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

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Chapter 7

The Musical Quest for Healing

Singing is medicine. The songs I was taught are not only of great help in manifesting the ill *pepo*, they also help to become strong and healthy again. Because you are composed of two in one spirit, the healing power is able to wake up [in reaction to the singing]. The moment you receive the power, you know it will do you good. In the beginning it makes you roll over the ground being an indication that you receive help from God! When you roll over the ground you may 'see' medicines, divine illness or begin to 'see' in your dreams. Under normal conditions you also see, but you do not know how to recognize it. If you have the gift of healing and seeing things, your *pepo* will attract many people. God will then help you to do this work [from an interview with Nambela on April 24, 1991].

Next to phyto-therapeutic treatment and the weekly religious ceremonies, patients have to participate daily in musical sessions. The musical sessions are used as a direct instrument to gain relief from anxiety symptoms resulting from a disharmony in *pepo*. In the text above, Nambela points out that she learned specific songs in order to help the ill become strong again. For convenience sake, I will call them *pepo* songs. Nambela refers to the fact that all people are composed of two parts in one spirit (see 6.3). As long as the patient does not achieve a state of 'awakening', s/he cannot expect to become aware of this 'other' component of spirit. The aim of the singing sessions is to 'awaken' and 'liberate' this component of *pepo* in a patient, which becomes manifest in behavioural reactions, like the rolling over the ground. In the process of transformation, visionary sights may be enhanced that allow a patient to see plants that may serve as medicine for him/herself or others. In other words, the singing sessions may 'spur' unknown forces in a patient for individual as well as communal healing. If strong visionary skills develop in a patient, s/he may follow a career of a prophet healer.

Many patients of Nambela have sought treatment with both biomedical and indigenous health care before they came to see her. In fact, most patients had been seeking help for quite some time. This implies that next to the many disappointments, they also spent quite a bit of money in vain. In some cases, Nambela advises patients to have their family come over for a visit to sort out social constraints by means of a family group session. In those cases, each member of the family confronts the accu-
sations of one and another in public, with one or more assistants of Nambela acting as a witness. Otherwise, family members do not actively participate in the therapeutic interventions performed in the healing compound. In this chapter focusing primarily on the musical interventions of Nambela, I will present the cases of eight (ex) patients, who are all Christians. The aim is to illustrate the interrelationship between the onset of pepo illness, the response to musical therapy and the healing factor. In particular I try to answer, whether it are the songs, the vibration of the voices or the vibrant atmosphere that set in motion spiritual healing.

7.1 The musical sessions

From the beginning of my stay, the musical sessions captured my interest. As I witnessed the physiological and psychological responses of patients to the musical sessions, my attention was drawn to the feelings and transformations in patients. I was attracted to the daily gatherings and by and large, could find out under which conditions they would take place. As I lived only a few yards away from the compound, I could hear the calling for a gathering a few times a day, as someone shouted: 'Wimbo, Wimbo' (Songs, Songs). The daily sessions would be held between 4 p.m. and 7 p.m., and from 8 p.m. until midnight. On Sundays, the sessions would begin after the religious ceremony (see 6.2). Below I describe the main context in which they are performed.

7.1.1 The context of the performances

The daily sessions are performed in the middle of the healing compound, instigated and conducted by one or more experienced patients (assistants), while one or more patient(s) are seated on the ground. The sessions are repeated two or three times a day to facilitate the process of 'spirit-awakening' (kuamka pepo). This awakening has to arouse the inner dormant spirit and culminate in a 'spirit-liberation' (kutolewa na pepo). Experienced patients in the compound may invite others to sit down, whenever they hesitate to do so. Everybody will finally join the sessions that are marked by call-and-response singing. This allows patients to take the lead in turns so as to help each other in achieving the desired state in pepo. New patients will usually be invited to speak what was on their mind at the beginning of a session. If they are not willing to do so at once, this is repeated after a few songs and, if silence still prevails, a new attempt is made on another occasion. Family members who accompany the patient will be requested to remain at a distance, since they can disturb the process of ‘awakening’ pepo. Money is to be left behind, because this too can have a negative impact. Usually people will need several days or even weeks to open up to the songs. They are considered to have a pepo that is still ‘asleep’. Normally patients take turns in sitting down, so as to favour the process of awakening pepo. It can also happen that three or four patients sit together while the others are singing. A quick or
slow reaction to awaken and release pepo depends on personal factors. Nambela
sometimes joins the singing from a distance, either by humming along with the songs
or by watching the reactions of the patients. Sometimes, she halts the proceedings to
give an instruction. This happens for instance, to let another patient take his or her
turn awakening pepo, or to stop a long session because the participants need a rest. If
Nambela is worried about a patient, she could call for an immediate gathering. Dur-
ing this session, everybody will pay attention to this one patient. To certain patients,
the clearing process of expressing grudges or worries strongly facilitates the awaken-
ing process. Generally, however, patients stay for a while in the compound in order
to give pepo time to ‘wake up’ (kumwamsha pepo). Little by little, their pepo will
become more sensitive to the songs, even by just being present or singing along.
Rarely ever does the onset of pepo awakening occur during the first session.

In the evenings, the gatherings usually start in the singing hut. Everybody tries to
spend some time there after supper. It is a moment to meet and talk about events that
need attention, but the singing is the major activity. Those present are seated around
a fire, which is prepared by some of the men. Gradually more people enter the hut
and, if the atmosphere permits, some singers have a pepo release and run off into the
night. Sometimes people will shuffle around the fire while singing or dance a little. If
more people are in a pepo trance, or when a certain person needs extra attention, the
whole group moves to the middle of the compound to intensify the singing and the
handclapping. The singing always continues (outside or in the hut) until everybody
has returned from running with pepo. Though only a few people can remain singing,
they continue until late at night to see that the last person returns back safely. This
demonstrates that people are much devoted to these sessions.

Next to the daily sessions, it can occur that a musical gathering is held upon arrival or
departure of a visiting pepo healer who is accompanied by a group of patients and
initiates. Often this concerns an annual celebration to honour Nambela. During my
stay the annual celebration took place in July 1991. I could hear a large group of
people approaching from a distance. They had re-united in Wasa village where they
began to sing the pepo songs they had learned during their stay with Nambela. To all
those who participated, the journey meant a sacred pilgrimage. To make the visitors
feel welcome, the patients in treatment responded with singing as they reached the
healing compound. The call-and-response singing continued for a while until Nambela became the centre of attention and reacted by running with her pepo forces.
Upon departure, there was a more modest singing exchange.
7.1.2 The songs and the singers

Patients, assistants, or relatives of Nambela familiar with the vernacular of the songs, initiate the singing. The songs are principally a mixture of Kinyiha and Kinyamwanga. They often evolve out of dreams or during trance experiences. Some songs are transmitted from or to other pepo healers in the region, through mediation of the patients or novices. The influences of so many people, who come to sing these songs, greatly affect their form and content, and will probably continue to do so in the future. It may therefore occur, that the songs are mixed with bordering tribal languages from Zambia and Malawi. Those who do not share the knowledge of these languages will just sing the regularly repeated chorus lines. For them, the songs have no specific meaning in the beginning. Only out of curiosity they will find out the meaning of the songs, just like I did.

At the start of a gathering, only a few people will participate. It is only after a few songs that more and more people join in. As new patients are explicitly invited to join the sessions, everybody soon gets acquainted with the songs. To obtain full benefit of the songs at the beginning, people have to take their place on a particular spot in the middle of the compound with their legs straight ahead of them and their hands relaxed on their thighs. When the right atmosphere cannot be reached, no matter how many people are around, it often has to do with the devotion of the solo singers. They too are patients and do not always feel strong or well enough to take the lead. If the solo singer is not replaced, the singing session just ends. The reason is, that the singing is based on the call-and-response formula that demands a lead singer and a chorus. The more people join in, the more dedication and attention by the group. The atmosphere is good when one can feel that the air is filled with a kind of ‘charged’ energy, inducing more and more patients to participate. Generally, the songs are composed of only a few lines that are repeated constantly. Those with the best voices, often one of the major assistants of Nambela, will take the lead and sing the solo parts. They have more lines to sing and often they improvise these on the spot. Others will take over in the course of the session, to enable the lead singer to have a break. Instruments are never used, simply because Nambela does not admit them. She feels that her pepo does not have a positive reaction to instruments. As other pepo healers in the district did not use them either, I thought this to be a culture-specific feature. The songs I recorded and translated contain a host of information about emotional, social and religious aspects of pepo. With the help of Patterson, I have translated thirty-two songs, of which three frequently used songs are given below as examples. Certain songs used to begin a session can be referred to as ‘opening songs’. A popular opening song is:
Yeyeye yele mama (Kinyiha)

lead:  
\[ Mwaka \ uno \ takulima \ umwoyo \ wane \ wamalanda. \]
This year I cannot farm for my heart is in distress
\[ Umwoyo \ wane \ beleleye \ talilaje \ wee \]
My heart has become accustomed to this and keeps on crying
\[ Kumzimu \ kusimoni, \ kumzimu \ chiliuli \]
Are you not afraid? How do you see with spirit forces?
\[ Infwayane \ tayimanya \]
I wonder if I am to join the kingdom of God
\[ Pole \ pole \ kwa \ mungelo \]
Please guiding angels of God, help me

chorus:  
Yeyeye yele mama
It is alright mama do not worry
\[ Inkulava \ kwa \ mwenechuo \ kamsolo \ katemweka \]
Beg to God when your head is in pain
\[ Wanambombo \ chiliuli \]
You who work with these forces, how do you succeed to see?

Besides the opening songs, most songs are sung in response to the emotional state or trance behaviour of one or more patients. Other songs are specifically sung to pay respect to Nambela, stating her capacities with pepo and her knowledge of medicine. Songs can also reflect the arrival of a new patient, whose pepo is still asleep, posing many problems to the patient. Indeed, many of the songs are related to the worries, the fears, and the pains that seem to reinforce the ‘ill’ state of pepo. Or songs reflect how pepo can be set free by the singing and take control of the body and the mind. Generally, the songs provide backing and support to achieve a positive outcome of the manifestation of pepo, but also to help maintain and guide pepo trance. When negative feelings like emotional discontent, pain or restlessness exist in patients, this is reflected in the song text to indicate that the pepo is still surrounded by thoughts and worries. At other occasions, song texts stress positive feelings, with emphasis on the increase of energy, a feeling of lightness, and visionary abilities as a consequence of pepo manifestations. As such, the texts readily demonstrate the psychotherapeutic role off the musical sessions. A nephew of Nambela, called Zawadi, would often spend his free time in the healing compound (see preface). He had this metaphorical description of a patient suffering from pepo illness to stress the benefits of the musical sessions:

If you are suffering from pepo illness, it is like the maize in the fields lacking vital resources, because of the amount of weeds surrounding it. With the help of the songs one's pepo blossoms, since all the thoughts and worries are cleared from the ground. The liberation of pepo then has a healing outcome. This is what the awakening of pepo is all about [from February 5, 1991].
In general, once *pepo* is felt to ‘free’ itself, this is accompanied by a shivering and/or shaking of the body. As the shivering or shaking continues the person will slowly lie down. The surrounding group immediately clears the way, still directing all their attention to the person concerned, until he or she starts to roll over the ground. Then the circle of people opens. Once the purpose of the songs is achieved, the circle closes again to direct attention to other patients who are seated in the middle. Significantly, though many people do not know the meaning of the songs, they nonetheless react to them or achieve a release or liberation of their *pepo*. Those who are singing will explain briefly the purpose of the songs and all those involved will repeatedly remind them not to think about home or their pain. What is needed is a total opening up to the songs by just concentrating on the singing. That also explains why the singers would come near the patient on the ground, with one or two of them singing aloud next to the patient’s ear. I myself noticed how easy it was to stop thinking, as the strong vibrations of the voices would completely take over. It was like my whole body acted as an antenna. I perceived every note, every sound intensively. It was easy to understand that together with the emotional attention, this singing could have a hypnotizing effect on the involved. As I would daily participate in these sessions, I was often surprised at the beauty and strength of the voices. Some singers are able to continue for hours at a stretch. The following song text provides another example of the rewards of group therapy as it describes how upon *pepo* awakening, another power takes over while pain, worries and sorrow go away.

*Umwoyo mwayo kumbawa* (Kiyiha)

**Lead:**  
*Wee sogoraga wee*  
Go off running with *pepo*  
*Wee kumungelo wee*  
Follow the angel leading you  
*Wee garagara wee*  
Roll over the ground after *pepo* is set free  
*Wela na wela wee*  
Return, return afterwards with guidance of *pepo*  
*Wee chamalanda wee*  
You are suffering from *pepo* illness  
*Wee zizyale wee*  
Your *pepo* will not stay behind [not fail to experience the beneficial changes]  
*Wee kalungana wee*  
You lose consciousness when *pepo* awakes  
*Wee twontituyali wee*  
You have to forget everything and clear the mind

**Chorus:**  
*Umwoyo mwayo kumbawa*  
My heart is in pain
That songs are closely intertwined with the healer, the location, and the atmosphere in the healing compound is also demonstrated by the following case. Melina, aged 43, is a Msangu from Chunya. She has been to primary school, is married, but without children. She first consulted a biomedical health staff for her biological and mental problems. When Melina's mental state aggravated and biomedical staff was unable to improve her condition, she began to consult traditional healers in Mbeya region. A stay with a prophet healer in Tunduma rendered no success. When Melina started treatment with Nambela, she reacted vigorously to the musical healing sessions. Below I give Melina's description of her illness story and the reactions she experienced to the songs:

As a petty trader, I was selling fruits and vegetables on the market. I was married with a civil servant and lived in Chunya [north of Mbeya]. Two times I became pregnant, but in both cases I had a miscarriage. The last time was in 1978, leading to an internal infection of the womb. As I remained with relatives in Dar es Salaam, I went for a surgical intervention at Muhimbili [government hospital of Tanzania in Dar es Salaam]. After this operation, I was given hormones to improve my fertility and injections to strengthen the uterus, but I did not succeed to become pregnant anymore. Gradually, I began to distance myself from my husband. I could not bear the thought to have sex with him and this made him very angry. By 1983, I had developed several physical complaints like heart palpitations, weight loss, pain in the limbs, nausea and shortage of breath. My mental state deteriorated fast as I did not know anymore who I was or what I was doing. My husband reckoned I had become mad and with tensions increasing between us, I decided to leave him. At that time, I began to seek help at various hospitals in the country, yet examinations did not lead to a clear diagnosis. In 1989, I remained for treatment at the mental clinic of Rufa Hospital in Mbeya. After dismissal, I felt drowsy from the drugs, otherwise nothing much had changed. Relatives advised me to consult with indigenous practitioners in Mbeya region. I consulted three indigenous healers (waganga ya kienyeji). None of their herbal remedies brought any relief. Someone then advised me to consult a prophet healer in Tunduma [border town with Zambia 30 miles from Mbozi]. After two months of treatment, I felt that the interventions were ineffective. Without further spending my money in vain, I decided to consult with the healer Nambela, of whom I had heard a lot in the meantime. Since I am in treatment with Nambela I realize that this healer is losing his power. Really, he violates pepo laws (anavunjya sheria za pepo). Not only does he ask quite a lot of money from patients, he is also often away from the compound, drinking and chasing women. All this has a bad influence on his healing force. That is why I could never experience the presence of divine forces in my body during the sessions. Though the songs were much the same as with Nambela, all I did was to shiver from time to time.

Indeed, soon after Melina came to stay with Nambela, she succeeded in exposing a very powerful and demanding pepo what Nambela calls a 'mean' pepo or pepo kali. After this experience, Melina reacted spontaneously to the sessions every day. Whether or not she joined the singing, she could be seized slowly or quickly and would start staggering, shaking violently sometimes, followed by dancing or running around for a long time. Sometimes, she fell to the ground to stay immobile for quite a while in the way Nambela had done during her encounter with musical sessions by the people of the ancestral shades (see 4.2). I could always tell by the expression on her face when Melina was to have a severe attack like this; as her consciousness took an inward turn. Afterwards, Melina was always soon on her feet again, feeling more
energetic. The beneficial outcome made Melina very confident about having found the proper treatment. As she explained:

It was only during my stay with Nambela that I encountered how a concentration of energy (heat) climbed up from my belly. Now I know this is as a sign of pepo awakening. After a few of these experiences, I felt how this feeling intensified as it started to rise into my head, resulting in a distortion of the normal things around me. Subsequently, I felt a strange increase of energy that I had never ever felt before [narrative of March 28, 1991].

By the time I left, in September 1991, Melina was regularly fetching medicine though she could not remember what happened to her at the time. All she ‘knew’ for certain was the location where she could find the plants, as well as their names and means for usage. Upon advice of Nambela, Melina had decided she would stay for some time and build her own hut in order to calm down her severe pepo reactions, only then would she be able to gain full balance again. The many years in discomfort, sadness and confusion had been hard on her. It would take time to regain trust in herself and her body.

The example of Melina shows that following treatment with another pepo healer does not necessarily bring a beneficial outcome, indicating something more than participation in the musical sessions; and the use of herbal remedies may influence the outcome of treatment. One reason, as Melina pointed out to me, is the attitude towards pepo by the healer. While looking into other cases of pepo patients and their reactions to the sessions, it appeared that the outcome of subsequent trance states could vary a lot. Personal differences played a role, as did the atmosphere of the sessions. To better understand how both factors interacted with each other, I describe some of the experiences that people who participated encountered in the process of awakening and liberation.

7.2 The awakening and liberation process

The release of pepo actually stands for a state of trance in which a person achieves a situation where his or her willpower is taken over by another power. This situation is reached through a series of general patterns that are seen as essential preceding stages. In the course of my trials with pepo (both my own and that of others), I discovered that an intensified feeling is sensed in the belly as pepo starts to react to the songs. There were also people, however, who felt this sensation first of all in their feet or legs. These people suffered from pressure in their legs, so the tension had first to free itself there. This was considered the most difficult situation in which to achieve the liberation of pepo, as it had to climb first to the belly and the chest to make its way to the head.
As I tried to figure out the reactions of the participants, I tested myself numerous times by taking place on the ground during the sessions. It soon started to affect me as the vibrations entered my body and consciousness. Nambela told me that my *pepo* was concentrated in my belly. If it were to ‘wake up’ from there, it would be possible for me also to liberate *pepo* (see 6.1 case 10). These complaints have gradually lessened due to my yoga activities and I noticed that a relaxation of the nervous system caused this improvement. So, it did not come as a surprise to me that in reaction to the songs, I felt an intense reaction in the main nervous centre that is located around the navel. But, I only got as far as to notice a sensation in my neck; it never went any further. Maybe I had some internal resistance to letting it go, but more so I think that I did not have the proper incentive for an awakening of *pepo*. I was fairly healthy and happy and thus had little worries on my mind. In other words, that part of the inner spirit that can benefit of ‘being awakened’ or ‘liberated’ was not sufficiently under tension.

In general, when the particular sensations I described fail to reach the head, the awakening cannot be completed. The necessary condition can only be achieved when a person feels that the sensation leaves the head via the crown. The shivering, set in motion by a kind of electric shock that flashes through the spinal cord, indicates that somebody is about to set free the internal force of *pepo*. Everybody soon became familiar with these characteristics and there was no doubt at all as to who had succeeded and who had not. All the participants watch these stages in the people on the ground and synchronize the intensity of the songs accordingly. The signs of *pepo* are familiar as are the words attached to them:

- *Kutelemka* to descend (the illness)
- *Kucungwungu* to see hazy, to become dizzy
- *kutelemeka* to shiver
- *kusunguka* to turn around
- *kupesepuka* to stagger
- *kwanguka* to fall down on the ground
- *kugaragara* to roll over the ground
- *kuchima* to run with the force of *pepo*
- *kuchemka* to boil with the heat of *pepo* force
- *kutulia* to calm down

If no sign of *pepo* awakening is noticed, then the person is asked what s/he feels. If certain feelings are sensed, such as a slight shivering within the legs, arms or the belly, the person is encouraged to remain seated on the ground. If after thirty minutes nothing else happens, then it is not expected to come to a liberation of *pepo*. *Pepo* liberation is considered as a reaction that comes from the source of *pepo*. At this point the shivering in the body becomes more intense. The total opening to forces of *pepo* is felt like a bundle of heat (energy) either in the belly or the chest, marking that *pepo* ‘climbs up from its source’. When the source comes to a boil, an explosive bodily
reaction takes place (like severe shaking, or rolling and running). Whenever *pepo* liberation happens as a person is seated on the ground, the rolling is a typical bodily reaction that happens mainly to inexperienced patients who are afraid to lose control. During a *pepo* trance, people may be staggering or swaying, sometimes uttering loud shrieks or words. More experienced patients, whose control is easily ‘taken over’, express energetic movements as they run, dance or perform animal postures, like that of a cat or a dog that stretches out its back, or by standing on the head and rolling over a couple of times.

Though it had remained a mystery to me for some time, I finally understood why participants were often shouting: *chemka, chemka, chemka* (boil, boil, boil). As the words would be shouted in relation to utterances like *kutelenka pepo* (meaning ‘come down spirit of yours’); this meant that what had become a part of the mind (thinking) and the heart (feelings) of the person, had to sink into the source of *pepo* before a boil was achieved. Whenever I witnessed the manifestations of *pepo* liberations, I never saw any traces of evil or aggression. No harm was ever felt either by people who fell down or who crashed into something or somebody. In fact, they did not feel anything during their attacks nor pain, fatigue, cold or humidity. Whenever people reacted with *pepo* in the public singing hut, they soon left to find the space to express this energy. *Pepo* reactions of this kind, it was said, would not occur in people sitting in a narrow space, like a car or a train. In other words, the forces were best exposed outside where there was plenty of space.

Musical healing sessions are not exceptional to Nambela’s practice, or that of other *pepo* healers. African healing churches also make use of them. A short account of my field assistant Patterson illustrates this. Patterson, age 45, is a Nyih a from Mbozi district. He went to primary school, is divorced and a father of three children. While living in Zimbabwe, he tried to find relief of his *pepo* complaints by means of musical healing sessions at a Pentecostal church. Yet the outcome was not satisfying, which further indicates that the expression of *pepo* alone is not adequate enough to achieve a cure. Sometimes the awakening process has need for better guidance in order to reach a total exposure of the power in *pepo*. In the words of Patterson:

> My problems started at the time I was working as a waiter for a luxury hotel at Victoria Falls. I lived there with my wife and three children. I had a good relationship with the manager of the hotel, but this caused a lot of ill feeling among my colleagues. Gradually my mental state became unstable, accompanied by chest complaints and coughing. I suspected witchcraft and went to see local healers in Zimbabwe who used drums and songs in musical healing sessions. Without knowing much about the concept and treatment of *pepo*, I participated in the musical gatherings without any reaction whatsoever. Some time later, I participated in the musical sessions at the Pentecostal church. The church members explained to me that *pepo* is as an evil force to be expelled from the body at all cost. People reacted by rolling over the ground and running, even fetching medicine. I fell into a trance state and shivered for a long time while I had the strangest sensations. After this experience, I became afraid for not knowing what had
happened to me, yet the outcome of the experience was positive. Yet, this did not last. Fearing the same ordeal, I avoided further participation in the sessions. The idea of being possessed by an evil spirit that takes over control of your mind and body did not encourage me either. Besides, there was no guidance during the healing ceremonies at the church, a feature I have noticed to be common at other healing churches too. My condition deteriorated fast and my wife did not want to live with me any longer. Since I had also lost my job, I decided to return to my home ground of Mbozi district. This was in 1988. I settled down with my brother and started to help him cultivate some land. During my stay with him, my problems were less compelling, so I was reluctant to give them any further attention. However, in the course of the next two years, my complaints became more severe. My brother and I had success in cultivating the land. Having an abundant maize harvest aroused jealousy among certain relatives. I decided to consult Nambela to learn what I could do about my complaints. After the first consultation, I remained for three weeks to join the musical sessions. However, I did not respond to these sessions. Nambela had told me that it would be difficult, because my pepo was stuck in my legs and lower back which makes pepo liberation hard to achieve. Once I did, the pepo liberations brought me a beneficial outcome. In Zambia I did not succeed to fully express the power of pepo. I now believe that the power of the healer, the intensity of the sessions and a proper guidance from assistants or experienced patients add to the way an individual physically experiences pepo. This is particularly so for those who are uncertain or inexperienced [narrative from January 20, 1991].

In July 1990, Nambela had diagnosed Patterson saying that he not only had pepo illness, but also his pepo was powerful and very sensitive. She advised him to stay for a while, attending the singing sessions to awaken his pepo. Patterson stayed for three weeks without any response to the musical sessions. He went back home to harvest the maize after which he returned for prolonged treatment. This was in November 1990, two days before my arrival. At this occasion Nambela told him that his pepo was much alarmed because sorcery was practised on him and his brother. In the course of the next two months, Patterson achieved a total liberation of pepo. In fact he became the most active of all the patients, fetching medicine and divining others as well. Patterson knew a lot about medicinal plants long before he started to have pepo complaints. His knowledge of medicinal plants even surprised Nambela. I was therefore very fortunate to have him both as an assistant and an interpreter.

Before I left in September 1991, Pattersons' pepo seizures were substantially reduced and the state of his nerves had adequately calmed down. Since he started to feel much better, he wanted to return home. Still, Nambela advised him not to go because the situation with his family still posed a threat to him. Because of his sensitivity to pepo, he was still reacting to the practices back home with regular feelings of oppression and confusion. It was better for him not to return to that environment, but what was he to do? This means that even with a strong pepo force, a person cannot withstand social unrest within the family. This is in line with 6.2 where Nambela states that no medicine is effective as long as people live in disagreement and have bad feelings.
Experienced patients, like Patterson, will release *pepo* very quick or sudden. As the force is already fully ‘awakened’, they are gradually becoming more sensitive. For them, there is little or no need to sit on the ground and have others sing for them. Just upon joining or hearing the singing, their *pepo* can suddenly be set free. This sudden release sometimes causes reactions that resemble an epileptic fit. At first you would see participants yawning or belching as if too much air was taken in, like the first signs of hyperventilation. They would shiver intensively, as if an electric shock was going through them. Next, there could be a violent shaking of the head after which it seemed as if an invisible power pulled them by the head, resulting in dropping down on the ground instantly. In those cases they did not roll over the ground. When *pepo* is affected by great emotional disturbance, patients remain lying on the ground for a while, sometimes shaking their body violently. Due to the sudden liberation of the force setting itself free via the crown of the head, the body immediately reacts energetically. Eventually this will lead to running, which is an important demonstration of *pepo* liberation. At this stage, patients are in a state of dissociation, with eyes rolled upwards. Although often still conscious of what goes on around them, they are unable to react to this. These situations mostly occur when (ex) patients join the singing, but sometimes it also occurs when there is no singing going on. This can be at any moment of the day or night.

Among relatives of Nambela, it is quite common to have *pepo* experiences and they are seen as a positive contribution to the family or the community. To them, the clairvoyant abilities are serving a functional purpose, as they do for Nambela and other prophet healers in the area. Occasionally, one of Nambela’s sons would join the singing and could be seized by a sudden release of *pepo* force. Their susceptibility to *pepo* varied (as with many people who are not having *pepo* illness), but important is that in all those years, they had developed a degree of sensitivity to the musical sessions. The boys were not at all eager to demonstrate this sensitivity. All they wanted was to enjoy the singing every now and then. When I asked them what they felt during the *pepo* trance, they said it was like dreaming. They did not remember what had happened to them at all. Nambela’s nephew, Zawadi, was among one of the relatives who had sudden seizures of *pepo* without suffering from *pepo* illness. He was only 17 years old and could experience sudden seizures in the absence of singing sessions (see preface and 7.1). Whenever I saw Zawadi active with *pepo* (he often joined the singing sessions since he was an excellent solo singer) he would run for hours to fetch hidden magical objects or medicinal plants. As also happened to some patients, the force and insight that Zawadi showed during sudden *pepo* liberation was most impressive. He would perspire profusely, his body seemingly wracked with the intense energy he used. There was always an assistant guiding Zawadi or anyone else for that matter, who came back with an object or parts of plants in their hands. The
assistant (an ex-patient or one of the experienced patients) would keep an eye on those who had left with a hatchet to dig out plants. When they came back, they would gradually approach this person, who would be sitting in a particular spot. He or she would be informed what the plant was for, what it was called, and how it was to be prepared and used. Whenever a person came back with a magical object, he or she would say where it had been hidden and what it was meant for. These were usually people with a lot of *pepo* force, as they often continued their searches for hours, like Zawadi did. People showing this ability were closely watched, because their force was not easy to calm down (*kutulica*). Intervention was often necessary. These events usually took place during the day.

A ‘strong’ *pepo* force may be released immediately, yet it may be feared. Eventually, however, it brings a person comfort and newly gained awareness. In the following case, my good friend Maria speaks of a past experience when she was taken to Nambela as a child. Maria, age 42, was a Nyihá from Mbozi district. She had primary education, was married, and had seven children. Upon arrival at Nambela’s compound she was advised to sit on the ground and direct her attention to the singing. This turned out to be an overwhelming experience to her.

Once at the age of sixteen I had complaints of confusion, nightmares and bodily tensions. At that time I lived alone with my mother, brother and sister. I was taken to Nambela who detected during a divination that I was troubled by my *pepo*, resulting from the death of my father. His sudden death had upset my *pepo* and I was advised by Nambela to participate so as to find a relief from my worries. While participating in the musical sessions, I soon lost my will-power and showed a lot of force with my *pepo*. I felt something in my belly rising upwards. From inside I shivered and then I started to tremble. I realized what was happening, but I had no control over myself anymore. A force made me run far away to fetch certain medicine. I acted upon an impulse while I looked and listened what happened inside the body of another person in pain. It was as if I had a stethoscope to see what was wrong inside. I felt a lot of energy as if I could never become tired, no matter how far or how long I went on running. After I came back it took a while for me to regain my control. Then I felt tired and hungry. This overwhelming experience refrained me from going back. Nambela had asked my mother to return with paternal elders to discuss the sudden deaths in the family. But nobody in the family wanted to discuss these deaths with Nambela. The reason was that they were suspicious about the ideas and interventions of Nambela whose reputation they feared [narrative from April 15, 1991].

Maria had once been working as a village health worker and takes the stethoscope as an example of how to see what goes on in the interior of a person’s body. The overwhelming experience with *pepo* trance made her afraid and prevented further treatment. Her fears were nourished by her Christian values about spirit possession in which spirits are regarded as products of the Devil. Furthermore, Maria did not want to loose control over her self anymore. Maria explained to me, however, that a number of events had marked her life. As a child, Maria suddenly lost several close relatives and nobody knew why. Maria began to suffer from *pepo* illness following the various
deaths in her family. Since her Christian family had broken with traditional religious rites, they did not seek to answer the cause for the sudden deaths, nor for Maria’s complaints. Nambela, who knew Maria well, respected their decision but insisted that it was dangerous for Maria to repress strong *pepo* forces as these have a negative effect on mind and body. Regretfully, Maria died in 1999 from cancer of the womb.

7.3 Initiates and novice healers

According to Nambela, a strong and sensitive *pepo*, like that of Maria in the previous case, will continue to trouble the patient if it remains insufficiently exposed. Sufficiently exposed, *pepo* will give support to the patient and at some point it may even make the patient act like a *nchimi* (a person sent by God) exposing evil influences, like witches and witchcraft objects (see 5.4). The song below mirrors the experience of a highly sensitive *pepo* felt through lightness, as a person is in a state of trance.

*Choni chakuleta nchimi wee* (Kinyiha)

**Lead:** *Aliwela wee walola ilelo wee*

You will see today it will return to you

*Aliwela tepepuka kwanda wilelo nchimi wee*

It will return as a feeling of lightness when you have a divine *pepo* today

*Aliwela zomelani kwanda wilelo Nambela wee*

It will return today with the approval of Nambela

*Ngalilema sikapanda ngalihoma kofi pitwe mwee*

To get hold of the sorcerer, once I get hold of him, I will hit him on the head

**Chorus:** *Aliwela wee walola ilelo wee*

You will see today it will return to you

*Choni chakuleta nchimi wee*

What is it that has made me run like this with divine forces in *pepo*?

Sometimes Nambela will encourage a person to develop the visionary abilities like she did, and use this gift for healing. Nambela may already tell a patient about this possibility during the first diagnostic session, but sometimes she mentions it in the course of treatment. Those with strong abilities are considered as ‘spirit children’ (*watoto wa *pepo*) or initiates of *pepo* and are recommended to become a healer and upgrade their spiritual potentials. A number of initiates, who had already become used to the expression of strong *pepo* forces during treatment, would explain to me that once they had recovered, they became very sensitive to the pain of others or to bad influences of people around them. Those initiates, who agreed to become novices, received guidance from Nambela to develop a career as a healer. Others with strong potentials were advised to find a good healing compound near their home and continue to participate in musical sessions, whenever the need was there. In this manner, initiates not only prevented having renewed *pepo* complaints, they could also continue to benefit from intuitive directions during *pepo* trance. This enabled them to
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Some initiates chose to remain in the vicinity of Nambela. They were given a plot by Nambela’s family for building a hut and cultivate food. Sometimes, initiates feared to return home because of the bad relationship with their relatives. Those initiates too could be given a place nearby to settle down, some of them even became wives of Nambela’s sons. One person, who was an initiate of pepo and lived around Nambela, was my neighbour and good friend Esta. She had been in treatment with Nambela for two years and had developed strong visionary capacities. Esta was a Hehe from Iringa, aged 36, who had two years of secondary school. As in the case of Maria before, she had an arranged marriage at sixteen and a husband who abused her. As Esta divorced her husband she had two sons, the eldest now remaining with her parents. She explains:

I lived for many years in Dar es Salaam with the father of my child. Because my husband used to drink excessively, he would often beat me badly. Feeling desperate with him, I decided to get away from him. This happened in 1977. From then onwards I started to suffer from various complaints. First, there were temporary high fevers with regular attacks of heart palpitations. Gradually I lost my appetite, began to lose weight and became confused. In the area of Iringa town, I visited several hospitals, where my complaints were identified as malaria. Treatments did not result in any progress. Eventually, I went to see traditional healers who said that my symptoms were caused by sorcery. Their medicines brought no relief. Someone who knew of Nambela’s success in treating pepo illness encouraged me to consult with her. In the summer of 1987 I took the train from Iringa to Mbeya with my eldest son. From the nearest station in Vwawa, I walked to Nambela for six hours. Though I was weak and hardly able to walk, I experienced a sudden flow of energy, which I had not felt before [narrative from February 5, 1991].

After two years of intensive treatment with Nambela, Esta had recovered from her pepo symptoms. Soon afterwards, she was expecting a child from Nambela’s younger brother. Esta decided to stay around for she felt more secure here then being far away in Iringa. She gave birth to another son. Occasionally, when she felt that her pepo was somewhat restless, she would join the musical sessions. During these times, it happened that she took off suddenly with pepo in the midst of singing still carrying her baby on her back. Others would react instantly to take the baby away from her as Esta went off running in a state of trance. Upon return Esta was perspiring a lot. A number of times I saw her holding the leaves of one or more plants in both hands. Esta crushed and rubbed the leaves onto the painful parts of a patients’ body or she pounded the leaves to serve an oral drink. At times, Esta gave the patient a massage and manipulated the position of the back, neck and head. During such events, she felt strong and in balance, while being conscious of what she was doing, though she still was in a pepo trance. This strong expression of her pepo not only gave her a lot of energy afterwards, she also gained more confidence in herself. When I talked to Esta during her pepo trance she could hear me, but she could not respond to me. The only
way to find out what people like Esta went through was to ask them afterwards. Esta and I went through the stages several times, right after she regained her control (will). The following text indicates a kind of structural order in the manner by which Esta came to develop her inner forces of *pepo*:

The exposures may be more powerful at one time than the other. But, the more often *pepo* is liberated, the easier it becomes to do so. This is felt straight away when the force leaves my head. The more ill I am, the more *pepo* liberation serves a personal purpose. This is the process in which a weak *pepo* develops its strength, while having a powerful *pepo* gives way to it. The healthier I am, the stronger my *pepo*, the more *pepo* liberation serves the purpose to heal and help others. Due to a strong *pepo* I remain aware of what goes on while I may obtain precise indications of what is wrong with myself or someone else. It also warns me when danger is around. The shivering is a sign for a coming *pepo* awakening or a strong *pepo* reaction and is felt as an intensive electric shock, whereas the skin is felt intensely. Besides that inner forces in *pepo* bring about a great deal of energy they also take away feelings of pain. Once this force is released, I can do nothing to cease it as it urges me to act upon the power. When it urges me to seek medicinal plants (*madawa*) I know it takes me to the right place. If I intend to cut or dig out the wrong plant the force in *pepo* obstructs my limbs and I know that I am mistaken. To me, this concerns a natural force, and so is the ability of visionary sights as a means to do well to others.

That an ‘ill’ *pepo* needs the help of a strong *pepo* to fully recover is in line with Nambela’s description in the beginning of this chapter. Development of *pepo* powers facilitates the healing process. These creative healing forces seem to be part of the deeper layers of consciousness that are also part of the ‘other’ component in spirit. This other component is normally weak at first, but can develop into a strong component. Instead of the words ‘weak’ and ‘strong’, Nambela, Esta and others sometimes referred to having a ‘cold’ (*baridi*) or ‘hot’ (*joto*) *pepo*. This should not be confused with the calling of ‘let *pepo* come to a boil’ (*chemka, chemka*) during the singing sessions, which is to encourage *pepo* to ‘wake up’ in body and mind (see 7.2). However, the more ‘hot’ *pepo* is at this stage, the quicker the recovery will be.

Nambela stimulated quite a number of ex-patients to apply their ‘hot’ powers for the use of the community. As they possessed a powerful healing force, these patients had recovered in a few weeks time. After treatment, novice healers would remain with Nambela to familiarize with the role of a healer. At a certain stage, Nambela would tell the novice healers to return home and try their capacities on people in their community. They were to report their findings regularly to Nambela and follow certain instructions so as to improve their abilities. By the time they were considered ready, Nambela choose a proper place for them to work back home. Mostly this was somewhere in Mbeya region. If the novice healer lived further away, Nambela would propose settling nearby so as to maintain in regular contact for support. In this manner, Nambela could be consulted in complex matters, like in cases of ‘closing’ the influence of a deceased relative. In general, the novice healers would start with a small practice providing shel-
ter for one or two in-patients. If their powers developed well and there were no major constraints, they could expand their practice and become fulltime healers.

During my stay I met eight novice healers, of whom five were women. Among them, only one had someone in the family who had been a healer. In other words, a healing vocation was not necessarily inherited by bloodline. Strikingly, these novice healers had initially resisted the newly acquired powers and did not want to become a healer. They were either afraid of the responsibility, did not want to work for free, or did not want to be tied to rules. To develop and maintain a successful healing practice, it was essential for the novice healers to receive respect and cooperation from close relatives. A positive setting was needed to care for the patients and contribute to people's health. Sometimes, however, female novices encountered problems at home because of unwillingness by their husbands to accept the responsibilities of a healing vocation. The constraints involved to become a healer, made that novice healers could feel unhappy with their special abilities. At the same time, they feared that by refusing to develop their healing gift, pepo problems would return again. These ambivalent feelings made it difficult for them to integrate their spiritual forces sufficiently in their body, soul and mind. As a consequence, they became uncertain, which in turn made them more dependent on Nambela's help.

Generally, when novice healers complied with their strong pepo, they would soon develop a clientele around them. The strength of pepo would be a crucial sign for outsiders to establish if the novice healer had sufficient capacity. If this was not the case, word soon got around that the healer had weak spirits or that s/he was not fit for the task. These novice healers would never built up a reputation or create special facilities to accommodate patients. Though strong spirits could soon contribute to the popularity of a healer, this could just as soon decline when the healer did not respect regulations or suggestions made by the tutor or his/her pepo. At the time of my study, thirty ex-patients of Nambela had started a career as a healer, men and women alike. Yet, not all of them had become successful. Nambela often complained of those novices who disrespected the rules by which to apply their healing forces. In general, the rules are as follows: 1) not to make business with pepo forces; 2) not to abuse the powers for bad purposes; 3) not to satisfy the need for alcohol; 4) not to have sex with other women/men other than the partner; and 5) in accordance with one's individual force, not to eat certain foods (see 6.3). In her role as a tutor, Nambela confined these rules to each novice healer. In addition, each novice received personal instructions from pepo. For men the various rules could pose more difficulties than for women, and subsequently I found that more novice women continued training.
What puzzled me during my stay with Nambela was that Esta was never told by Nambela to develop her ‘hot’ healing forces for the purpose of becoming a healer. Nambela told her that her pepo was not meant for this purpose and Esta herself was relieved not having to take up the responsibility. Once she was cured she would occasionally join the sessions, only when she felt slight turbulences in her head or heart. Usually this occurred when she was very tired from working the land or when she had had words with someone close to her, like Nambela or her brother, of whom she had two children. I nonetheless wondered if Nambela had discouraged her from using her powers to heal others because of competition. She already found herself facing a cousin next to her compound who started to prepare as a healer. This she did not approve of and tensions were clearly going on.

In Nambela’s prime time as a healer, she could sometimes appeal to active healers who were instructed by their spirit forces to consult with her. Often this was tied to the wish of the forces to incorporate other methods of practicing. Let me provide one such example to place the role of pepo and a healing career in a broader perspective. Simultaneously, the example will form a bridge to the female healer, who will be presented in the next part of this thesis. Below follows a short account of Atuwoneyje, family name Wilangali, a Hehe of 55, practicing as a healer in Iringa region. She had been to primary school, was married with children.

Since 1978, I have been practicing as a pepo healer in Soliwaya, a small village near Makumbako in Iringa region. I worked under the inspiration of paternal ancestral spirits. Among them were healers, both males and females, of Hehe origin. In my practice I used to ask a fee for my services. A majority of patients came with problems of ‘bad’ spirits and witchcraft. I would perform musical sessions to set bad spirits free and supported treatment with herbal medicines and ritual cleansing. In 1983 I had several dreams in which I was instructed to visit Nambela. I followed this advice out of fear to get into difficulties, so as I had already heard much about Nambela, I left to find her. Upon arrival at the compound, Nambela explained to me the purpose of my dream during a divination. She invited me to stay with her for some time and become her assistant. The reason for my stay was to improve my own practice and incorporate Nyiha rituals. The instructions I had received in my dreams also had come from Nyiha maternal ancestors, who were once lineage healers (waganga wa mitimu ya sikoo). Nambela also taught me that it was essential to respect Nyiha spirit regulations and not to work for personal gain. The rituals I had to learn from Nambela were those to remedy kiparazi and lupapala. Many of my clients were suffering from kiparazi [wandering spirits in the family who had a bad or sudden dead] and in several cases this happened together with lupapala, in Kihehe luleko [breaches of conduct leading to a state of coldness]. Before I came to Nambela I already knew of certain Hehe rituals to deal with these problems. For six months I remained with Nambela so as to honour the wishes of my Nyiha ancestors. After that I was allowed to return home and proceed with my healing career in which I now incorporated Nyiha rituals and regulations [narrative from February 1999].

Back home at 150 miles distance from Nambela, Atuwoneyje had begun to incorporate the Nyiha rituals to remedy kiparazi and lupalala. She also incorporated other elements from Nambela’s practice, like the pepo songs. Musical sessions were, how-
ever, already part of Atuwoneyeje’s practice. During two years following her stay with Nambela, Atuwoneyeje revisited her a number of times to show gratitude for Nambela’s tutorship. At one of these occasions, she paid a sum of money for services rendered. Apparently, she did so upon instruction of her ancestral spirits to test her sincerity with respect to the new rules set by them. By consenting to her new task, she not only gained more strength through the protection of the Nyihia spirits, she also gained more prestige and power. From this background Atuwoneyeje thus began to perform traditional Nyihia and Hehe lineage rituals for clients suffering from baridi or ‘a state of coldness’ (in Kinihya lupalala). Clients who consulted Atuwoneyeje were mainly people of Nyihia, Hehe and Bena descent. In chapter eight, I come back to Atuwoneyeje’s role in the life of the ancestral lineage healer Jeremana.

7.4 Seriously disturbed pepo patients

Positive developments in musical therapy were not always achieved. Especially when the patients suffered severe mental complaints and had a weak condition, other factors too needed consideration. In such cases, bad or sudden deaths (kiparazi) could play a role with the influence of wandering spirits or problems existing in the paternal family, known as in ‘a state of coldness’ (lupapala). Denial of customary burial rituals could give cause for ancestor spirits (pepo ya mizimu) to wander among the living in the family. These wandering spirits tried to catch the attention of the victim’s parental family, especially the male elders. This created an unfortunate condition that prevented the victim (patient) from access to divine healing powers of pepo. In serious instances, a kinship agreement with the ancestors could be required to solve a crisis in interpersonal relationships within a family group. In that case, Nambela instructed the clients to perform customary rituals at home (see chapters 5 and 6).

7.4.1 Three case studies

Below I present three cases to demonstrate why and when pepo can be seriously disturbed and how (or how not) this intercedes with musical therapy.

Case - 1

This first case concerns Agnes, aged 35, is a Mbongo from Chunya. She had spent two years at primary school, was married young and had nine children. She explains:

I arrived at Nambela’s practice around the beginning of February 1991 together with my youngest child. My other children were in the care of the family while my husband worked his tobacco fields in Tabora [northwest of Tanzania]. I had suffered from a miscarriage and was pregnant again. Pepo complaints had started way back, in 1983, shortly after the death of my father. I regularly lost consciousness and had strong fits of fear. At such moments I felt like my heart and soul were torn from me. Confusion gradually increased while my physical condition had become weak. I went for consultation to various hospitals, mostly psychiatric
wards, where I was given sedatives. They did not know what else to do for me. I had become depressed, had difficulty in sleeping, and as a consequence I had a hard time to raise my children of whom three were regularly ill. When looking for help with traditional healers, I was regularly given treatments to counteract witchcraft, but this did not change my condition either. When I had lost my baby and became pregnant again I was in a state of total panic. My husband took me to Nambela who found out that the problems affecting my *pepo* were related to my father’s spirit. Before he died, he was suffering from a range of mental and physical complaints. Being buried in a Christian fashion made that no sacrificial offering was held to ease his spirit and somehow this took effect on me. Nambela advised me to buy a sheep for sacrificial offering in order to end the influence of my father’s spirit. [narrative from June 5, 1991]

Until the sacrifice took place, in April 1991, Agnes was recommended to join the singing sessions so as to free herself of the ‘negative’ influence of her father that had affected her *pepo*. Plant remedies were given to calm her down and to improve her condition. In *pepo* trances, during the musical sessions, Agnes began to experience strong impressions about her father, but also about her grandfather. Also she began to have very clear dreams, which she reported daily to Nambela. Each time, she would see the sufferings of her father and the way he died. She also discovered that his death came about under the influence of her paternal grandfather, who had died under similar circumstances. In other words, both men had died insane and were buried without traditional ceremony. Nambela, who proposed to make a sacrificial offering of a sheep to bring the soul of the father and the grandfather to rest, also told Agnes to place graveyard medicines on the graves of both men and, to take ritual baths in the compound so as to purify herself from spiritual influences but also create a protective shield around her (see 6.3). In May, I learned that Agnes was recovering, which was shown by her cheerfulness and confidence in the treatment. By June, Nambela established in divination that the influences of both her father and grandfather had ceased. Agnes remained with Nambela, however, to bring her pregnancy to a good end. In her role as midwife and specialist of reproductive problems, Nambela saw her safely through the pregnancy. On August 2, 1991 Agnes delivered a healthy girl on the compound and by the end of August she returned home, feeling better than ever.

**Case - 2**

The second case is about Irene, aged 34 and a Mmanda from Tukuyu [close to Lake Malawi]. She had finished secondary school, after which she was trained a secretary. Irene was married and had two children and worked as a secretary for the F.A.O. office in Dar es Salaam. On March 30, 1991 she arrived together with her mother at Nambela’s compound, after a journey of nearly 15 hours by car from Dar es Salaam. Irene’s father held an important position at the Ministry of Dar es Salaam and had sent his driver with a government car to bring them. Upon arrival at the compound Irene appeared frightened and confused. Ten days after their arrival, I had a talk with Irene’s mother who spoke well English. She explained the situation of her daughter to me as follows:
Irene was always very cheerful and bright. Now she sleeps most of the time, is melancholic and isolated herself, not speaking to anyone. We took Irene to Muhimbili psychiatric clinic of the government hospital in Dar es Salaam. Irene stayed there for one month but her psychotic behaviour continued during drug treatment. Nambele revealed this aspect during divination as she said that the doctors did not know what else to do with her. After the failure of the hospital, we took Irene to three different traditional healers in the city. All the healers said that she was troubled by sheitani [a ‘devilish’ spirit] that was sent on purpose to harm her. Their remedy was dava za kombe, existing of saffron ink diluted with water used as a remedy, commonly in use by coastal or Muslim healers. The use of Koranic text, considered as magical words from Allah, were given as an oral remedy assuming that they send away the spirits (sheitani). Irene had refused, however, to drink this remedy. None of the interventions in fact helped her. When Nambele held the divination, she revealed that Irene had recently started a new job to replace a woman, who had been transferred for some unknown reason. She also knew that my husband and I were afraid that this woman had used black magic to get rid of Irene. Yet, Nambele pointed out to us, that this was not the reason for Irene’s mental problems. [narrative from April 10, 1991]

In the divination session, held the day after their arrival, Nambele actually revealed that Irene’s complaints started back two years ago, long before she got the job at the F.A.O. The first changes in Irene’s condition began with confusion and bad dreams. Gradually, she also became depressed. Much later, she began to develop aggressive behaviour. She would take her anger out on her mother and eventually she even attempted to strangle her. This became the incentive of her parents to take her for mental treatment at the government hospital in Dar es Salaam. According to Nambele, the mental state of Irene pointed to a severe form of pepo illness. This condition had come forth under the influence of paternal ancestors of Irene’s father. Apparently, there had been cases of bad deaths (viparazi vibaya) among them. Nambele recommended that a sheep be given in ritual offering to ‘close’ the spirit of the deceased grandfather, who had died without receiving a traditional burial. Considering the seriousness of Irene’s condition, Nambele suggested that her father also performed a sacrificial offering to be held at his father’s grave to appease his spirit. Without this intervention, Nambele said, the ancestral forces would remain discontent and this in turn would refrain Irene from responding to treatment. Nambele nevertheless recommended Irene to participate in the daily musical sessions to help reduce the negative forces in her pepo.

One month after Irene had arrived, she responded with a strong pepo trance during a session. Irene ran a long way from the compound without returning and people had to go and look for her. After a few hours, they found her totally confused hidden somewhere in the bushes (see 6.3). A few weeks later, Irene expressed a cathartic manifestation of emotions while crying out loud. At this occasion she spoke about her father’s reluctance to bring a ritual offering as if she spoke with the voices of the ancestors. This was followed by an immense impulse to run. The following three

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nights, Irene disappeared and tied herself at her feet and hands in the surrounding bush. When they found her she had calmed down considerably. Once back in the compound, it was even possible to communicate with her a little bit. At that occasion, I tried to talk to her and noticed how she repeatedly spoke of her dreams of men who insisted on her helping them. During the conversation, Irene also spoke of her dislike to treatment, especially to take pills or herbal medicines. As Irene refused the intake of herbal remedies, her mother mixed the herbs secretly into her food. However, Irene would always know and subsequently refuse to eat. A similar thing had happened during psychiatric care. Nurses had to force Irene to take drugs. Eventually they succeeded by giving her injections to calm her down.

Once, as her mother had left for a few weeks to Dar es Salaam, Irene announced to Nambelaa she wanted to live with me in my house. She did not want to be left in the care of other women in the compound. Nambela and I told her that this was not a good idea because I was not able to take proper care of her. Throughout her mother’s absence, Irene remained rather quiet, but as soon as her mother returned, Irene began to be aggressive again. This happened in reaction to the photographs that her mother proudly showed of the marriage of Irene’s younger sister, Elizabeth, whose wedding she had attended. Among the pictures were also shots of Irene’s children. The children had been in the care of her parents ever since she became seriously ill. Irene’s husband appeared to be absent in the pictures. Irene’s mother complained to me, that he had never once come to see his children, nor had he ever visited Irene. The same counted for her own husband who had given up all hopes for Irene. Irene’s mother confided in me that her marriage to him was an unhappy one. The marriage had been arranged for economic reasons and there had never been any love between them. Her husband was, however, very fond of Irene. Though she was not sure, she suspected them to have had some form of intimacy. When Irene grew up and started to frequent young men, her father became extremely jealous giving cause for a tensed relationship. Their relationship broke up when Irene decided to get married.

By the end of June 1991, Irene’s mother prepared to leave the compound, as further treatment seemed pointless for her daughter. The mother had become melancholic and complained of painful limbs. It was she who participated mostly in the singing sessions to gain relief from her worries, not her daughter. As Irene’s mother asked Nambela permission to go home, she was recommended to find out more about the circumstances in which the grandfather had died. Nambela mentioned to her once more, that as long as her husband remained reluctant to actively participate in Irene’s health and refused to attend to the troubled paternal ancestors, Irene would not recover. An uncle in Mbeya region came to collect them a few days later, never to be heard of again.
Case - 3

As the third and last case, I wish to present two men, Bashir and Hadji, who were both around 30 years of age. One is Bashir, an Indian with a good Indian education, and the other is Hadji, a Nyiha who only had secondary school. Both lived in Mbeya town where they worked in a timber shop owned by Bashir’s father. In November 1990, the two young men came to consult Nambela about problems concerning Hadji. During divination Nambela told Hadji he was under the influence of his deceased mother who had committed suicide some time ago. Hadji had started to become depressed some months later and a number of times he had attempted to commit suicide. Nambela advised Hadji to perform the *kiparazi* intervention to stop the influence on him of his mother’s wandering spirit. After seeing Hadji, Nambela addressed herself to Bashir saying that he too had difficulties.

It was not uncommon for Nambela to warn bystanders when she noticed that they faced dramatic events in their lives. Reluctant of Bashir’s ethnic background, Nambela exposed a number of ‘mistakes’ in his family. The various problems were tied to the suicide of his brother, who strangled himself about a year ago. Nambela mentioned a recent accident of Bashir and connected this to the sudden death of his brother. Furthermore, Nambela ‘saw’ that he had brain damage as a result of the accident. Bashir, who had never consulted a traditional Tanzanian healer before, was astonished by Nambela’s revelations and had to admit that she was right. He had indeed been in treatment at a hospital in Mbeya and Dar es Salaam. In both cases, he was advised to seek neurological treatment in the United States. To Nambela, the influence of his deceased brother appeared to be of greater concern as she stated that he needed protection against the influence of his wandering spirit. She proposed to arrange a sheep for him to be offered upon a next visit so as to sacrifice the animal to his deceased brother as in *kiparazi*. Bashir did not oppose as he figured it was worth trying. This time, Nambela gave him medicines to protect his body and medicines to reduce the pain from the fracture in his back, contracted from the accident. For the brain damage, she had no medicine.

When I met with Bashir a few months later, the pain in his back was gone. However, he had become very absent-minded and showed aggressiveness. In fact, he began to show similar behaviour as Hadji did before. Following the ritual intervention to end the situation of *kiparazi*, Hadji had come back to his normal senses again. When I met him, he was very cheerful and blessed Nambela for her concern and good advice. Bashir, on the other hand, had decided not to return for the *kiparazi* ritual. He and his father could not believe that the performance of this ritual could help in any way.
7.4.2 Reconsidering the cases

In the first case of Agnes and her relatives, a disturbed *pepo* reaction had happened on account of the influence of her father’s spirit. Agnes lived in moderate conditions in a rural area and had little education. The suggestions to pursue certain rituals, given by Nambela, were met without feelings of dislike or resistance. They were therefore not against the performance of traditional funerary rites. Commonly Christians do not respect these traditional rites anymore. Yet, the barrier for less educated people to re-appreciate these rites seems smaller than with (modern) educated families. Subsequently, modern clients will tend to refuse participation in ritual or musical activities. What they expect from Nambela is to take action by means of ambulatory treatment, preferably with the help of herbal remedies. Yet, this does not suffice in cases of grieving ancestors, of wandering souls, or family conflicts.

In the case of Irene it became clear that she was afraid of her father, her marriage, and herself. Probably her father had abused her as a child, though this remained hypothetical. Irene took her frustrations and anger out on her mother by regularly hitting her. Not surprisingly, Irene’s mother began to suffer from complaints of *pepo* illness. It should be noted that by the time Irene finally arrived at Nambela’s, she was already in a poor state of health. From the beginning of her treatment, she had denied food and medicines. At the psychiatric ward, the staff had to force drugs into her through inoculation. A similar problem had to be dealt with in the compound. Irene also resisted taking part in the musical sessions. On the rare occasions that Irene did join the musical sessions, she showed a lot of anxiety in her trance behaviour. Yet, was this the emotional pain of a departed relative; a sign of the ancestors who were cross; or was it the emotional distress of Irene that prevailed? In Nambela’s opinion, it was a combination (fusion) of all three components.

What about the case of Bashir? He belonged to the Indian community, who live a fairly modern life. In his case, it was difficult for me to estimate if his mental problems were the consequence of his brain damage or the influence of his deceased brother. As I came to know Bashir more personally, I learned from his father that he wanted Bashir to go to India for treatment. He could not imagine that the suicide of his other son had anything to do with the condition of Bashir. What is more, Bashir nor his father had any faith in Nambela’s ritual treatment. Nambela had explained that the effectiveness of the phyto-therapeutic treatment would increase with a sacrificial offering dedicated to the spirit of Bashir’s brother. Nambela saw no other definite solution and merely hoped that it would work for him, as it often did to others. What alerted me was that Nambela never mentioned the concept of *pepo* illness to Bashir, nor did she recommend him or Hadji to participate in the musical sessions. Though Hadji and Bashir
were both advised to join in a sacrificial ceremony, only Hadji did, leading to a recovery of his normal senses.

The cases of Agnes, Irene, Bashir and Hadji demonstrate that the meaning of *pepo* and the concept of ‘sudden’ or ‘bad deaths’ are encountered according to the living standards of the clients. Modern educated Tanzanians tend to look with contempt upon traditional norms, values and the implicit measures to deal with wandering spirits and broken taboos. The disagreement between Irene’s mother and father are indicative of clashes that occur between moral Christian and traditional religious values. Such clients take their victimized relatives first for psychiatric care. Only when the situation has already progressed may they consult a traditional healer. What I noticed overall is that whenever Nambela had such clients, including those from a very different culture, she never imposed her morals and values on to them. Nambela further reckoned that such clients had no desire to remain in her compound and live under simple conditions. A majority of these clients indeed came for ambulatory (herbal or ritual) treatment. It was also a general feature that more men than women chose ambulatory treatment. In the same way, men sometimes hesitated to join the musical sessions at first. This initial reaction was altered after being impressed by the improvements of other patients with similar problems.

7.5 Outcome of the musical sessions

Generally, I noticed that patients with *pepo* illness responded well to musical interventions as this allowed the release of ‘ill’ or ‘bad’ components in *pepo* with the help of inner healing forces. These were considered as positive energies that would normally lay ‘dormant’. Only when negative forces of *pepo* hindered persons, would they become aware of potentially positive or divine healing forces. The awareness would spring from participation in musical sessions as a major intervention to ‘awaken’ *pepo*, allowing a ‘release’ of spirit energies from mind and body. During the interventions, the will would be temporarily taken over by *pepo* forces. The various sensations that were experienced during these musical sessions could bring relief from physical and psychological disharmony, initially felt as tensions in body and mind. In the process of gaining harmony again, a person could develop clairvoyant perceptions. In some cases, the spiritual energies could develop into abilities that allowed the patients to help other members of the family or even the community, pointing also to the possibility of the initiate as a future spirit healer.

According to Nambela, the musical sessions help the patient to strengthen *pepo*. This is achieved with the help of divine healing forces so as to enable a renewed balance in *pepo*. Stating this during the diagnostic sessions, Nambela already offered some sort of assurance to those clients who remained for treatment. The psychotherapeutic
role of the musical sessions, i.e. the exposure of suppressed feelings and the access to natural and spiritual healing powers, did not come as a surprise to me. Scheff (1979: 13-14), an American psychotherapist who did counselling on how to achieve emotional discharge with mentally ill patients, has also stated that catharsis is a necessary experience for therapeutic change. Scheff believes that the formula for a successful ritual is the same as that for successful drama: the emotional distress that remains unresolved in everyday life must be re-awakened in a socially acceptable form. This re-awakening must occur in a context sufficiently safe so that the distress is not experienced as overwhelming. The transformations that are involved in the process of re-awakening can be such that visionary and healing abilities in clients are initiated.

In sum, it seems that the musical sessions contribute to a transformation in patients on account of emotional arousal that is achieved by the intentions of the singers, the texts of the songs, and the vibration of the voices. This in total creates a charged atmosphere that sets spiritual healing in motion. In fact, the musical rituals provide an emotional outlet or catharsis for a conflict situation that exists between individuals and the society. Being instrumental to reduce painful symptoms and tensed feelings of anxiety, the musical sessions function much like a life-crisis ritual. It is important to place rituals of affliction against the background of a society to differentiate the cultural norms and values that lie behind illness and misfortune. This is brought to light at first in the divinatory process. As Turner (1975: 30) also states, all rituals are moments in the unending stream of developing and declining relationships between individuals and groups. In the situation of the musical sessions, as performed in Nambela’s practice, calamity is addressed with the help of the healer and other patients who, at that time, form a close social group. The family of the individual does not interfere.79 The personal transformations that are involved in the process of the life crisis bring about an emotional and spiritual emergency that enhances a process of growth and change (Grof and Grof 1989).80 As these emergencies can be quite overwhelming, musical group interventions provide ample expert support for each individual. At the same time, the group activity accommodates the process of growth and change as it gives energy to spiritual awareness.

7.6 Conclusions of part two
It has been my concern to show how divine forces of pepo enabled Nambela to develop a career as a spirit healer. From this experience sprang also her empirical knowledge and intuition to deal with a number of problems or pains of people. In

79 In contrast to Janzen (1978) who referred in this context to the kinship managing groups who carry the responsibility for both the afflicted and the close relatives.

80 This concerns a publication written by two psychiatrists. The book is about universal traits in people who encounter spiritual emergencies.
fact, Nambela reacts with her *pepo* to any situation that calls for a solution. As her *pepo* powers have increased, her therapeutic interventions, be it phyto-therapeutic or psycho/social therapeutic, have evolved simultaneously. The prayers, the revelations, the usage of plants, the patient’s personal involvement in the cure and the musical sessions, are all visible acts so as to promote in patients a psychological acceptance of being in harmony again. Important is that *pepo* illness is a holistic disease etiology where illbeing is placed in a continuum with wellbeing (5.4 and 6.3). Nambela’s interventions try to accelerate this continuum in patients by using interventions that favor passage from a state of illbeing, labeled a ‘bad’ spirit (*pepo mbaya*), to a state of wellbeing, labeled a ‘good’ spirit (*pepo nzuri*). Nambela’s frame of reference, in which *pepo* illness is the result of a disharmony in one’s inner force, deviates from the more common etiology of *pepo* illness as an affliction of external or alien spirits that seek contest or attention (see 3.6).

According to Nambela, humans and spirit forces work closely together. Within the socio-cosmic framework, the ancestors are recognized and respected but not worshipped in prayers. Ancestral spirits, like those from former chiefs or healers in Nyiha territory, can guide humans through *pepo*, as they do with Nambela. These territorial spirits are serving as intermediaries between the divine or impersonal and the human or personal forces. From this point of view, Nambela states she can determine nothing without the guidance of good and divine spirit forces. In this respect, I remind the reader of Nambela’s biography (5.2) in which she maintains that healing, dreams and visions come from divine energies in *pepo* (lit. Holy Spirit, *pepo wa Mungu* in Kiswahili or *impepo wa Mulungu* in Kinyiha). Nambela would joke about these divine energies saying that she has a direct telephone line with God. To her, the divine energies are also found in the signature of plants. Besides visual signs to identify plants, Nambela uses her spiritual eye to identify those signs that are less apparent in plants (see 6.3). As with shaman healers in many parts of the world, Nambela’s authority developed after many years of practice. In case of crisis, illness and disaster in Nambela’s extended family, male elders would have principal authority even when they sought advice from Nambela to know the reason behind a problem. To remedy a serious family crisis customary rituals, involving prayers and ceremonial offerings (*matambiko*) directed to family ancestors, were usually needed (see 5.1).

Most of Nambela’s clients were familiar with *pepo* symptoms and considered these to be the result of an affliction by external spirits. Commonly, medicines or songs were known to be applied by spirit healers in order ‘to send away’ or ‘reduce’ the impact of bad spirits (*kupunga pepo*). Another popular term the patients were familiar

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81 I refer also to Eliade (1968) and Vitebsky (1995).
with was ‘to let the spirit mount into the head’ (kupandisha pepo kichwani). Once a pact was made with the help of gifts to personified spirits, they could turn into positive spirits. In Nambela’s practice, however, such notions or approaches were not shared, nor were they supported. When I asked Nambela’s clients in what respect she differs from other healers or why they chose to consult with her, they often replied that she was more authentic than other spirit healers. To them, her simplicity was an indication of her ‘Godly sent’ powers. For this reason too, Nambela had no need for magical devices, power objects or special colors and clothes to identify with particular spirit forces, so common in coastal or Islamic pepo healing practices (see 3.7 and 3.8). Clients referred to these spirit healers as adorned healers or waganga wa kupamba. To many of the clients, the changes in behavior during pepo trance, typified by ‘rolling over the ground’ (kugaragara) followed by ‘staggering’ and ‘running’ in the direction of plants and hidden magical objects, was a sign of divine inspiration. Especially those clients who were from Mbeya region, had seen this behavior commonly demonstrated in the practices of traditional healers sent by God, waganga wa jadi nchimi (see 5.4). The terminologies in use in Nambela’s practice complied with the characteristic stages that a nchimi (a person sent by God) goes through, like kuamka pepo (to awake pepo), kuchemka na pepo (to bring pepo to a boil) and finally kuchima (to react by divine intermediary of God). Those patients who became nchimi were initiates of pepo. If they did not develop their skills for the purpose of their family or to become novice healers, they needed spiritual and physical maintenance after treatment, similar to what happens in a guild of affliction (see 3.5 and 3.7).

Often, Nambela’s clients did not believe that their problems, whether emotional, social or physical, were the result of a disharmony in their spirit. Having been disappointed about hospital treatment or herbal treatment, they often feared witchcraft or poisoning. In a number of cases, serious poisoning had indeed affected the state of the kidney and liver. Whether this was the result of the intake of poisonous food or drinks, of witchcraft, or of a bad hygiene is difficult for me to judge. What I do know is, that whenever clients had an infectious disease that needed urgent treatment, Nambela would immediately refer them to the hospital. Other kinds of viral diseases, including AIDS and AIDS-related symptoms, were treated in so far as these were not too far developed. About half of all the clients came from nearby regions, whereas other half came from various parts of the country after having failed to find a solution to their problems. A majority of all clients had been searching for a cure since a long time.

From all the clients I have followed during their treatment with Nambela, a majority found a cure or a relief of their symptoms. To a minority of patients, Nambela’s
remedies were of little or no effectiveness. Usually, these were clients who had complex problems within their (extended) family. These cases would need the attention of an ancestral lineage healer who takes ancestral heritage and history into account. Such a healer is presented in the next part of this thesis. At my departure in September 1991, a few *pepo* patients of Nambela were still in treatment since my arrival in November 1990. Four reasons for prolonged treatment were: 1) difficulty to awaken and strengthen *pepo*; 2) fear of renewed difficulties and sufferings back home; 3) no prospects for a better life; 4) relatives were reluctant to address the problems of the patient in the family or/and they failed to give support to the patient.

Nambela in her healing compound seated in front of clients who consult her during a divination.

During the religious ceremony, Nambela runs off in a state of *pepo* trance. At this occasion she makes prophecies until she runs into the bush to fetch medicinal and magical plants.

Patients and caretakers gather for the musical healing session in the middle of Nambela’s compound.

After *pepo* is awakened the patient to whom the singing has been directed, feels a sudden increase of energies in the body.
Several patients are running in *pepo* trance around the compound as they give way to their spirit energies that may be accompanied by visionary insights.

While in a state of trance, an initiate of *pepo* prepares a herbal remedy for another patient.

The initiate treats the other patient during the musical healing with the herbal remedy he just prepared.

The annual burning of magical objects in the woods in the presence of novices, initiates and patients not far from Nambela’s compound.