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

Erdtsieck, J.

Citation for published version (APA):

General rights
It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations
If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: https://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.
Chapter 12

Discussion of the Findings

To understand the meaning of *uganga wa pepo* (spirit healing) and the role of *waganga wa pepo* (spirit healers) in Tanzanian society, I have addressed in part one various elements and agencies that are concerned in affliction, vocation and healing. In chapter two the focus was on the role and history of *uganga* and in chapter three I outlined some of the main features of spirit healing and the way these incorporate elements of traditional, Christian and Islamic religion. In part two and three, chapters five to ten, I concentrated on the practices of two respected Southern healers. One was Nambela, a traditional prophet healer (*mganga wa jadi nchimi*) who is specialized in afflictions of *pepo*; and the other was Jeremana, an ancestral lineage healer (*mganga wa mizimu ya ukoo*) who is specialized in afflictions of *baridi*. To understand ways in which other Southern spirit healers encounter a vocational career, define spirit forces, and approach illness and healing, I have presented in part four, chapter eleven, the main characteristics of inland *Kihami* healers. As witchdoctors (*waganga ya uchawi*) they specialize in afflictions from witchcraft and sorcery. I added the audiovisual presentation to broaden the scope on *Kihami* healers who combine inland with coastal spirits in their practice.

The Southern spirit healers are specialists in the treatment of so-called Bantu diseases (*ukufa wa Bantu*). This is a group of disorders believed to attack specifically Bantu people. The disorders have a traditional cultural aetiology and are best treated by traditional treatment (see 1.2). The Bantu concept of illness encompasses the belief that people are obliged to prevent imbalance between themselves, their environment, and the ancestral spirits by regularly performing specific rituals and cleansing procedures. Should people fail in this moral obligation, they can become vulnerable to magical or negative forces and suffer from spiritual afflictions. In Southern Tanzania such afflictions are known as spirit illness (*ugonjwa ya pepo*), occurring in three circumstances. First, it could arise due to a disharmony of inner spirit in which ancestral, alien, or nature spirits can intervene for good or bad. These types of problems had Nambela’s special concern. Second, there could be an ancestral affliction caused by a disregard of cultural norms and/or the violation of taboos known as ‘a state of coldness’ or
baridi. This was the specific domain of the healer Jeremana. Third, there could be witchcraft or acts of sorcery employed by people to harm others. The intentional use of charms, curses, evil spirits and poisoning had the specific concern of the Kihami healers.

Having broadened the scope of Southern spirit healing in Tanzania, I attempt to answer the main question of this study in the present chapter: what is the role and meaning of 'uganga wa pepo' in Southern Tanzania and what are its characteristic features with respect to illness, vocation and healing? To arrive at an answer I have chosen six areas of attention to study each Southern healing practice (see 1.5). A number of subquestions have been raised to deal with the context of the practices, the experience of the patients, and the impact of spirits in personal and family life. Since the healers Nambela and Jeremana are at the core of this study, I will place my observations with them at the heart of the discussion. After comparing the various aspects of Southern healing practices incorporating the findings with the healers in the on-line presentation (see 11.4), I will summarize the most crucial interventions in uganga wa pepo: the musical sessions, the redressive rites, and the herbal and magical remedies. These insights form the basis for a critical examination into the characteristics of spirits and the religious, musical and experiential elements in uganga wa pepo. In line with the original areas of attention, I will discuss in this chapter:

1. The historical, cultural and religious features of a healing vocation.
2. The way gender intercedes with a healing career.
3. The clients and their motives for consultation.
4. The main therapeutic interventions.
5. The characteristics of spirits and to which extent the concept of pepo serves as a generic term for spirit in Southern healing practices.
6. The most prominent religious, musical and experiential components in spirit healing and healership.

The characteristic features of the Southern healing practices are discussed in the light of Bantu- and ngoma therapeutics as well as being related to factors of gender and change in spirit healing in Tanzania. I feel this is useful because the inland practices cannot be separated from the developments that take place in coastal (urban) healing practices. Besides, the coastal practices have thus far been taken as examples in scientific discourses, affecting not only opinions about traditional healing but also matters of legislation of traditional medicine in Tanzania.
12.1 History, culture and religion in a healing vocation

12.1.1 The healers Nambela and Jeremana

Born between 1930 and 1940, Nambela and Jeremana grew up with Christian beliefs and/or values. Jeremana was baptized in the Catholic Church, but Nambela was not. At a young age, both women developed a range of stress-like symptoms that increasingly made them suffer from bodily tensions. The direct symptoms were identified as *ugonjwa ya pepo*, a life force in disharmony. Consultations with hospitals and traditional healers did not bring much relief; in fact, the physical and mental problems increased. In the meantime, a number of events took place in their families that led to the sudden deaths of a number of close relatives, whereas other relatives regularly suffered from illness or misfortunes. The reason of dismay appeared to be that protective spirits had withdrawn from both families. The family spirits of Nambela (a Nyiha) and Jeremana (a Bena) wanted them to be an intermediary so as to resolve the disharmony that existed in the family. In order to do so, the women needed to follow instructions from their spiritual guides. For a long time, Nambela and Jeremana resisted to compromise with the spirits, since this was at odds with their Christian convictions. Having been brought up in a social environment where notions on sorcery and witchcraft were shared and seen as a danger to society, they each sought to integrate the principles of modern Christianity that maintain that only God and the Holy Spirit can give spiritual direction to combat malice in society. Both women, however, failed to find a solution to their problems in this manner. However, once Nambela and Jeremana accepted tutorship from certain healers, they learned to channel and integrate their incomprehensible forces. These forces allowed them to have visionary and sensory experiences, which ultimately transformed their view of their symptoms and crisis situations. In the training process, the traditional healers who treated them gave them reassurance in times of doubts and familiarized them with the usage of musical, ritual and herbal remedies.

The personal quest with spirit forces led Nambela to believe that her inspiration was proof of a divine calling, as she felt guided by 'the spirit of God' (*pepo ya Mungu*). Tribal or other territorial spirits, once holding positions as chiefs or healers, functioned as intermediate guides. Namumba, Nambela’s tutor, said she was predestinated to become a prophet healer. Prophet healing finds its origin in the *mutumwa nhimi* (the ones sent by God) movement that spread in Malawi and Zambia (see 5.4). As proof that they are sent by God, prophet healers demonstrate their visionary abilities to the community during prayers and divination, and by detecting and neutralizing evil objects. Other than the eradication of evil in the community, their role is to reduce or alleviate spirit disorders (*ugonjwa ya pepo*).
Jeremana’s quest for healing appeared to be of a different nature, leading to the vocation of an ancestral lineage healer. Grandfather Mtulahenja, who served to voice the concern of Jeremana’s paternal and maternal ancestors, spoke through her for the corporate ancestor group. This group conveyed to Jeremana the wish to fulfill lineage obligations so as to alleviate baridi in the family. By passing onto Jeremana ritual and healing skills, she was able to bring back the harmony in her own life and that of her family. During life, Mtulahenja, who presented the paternal ancestors, had been a healer, and Binti Fundi, who represented the maternal ancestors, had been a lineage specialist. Among the Bena, it was customary that females performed lineage rites by inheritance, though not for their own lineage. It was therefore highly unusual that Jeremana was requested to take up this task.

The terms set by the spirits to meet with ethnic lineage customs differed for each healer, and so too the ritual and healing tasks they had to perform. Nambela was to place specific medicines at the graves of relatives who had died a ‘bad’ death so as to purify their souls (see 5.2). The act of purification helped to lift the bad curses from her ancestor spirits and favored the passage of the departed to the spirit world, which in turn reduced the presence of negative energies in the family. The condition of negative spirits and curses roaming in the family for some time, also ‘a state of coldness’ or baridi (lupalala in Kinyiha), could thus come to an end. Though Jeremana and her family also suffered from the consequences of baridi (luleko in Kibena) there was a lot more involved. Apart from the purification acts with the help of specific plants, Jeremana had to restore lineage burial rites. Furthermore, Jeremana had to pass on lineage fertility rites to male elders in the extended family and resolve serious offenses over the last five generations (see 8.3). After both healers had addressed the various obligations, they began to experience drastic reductions in their complaints, accompanied by an increase of visionary experiences and healing competences. The major conclusion I draw from Nambela’s and Jeremana’s stories is that their vocation served in the first place to bring back peace and wellbeing in their extended families. In this process Nambela became a prophet healer, involving Christian values, and Jeremana became an ancestral lineage healer, involving ancestral religious values. I find it essential to know that their healing vocation and subsequent healing careers, evolved from a disharmony in their own families. The interventions to remedy this disharmony largely defined their future specialization as spirit healers, forming the basis of understanding the spiritual world, the human body, the etiology of disease, the usage of plant or mineral ingredients, and ritual and musical interventions. The personal histories and specialized roles of these healers cannot, however, be separated from the process of Christianization.
Around the time that Nambela and Jerema were born (1930-1940), Mbozi area had in its center the Roman Catholic Mission, while the Bena became surrounded by influential missions of the Roman Catholics, Franciscans, Jesuits and Benedictines in Iringa and Ruvuma region. During this time, an enthusiastic Christian revival had taken place represented by the Pentecostal movement. Kesby (1977: 201) refers to this revival when he speaks of the importance of a personal tie to Jesus, and the need to live under the authority of the Bible, like in the New Testament. This implied that professing Christians needed to break with the past. Sacrificial offerings to the ancestors were no longer allowed and people had to make vows to abstain from the consultation with traditional healers. Even though traditional religious rites and practices were strongly disapproved of by the Christian community, when severe illness and disaster took place in the family, ancestors were still remembered in prayers and offerings. Many of the ancestral rites transmitted customary codes of behaviour to keep the unity and safety in the lineage. The ritual interventions were able to solve problems in the community by settling mistakes between members of a family or a lineage. Other traditional rituals required public confession of grudges and bad feelings about others to relieve or prevent stress-related complaints (see 5.1, 5.4 and 8.1). These traditional rituals were kept alive by elders and chiefs in the communities, but also by the so-called ‘ancestor people’ (watu wa mizimu) and lineage specialists (mafundi ya ukoo). Lineage specialists were considered the main guardians of religious traditions. Among the Nyiha, only male elders could become lineage specialists, whereas among the Bena, females were chosen by inheritance to become specialists. As traditional religious rites were transformed in the process of wars, colonialism, Christianity and modernization, people began to be alienated from indigenous means of dealing with social crises and conflict in which ancestral or other spirit forces intercede. Social changes occurred to the Nyiha, the Bena, as well as the Hehe and Ngoni tribes (see chapters 2, 5 and 8).

Since the Nyiha were not a re-united tribe, there was much variation in details of culture, social organization and language. Solidarity was foremost sought in the extended family. Politically and militarily, therefore, the Nyiha tribe had little power. As a result, tribal wars and the consequent Ngoni raids left Nyiha chiefdoms crumbling. For the Bena, the situation was quite different. The Bena merged with the Hehe during the tribal wars. All were considered tribes driven by strong traditional customs, and together they fiercely opposed the Ngoni. Given the fact that the Bena resisted tribal and colonial wars, they also suffered more losses. With numerous men dead from battle, wives and children remained with disruptions in their families. Wives and children were often unaware of the procedures for traditional funerals or the knowledge of religious rituals. Such rituals were the responsibility of paternal elders of extended families. As more Bena lineages broke apart, traditional religious
practices were performed improperly or not at all. The price for political, cultural and military strength of the Bena was met with a greater loss of identity than was the case with the Nyiha, who had not formed a strong united front during the wars.

Following the social disruptions, there was decrease in the ability to maintain balance between the living and the departed members of the lineage. This led the Nyiha and more so the Bena, to become vulnerable to illness and social problems. With the rise of conflict situations, an increase of fear and accusations of witchcraft took place within extended families and communities at large. This in turn contributed to an increase of spirit afflictions that could not be remedied through Christian faith alone. Subsequently, the demand for traditional ritual and healing practices increased among the Nyiha and Bena tribes. It is from this historical background that Nambela and Jeremana each developed their specific vocation to heal. Later, during the start of their healing career, Nambela and Jeremana felt compelled to keep magical objects in safe keeping that were considered to pose a threat to individuals, families or community members. Just as Nambela did upon my arrival, Jeremana showed me the location of this spot right away. Where Nambela had the objects hanging in bags next to her house on the healing compound, Jeremana had them hidden in a tree in the vicinity of the compound. The healers evidently were proud to have manifest proof of the contribution they made to society in identifying evil. Nambela even had to prove her abilities to the community by clearing evil objects from the area. Persons exposed of malevolence were not punished for this. Instead, they were considered as clients who had to be consoled with their environment through the benevolent forces of the healers. Both healers annually burned the magical objects in a ritual event that was considered very important. The performance served as a ritual cleansing for a wide audience (see 5.4 and 6.3).

12.1.2 The Kihami healers

The history of collective and personal disruption also forms the basis of the healing vocation and career of the Southern Kihami healers whose origins are from Ulanga, Morogoro region. The Kihami healers also knew crises and illness in their lineage and personal lives, before they started to practice. Each of them was chosen by ancestral spirits to correct serious wrongdoings in the family that had led to the emergence of intra-lineage witchcraft. Several of their relatives had suffered from spirit affliction and died ignorant of the cause. Following their (sudden) deaths, suspicion reigned over their families. In resisting the wishes of the spirits, the healers Kalembwana, Alberto Kalovela, and Asia Fusi (11.4) began to suffer from madness, which ceased as soon as they began to commit themselves to their spiritual calling. To end baridi in the family of the healers, the Kihami spirits demanded ritual offerings that had to be made at sacred places connected to them, mainly in mountainous or rocky
areas where they were supposed to dwell. Specific offerings also had to be made at family graves to honor the family and lineage ancestors. To recover from their symptoms of madness these healers had first to become ritually purified. Only the healer Joram Rupia (11.4) had never experienced madness. His grandmother, who was a Kihami healer and died shortly after his birth, had told his parents that their son would become a successful healer. To prevent him from any spiritual sufferings, his parents brought yearly offerings to the Kihami until Joram was sixteen years of age. From then onwards he prepared to become a healer. This means that in following traditional customs, no harm came to Joram.

All healers needed to perform monthly rituals at specific locations in or near their compound, considered as sacred ancestral ground. Sometimes they were instructed to visit the sacred places and hold small offerings. The healers strong and pure of heart could go to these places without being harmed or afflicted by the spirits. To show gratitude to the Kihami spirits, the Kihami healers had to perform annual ceremonies (see 11.4). Once the Kihami healers began to practice, they were compelled by the spirits to restore areas close to their homes to natural provision chambers from which they could obtain magical and medicinal plants, much in the way that the healer Jeremana did.

Although there were many parallels with Nambela and Jeremana, the main responsibility of the Kihami healers was the prevention and counter-action of witchcraft, sorcery, and other injustices bestowed onto people of their communities. Old territorial spirits rather than a divine inspiration guided the Kihami healers to expel evil. These spirits would only inspire persons from Hehe and Ngoni affiliated tribes whose ancestors had a historical root in Ulanga district, Morogoro region. These districts were inhabited by various ethnic groups who exchanged magical skills in order to cope with the repercussions felt from tribal wars, slavery, colonial presence, Christianity and modernization (see chapters 2 and 11). In the process of change, the Kihami spirits increasingly began to possess people during a number of spirit epidemics. Victims were often individuals whose families were affected by witchcraft or by a disharmony in the lineage.

12.2 Gender factors in a healing career

For Nambela, a Nyiha, a successful career began in 1965 at the age of 37 years old. Up to my last visit in 1999, Nambela was still active as a healer at 75 years of age. Jeremana, a Bena, began her career much later, in 1989, when she was 54 years old. In 1999, she too was still active at the age of 68. The Kihami healer Kalembwana, a Mdamba, began to practice when she was around 50 years old and left a flourishing practice behind when she died in 1996 at the age of around 100 years old. Asia Fusi (see website), a Ndendeuli, was also around 50 years old when she began to work as a Kihami healer in 1990. During my visit to her, she was still very devoted to her
calling, practising full-time. The male *Kihami* healers Alberto, a Hehe, and Joram Rupia (see website), a Ngoni, were much younger when they started their career. They began to practice around 1985/1986 at the age of 23 and 24. During my stay with them in 1998/99, each of them was around 36 years old and worked full-time as healers. Of the multiple gender differences between the various healers, I choose to compare those elements that have direct bearing on their working approach and conditions as well as the views they hold about their skills as healers. I pay special attention to Nambela, whose career took an unexpected turn after my departure. Other gender aspects come forward in the course of this chapter.

### 12.2.1 Working approach and ethics in daily practice

No matter the process by which each healer entered and developed their career, they all practiced according to the working ethics set by their spirit guides. Many of these spirit regulations functioned as codes of conduct for the healers. The main rules were:

- To treat clients with kindness and patience.
- To be honest and fair to clients, never to intimidate them.
- To ask only small payments and accept gifts after recovery.
- To refrain from the lust for money or any other kind of wealth.
- To keep information of clients confidential.
- To facilitate patients with food when lacking.
- To be proper and keep clean facilities.
- To allow clients to remain for as long as needed.
- To abide by certain food restrictions.
- To restore the natural surroundings around the healing compound.
- To avoid sexual relations with clients.

To what extent were the above rules reflected in the work and the behavior of the four female healers and the two male healers? The rural clinics of the four female healers, Nambela, Jeremana, Kalembwan a and Asia Fusi, operated as a healing compound with facilities for in-patients. Clients with complex problems were always readily invited by the healers to remain for in-treatment. The female healers provided good basic facilities for both clients and their caretakers. The compounds made people feel ‘at home’ especially since small children could remain with mothers in treatment. According to the female healers, the patients had need for a protected setting where they could feel safe, especially if they remained for quite a long period. Apart from the positive contribution of being away from social strains and duties, the female healers reasoned that in-patients benefited from sharing their burdens with others who were in similar situations. Daily care was given to the patients by their immediate relatives, whereas support came also from among fellow patients.
To emphasize the public nature of their work, the female healers carried out most of their activities in the open air. They never negotiated compensations. Nambela and Jeremana categorically refused to take money for divinations, herbal remedies, and other interventions. The two female Kihami healers only required payment by coins that functioned as a symbolic payment to the spirit guides for divination and ritual interventions. When the healers requested money, they used it either for payment of assistants, for expenses, or for practical objects to be used in the process of healing or for protective measures. Whenever patients had to purchase something, it was meant to function as a symbolic token for the spirit guides for divination and ritual interventions. When the healers requested money, they used it either for payment of assistants, for expenses, or for practical objects to be used in the process of healing or for protective measures. Whenever patients had to purchase something, it was meant to function as a symbolic token for the spirit guides for divination and ritual interventions. In case they decided that protective actions needed to be taken at people’s homes, the female healers delegated this duty to an assistant (novice), or they would give ingredients and instructions to clients so as to handle the actions themselves. The healers could request a small compensation for the ingredients. If the female healers visited clients, they requested a fee for transportation or food on the way.

To the female healers, plants as curative, protective or preventative means of treatment were very important to support the various other interventions. None of them had knowledge of plants before their vocation as a healer. Neither had they been informed in any way about plants, their usages and effectiveness beforehand. In fact, the female healers were astonished not only about the number of plants they could identify and apply, but also about the surprising beneficial outcomes. Generally, the female healers were happy with their vocational practice and said to experience the blessings from the spirits who provided them with whatever they really needed as long as they operated in line with their wishes. In their role as tutors, Nambela and Jeremana also taught their novices to ‘listen to’ and ‘abide by’ their own spirit guides. As tutors, they merely functioned as helpers to appropriate novices. There were as many men as women novices and only some had a healing tradition in the family. According to Nambela and Jeremana, female novices and female healers often had more respect for the rules imposed by the spirit guides. Therefore, females tended to practice longer than male novices.

Besides the spiritual protection and guidance that the four female healers said to experience from their spirits, they felt that the spirits also supported their livelihood. Sometimes this happened in mystical ways by unexpected help or gifts. In fact it was common that they received gifts of various kinds after the clients had recovered. Sometimes Nambela provided ex-clients who wanted to remain close to her with land to settle down. Besides favors in food or services from (ex) clients, the healers also received support from close relatives or members of their extended family. Many of these relatives considered that they too benefited from the healing and pro-
tective skills of the female healers. Generally, the healers were available full-time for
the clients in the compound.

In contrast to the female healers the two male Kihami healers, Alberto Kalovel and
Joram Rupia appeared to feel restricted by the working ethics set by the spirits. Both
men took their vocation seriously, but their personal interests and ideas of earning a
livelihood made them engage in their healing profession more as an adventurous en-
terprise. On account of this attitude, they preferred to have ambulatory clients and
had little ambition to start a clinic at home. The facilities for in-patients were limited
and meant only for patients with serious afflictions, like those involving regular con-
vulsions, madness or partial paralysis. The relatives who took care of these patients
had to do so under poor conditions. The healers would provide the in-patients and
their caretakers with basic food rations whenever necessary.

Both male healers administered herbal remedies free of charge to sick people and con-
sidered this to be an important responsibility. Whenever they negotiated compensa-
tions, it was for magical or ritual interventions for either protective or counter-active
measures. They requested compensation in the form of a chicken, a rooster or other
foodstuff, but also money. If no means were available, the clients would return services
to them or to their close relatives. The male healers would explain to their clients that
compensation was a means of showing the spirits their commitment. Without the
‘right’ amount to compensate for their burdens, the spirits would be hesitant and fail to
intercede. This more commercial attitude of the male healers was also reflected in the
regular visits (preferably at night) to clients in surrounding areas to ‘clean’ and ‘pro-
tect’ their houses or shops (kazindika/kukinga nyumba/duka). The two male healers
requested an extra payment for their trouble to work at night, on top of their basic ex-
penses. As these healers obtained many requests from people to come by their houses,
they would regularly be away from home. Subsequently, their availability to clients in
treatment needed to be met by assistants who took over certain tasks.

The male healers had gained part of their extensive knowledge of plants from cogni-
tive learning that had already started before they took on a healing career. This know-
how had come from close relatives or skilled herbalists. Spiritual direction on plants
followed when they developed their vocational career. The male healers were fasci-
nated by the effectiveness of their herbal and magical remedies. In the domain of
healing and protective measures, these male healers had a strong personal desire to
develop their career and learn from other healers. Both applied a degree of shrewd-
ness and wits by which they emotionally impressed people when using magical in-
terventions. They saw this as an integral part of the working methods of their spirits.
They emphasized that magic sometimes serves to bring psychological relief to their
clients. Whenever they thought magic was needed to counter-act witchcraft or sorcery, the male healers did so with the consent of their spirits. They also told me that they had to be careful not to cross borders set by the spirits for they were well aware of possible punishments in case of trespassing.

The two male healers rarely trained novices unless these were specifically ‘sent’ by the Kihami spirits. More commonly, the Kihami spirits appeared to give their blessings directly to a medium and did not point out a tutor. Joram Rupia expressed the hope that he would develop a career like that of the female healer Kalembwana. Upon my departure, Joram told me that the Kihami spirit Kahungura had instructed him to build a clinic around his new home in Songea district, and to prepare a sacred area that would be used to perform ritual shavings and annual Kihami ceremonies. These instructions were accompanied by warnings. If he wanted to perform the shavings successfully as Kalembwana, he would have to make concessions in his marriage and sleep alone in a traditional Kihami hut, to refrain him from sexual intercourse. Instead of being troubled by the prospects, Joram appeared to be proud that he was to fulfill this esteemed role.

I wish to mention in addition that it took the two male healers several years before they developed a reputation. The female healers, on the other hand, started soon to have a large clientele. It seemed that the women exerted this appeal because of their trust in the instructions and working ethics from their spirit guides. Before their career began, these women had not imagined that consensus with the spiritual forces could bring them personal benefits as well as healing powers. Apart from the improvement in their wellbeing, they gained special skills and knowledge, which in return gained them a higher status in the family and the community. For the male healers, however, these benefits had been important prospects even before they started to practice.

12.2.2 Dynamics affecting a healing practice

Generally, it appeared that the more the Southern healers showed their sacred bond with the spiritual world in their practice, the more responsible they were and the more appeal they had to clients. Even when the male Kihami healers faced difficulty with respect to their ethical codes, there were still in awe of their inspirational sources. Despite the positive effects of having special powers and holding sacred roles, each of the healers had to cope with ups and downs in their careers. Negative effects could come not only from the violation of work ethics, but also from pressure that was imposed on them by clients, by relatives, or district and regional officers. Let me share two observations that also show the way gender intercedes. The first one deals more specifically with the healer Nambela, whereas the other one applies to all the Southern healers.
Having been able to follow the practice of Nambela over a number of years, I noticed that the number of patients and novices began to decline. During my stay with Nambela from 1990 through 1991, many patients manifested strong *pepo* forces; this was hardly the case anymore during my subsequent visits in 1996 and 1999. Not only had the number of patients and novice healers decreased, the atmosphere on the healing compound had gradually changed. The powers of Nambela and her appeal to clients became restrained as certain next of kin influenced her daily practice. The first reason was that soon after my departure in September 1991, a son of Nambela started to assist her during divinations. This son demanded compensations from clients for Nambela’s treatment, something that was strictly against Nambela’s working rules. When I spoke about this to clients and relatives of Nambela, they said that the boy was gradually ruining Nambela’s good reputation. In other words, though Nambela could ‘see’ so much for other people, she seemed to have a blind spot when it concerned her own child. Secondly, there was a male cousin of Nambela who influenced the situation and atmosphere on her healing compound. The cousin had established a small practice and often received ‘customers’ of Nambela who sought a second opinion. While being in treatment with Nambela, some patients also took instructions from her cousin, which was very distressing to Nambela. Both the cousin and her younger son had disturbed Nambela’s effort to respect religious and ethical rules set by her spirit forces. Interestingly, Nambela had already announced the decline of her work and authority during my presence in 1991, when she was in a *pepo* trance (see 6.2). At the time she appeared to have no idea what or who would be involved.

The self-interest of Nambela’s male relatives was not the only factor that would upset Nambela’s practice. Thirdly, and closely related, was that several ex-patients had settled as *pepo* healers in the area. Though Nambela had as many male as female novices it were usually the male healers whose spiritual powers decreased as they disregarded the working ethics of the spirits. The most common violations among male healers were 1) asking money for their help; 2) drinking alcoholic beverages; and 3) having sexual relationships with women other than their spouses. The fact that some male novices sought sexual intercourse with their clients, sometimes as means of payment, would make Nambela furious. Knowing that the healing powers of novices would decline by violating such taboos, Nambela felt compelled to remain in regular contact with the novice healers. At the time of my stay with Nambela, she regularly received a number of female novices who had started their practice a few years ago. Inspired by *pepo*, Nambela had chosen a compound for them to start practicing as novice healers. I noticed also how female novices remained more dependent on Nambela and her (spiritual) forces. Since male novices had more clashes with her due to the violation of working ethics set by the spirits, they would break their ties with her sooner. Apart from these features in Nambela’s practice, there were situations when novices and tutors
contested each other. In the beginning of their career, they could also be contested by witches or magicians in the vicinity, who sought to scare them off by sending charms.

Given the fact that all the Southern healers were widely known, certain people expected them to be wealthy. At a district and regional level, this assumption could have an influence on the yearly fees that registered healers had to pay for a permit by the Ministry of Culture (see 2.5). In their quest for recognition, the healers were often disappointed by the lack of interest from officers representing the Ministry. This disappointment came from their wish for recognition. Apart from Kalembwana, the healers were not given any acknowledgement by district or regional offices. The male Kihami healers, Alberto and Joram, much regretted that their extensive plant knowledge was so underestimated by scientists, physicians and government officials alike. They wanted to be part of a national or local healer’s organization or participate in clinical studies carried out in their practice. In Alberto’s case, this actually took place after my departure in April 1999. With the help of the cultural officer in Iringa, Alberto was requested by the Institute of Traditional Medicine at the University of Dar es Salaam to collaborate in its research. Alberto agreed, hoping that his collaboration would clearly demonstrate his skills and competence. The female healers, however, did not show any eagerness whatsoever to collaborate in government projects. All they sought was recognition for their work by the village, district and regional officials. They valued my study because my presence left a good impression on the officials. Furthermore, they hoped that the subsequent publications would add to the acknowledgement of their work.

According to the Southern inland healers in this study, there are quite a number of healers who do not respect the sacred role of their healing practice. Implicitly they meant those healers who do not work with trustworthy spirit guides that impose ethical codes of conduct. They referred in particular to some men, who act as modernized traditional healers and strongly appeal to people of Christian faith who seek alternatives to remedy spiritual, mental and physical problems that do not respond to allopathic treatment. These clients often fear witchcraft. Among the modernized healers, some demand abnormally high fees for treatment that bring no results in cases of spirit disorders or magical intrusions. The practices of such healers may not only be senseless or costly for clients, they can also discredit the reputation of more devoted healers in the region who do not work (merely) for personal gain. Also, these practices may drive up the price of the district permits. In this context, Jeremana often mentioned a popular healer I will call Marua. He was mentioned several times by patients of hers (see 9.2, 10.2 and 10.4). Marua had built an impressive clinic in 1996 in a populated area along the highway from Njombe to Makambako to attract many people. I had met with Marua at the beginning of my stay in Njombe in November 1998 to verify how he
managed to build and run this clinic, but also to see if I should consider studying his practice. Marua mixed herbal medicines with modern drugs. He bought most of the plant ingredients and drugs in Dar es Salaam. Though his practice was situated near an area rich in flora, he did not work with fresh medicines. Marua claimed to have inherited the skills from his grandfather who had instructed him in a dream to become a healer while he was still working as a businessman dealing in second hand cars. The local authorities knew little about Marua’s ‘quasi-modern’ practice and had therefore no idea that Marua performed ritual or magical treatment for exorbitant sums of money. Since local authorities assumed that other local healers also gained considerably from their practice, each healer who registered as a healer in Njombe district, had to pay a relatively high fee for an annual district permit. The healer Jeremana was much bothered by this inequality between districts. Many other healers would even refrain from registering at Njombe district office. I was personally able to verify that Jeremana paid 18,000 TSH (about 28 US$) for her yearly permit in 1998. In contrast, Alberto’s annual permit (kibali) for the same year was 5000 TSH (about 8 US$) in Iringa district (see chapter 8). As far as I could tell, Njombe district applied the highest fee I encountered for rural regions, showing that an uneven regulation of healing permits is applied in the country. Another reason for the high fee might also be that Njombe is more prosperous than other regions because of a favorable climate and the availability of good agricultural land. The district cultural officer of Njombe, with who I was in regular contact, told me that the male healer Marua worked with a license from the Institute of Traditional Medicine (Muhimbili Medical Center in Dar es Salaam). A district permit was not needed for a healer with a national license. The Kihami healer Joram Rupia used a similar license and was therefore not registered either at the district cultural office in Songea (Ruvuma region). As the healers did not have to be registered at these offices, nobody ever checked on their practice, whereas district cultural and medical officers of Njombe and Iringa would check registered healers. This had indeed been the case with Nambela, Jeremana, Kalembwana, Alberto and Asia.

It appeared of great importance to all healers to show respect to their spirit guides and to find support from their family group. In the case of the female healers, it happened, however, that male relatives interfered with their work. In the case of Nambela, but also with Asia, these relatives were sons, who defied their mother’s working ethics or tried to benefit from their healing success. With the exception of Nambela, whose

---

121 E. Kayombo of the Muhimbili Institute of Traditional Medicine in Dar es Salaam, who studied the healer in 1998, confirmed the information for me.

122 Based on information from the district and regional cultural offices in Mbeya and Iringa, I know that an equal number of male and female spirit healers or wogongo wa pepe are registered. The number of unregistered healers is high according to some cultural officers.

123 Regional cultural or medical officers substantiated this information.
second husband was also preparing to be a healer, the female healers had little support from their husbands. In contrast, the male healers found a great deal of respect and support from their wives, who helped them in many ways. A reduction in healing powers would occur sooner in male novices or healers because of the transgression in working ethics. Furthermore, male healers considered their healing arts more as a means of trade, whereas female healers considered these more as gifts, to cherish. Though these findings are based only on a few spirit healers, I do believe that from the various contacts and experiences I have had with other healers in Tanzania, this is a general tendency. I will come back to the various gender factors in 12.7 and 12.8.

12.3 The clients and their motives for consultation

As a prophet healer, Nambela appealed to a broad range of people from both urban and rural dwellings belonging to different tribes in the country. As a specialized healer of ancestral afflictions, Jeremana mainly appealed to clients of Bena tribes. With the exception of the famous healer Kalembwana, the Kihami healers appealed foremost to people from Hehe and Ngoni tribes. Regardless of their cultural origins and specialist knowledge, the healers could be consulted for identical burdens and complaints which, among other things, were a 'bad' or 'ill' spirit or *pepo mbaya*, indicating spirit illness or *ugonjwa ya pepo*. Most of the clients consulted the healers because of their given reputation. For some clients, it mattered that the healers offered several services free of charge. Why did clients seek treatment with the healers and what were their main problems and complaints?

The majority of the clients who sought treatment with the Southern healers suffered from *ugonjwa ya pepo* (spirit illness). These clients, both male and female, had often failed to respond to allopathic remedies to treat the often multiple complaints. These clients did not think that all illness and misfortune had a supernatural component.124 In fact, if a serious natural disease took place, most clients would consult a hospital. If there was no response to the allopathic medicines or the modern treatment, it was often assumed that there was a spiritual or magical intrusion of a serious nature. Only a relatively small number of clients had not consulted modern health care, either for lack of money or lack of knowledge. By means of divination, the clients expected that the healers would detect if their disease had a traditional cause. If not, the clients were much relieved. If, on the other hand, a spiritual or magical intrusion was interfering with their condition, the clients expected to learn the reason for this. Once the reason was established, clients would request the healers to help them. In serious or

---

124 The fact that clients did not believe that all illness had a supernatural cause, contradicts what Evans-Pritchard (1976) wrote on the Azande and Turner (1968) on the Ndembu. Under the influence of modern change, their belief may well have altered too.
complex cases with multiple complaints, the healers would recommend the clients to stay for treatment in the compound. A number of patients had chronic complaints (like respiratory infections, wounds that did not heal, and/or mental afflictions) for which they had been thoroughly examined at one or more hospitals. In most cases, no cause was found.

For clients who had never before consulted spirit healers, the diagnostic label of ugonjwa ya pepo could be new. In modern health care, this diagnostic label was uncommon, even when health care staff could know about its connotation of spirits, ancestors, witchcraft or sorcery. The first indication of ugonjwa ya pepo would be anxiety, sometimes referred to as ‘weeds’. These weeds were worries, which were constantly on a person’s mind without knowing what they were about (see 7.3). The worries could encompass personal problems or constraints in the family. It could happen that ugonjwa ya pepo was a recurrent problem in the extended family of the clients. In that case, the healers would explain to the clients that baridi (a state of coldness) existed. Clients suffering from baridi appeared to have more advanced complaints of ugonjwa ya pepo. Next to bodily tensions, stabbing pains, heart palpitations, voices, bad appetite and lowered resistance, these pepo clients complained about fits of fear and bad luck, but also of impotence, infertility, and absence of libido. The Southern healers would explain to their clients that baridi comes from reactions of offended ancestor spirits (pepo ya mizimu). These reactions actually pointed to something wrong in the lineage. Whenever the healers identified baridi they said, it functioned like a social curse that could also victimize the next of kin. The male clients and the male relatives could pass baridi on through their male children. The inter-generational transmission of baridi functions like a kinship disease, in which social complaints are regularly intertwined with mental or physical disturbances upsetting the lives of several members of an extended family. This finding was also substantiated by the various divination sessions I registered and the records I kept of inpatients. From these records it appeared that baridi often coincides with an emotional crisis in clients. Under given circumstances, clients would speak of the appearance of an ancestor in dreams or of hearing a voice calling them. Other strange events that could take place were attacks by ants or rats, or perpetual appearances of birds or other animals. Often, these attacks were followed by sudden illnesses or deaths of relatives.

Clients who were victims of baridi could be men or women, rich or poor, old or young, educated or illiterate, working or jobless. Though men and women could equally suffer in cases of baridi, men more often complained about sexual malfunctioning. Next to failing health, male and female clients would speak of a collapse in business, a bad harvest, a loss of money, sudden loss of relatives, loss of respect and dignity, and a range of other misfortunes. As a consequence, family members of the
clients would accuse each other of witchcraft or the use of sorcery that lead to various interpersonal conflicts. Besides the effect on the clients and their extended family, the livelihood of others living close to them was threatened which, in turn, endangered the family support system. The grievances of ancestral spirits could come in response to past events, or be set in motion by actions or problems in the present. Usually it did not matter if the transgression was one’s own or of another next of kin. Until recognition was given to the ancestors, relatives of the clients could suffer or die unaware of what was going on. Without the proper interventions, the problems could last for several generations, marking lives with illness, disaster, and malice with all the repercussions one can imagine.

Some of the Christian clients or their relatives were not convinced that the grievances and transgression of ‘traditional laws’ (mila ya desturi) had caused their problems. They insisted that witchcraft or sorcery was to be blamed. In the practice of Jeremana, the specialist healer of baridi, improvements to these clients came after having addressed the broken religious and collective prohibitions. These prohibitions, being an obligation to do something in a certain way, or, in contrast, not to do something at all, would help in avoiding the anger or grief of ancestral spirits. Offense or taboo violations could be murder, theft, witchcraft, sorcery, or the negligence to perform lineage or burial rites for relatives. Each of them could be considered a crime bringing about ‘bad deaths’ or kifo kibaya or kiparazi (see 6.3). The energy of these ancestral spirits (pepo ya mizimu) could remain hovering on the borderland between the condition of the living and that of the dead in search of consolation. Without proper measures, the offspring remained at risk and could even die under the same circumstances as the deceased relative. Under the given circumstances, the offspring could also appeal to other negative forces, like nature spirits with ill feelings. These spirits forces appeared to have an emotional attachment to the living (see 12.3). In the absence or lack of protection by the corporate group of ancestors, all kinds of evil could be brought to members of the lineage, including malice from sorcerers or witches. Relatives who felt in despair could break more taboos, some of who instigated evil in their relatives out of jealousy or hatred. According to the healers, this justified why witchcraft and sorcery (uchawi) mainly happened within the clients’ lineage.125

In sum, notions of taboo (miiko sing. mwiko) were based on the desire of protective spirit forces that wanted to guard the life of its offspring. That is also why other family members of the clients could be affected in their prosperity and wellbeing. Breaking the laws (kuvunja miiko) without properly being healed from the effects would bring

---

125 In anthropological literature this feature is also known as intra-lineage witchcraft (see Douglas 1970, Marwick 1982 and Geschere 1997). See also 2.2.3 about witchcraft, sorcery and magic.
repercussions like disease or disaster, but also personal and/or material losses. To end the inheritance of the taboo violation or to prevent ‘a state of coldness’ (*baridi*) spreading like an epidemic in the lineage, clients would be advised to participate in redressive rites, among which the lineage rites played a crucial role. Among the Christian clients, many did not know how to perform the lineage rites correctly. They requested the healers to inform them in that case. The healer Jeremana was the only one who instructed and performed the rites for her clients. In contrast to Jeremana, Nambela and the *Kihami* healers never mentioned to their clients that historical events like wars, Christianity, colonialism and modern times lay at the basis of *baridi*. Mostly, the healers said that mistakes in the present were at the foundation. They did mention that *baridi* could be inherited from former generations. Generally, the Southern healers considered *baridi* as giving clients a responsibility to help solve or control a conflict situation in the family group. This responsibility had been crucial to the healer’s personal illness histories and would be given as an example to convince clients of its meaning. Next, I discuss the remedies offered to the clients who suffered from *ugonjwa ya pepo* and *baridi*, and, how healers accounted for their healing components.

12.4 The main therapeutic interventions

According to Nambela and Jeremana, physical, mental or social problems originating from *pepo* illness first of all needed solutions from within (through musical and ritual interventions), followed by solutions from without (through herbal or magical interventions). Male and female clients suffering from *ugonjwa ya pepo* or *baridi* received similar treatments, though in case of *baridi* there could be differences. During treatment at the healer’s compound, some clients could suffer from acute symptoms of dehydration, malnutrition, or a tropical disease like malaria. In those cases, the healers recommended immediate treatment at the hospital or a public health centre. Most of the clients returned soon afterwards to continue treatment at the healing compound. The Southern healers used musical therapy to discharge ill feelings in clients and/or bad spirits that have accumulated. Only in the practice of Nambela and Jeremana was this taken up further in order to free the way to ancestral or divine healing powers. I outline below the three main (healing) components: 1) musical sessions, 2) redressive rites, and 3) herbal and magical remedies.

12.4.1 The musical sessions

The musical sessions, characterized by call-and-response singing, were an essential daily healing intervention in the practice of Nambela and Jeremana. As these sessions were dominantly in use by them, I will first discuss these observations. Both healers were of the opinion that spirits caused illness with fever whenever the line of communication between ancestors and other spirits was blocked. Aroused by music, the spirits
(mapepo) first had to rise into the head of clients. The arousal was felt in the body like a sensation of heat bundling together (7.2). This heat had initially been stuck in the body of the afflicted, causing stabbing pains or painful limbs or joints (6.3). Once the line was opened by means of the musical sessions, the spirits came into action. In fact, the spirits acted as a source of energy ‘pushing’ up the positive (divine or ancestral) forces that would thus come ‘to awake’ in the clients. This became apparent in the behaviour of clients who would be shaking, trembling or rolling over the ground upon their first experiences with pepo awakening. Once this phase passed, the patients would display more distinctive manners of behaviour. The gestures and expressions were recognized by group members as signs of being in communication with the spiritual world. It appeared that in most people, a latent sense of ‘vision’ existed that was activated by the stimuli of the singing. During the spiritual transformation, clients would react with rhythmic bodily movements that were set in motion by the spirit. While the energies of divine or ancestral forces took over the negative spirit energies, a clairvoyant condition could arise. In that case a person had a ‘hot’ or ‘strong’ spirit (pepo joto or pepo kali). In fact, the spiritual energy was configured so as to expel the ‘heated’ condition in the form of pepo liberation. If this happened suddenly or spontaneously, patients would faint. There would always be trainees (assistants) around to help clients during a pepo trance.

In the process of expressing positive forces of pepo, clients could act out directions of the positive forces by fetching plants or magical objects. On other occasions, these forces expressed themselves through the voice of the afflicted. Whenever this happened, information was revealed to patients about matters that concerned him/herself and his/her family, though at times the revelations concerned other patients in treatment. In the beginning when clients found themselves in a state of hypnotic trance, they were unconscious of what they did. Once clients were used to these trances, they remained semi-conscious (see 7.3). In the practices of both healers, the characteristics of pepo awakening and pepo liberation were practically identical. Nambela would not be much involved in these sessions, though she would remain vigilant and see what happened to her clients. The reason for not being actively involved was that no recognition needed to be given to the various spiritual agencies. Communication with them was not needed either. For Jeremana, on the other hand, these two reasons were the very aim of the sessions. As she encouraged clients to open themselves up for the ancestors, she actually directed attention to the grievances or woes of the spirits. Only if the spirits spoke out their grievances could the clients’ problems be properly understood and remedied.

Jeremana would seek communication with the ancestral spirits once the spiritual energy was well heated and negative emotions began to be liberated. As a person lost
consciousness under the influence of an extra human force, Jeremana or a trainee would fetch water and spit this on the patient’s head and body to purify the spirit. More water was poured around the body on the ground as a token of consensus to the beneficial and pure powers of the ancestral spirits. In this fashion, the ancestral spirits were requested to use their powers to eliminate or expel negative spirits (mapepo mbaya) from the patient. When Jeremana or a trainee would place her/his head on the patient’s fontanel to help energize the ‘hot’ spiritual energies of the ancestors, this was another means of making sure that the negative forces were expelled.\(^{126}\) Communication was then allowed with the spirits who would speak with Jeremana or the assistants during the trance states.

In the practices of the Kihami healers, Joram Rupia (see 11.4) used musical sessions most frequently. He was usually the one to initiate a session, which would be directed to one or more clients, suffering from pepo at that very moment. There was, however, less dedication and enthusiasm than there was in Nambela’s or Jeremana’s sessions. The lack of a strong interaction clearly influenced the atmosphere and the outcome of the sessions by the Kihami healers. Whenever a good atmosphere was achieved, clients could be walking or running around in a state of trance. Never, however, were divine or ancestor spirits addressed, nor did clients seek to expose hidden magical objects or medicinal plants. Clients did not react to other clients in pain, either by manipulating or treating them. For the Kihami healers, the main purpose of the musical sessions was to express the negative energies of inland or coastal nature spirits so as to send them off with words or specific odours, or by making a pact with them that entailed certain gifts (see 3.7). As such, these musical sessions were very similar to those held by the Swahili of Tanzania and similarly addressed as ngoma. However, when higher spirit forces were involved, the healers would not refer to the musical ceremony as ngoma. I will come back to the role of ngoma in 12.7. Generally, when musical sessions happened, these were marked by an atmosphere of recognition and celebration of the spiritual world. The sessions were valued for their purifying and stabilizing role in the realm of the living as well as the dead. In the sessions, the patients and trainees or assistants would collaborate together. Whenever the musical sessions and hypnotic trance states were not effective, it was because of serious afflictions involving mental disorders. Often, these cases were intertwined with baridi.

\(^{126}\) I witnessed the same procedure at the compound of Jeremana’s tutor Atuwoneyeje Wilangali. After spitting the water onto a person’s naked body (upper part) she rubbed a mixture of ‘hot’ plant ingredients to expel the bad spirit energy from the body.
12.4.2 The redressive rites

A lasting cure of *baridi* could only be achieved with the help of tribal religious rites so as to redress and redefine cultural identity of both the living and the departed. In most of these cases, ‘repair’ was to be made within the social group for crimes that had been committed and/or for negligence of traditional rites. It was also important that the departed were purified in a ceremonial burial, a traditional practice that is common throughout Africa. Since relatives of one family could become afflicted over several generations, these situations encompassed a genetic heritage of spirit affliction or *pepo* illness. This should be seen as a different phenomenon from outbreaks of spirit possession epidemics in Tanzanian society (see 11.1).

In Nambela’s practice, the redressive rites for the social group of a client were restricted and were not specifically meant to remedy *baridi*. Rather, these rites addressed the immediate problems of clients with family members. As in the old days (see 12.1), Nambela would encourage the members of a (Nyiha) family to discharge ill feelings in public to settle their disputes. Nambela specifically invited families to her compound for this purpose. When *pepo* illness was tied to serious offenses against ancestors, as in *baridi*, Nambela recommended the execution of customary rituals at home, which could require the sacrifice of an animal to compensate for ‘mistakes’ (*makosa*). In serious cases of *baridi*, a cow was to be offered. Nambela did not assist in these rituals. An important ritual to Nambela was *kufunga kiparazi* (to close a bad or sudden death). Nambela had been instructed by her *pepo* to perform a sacrificial offering of a sheep on her land to favor the passage of a spirit who remained in the shadow of the living offspring (see 6.3). By helping these troubled spirits make the passage to the world of the dead, *baridi* could be prevented. This was usually done by mixing some sacrificial blood with small parts of the vital organs of a sheep to which herbs were added. The magical concoction was prepared by Nambela’s assistants and drunk by the victim as s/he faced the direction of the grave of the troubled departed. The next step was to take this concoction home for close relatives of the family to drink so as to eradicate the possibility that the departed could return and remain with another member of the family. Without this safety measure, the departed soul could ‘contaminate’ the extended family and even the lineage at large with spirit affliction symptoms. The concoction also helped to create a protective shield (*kukinga*). In these rituals plants served symbolic purposes. Nambela did not make use of power objects, symbolic colors or garments.

Nambela saw as her principal tasks the leading of divinations and prayers and the collection, distribution and utilization of plants. She asserted that clients had to remain in the compound for a length of time to interrupt daily burdens and social strains, especially in cases of intra-lineage witchcraft. If any of Nambela’s treatments
failed, she would say that she had no control over the way clients followed up her advice, or that patients were reluctant to cooperate, that patients had arrived too late for treatment. If clients regained strength, both physically and mentally, Nambela considered them to be armed against social and emotional distress. In case of neglect of pursuing ritual obligations, or in cases of continued conflict in the social group of clients, Nambela pointed out that the healing benefits would not last long. In fact, they were expected to experience an increase of *pepo* complaints, as more negative spirits would be attracted to them and their family.

In her role as lineage ritual specialist, Jerema needed symbolic items and acts to communicate with ancestors and departed relatives. Without the items or acts, communication was deemed impossible. Since *baridi* originated in the paternal lineage, reinforcement of social ties was needed during the exposure of the ‘sins’ or ‘mistakes’ in the paternal family, demanding the participation of all males. Jerema took the role of symbolic acts or rituals (*vitendo*) as well as sacrificial offerings (*matambiko*) as a demonstration of good intent towards the lineage ancestors (*mizimu ya ukoo*). Giving them recognition would not only improve the quality of life, it would also give offspring help in times of need. Prayers alone were not sufficient if one did not know how to ‘listen to the messages’ conveyed by the ancestors. In becoming an initiate of the ancestors, clients’ awareness gradually increased so that they themselves could properly ‘listen’ to the messages, be it for their personal or their social wellbeing. Jerema made it clear to all her clients that the main lesson of the rituals to avert *baridi* was the metaphysical relationship that existed between the living and the living-dead. The fact that most patients had suffered a long time due to lack of support by relatives or because they had little or no means to pay for the animals needed for the sacrificial offerings, was seen by the clients as a price to pay. Some clients, specifically males, met the healing process with an attitude of pride as they considered it a challenge to be the chosen person to reunite the family. Generally, however, it was hard on those clients who would spend months or even years waiting in uncertainty for the help of certain relatives. These relatives were needed to assist in a number of rites.

The symbolic acts or performances (*vitendo*) were at the same time earnest and playful (see Turner 1974). Rites of agreement, of initiation, of fertility and burial all formed part of the *vitendo*. Central to the fertility rites was a religious artifact in the form of a sacred lineage stool that in the past served as a symbol of unification of the lineage during lineage installation rites. These rites helped to liberate clients from their fears and worries. Ex-patients, who had recovered from similar problems and participated in these rituals, further increased the expectations of these clients. During the *vitendo*, Jerema often employed loud speech to soothe and facilitate contact with ancestral spirits. During small offerings of flour or water, patients too could speak to them and
Discussion on the Findings

convey a special message. Spoken ritual texts played an important role in all rites including the animal sacrifices that served as payments to specific ancestral spirits. They were requested to bring protection to the entire lineage in accordance with the scriptures in the Old Testament. The oral element was of prime importance. Zahan (1979: 32) clarifies how this reflects an African kind of 'liturgy'. Speech, he says, in the form of sacred formulas, is present in all religious acts and most evident in prayers. This applies also for the hymns and the songs. With the help of the ritual symbolic acts (vitendo), clients could be placed back in the order within the cultural and spiritual world to realize who they were. In the process, clients were expected to overcome their loss of identity that had emerged from breaking with the lineage customs.

The role of 'play' and 'performance' very much contributed expanding the consciousness of the clients and set off new hopes and strides. The lineage acts impressed on people, increasing awareness of their role and identity in the community and the society at large. Furthermore, the symbolic acts functioned as a mechanism to speak the unspoken or that which was seen as shameful or fearful. For instance, to join the fertility rites, the initiates had to dress only in their pants so as to receive the symbolic gestures and instructions. Among other things, these were the sexual gestures performed by Jeremana’s assistants. In other instances, gestures were made to show that spirit forces enter a person by means of the body openings. In this way it was made clear that spirits inhabit the body (including the blood veins) and not merely possess a person (see 10.2). The value of symbolic acts was that they worked on the level of meta-communication. They allowed people to come to terms with emotional hardships that were otherwise not easily expressed in public, like fear, pain, or feelings of distrust and deceit. Often clients were impressed by the outcomes of the rituals in ex-patients who claimed a remarkable recovery once the souls of the ancestors were at peace. Ex-clients praised Jeremana for her good work and showed this by visiting her every now and then. The ex-patients I met told me that they had found a way to combine traditional Bena religion with their church obligations. Even when Jeremana’s guiding forces discouraged her from going to Church, she never showed the slightest tendency to withhold others from doing so. On the contrary, she was happy to see that ex-patients set a good example to their relatives, who were still hesitant to consult Jeremana. What mattered to her was that the clients began to realize that personal and social wellbeing, as well as economic independency and progress, should go hand in hand with respect for traditional customs. If this was not accepted, Jeremana could do little for her clients.

127 This is related to the ideas of Bateson (1972) on cybernetics, Turner’s (1967) concept of communitas in social drama and ritual and Douglas’ (1966) relation to symbols ‘in action’ (1966).
In the case of the Kihami healers, redressive rituals were not specifically directed to the family group. Principally, magical rites of purification or cleansing were held for individual clients to redress wrongs in themselves or injustice bestowed on them, like the shaving rituals *(vitendo vya kanyolewa)* or the ancient rituals *(vitendo la zamani)*. These and other magical rites entailed the blessings of the higher Kihami spirits that guided the healers. The Kihami healers had each created a special (sacred) area in the compound to perform these rites. These areas resembled traditional life in the ancestral forest. In case of *baridi*, clients could be advised to perform customary lineage rites at home or consult a lineage specialist. The Kihami healers would also perform an annual purification rite for them in their compound or in a sacred area in the woods. I specifically refer here to the presentation on the website of the two Kihami healers, Joram Rupia and Asia Fusi (see 11.4). In case of intra-lineage witchcraft, rites could be performed for an entire family. I only witnessed this once in Alberto’s practice.

### 12.4.3 The herbal and magical remedies

In their practice as *waganga wa pepo*, the healers gave a great deal of time and attention towards the collection of plants. When certain plants were no longer available in the area, other people were requested to bring these along upon a subsequent visit. In some cases, the healers traveled for several days to seek certain plants that only grow in specific areas. In the absence of certain plants, healers used other plants or a combination of plants to enhance the affect. However, under the strain of clearing more land for agricultural use, substitute plants became increasingly difficult to find. Occasionally, relatives or patients contributed to the collection, preparation and usage of plants in the healer’s practice. This often happened as a result of spiritual guidance experienced at times of being caught in a sudden trance. In general, the roots and bark of plants were stored on the compound. Since the plants were used daily, they were often replenished. Other parts of plants in use, like leaves, fruits, seeds and flowers, were collected whenever there was need for them, provided they were available.

None of the healers followed a standard process in the use of plants for a given illness or complaint. I noticed this when I attempted to keep a record on the intake of medicine (*dawa*) by different patients. I wanted to check whether my information corresponded with the practical use by the patients. This proved a failure for a number of reasons. First of all, the patients did not know what plants they were taking. Second, the healers did not necessarily apply the same *dawa* for the same complaint in different patients. Many plants were used for their purifying effect on the human body. Since many of these plants were available in the surrounding area, the healers would take whatever was available. Third were the individual aspects in the course of treatment. Treatment was halted if there was no satisfactory outcome within one or two weeks. Hence, general patterns in the relation between specific symptoms and
the treatment were hard to discern. The healers could use the same plants for multiple purposes, be it for prevention, protection, purification, or as a restorative or sedative. I refer to the appendix for the most commonly used plants by the healers.

The parts of plants in use were mainly the roots, followed by leaves and sometimes pieces of bark, stem, flower or fruit. When preparing *dawa*, the fresh root, bark or fruit was usually cut in small pieces or dried and crushed into powder. Leaves, stems or flowers could be used fresh and whole, or dried and crushed. Usually the *dawa* was mixed with water and boiled for oral use. In some cases (Iringa region) healers combined a mixture of roots into one package (*dawa za kisa*) that served for purification and fortification of the body. Another combination could be used to serve magical means, with emphasis on the protective value of the plants so as to create a shield against evil influences. In cases where leaves were used, these were often pounded and added to clean cold water. Two to three cups were normally taken daily, while the *dawa* was replaced every three days. This was because a plant loses its medicinal power after having been used a couple of times. For this reason too, it was essential for people coming from far to stay in the healers’ compound. In most cases the patients (or relatives) had to prepare the *dawa* for oral use themselves at specific times of the day. In some cases they had to prepare it in the afternoon and drink it in the evening and night, stopping before the sun rises. Normally one common mixture was in use for all *pepo* patients. If patients responded negatively to a certain *dawa*, the healers decided to reduce the dosage or dilute the mixture. As the effectiveness and reaction to the *dawa* could differ from one person to the other, regular changes would be made in its usage. In case of failure, the healers would ‘see’ by means of divination what the reason was. Another remedy could then be given.

Less often, *dawa* was taken orally by mixing it with food. The result was supposed to be less efficient than if taken with liquid. When mixed with food, a smaller amount of the active *dawa* was believed to be absorbed into the blood. This was especially done with children to whom the normal intake was too strong. Mixing *dawa* with food was done for mentally ill people who refused to take any medicine (be it modern drugs or herbal remedies). Powders would be prepared for such specific uses. Another way of having the *dawa* enter the body via the bloodstream was by rubbing powdered *dawa* via tiny incisions with razor-blades in the skin (each patient had a separate blade due to the danger of AIDS (*Ukimwi*). The purpose of this treatment was to cleanse the blood of ‘bad’ elements, whether they were biological, personal or spiritual (for instance when a person had bad luck, bad habits or bad spirits). In some cases, other ingredients of animal or mineral substances were mixed with herbal concoctions to make a strong magical remedy and create a shield around the body (*kukinga*). It would also occur that *dawa* was mixed with saliva and spat into the patient’s nostrils, eyes and ears. When
In the Spirit of Uganga

*dawa* was supposed to serve superficial pains or complaints, like skin infections, wounds or snake bites, the treatment was either through bathing or placing the prepared *dawa* on the painful or irritated part of the body for a while.

Ritual bathing with certain plant ingredients was also commonly in use and combined with symbolic rites or locations. For instance, the Kihami healer Alberto used ‘the ancient cooking pot’ (see 11.3) to which he added power objects of iron and magical roots of plants. A chicken, and sometimes a bigger animal, was killed in a ceremonial way after which parts of it were cooked. The animal would correspond with the strength of the sorcerer or the spirits, or it could be used to symbolize certain vital parts of the clients. After cooking, the clients had to steam above the cooking pot covered by a large cloth. Afterwards, they had to eat the vital parts of the animal in a ritualized manner and then drink some of the concoction. The use of magical remedies were also pivotal to protect or clean houses and fields or in the shaving rituals (see 11.2). In general, the Kihami healers spent much more time in preparing and administrating plants for magical purposes than did Nambela and Jeremana.

What all the magical rites of the Kihami had in common was that they had to be performed in the names of the territorial Kihami spirits. For the purpose of these rituals, all the Kihami healers made use of sacred objects ‘given’ to them by the Kihami spirits. The place of the object had been shown to the healers in dreams or hypnotic trances. Blessed and purified by the ancestors, the power objects became indispensable tools in the combat of black magic and witchcraft. After serving its purpose, the healers would keep the objects in safety.

12.5 Spirit characteristics

The Southern inland healers owed their specializations to their inspirational sources and considered several types of spirits as able to intercede with human beings, for good and for bad. To decide what to do in case of spirit illness (*ugonjwa ya pepo*), the healers needed an intrinsic knowledge about spirit forces. What did this knowledge entail and how did the healers categorize spirits? This also brings me to the question of whether or not *pepo* is a generic term for spirit in Southern healing practices. Generally, the Southern spirit healers in this study identified ten agents to be intertwined with the onset of *ugonjwa ya pepo*. As agents of affliction, healing and vocation, these could interact with each other. For reasons of simplification I grouped them into four categories:

**Personal or human agents**

*pepo ya mtu* (spirit of a living human, also the soul)

*uchawi* (acts of sorcery or witchcraft by people)
Discussion on the Findings

Lower spirit agents
pepo ya sheitani (devilish nature spirit teasing people with frights or illness)
pepo ya kisherzi (pagan spirits that bring bad luck sent on purpose for magical ends)

Intermediate spirit agents
pepo ya bara (inland nature spirit, including animal spirit)
pepo ya jini/pepo ya pwani (coastal nature spirit, including sea spirit)
pepo ya mzimu (spirit of a more recently departed ancestor)

Higher spirit agents
pepo ya mzimu cha kale (ancient ancestral spirit)
pepo ya Ruhani (divine spirit of Arab or Swahili origin)
pepo ya Mungu (holy or divine spirit or spirit of God)

Given the above differentiation by all Southern healers, the concept of pepo appears to be a generic term for spirit. The term pepo means to them the human manifestation of spirit that can intercede with other invisible forces (energies). These can be divine spirits, ancestor spirits, nature spirits, or the spirits of other living beings (see 3.6). For the healers, spirits from the mainland form the category of inland spirits (mapepo ya bara). Spirits of the coast form the category of coastal spirits (mapepo ya pwani). Among the coastal spirits, many are from the sea (mapepo ya bahari). To emphasize the alien, pagan or uncivilized nature of a spirit, the healers speak of jini or genie.¹²⁸

Some of these spirits are low in rank in contrast to those nature forces that have some kind of relationship with people of a lineage or a tribe. Alien spirits are also those of departed spirits that do not share the line of descent of the afflicted or possessed person. According to the healers, nature and recently departed spirits are intermediate agents because they can influence humans through their emotional energy. Ancestral spirits that are higher in rank are more distant, and, as other higher spirits, they need intermediate spirits to function as messengers. Higher spirits are thus not expected to inhabit people or to communicate with humans directly.

The various spirit groups can affect humans differently in terms of ‘possession’. Some of the differences align with the information about Swahili spirit groups mentioned in 3.6 up to 3.8. First, there are the ‘lower’ spirits, a relatively small group that can be sent on purpose as an act of sorcery. In this case, the victim can experience a slow or sudden decrease in life energy. When this happens in a severe way the impact is immediate death. The ‘intermediate’ spirits form a much larger group. Some of these spirits have an appeal or liking for a person, with male spirits often preferring females and vice versa. Often, the problems that these spirits bring are of a sexual, reproductive or

¹²⁸ Giles (1989:338) mentions how coastal healing guilds do just the opposite. They associate inland spirits with alien, uncivilized and pagan characteristics which they find dirty, ill-smelling and ritually impure. Muslim spirits, on the other hand are civilized, clean, good-smelling and ritually pure.
emotional nature. Other intermediate agents can cause an affliction in the shape of mental illness, bad luck or disaster. Any of these spirits are annoyed and unhappy. They can seek the attention of humans who are emotionally unstable or who are closely associated to them either emotionally, culturally or genetically. Those intermediate spirits that influence their offspring usually do so to show discontent or grief, because there are broken taboos or behavioral violations in the family. Intermediate (unhappy) spirit forces are often under the control of ancestral spirits to make the offspring aware of the taboos or the violations. Ignoring the warning signs of intermediate spirits can spread illness and misfortune in a family. Generally, the intermediate agents only bring illness or other problems when their warnings are left unrecognized or unattended. These warnings come by means of dreams, by sudden incidences in which animals play a role, and also in trances or epileptic fits.

The healers refer to *pepo mbaya* (bad spirit) to indicate that a negative spirit force exerts influence over a person. A low spirit that inhabits a person is called *mdudu*, an insect or creeping creature. This is in line with the sensations of clients who experience creeping sensations in their bodies. Typical symptoms that follow these creeping sensations are painful limbs, barrenness, and/or mental confusion. Possession by intermediate spirits is initially manifested by abnormal behaviour, such as running off into the bush, hysterics, trance, or distorted speech. When a positive spirit force exerts an influence on a living person, the healers refer to it as *pepo nzuri* (good spirit). These are either the intermediate or higher spirits. The *pepo ya mizimu* (the ancestor spirits) are spirits of (distant) members of a family, a lineage, a clan, a tribe or a territory. Often those *pepo ya mizimu* that seek to intermediate with healers are of the male gender. Otherwise, spirits are both male and female. The healers consider a *kivuli*, ‘shade’ or ‘shadow’, to be the energy of a person that remains after death, which is of a different kind than the inner force of a person (*pepo ya mtu*). The notion of ‘shadow’ is the description that healers gave to me whenever they ‘saw’ a spirit materialize. Since the shadow of a living person is considered to be part of the person’s essence, with its own qualities of power, this part can communicate with people after it has departed from the body at death. In other words, *mzimu* or the actual essence of man goes to the spirit world (*kuzimu*), and *kivuli*, shade, can remain attached to the world of the living. To the healers, *mzimu* aligns with *roho*, soul, that is taken by God. These are notions that are also shared by the Swahili spirit healers I have met and studied in Tanzania (see 3.6). *Mzimu*, *kivuli* and *pepo* energies constantly fluctuate during life and influence each other. When illness or disaster strikes, there is a lack of higher protective or divine forces that function much like angels (*malaita*) do. In addressing *pepo ya mizimu ya ukoo*, the healers refer to the departed relatives
Discussion on the Findings

of the lineage, often these are the paternal grandfathers *mababu* (sing. *babu*). The most recently departed are still close enough to have an active connection with their descendants and affect an offspring (see 3.1 and 3.3).

Ancient ancestral spirits (*pepo ya mizimu cha kale*) and other high spirits can propel negative or positive energy through a person’s ‘shadow’. The only difference is that ancient spirits protect and guide mainly those, whose descent is linked to their territory. The ancient spirits that are still remembered have played an esteemed role in society, such as kings/queens, territorial chiefs, great healers or priests. The Southern healers associate both with ancient and territorial spirits of Bantu origins. They may speak of the ancient spirits as snakes or *mahoka* (sing. *hoka*) or *mazuka* (sing. *zuka*) because they show themselves in this manner in the mountainous areas where they ‘live’, in particular around rocks and caves. Among them are the higher *Kihami* spirits. According to the *Kihami* healers, these are experts in magic and the counter-action of witchcraft and sorcery. The ancient *Wambuyi* spirits are experts in rainmaking and military skills. Under the present circumstances in society, they are less in demand. They still bestow blessings on people and do so through the water that people draw from the pools where the spirits are said to dwell. As the higher *Kihami* spirits, the *Wabuyi* can bring people in a semi-permanent state of possession if they want them, or others, to ‘listen’ to them (see 11.4). The intermediate *Kihami* spirits are considered as nature spirits. No special skills are attributed to these spirits, though they appear to warn or protect their medium.

An interesting ethnic difference in spirit notion comes from the *Kihami* healer Alberto Kalovela. Bantu and Swahili spirit afflictions are identified as *ugonjwa ya pepo*, but he uses the Hehe concept of *mbepo* to refer to indigenous afflictions by spirits (see 11.3). The symptoms of *mbepo* afflictions involve madness, sudden aching pains, terrifying dreams, and/or extreme loss of weight and energy. In these cases, Alberto says that it concerns *baridi* (a state of coldness) or ‘an ancestral trap of long ago’ (*tego ya zamani*) when *baridi* roams in the family for many generations. According to the healers, lower or intermediate spirits of inland or coastal origin can both afflict people in ‘a state of coldness’ (*baridi*). Again, it is then presumed that people are left without the blessings of the higher forces. When these forces have totally withdrawn, nothing is said to protect the living anymore. The individual’s awareness of the oppressive nature of the killing power of spirits can also serve bad purposes. As Jeremana also says, “the bad spirits walk side by side with the ancestors” and “once the door is opened, this invites all kinds of evil to come through the

129 Traditionally Bantu refer also to ancestors as *makungu* (sing. *kungu*).

130 See also Topan 1971 and Caplan 1975.
same door” (9.1). The consequences are that good and bad spirits can fight over the destiny of the same person.

Overall, the guiding or healing spirits discussed in this study of Southern waganga wa pepo appear to bring wisdom and respect for life and the means to deal with illness and other problems. The purpose of the spirits is to offer the healers the knowledge of how to return or increase the protective or divine forces in their client(s). Without these forces, people can experience evil or negative energies that can continue to harass them indefinitely. Once the gateway is opened to the spirit world (read energy world) all kinds of oppositional forces can be experienced (see 1.3). The spirit healers are able to distinguish the various forces and have certain means of influencing them. Since spirit forces are important to the incentives for healing and healing careers contributing to the way knowledge and art of healing develops, how can it be that at one time spirits are to the benefit of the healer and his/her immediate family, while at other instances spirits pose a danger? From the example of the Southern healing practices, I noticed that there are three ways by which spirits exchange with people in the case of a call to heal. These are:

1) **Inner spirits that interrelate with divine or ancestral forces.** All people have access to divine forces but some experience this from birth onwards or after having a personal crisis. Here too, ancestral forces play a role in passing on knowledge and skills. Music, trance or hallucinogens are means to become more sensitive to divine forces. Strong divine forces compel people to help others and may ‘open the door’ to ancestral forces. The healers who work under divine spirit forces may feel that ancestral spirits also help to pass on ‘messages’.

2) **Ancestral spirits that interrelate with recently departed spirits and nature spirits.** When ancestral spirits bring a call to heal, this is usually related to grievances or crimes that need correction in the family or the community. Ancestral spirits may be attached to a family, a lineage, a tribe or a territory. Spirits that guide a person for the general wellbeing of the community once held important positions, like that of elders, chiefs, healers and priests. A majority of these spirits are of male origin, while female (family) spirits can form a front with male (family) spirits. Those ancestral spirits who wish to work through an official medium with special skills need recently departed or nature spirits to facilitate communication with a medium. Each spirit group expects to be honored with offerings (sacrificial) and prayers. If this is ignored, they may show their discontent to the medium.

3) **Foreign or alien spirits** are a difficult and controversial group of spirits. The reference to ‘alien’ is to indicate that these spirits do not make up part of the family, the ethnic group, or the cultural background of the afflicted. As nature spirits, foreign
spirits are carriers of messages. They can be sent for good or bad purposes, as being employed in an act of sorcery. To healers, foreign or alien spirits tend to be very demanding. Healers who operate through these spirits often go through turbulent periods of crisis and illness, never fully incorporating their powers. However, when the healers have superior forces, they tend to be able to integrate other forces more positively. The superior forces appear to safeguard the healer from the impact of negative spirits. Without superior guidance, the healing skills are limited: in fact the skills may be harmful without the healers realizing it.

In each of the three situations, spirit affliction or *ugonjwa ya pepo* releases a ‘new kind of life’ and a ‘new creation’. The integration of spirit forces from within is, as this study has shown, initially an important means to help the self. Spirits that merge with persons and form one spirit can, however, also alter prospects for others. Provided that a person is ritually pure, only s/he who opens up to experience the higher spirit forces can appeal to a large public and become a successful healer. I will come back to this aspect in 12.6. With respect to the way the Southern male and female healers integrated their higher spirit forces, some gender differences can be mentioned. For instance, the male healer Alberto appeared to have integrated his spirit forces with more ease than Joram Rupia. Still, both healers seemed to have sufficient control over these forces. In contrast, Nambela could be restless and suddenly lose control when spirit forces passed ‘messages’ onto her, which also occurred during her sleep. Being used to these temporary states of trance, she always soon got a grip on herself. Asia Fusi could suddenly be possessed by animal spirits and take after their identity, behaving much like them. Jeremana on the other hand, was always more at ease when she received ‘messages’ from her spirit forces. Her forces had become less demanding ever since she executed the wishes of the ancestors. For Kalembwana the situation was much the same.

12.6 The religious, the musical and the experiential

In the practice of the healer Nambela the Christian values and attitudes of prophet healing were very prominent and often coincided with the spiritual and musical experiences of the healer Jeremana. In 5.4 I have drawn a parallel between Nambela’s call as a prophet healer and that of prophet- or faith healers in Zambia and Malawi. Though elements of prophet- or faith healing in Zambia and Malawi have clearly been exchanged with the bordering region of Mbeya region, the question remains to what extent this has happened in other Southern regions of Tanzania, like Iringa, Morogoro and Ruvuma region. Let me give some concrete examples, drawn from the literature, to show how prophet healers in Zambia and Malawi manifest their healing vocation and to what extent this aligns with the specialist roles of Nambela, the prophet healer, Jeremana, the ancestral lineage healer and the *Kihani* healers who are
witchdoctors. From there, I widen the discourse to involve musical and experiential aspects that I relate to hypnotic trances and psychotherapy.

12.6.1 Elements of prophet- or faith healing

Let me begin by referring to chapter three and the major differences between traditional and Christian African healing. First of all, I mentioned the way in which events in the nineteenth and twentieth century led to the emergence of spirit afflictions and a revival of traditional religious practices (see ter Haar 1992: 111). Among those afflicted were some who felt inspired by the Holy Ghost or by Pentecostal prophets. Many of them were said to interpret their visions without any reference to the elders (e.g. ancestors) and claim a direct authority from God (see Dillon-Malooe 1988). In answer to the emergence of spirit afflictions in the sixties, African Zionist healing churches proliferated all over South, Central and East African countries. These independent African churches would work with reputable prophet- or faith healers who had added Christian saints to their repertoire of spirits. As these healers would consider themselves to be sent by God, they were taken to be legal representatives of the churches.

A characteristic feature in the prophet healers of the Zion Vanizimu churches is that part of the services consist of prayer, and that theologically and organization-wise they involve more syncretism, using a mixture of Christian and indigenous ritual practices (Jonker 2000: 117-132). Totally in contrast to standards of modernity, the Apostolic Zionist churches expect their members to refrain from consulting a government clinic or accepting a government job. In this respect, Schoffeleers (1991) also mentions the antagonistic relationship of Zion churches with the state. Around the sixties, when the Zionist churches spread, Milingo, a Roman Catholic Archbishop of Lusaka in Zambia, became aware of his healing powers (see Milingo 1984). Under the influence of the Charismatic Renewal movement in the West, Milingo came to believe that spiritual forces are present not only in Africa but all over the world. The West had, however, according to him, lost its ability to communicate with the spirit world and thereby the ability to combat evil. Milingo practiced from 1969 up till 1982 as a spirit healer for his congregation in Lusaka. In Milingo's view, it was the Holy Spirit that identifies the different spirit diseases, but as he said “humans need to heal the inner self before they can be liberated from evil spirits” (ter Haar 1992: 152-153). During a healing ritual, Milingo would call upon the angels and saints as powerful agencies that are close to God and can support man's plea. Some saints were said to have gone through similar experiences as the sick. In Milingo's healing sessions, the pain and worries of patients intensified, as a sign that the Holy Spirit had discerned the diseases and brought into the open the evil spirits that were hiding in them. For Milingo, this exorcist phase was a necessary stage to open the way to the next stage of the healing session, the actual healing prayers. At this stage the evil spirits would react in what Milingo called “a literally
savage manner” until they would gradually submit. As patients were possessed, they would cry, speak in tongues, and twist themselves or roll on the ground. This was a miserable sight according to Milingo, yet he also said that it was one of hope. Then, holy water would be sprinkled on the patients, followed by the laying-on of hands and, to complete the work, the Holy Spirit would be asked to bring new life and increase faith, hope and charity.

The notions of archbishop Milingo, but also of Christian faith- or prophet healers of the Zion Vanizimu churches, much align with the individual practices of the Tumbuka prophet healers of Zambia and Malawi (see 5.4). Tumbuka prophet healers in Malawi sing Christian hymns and may use the Bible to contact the spirit world, followed by divination songs in which the healers reveal the problems of the client. During the public enactment of divination trance, the prophet healers actually act out the disease or problem in dances. This may take place once or twice a week at night in what is called a temple, a large building in the compound (Friedson 1996: 31). Dispensing of medicines is done daily. According to Friedson, the famous prophet healer Chikanga in Malawi claimed that upon his calling, he was handed an old Bible, a song, and a stick from Moses. Furthermore, he was given the name Chikanga, meaning ‘the brave’ in Tumbuka language, and was pointed in a dream to consult the famous healer Mulaula, who would become his tutor (Friedson 1996: 26-27). Chikanje used the flywhisk as an important symbol of authority of the spirit(s). He and his adepts, mostly female initiates, would wear white beads symbolizing the ancestors, or red and blue to identify with foreign or alien spirits. During healing rituals, the healer Chikanga would dress in a blue satin choir robe while his adepts would wear an official white dress with red crosses embroidered on their skirts.

Very similar accounts about the use of power objects and dress codes come from Tumbuka prophet healers in Zambia (see Dillon-Malone 1988: 1160-1170). However, a transformation has occurred with modern power objects taking over traditional and exotic paraphernalia. In fact, there seems to be a tendency in Zambia to copy medical clinics with the use of white coats, general seating arrangements, and record books. In Zambia, prophet healers consider their healing centers as ‘churches’ where the religious is combined with the medical and the psychotherapeutic. The prophet healers begin the diagnostic sessions with Christian hymn singing and prayers after which selected pages from the Bible are read (ibid.). At some point, they receive ‘messages’ from the spirits for the clients that may include information about the preparation or collection of medicines.

Tumbuka prophet healers predominantly direct their interventions to alien or foreign spirits (vimzuba) that are seen to be the immediate cause of spirit illness, identified as
‘a disease of the prophets’. The Tumbuka prophet healers make a pact with the spirits by means of a sacrificial offering. According to Friedson (1996: 84), the animal sacrifice is a means to cool down the offended spirits. As the alien spirits (vimbuza) are incited to rise into the patient’s head during a musical session, a point is achieved in which the victim dances under the influence of the spirits (vimbuza). In fact, dance is seen as a means by which an initiate can be strengthened in the preparation of a sacrificial offering, known as chilopa (ibid.: 86). In chilopa, an animal is ‘suffocated’ by the vimbuza. This happens as the patient places his mouth over the nose and mouth of the animal. After the animal dies, its throat is slit and the patient sucks the fresh-flowing blood. In this way, the vimbuza are said to cool down. The reason for cooling down is that justice is done to ancestral claims, which are mediated through the vimbuza. The chilopa ritual is only successful when all relatives contribute paying for the animal. Failure to help is interpreted as malice towards the patient (Friedson 1996: 106). When other ancestral claims are disregarded, the effects of the animal sacrifice only last temporarily.

Prophet- or faith healing in Zambia and Malawi is marked by syncretism and so are the practices of the Southern healers in this study. There is also coherence between the experience of spirit affliction and the calling to heal. Nambele’s calling happened together with the rise of the Zion Vamizimu (ancestral) churches in eastern Zambia. She too integrated the protective nature of traditional spirit forces with the healing forces from God and saw herself as a representative of the Church. In fact, she considered her healing compound as a Church. Nambele held prayers on Sundays during a public ceremony in the open air. The healer Jeremana would perform also prayers on Sundays for her clients. The Kihami healers could do so in their sacred grove or in the rocky dwellings of the Kihami spirits. The major difference was that instead of attributing divine powers to God, they addressed the ancestor or territorial spirits. Whatever the power was by which each felt to be inspired, the healers were to fulfill a sacred role, in which the eradication of witchcraft played an important role.

Though Nambele combined prophet/faith healing with traditional healing elements and felt that superior (healing) powers came from God or Christ, she was not baptized, had no alliance with an independant church, and never visited a church. Moreover, she could not read the Bible for she was illiterate. Jeremana, on the other hand, was baptized as a Christian and being literate, had familiarized herself with the Bible for many years until she became a devout leader in the Roman Catholic Church. Once she started her healing practice, however, Jeremana became convinced that all divine healing forces were mediated through the ancestors. In other words, she totally succumbed to the pathways of traditional religion. How was their healing calling experienced and how did they express this in daily practice? In the case of Nambele, it
appeared that she received spiritual directions in dreams so as to consult the healer Namumba in Zambia. Later, she experienced the words of God when she lost consciousness for several days (see 5.2). On that occasion the purpose of Nambela’s sufferings were communicated to her. Furthermore, though Nambela was illiterate, she could quote texts from the Bible in a state of hypnotic trance. I know that other pepo healers in Mbeya region had this ability too. The Biblical passage usually had a relationship to the problems of the clients.131 During my stay with Nambela, I met young male pepo healers, ex novices, who used the Bible and a carved stick (usually from ebony wood) as power objects during divinations. Nambela, however, did not need symbolic colors, power objects, or special dress codes as proof of her divine healing source. As a consequence, these played no role for her initiates either.

In the practice of the healer Jeremana, it was the spirit of grandfather M tulahenja who encouraged her to consult tutor Atuwoneyeje Wilangali (see 8.3). Atuwoneyeje, in turn had been instructed by her spirits to find tutorship with Nambela. In this way, Jeremana became familiar with Nyilha spirit songs and prayers. As ‘a child of Bena ancestors’, Jeremana had to follow Bena and not Nyilha religious healing customs. Jeremana had trust in the protection and law of the ancestors, who hold proper conduct of individuals and respect for the dead to be essential to a harmonious society. She considered the ancestors to be the driving force behind the destruction of bad forces in human society. Whenever Jeremana made connections to the Bible, it was to associate the ancestral healing rituals with certain passages in the Old Testament (see 10.5). However, she never quoted from the Bible during any of the ritual sessions. To identify with the ancestral spirits, Jeremana would wear a special outfit though she sometimes adapted garments and colors according to the spirits that helped her grandfather M tulahenja. Preferably, Jeremana wore a white dress with a red cross during divination and prayers, while she wore black garments and cloths (kaniki) when she performed Bena rituals. Clients would wear black cloths after their initiation. Material objects were identified with ancestral forces, often a spear or a wooden stick that had been in use for hunting purposes. The objects that Jeremana used referred to the healing and ritual powers that belonged to her grandfather and grandmother. In other words, material objects were important proof of ancestral powers to Jeremana, which in turn was also reflected in her initiates.

The Kihami healers felt to be inspired by territorial and ancestral spirits. Each of the healers was directed to a certain tutor to prepare as a healer. As they too felt ‘to be chosen to heal’ they demonstrated this by means of power objects and special outfits.

131 I met a number of pepo patients who told me they had quoted texts from the Bible in pepo trances without having ever read the book.
The ethnic and personal backgrounds of these healers influenced ways of practicing. There was also a greater degree of flexibility among the Christian Kihami healers. Two of them (see 11.4) first succumbed to traditional religion and later integrated Islamic traits in their traditional practice, without abandoning their Christian beliefs. Out of respect for traditional religion, none of them, however, ever went to Church or a Mosque. In fact, they all feared that this would arouse the anger of the traditional spirits. The same applied for the healers Nambela and Jeremana.

The fact that the Southern healers operated outside the setting of an indigenous African church made that spirits were not reduced to mere angels or saints versus evil or savage spirits. In fact, during prayers, divination, musical group sessions and other psycho-social rituals including sacrificial offerings, they would express the fluidity of spirit powers as these were addressed in plural: “They are telling me that...”, “they are coming to me...”, “We have traveled from far...”, “We have heard it...”, etc. As Christians, each of the Southern healers would also refer to the healing role of ancestors in association with sacrificial offerings. In Nambela’s and Jeremena’s practice, the normative values concerning sacrificial offerings were very similar to the Tumbuka prophet healers of Malawi. In Nambela’s practice, animals were offered to the spirits of recently departed relatives who had died under ‘bad’ circumstances. The sacrifice had to end (literally ‘close’) their influence on the offspring. In Jeremana’s practice, sacrificial offerings had a much wider function, namely: 1) as a token of respect and means of recognition to the ancestors; 2) as a means to show readiness to mend breaches in conduct; 3) to show consent in following instructions from the ancestors; and 4) as a means of compensation or payment. No acts were ever held to appropriate alien spirits, and furthermore, the sacrificial animals were not considered as a substitute for the evil forces in the client. Other means to cool down offended or troubled spirits were the musical sessions and the lineage rituals. The notion of rituals as a means ‘to cool down’ spirit affliction has been mentioned by Janzen (see 2.2) who linked the concept of ngoma to the verb kuponya/pona (literally ‘to cool down’ the state of being). I should add, however, that according to the healers, it was the spirit that needed cooling down, not the afflicted person. Interestingly, the notions of hot and cold were not merely attached to the presence of unseen forces around people; they were also associated with the strength of these forces. In the practices of Nambela and Jeremana, ‘hot’ and ‘cold’ spirits would represent those persons with a lot or a little amount of healing energy. The Kihami healers also shared certain notions about ‘hot’ and ‘cold’ spirits. For instance, Kihami forces were said to bring heat to people’s body, and the Wambuyi were said to cool them down. Afflicted patients of Kihami spirits confirmed this to me. As soon as the symptoms or problems were remedied, they felt coolness in their body. Generally, a ‘hot’ body was associated with ancestors or spirits in dreams or visions who gave warnings about illness of affliction or disharmony in the family. A ‘cold’
bod y was associated with stability between the living and the dead, but also with re-
covery and health, and with being under the protection of the ancestral spirits. In con-
trast to Nambela and Jeremana, sacrificial animals were considered as a substitute for 
the evil forces in the client. This was an act of sympathetic magic. However, in cases of 
baridi, the *Kihani* healers considered sacrificial offerings also as a means of payment 
and recognition to the ancestors.

Though the idea behind the offering was the settlement of ancestral claims, the type of 
spirits intermediating for ancestors could direct ways of offering. Overall, the major 
role of the Southern healers was similar to that of prophet healers in Malaw i and 
Zambia to protect and restore the victim from oppressive forces. If hostility existed 
within the family, this would be seen as a destructive force behind all evil, and, unless 
it is resolved, spirits become offended and withdraw their protective and healing prop-
erties. At this stage, sacrificial offerings could offer the only solution. By having had 
personal experiences with oppressive forces and hostility within the family, each healer 
would set an example to others who suffered similar problems. In the process of con-
sultation or treatment, the Southern healers would never request their clients to refrain 
from consulting a government or public clinic. On the contrary, they would encourage 
clients to visit a clinic when this could facilitate the cure of a physical ailment. In sum, 
spirit healers, prophet- or faith healers cannot easily be confined to categorizations. 
What can be differentiated are the ways in which they identify with spirit forces; the 
manner by which they have learned to use visionary skills; and their understanding of 
magical, herbal, ritual and musical aspects of healing.

**12.6.2 The musical experiences and hot energies**

What is the relevance of spiritual experiences with regard to musical healing? The 
musical ceremonies, as conducted in the practice of Nambela and Jeremana, usually 
resulted in an intense happening that was reflected in the interaction between patients 
in the singing session (see 12.5). The atmosphere could give way to energetic manifesta-
tions with people staggering, running, swinging, rolling, shivering, or talking to 
something invisible. Other persons could be divining or treating other patients (manu-
ally or with the help of plants), fetching plants as medicine (*dawa*), or locating hidden 
witchcraft items (*vipembe*). These different expressions would be intrinsically related 
to the state of *pepo*, meaning that each person had a specific pattern(s) of behavior, be 
it more introvert or extrovert. Whenever persons spoke with a spirit voice, their pitch 
and tune changed a lot. Either they spoke more softly or, in contrast, they spoke more 
loudly but always with regular interruptions. It was much like what happens when cry-
ing. As this happened a force was felt in the chest and the throat that limited the lung 
capacity and prevented normal speech. What surprised me was that some patients intui-
tively performed bodily movements or postures resembling yoga postures. Once the pepo patients had properly integrated or harmonized the flow of divine or ancestral forces in mind and body, these intuitive postures no longer took place. Curiously, the manifestations in Nambela’s practice were usually much more intense than they were in Jeremana’s practice. Could this difference be related to the experience of divine versus ancestral forces? In that case the divine forces were more powerful than the ancestral ones. The information may explain why visionary and sensory manifestations occur in healers and clients, but what about the impact on mind and body?

Musical therapy allows for the unconscious self to expose its forces, which relates also to the remark of Nambela at the beginning of chapter seven, that “we are composed of two in one spirit”. She implies that the part that wakes up on the ground is tied to the (expanded) self that is connected with the governing force of nature. The stronger pepo is, the hotter it becomes, and the more healing force it develops. In the words of Nambela: “the moment you receive the power, you know it will do you good. In that case, it is to one’s own benefit, for “with the help of God your own pepo can heal you”. When pepo shows or informs a person about the use of plants and the way to help others, it is because this is how the individual self gains insight through the expanded self. In Nambela’s words: “if you roll over the ground, with luck you see medicine or you may divine illness. Pepo is then considered to serve the community”. In the same passage Nambela says: “Even you can see under normal circumstances, but you do not know how to recognize it.” With this remark, she presumes the existence of ‘an ordinarily hidden reality’. In other words, unconsciously, everybody has visionary abilities (see Harner 1982). Though academically we may know very little about this hidden reality, a great deal of insight is gained from people with shamanistic capacities, like Nambela and Jeremena.

It appears further, that the stronger and the hotter the power of pepo is, the more visionary and sensory experiences take place. The metaphorical usage of terms such as ‘hot’ and ‘cold’ in use by the Southern healers raises interesting questions on ethnomusicological investigations in African countries. Is this an association widespread in the setting of musical healing sessions in Africa, or is it predominantly a Bantu feature as part of so-called ngoma therapeutic sessions in Central, East and South Africa? A relationship existing between music, heat, illness and healing has been identified, among others, by Katz (1982, 1997) and Friedson (1992). The authors describe a kind of boiling energy or substance in the belly that can be heated through music and dance in healing settings. Katz (1997: 137-138) relates how the bushmen of the Kalahari, Botswana, also the Ju/'hoansi known to western peoples as the I-Kung, achieve a boiling point

132 Often the cat and dog pose but also head-rolls.
during healing sessions. This boiling point is accentuated in n/om, or that which comes up and bursts open like a ripe seedpod. As the seeds are expelled from their ripe pod, they leap out to others. In other words, the activation of boiling energy in one person stimulates activation in others. Traditionally, n/om is not in limited supply and individuals do not have to compete for its healing power. Instead, the released healing energy binds people together in harmonious, mutually reinforcing relationships. Friedson (1996: 90-95) writes about similar experiences with regard to the musical and ritual ceremonies of the Tumbuka of Northern Malawi. The ‘hotter’ the spirits, the stronger is the affliction and, the more complex are the complaints. Accordingly, the stronger the affliction is, the bigger the size of the animal that has to be sacrificed to appease the spirits. The cooling down phase is mirrored in the use of bile from the sacrificial animal. This is poured over each patient who has the ‘disease of the prophets’. Bile symbolizes the bitter and strong powers in the afflicted caused by the ancestors. The ‘baptism’ with bile opens the door for the mizimu and enables each patient to ‘see’. Another analogue is related to the vocation of the prophet healer; the stronger the affliction, the more powerful is the healer. The logic springs from the fact that whenever ‘colder’ spirits afflict a patient, the spiritual energy is weaker. Consequently, the client has less complaints but also less chance of developing clairvoyant experiences, which are essential for becoming an inspired healer.

In the practices of the Southern healers in Tanzania I found a similar situation, although the size of the sacrificial animal seemed less important. For as long as the afflicting spirits would not come out, they remained embedded in the physical body in a heated state and continued to cause sufferings. Besmer (1983: 128), who has carried out a study of the Bori-cult among the West African Hausa in Nigeria, refers to a similar phenomenon when he speaks of the concepts of energy and heat in medicine and in body temperature. Afflicted adepts, Besmer says, are in need of medicines that help the body ‘to boil’ as it constitutes the most important sign of genuine possession trance in musical sessions. Following this insight, it seems that also in West Africa a synergy exists between hot powers/energies and spirit manifestations. Concerning visionary capacities entailing ‘hot’ or boiling powers, I wish to bring a number of aspects to the attention about the connection between hypnotic trance, the process of ‘pepo awakening’ and of ‘kundalini awakening’.

There are two variations to be considered with regard to spirit afflictions and musical experiences. Much depends on whether one deals with personal spirit energy, or with impersonal spirit energy. In the first case, hypnotic trance functions as a therapy to communicate with the inner self. In the second case, hypnotic trance serves to communicate with another soul. Here also lies the difference between Nambela’s and Jeremana’s therapeutic approaches. Nambela uses the musical sessions mainly to
In the Spirit of Uganga

express inner spirit forces, whereas Jeremana’s goal is to express external spirit forces and to achieve communication with departed relatives of the client. In both cases, musical therapy can help to remedy the immediate symptoms of spirit affliction (*ugonjwa ya pepo*). In cases of ‘a state of coldness’ (*baridi*), the therapy is considered an important step in the ritual healing process. What links hypnotic trances to a hot *pepo* in musical experiences? To understand this I wish to discuss the role of ‘kundalini’ in yoga.

According to Avalon (1974), **kundalini** has the form of a sleeping serpent in the lowest bodily center at the base of the spinal column and is considered as divine cosmic energy in the body. The serpent power contains an aspect of the ‘shakti’ (feminine force) and the ‘shiva’ (masculine force). Both components form a creative energy in the human body that can be awakened through suitable techniques. Physically, kundalini is related to the seven energy centers, or ‘chakras’, in the body. An important gateway is the solar plexus chakra that is located between the twelfth thoracic vertebra and the first lumbar vertebra behind the navel. It is seen as the point where energies or powers interact. In Tibet, this chakra is known as ‘manipadma’ or ‘jewelled lotus’ known to radiate energy like a bright sun. Its color is therefore yellow and its element is fire. It is also given great importance in traditional Japanese teachings and is known as ‘hara’, literally meaning ‘belly’. It is the center point where all things, both visible and invisible, find their balance. In fact, this chakra functions as the gravitational center of being, where emotions are both felt and expressed. When the powers of this center are repressed, serious discrepancies between feeling and action can arise. When the hara is operative, unified expression through word, action and body language takes place. In Japan, the belief is that sincere people speak with the voice of ‘hara’. Overtone singing is an ancient way of reaching the energies of the hara. It can be liberating and even cathartic (Ozaniec 1990: 62-72).

By means of kundalini-yoga, one can attempt to stimulate the seven chakras. This exercise is considered to be the most direct path to reach spiritual or clairvoyant powers. Kundalini-yoga can lead to an increase or decrease of nervous-energy and is often accompanied by sudden shifts of consciousness. In the case of increasing the nervous energy, sensations of heat (concentrated energy) rise up to the head until they are released. Ozaniec (ibid.: 45-46) writes that divine or cosmic elements are male components based in the higher chakras (diaphragm and head). The base chakra

133 Arthur Avalon is an Englishman whose real name is Sir John Woodroffe. He studied yoga philosophy and texts and wrote several books about Tantric and Shaktie Yoga. In his book ‘The serpent power’ (1974) he writes about an ancient knowledge that explains about the inner forces of men and the universe from within.
houses karmic\textsuperscript{134} forces containing female components. This is where kundalini (the serpent power) is said to lie dormant. There are 'knots' or psychic blocks that have to be dissolved at their respective points to allow kundalini to awaken so that evolutionary energies flow upwards. They act as closed doors, which inhibit the rising of energy beyond certain levels until consciousness itself has created the necessary key. Chakras hold information and memory like computer discs, constantly updating the amount of life data on file. The contents of each chakra remain undisclosed until the appropriate 'key' is touched. This key can take many forms: for example, applied energy, meditation or physical stimulus. A sudden awakening can unexpectedly tap distant memory and release repressed emotions in a volcanic way. The awakening of the solar plexus chakra is said to confer mastery over fire. This refers to internal fires and to the generation of psychic heat through controlled use of natural energy. In this respect, kundalini may well be compared with electricity. The uses to which it can be put are, for one, that it charges consciousness enabling detailed memory of events and experiences. The ability to see the body from within is also said to develop when the functions of this chakra unfold (ibid.). Furthermore, it can create both another sense and a very powerful stimulation of the senses. Those who misuse it for selfish ends may experience a boomerang effect and find that the energies turn against them, something that Nambela and Jeremana also mentioned to me about healers who misused their spirit powers (see 12.2).

\textbf{12.6.3 Psychotherapeutic considerations}

The concept of kundalini has helped me explain why during the research, I was constantly alerted to the fact that a majority of clients not only encountered similar types of spirits as the healer, they also manifested these in much the same way, be it through crisis and illness or through dreams and visions. In other words, the clients went through a similar process of spirit transformation as the healers had done. Spirit possession would be a temporary experience in which clients would loose normal control over their body and mind. In the course of treatment, the clients would free themselves from negative forces through this temporary possession. As soon as they would experience the positive forces, they would reach a state of de-possession of the self, which is quite a different situation. It is in this stage that clients would be 'reborn' with the forces of divine or healing spirits. As they became initiates of the spirits, their awareness would amplify. The visionary messages they would experience under these circumstances could serve to bring back a state of harmony in the self and their spirit. Though all the initiates experienced healing powers emanating from a fusion of internal and external spirit forces, only a few of them would have a healing call.

\textsuperscript{134} From 'karma' referring to the law of cause and effect that binds consciousness to the Wheel of Rebirth.
At this point it is useful to look into the framework of mental health care, in particular the role of psychosomatic and mental disorders. In western psychiatric care, spirit affliction is classified according to western diagnostics with symptoms described as psychosocial stress and neurotic problems (de Jong: 1987). In cross-cultural psychology and psychiatry, the term ‘culture bound syndrome’ may be used to refer to a set of emotions and behaviors that align with a specific culture (see Simons and Hughes: 1985 and Fuller Torrey: 1986). The term, however, is problematic when discussing spirit disorder or spirit possession. Even if spirit affliction is ‘culture specific’ it is at the same time the spiritual heritage of a whole continent. What counts is how subjects culturally define and experience ‘abnormality’ and ‘normality’. To address this complexity, Hughes (ibid.: 12) proposes the term ‘folk psychiatric disorder’ as a more convenient alternative of classification. Without sufficient knowledge of the cultural context, the outsider’s interpretation of pathology remains tentative. In this study too I have had many problems defining the psychopathology of the healers and their patients, especially because their problems often surpassed the domain of psychopathology. By remaining close to their subjective experiences, I have attempted to describe their interpretations, complimented with my own understanding.

Following western diagnostic classification, I am inclined to say that the accounts of the healers and patients in this study point to panic- or depressive disorders and psychological traumas, which may be hereditary. The similarity of pepo illness with a panic disorder is striking in which at least four of the following symptoms occur: shortage of breath, dizziness, heart-palpations, trembling, transpiring, nausea, pain around the chest, fear of dying, fear of madness, fear of control and depersonalization. From this perspective it is no wonder that pepo illness is associated with madness, as in schizophrenia and multiple personality disorder (MPD). Symptoms of schizophrenia are: refusal to talk, eat or take medicines, hearing voices, hurting of oneself or others, walking around naked, feeling hopeless or overwhelmed, feeling frightened, seeing things that others do not see and being afraid of others or the outside world. In MPD, patients create other personalities in response to emotional or traumatic experiences. It is highly plausible that such occurrences happen in the case of spirit afflictions where ‘bad’ or ‘good’ spirits are experienced.

A cultural relativist view of spirit illness (ugonjwa ya pepo) or a state of coldness (baridi) should also be considered in the light specific psychosomatic symptoms. Several symptoms indicate a chronic fatigue syndrome or a thyroid disease. An over-active thyroid produces too many hormones and affects especially young and middle aged women. The symptoms are exhaustion, sudden weight loss, feelings of

---

135 I refer also to the Encyclopaedia of Natural Medicine by Murray and Pizzorno (1990).
nervousness or anxiety, difficulty in sleeping, feeling snappy. An under-active thyroid produces too few hormones resulting in gaining weight, constipation, feeling cold and having a dry skin. Interrelated are symptoms that have to do with nutritional deficiency. A single nutrient deficiency can profoundly impair the immune system or give stress to the body. Given that the diet in rural or poor households is very simple and monotonous, essential nutrients are often lacking. It is no surprise therefore that in many cases of chronic spirit affliction or *ugonjwa ya pepo*, persons respond well to phyto-medicines, as these may contain essential nutrients.

Another matter is how to draw the line between spirits that come from within and those that come from outside? As a westerner, I have a limited experience and understanding of the role and impact of spirit affliction and possession, but I have learned from this study that the integration of spirits can function as guides to the self and the body. Adaptation to forces from outside is met by using forces from inside. The personalized means of power through images is clearly acknowledged by the traditional healer for spirit forces are intertwined with life itself. By referring to spirit possession as a mental disorder, one does not do justice to the vivid creativity of human beings. The therapeutic success of non-medical healing of spirit affliction should be evaluated in light of the existence of internal and external spirit energies that intercede with the capacity for self-healing that exists in all human beings. To what extent altered states of consciousness or hypnotic trances transform into healing forces is difficult to say at this point, but there are governing forces that could be physically observed. As in kundalini-yoga, the awakening and subsequent manifestation and liberation of *pepo* occurs from a particular part in the individual’s body, which has the capacity to fight disease and anaesthetize pain, while experiencing extra energy. Whether identified as divine, spirit, or ancestral healing forces, it appears to me that each person has the ability to change negative forces or energies in positive ones. To some extent I believe it is possible to say that these experiences are universal.

12.7 Bantu- and *ngoma* therapeutics

*Ngoma* refers to the use of therapeutic music (songs) combined with rites and herbal medicines to alleviate symptoms derived from (punishing) powers of deceased relatives. *Ngoma*-type of cults of affliction are associated with ‘rites of passage’ that ideally have an opening rite, marked by separation from a prior social state of the novice to an intermediary or transitional state culminating in a rite of re-incorporation into the society as a full-fledged healer and member of the cult. Janzen (1992) used this as a synthetic model to underline the fundamental characteristics in which ritual events incorporate activities that open, close, and punctuate the therapeutic process (see 1.4). The major characteristics outlined by Janzen align with Lewis’s analysis of the ‘career’ of spirit possession (1986: 78-93). Lewis speaks of a series of stages that
take place in changing the relationship of the initiate or novice with the spirit. Whereas it is initially uncontrolled and involuntary, the initiate reaches a point where s/he reaches greater control leading to a voluntary interaction with the spirit through mediumship. The ‘healing career’, defined by the subject as moving from being a patient or sufferer to a master over the source of affliction, allows the afflicted to become a healer of similar afflictions.136 The specific ways of identification of the causes of an illness appear to be closely intertwined with the process of transformation in the patients.

What does this study of Southern uganga wa pepo add to the discussion of Bantu-and ngoma therapeutics? What Janzen and Lewis have stated basically applies for uganga wa pepo, yet the definitions of ngoma and the analysis of a healing career are far too generalized, not allowing for much scope on cultural and personal differences. The main observations of Janzen are from Central and Southern Africa, whereas he subjected his study of East Africa only to the Tanzanian coast. The way that healers, patients or initiates experience spirit affliction, how they associate with spirits and, the affect of spirits on people’s lives remains largely a mystery in his study. The assumption that patients following treatment of spirit affliction develop the potential of a spirit medium is grossly overestimated, whereas gender aspects are largely ignored. The study of Janzen, but also the latest one of van Dijk et al. (2000), allow for little or no distinction between coastal and inland features of ngoma therapeutics. Whenever the musical healing component is discussed, little insight is gained from its role in the therapeutic process. Furthermore, the concept of ngoma is problematic for the Eastern Bantu, as they generally do not associate ngoma with Bantu therapeutics. By outlining what crucial elements in uganga wa pepo are primarily contained in illness, affliction and vocation, I discuss how I value my findings in the light of Bantu-ngoma therapeutics. The elements are the following:

- Spirit healers may suffer from spiritual affliction for a long time before they accept to take up the responsibility of healership. The reason is often resistance to spirit forces or denial of traditional religious practices. Once respected spirit healers, they have solemn faith in their guiding spirits and abide by certain regulations to live and work. Tutelary spirits are of ancestral, territorial or divine nature, each being part of a category of high spirits. Recognition of spiritual forces empowers the healer and his/her social group and adds to the appreciation of traditional religious customs.

- Spirit healers specialize in accordance with the competence and skills of their guiding spirit(s). They are experts in the treatment of folk-disorders and additionally may have specialized skills to treat natural diseases or problems. The tendency exists that men specialize more in herbal and magical remedies, whereas females specialize more in ritual and musical interventions. The various rites are primarily a means to connect the world of the living

Discussion on the Findings

with the world of the spirits. The ritual process of *uganga wa pepo* entails: 1) divination; 2) the preparation of herbal or magical remedies; 3) the utilization of musical and redressive rites in which symbolic gestures, objects, and also smells and colors can play a role; 4) ceremonial offerings sometimes involve an animal that is ritually identified with the initiate and is then slaughtered and eaten; and 5) patients of affliction ideally go through a process of transformation by becoming initiates of the spirits.

- Spirit affliction may give stress-like symptoms that become chronic if proper care is not given. Often these symptoms cannot be diagnosed in modern health care. Left untreated or handled incorrectly, madness or death may occur. Herbal remedies or biomedicines alone are not adequate means to affect sufficient change. Spirit affictions particularly evolve around men and women who live in conflict situations or have known dramatic conflicts in present or past generations. When a high incidence of spirit affictions occurs in one family, this points to spiritual inheritance of a state of coldness (*baridi*).

- If uncertain about the cause of their symptoms, patients preferably choose ambulatory treatment at the dispensary, the hospital or the herbalist. When the complaints are complex or do not respond to ambulatory treatment most patients decide to follow treatment with a spirit healer. Often, a long search is needed to discover the ‘right’ spirit healer. In some cases, an ethnic specialist is needed. Experiences of affliction are similar for healers and their patients when it involves the same type of (ethnic) spirits. Finding the ‘right’ cure for spirit affliction or a folk disorder is increasingly difficult for people who do not respect traditional ways of healing.

- Regardless of the healer’s specialization, clients are expected to gain faith and healing by replacing feelings of hatred, anger, loneliness and fear with respect and understanding. Various spirit forces may interact with each other in case of an affliction; most of these forces are of the male gender. Protective directions come mainly from ancestral family spirits. If these have withdrawn, illness and disaster can strike. Witchcraft and sorcery work only with the consent of the ancestral forces. The evildoer can only be successful when a state of disharmony in the victim’s family or lineage exists.

Generally, the way that music is acted out differs considerably between the Southern healers. Music with songs, drums and/or dance would only be called *ngoma* by the *Kihami* healers, who deal with spirit manifestations of nature coastal (*pwani*) or inland (*bara*) spirits (see chapter 11). Otherwise, inland (Bantu) traditional healing ceremonies are not associated with *ngoma*.[37] It should be kept in mind that the personal history of the *Kihami* healers has been strongly affected by the Ngoni cultural tradition of healing. The word *ngoma* is originally derived from South African Ngoni speaking groups, who employ the therapeutic idiom when ceremonies, initiations, or rites of other kinds are encompassed (see 2.2). Originally, therapeutic practitioners among the Ngoni who used *ngoma*, were called *isa-ngoma*. This title is not in use by the *Kihami* healers in Tanzania. It appears to me that the Southern Bantu (Ngoni) differentiate the meaning of *ngoma* as well as the name *isa-ngoma* from the eastern Bantu (Ngoni).

---

137 Islamic religious celebrations (*maulidi*) were not held by these healers, though *dhikr* or *zikr* (rhythmical singing while reciting the names of Allah) could occasionally happen as part of *ngoma* (3.7). According to Giles (1989: 298), *dhikr* singing is strictly separated from inland *ngoma* ceremonies in coastal healing.
It is further important to consider that *uganga wa pepo* is controversial to official Islamic and Christian believers who deny the existence of ancestral spirits. The continuing vitality and acceptance of spirit healing in Swahili society is possible because Islam does not deny the existence of the powers upon which spirit healers depend (see 3.5). In contrast to Christian ideas, Islamic ideas show a large measure of agreement with African traditional religions with respect to prophecies, oracles, divination, witchcraft and magic. Even if coastal healing guilds have influenced local traditions of spirit possession and healing in Southern Tanzania (see 3.5 and 3.8), this has not affected all areas of Bantu healing. This, I presume, is the reason why in Southern healing practices of *uganga wa pepo* guild characteristics are few. No procedures are in use to teach initiates how to associate or pay respect to inland or coastal spirits, as is the case in Swahili guilds. Another difference I have noticed is that Southern Bantu healers do not always associate spirits with pathology. Only the male *Kihami* healers, Alberto and Joram, employed specific pathologies to address the involvement of nature spirits or ancestral spirits.

Whenever the initiated patients are referred to as ‘children of the (ancestral) spirits’ this is to describe the bond of the patients with the ancestral spirits, not to state that they have obligations in a guild. Higher inland spirits are only met in prayers, hymns and small offerings, which symbolize the old customs of the tribal lineages. For instance, a black cloth or a practical object can be requested which was commonly used in former days. Also, small offerings in the form of food are appropriate. In cases of serious transgressions, an animal sacrifice can be requested during a ritual ceremony. Generally, the use of black tissues associated with ancestor spirits, whereas red tissues are associated with lower and intermediate nature spirits. White cloths refer to divine healing spirits. These Bantu spirit features may to some extent be incorporated in coastal healing practices, but essentially these practices deal with Arab and Swahili spirit afflications that demand a different approach (see chapter 3). Another component which has become clear to me is that socio- and ritual therapy is much stronger represented in the Southern inland practices than in coastal healing practices or guilds, where interventions are mainly directed to the spirit and the individual sufferer (12.8). When it comes to offerings, it appears that these are not the principal means to facilitate exchange between the living and the spirit world. Also prayers, musical sessions, and redressive rites contribute to this exchange.

The performance of *ngoma* therapeutics happens generally in much the same way as in *uganga wa pepo*, through devices of mutual ‘call-and-response’ sharing of experience, of self- presentation, of articulation of common affliction, and of consensus over the nature of the problem and the course of action to take (see Janzen 1992: 110). In Southern *uganga wa pepo*, call-and-response singing is sometimes accom-
Discussion on the Findings

panied by a basic instrument. The songs in the musical sessions, as texts, verbalize the idiom of spirit possession and affliction derived from subconscious social cognitions shared by many people in Bantu culture. In musical sessions, the verbal and non-verbal expressions meet together and expose the tensions through spiritual disharmony coming from ill feelings in people and spirits. This aspect aligns with Rouget (1985: 326) who states that music socializes the context of the source from which trance springs.138

The crucial merits of musical therapy, is to be found in the empowerment by means of rhythm and music, and its resultant state of hypnotic trance (pepo trance) that enhances a consciousness transformation (see 12.6). Friedson (1996:7) states in this respect that there are no specific boundaries when a person becomes one with a spirit; instead the experience is experiential and fluid, differing for each individual. In the process of facilitating spirits to be expressed and temporarily take over control, people can experience how boundaries fade between the present and the past. Put another way, hypnotic trances in clients or initiates undergoing musical healing can create a highly favourable situation for connecting (spirits from) the present (sasa) with (spirits from) the past (zamani). The major healing interventions strongly direct attention to ease the pain of the troubled spirit which subsequently also relieves the troubled patient. To achieve a state of ‘oneness’ between spirit and patient is thus highly important in the process of healing.

Janzen has said that spirit affliction and healing accommodates a great latitude of types of ‘survival knowledge’ in which the idiom of spirit serves on the one hand as a format to identify sources of misfortune and, on the other, it articulates, energizes, and transforms individual identity and purpose (see 1.4). In this respect spirit forces are to be considered as energies that are impartial, amoral and ambivalent. Lewis (1971:127) said that spirit forces are at the same time the source of illness and the means to its cure. Through the mediation of amoral spirit energies that open the way for moral or divine forces, relationships can be restored, distress can be alleviated, and healing can be enhanced. These observations also apply for my findings about uganga wa pepo, with the exception that only those initiates with strong (healing) spirits are encouraged to exercise listening to the ‘spirit messages’. To accustom themselves to these messages, the initiates are recommended to join the various ritual sessions. Once the instructions from the guiding force(s) are understood well, clairvoyant and communicative skills as well as knowledge of healing is liable to increase. Some of the initiates develop their skills for the purpose of becoming inter-

mediaries for their family group in which case they continue to have psychic or clairvoyant experiences after the treatment has finished. Others use these special skills primarily for their own benefits and do not develop it further. If initiates do develop their skills and become novice healers, they do so under specific instructions from their guiding spirits, some of which are more specialized in ritual and musical interventions or in herbal and magical interventions. Novice healers can be males and females, but often the females are more dedicated, which has to do with respecting the various working ethics (see 12.2). Besides the male and female healers’ personal development, also the views of clients need to be considered. For instance, clients expect male healers to be more specialized in herbal and magical acts and remedies, whereas female healers are expected to be more skilled in ritual and musical acts. A majority of the clients (of both sexes) expressed to have a preference for female healers because they take their work ethics more seriously than men. Suspiciousness of male healers was particularly reflected in stories of female patients who had experienced how male healers imposed labor or sexual acts on them as means of compensating treatment.

With regard to the propositions of v. Dijk et al (2000) on how to define Bantu and ngoma (see 1.5), I would say they are useful for researchers who study East- and Central African forms of ritual and healing. Yet the propositions are very broad and far as far Tanzania counts, the concept of uganga wa pepo is much more specific. I expect that in other East- or Central African regions the concept of pepo, or an equal connotation, will be used to refer to ngoma healing aspects. As scholars continue to discover new ngoma features, including its interpenetration with Christianity and Islam, they may also discover whether uganga wa pepo extends beyond Tanzania.

12.8 Gender and change in spirit healing

Spirit afflictions in Tanzania are an integrated part of inland as well as coastal beliefs and practices, therefore a rigid dichotomy between inland and coastal uganga wa pepo does not apply. Still, certain differences appear to exist that are interwoven with social, cultural and economic circumstances. The different context in which the Southern inland and coastal healers practice has a number of implications. I tentatively discuss these implications here. For instance, among the urban coastal healers, who increasingly treat ambulatory clients, there are a great number who do so without reference to their affiliation with spirits or to the use of ngoma healing involving music. Some of these healers have a healing tradition in their family while others have received training from healers who sell their knowledge. One way or the other, coastal healers increasingly meet with a clientele, who oppose to traditional or prophetic forms of treatment (see 3.5). In the coastal and urban settings, the increasing demand for individual and ambulatory treatment is met by the commercialization of
the local healers who are mostly males. Some of the males build ‘modern clinics’ so as to appeal to a larger group of clientele (see 12.2). Most healers, however, lack a proper workspace and do not have immediate access to the natural environment. Commercialization not only affects the approach to healing work and the circumstances of pepo healers; it also increases competition. This situation is not unique for Tanzania. Dillon-Malone (1988) suggests a similar situation in Zambia whereas Good (1987) says the same about Kenya. Also, Chinese and Ayurvedic doctors are increasingly offering their services in coastal and urban areas. The exploitation and commercialization of plant and magical remedies is mainly in the hands of men who cannot claim to have spiritual inspiration, though they may be familiar with various types of spirit affliction. In view of the increasing problems in today’s society, healers in urban centers and coastal areas tend to specialize in protective roles rather than healing roles and buy ready-made powders and mixtures in the market.

While contemporary (Islamic and protective) elements in spirit healing practices are increasingly penetrating the coastal and mainland urban areas, there is still a demand for coping with spiritual afflictions by means of traditional or ritual healing methods. The treatment of specific Bantu or ancestral afflictions in ugonjwa ya pepo, is often more problematic as few healing practitioners are skilled to deal with this. Therefore, afflicted patients who live in urban or coastal areas may seek the help of a specialist spirit healer in their homeland so as to receive traditional treatment. Since only a few coastal healers continue to perform traditional and musical healing rituals – including areas outside the urban coast - there are no practices with facilities for in-patients, which means that the role of spirit healers as caretakers is also declining. Those healers who still associate with traditional and musical healing rituals, may be part of a healing guild. Guilds can be found throughout coastal or mainland Islamic areas to treat Swahili and Arab spirit afflictions (see 3.5), but these too tend to decline under the present changes. Also traditional social or family therapy is virtually absent under the influence of modern life and urbanization. Somewhat simplified, the differences between the Southern rural and coastal urban practices are as follows:

<table>
<thead>
<tr>
<th>Southern rural areas</th>
<th>Coastal urban areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Predominance of Bantu traditional healing</td>
<td>Predominance of contemporary healing</td>
</tr>
<tr>
<td>Emphasis is on inland spirits</td>
<td>Emphasis is on coastal spirits</td>
</tr>
<tr>
<td>A healing ngoma can be part of daily practice</td>
<td>Occasionally a healer organizes a healing ngoma</td>
</tr>
<tr>
<td>Male and female practitioners have similar tasks</td>
<td>Male and female practitioners fulfill different tasks</td>
</tr>
<tr>
<td>Emphasis is on medicine and healing</td>
<td>Emphasis is on protection and counter-action</td>
</tr>
<tr>
<td>Equal number of male and female clients</td>
<td>A majority of female clients</td>
</tr>
<tr>
<td>Combined skills in one practice</td>
<td>Fewer skills combined</td>
</tr>
</tbody>
</table>
In the Spirit of Uganga

<table>
<thead>
<tr>
<th>Southern rural areas</th>
<th>Coastal urban areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serving rural and regional clients</td>
<td>Serving a mixed urban population</td>
</tr>
<tr>
<td>More practices and facilities for in-patients</td>
<td>Large practices mainly for ambulatory treatment</td>
</tr>
<tr>
<td>Diagnostics through divination</td>
<td>Diagnostics through symptom description</td>
</tr>
<tr>
<td>Ritual and group sessions</td>
<td>Individual herbal or magical treatment</td>
</tr>
<tr>
<td>Continuous flow and use of fresh plant ingredients</td>
<td>Stored plant ingredients, mainly powders</td>
</tr>
<tr>
<td>Immediate access to natural resources</td>
<td>No immediate access to natural resources</td>
</tr>
<tr>
<td>Little or no money transactions</td>
<td>Active money transactions</td>
</tr>
<tr>
<td>Fetching plants and preparing its ingredients</td>
<td>Purchasing ready-made ingredients</td>
</tr>
<tr>
<td>Natural and quiet setting</td>
<td>Noisy and/or busy setting</td>
</tr>
</tbody>
</table>

Generally, I found that the coastal spirit healers, who combine coastal with inland spirits, have greater knowledge of plants and incorporate religious or traditional healing ceremonies more frequently. These healers need various artifacts and outfits to practice. Also, odours, foodstufs, drinks and ointments may be part of the healing procedures. On top of these ingredients, various medicines can be in use by these coastal healers. In other words, those healers who combine coastal with inland spirits have a heavier workload (see Giles 1989: 337). They can go to great length to obtain fresh medicines and specific ingredients in their homeland, which implies that the healers have to travel constantly between their native and working territory. While I was seeking to know which spirit healers in the coastal regions had prosperous practices and why this was so, I learned that mainly women guided by inland as well as coastal spirits have a large clientele. It also seemed that these coastal female healers express their coastal spirits through masculine Muslim features, simply because their spirit guides are Muslim males. Among them are ancient Swahili and Arab spirits, like the Ruhani (see 3.7 and 11.4). The Ruhani spirits only guide Islamic healers. They have much in common with the ancient ancestral Bantu spirits who are also mainly of male gender (see 12.5). As happens with ancestral spirits (pepo ya mizimu), the Ruhani spirits are invoked with the help of specific songs, accompanied by clapping.

Clear differences between the ancient coastal and Southern spirits are reflected in the range of ritual objects and symbolic colors in use by the healers. Coastal healers build a type of personal mosque with an altar as a working space, as a token of appreciation and recognition with the coastal guiding spirits. Southern healers, on the other hand, build a traditional hut to perform the sacred healing work. In each case, the altar and the hut would function as a shrine.
Since many coastal healers have little space to perform ritual healing sessions and only few of them can meet the high costs of organizing healing ceremonies (see 2.5), they often combine a ritual celebration for several afflicted patients to reduce the costs for all parties concerned. They may collaborate with healers who are leaders of a spirit possession guild and practice outside the urban center where they can provide the space to organize healing rituals of the ngoma type. These ngoma usually involve both Southern and coastal spirits. Those healers, male or female, who are leaders and organize such ceremonies have considerable status and prestige within the community. In the ngoma healing guilds of these coastal healers, women often outnumber men as initiates. Does this imply that in contrast to Southern practices more females suffer from spirit affliction? Sometimes this is the case, but not in general.

Whenever persons suffer from spirit affliction in coastal areas, these concern men and women who are prone to feelings of distress. As in the interior, they may feel threatened in their self-esteem because of social obligations and economic strains. Spirit illness (ugorjwa ya pepo) urges them to look at their position in society, and also allows them to express the self. In the coastal regions, this need does often appear stronger in women than in men. In part this is due to pressure by males who use their public power according to traditional and Islamic customs. Some men consider women to be their property on account of marriage payment or bride-wealth. Though it is often a taboo, they feel to be allowed to abuse their wives, and even their daughters, because they possess them. Women are expected to remain silent about the possessive behavior of men. In general, I am of the opinion that women in coastal Tanzania use spirit affliction and religious ecstasy as much as a positive assertion of female value as an outlet to combat male domination (see 3.8). An interrelated aspect that was brought to my attention by the coastal healer Nuru N’hangachallo (see 3.7) is that male coastal spirits often seek an alliance with female mediums. Interestingly detail is that these male spirits can help women to oppose the males who dominate them. One way of doing this is by a spiritual ‘marriage’. This bondage needs the approval of the actual husband, who has to show respect to the spirit and indirectly thus shows respect to his wife. Another feature to be considered is as to why male clients tend to be less dominant in healing guilds along the coast is their means to publicly participate in rituals of orthodox Islam. These rituals help them to experience a temporary sense of oneness with each other and the Islamic God. To coastal women, the Islamic God is often more distant than are traditional or Swahili spirits. By participating in Swahili healing guilds, these women ex-

---

139 Even if in African systems bride-wealth refers to the flow of goods or payments to compensate the wife’s group for the loss of the women (see Seymour-Smith 1986: 181 and Varkevisser 1994), Islamic African men may consider that they paid for the wife.
perience a feeling of oneness by strongly associating with the spirits and this too adds to the positive assertion of female value.

In sum, I find it plausible that more women are afflicted in Islamic or coastal regions, due to male domination as well as the constraints of polygamy. Especially those women, who stand up to forces in society that suppress their individuality and identity, can encounter problems of spirit affliction. On the other hand, female initiates are also said to be more willing to cooperate with the (male) spirits than men are. Since women outnumber as initiates in healing guilds, does this automatically imply that women who are healed pursue the career of spirit healer? I do not think this is the case since the opportunity to develop strong spirit powers are fewer than in Southern rural areas. Only those women, who receive the appropriate attention to channel the spirit powers and remain members of a healing guild, will pass on their strength and self-confidence to other women. In Islamic influenced rural areas, like Lindi, Mtwar and Tabora, this actually happens a lot more often. More research is, however, needed to find out to what extent women are replacing men in the spirit healing profession.

12.9 In conclusion

This chapter has shown that most of the Southern spirit healers (waganga wa pepo) have had an inspirational calling in response to feelings of hostility and fear that expressed itself in the form of pepo illness (ungonjwa ya pepo) in their family group. The common experiences they had have taught them the value of traditional religious and healing interventions. The principle of these interventions is 'to bind together' (kuganga) the four realms of human life: the emotional, the social, the physical and the spiritual. By accepting the help of divine, ancestral or other spirit forces, the healers have restored a protective spiritual shield (kinga) and increased natural healing capacities. In this manner too, the healers achieved wellbeing for themselves, for their family, and their social group. As religious specialists, the Southern healers stand in a special relationship with the source of being, reflecting an African understanding of the cosmos. To some authors, the source of being is the point of contact between the profane and the sacred world (see Ngubane 1977: 86, Sundkler 1961: 114 and Fernandez 1973: 35). On the basis of my findings, I see no distinction between the profane and the sacred. When certain circumstances arise that expand our awareness and our senses, it is only because the source of being forms an essential part of our nature.

Male and female practitioners in the Southern regions can specialize in ritual, social, musical or herbal therapy. In contrast to men who choose to specialize more often as

---

140 Bakker (1992, 1993) remarked that this phenomenon is taking place in Morocco.
Discussion on the Findings

herbalists or witchdoctors, women often consider the spiritual significance of a remedy or therapy to be more important. When a patient is given herbal infusions s/he can expect to benefit from the life force of its ingredients, but in some cases the power needs to be increased through the agency of ancestors or spirits. This therapeutic act can be considered ‘spiritual’ in the etymological sense of ‘seeking to cure disease of the life force’ even if the ailment appears to be purely physical (see Koumara and Coppo 1983: 33). In this respect, the ritual acts of healing are religious acts (see Mbiti 1969 and de Smet 1999). Depending on the symptoms, however, it can be equally important to follow instructions about the usage and dosage of plant or magical remedies (see Morris 1998: 84). What matters in uganga wa pepo is that the spiritual, the musical, the ritual and the pharmacological are strongly interrelated. I am not saying that the Southern healers have the ability to solve, eradicate, or cure any problem or disease; rather, they help clients define their problem or disease and provide guidance to alleviate the symptoms. In so doing, they keep a healing heritage alive in which spirit (pepo) is strongly embedded in a socio-cosmic framework. Female healers seem especially keen in being guardians of a healing tradition in which the disparate elements of their spiritual life are as threads woven into a meaningful fabric.

Whenever hostility exists within families, all spirits are regarded as destructive to people including the ancestors. Unless the conflicts are resolved, the spirits remain offended and subsequently reject all forms of healing. I agree with Friedson (1996: 47 and 86) that without reaching a consensus in the family, no sacrificial offering will help. In this respect, I also mention that the actual meaning of the word ‘sacrifice’, derived from Latin, means ‘to make holy’. The word implies that a sacrificial offering returns some of the life-energy that has been lost from the earth due to a state of disharmony. Since spirit illness (ugonjwa ya pepo) results from a disturbed equilibrium of the individual in his natural as well as social environment, the Southern healers consider the pepo paradigm as much a ‘personalistic’ disease category as a ‘naturalistic’ one (see 5.5). A strict separation between the two disease categories is not applicable (see Foster and Anderson 1978: 51-81).

Important is that the scope of spirit affliction, vocation, practice and trance phenomena, is situated in its varying cultural context by attending to the experiences of the healers and their clientele. On the basis of my research and observations from very different regions, I have found that spiritual affliction or spirit possession is often intertwined with angry or sad spirits. Some of these spirits are departed persons who may have been wronged during life, such as an ill-treated parent, a neglected spouse or child, or a victim of murder or witchcraft (see Chavunduka 1994: 82). The ‘call-and-response’ pattern between healer, clients and spirits is a pervasive structure in uganga wa pepo and in this respect it strongly parallels the fundamental characteris-
tics in Bantu and *ngoma* therapeutics. This is the case with respect to all ritual procedures, whether it are the musical sessions, the divinations, the (sacrificial) offerings or the redressive rites. It is the very principle through which affliction transforms into healing, and more exceptionally, into a vocation to heal.