963) who pointed out that shamans provide a sick member of the society with a language by means of which unexpressed or inexpressible psychic states can be manifested. Lévi-Strauss further delineated that the parallel between the roles of shamans and psychoanalysts is that each of them establishes a direct relationship with the patients’ conscious and an indirect relationship with his unconscious - the analysts through listening, the shamans through oratory. Contrary to analysts who are trained by western standards and work for payment, shaman healers belong to cultures where vocation and skill are considered to be a gift of nature that serves the community. Given their respective orientations, not only do performances and methods differ, their role within society also differs. Let me explain below what theoretical and methodological principles have guided my observations and interpretations regarding the role of spirit (pepo), illness (ugonjwa) and healing (uganga) in Tanzania.

1.2 What entails a study of ‘Uganga’?

In East-Africa, the role of spirituality in healing needs to be considered within the multiple religious variations that exist in today’s society. The various ways in which creative forces are expressed in traditional religion and folk-spirituality may be disclosed in public or in secrecy. Africa’s traditional religion is still clearly portrayed in voodoo religion’, actively practiced in parts of West Africa and used for self-defence, faith, prosperity or healing. It has over four million practitioners, among them Christians, who express the spiritual realms all around them through spirit worshipping. The adherents make use of spirit possession, spirit healing and spirit communication to face personal illness or social problems. In Tanzania, approximately 45% of the people are Christians, 35% are Muslims, and 20% are adherents of traditional religions. A sharp demarcation is, however, not always feasible because much syncretism has evolved between the various religions. The term ‘traditional religions’ is increasingly used to denote what former writers called ‘animism’, ‘fetishism’ or ‘polytheism’. All these labels can be justified, to some extent, but none is adequate to describe the whole field; and all can be applied to many religious beliefs and practices throughout the world. Both Islam and Christianity are traditional religions in Africa, in the sense that they have a long tradition on the continent (Parrinder 1969).

One of the first East-African authors to publish books on the subject of African traditional religion and the spiritual world was the Kenyan writer John Mbiti (1969, 1970, 1975). One of the observations Mbiti made was that many Africans live largely by traditional notions of time. According to Mbiti (1969: 15-28), time is of little or no academic concern to African peoples in their traditional life. The most significant

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7 The name Voodoo originates from the Fon language in Benin and means ‘high spirit’ or ‘divinity’.
8 See country information of Tanzania on the webpage of the Ministry of Foreign Affairs (2000 census).
consequence being that according to traditional concepts, time is a two-dimensional phenomenon: on the one side a long past, and on the other a present with virtually no future. The linear concept of time in western thought, with an indefinite past, a present and infinite future, is practically foreign to African thinking. The future, says Mbiti (ibid.), is virtually absent simply because events which take place in the future, have not taken place. They have not been realized and cannot, therefore, constitute time. What is taking place now unfolds the future, but once an event has taken place, it is no longer in the future but in the present and the past. Actual time is what is present and what is past, moving 'backward' rather than 'forward'. As a consequence, people set their minds chiefly on what has taken place, not on future things. African peoples are, of course, increasingly acknowledging the future dimension of time, in part because of Christian missionary teachings, of western influences in education, and modern technology. Still, as Mbiti (ibid.) also stated, the future dimension of time involves a great amount of assimilative skills for many Africans. Since the role of time has important bearing on my study, I will come back to its implications in chapter three where I discuss how traditional religion intercedes with the self, the social and the spiritual.

In 1969, Mbiti remarked (p. 75) that not many serious studies had been made on the subject, even though traditional religion played such an important role in African life. In the meantime, however, a vast amount of information about the spiritual world of African peoples has become available, including the role of belief in a changing society. The majority of scholarly works that have focused on religious or spiritual phenomena in Africa (such as the use of plant remedies, spirit possession, witchcraft and divination) are closely tied to sickness episodes. Important contributions have come from Beattie and Middleton (1969), Douglas (1967, 1970), Mbiti (1969, 1975), V. Turner (1964, 1967, 1968, 1969, 1975) Ranger and Kimambo (1972), Lewis et al. (1991), Lewis (1971, 1986), Middleton and Winter (1963), Ademuwugum (1978), Peek (1991), Schoffeleers (1978, 1989) Katz (1982, 1997), Besmer (1983), Last and Chavunduka (1986), van Binsbergen (1981, 1991)⁹, Janzen (1978, 1992). In the course of this thesis I will refer to these authors. Of particular importance to the study of spirit healing are the observations of Katz, Besmer and Janzen who mention that a strong association between the role of music and healing practices is known to exist in Africa. Very few attempts, however, have been made to study the therapeutic qualities and intentions of music in African healing (cf. Janzen 1992: 109). I will come back to this in 1.3 and 1.4.

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⁹ Van Binsbergen was taught divination techniques by a healer in Zambia.
Clearly, many scholars who have studied African religion and healing are from Europe and America. A growing number of African scholars are, however, making valuable studies in the field of philosophy, theology, epistemology and history. In general, the studies that have been made of African religion show a close relationship with healing, as an expression of basic beliefs concerning life, good and evil, and the etiology of illness. Religion can provide people with the means to better understand the spiritual world, but it may also serve as a tool to enhance change and to make peace or war (see Wiredu 1980, Lan 1983). When it comes to Tanzania, anthropological studies on the religious, cultural and practical aspects of *uganga* are still rare. This is not surprising since anthropology has only recently become an official scientific discipline at the Faculty of Arts and Social Sciences at the University of Dar es Salaam in Tanzania. A central tenet of anthropology is the assumption that actions and reactions by people of a specific culture can only be understood well if one is familiar with notions and beliefs that are prevalent in this culture. To achieve understanding, it is essential to discern the terms that are used in a language that refer to these notions and beliefs. Through epistemology, an inquiry is made into the grounds of experience, belief, knowledge, justification and truth of people from different backgrounds. Certain aspects of African knowledge are collectively shared, but there are specific African variations of knowledge generated in different cultural contexts that concern the nature and scope of knowledge creation of a people.

Another feature to be considered when studying the role of spirit healers is in what manner they contribute to the treatment of so-called 'African diseases', i.e. a group of disorders believed to be specific to the African people. These disorders have a traditional cultural aetiology and are mainly treated with the help of traditional interventions (cf. Ngubane 1977). As will be demonstrated in this study also, African disorders are intertwined with situations of disharmony. Ideally, people are obliged to prevent imbalance between themselves, their environment, and the ancestral spirits by regularly performing certain rituals and using certain cleansing procedures. Should they fail in this moral obligation, they do not bond anymore, and become vulnerable to magical or spiritual influences.

In order to judge how people hold particular medical beliefs and perform practices, Alan Young (1976: 5-24) suggests to begin with the motives of sick persons and/or the therapy-managing group. Two practical and instrumental imperatives should be observed when studying the motives of the clientele. Firstly, there is the need to favourably change, or prevent an undesirable state, and secondly, people utilize those medical practices they find empirically effective. I agree with Young (ibid.) that African healing practices need not to be effective according the standpoint of Western medical notions. The social imperatives for maintaining beliefs and prac-
tices are as important as are the imperatives of how medical beliefs and practices ‘work’. Apart from what people hope or expect will happen, ‘working’ can also imply that the therapy will be temporarily effective. Young’s view (ibid.) on African health traditions is much in line with Janzen (1992) as they both acknowledge that each country or culture has its own experts and an underlying logic or ‘inside theoretical modes’ that have to be grasped in order to interpret or explain them. In the words of Janzen (ibid.: 82): “A synthetic picture of an institution is correct not because it reflects the statistical averages of all practices, but because it explains the underlying logic. And this may not correspond to any particular local tradition”. Essentially, African therapeutics should be described in terms of innovation, borrowing, and continuous change. The way in which traditional religious and healing knowledge is passed on and how it is rooted in a changing society is an understudied area. Let me mention three of Janzen’s considerations in research of African therapeutics that I find appropriate with regard to this thesis. Firstly, therapeutics in Africa cannot be entrapped in ‘tribal’ or ‘cultural’ categories, as great variations in medical customs may exist among speakers of Zulu, Kongo or Swahili tribes and cultures. The same is true for the language communities. According to Janzen (1985: 69) many distinctive patterns in African therapeutics are regional, or they relate to historic, economic, social, structural and environmental characteristics, rather than to language groupings. Secondly, it is neither useful nor theoretically accurate to distinguish between ‘traditional’ and ‘non-traditional’ African medicine. The dichotomy, derived from modernization theory, ignores the evolving nature of all therapeutic traditions including those originating from Africa. The perspective must be historical; attention must be paid to the relationship between traditions in patterns of those who provide local healing and medicine and those who make use of it. Thirdly, no fully objective perspective exists from which the diversity of health concepts and therapeutic practices can be studied.

1.3 The approach to this study

Three interrelated elements have been pivotal in the study approach. First is to use a grounded theory approach to enhance a cultural analysis. Second is the incorporation of the senses and the experiences - in particular spiritual, religious and musical experiences, and third is to highlight the role of gender in spirit affliction and vocation. Let me articulate how each of these elements relates to this study.

1.3.1 Using a grounded theory

In the study, reflexivity has taken place at the intersection of spiritual and personal experiences of healers and their clientele, enabling me to synthesize, explain, and understand the role of spirits in illness and healing. I developed theoretical insights

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10 The various aspects count as much for Western societies especially with the increase of cultural diversity.
by concentrating on people’s accounts and experiences. I conducted the fieldwork in similar ways as Janzen (1978: 34) in his social anthropological research in Zaire with Bakongo healers. Janzen drew from Victor Turner’s salient strategies on Ndembu cults of affliction (see 1.4). The method amounted to keeping careful records of the course of events surrounding a case. This implied following an event, going over the notes and transcriptions to which fuller contextual material, structural relationships, and life- or illness histories were added. This methodological approach allowed me to reflect on my position as a researcher, regularly testing my flaws and restrictions with respect to the worldview of the people around me. It is only much later that I realized that my approach resembles a ‘grounded theory approach’. The term ‘grounded theory’ has been introduced by Glaser and Strauss (1967) to explain that theory is generated by (or grounded in) a close inspection of qualitative data gathered from concrete settings; for example, unstructured data from interviews, participant observation and archival research. According to Pidgeon and Henwood (1997), the aim of any grounded theory is to move from a set of unstructured materials, to a collection of theoretical codes, concepts and interpretations. To them, the basic strategy of a grounded theory is: 1) discovering and analyzing social and psychological processes, 2) data collection and analysis proceed together, 3) analysis leads to discovery or hypothesis, 4) wider systematic sampling is used to refine, elaborate and exhaust conceptual categories, and 5) systematic application of new conceptual categories are serving to create more abstract theories.

I believe that grounded theory can be well connected with a transformative approach that seeks to catch a critical or scientific view from below, the explicit aim of dialectical or reflexive research. According to Schrijvers (1991:162-179), the notions dialectical and reflexive are to some degree interchangeable with the notion of dialogical. She uses the term ‘dialectical’ to mean the total dynamics of continuing (self)-research. In dialectical research, the objects of research become subjects as well, with their own senses, experiences and felt needs. With the term ‘dialogical’ she refers to a specific reciprocal manner of exchange and communication between the researcher and the subjects of research during the research interaction. As a means to bridge the gap between theory and practice, Schrijvers (1991, 1993, 1995) used a transformative approach while also supporting processes of change from the bottom up. During research, she noticed that the power relations between her and the subjects of research could change. This made her critically ask herself in whose interest a choice of perspective or methodology was made, and how relevant the acquired knowledge was from the perspective of the participants. These questions also occupied me a lot in the research, as were questions on how to interpret the information and experiences.
Another feature of importance is the role of interpretation, translation and transcription. According to Fabian (1983, 1985) and Pool (1989), anthropologists should give an account of the whole process of interpretation. Yet, a researcher does not interpret all the information from a foreign culture; s/he may gain a true understanding of events and beliefs. In the context of this study, I have been seeking how to come close to the reality of the spirit world and how to overcome the oppositions between praxis and scientific interpretation. These oppositions became clear during the choices I have had to make in translation and transcription of the information I gathered. Not only language and concepts, but also feelings of a foreign culture need properly be put into words and phrases of one’s own culture. What I mean is that one cannot do justice to a culture when one only places emphasis on theoretical aspects. I agree with van Binsbergen (1992: 255-267) that a cultural analysis can be helpful in studying the dynamics in healing practices, the symbolic roles of rituals, or the psychology of healing mechanisms. By tracing what is special and what is singular, one can direct attention towards the individual and to the role of subjectivity. In this way, people in the research can identify with the findings. In order to achieve this, the researcher should use all his/her senses. If not, the research is liable to deliver ethnographies that are disconnected from the world that ought to be portrayed. In chapter four I will address the implications of this during fieldwork. Below I discuss what the role of the senses and the experiences mean to this anthropological study.

1.3.2 Involving the experiences and the senses

Spirit forces may, on the one hand, be the source of constraints and sufferings as in African disorders (1.2). On the other hand, spirit forces may accommodate various types of ‘survival knowledge’ be it common sense, knowledge in spirit fields, of the natural world, the body or the society (cf. Janzen 1992). In other words, spirits may play a very ambivalent role in people’s lives and this should be well reflected in a cultural analysis. When people’s actions are dictated by an extra-human entity that has entered the body or otherwise affects them, one speaks of spirit affliction, possession or mediumship. In spirit affliction and possession, the bodily expression of spirit manifestation is of major importance, whereas in spirit mediumship the role of communication is more outspoken. Clients who suffer from spirit afflictions may regularly join in meetings organized by one or more specialists so as to regulate or control their spirit forces. In order to relieve clients from diseases or neuroses due to spirit afflictions, the specialists have to identify with the spirits that have afflicted the clients. This may involve a rite of initiation in the possession or healing cult (or guild). In chapter three I will discuss the issue of spirits and spirit healing organizations further.

Within the realm of the spirit world, various senses are crucial as a means of communication. People may hear or feel spirits while others see apparitions of spirits. In other words, one cannot separate thought from feeling and action, as one cannot
separate hearing, smelling or tasting from sight. The role of body, personhood and agency within African ritual and healing has received a good deal of attention. I refer in particular to Jacobson-Widding (1989) and Jackson & Karp (1990). Less known are the studies of Stoller (1984, 1989) who became interested in the role of the senses in anthropology when he studied the lives of the Songhay and their spirit healers in Niger. He is also of the opinion that anthropological writers should allow the events of the field to penetrate them. In this way, the author brings life to the study and beckons the reader to discover something new. The idea of Stoller aligns with Huizer (1987, 1989, 1991a, 1991b) who has been my supervisor until his death in 1999. Huizer often sought to explore the role of spirituality in social research. I have dedicated this study to him because of the enthusiastic support he gave me during the first years of my research in Tanzania. He was convinced that methods of ‘studying upward’ and ‘studying inward’ can allow for the inclusion of occult aspects of human potentialities as a means to get close to the reality of the spirit world. By learning about the body through all the senses, he said, one can actually come to an understanding of what a person experiences subjectively ‘from within’.

Besides Huizer, three more scholars have inspired me to involve the role of experiences and the senses in this study. They are Victor Turner and John Janzen (see 1.2), and later also Edith Turner (1992). Turner wrote about the role of spirit affliction and healing with the Ndembu in Zambia and the Aluund in Zaire. At the time, Turner focused on the anthropology of symbols and rituals. The healing rituals were described in terms of cults of affliction. Turner’s studies gave rise to lively debates in anthropology and history of African religion and inspired a number of anthropologists, including Janzen. Turner shifted his focus, however, towards the anthropology of experience in the years 1985/86, notably dealing with the role of ritual performances (see Turner and Bruner 1986). Turner’s later approach influenced not only his wife Edith Turner (1992), but also scholars like Willis (1999) and Friedson (1996). Each of these authors dedicated specific attention to the role of experience in rituals of spirit healing in East and Central Africa. After Victor Turner died, E. Turner used the field material of her husband for a restudy in 1985 of the Ihamba ritual among the Ndembu in Zambia. In this study (1992), she tried to share the belief of other people’s experiences of religion to explain human behavior and events. Among other things E. Turner (1992: 151-152) speaks of people’s experience with ‘spirit’ as air that is passing by which needs catching before it enters into another person. At one point in time she ‘saw’ a spirit materialize which convinced her even more of the belief of the Ndembu.

As Willis published his study on the ngulu cult in Zambia he wrote to have had an experience of ordinarily hidden realities in traditional religion that was at the same time ‘a journey into human selfhood’ (1999: 3). His interest in the esoteric nature of
spirit phenomena has come forth from his many years of fieldwork among the Tabw a and Fipa peoples in Zambia and Tanzania. Willis’ gradual shift of attention to the role of healing and shamanism in Africa appears to have been spurred by his awareness of having clairvoyant capacities. Friedson’s 1996 study is about the Tumbuka prophet healers in Northern Malawi, a region that borders the Southwestern Mbeya region of Tanzania. His specific aim was to capture the musical experiences of people within the context of affliction and healing. To reach this aim, Friedson, who is an ethno-musicologist, used an anthropological research approach. Among other strategies, he remained for some time with a healer and studied the healing sessions. He also used audiovisual recordings to register the musical activities and the sensations of people. This too has been part of my methodology (see chapter four). Between his study and mine therefore, a number of parallels exist. Also geographically and culturally, our field of study is closely intertwined. In fact, various aspects of Tumbuka healing practices are found in Zambia as well as Tanzania. As Janzen and I did, Friedson was also much inspired by Victor Turner’s studies. He too noticed how Turner’s important contributions lacked a proper elaboration on the role of musical experience (ibid.: page xiii).

Maybe it is because of the close relationship between music and trance, that anthropologists have found it difficult to articulate the role of music in African therapeutics. The relationship is evident when focusing on the various stages of and experiences with trance, whether this is in the setting of religion, healing or shamanism (see Rouget 1985). Stimulated by music, songs and/or dancing, a gateway may be opened to altered states of consciousness that may result in experiences that go beyond the bodily. In fact, it can involve emotional, mental and spiritual changes that stretch out from the personal to the transpersonal level. The total of these experiences may confront the human being and the spirit entity with his or her suppressed feelings. As the mind and the spirit are cleared from negative energies, a self-healing principle may be spurred, bringing a beneficial outcome. The process of restoring personal balance in victim and spirit entity may be accompanied by an increased awareness of the self and the spirit world (cf. Walsh 1990).

Since this study discusses the logic of spirit (pepo) and (uganga) and its relationship with the senses, it is useful to describe some basic ideas I have had about spirituality before I began this study. The way I see it, spirituality is the combination of invisible forces or energies that exist in people that are in continuous exchange with nature.
The soul reflects the essence of one’s existence manifested through, rather than divorced from, body, mind, or any other facet of one’s being. Spirit discerns energies that impel or propel towards a relationship with positive or negative forces in nature influenced by both personal and collective consciousness. In this respective also demons or devils are considered. Without giving life energy to these forces they cannot exist. When spiritual guidance is involved, this can come through almost any conceivable channel, be it from individuals, like relatives and friends, or from strangers and nature forces in a one-to-one relationship with an individual. Spiritual direction comes from a higher power that helps to discern the various forces that may give spiritual guidance. For Christians, the Holy Spirit is said to give direction. In prayers one may call on spiritual direction after which spiritual guidance may be experienced. This guidance may be experienced as a spiritual friend but also as an enemy, depending on the characteristic energies in the spirit and the individual. Prayers may involve quieting and relaxing techniques so as to feel the presence of God or divine nature. Fasting or a specific diet may function like a bodily prayer and so may trance, depending on the intention of the trance. A different way to experience divine energies in body and mind is by means of symbolical or musical actions.

In the context of spiritual experiences I also wish to mention a study by the American psychiatrist May (1982: 10) who speaks of two extremes in states of awareness, one known as kataphatic, and the other apophatic. In the first place there may be a condition in which one seeks deeper realization of God or divine powers through visions, feelings, imagery, words, and other sensate or symbolic forms of experience. Evangelic and charismatic Christianity, popular Hinduism, and much of Tantric Buddhism represent kataphatic spiritualities. At the other extreme, one might find the Christian mysticism and the emptiness of Zen Buddhism, which are distinctly apophatic spiritualities. Apophatic approaches, says May (ibid.:11), on the contrary, are deeply threatening from both psychological and spiritual standpoints. People with an apophasic approach, to which I reckon also shaman and spirit healers, have passed through a number of kataphatic experiences or phases before developing a deep appreciation of the mystery behind and beyond experience. In most spiritual traditions elements of both apophatic and kataphatic approaches are found to be overlapping, but with dominance of the kataphatic way. From this perspective, spirit or shaman healers function as human spiritual directors for their patients, much in the way that guru’s in India or Zen masters in Japan function. Patients are incited to pursue a release from thought, leading to experiences of openness and emptiness until personal intuition is felt as a perception of things as they truly are, an innate knowing of things. As my study will demonstrate, this spiritual opening leads to the discovery of deep subtle perceptions and insights that do not come into awareness through the usual sensory or ideational routes.
1.3.3 Gender and healing roles

Another crucial aspect in the approach to this study is that I have attempted to be ‘gender sensitive’. Generally, gender research in social and natural sciences has demonstrated the presence of a ‘gender bias’. This means, that there has been the tendency in research to make use of prevailing gender norms in a society and consider these to be ‘normal’. Often these norms are incorporated into theories as unquestioned assumptions. This may imply that scientists assume male predominance and take men’s behaviour, knowledge and activities to be ‘standard’, including that of healers, herbalists, shamans etc. The repercussions of gender bias affects not only theories, methods and research, it also takes effect in projects, policies and other interventions intended to change or improve the interactions between people, and between people and their environments. As such, they can distort the outcomes in ways that are unanticipated and not always desirable. An example of male-biased scientific research is the skewed attention to the role of plants as natural medicines to increase scientific knowledge or to produce cheaper remedies. The fact that many spirit healers develop a career as a healer and a herbalist without anterior knowledge of plants, is often ignored because modern science does not consider intuitive or spiritual knowledge as an important basis of cognition (see prologue). The fact, that knowledge of plants may be gendered, or that people’s association with plants is gendered, also tends to be overlooked. With regard to research in traditional health care, I believe that what Harding (1986: 50) has stated is most appropriate:

The selection and definition of what is problematic– deciding what phenomena in the world need explanation, and defining what is problematic about them– have clearly been skewed toward men’s perception of what they find puzzling.

When I checked on the few detailed studies that have so far concentrated on African healing roles, I noticed how most studies are indeed about male healers and skewed towards a male-oriented or male-dominated point of view. In other words, there is need to place findings in a broader context of gender and ethnological field research. Among male authors to have been concerned with spiritual and traditional therapeutics in Tanzania I mention Cory (1936, 1960) and Gray (1969), who both studied spirit healing in Northern Tanzania and Feierman (1984) and Lloyd Swantz (1990), who studied the role of traditional healers in the (northern) coastal regions of Tanzania. Though these authors showed concern for the belief of spirits as agents of illness, they were less concerned with the question how spirits and gender play a role in affliction, healing and vocation. For instance, Cory and Gray reported that predominantly women were participating in healing cults to treat or regulate their affliction by spirits, whereas Feierman and Swantz observed that practically all waganga (healers) were men. Marja-Lisa Swantz (1986) who did a study on ritual and symbol
in Zaramo society reported, however, that also women could be full time practitioners. It were the male waganga who considered the female adepts (persons experienced with spirits) to have less authority and rights (ibid.: 232). More recent studies by Giles (1987, 1989) and Thompson (1999) substantiate that quite a number of women do practice waganga in Northern and coastal regions in Tanzania. Some of these women are recognized specialists in the healing profession, which is in line with my observations in Southern Tanzania. Giles and Thompson have not only made insightful contributions regarding the art, expression and organization of spirit healing practices in coastal and northern regions of Tanzania, they have also given equal attention to the role of males and females. In coastal and Islamic influenced regions, these roles cannot be separated from the history of Arab culture and Islamic religion. I will come back to this feature in chapter 3.

Generally, I found that the work of M.L. Swantz, Giles and Thompson reflect women’s interest in feelings; clearly visible in feminist anthropology, in which narratives, biography and dialogue are a manifestation of a search for a mode of presentation in which reflexivity is predisposed. Similar presentations that to more or lesser extent concern spirit healing and spirit phenomena in Africa have come from Monfouga (1972), Berger (in Hafkin & Bay 1976) Caplan (1975, 1997), Jacobson-Widdig (1985, 1987, 1989, 1991), Shostak (1981), E. Turner (1985, 1992) and Bddy (1989). Female scholars who have been concerned with women in healing, ritual, symbolic and religious roles are Hoch-Smit & Spring (1978), Falk & Gross (1980) and Shepherd McLaine (1989). The authors published a collection of essays that placed much emphasis on the social impact of the daily lives of the women, including African women. According to Hoch-Smit and Spring (ibid.: 1-23), women participate in rituals of healing nearly everywhere in the world. In most cultures, such ritual roles are achieved and/or ascribed. While women often gain access to ritual through a divine calling or through a transition from afflicted patient to healer, men often inherit certain ritual offices. Whenever there is a prevalence of women as healers this might be due to the fact that women feel more dependent on spiritual forces than men, who have received more education. Another reason given by Hoch-Smit and Spring (ibid.) is that women primarily draw sacred attention in connection with their reproductive statuses: as virgins and brides women may serve as pure, untainted symbolic vessels who can be ‘filled’ with divine energy or who can approach the divine in public ceremonies. Furthermore, sexually mature women receive more attention in symbols, myth, and ritual, for society sees their ‘reproductive potential’ as both highly positive and dangerously in need of control. In spite of their association with healing and nurturing, women can also be made scapegoats of tensions in a society. Men may believe that on account of female envy, greed, or sheer evil, sexual powers can be turned to destruction.
In Tanzanian society, special powers in women are often met with contempt and as a consequence, women are often blamed for or suspected of being witches. Much fear is generated throughout Tanzania about the assumed malevolent powers of women. Especially elderly females may become accused leading to uncontrolled witch-hunts organized or performed by (young) males who get paid for killing the women (cf. Mesaki: 1994). Many female healers are elderly women who function as leaders of cults of affliction (see 1.4 and 3.6), or as in the case of my study about Southern Tanzania, run a popular healing practice. In either case, these are women who work with a lot of compassion and exert themselves for hours at a stretch to bring about recovery in their clients. I know that they are not doing so merely to secure their professional prestige, rather it is the trust and faith in their healing powers that is the strongest motivating factor. In doing so, these women contribute to maintaining religious ritual forms, as well as traditional values and practices. Brief, even when women go through great pains to relieve others from their sufferings without personal gain, their constructive healing powers tend to be feared. I will come back to this aspect in 2.7.

1.4 Bantu- and ngoma therapeutics

The topic and the approach to this study cannot be separated from a current discussion that exists among scholars in African religion and healing. The discussion is about Bantu- or ngoma therapeutics, a widely used indigenous term that refers to the musical component of healing in Central- and Southern African countries. Below, I bring forward some considerations with regard to the concept of ngoma.

1.4.1 The ritual and musical aspect

The concept of ngoma was introduced in 1968 by V. Turner in his book *The drums of affliction* that deals with the Ndembu of Zambia and their ngoma-cults of affliction (see 1.3). V. Turner saw the cults of affliction as examples of Van Gennep’s ‘rites of passage’ that are being opened characteristically by a rite of separation from a prior social state of the novice sufferer, followed by an intermediary ‘liminal’ or transitional process. The process culminates in a rite of re-incorporation of the novice into society, as a full-fledged healer and member of the cult. Turner considered the rites involved in cults of affliction as varied examples of ritualization in human society (cf. Janzen 1992: 88). The therapy’s existence in a wider region has been substantiated by Turner’s review of the literature and field studies in Western Zaire, Coastal Tanzania and Swaziland (see 1.2 and 1.3). The ngoma type of healing is a social-cultural phenomenon that has led Turner to introduce new anthropological concepts like ‘liminality’, ‘social drama’ and ‘communitas’ into anthropological literature (cf.

11 Similar observations by van Binsbergen (in Webner 1977: 141-175) have been made in Zambia.
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Shorter 1972: 137-147 and Janzen 1985: 70). Liminality refers to a liminal phase or an intervening phase of transition (see van Gennep 1960). To Turner transition is more of a process than a state in which ritual subjects pass through a period and area of ambiguity, also a period of instability between two fixed terms. With social drama Turner refers to a crisis in the affairs of a social group that can be restored by means of rituals that enhance individuals to experience a profound sense of oneness with the social group or with humanity, also ‘communitas’.

Janzen has tried to identify the ngoma therapy type in Central and Southern Africa. In a historical and comparative study of African therapeutic traditions, called Ngoma, Discourses of healing in Central and Southern Africa, Janzen (1992) uses the concept of ngoma to emphasize that the ritual and the musical compose two major angles in ngoma. Next to the use of therapeutic songs combined with rites, also herbal medicines may play an important role to alleviate symptoms. Often these concern symptoms derived from (punishing) powers of deceased relatives. For the sake of discussion Janzen presents a synthetic model of ngoma as a ritual therapeutic institution in terms of core features. These encompass: 1) illness and therapeutic initiation as a ‘rite of passage’ in phases; 2) identification of the causes of an illness; 3) association of pathology with spirits and other entities; 4) the process of transformation from patient to novice or healer; 5) an offering that sets in motion an exchange between the living and the spirit world; and 6) the patient who actually becomes a healer. All these components come together in a final feature, the core ritual or the way that ngoma is acted out (ibid.: 86-87). Brief, Janzen (1992: 109) places ‘healing’, ‘health care’ and ‘song’ at the heart of the institution formed by the ngoma performance, characterized as ‘the consciously formulated exchange of song-dance, and ... the movement of the individual from sufferer-novice to accomplished, singing, self-projecting healer’. Besides the role of music in ngoma healing, Janzen mentions that ngoma is also a form of entertainment (ibid.: 171).

When the element of music is taken to be essential to a study about a ritual therapeutic institution, one expects to gain understanding about its role, especially its intertwine-ment with people who use it as a therapy to remedy illness e.g. spirit affliction. Instead of discussing the role of musical experiences, Janzen discusses primarily the social, historical and geographical aspects of ngoma therapeutics in Central and East Africa. In other words, he refrains from a cultural analysis based on what people experience in response to spirits or musical sensations, and he pays little attention to the messages that song texts convey. As I mentioned in 1.3, musical experiences are conveyed in psychological and bodily language that may be captured in song texts. As I will argue throughout this study, the musical or ritual process in people can give a profound insight into their problems or even into problems of others. Actually, with the help of
arousal, the musical rituals can function as a form of traditional meditation that promotes emotional detachment from the self, including the body and the surroundings.

What counts is that the medical and healing beliefs of a people - including the usage of musical therapy - persist for they are empirically effective. The effectiveness of these practices has also an important ontological function, since it enables people during sickness periods to communicate and confirm ideas about the world as they experience it. Besides the release of pain or worries, musical rituals may cause a person to gain an increased awareness of otherwise latent senses. Messages in song texts carry such experiences and should be addressed in studies of ngoma therapeutics so as to properly explain why musical drama helps people to restore personal and/or social imbalances. To enable the reader of this thesis to capture the sensations and the atmosphere of musical experiences, I have made a compilation from some recordings and present these in a video-presentation on-line at http://www.askmedia.org (see 1.6). Though the visual and audible recordings have a lot of value to me, I do realize that significant religious moments are of such a subjective nature that they cannot be recorded. Those moments are part of a private domain where no researcher can penetrate.

1.4.2 Discourse and linguistics

In a shared effort to understand ngoma, van Dijk et al. (2000) have attempted a constructive criticism to Janzen's book in a publication called The quest for fruition through ngoma; Political aspects of healing in Southern Africa. The publication dedicates primarily attention to the interrelationship between healing and political power. The editors mention that ngoma is an authentic ancient cultural tradition and therefore, the discourse touches on various aspects of life:

> It has become clear that as a discourse ngoma may pertain to all spheres of life – the personal, the social, the political, the economic or the ecological. All ngoma, such as healing, initiation rituals and kinship rites, share a common concern with the person in transition and the society in transition (ibid: 1-12).

Whenever n'goma ritual praxis is exclusively used in the domain of healing, its purpose is to restore an imbalance in the individual and/or in the society. But, n'goma is more than merely the musical or ritual component in Eastern Bantu therapeutics. The editors enunciate clearly that healing and political power draw on claims to specific relations with the spirit world. They say, however, that the boundary between healing and the (re)-ordering of social relations is often difficult to draw. Communal problems can be reduced to personal afflictions, or personal afflictions can be explained by referring to communal issues. The editors further mention how healing through ngoma turns into politics, when personal motives, experiences and fantasies are ‘channeled’ into social ones. In other words, in ngoma, healing power (the power to counter-act illness and misfortune) and political power (the power to order and re-order social relations)
are closely interwoven. The editors propose that *ngoma* manifestations address the inter-connected themes so that participants can recognize its discourse.

In his reaction to van Dijk's compilation of articles on *ngoma* in Africa, Janzen (2000: 166) says he is well aware that many variations exist in *ngoma* therapy; and that not all *ngoma* activities are tied to spirit affliction or possession cults. In other words, Bantu therapeutics cannot simply be reduced to the *ngoma* classification, nor can it be considered merely as a medical tradition of the Bantu. The authors bring the importance of musical therapy to the reader's attention, but they give little insights towards the various experiences of healers or clients in therapeutic sessions. They underline that the primary goal of ritual or musical ceremonies is to achieve some range of communication with the spirit world, through the invocation of spirits, the offering to spirits, or the union with spirits. But it remains unclear what the experiences of the healer and the clients are with spirits. Also the extent to which songs are used, when and how they are applied, and what the song texts contain, appears to them of minor importance. According to my findings, songs and spirits interact with each other and facilitate the healers and the clients in several ways. In my study of *uganga wa pepo* therefore, I stress that spirit powers are a decisive component in Bantu therapeutics containing more than the fundamental *ngoma* components.

Apart from the fact that the musical and experiential components in *ngoma* therapeutics are not sufficiently addressed by Turner, Janzen or van Dijk et al., I feel that the concept of *ngoma* is somewhat problematic to cover the Eastern Bantu. In the first place there is no satisfactory English equivalent for the Swahili word *ngoma* (cf. Allen 1981). Kiswahili is a language spoken in several countries bordering Tanzania. The Swahili of the coast in Tanzania, for example, use the word *ngoma* first and foremost to indicate a feast with drumming. Whenever *ngoma* refers to musical ritual and/or healing, it is to emphasize the means to invoke or welcome spirits. In the second place, the concept of *ngoma* for the whole of Tanzanian society is far too general (see Blokland 2000: 13-38). Though the Swahili of the coast apply music regularly in healing cults or practices, it is not a common feature throughout. In fact, musical and ritual therapeutics may be frequently held inland, without any reference to *ngoma*. I believe that in view of this thesis, it is useful to mention that Janzen's (1992) study on *ngoma* in Tanzania has been primarily directed to the Swahili Coast. He is largely unfamiliar with the healing practices of the interior. When I communicated with him in 1994 and 1995 to tell him about my preliminary findings in Southern Tanzania, he said he had never heard of *uganga wa pepo* (spirit healing). This

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12 The Swahili population is a mixed group of people speaking closely related forms of Bantu speech. In Tanzania the Swahili population is estimated to be 377,280, whereas the total Swahili population in Eastern and Central Africa is estimated to be 595,627 (1996 census -information www.endor.hustx.edu).
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came much as a surprise to me since it is a commonly used concept throughout Tan-
zaia, including the coast (see Giles 1987, 1989 and Thompson 1999). Janzen sugg-
gested to me that I investigate whether pepo is a generic term for spirit in the interior
of Tanzania, and whether the ngoma classifications are appropriate for uganga wa
pepo. I have taken his advise into account for this study (see 1.5). In fact, in the
course of my research I have not only come to understand that the term of ngoma is
problematic in Tanzanian society, but also that the concept has created an adversary
affect in the healer’s struggle for recognition by the state. Bureaucrats and politicians,
who have been concerned with the organization of traditional healers, regarded the
concept of ngoma by its cultural connotation and not by its therapeutic meaning.
Much for this reason, representatives of traditional health care were valued more for
their artistic than their curative skills. As a consequence, traditional healers were
placed under the umbrella of the Ministry of Culture and Education, instead of the
Ministry of Health. I will come back to this element of ngoma in chapter two.

1.5 The study questions, the selected healers and the study areas

The foregoing considerations have made that the central point of departure in this
study is the interrelationship between the spirit (pepo), the patient (mgonjwa) and the
healer (mganga); and the context in which an interaction takes place. The main ques-
tion I have formulated for the core of this study is: what is the role and meaning of
‘uganga wa pepo’ in Southern Tanzania and what are its characteristic features with
respect to illness, vocation and healing? To deal with the central question, I have
chosen six areas of attention:

1. The historical, cultural and religious aspects of a healing vocation.
2. Gender factors that intercede with a healing career.
3. The clients and their motives for consultation.
4. The main therapeutic interventions.
5. The characteristics of spirits and the extent to which the concept of pepo serves as a ge-
neric term for spirit.
6. The most prominent religious, musical and experiential components of inspired healing
and healership.

To explore the role of spirit as an agency in illness, healing and vocation, I have studied
the way healers and clients energize and transform their individual identity through
spirit forces. Many questions therefore deal specifically with the experiences of healers,
patients and, to some extent, their relatives as well. Various questions have served to
discover specific patterns, in terms of bodily experiences during trance states, and the
relations with meditation techniques. Principle questions to understand how spirits in-
tercede with people have been:

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- What anticipates a healing vocation?
- What problems or symptoms are best treated by a healer?
- How do healing interventions operate and what is their function?
- How do patients respond to the interventions of a healer?
- What does a person feel who is influenced by one or more spirit forces?
- Have relatives of an afflicted person ever experienced spirit forces?
- What impact do spirit forces have on personal and family lives?
- How do relatives relate to an afflicted or inspired person?
- Can spirit afflictions be inherited and if so why does this happen?
- When are spirits regarded as positive and when as negative?

Furthermore, I have looked at the role of novices and trained assistants, the role of payment to the healers and the role of care and facilities provided for patients and visitors, including the supply of food and medicines. For the study of Southern Tanzanian I have selected six spirit healers (waganga wa pepo) who have been raised according to Christian values. Each of them runs (ran) a popular indigenous healing practice in rural areas in Southern Tanzania. The first two healers are women, whose practices I present in-depth. The women are familiar with each other’s practice. For the comparison of specialist skills, practicing, and gender, I incorporate some of the findings I had with two male and two female healers in Southern Tanzania. This information is substantiated in a video-presentation on website (see 1.6). All the selected spirit healers have in common that they receive clients - of whom a majority are Christians - for ambulatory and/or long-term treatment. The fact that the healers also had in-patients has facilitated the study a lot. As waganga wa pepo, each of these healers are specialists in their own right. They use the following titles to address their specialist skills:

- mganga wa jadi nchimi (traditional healer inspired by divine forces, respectively, a prophet healer)
- mganga wa ntum ya ukoo (healer inspired by lineage ancestors, respectively, an ancestral lineage healer)
- mganga ya uchawi (healer inspired to counter-act witchcraft, respectively, a witchdoctor)

From now on I will apply the concepts that align with the specialist tasks of each healer and refer to prophet healer, ancestral lineage healer and witchdoctor. The prophet healer, presented in part two, is Marita Nakaponda addressed by her family and her clients by her working name Nambela. I do the same in this thesis. Nambela runs a large practice in Mbozi district in the midst of a vast rural area in Mbeya region in Southwest Tanzania (see prologue). Nambela is a Nyiha and deals with a variety of symptoms and problems, often with a spiritual origin. She is the tutor of a good number of spirit healers in and round Mbeya region where she is a senior prophet healer. My fieldwork with her took place between 1990/1991 for the duration of ten months. The ancestral lineage healer is Jeremana Livivile who is presented in part three. Jeremana
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Livifile is Bena and runs a fairly large practice in a rural area of Njombe district, Iringa region. As a lineage healer inspired by family ancestors, Jeremana is particularly concerned with symptoms or problems of the Bena population to restore personal and social disharmony encountered by members of an extended family. My research with her took place between 1998/99 for the duration of four months. The role of the witchdoctor or specialist in the counter-action of witchcraft and sorcery is presented in part four. This concerns a study of so-called Kihami healers who claim to be inspired by territorial nature spirits to combat malice and witchcraft in society. Only mediums of Hehe or Ngoni (interrelated) descent can become possessed, afflicted, or guided by the Kihami. The written information is about a female and a male healer who share a number of commonalities in ways of practicing. The female is an old lady by the name of Bibi Kalembwana, a Mdamba, practising in Morogoro region. The male healer is relatively young and called Alberto Kalovel a. He is of Mbunga origin and practices in Iringa region. The other two Kihami healers, guided by interior as well as coastal spirits, are primarily presented in the audio-visual presentation. One is a young male healer of Ngindo origin called Joram Rupia. The other healer is a female of age is a Ndendeuli called Asia Fusi. Both healers practice in Ruvuma region. I have studied the Kihami healers during six months between 1998/99.

After my final return in 1999, I began to reflect on my observations and the total of my collected data. This data comprised the ethnographies of two Southern coastal spirit healers who I studied in 1996/97. These two healers, a male and a female, worked with Islamic and ancestral spirits and were primarily consulted by the coastal Swahili. The study helped me distinguish Islamic from ancestral traits reflected in skills, interventions, spirits, music, objects etc. In the process of writing, however, I realized that I had set my aim too high. The total of all information was too elaborate and diffuse for a proper presentation and analysis. Consequently, I decided to narrow down my ethnographic data to the interior Southern regions. I had three reasons for doing so. First of all, spirit healers (waganga wa pepo) form a large group of traditional healers in the interior of Southern Tanzania who seem to appeal to clients from various parts of the country. I was curious to identify why they had this appeal to people from varied cultural settings and religious backgrounds. Secondly, my data about the interior healers were more elaborate than the data about the coastal healers, especially with regard to personal narratives and historical information. Finally, the data I had gathered about Southern healers of the interior was unique, as records of waganga wa pepo (spirit healers) do not exist. When I checked historical data about

13 Furthermore addressed in this thesis as Nambela, Jeremana, Kalembwana, Alberto, Joram and Asia which is conform the way I used to address the healers during my stay.
traditional health care in Tanzania, I mainly found studies on the Northern and coastal regions (see 1.1 and 1.2).

Though I regret not to incorporate much of my findings from research among coastal and urban healers, the experiences I have gained from these studies have been very valuable. The visits to some 30 male and female healers from all over the country, added to the comparative dimension of this study. During the research period of 1994-1999 I also gained valuable information and insights from the popular urban healer Nuru N’hangachallo in Dar es Salaam (see prologue). Being good friends, we often spoke informally about her work and the role of spirit healing in Tanzania. Nuru would be keen to hear about my visits to various healers and on several occasions she commented on my (audio-visual) records. Furthermore, Nuru introduced me to a number of urban healers and familiarized me with the National Association of Traditional Healers and Midwives. Without this comparative background, I would have been difficult to place the role of history and spirituality in uganga in a larger perspective of inland and coastal practices. Because of the intense collaboration with Nuru throughout my research, I regularly set her work as an example of a spirit healer from the coastal region.

1.6 The trajectory of the study

I present this study in four parts to address the theoretical, methodological and practical aspects of this research into inspired healing and healership in Tanzania. In part one I give more concise information about the framework and background of uganga in Tanzania and of doing fieldwork on uganga. In chapter two I outline the major political, historical, sociological and cultural features of uganga and traditional health care in Tanzania, with special reference to the Southern regions. Important is the Ngoni invasion that alongside with devastation brought also diffusion and incorporation of various healing techniques. Other foci of attention are the attitudes of the Germans and the British towards local practitioners, the organization of traditional health care and the goals of the National Association of Traditional Healers and Midwives in Tanzania. The information includes the effects of ngoma therapeutics on the centralized organisation of traditional health care and, the ongoing preparations to legalize traditional medicine in Tanzania. In chapter three, I discuss the way traditional religion and spirit healing have been expressed and changes that have been encountered. I explain the interrelationship of uganga with witchcraft, sorcery and magic, but also the rise of popular spirit healing cults (or guilds) with its Islamic and Christian healing elements. After a brief sketch about the way that spirits are addressed in Swahili society, I give a short description of the coastal healer Nuru N’hangachallo to highlight some of the aspect in affliction, healing and vocation. Chapter four introduces the core ethnographic material by means of first unfolding
the steps in the research process. Here, I address how the actual fieldwork evolved from an explorative study to an in-depth ethnographic account of Southern spirit healing practices. Specifically I address the ways I gained acceptance and the various choices and constraints I faced. Also, I explain the way in which the ethnographic data is gathered and transcribed, the implications of using audiovisual recordings and how I have approached the use of plants by the healers.

In part two, from chapter five to seven, I present a portrait of the healer Nambela in Mbeya region. It starts with a narrative about Nambela’s history of illness and vocation to explain her role as prophet healer enfolding her views about spirit and religion. The original findings are complemented with insights that followed from two later visits made in 1995 and 1999 so as to place pepo healing within a wider scope of regional and religious practices. Chapter five is directed to Nambela’s divination skills and exposes the burdens that clients bring to her, revealing the ideas that Nambela formulates about the etiology of disease and illbeing. This is followed by the role and usage of plant remedies related to frequently treated symptoms by Nambela. Chapter six deals with the musical healing sessions as part of pepo treatment. Here I pay special attention to the experiences with and responses to music, trance and spirits by pepo patients and the messages that songs convey. Several case studies are presented while attention is drawn to the interrelationship between spirit powers, musical arousal and ritual sacrifice.

In part three, from chapter eight to ten, I portray the life and work of the healer Jeremana Livifile in Iringa region. I start with Jeremana’s narrative explaining her history of illness and vocation. From her story it becomes apparent that former wars, Christianity and modernization are tied to the emergence of a state of disharmony in her extended family. In chapter eight, I present the way Jeremana holds divination sessions, in particular, exposing the views that Jeremana holds about ancestors, taboo violations and the burdens of the clients. By following an extended case study of one client I introduce the steps of treatment and the contribution of the musical sessions as part of the therapy. In chapter nine, several patients are followed as they go through ritual treatments showing the various implications of, and reactions to, illness caused by ancestral wrath culminating in ‘a state of coldness’ (baridi) in the family. Several extended case studies demonstrate the reactions of clients in the course of Jeremana’s ritual treatment.

In part four, from chapter eleven to thirteen, I attempt a synthesis of the intertwine-ment of witchcraft (uchawi) with spirit illness (ugonjwa ya pepo), spirit vocation (uwezo wa pepo) and spirit healing (uganga wa pepo). In chapter eleven, I first broaden the scope of inland practitioners in Southern Tanzania to cover the speciali-
zation of the witchdoctors. The descriptions deal with the practice of a leading Kihami healer, Bibi Kalembwana, a female Ndamba who ran a huge practice in Morogoro region. I visited the healer Kalembwana in 1994 and draw additional information from Maia Green (1994), a British anthropologist who did a study on Kalembwana. Another focus is the male healer Alberto Kalovela, a Mbunga who practices in the mountains of Iringa region. An audiovisual presentation, based on the Kihami healers Joram Rupia and Asia Fusi, can be watched on-line in the gallery of ASK (Anthropological and Sociological Kitchen) at http://www.askmedia.org. The presentation is composed of two exhibitions, one for the male and one for the female healer. Both exhibitions are entitled 'In the Spirit of Uganga; Musical and Ritual Healing'. In a number of fragments that are accompanied by texts, attention goes to the role of divination and the annual musical and ritual celebrations to honor the Kihami spirits. In chapter twelve I discuss the findings of this study. A comparative analysis of the healers Nambela and Jeremana is placed in the light of the findings from the Kihami witchdoctors to answer what the Southern practices accentuate with regard to religious, musical and experiential aspects of inspired healing and healership. The answer to the central question posed in this study is brought into relationship with Bantu- and ngoma therapeutics and with gender and change in spirit healing. Chapter thirteen is a conclusive chapter in which I assert that pepo or spirit illness, healing and vocation, have become a tradition in Tanzanian society to cope with stress. The fact that people feel forced into another concept of time due to the complexities in life, has important bearing on this development. Some options and suggestions for further research and action in the domain of spirit healing in health care are given at the end of this thesis. A list of plants commonly used by the healers in this study is contained in an appendix.
In the Spirit of Uganga