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

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Chapter 5

The Healer Nambela

As a reputed *pepo*-specialist and midwife, Marita Nakaponda, also known as Nambela, manages a large traditional health care practice in Wasa, Mbozi district. This is a vast rural area situated south of Mbeya town, around twenty miles from the border with Zambia. Mbozi district counts some 330,000 inhabitants (1988) spread over 150 villages and 25 wards. Nambela's healing compound lies two miles away from the small village of Wasa that is inhabited by roughly 4000 inhabitants living primarily from agriculture. Leaving Wasa village, one has to climb a hilltop that is surrounded by forest and agricultural land, some 3000 feet above sea level, and follow a rocky pathway alongside the compounds of relatives and some ex-patient of Nambela. The area is very fertile, but in the past few years the region suffered from extreme conditions. The heavy rains from El Nino in 1997/98 were followed by extreme drought. This brought hunger to many people in the region, including Nambela and her family. Normally, however, an abundance of food is available from the fields cultivated by Nambela's children, relatives and ex-patients who live with her on the hills. Their staple foods are maize, beans and peanuts.

The healer Nambela belongs to the Bantu speaking Nyiha ethnic group which forms part of a cluster of closely related peoples sharing similar languages. Their tribal neighbours are the Namwanga, the Wanda, the Iwa, the Safwa and the Mambwe (see Willis 1966). They are historically and culturally interrelated to many of the peoples of the Tanganyika Nyasa Corridor area, whose relationships extend beyond this immediate region (see chapter 2). Among them are the Nyakyusa, who together with the closely related Sukuma form the largest and most influential ethnic group of Tanzania (over 2 million). Hence, traditional Nyiha culture has not evolved in isolation, but affected, and in turn was affected by, other peoples and ideas. In recent decades, change has been accelerated as the Nyiha have been exposed to completely foreign cultures and ideas. Yet, traditional social norms and attitudes, even though being modified, have remained potent factors in the contemporary situation (see Knight 1974). Traditionally, the Mbozi Nyiha were ruled by several unrelated lines of independent petty chiefs, some of Southwestern and some of Northeastern origin. The
In the Spirit of Uganga

Wars and raids of the nineteenth century led to much population movement to and from surrounding areas as people sought refuge from famine and raiders (see 2.1). From these diverse origins, a common social structure, culture and language emerged, but no political unity. As such, the Nyiha cannot be called a ‘tribe’ if that term is taken to mean a clearly definable group distinct from its neighbours. The Nyiha are divided into exogamously dispersed patrilineal clans (see 3.1), called uluho. Throughout their life, women continue to use the clan name of their father, preceded by ‘Na’, as is the case with Marita Na-kaponda. In her role as a healer, she prefers, however, to be addressed as Na-mbela, the name of her paternal grandmother. Males of her clan have the prefix of ‘Si’, becoming Si-kaponda.

In 1990 Mbozi district counted 320 officially registered healers. Some of the healers are waganga wa jadi nchimi (traditional healers sent by God, also prophet healers), Nambela being the most prominent. Nambela started her practice in 1965 when she was about 37 years old. A good number of the waganga wa jadi nchimi in and around Mbozi district have been in treatment for pepo illness or ugonjwa wa pepo with the healer Nambela. Her success as a healer and a tutor is reflected in the meaning and expression of her Godly powers in spirit (pepo ya Mungu) which she considers as the source of all healing. Although a network of state supported health facilities exists, the waganga wa jadi nchimi have a profound influence all over Mbeya region. In 1990 Mbozi district had 2 hospitals, 2 primary health centres and 36 dispensaries.

During my stay with Nambela, around forty people were constantly present as inpatients, of whom a majority were Christians who had been to primary school (standard six). Most of them lived in rural areas cultivating their fields. Others lived and/or worked in urban centers. Often agriculture would be combined with petty trade or regular jobs. Forty huts, built by former patients who had been in treatment for a number of months, offered sleeping and cooking facilities to temporary and inpatients. The compound had two latrines. Close relatives would be around to assist the very sick.

5.1 Religious practices of the Nyiha

In the twentieth century many Nyiha have come to accept Christianity, incorporating some of the traditional religious customs. Belief in the power of ancestors (in Kiswahili mizimu and in Kinyiha mzimu sing. mzimu) is strong and so is the belief in God (Mulongu). Before colonial powers and Christianity began to have an impact on the

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65 This number does not reflect the real number of practitioners in the district since many were not registered. In 1990, the cultural office of the government charged TSH 1,000,- (US$ 2,-) for an annual district permit. This was not a recognized license according national standards, however. It concerned only a temporary approval by the district cultural office (see chapter 2).

66 In line with The Health Statistics Abstract 1996 by the Ministry of Health Dar es Salaam.
Nyiha, customary religious practice demanded periodic sacrificial worship to deceased paramount chiefs (see 2.2 and 3.3). In case of severe droughts, human sacrifices could be made to procure the yearly rains. Usually, those who were sacrificed belonged to a priestly family who maintained relations with the departed chiefs. The spirits of dead chiefs were thought to reincarnate as pythons, and it was forbidden to kill them. Certain mountains or trees were associated with the spirits of former chiefs. In general, men made prayers and sacrificial offerings (matambiko sing. tambiko) to the patrilineal ancestors or mababu. The spirits of each family were associated with a particular grove of trees in the vicinity of the home of their living descendants, where they were thought to live in the shade of these trees. A man (never a woman) would consecrate a fowl, a goat or a sheep to the spirit of a forefather. Shriners that resembled miniature huts were in use, and offerings (usually of millet beer or flour) were placed inside them.

Before independence (1961), some Nyiha chiefs or Mwene (sing. Mwene), who were Christian, would hold repentance days to get the sympathy of the mizimu and assure a good crop. A good chief would address his ancestors by name, male and female alike. After the prayer, a fire would be made while everybody gathered and sang with excitement. At that occasion, all present would ‘clear their throats’ and ‘spit out’ whatever they had against each other. The Nyiha believed that the ancestors could not do anything for them as long as forgiveness was not achieved. When illness or disaster struck, a diviner would be consulted to reveal whether a broken taboo, or witchcraft, was involved. If ancestral spirits were held responsible, the diviners would find out what offence had been made and what was needed to make up for it. Often the offence had to do with the failure to carry out certain kinship obligations. In that case, the head of the family had to organize a tambiko. If many people of the lineage or sub-clan were affected, they would gather at the sacred burial place of their predecessors, called the ivitimbano, for prayers to the mizimu and to Mulungu. Other families would direct themselves to the leaders of a divining and healing guild, called the watu wa mizimu or ‘the ancestor people’, to hold prayers to the mizimu and to Mulungu. The members of this cult divined in a state of trance, and would be caught by the spirit of an ancestor to facilitate communication. This guild had become a new form of coping with increasing acts of sorcery (see 3.4). The destructive activities of sorcery were called uvulazi, and the persons who practice sorcery were called avalazi. Traditionally, the Nyiha held a poison ordeal, called mwavi, to test the innocence or guilt of an accused person (see 2.3). The ordeal became prohibited by the German and later the British administration. Among the Nyiha, this prohibition gave rise to an alleged increase in uvulazi (Willis 1966, Brock 1966).
In the Spirit of Uganda

In this and the following two chapters, I will discuss the various ways in which Nambela, as a prophet healer and a specialist in *pepo* illness, has incorporated traditional features of Nyiha culture and religion into her practice. As most Nyiha, Nambela too has been affected by changes in the society. How this is reflected in her life and spiritual vocation is what I hope to demonstrate with the help of Nambela’s story. This in turn will lay the foundation to comprehend her approach towards spirit or *pepo* in illness and healing.

5.2 Nambela’s story

Several months after my arrival I was able to tape the initial version of the history of Nambela’s healing vocation. It was a Sunday morning on March 24, 1991 when the first gathering took place. Nambela and I were seated in front of Nambela’s house in the company of her husband, her son Abraham, and my field assistant Patterson (see 4.1). Nambela spoke in vernacular. Later, with the help of Patterson and Nambela’s son Abraham, I translated the text into Kiswahili, and from Kiswahili I transcribed it into English. In the process of the translations and transcriptions, I realized that certain aspects were still missing for a proper understanding of the way Nambela learned the art of healing. Though she had agreed to help me and adjust her story where necessary, my attempts to meet with her failed. She was either too busy or too restless to sit with me for a while. Later she told me that the unrest is caused by her capricious moods of *pepo*, over which she admitted to not always have control. Sometimes this became apparent in her behaviour, marked by running or staggering while uttering loud shrieks or uncontrolled speech.

The handicap of not speaking the vernacular (Kinyiha) proved to be an obstacle between Nambela and me. In fact, our communication was problematic during my entire stay. This urged me to find other solutions towards gaining knowledge and I directed myself more and more to people close to her who spoke Kiswahili. It turned out that her son Nelson and my assistant Patterson were unaware of certain events in her life of which she had spoken initially. Nelson was the eldest child of Nambela and had witnessed the distress and pains foreshadowing her career as a healer. To sort out what was missing, I had long talks with Nelson at his home. He was very motivated to help me because he hoped that a larger audience could help gain respect for his mother’s work. As he was the ward representative (*balazi*) for Wasa village, all *pepo* patients had to see him personally to receive information about the regulations during treatment. Also, they had to report to him upon departure. Later I learned, that Nambela had not been willing to talk about certain details in the company of Patterson, who was a patient. Had I come with Nelson, I would have succeeded much sooner. I had not realized then that certain features were not to be spoken off in front of outsiders of the family. Personally, I came to have high esteem for
Nelson. Our collaboration strengthened me whenever I had doubts about my study, and he helped greatly to pursue my goals. Without him it would have been impossible to verify the most crucial events in his mother’s illness history or gain further insights about her life. Next to Nelson, I also had talks about Nambela’s life with her children and her younger brother.68

Born with an angel (Kuzalwa na malaika)

Nambela was born around 1928, not far from the compound where she is now living and working. Her father was a Sikaponda and her mother was a Nakamanga. Nambela’s childhood caused her parents many worries. Ever since she can remember, they had to deal with health complaints and with the fact that she did not behave like other children. This she thinks had everything to do with her future life and work as a specialist of pepo illness. In her own words:

I was born with pepo illness (ugoŋywa ya pepo). While I was growing up, I did not want to eat any maize porridge [the staple diet]. Like many other foodstuffs, it made me vomit, so I stayed skinny and weak. I was often on my own and did not like to play with other children. Sometimes I stayed with my father who owned a small store. He was much concerned about me. As a Christian, he got into a lot of trouble with me, since in those days very few people were willing to recognize pepo illness. First he took me to the hospital. I remember how frightened I was thinking I would die there if they kept me. After being hospitalized I became indeed severely ill as if suffering from an infectious disease. This remained the case until my father heard of the outcome of the various tests they had done on me. The doctors had found nothing wrong with me, not even malaria. I was taken to friends of my father who lived near the hospital. As soon as I left the hospital I felt much better. My father, however, was still very puzzled and wondered what to do with me next. My condition remained weak and my joints were extremely painful. Also my mind was easily confused. When I was about ten years old a strange event happened to me. At home I heard a voice that told me about magical objects hidden in a box in the ground. I was directed towards the spot and found an old honey box that contained several bottles, all filled with witchcraft medicine (dawa za uchawi). I took the box home and showed it to my parents who then decided to consult traditional healers about my strange behavior. Many visits were made from that moment onwards and often my father had to pay with a cow for their advice and their medicine. Different medicines (madawa) were prescribed, but I did not respond well to them and eventually my condition worsened. During a period of two years I did not speak to the healers or to anyone else. I felt that the ability to 'hear' and 'see' things had something to do with my symptoms. It was as if clues were given to me upon which I had an intensive urge to react. To me, these clues were important messages.

Throughout the period of visits to several healers I was easily agitated and often indifferent or reluctant to help my mother. I was very unpredictable and showed little interest in the things children usually like to do. Because of this peculiar behavior and my recurring complaints, my mother considered me to be mentally ill and began to neglect me. Fortunately my father continued to be concerned for me. He felt that something else was the matter. Once, I wanted to go to a feast with music and dancing. I dressed myself nicely and went along with the other children, but soon I resented to be mixed up with boys and so I ran off. I stayed away all night in confusion and slept somewhere in the bushes. When I came back the next day my father was very upset. In despair he took me to another healer again. Shortly after this, I stayed away.

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68 I could not request the cooperation of Nambela’s husband, Jason Mpona, since he was ill.
In the Spirit of Uganga

for three days and nights. Again a voice told me to go to a place in the bushes and hide there. From there I could ‘see’ my father and mother at our compound. I also saw that people were looking for me. I decided to return home in order to relieve the fears of my parents. I was convinced however, that I was to tell nobody of my experience. I cannot explain to you what had happened to me out there, only that I came back with messages of pepo. At my return, my mother was crying but I did not say a word. Though I had not eaten for three days I refused everything she gave to me. Only my father knew it was best for me to be left in peace and so he took me with him to his shop. There I slept the rest of the day. While I was asleep many more messages came to me. I cannot tell anyone about these either. Do you know why I keep all these messages to myself and why I do not play around with them? There is something that ‘sees’. Whatever you hide, this pepo will ‘see’ it. Now, can you tell me what this is? How can you tell that this is an illness?

Nambela ended by asking us what it was that made pepo so mysterious, giving illness while enabling a person to have visionary sight. She was aware of this intrinsic relation as a child, but at the same time, she was filled with awe, leaving her in confusion. As Nambela grew up, the emotional pressures got worse and so did her condition. By 1940, when she was twelve years old, her father had given away all his cows and did not know what to do any more. On one occasion, however, Nambela experienced a temporarily relief as new light was shed on her illness by a female healer by the name of Namonje. She came from another part of Tanzania, Iriinga region, and was visiting the area. Nambela's father sought her advice and was told that Nambela was suffering from pepo symptoms. In fact, she was born with an angel, implying that she had a healing spirit. Her father had given away all his cows in vain since this spiritual illness was not to be treated with medicinal plants. Nambela, who at the time was coughing a lot and bringing up blood, was recommended to follow treatment with Namonje in Iriinga region. The healer Namonja, who was guided by coastal spirits (majini wa pwani), used typical odours and vapours combined with special spirit songs to call upon Nambela’s spirit (pepo). The session was held indoors, which is a rather typical feature for practitioners with coastal spirits (see 2.5 and 3.5). Nambela explains:

When we arrived at the healers place there was a lot of singing. At one point a bell rang. All the people who were staying for treatment had to meet at the public house. I still remember that the house was full of people. They made some people sit down, including myself. Then they started singing. One of the songs I remember went like this: Jongo ta chaso chingwe kairote or ‘the cock is about to cry’. After a while they all called out: ‘Come down illness of yours, come down!’ As I was sitting on the ground I felt something new happening to me. I started to shiver intensely while losing total control of myself. This experience felt very pleasant, as if my heart calmed down and all the pain and trouble disappeared for a moment. When the bell rang again, they took me and the other patients for a cleansing ritual with water and herbs. From this moment onwards I got my appetite back. It astonished me that the food did not make me throw up, as would usually happen. During my stay of two months, I regularly joined the singing sessions until I felt strong again and was able to return home.

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69 Looking like symptoms of TB, but this was not the case.
A new series of complaints came when Nambela was married around 1942 at fourteen years, much against her own wishes. According to contemporary custom she was ‘captured’ by the family of her future husband, called Tindja Mpona, a man much older than her. The family had already obtained permission from her father and by seizing her it became suddenly clear that she would have to leave her own family shortly. She had to move to the family of her husband who already had a wife but was still without children. Nambela became his second wife (*mke mdogo*) and was expected to bear him children. In the meantime, her parents moved to a nearby village. Nambela’s weak condition at the time would affect the course of her motherhood. She did not get pregnant easily and when she finally did, she gave birth to stillborn children two times. After 1950, her condition stabilized for a while. She had become a member of the Monrovian Church at Mbozi Mission and regularly joined the Church gatherings. Her faith in God was an attempt to find relief for her complaints, after having failed to find a definite cure with so many traditional healers. Eventually she gave birth to three healthy children, Nelson, Melina and Muhopadje. In 1954, when Nambela was twenty-six years old, she was pregnant with another child. The pregnancy lasted far too long and intervention was needed. Nambela’s father wanted her to go to the hospital and have an operation (a caesarian), but Nambela resented the idea. Instead, she went to see a spirit healer, who said again that she was ‘born with an angel’. She was fortunate to be born like this and did not need to worry about her delivery. The healer knew that Nambela had vomited upon taking medicines from a local healer (*mganga ya kienyeji*). The medicines had been far too strong and endangered her foetus. Though the medicines he gave to her would also have a purgatory effect, these would not harm her or the fetus. Upon her return home, she indeed gave birth to a healthy child, a boy called Ephraim. Nambela asks:

Well, what do you make of this illness? Do you understand that in the end I got medicines that made me vomit again and yet on that occasion they brought me the cure? You see once more what makes this illness so peculiar!

**People of the ancestors (Watu wa mizimu)**

When Nambela’s father died in 1956 her *pepo* started to react more sensitively. She would suddenly feel the pain of others or experience a strong emotion when somebody was dying. Occasionally she would faint. Whenever she heard people sing the particular *pepo* songs, she would react with intensive shivering. As a member of the Monrovian Church she refused, however, to take part in these singing sessions. In 1958, she became seriously ill and this went on until 1959, when she was troubled by high fevers. She had lost more weight than ever before and was so weak that she lost consciousness. Everybody feared that this time she was going to die. A man who came to see Nambela talked with her husband and told him to look for healers who were familiar with *pepo*. In those days, such people were called *watu wa mizimu* (ancestor people) and were initiates of a healing guild (see 3.5 and 3.6). At the time, it
In the Spirit of Uganga

was generally assumed that this kind of spiritual affliction was due to attacks by evil spirits sent by means of witchcraft. Here Nambela describes her experience with the *watu wa mizimu*:

The treatment by the *watu wa mizimu* consisted of special songs, to which the *mizimu* would react. My husband agreed to look for such people, since there was nothing else left to do. My eldest living son Nelson, about ten years old and afraid to lose me, went out to find the *mizimu* people in the company of my younger brother Anderson. They returned with three healers from nearby villages, and each had taken along some people. Shortly before their arrival, a woman came to visit me. She was the daughter of the local chief, and had recently experienced a similar attack [unconscious due to a spiritual crisis]. To prove I would benefit from the singing, she shook the flywhisk [a tail of a cow also *mkia ya n'gome*] near my body to which I reacted by shaking and shivering intensively. This proved that I had *ugonjwa ya mizimu* [ancestral illness].

As soon as the three groups of people had arrived, they gathered around the still unconscious Nambela and started singing. They sang day and night, only pausing for food or a short rest. Soon, Nambela reacted to the singing by shivering and rolling over the ground intensely while losing consciousness for a long time. In fact, she would lay down immobile for hours with her eyes wide open. Occasionally, she regained consciousness allowing her to eat a little. After a few days, Nambela suddenly got up with enormous power. Initially, she was staggering and hovering, but soon she started to run under influence of her *pepo* looking for plants (*madawa*) and hidden magical objects, like the *vipembe*. The *vipembe* are animal horns filled with certain ingredients. At this stage, all those present were relieved, for this marked the crucial moment: her spirit-energy was awakened and manifested the power of the ancestors. As Nambela had ran off, she stayed away for quite some time, surprising everybody with her great energy and strength, considering her bad physical condition. Her mother was very worried, however, thinking that Nambela had become mad (*kichaa*). When Nambela returned, she had fetched medicine (*madawa*) for the first time in her life. She came back with a great deal of plant ingredients, of which she knew the names and for which symptoms they would be effective. It was highly exceptional to see somebody react in this manner, given her weak physical condition. Only a person with very strong ancestral forces in *pepo* could release this.

After this event, Nambela would run off several more times during the singing sessions. She stayed away for many hours, no matter if it was day or night. After a week of singing, Nambela’s violent reactions had reduced considerably. The healers and their initiates decided, however, that the sessions be continued weekly until the pains and fevers fully disappeared. And so, every Sunday they came to sing for Nambela, until she felt much better, about two months later. Often it occurred that Nambela followed the group back home in a state of trance. This indicated that there was still some unrest in Nambela’s *pepo*. The groups said that it could be that the type of
songs had not been totally appropriate for her *pepo*. Yet, for the time being the participation in these therapeutic healing sessions enabled Nambela to establish a more 'normal' life again.

Finding a cure by becoming a healer (*Kupona kwa kuwa mganga*)

In 1961, Nambela's husband Tindja Mpona died. After a period of mourning, Jason Mpona replaced the role of his elderly deceased brother as a husband to Nambela. Jason was not only much younger than his deceased brother he was also younger than Nambela. Coincidently, he too had *pepo* forces with healing capacities and was able to show more concern for Nambela's sufferings. At that time, her sensitivity with *pepo* was stronger than his. For instance, she felt the pain of others to the point that she would actually manifest the symptoms or pains of people. When somebody died, she could simultaneously drop on the ground in a coma and stay there as a corpse, stiff and silent. Only with the help of special *pepo* songs could she regain consciousness. In 1963, her new husband had already been helping some people with his *pepo* forces, but he could not help Nambela sufficiently. That same year, when Nambela was thirty-five, she dreamt about a famous female healer and *pepo* specialist called Namumba from the neighbouring Mambwe tribe. She was instructed in the dream to visit Namumba together with her husband Jason. The practice of this healer was situated north of Mbozi district, bordering Sumbawanga region and Zambia. Nambela describes the event as follows:

During a short stay with this female healer, I experienced a very different outcome of the songs. They calmed me down more than the other songs had ever done. When I went to visit her, I was at a very critical stage and hardly able to walk. Others, including my husband, had to help me to get there. When we arrived, the healer used divination to 'see' what was the matter with me. She told me that I was born with a special illness, which was a creation of God (Mutanga) and that I would soon recover from all the symptoms. She explained that the right thing to do for me was to use my gift of 'seeing' things to help others. I had to become a healer, just like her. Once I started working with my healing spirit, I would never leave my compound until I died. I would always be there to attend to the many people who were seeking help. She could 'see' the many cars that would come with people from all parts of the country. Other healers would try to get in my way, out of jealousy, but it would not harm me. I would give birth to more children. You know, I had only three children left from my first husband, while my sister had already given birth to thirteen children! She told me exactly how many children I was still to give birth to and what names they would have. Two girls and two boys were to be born. In fact all this came true! Together with my husband and some friends I stayed at the healer's place for one week. From that moment on my life took a new course. Namumba told me that by offering the awakened power of *pepo* to others in need, I would regulate at the same time my own physical and mental condition. With the divine power continuously liberated, tensions would be reduced in my body and mind. Progressively, this increased my divine *pepo* forces and my ability to 'see'. Yet, I was not the only

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70 A Nyila woman is, in law, always under the care of a man – her father, brother or husband (Brock 1966). The marriage ties are continued through the brother in law who takes over the responsibilities of the deceased. In this sense, the widow remains married to the deceased. This is known as 'levirate' (see Keesing 1981 and MacMillan Dictionary of Anthropology 1987).
In the Spirit of Uganga

... one with this capacity. In fact, many people there could 'see' much in the same way as my husband and I did.

After a week my pepo had become so active that I had fully recovered from all my symptoms. On one occasion, my pepo showed me images of my late son Muhopadje together with my brother Samsoni. Muhopadje suffered from a hunchback and died at the age of ten by drowning in the nearby river. At first I interpreted the vision as an indication that his death was not accidental. In fact, many relatives of mine had suddenly died in this period. I had attributed these deaths to my brother Samsoni, thinking that his image meant that he was responsible for the death of my son and close relatives. Among them, was also my brother Naison who drowned. Later, it appeared that the image pointed at my eldest living brother. For some time I considered that it was my long ignorance in using my gift of healing that had triggered the sudden deaths in the extended family (ukoo). It could have been the ancestors' way of showing their discontent. But gradually, with the help of Namumba, I came to understand that the images I had of my son indicated that his spirit was not 'closed' according to traditional customs (kufunga kiparazi kwa mila ya desturi). He had died an accidental death, and my eldest brother had failed to take proper care of his passage into the spirit world by withholding him the traditional customary burial procedures. This created a 'trap' (sego) and caused similar deaths to close relatives. Something had to be done to end this trap, which had caused so many years of conflict and uncertainty in our extended family. I took the decision to 'close' once and for all the family spirits who had died since my son's death using special medicine that I placed on their graves (madawa za kabuli). This I did under the directions of my own pepo.

Following this initiation period, Nambela visited Namumba regularly, telling her about what had happened during pepo events at home. She related the knowledge she acquired of plants as preventive, protective or curative medicine: about the problems or pains of people, and the revelations she had regarding exposure of hidden magical objects. Namumba told Nambela that her special gift and the behaviour she manifested in a state of hypnotic trance, was typical for a nchimi, a person inspired or sent by God. Nambela had used relatives and friends to test her nchimi capacities. Namumba had been impressed by Nambela's capacity to 'see' and taught her how to distinguish and interpret visionary insight that could come to her in fragments, serving like clues as in the case of Muhopadje's image. After a couple of months, Nambela started to assist Namumba with divinations of patients and together they collected medicine. Nambela became familiar with all the pepo songs and the prayers of the Sunday afternoon religious gatherings.

The weekly visits to Namumba lasted for about one year, after which Nambela was considered capable of working on her own as a prophet healer. The intense contacts with Namumba, however, continued for many more years. Namumba's support and advice in difficult matters, especially concerning witchcraft, were indispensable. Several times Namumba would remain with Nambela to lend her a hand. Namumba, who was much older than Nambela, considered her as her successor with even a stronger pepo than she, or any other trained novice ever had. Once Nambela was capable of dealing with everything, Namumba retired from her own work as a healer. Being a very pious woman and a devout Christian, she became an active member of
the African ‘Last Church’. This lasted about two years. Eventually, Namumba had to break with the church community, for her pepo resented further participation, causing her to suffer from a range of pepo complaints. As Namumba resumed her work as a healer the complaints disappeared.

Beginning a healing career (Knanzisha kuganga)

In 1964, a year before Nambela started her own practice, an enlightening experience happened to her. As she was at home, she had suddenly run off in a hypnotic trance in the way a nchimi does. To Nambela, this was a special event that made a life-long impression on her. She told me about it during a walk we had in June 1991, which brought back several memories to her. She remembered how she was harvesting millet on a field not far from home, when she was suddenly seized by pepo. The force had made her run up the hill. (Even today, without her having pepo, she would climb up with enormous energy. Patterson and I were unable to keep up with her). On the top of the hill, many large rocks tower above the compound of Nambela and its surroundings. On this particular day in 1964, she had been driven to these rocks, where she was to ‘receive’ many instructions (messages). For five days and nights she stayed out there, completely overwhelmed. She was ‘tuned in’ as never before and I understood it to be an enlightening experience for her. She describes the event as follows:

I came back as if I had been fully initiated. Everything that had happened to me so far, my illness and the messages I had received ever since I was a child, became clear to me. From that day on I knew I was ready to be a healer.

The instructions (maagizo) dealt with her entire life and future work as a healer. Also, clues were given about locations where hidden magical objects could be found. Nambela refers to these instructions as ‘Things of God’ (Mambo ya Mungu). Nobody before her had dared to go up the hill. It was believed that the rocks on top were inhabited by the spirits of former chiefs and guarded by snakes. So, the hill was sacred raising fear in many people. As we reached the highest point of the hill, she called out: ‘this is my house!’ (in vernacular Kinyumba pana hapa). She stood there dancing of joy, for that spot meant so much to her. Today she still goes there to spend some time on her own.

In 1965, when Nambela was around 37 years of age, she began her healing practice on a small compound not far from the present one. Before Nambela started her practice as a healer, she cleared the whole area of dangerous magical objects. This expressed the good will of her pepo towards the community and it was the beginning of her reputation as a very competent pepo specialist. Only a few prophet healers had proven to possess clairvoyant capacities to this extent. Upon hearing
about Nambela’s powers, people came to consult with her and to join the healing sessions. In her own words:

People started to come from all over the area. They all sat on the ground while we started singing, until practically everybody reacted with *pepo* by rolling over the ground. In this way they made it clear to me that they agreed with my work as a healer. Yes, they all supported me!

The magical items that Nambela exposed consisted of horns, bottles, pots or bags filled with a mixture of ‘bad’ medicine. Nambela stored the objects in bags at her own compound, and continues to do this today, after tracing them with the help of divination (see 6.1). Whenever people needed help through the intervention of singing, her eldest son and her husband assisted her. Her husband Jason, who had started a small practice in 1963, was not capable of dealing with his healing role. A depressive state and an asthmatic condition made that he often drank a lot of local beer (*pombe*) after which he would hit Nambela. Ancestral spirits were believed to have caused his bad condition. There were various problems within Jason’s extended family (*ukoo*) as a result of conflicts concerning his father, who had died without a customary funeral. Yet, he and his family refused to settle the matter correctly, which resulted in him being continuously troubled with problems of *pepo*. Due to this situation, Jason’s healing powers gradually decreased.

Taking full charge of the practice, Nambela would sometimes make use of hallucinogenic plants to reinforce her *pepo* powers dealing with complex cases. But, gradually she abandoned the use of such plants, convinced of receiving all the inspiration and guidance she needed through her divine or Godly sent *pepo* forces (in Kinyiha *impepo wa Mulungu*). In 1973, Nambela, aged forty-five, moved to the present location to create more possibilities for the increasing number of patients who needed daily participation in the musical sessions or a regular intake of fresh herbal medicines. This enabled her to check upon her patients through successive divinations. In the same year (1973), Nambela registered as a healer at the District Council of Mbozi. Representatives of the regional cultural office in Mbeya town came to see Nambela and tested her clairvoyant capacities by hiding an object in the river. After this, the application procedure took another two years, resulting in a official permit in 1975. In 1982, a local representative of the government came to check on her practice and to arrange a new license for her.71 In 1991, Nambela obtained national approval (*kibali cha kitaifa*) from the Research Institute of Traditional Medicine in Dar es Salaam, after having given the plant ingredients of thirty vitally important plants so as

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71 As soon as healers obtain a national approval from the Institute of Traditional Medicine, registration at district level becomes unnecessary. This implies that such healers do not have to pay an annual fee anymore to the District Cultural Office. As a consequence, the office loses sight on whether such healers are still active.
to test for any toxic dangers (see chapter 2). From that moment onwards, Nambela could abstain from the yearly permits at the district cultural office of Mbozi.

Today, at the age of about seventy, Nambela still is active as mganga wa jadi nchimi manifesting her pepo daily in diagnosing and helping people. Most patients arrive on foot, whereas others come by bike, car or public transport (during the dry season, a bus from the district village passes close to her compound). Though Nambela’s authority still stands, at present she receives far less patients. One of the reasons is that many former novice healers have installed themselves as healers in the area. I will come back to this aspect in chapter seven.

5.3 The course of events

In her biography, Nambela explains a number of crucial events that have played a role in finding a cure of pepo illness (ugonjwa ya pepo). As a child, she had psychic experiences that confused and puzzled her. Of the various healers who had tried to help Nambela, three of them related Nambela’s problems with ‘being born with an angel’, which referred to having a spiritual capacity that could enable her to become a healer. At that time, Nambela was twelve years old. She found temporary relief for her complaints with the help of the healer Namonje, who used musical sessions and incenses to invoke Nambela’s spirit and to express its power.

Many years later, at twenty-six years old, Nambela suffered from pepo-complaints during a pregnancy. As she consulted a spirit healer, she was reminded that she had special powers that were left unattended. Nambela, however, resisted a possible calling as a healer. She had sought rescue from her increasing complaints through Christian religion and had become a member of the Monrovian Church. Nonetheless, her condition aggravated. When Nambela was thirty-one, she had become skinny and weak, troubled by high fevers. Knowing that her problems were related to spirit forces, her husband sought the help of the watu wa mizimu, the ancestor people. These people were part of a guild in which a leader, aided by a strong pepo, would monotonously sing rhythmic songs to induce a state of trance in participants (see 5.1). It was thought that ancestral forces gave protection and guidance to those who became initiates. As a result, the initiates were liberated from evil spirits (mapepo mabayi). Guidance from the ancestors (waunguzi wa mizimu) was manifested in a state of hypnotic trance, which allowed initiates to find magical objects. These objects were hidden in houses or fields causing illness or misfortune, like crop failure. Initiates could also bring in leaves or roots,

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72 Since 1974, representatives of the Research Institute have periodically visited regions of Tanzania collecting plant material to test plant toxicity. Occasionally, studies have been directed to specific active compounds in medicinal plants. More recently clinical studies are performed at the compounds of some reputed healers (see chapter 11).
which was said to be valuable medicine against witchcraft (*uchawi* in Kiswahili and *uvulozi* in Kinyiha). Initiates with this capacity were known as *wachimi* (persons inspired or sent by God). Participation in the musical healing sessions allowed Nambela to express her strong spiritual forces. No other commitments were expected of her, like becoming a member of the healing guild.

Two years later, Nambela had a dream in which she was directed to the healer Namumba, who lived near the Tanzanian border with Zambia. Namumba explained to Nambela that she had a ‘special’ illness, which was inflicted on her by God (*Mungu* in Kiswahili and *Mulungu* in Kinyiha) so as to help others. Nambela could regulate her own condition if she accepted Namumba to be her tutor and exercise her spiritual skills. In a number of ways, Nambela took after Namumba. Both were pious women who had long resisted using their divine powers and their calling to heal. Yet, both had positively reacted to treatment in a local ancestral healing guild found in the surrounding areas, extending into the bordering countries of Malawi and Zambia. Once these pious women started to practice as healers, they interpreted their special powers to come from God rather than from the ancestors. In fact, they considered themselves ‘traditional healers sent by God’ (*waganga wa jadi nchimi*). As Nambela accepted her calling, she began to realize, that in the past years, serious offences had been made to her paternal ancestors. This had resulted in a range of sudden deaths in her extended family, including a son and a brother. Nambela’s guiding forces helped find out how to end this offensive reaction so as to bring safety and stability again in her extended family. At thirty-six years old, Nambela started her own practice, assisted by her new husband Jason Mpona. He too had healing powers but due to internal conflicts within his family he was unable to develop these powers properly. To gain recognition of the community as a healer, Nambela cleared the whole area of harmful objects of sorcery.

5.4 Discussion

5.4.1 The role and meaning of ‘nchimi’

To a certain extent, the concepts *nchimi* and *pepo* have been influenced by the religious *mizimu* or ancestor guild. Initiates of the guild would regularly hold prayers to God, while ancestors would be sought to facilitate the communication with God. In the ancient *mizimu* guild, the initiates would help afflicted patients by means of musical sessions to achieve a hypnotic trance state. Generally, the guild initiates would use their inspiration to the benefit of their own extended family. To show respect to the tutor of the guild, annual celebrations would be performed in which all initiates participated. Other commitments did not seem to exist. A much similar pattern is reflected in Nambela’s practice. According to Nambela, however, the *watu wa mizimu* guild is outdated, which is in line with the general disapproval of the guild by
Christian followers. In the sixties the guild was met with official resistance and according to Brock (1966), it subsequently crumbled. It was seen as venerating ancestral spirits and it reminded them constantly of the fear for one’s fellowmen who committed witchcraft and sorcery. The belief in and commitment to God would protect them from these practices; and this added to the tendency of regarding ancestral spirits as part of superstitious beliefs.

After my return in 1991, I began to identify the relationship between Nambela and her tutor Namumba; the decline of the watu wa mizimu guild; and the medico-religious movement called the ‘Mutumwa Nchimi Movement’ active both in Zambia and Malawi (Dillon-Malone 1988). This movement originates from the Isoka district of Northeastern Zambia in the early 1930s. Its founder is Aram Rabson Chinyamu Sikaonga, a Tumbuka by tribe and a former member of the Free Church of Scotland. After undergoing a death resurrection experience so common among founders of new religious movements influenced by the Bible, the founder believed he was called to bring healing to his own people. This in particular took the form of identifying and destroying the power of witchcraft or magic. In Kitumbuka, mutumwa nchimi means ‘one who is sent by God’, but simultaneously nchimi refers to witchfinder (ibid.). This places the traditional role of the witchfinder in a Biblical framework. In the Tumbuka Bible, the word nchimi is glossed as ‘prophet’, implying that nchimi healers continue the tradition of the Old Testament prophets (Friedson 1996: 25). The verb kuchima means so much as ‘to react with Godly sent powers’.

The Witchcraft Ordinance (Section 8) introduced by the British in 1912, made the profession of witchfinder or witchdoctor illegal. Practitioners faced imprisonment for life. This ordinance continues up till today (see chapter 2). Over the years, the government began to impose control on the ordinance by the district and regional officials. From the seventies onward, this started to take affect with the official registration of traditional healers in each district, which later resulted in having a compulsory permit (kibali) provided by the government cultural offices. Those healers who did not register were taken to be of a dubious nature and could be easily prone to the accusation of witchcraft. It appears to me that this situation has influenced the role of the waganga wa jadi nchimi who have increasingly adapted their spirit powers towards the purpose of healing.

5.4.2 The role and meaning of ‘pepo’

The equivalent in Kiswahili for pepo as Nambela perceives it is nguvu: power, energy or force. It is considered as vital as moyo: heart or feelings; or as damu: blood. Pepo illness (empongo impepo in Kinyiha) actually signifies the weakening or withdrawal of life, or vital force, from a spiritual being. The concept of pepo closely ad-
here is to the concept of *muntu* applied by the Belgian Franciscan missionary Placide Tempels (1946) who ascribed it to all Bantu tribes. His study on Bantu philosophy was one of the earliest efforts to understand African (Bantu) cosmology (see 3.2).  

The word *pepo* stems from the Swahili verb *kupepea* (to wave or to make a current of air); while *upepo* refers to something that is felt without seeing, or a soft breeze; which is also the abstract meaning of the word *pepo* (see 3.6).

A few authors, particularly Giles (1987) and Thompson (1999), have referred to the importance of the concept *pepo* in coastal regions of Tanzania (see chapter 3). The abstract meaning of *pepo* relates to spiritual energy, with its connotations of wind, air and spirit. Given Nambela’s close association with the Tumbuka prophet healers in Malawi and Zambia, what meaning do the Tumbuka give to this concept? According to Friedson (1996), the vernacular word for spirit in Kitumbuka is *mphepo*, whereas the meaning of ‘spiritwind’ imparts the multivocal nature of the spirit concept for the Tumbuka. Friedson (ibid) mentions a special kind of spirit category, called the *vimbuza* that are part of *mphepo*. The majority of *vimbuza* spirits are those of foreign peoples and sometimes of animals. They are not the spirits of individual persons or animals but rather, the spiritual energy of entire groups of peoples or animals (ibid: 66-67). In Zambia the *nchimi* healers refer to ‘wind’ as *imyela*. According to Dillon-Malone (1988), the term *imyela* is used in a generic sense to cover a wide range of unfamiliar spirits. It is not known where these spirits come from: and they are considered to be both impersonal and individually oriented in their form of expression. These spirits are newcomers to Central African societies and are commonly associated with anxiety states suffered by an increasing number of Africans since the beginning of the 20\textsuperscript{th} century (see chapter 3). The *imyela* spirits are an etiological category reflecting the tensions experienced by urban dwellers in the face of new problems. Patients are frequently told by *nchimi* healers to be suffering from both *imyela* and *buloshi*, meaning wizardry or sorcery (ibid.). The psychotherapy required in cases of *imyela* takes the form of an exorcism ritual. Exorcism is not a prominent feature of *nchimi* practice in Tumbuka practices in Malawi (see Friedson 1996), nor is it in Nyiha practices in Tanzania. The reason is that the meaning and role of *pepo* in illness and healing is diverse, even when the concept is used in a generic sense to imply unseen forces like that of the wind.

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73 I also refer to the Standard Swahili-English dictionary (1989) and Sacleux’s dictionary Swahili-Francais (1939).
To clarify what Nambela means by the universal principle of *pepo* in illness and healing, I quote from an interview with Nambela on the 24th of April 1991. Nambela always recommended that I pose significant questions about her work in a divination session. In this way, she was assured that inner guiding forces provided her with the proper answers. Such a divination session was the best and most peaceful situation for me also, to have a dialogue with her about her work. At these occasions I would be seated a few yards from her, in the way clients sit for a diagnosis, usually for the duration of fifteen to twenty minutes. Nambela would answer in her state of *pepo*, which means that she spoke with frequent interruptions and giving way to regular shivers. Additional information that is given comes from informal conversations I had afterwards with her and some assistants.

J: What is *pepo* illness? (*Je, ugonjwa ya pepo ni nini?*)

N: This is an illness of God (*ni ugonjwa ya Mungu*). It does not come from other people. In many countries all over the world people are suffering from it. *Pepo* illness consists of many symptoms; it is an illness that manifests itself in many ways. For instance through chest infections, which can result in long lasting coughs or bronchitis. Also it can be through weight loss, pain in the head, confusion, heart-palpitation and tensions in the legs or the rest of the body. It also attracts accidents. Eventually it may result in madness. Another illness, called *kijafa* (epileptic fits or convulsions), is also set in motion by *pepo*. When any of these mental illnesses occur, they can be healed here.

J: Can anyone have *pepo* illness? (*Je, inaweza kila mtu ana ugonjwa ya pepo?*)

N: Yes, because we are all born with *pepo*. At times people suffer from *pepo* more than other times. Therefore you can say that each person has a fluctuating *pepo*. In Europe, there are a lot of people who commit suicide because of *pepo*. This is caused by the influence of departed family members who have suddenly died under bad circumstances, also called bad deaths (*viparaci vibaya*). In our society *pepo* illness can be triggered by unhappy ancestors (*mtcimu*) but also by evil spirits (*masheitani*). Each may have a negative influence on people's inner spirit or *pepo*. In that case *pepo* suffers from a bad or ill component in spirit also *pepo mbaya*.

J: How can people recover from *pepo* illness? (*Je, aina gani watu wanaweza kupona kwa ugonjwa ya pepo?*)

N: Those who go to the hospital with their complaints are treated with pills. Often they take a variety of medicine over a long period, without any lasting results. These medicines do not cure them! The result of the treatment here is much better by using songs and plants. Many years ago many people came here skinny and weak; some of them were very ill. Once when I fell unconscious while suffering from *pepo*, others thought I was going to die. But, meanwhile I was instructed about how to cure this illness. It was as if I experienced the words of God (*ili-kawawa kama sauti za Mungu*). After this event I knew that I was going to end the suffering of many others with the same illness. By doing so I would also cure myself.

Nambela typifies an ill *pepo* as a spirit force in disharmony. *Pepo* can be vulnerable to diseases of God if out of balance within the physical world. From this perspective, the *pepo* paradigm mainly refers to the spirit of the living. Nambela emphasizes its universal character, for it refers to a morally neutral, regulative power in people that can be disturbed. Illness emerges as a reaction of one's *pepo* to the environment, conscious or unconscious. When suffering from a 'bad' or 'ill' *pepo*, people lack divine protection that in turn may appeal to 'negative' or 'bad' forces, among them are departed, but also non-human spirit forces. According to Nambela, people in Europe suffer equally from
pepo illness. Sudden or bad deaths of relatives (viparazi vibaya sing, kiparazi kibaya) may be tied to it (see 5.2). Nambela emphasizes further how her own sufferings served the purpose of helping others with pepo illness. If untreated or incorrectly treated, the anxiety symptoms of ugonjwa ya pepo may set in motion unfortunate or strange events, like attacks of madness, epileptic fits but also appearances and voices of otherwise unseen forces. Nambela further emphasizes that no pills can treat pepo illness successfully. The symptoms of pepo might be seen as psychosomatic in the Western medical system and may result in chronic diseases that can only be suppressed or temporarily controlled. Drugs offer no real cure. A Western patient would be able to consult a psychologist or psychiatrist who uses a range of psycho-therapies to discover the real cause of the problem. Instead, Nambela encourages pepo patients (or anyone else who is in pain) to participate in daily musical sessions. Herbal medicines are important to support the healing process of ugonjwa ya pepo.

5.4.3 Dreams, ancestors and God

From the very beginning of Nambela’s career, dreams have played an important role. Dreams revealed to her medicines, songs and also how to divine (5.2). The choice of the healer under whom Nambela was to serve her apprenticeship was also revealed in a dream. According to Nambela, dreams are a token of the reality of the ancestors (mizimu). God, however, is ultimately responsible for who becomes a healer, which is tied to her belief that a nchimi healer carries on the tradition of the Old Testament prophets (5.4). To Nambela a belief in Jesus Christ as messenger of God with divine healing capacities goes hand in hand with the acknowledgement of an invisible world of spirits who live close to the living (see Mbiti 1969, 1975).

That the departed (mizimu) remain in the neighbourhood of their human homestead and thus stay part of the family is reflected also in Nambela’s account of bad deaths (viparazi vibaya) in her family. In her story, Nambela mentions how she feared ancestral wrath due to her resistance to accept the spiritual calling. Nambela also explains that the successive deaths in her family needed ‘to be closed’ (kufunga kiparazi) so as to stop the deceased relatives from lingering around the living. With traditional burial rites being ignored, a ‘trap’ mechanism had come into existence. Gifted by her divine powers of pepo, she learned how to make special ‘graveyard medicines’ and hold a special ritual ‘to close’ the spirit’s influence. As mganga wa jadi nchimi, Nambela thus incorporates Christian with ancestral beliefs and practices. How does she account for this syncretism and what does this entail in daily life and practice? During two consequent visits to Nambela, in 1996 and 1999, I was able to ask Nambela more specifically how ritual traditions and hereditary aspects relate to divine and ancestral forms of energy:
The Healer Nambela

J: What do the Godly powers mean to you? (Je, uwexo za Mungu ina maana gani?)
N: When pepo is active in me I see this as a signal of God (maama kama daliti za Mungu wakati pepo anakuya). Without pepo, I cannot ‘see’ anything or do this Christian work (nafanya kazi kikristo kwa jili ya pepo tu, basi). That is why I can do this work without any other means (tango pepo zimeingia kwa Mungu situmie kitu chochote). If this capacity ceases, I will have to stop my work. Whether you have a hereditary call or not all depends on the powers of the individual pepo (ina-fuata na pepo zake zipo nguvu gani). If you are willing to accept the work, God will help your pepo to succeed (Mungu atakusaidia na pepo).

J: What means Christianity to you when you are not a Christian yourself? (Je, kwa Kil kristo ina maama gani wakati wewe siyo M Kristo mwenyewe?)
N: I do this work with the power of God and the holy spirit of Christ. I feel that I was chosen to do something good for humanity. My religious beliefs coincide with Christian beliefs. Like Christians, I despise witchcraft or any other means of harming others (nakataacwaa achavi au kwamba kia kifunza wasi za watu). I also despise healers who work for personal gain. When working with forces of pepo one is not to ask for any money (sikubali kwa kuchukua pesa za watu). Prayers are the means to be close to God and without prayers no improvement can be made no matter what illness (bila kuwaswi kusaidia mgono).

J: What role do ancestors play in your healing career? (Je, mobabu wana uwexo gani katika kazi yako?)
N: There are healers who work primarily with ancestral forces. Their work is to make offerings and hold rituals with the help of ancestral powers. My abilities come primarily through my spirit as it receives God’s power (nimeweka uwexo ya Mungu tu kwa pepo). Even though I incorporate certain traditional Nyiha rites, I am not a traditional specialist (fundiru za jadi). Ancestors play an important role in our lives, and as for all Bantu, pepo problems are often related to a breach in traditional customs. I will always instruct people to go home to perform customary rituals after participating in the singing sessions so that their pepo will guide them better (ukifanyamilia za kwenda mapepo yatasaidie). Still, each lineage or clan (ukoo) pays respect according to their customs. If serious trouble arises in our own lineage or clan we make a settlement with the ancestors. In accordance to the grief or breach made, we may compensate with a sacrificial offering (tambiko). When an animal sacrifice is needed we may use a fowl, a sheep, a goat or a cow. As we perform the tambiko, we feel guided by divine powers in our pepo.

J: What is the function of placing ritual medicines on the grave of a departed relative? (Je, kwa nini mnawekawa madawa kwenyi kaburi yake yake wakati anafaliki?)
N: The Nyiha, as do many other Africans, have this problem with traditional customs (stiri tunata matatu kwa hayo, mambu ya mila). As long as no medicines are placed on the graves of relatives who have suddenly died, other relatives are prone to die in the same way. Protective medicines of the grave (madawa za kucindikwa kabuli) can prevent this from happening.

The preceding text seems to indicate that Nambela’s calling is not hereditary, or at least she is unaware of any healers among her forefathers. Nambela claims that she has developed her healing powers solely by divine intermediary in her pepo, also a Godly spirit or pepo ya Mungu (in Kinyaka impepo ya Mulungu). Based on this, I consider Nambela, and also her novices, as prophet healers who show respect to their paternal ancestors (mobabu) of the lineage (ukoo). The traditional ritual to close spirits that had a bad death, kufunga kiparazi, and the traditional medicines to protect the offspring from spiritual attacks, madawa za kabuli, are interventions that authentically belong to the responsibility of the traditional lineage specialist (fundiri wa jadi ya ukoo). Among the Nyiha, who are primarily Christian nowadays, such specialists are not easily found anymore, nor are ancestral shrines (see 5.1). The implications are that whenever serious consequences follow from the infringements of certain taboos, Nambela or her novice
prophet healers have limited means to restore the harmony that follows from social disruptions in the family group. The next two chapters dealing with the therapeutic interventions in Nambela’s practice should be considered in the light of this information.

5.5 Conclusive remarks

For many years, Nambela has been able to test her personal experiences with *pepo* as a patient and afterwards as a practitioner. She holds a view on *pepo*, which somewhat differs from the coastal Swahili and the Tumbuka in Zambia and Malawi, who consider spirit affliction to be primarily caused by (wandering) spiritual agents. To Nambela spiritual agents may have an impact on the internal forces in *pepo* or the inner spirit of man (*pepo ya mtu*), but basically, *pepo* is a neutral spiritual force, which forms an interrelated part of the individual. All humans are born with *pepo* and as it fluctuates, it may be the cause of illness as well as a means to cure. In short, the state of balance with respect to *pepo* is essential to personal wellbeing. By considering *pepo* as a inner force, Nambela employs a paradigm of disease and healing that falls under a ‘naturalistic’ disease category that has strong traits of a ‘personalistic’ one; in the sense that spirit illness (*ugonjwa ya pepo*) results from a disturbed equilibrium of the individual in his natural and social environment, which may release the active, purposeful intervention of a ‘sensate’ agent who may be a supernatural being, a nonhuman being, or a human being (see Foster and Anderson 1978: 53). Though the causality concepts of non-Western and Western people may vary, when it comes to *pepo* Nambela sees no essential difference. From this frame of mind Nambela approaches her healing gift; directs attention to her clients; and makes decisions about the course of treatment. More elaborated information about Nambela’s *pepo* paradigm is given in the next chapter.