Heating Spirits

Investigating the meanings and functions of vimbuza in northern Malawi

Karstein Grønnesby

Master's Thesis

Institute of Musicology
Faculty of Humanities

UNIVERSITY OF OSLO

Spring 2019

II

Karstein Grønnesby
HEATING SPIRITS

Investigating the meanings and functions of vimbuza in northern Malawi

Master's thesis, Institute of Musicology
University of Oslo
Spring 2019

IV

Abstract

Ever since the British missionaries reached in the hinterlands of northern Malawi and made it their evangelical focal point, the local practice of *vimbuza* has been a multifaceted controversy, and the colonial attempts to destabilise the authority of the "witch-doctors" have proven futile. Due to its enigmatic characteristics, the practice of *vimbuza* has been labelled as "dance", "religion", "music", "cult", "spirit-possession", "therapy", "demonic" and "sacred", and the tension between *vimbuza* and local churches persists. This thesis investigates the meanings and functions of *vimbuza* of the Tumbuka people in northern Malawi, both through the musicking core of its ritual unit and its position and role as a mechanism of social ordering within society. Through ethnographic fieldwork conducted at different *vimbuza* healing compounds and interviews with established *vimbuza* healer-diviners and their patients, this study aims to explore how this concept of "music" is perceived and utilised by its practitioners and what functions and purposes *vimbuza* as a social unit serves today in northern Malawi. The findings of this study show that a shift towards understanding music as human action rather than abstraction and that approaching culture through its own conceptual framework, affords a more adequate avenue for investigating its meanings and functions as it is perceived by its practitioners. In the performance of *vimbuza*, music and dance become *one* system of movement parts and the practical application of its effects to serve as psychotherapy and to fulfil social purposes makes it technological by definition. Further, in extension of the wider *ngoma* discourse, the findings suggest that *vimbuza* as a social unit is best described as an indigenous institution that functions as an intrinsic part of the local healthcare system, and that the local perceptions of it are more plural and nuances than what has been presented in prior literature on the subject. This study further illuminates *vimbuza's* role in times of moral panic and the implications of its moral authority, as well as presenting *vimbuza* as a rich avenue of further studies and advocating for the virtues of interdisciplinarity in such studies.

Preface

The preliminary to this master's thesis was a culture exchange program I attended together with Ingrid Ytre-Arne, organised by Jeunesses Musicales Norway (JM Norway) and Fredskorpset (The Norwegian Peace Corps; now NOREC). During the exchange, we lived and worked together in Malawi for almost 1 year; learning about the country's cultures, musics, languages and everything that goes with it. There, we also got engaged in the *Malawi Folksongs Project* (MFP): a collaboration project between UNESCO, Music Crossroads Malawi and REI Foundation, with assistance from the National Library Service of Malawi, that carried out extensive documentation of traditional music from all corners of Malawi for the purpose of safeguarding their rich traditions. This thesis is ultimately a product of this project.

First, I want to thank my partner-in-crime Ingrid Ytre-Arne for being part of this journey; secondly, I want to thank my supervisors Áine Mangaoang and Hans Weisethaunet for having the knowledge to steer me across the open sea.

My fieldwork in northern Malawi would not have been possible without great help of the kind, knowledgeable and patient consultants John Makawa in Nkhotakota, Emmanuel Mlonga Ngwira in Mzuzu and Kondwani Mwembe Gondwe in Rumphi who assisted me in the field with communication and local knowledge. I am also grateful to the *uchimi ya vimbuza* Dr Chipereka Kazuwa Mkandawire, Dr Chusi Yatena, Dr Muwera Mbeya and Dr Mugoma for welcoming me to their compounds and speaking openly about their practice. Further, I want to thank my good friends Edson Msendera Phiri and Andrew Kwizombe for their patience in answering and confirming all my repeated questions regarding translations and concepts.

For the economic support towards my trip to Malawi in December 2017, I want to thank the Norwegian Ministry of Foreign Affairs and the Ministry of Culture, through the bodies of Music Norway and Stikk. For my fieldwork in September-October 2018, I want to thank the University of Oslo for their financial support.

Lastly, I want to thank Sille Lukowski and Director Gayighayi Mathews Mfune of Music Crossroads Malawi for their help in Malawi.

Zikomo kwambiri nonse. Ndili wokondwa pa zonse.   Oslo, May 2019
Taonga chomene.   Karstein Grønnesby

Contents

Pictures:

Figures:

1 Introduction and background

My brother, Zondani Gondwe, was attacked by our ancestral spirits and disappeared from our village, into the bush. Then we sent out the police to look for him, and they found him after one week. They found him at the top of a very big tree. When we were told that they had found our elder brother, we went to get him. He was just up in the tall tree, eating some herbs. Trying to call him, he could not answer any person. So that's the way the ancestral spirits attacked him. We took him to a *nchimi* by the name Mr. Mwisa from Chisapo. There he was for 3 months with the doctor. There, he was made to be a traditional healer by taking different types of medication and learning the way of vimbuza. Since 2005, up to this very day, he is still possessed and have helped so many people. The ancestral spirits work in him and lead him to foretell people. He is in the real healing aspect of vimbuza.

Emmanuel Mlonga Ngwira

Sitting outside his house in the Kangona area outside Mzuzu, the capital of the Northern Region in Malawi, Emmanuel Mlonga Ngwira is telling me about how he and his brother have inherited a closeness – or maybe *predisposition* – to their ancestral spirits from their mother, whom the spirits took away from them at an early age. Today, Zondani Gondwe is a revered traditional healer in their home village of Elunyeni, whilst Emmanuel Ngwira is one of the leading *vimbuza* dancers in Malawi, working with different projects aimed at revitalising, practicing and promoting cultural heritage in Malawi. The first rains have just arrived, earlier than expected, and the climate is transitioning from dry to rainy season. Both their mother and father practiced *vimbuza*, but only their mother was possessed and closely intertwined with the spirit realm. Healing, spirits and witchcraft are for many Malawians part of their everyday life, but the case of *vimbuza* stands out in Malawi. For an outsider, it is something mystical, almost enigmatic, and hard to define in familiar categories. For a many a Tumbuka, it is an intrinsic part of society. For early Christian missionaries, it was a custom so obscene that it surely had to be a manifestation of Satan. *Vimbuza* is an amalgam of music, dance, divination, spirit-possession, herbalism and healing, where a utilitarian understanding of music-making is the very nexus between the realms of spirits and humans. This is the point of departure for this thesis.

1.1 Aims and research question

Music plays a central function in shamanism and healing rituals in many parts of the world. In Southern and Central Africa, these pan-Bantu phenomena are grouped together under the

umbrella term *ngoma[1]*. Among them we find the Shona *bira* of Zimbabwe, Sukuma *chwezi* of Tanzania and the many Nguni peoples in Southern Africa and their *izanusi*. In Malawi, the *vimbuza* ritual of the Tumbuka people is still firmly rooted and widely practiced, despite external challenges. However, what is referred to as "*vimbuza"* is more than a mere happening as a ritual; it is also a constituent of their society; it is a social unit. Music, and especially drums, is a central tool used in the *vimbuza* therapy to "heat" the spirits possessing a person, where different rhythmical patterns resonate with the different kinds of spirits that can take possession of a patient. When "heating" the spirits, a diviner-healer (*nchimi*) is able to tap into the realm of the ancestral spirits (*mizimu*) to seek counsel and guidance in order to foretell the origin of the patients' possession and how to remedy their affliction. In this ritual, spirits, music, dance, trance and herbalism are best understood as the interwoven and irreducible continuum of an indigenous healthcare system. Thus, approaching *vimbuza* from a Western epistemological standpoint with categories such as religion, medicine and aesthetics as constituent parts, would limit our understanding.

In unravelling this complex and enigmatic tradition, I seek to investigate the meanings and functions of *vimbuza* as it is practiced and understood by its own society through an ethnomusicological approach. This is done on the basis of my dual research question:

> *How is music perceived in the vimbuza ritual,*
> *and what function(s) does vimbuza as a social unit serve in society?*

It is a study of how the concept of "music" is traditionally understood in Tumbuka society, and how it further functions within their society as the backbone of an indigenous institution that transcends our Western categorisation of religion, medicine, psychotherapy and music. This inquiry will be explored through the combination of my own ethnographic fieldwork in northern Malawi at 3 different *vimbuza* healing compounds and secondary research.

1.2 Limitations

This thesis is not interested in conducting a music-theory analysis or transcription of the music of *vimbuza,* other than to give the reader a sufficient insight into its main musical properties and their interrelation. Also, due to the very nature of *vimbuza* music – cyclical and highly

---

[1] This term has been applied – to varying success – by scholars. In Malawi, this word is strictly defined as "drum".

improvisational, non-fixed song structures, non-tempered melodic properties, etc. – makes our concept of "music works" not relevant. Neither does it seek to evaluate the efficacy of the therapeutic properties of *vimbuza* as a "healing dance". This thesis, as an ethnomusicological study, is concerned with the human activity of musical *performance* and the functions it serves, both in the *vimbuza* ritual and its further position within the Tumbuka society. Ethnomusicology as an academic discipline within musicology – or rather as the joint venture of musicology and social-anthropology – aims to understand musics in its societies on their own terms. In many aspects, it seeks to narrow the gap created between "our" music and the music of the "Others" that have been constructed in earlier paradigms.

1.3 Research context

This thesis falls under the field of ethnomusicology, as it studies music in its social and cultural context. It seeks not only to understand *what* music performance is, but *why* it is – i.e. what it *means* for its practitioners and audiences. To borrow Seeger's definition: " … it examines the way music is part of the very construction and interpretation of social and conceptual relationships and processes." (Seeger 1987, xiv). To be able to understand *vimbuza*, we must understand the context in which it resides. I will therefore give the reader a brief, simplified, yet expedient introduction to the historical, socio-economic, political backdrop which shapes and colours what we see today. Further, I will discuss my role of as a researcher within the emic-etic perspectives.

1.3.1 Malawi and the Tumbuka

Malawi is a relatively small, yet populous country in South-eastern Africa, with an estimated population of 19,8 million (Central Intelligence Agency 2018). Its geography is in large characterised by being the southern-most point of the Great Rift Valley, with the narrow Lake Malawi which spans two-thirds the length of the country being the dominant feature. The lake is surrounded by mountainous hinterlands and it prolongs into the Shire Valley through which the Shire River connects the lake to the Zambesi as its only outlet. The arbitrary political borders of today's Malawi are best understood as the casual residuum of geography and treaties from *the scramble for Africa*, as summed up by John Pike:

> The eastern boundary was determined by the eastern limit of the lake, the western boundary as the result of a commercia deal with the British South Africa Company, the

northern frontier as the result of the British concession of Heligoland [to Germany], and the southern frontier as the result of a British concession of land to the Portuguese in exchange for Manicaland, now forming part of Rhodesia. (Pike 1968, 87-88)

Because of this, it houses a range of ethnic groups, which are patrilinear and matrilineal, and Christian and Muslim (usually in conjunction with animism). Although being loosely labelled collectively by surrounding societies and early missionaries as *Anyasa* (Chiyao for "people of the lake"), the different ethnic groups had not established a collective identity. Malawi's rich demographic patchwork is mostly the result of the Bantu migrations from around the 10th century, and much of its pre-colonial history is hard to pinpoint as historians rely on a combination of oral traditions, archaeological evidence and ethnological works. Nonetheless, for the purpose of this introduction, there seems to have been established 3 major political formations in the area before the Europeans came: The loosely organized Tumbuka Kingdom in the north (Young 1931, Pike 1968, 48-50, Chondoka and Bota 2015); the strong federation of related tribes in both central and southern Malawi, known as the Maravi Empire (Pike 1968, 36-48, McCracken 2012); the Yao political hegemony to the east of the lake (Stannus 1919, Pike 1968, 58-61, McCracken 2012).

In the hilly Northern Region of Malawi, many related Bantu tribes have lived side-by-side for a long time, separated geographically by the Nyika Plateau into two main groupings: The Ngonde, Sukwa, Ndali, Lambya and Nyiha north of the plateau and the Henga, Tumbuka and Tonga south of the plateau (Vail and White 1989, 152). It must be said that "Tumbuka" as a term has been used quite loosely and differently in various sources at different times throughout history, but for the purpose of this thesis, the Tumbuka is here understood as the latter grouping south of the Nyika Plateau. The Tumbuka, living in an region with a large elephant population (McCracken 1977, 31), attracted the attention of traders in two phases: first by those who were named Balowoka people (lit.: "those who have crossed over a body of water", i.e. a people who sailed across Lake Malawi), who established the Chikhulamayembe Dynasty to control the ivory trade; second by the Swahili Arabs who penetrated further into the interior of Africa to meet the rising demand for slaves for plantations in the Indian Ocean region, as well as ivory to quench the luxury vogue in Europe.

Within the same, large timespan, the Maravi Empire – of which the Chewa people constituted the majority – was largely undisturbed by foreigners and built up a well-organized federation of tribes, lasting approximately from the 15th to the 17th century. After their relatively short-

lived trade with the Arabs was taken over by the Portuguese around the turn to the 17th century, the Maravi started military expeditions towards the Portuguese and neighbouring lands (Newitt 1982). This geographic stretch in combination with a weak central power, expanding Yao people from the east and the murder of their paramount chief, Kalonga Sosola, resulted in the collapse of the Empire.

To the east of the lake, the Yao traded early with the Arabs and got firearms, cloth and beads in return for slaves, iron and ivory, which further consolidated their power. They also learned writing and adopted Islam, something which would make them targeted for anti-Yao sentiment by the British later. Their trade with the Arabs was at such a scale that they challenged the Portuguese in Mozambique, and it is held that it was from the Yao that the Arabs learnt of the interior of Africa (Pike 1968, 59). By the 1860s, the Yao people had already conquered much of the Shire Highlands in southern Malawi and established themselves as the rulers over the other peoples residing there (Vail and White 1989, 166).

The 19th century added to the patchwork of peoples, cultures and religions in Malawi, and is the second-most important historical era after the initial Bantu migrations. This century saw the immigration of both expanding, Muslim Yao people conquering areas in southern Malawi; British Christian missionaries lead by David Livingstone and other colonialists advancing northwards from the Zambesi river; groups of raiding Nguni people displaced by Shaka Zulu's upheavals (the *mfecane*) in southern Africa; Lomwe people fleeing Portuguese labour policies in Mozambique (Pike 1968, Vail and White 1989).

The British arrival started with Dr Livingstone's belief that the Zambesi river was "God's highway into the interior" for the British, and that the Shire-Zambesi drainageway in extension could serve as an artery for transportation and international trade. This would open the interior of Africa to Livingstone's idea of "Civilization, Christianity and Commerce". God's highway proved more to be a cumbersome path, due to dramatically fluctuating water levels and rapids in both waterways which precluded further advancement. Yet, it was still the pass which was the best alternative. This came to haunt the economic situation of the protectorate, as it was "… saddled with a notoriously inefficient transport system, yet one in which freight charges were among the highest in southern-central Africa." (McCracken 2012, 75). These geo-economic reasons thus made the British a reluctant colonizer, as it was a landlocked protectorate with no significant mineral resources, few viable cash crop plantations, cumbersome and costly transportation system, and with a male population that sought work in the mines of the two

5

Rhodesias and South Africa where wages were higher. To demonstrate Malawi's prior status as a labour reserve: As much as 48% of able-bodied men were estimated to be working abroad by 1948 (Eidhammer 2017, 9). Furthermore, no less than 70% of the protectorate's revenue came from direct taxation of the native population, and 50% of all revenue expenditure was spent on salaries and pensions of the colony officials (McCracken 2012, 99). Still, it was a Scottish campaign that lead to the establishment of the area as a British protectorate, named Nyasaland, in order to secure the position and security of their Presbyterian Livingstonia Mission, as well as protect the future converts from slave raids. In addition to this, the business tycoon Cecil Rhodes was also interested in keeping the Portuguese from obstructing his vision of the Cape to Cairo Railway. Consequently, it was established as a British protectorate in 1891 under the name of British Central Africa Protectorate, then renamed Nyasaland in 1907.

The north of Malawi was the focal point of the Scottish missionaries, who offered a superior standard of education in exchange for religious conversion. The Northern Region was characterised by high ethnic diversity, as the Ngoni people had arrived in the north just prior to the British. The Ngoni would soon settle and inter-marry in the areas they conquered, which resulted in a quick assimilation with the already growing Tumbuka identity. The north was therefore known as both "Ngoniland" and "Tumbukaland", depending on where the Ngoni were raiding, and the Christian missionaries struggled against the Ngoni invaders, as evident in the Scottish missionary Mr Elmslie's early written accounts from the Livingstonia Mission with the descriptive title *Among The Wild Ngoni* (Elmslie 1899). The Ngoni military power was defeated by Europeans in 1898, and thus ended their political domination of the region (Read 1936). From this point onwards, the ethnic mélange in northern Malawi began assimilating towards a common Tumbuka regional identity, with Chitumbuka becoming the region's *lingua franca*. As this region was the Christian stronghold, the Tumbuka embraced Christianity, Western education, and their language thus gained respectability and written standardisation (Vail and White 1989, 154).

The Central Region and the Chewa people was mostly left unaffected by colonial rule until after World War I, as it was hard to reach due to steep terrain and no waterways. The Yao people, despite their opposition to the British, became an instrumental partner and ruling tool for the British in ruling over the large and dissatisfied population of the Southern Region. It was tribalism from above, where the Yao people generally gained political and economic power

within the protectorate but suffered exclusion from education as this was the field of the Christian mission centres (McCracken 2012, 102).

At the middle of the 20th century, the socio-economic situation was characterized by a small and educated Tumbuka elite from the north, a somewhat overlooked but large and cultural homogenous Chewa population in the central, and the politically and economically strong Muslim Yao people in the south. The Southern Region had become the commercial and colonial hub for the colonial administration, the central region had seen the introduction of cash crop plantations, and the north was the focal point of the Christian Livingstonia Mission and its strong educational system.

When the newly-named Malawi gained independence in 1964, the new leader Dr Hastings Kamuzu Banda quickly declared himself "President for Life". This was the beginning of a 30-year autocratic rule fuelled by anti-north sentiment and the construction of a cultural nationalism where the new nation would be built based on Chewa history, culture and language – hence the choice of nation name. During this *chewalization process,* President Banda and his party developed a ferocious anti-intellectual atmosphere, where the Chitumbuka-speaking people from the Northern Region in the government and civil system was particularly targeted through imprisonment, exile and murder. Further, a Human Rights Watch report (Carver 1990) explains how political party members – many of which were instrumental in the fight for independence – were imprisoned and/or executed; teachers and other employees in the educational sector were fired or forcefully moved back to their home region; civil servants from the north were persecuted; musicians, poets and other cultural workers who voiced dissent or other ethnic affiliations were silenced, imprisoned or killed. In addition, Chitumbuka was banned from public use in 1968 (Vail and White 1989, 183), and Chichewa became the nation's only allowed vernacular language. northern Malawi was deliberately left economically neglected under Banda's rule, which – together with its sparse population, unreliable rainfall and the historical absence of a large-scale centralised authority – gave birth to the term "the dead north".

These historical developments give some insight into the underlying socio-cultural, economic and regional makeup of today's Malawi. Though simplified, it provides a sufficient point of departure for understanding Malawi and the Tumbuka.

1.3.2 Emic and etic

A central theme of anthropologic research, and thereby also in ethnomusicology, is the relationship between *emic* and *etic* perspectives. An emic perspective is the local perspective of existence as it is lived and described by members of a society, whereas the etic perspective is the researcher's perspective with her or his analytical apparatus. In short, this can be distinguished as the "insider" and "outsider" views.

With that said, these perspectives may be understood as poles of a continuum, rather than dichotomy, where the researcher usually strives to understand and adapt an emic understanding – local knowledge – to describe and analyse a culture or a society in and on its own terms. And on the emic half of this continuum, we might experience different "levels" of emic, which begs the question: "Who is an insider?": Is it *everyone* in a given society, or only the group of initiated members of a specific social institution or a certain caste? To be able to discuss and make sense of these questions, we need to approach each particular case respectively. As Nettl notes, there has been a gradual shift in ethnomusicological analysis from a universalist viewpoint towards case-specific approaches (Nettl 2015, 103); from etic to emic. Because of this, there are no standardised methods of description within ethnomusicology, which necessitates individual inquiry into each culture's own cognitive system – "… probably best for most purposes in any case." (Nettl 2015, 106). The prerequisite of anthropological inquiry is the ability to connect and explain both the specific and the general through balancing both emic and etic viewpoints. It is in-between them that a neutral and holistic description is made.

At the same time, it might seem too farfetched to assume that a researcher as an outsider can fully adapt an insider's view. Thomas Hylland Eriksen argues there are three reasons to why we can't achieve a fully emic result: We must usually translate between two different languages, and a translation is always different from the original; we use written form to represent oral communication, and a spoken language's content changes when transformed into written form; the anthropologist is always influenced by his or her background and will therefore never experience this world exactly as his or her hosts (Eriksen 2010, 44). This study of the "Others" might also be problematised on moral grounds, as ethnomusicology is object of frequent accusations of both racism, exoticism, misrepresentation and cultural theft. Further ethical considerations of this thesis will be discussed in chapter 3.

With this in mind, I have researched emic perspectives to my best effort in this thesis, while at the same time consciously balancing emic understanding with the etic and theoretical aspect. As part of this, I have chosen to not translate certain central concepts or terms to avoid obvious distortion and degeneration. This will be explained in the following subchapter.

1.4 Cosmology and terminology

I also want to dedicate some pages to an introduction to traditional Tumbuka cosmology and the recurring Chitumbuka terminology which will be frequented. The former because the religious cosmology permeates much of the meaning-making for the people concerned, and the latter because much of the Chitumbuka terminology does not have a proper English equivalent.

1.4.1 Tumbuka cosmology

To be able to understand how music performance operates in traditional Tumbuka society, we must establish a basic fundament of Tumbuka religious cosmology, as much of their understanding of health, misfortune and music is based on this. It must be said that this is the *general* framework of traditional religious cosmology for the Tumbuka, which – to my impression – also seems to be true for many people today, although personal agency and demographic variations apply here as elsewhere.

Tumbuka cosmology shares common beliefs with many related animistic religions, where in particular three features are prominent. The first overarching concept is the existence of a supreme being; a passive god (*deus otiosus*) known as Chiuta, understood as the world-creator that has removed himself from everyday life, but still ultimately responsible for the course of life on planet Earth. The second concept is the belief in spirits as the active mediators between realms. These take different characters and different constellations, such as nature spirits, ancestral spirits, foreign spirits, moral spirits and more. The third concept is the opposition of evil-doers and protectors; the on-going struggle between good and evil. This is battle is reified through the dichotomy of witchcraft and witchcraft-practitioners versus ancestral spirits and doctors/diviners/healers. The witchcraft-practitioners (*afiti*) cause malice and are usually acknowledged as the source of misfortune and unexplainable sickness and death, whilst their counterpart, be it ancestors and/or diviner-healers, protect and counsel people, and detect and defeat evil magic and their practitioners.

For the Tumbuka today, the definition of "God" must be understood as "… a synthesis of the Old Testament Jehovah and the traditional Tumbuka supreme deity, Chiuta." (Friedson 1996, 26-27). In this context and when mentioned later, the term "God" will refer to this synthesis of Jehovah-Chiuta. This being cannot be reached directly, which attributes the spirits greater every-day significance.

The spirits, as understood by the Tumbuka, can roughly be divided into two main categories: ancestral spirits (*mizimu*) and foreign spirits (*vimbuza*). The *mizimu* are the spirits of your ancestors (your clan and direct family) and may not enter the realm of the living or possess someone directly. They may interact with you when you enter the dream world, when you are sleeping, in order to counsel you or warn you. Although they may not enter our world physically, they may influence our lives directly through protecting people who lives righteously from witchcraft and attacks of the *vimbuza*. *Vice versa*, they can punish misbehaviour and neglect by withdrawing their protection, which allows bewitching or possession by *vimbuza. Vimbuza* spirits on the other hand, are foreign spirits. They can be spirits of other people, such as the Ngoni *vyanusi* or of animals, such as the feared lion spirit *nkharamu.* These spirits are all labelled collectively as *vimbuza* spirits and may intervene directly in this world by entering your body as a presence to cause suffering and affliction on people through this direct possession. With that said, *vimbuza* spirits are not essentially malevolent. Although they may cause suffering and death, they are also the source of energy that makes the *uchimi* what they are. Without *vimbuza* possession, the *uchimi* could not have battled the evil of the *afiti*, thus evil would roam freely. As we will see throughout the thesis, *vimbuza* spirits are a double-edged sword.

1.4.2 Vimbuza

As already evident, "*vimbuza"* is a multi-faceted word: it is the name of both the disease and its corresponding music, dance, healing ritual, its social unit and the categorisation of foreign spirits. As a result, you can both "suffer from *vimbuza*", "perform *vimbuza*", "play *vimbuza*" and so forth. To avoid misunderstandings, I will label them accordingly: "*vimbuza disease*", *"vimbuza music"*, *"vimbuza dance"*, *"vimbuza spirits"* etc. Although the origin of the word *vimbuza* is not known, Malawian ethnolinguist Professor Boston Soko suggests that it might be of Bemba origin (Soko 2014, 24).

Vimbuza as a disease is best understood in Western terms as a psychosomatic disorder, characterised by rapid behavioural changes, recurring nightmares, memory loss, throat pain, severe headache and dissociative traits. The process from diagnosis to recovery can be generalised as follows: when someone falls ill, they will see or be taken to a *nchimi* or a Western clinic for diagnosis. If the treatment fails at the Western clinic, the patient will seek – or sometimes be recommended by the clinic to – a *nchimi*. At the *nchimi's chipatala* (healing compound) the patients are diagnosed at a healing session, which take place in the evening and usually lasts throughout the night. Here, the *nchimi* is fitted in an attire – see photo below[2] – typically featuring a feather crown (*njukula*), feather ornaments on the arms, a waist belt of goat skin (*madumbo/mazamba*), a waist belt of bells (*mang'wanda*), straps of bells on hands and ankles (*nyisi*), a special fly-whisk and strings of colourful beads worn around neck and/or wrist (*mboni*). These metallic idiophones on the waist, hands and ankles are essential to the rhythmic interplay with the drums. At the healing session, the patients are diagnosed by using the respective rhythmical patterns of the drums and dance associated with the different spirits: every kind of spirit has its corresponding rhythmical mode and dance. For example, if you are

possessed by a Ngoni *vyanusi* spirit, the rhythmical mode of *vyanusi* will resonate with the spirit inside you, "heating up" the spirit so that it can come out. Through this process, a patient is "cooled down". After this initiatory diagnosis, the *nchimi* knows if and which spirit is possessing the patient and can treat the patient through traditional medicine (*mankhwala*) and participation at healing sessions until the patient is finally cured. This process can last from a couple of weeks up to a few *years*. Patients that are too sick to stay at home are admitted to one of the huts reserved for the inpatients at the *chipatala.*

Picture 1: Dr Chipereka performing vimbuza in his attire

[2] All photos in this thesis were taken by the author

Vimbuza has been an object of controversy since the arrival of Christian Europeans, with early accounts by missionaries stating that the witch-doctors (read: *uchimi*) are imposters whose powers for evil are unlimited (Elmslie 1899, 60). This led to the criminalisation of *vimbuza* as a diabolic cult around 1924 (Soko 2014, 11) where traditional chiefs were ordered to apprehend practitioners on sight. This practice was generally not followed through as it still was such an embedded and integral part of society in the north, but it led to a heightened awareness of where and when to perform *vimbuza* and administrative and missionary locations were avoided. This administrative sentiment lasted until independence in 1964, where after official recognition has gradually been achieved, although churches – and particularly the Church of Central Africa Presbyterian (CCAP) – until today have systematically opposed the practice of *vimbuza* and banned its members from taking part (Gilman 2015, 204).

1.4.3 Nchimi and ng'anga

There is a clear distinction in Chitumbuka between the *nchimi* and the *ng'anga,* who are both important to traditional Tumbuka society. The *nchimi* (from the Chitumbuka verb *kuchima; to prophesise*) is the diviner-healer and herbalist, chronically possessed by *vimbuza* spirits. Through control of the possession, the *nchimi* is able to "heat up" the *vimbuza* to enable a trance state in which the *nchimi* is able to consult his ancestral spirits, called "seeing". Through this connection, they are able to control their possession as a *consciousness-doubling*. This makes them *nchimi*; a central part of the traditional Tumbuka society. At the heart of this practice is music – or rather *musicking* – which facilitate this practice through permeating the border between human and spirit realm.

The *ng'anga* on the other hand, is purely an herbalist who heals normal illnesses through his or her knowledge of herbs and creates *nsupa*; phials of protective potions. This person is *not* possessed by the spirits and has nothing directly to do with the spirit realm. The *ng'anga* prescribes traditional medicine (*mankhwala*) to patients after consultation, much like a doctor in Western medicine. The word *ng'anga* stems from the proto-Bantu root *-ganga*, which is found throughout Bantu-speaking Africa, referring both to medicine men and/or the medicine itself. In central and southern Malawi, traditional doctors are called *asing'anga*, but are not directly comparable to the *ng'anga* of northern Malawi.

1.4.4 Glossary

To avoid inadequate translations, I therefore want to present a short glossary of the central and recurring concepts and terms used in this thesis for reader's reference. As this study concerns northern Malawi, the glosses are in Chitumbuka. Any errors in this thesis are mine alone.

Chitumbuka Singular / Plural	English
Chipatala / Zipatala	Hospital (both traditional and Western), but used here specifically for the traditional healing compounds of *vimbuza*
Mankhwala	Traditional medicine, which also includes protective charms and enhancive potions
Matsenga and **Mayele**	Magic (general term)
Mfwiti / Afiti	Witchcraft-practitioners
Muzimu / Mizimu	Ancestral spirits
Nchimi / Uchimi	Diviner-healer *and* herbalist
Ng'anga / Ang'anga	Herbalist
Nthenda ya uchimi	The disease of the *uchimi* Initiation disease which turns the sufferer into healer
Nyanga	Potions and charms created by the *afiti* to cause harm or death
Ufiti	Witchcraft (subcategory of *matsenga*). Used for evil purposes
Using'anga	Traditional medicine (mainly herbalism)

1.5 Structure of thesis

This first section of the thesis has introduced the research topic with its aims, research question and limitations, as well as introduced the reader to the research context. Chapter 2 will discuss the theoretical perspectives of this thesis under three subchapters: discussing the term "music"; discussing the mechanisms within the wider *ngoma* discourse; reviewing existing research in and on Malawi. Chapter 3 will present the chosen research design and methodology of the thesis; from planning, through fieldwork to data management and analysis. Chapter 4 and 5 will respectively describe the results of the analysis in accordance with the dual research question: chapter 4 presents the perspectives on musical performance, and chapter 5 presents the understanding of *vimbuza* as a social unit within the wider society of northern Malawi. Chapter 6 will investigate and discuss the presented findings in extension of the theoretical perspectives of chapter 2. Lastly, chapter 7 will conclude with closing remarks on the outcome of the thesis.

2   Theoretical perspectives

> It is evident from all these considerations that music has the power to produce a certain
> quality in the character of our souls. (Aristotle. *Pol*. I,5, 1340b11-12, trans. Reeve)

That music has been recognized for its influence on the human psyche, has been acknowledged for a long time. Further, that it can be used as a tool to both soothe and cause fear is also evident throughout history. Music also accompany rituals for different reasons; to serve a function in itself or it may help us to remember or indoctrinate a message or story. This is found in shamanistic healing rituals around the world, but also in more common rituals such as singing Christian psalms as part of church service or singing national anthems and hoisting flags during the Olympic Games. Music and function go together.

Looking back to the earlier days of musicology and comparative musicology, much of the work done on the music of "Others" must be said to be ethnocentric; applying one's own understanding of what music is as a pair of cultural glasses though which one experience and cognise the world. Music was then measured within the Eurocentric conception of music as relating to evolutionary models, where "primitive" and "civilised" were established as dichotomy. The most evolved and civilised of music was the tempered Western classical *art* music. After World War II, the academic field went through major paradigm shifts, where the shift from comparison towards social scientific methods and the technological revolutions' impact on the field arguably are the most important changes. This changed both *what* was collected, described, analysed and documented, as well as *how* it was done. This representational revolution made it possible to create thicker descriptions of music and musical performance in society, through our growing mediums of representation, as discussed by Bohlman (Bohlman 1991). In post-colonial ethnomusicology, the argument is therefore that one should approach and understand a culture on its own terms – including emic perspectives and knowledges, as discussed. To be able to study music cultures, both abroad and in one's backyard, it is a prerequisite to acquire an understanding of its own definitions and conceptualisations of music.

This chapter will therefore present the theoretical framework of this thesis in 3 sections; each illuminating different aspects of *vimbuza*. The first section will deal with our understanding of music, discussing the paradigmatic shift in musicology towards approaching music as *action* rather than abstraction or object. Further, it will present the concept of music as a *technology*,

both in Western societies and in case-specific terms. The second section deals with the discourse and our present understanding of the *ngoma* phenomena in wider terms, providing us with a general understanding of the interrelated phenomena of the pan-Bantu healing complex, based on central perspectives of the discourse. The third section reviews the existing, relevant ethnomusicological and related research conducted in and on Malawi, and how this can provide a theoretical framework for analysis. Together, these sections provide a theoretical grounding for both perception and understanding of music, what *ngoma* is and how interrelated cases situates *ngoma* in society, and how existing research done in Malawi provides us with a framework for analysis.

2.1 Understanding "music"

> Music is not a thing at all but an activity, something that people do. (Small 1998, 2)

"What is music?". Is it a thing? A feeling? A function? Humanly organised sound? The short answer might be: "All of the above". It is a concept that is so integrated in our society that we rarely contemplate its definition or even ask for it. Like every complex human concept and phenomenon, this concept called *music* is plastic and ineffable. Ethnomusicologists have studied music in a wide range of different societies in order to expand our understanding of *music*. Yet, the more phenomena this word accommodates, the vaguer it becomes, and thus makes it exponentially more cumbersome to define easily. Our linguistic solution to this is to add proper adjectives, so we can specify *Western music*, *Oriental music* or – as in this thesis – *vimbuza* music. This chapter will present the shift from Western abstract reification towards human action, in approaching a more emic view of how we understand "music".

2.1.1 Musicking – From thing to action

In 1973, John Blacking posed the rhetorical question "How musical is man?" (Blacking 1973). His aim was to explore the role of music in society and culture, and society and culture in music. Drawing examples from both Western classical music and the music of the Venda people of Southern Africa, he expresses the egalitarian argument that all humans are musical and all our musics are to an equal degree music. "To understand the music on its own terms" is a common phrase within ethnomusicology, and Blacking went further in this book by stating that no musical style has its *own* terms. Rather, these terms are the terms of the society and culture in

which music performance unfolds, as well as the humans who listen to, create and perform it. We might therefore say that music can be understood as humanly organised sound in a reciprocal relationship with its society and culture. Phrased in syntactic terms, Blacking added that if sound is the *object* and humans are the *subject*, the key to understanding music would be in the relationships extending between subject and object (Blacking 1973, 26). Adhering to syntax, this relationship may then be better understood as a *verb*.

Christopher Small coined the term *musicking* in his book *Music of the Common Tongue* (Small 1987), and later elaborated upon it under the eponymous book: *Musicking: The Meanings of Performing and Listening* (Small 1998). With this, he expanded the English lexicon by verbing the noun "music" into "to music", underpinning his call for reassessment of both *what* music is and *how* we engage in it. Small presents the following definition of "to music": "To music is to take part, in any capacity, in a musical performance, whether by performing, by listening, by rehearsing or practicing, by providing material for performance (what is called composing), or by dancing." (Small 1998, 9). Here we see that not only is music changed into an action rather than an art object, but it has broadened our understanding of who is participating in musicking.

Small further points out that a fault of Western thinking is the *trap of reification*: Figments and abstractions of action become somewhat more real to us than the reality it represents. This is further problematised by the "thingness" of art in modern philosophy – or in "orthodox musicology" as Blacking put it (Blacking 1973, 4) – where the prevailing thought is that the musical meaning resides in these musical objects. According to Small, this idea comes with the following four corollaries: Musical performance is the medium through which a musical work has to travel through to reach the listener, and is hence not a part of the creative process; musical performance is a monologue, which establishes audience as passive listeners in a social vacuum; musical performance cannot be better than the original *work* that is being performed, which itself is the upper limit of its potential quality; musical works are autonomous (Small 1998, 5-7). Of course, Western classical music's emphasis on music as the meticulous brainchild of composers is an ideal of its tradition, but it is an aesthetic perception which makes little to no sense when appropriated into other traditions. Musicking therefore presents itself a linguistic escape from reification, which emphasises action over work.

Another important aspect included in musicking is the capacity of participation, both in terms of *who* is participating and who *can* participate. In particular, the application of the theory of musicking solves the problematic distinction in Western culture and English language between

16

music and dance, which in many cultures is not easily separated. This relationship between music and dance will be discussed further in subchapter 2.3.1. Further, the division of the active performer and the passive listener established in Western concert tradition is avoided, which makes sense when approaching a musical culture where participation is multifaceted. In discussing the capacity of who *can* participate, Christopher Small blatantly problematises the Western concert model where a few "talents" produce music for the "untalented" masses: If humans are born musical, then "… our powers of making music for ourselves have been hijacked and the majority of people robbed of the musicality that is theirs by the right of birth…" (Small 1998, 8). The theory of musicking aims at escaping the connotations of valuation and professionalisation which "music" might harbour by presenting itself as a fundamentally human activity; the activity of "man, the music maker".

2.1.2 "Mizimu Radio" – From action to technology

In her book, *Music In Everyday Life* (DeNora 2000), Tia DeNora investigates music's powers in people's everyday life and its organizing force in social life based on ethnographic research conducted in the UK and USA; her own cultural backyard. Here, she offers a sophisticated framework for understanding people's daily music consumption and how music relates to the self, our bodies and in social settings. This understanding of music as a technology sees music as a practical device or resource for managing, articulating and enhancing one's psyche and physiology, as well as a device of social ordering. This is exemplified by DeNora through the interviews of her informants describing their daily usage of music, ranging from listening to classical music to de-stress and playing music to set a correct mood, to "vent anger" through aggressive music or producing an environment for concentration or intimacy through using instrumental music as a sonic backdrop. Further, DeNora also looks at how music is utilized at a collective level, such as an ordering device of embodied agency in aerobic classes and for its organisational powers at social gatherings and public places. Based on these examples, DeNora argues that articulations between musical procedures, and social and social psychological procedures are made (DeNora 2000, 161). Music is a medium in and through which human processes are produced, such as feelings, consciousness and bodily processes. These properties of music are applied practically and utilised by people in their daily life, which by definition makes music a technology.

What is directly relevant, is DeNora's discussion of how music operates as the *foreground* in aerobic classes; overtly employed as a device of mental and corporeal temporal regulation, as well as serving as a collectively orientational device. In other words, music regulates, and maintains each person's motivation, energy and perception of fatigue for the duration of the aerobics class, as well as cueing movement and motional patterns for the group collectively. This is done through changes in musical components such as rhythm, tempo, melody, lyrics and genre, that goes together with the aims of the different parts of the aerobics session from warm-up, to core, to cool-down. DeNora goes on to elaborate on this utilization of music as a *prosthetic technology*, since it provides mechanisms for enabling the body to do something that, without music, would be impossible. Prosthetic technologies, DeNora describes, are materials that can extend what the body is capable of doing (DeNora 2000, 103).

Looking at the case of aerobic classes, we can further build on this situation as a *musicking technology*, moving further away from the trap of reification, and closer to viewing music as activity and as a technology. Although this form of musicking is not related to a *live performance* of music, Small has also included recorded performance in his definition of "to music". This makes it possible to combine these frameworks of music as musicking and technology to make assessments of musicking as meanings and functions in human life. By acknowledging musicking not merely as an action, but also as a practical application of knowledge to suit particular functions (i.e. technology), we are better equipped to understand the "why" behind different forms of musicking.

With Small's warnings of abstractions fresh in mind, we must remember that abstractions, just as generalisations, serve their purpose of simplifying our world for easy consumption. They are useful tools in conceptualising action or understandings of actions. Building on the notion of musicking and Tia DeNora's framework, I want to turn to local knowledge to further tailor this theoretical framework. During his fieldwork in the Henga Valley in northern Malawi, the American ethnomusicologist Friedson (Friedson 1996) came across a technological metaphor which helps explain the complex and intrinsic relationship of *vimbuza¸* divination and spirits. In conversation with the *nchimi* Malaula, Friedson asked how the music of *vimbuza* could aid him in "seeing", and Malaula replied: "Vimbuza is the batteries for the mizimu radio" (Friedson 1996, 32). An important note here is that the way Malaula uses the word *vimbuza* here, refers to *vimbuza musicking* (music and dance as one). Malaula's conceptualisation contains two analogies, one explicit and one implicit: *vimbuza = batteries* and *mizimu radio = divination*.

The first analogy makes a correlation between two sources of energy; two technologies of controlling energy for utilitarian purposes. The second analogy makes the association between two forms of communication technologies, as both the *vimbuza* divination and the radio transmits information and gives voice to the invisible: radios give voice to soundwaves in the air, whilst divination trance gives voice to the ever-present spirits that surround us. As a result, this conceptualisation presents a possible opening for understanding how *vimbuza* musicking is considered the energy source that enables and regulates the divination trance of the *vimbuza* ritual. It is through the musicking of *vimbuza* that a *nchimi* can "heat up" his spirit possession to initiate and control his divination trance, in which he consults the *mizimu* to diagnose patients.

This opens for the argument that *vimbuza* musicking is not just a prosthetic technology, as DeNora presents as a more corporeal enhancement, but extended into a therapeutic technology of both mental and corporeal temporal regulation, if we include its proposed diagnostic capabilities and healing results. Juxtaposing the two models from DeNora and Malaula, born from ethnographic fieldwork conducted in the two different contexts and soundscapes of "urban West" and "rural South", there is a commonality that is easily noticed. Both DeNora's and Malaula's models treat musicking as a resource, both individually as a technology of the self and as a regulative tool within the configurations of social order – be it aerobics class or *vimbuza* divination.

2.2 The ngoma discourse

In total, there is a sizable canon of research conducted on the interrelated (musical) healing practices in Southern and Central Africa, carried out under multiple rubrics such as magic, religion, healthcare, cult activity, song, dance, divination, and folklore. Together, these studies amass to the discourse around the phenomena now collectively labelled *ngoma*. Central features of *ngoma* is the interpretation of misfortune and treatment of affliction, which is achieved through a complex of musicking, divination and consultation with ancestral spirits and practice of herbalism. In many of these traditions, collective musicking is a powerful force which enables the practice. Looking at selected ethnographies of different manifestations of *ngoma* practices in Southern and Central Africa, as well as existing theoretical work, I want to establish a theoretical basis for the internal components of *ngoma* and its structural role in society as an institution.

The first major author on this subject, might be said to be Victor Turner through his studies of religious processes among the Ndembu people in Zambia, represented in his book *The Drums of Affliction* (Turner 1968). This study became a reference point of scholarship on similar rituals, and the term *drums of affliction* was here coined by Turner through translating the vernacular concept he learned from the Ndembu. Turner states that the Ndembu use the term *ng'oma* as a synonym for both the actual type and the performance of rituals (Turner 1968, 15). The rituals of the Ndembu are performed by diviners of the different *cults of affliction*, who uses manipulative techniques to diagnose the particular modes of affliction, on behalf of people who are believed to be afflicted with "illness or misfortune by ancestor-spirits, witches, or sorcerers." (Turner 1968, 15). The different rituals are accompanied by certain drums, songs and dances, to which patients tremble when it corresponds to their affliction. Additionally, this drumming and singing stimulates the diviner and enables a heightened intuitive awareness so that the diviner the causes of misfortune or death. Although being pivotal for the future studies on the subject, it must be read as a static analysis and a product of the functionalist paradigm of that time. The music and its intrinsic function and experience is generally overlooked in his investigation, a fact that becomes ironic when one considers the actual title.

In his study among the Venda of South Africa (Blacking 1973), John Blacking makes some scarce notes of the Venda possession cult and ritual, *ngoma dza midzimu*, which he elaborated upon later in the article *The Context of Venda Possession Music* (Blacking 1985). The *ngoma* of the Venda bears common traits of the wider *ngoma* discourse, with healing, musicking and spirit-possession at its core. A central point made by Blacking, is that none of the Venda cult members he knew attested to a causal relationship between musical performance and possession; that what might seem as a testimony of the power of music might in actuality have little to do with musical influences (Blacking 1985, 69). Rather, Blacking's argument is centred around the psychological effect of musical symbols, and the intentional use of them by humans to serve functions. This effect is an altered state of consciousness based on our common human psychology and not cognitive deficiency. The origin of this effect, however, is not understood as residing within some extraordinary powers of music but is rather conditioned by its cultural framework: human agency in social context is a prerequisite for the effect of musical symbols on human beings. "Music can communicate nothing to unprepared and unreceptive minds, in spite of what some writer have suggested to the contrary" (Blacking 1985, 65).

Paul Berliner's ethnography among the Shona of Zimbabwe (Berliner 1978) further supports these aspects. The Shona manifestation of *ngoma*, *bira*, deviates from the others in that it is ensembles of the mbira lamellophone *mbira dza vadzimu* (lit.: mbira of the ancestors) that accompanies the proceedings instead of drums. Further, the function of diviner-healer is divided into two occupations: the herbalist (*n'anga*) and the spirit medium (*svikiro*). At the Shona *bira*, it is the musical ensemble that is responsible for facilitating and maintaining the spirit possession of the *svikiro,* where "correct" tunes will resonate with the respective spirits. The consultation with the spirits is achieved through the spirit medium who acts as the intermediary between human and spirit realms, and who is the focal point of the whole ritual. When a spirit possession is achieved and maintained, the ritual takes on a somewhat democratic character where everyone present can voice their questions or concerns to the spirits. The medium will then answer to why the ancestral spirits have afflicted the patient(s) present, usually by expressing their moral dissatisfaction of a family, clan or the whole village as a final judgement to the issue at hand, as well as suggesting the means of rectification. In this way, the *bira* acts as means for social control through which social values and norms are expressed, corrected and confirmed. It is interesting to note that dancing, however, is not emphasised by Berliner as having a specific function in the ritual; it is informal and individuals at the *bira* may dance when they feel like it. With that said, although the mbira ensemble is the musical nucleus, the *bira* is a communal affair where musical participation through singing, clapping and dancing is expected from the participants to help support the mbira's power. In this way, the spirit-possession is a joint, musical effort, spearheaded by the mbira ensemble and the spirit medium.

2.2.1 Music and trance

At the heart of this ethnographic research, we find the relationship between music and trance, and discussions of their interrelation and causation. We have already discussed the definition of music, and we can turn to theory to define trance. Trance is commonly understood in the literature as a heightened state of mind or being, which in the context of *ngoma* connects a healer-diviner or medium to the ancestral spirits to seek guidance. In his seminal book on the topic, *Music and Trance* (Rouget 1985), Gilbert Rouget describes trance as a state consciousness which is composed of two components: An intrinsic psychophysiological disposition of human nature which is developed to varying degrees in different individuals, and a cultural framework which condition the actual expression of this disposition and the scope of its variety (Rouget 1985, 1). In other words, trance is not an expression of some obscure

pathological condition, but a fact of our common human nature. Our disposition for this state of consciousness is developed to varying degrees from person to person, and its expression is contingent on its surrounding cultural framework. As a comparison, this varying disposition is somewhat comparable to how people respond differently to hypnosis due to both attitude and mental disposition. The external manifestation of trance, as identified by Rouget, is characterized by movement, noise, being communal, sensory overstimulation and amnesia (Rouget 1985, 11). Here, Rouget also establishes trance and ecstasy as the two poles of a continuum of states of consciousness, where ecstasy then is characterised by immobility, silence, solitude, sensory deprivation and recollection.

So, what is the *relationship* between music and trance? It is tempting to presuppose that music induces trance by direct causation as a manifestation of music's powers. Both Blacking (Blacking 1985), Rouget (Rouget 1985) and Janzen (Janzen 1992) are of a different opinion. Although there is no point in arguing against the phenomenology of how music is *perceived* within the different cultures, the theoretical discussions are aimed at the broader question of *why* music and dance so often is associated with trance and possession. Following this notion, music involves people in trance as a shared experience within a cultural framework. It is *within* this communal experience that music contributes to the cultural component of trance. The role of music in spirit-possession trance is threefold, according to Rouget: music constructs an emotional climate; music leads to the mutation of adepts identifying with the spirit possessing him or her; music provides a means through which adepts can manifest their identification sonically and visually (Rouget 1985, 325). In its conditioning effects, Rouget argues that music *socialises* trance states, bringing them under cultural control. In other words, the music does not precipitate trance, but rather facilitates it.

Trance is not a flight from reality, but a journey into it (Blacking 1973, 28), and some scholars argue that this journey is a musical experience. Music as a social fact is best understood as part of the cultural framework which condition and defines the actual exteriorising of trance, on the basis of individual's psychological disposition. This explains Blacking's observation among the Venda, that although anybody could dance *ngoma dza midzimu*, only the cult members could be "taken" by the spirits (Blacking 1985, 67). The extent of music's importance as part of the conditioning cultural component of trance varies from society to society. Although there might be examples of music constituting a marginal importance for trance (Blacking 1985), there seems to be a commonality of *ngoma* that music has great significance in socialising and

triggering trance states through the association between certain musical modes and rhythms to their respective spirits. It seems then correct then to state that it is the perceived meaning of music situated within the religious cosmology that nourishes trance in *ngoma*, as both comprising the cultural component as identified by Rouget.

With that said, it seems that a preoccupation with trance and possession has become a common trap in much scholarly work. A fixation on these exotic aspects and actions might results in a near-sightedness, which in turn obscures and possibly omits other important factors, such as structure, context, intention and other defining parts of *ngoma*. Possession may also be understood as a chronic disposition in some forms of *ngoma*, and Janzen argues that "… trance behavior is but an occasional corollary of the etiology that attribute misfortune to ancestors and spirits." (Janzen 1992, 176). We must therefore situate trance and possession as components of *ngoma* practices and their context.

2.2.2 A Bantu clinical reality

The term "clinical reality" is a recurring term in the *ngoma* discourse which was introduced by psychiatrist and medical anthropologist Arthur Kleinman to mean: "The beliefs, expectations, norms, behaviors, and communicative transactions associated with sickness, health care seeking, practitioner-patient relationships, therapeutic activities, and evaluation of outcomes." (Kleinman 1980, 42). This establishes the distinction between Western medical and *ngoma* clinical realities, as both their aetiology and nosology – the causational and classification of diseases – are different. This claim is supported by psychotherapist Peltzer (Peltzer 1989) and anthropologist Malamusi (Malamusi 2016) in their work conducted on healing practices in Malawi. Therefore, *ngoma* might also be defined as the total sum of pan-Bantu clinical realities. The aetiology of *ngoma* is therefore based around the two causes of witchcraft and malevolent spirits, whilst the nosology seems to be more case-specific. Reviewing Kleinman's definition of clinical reality, it seems appropriate to say that it is *within* this clinical reality that trance and music are established as central medical technologies of both diagnosis and treatment, that in turn gives trance its psychosocial and cultural meaning and outlet.

According to Kleinman, healthcare systems are socially and culturally constructed (Kleinman 1980, 35), and this social reality is constituted from – and in turn constitutes – meanings, *institutions* and human relationships sanctioned by society.

2.2.3 Ngoma as institution

In his study *Ngoma: Discourses of Healing in Central and Southern Africa* (Janzen 1992), Janzen offers a wider perspective of *ngoma* as a complex of far-reaching and interrelated expressions of pan-Bantu religion and therapy. The main goal of the book is to identify the common properties of pan-Bantu healing rituals – structural, behavioural, linguistic, cultural-historical – together as part of an overarching vernacular healthcare system, and that this system should be recognized as an *institution* in its own right. Janzen then suggests that *ngoma* is a good term for this institution, from which Turner got his term *drums of affliction*, due to its indigenous anchoring in culture and language (Janzen 1992, 80-84). In defining the term (social) institution, Janzen turns to Durkheim (through Talcott Parsons), where "[a] body of rules governing action in pursuit of immediate ends insofar as they exercise moral authority derivable from a common value system may be called social institutions." (Parsons 1949, 407). In this understanding, an institution is a mechanism of social order which is intended to achieve set aims.

Janzen further problematises Western institutional analysis for its fixation around the four main Western categories of kinship, economy, politics and religion, and calls for a more emic approach which serves justice to *ngoma* and relieves it of the analytic distortion caused by this fixed and presumed categorisation by foreign terms. Janzen therefore argues that the interpretation of *ngoma* is analogous to studies of other domains in anthropological research, where scholars has been challenged to bridge the distance between indigenous concept and analytical notion (Janzen 1992, 80). Through identifying both the formal properties of *ngoma* and its performance contexts, Janzen concludes that is appropriate – if not necessary – to speak of *ngoma* as an institution.

Looking at its institutional purpose, all *ngoma* manifestations are concerned with the interpretation of misfortune and the treatment of affliction, in a way that both transcends and includes the Western categorisation of healthcare institutions, religious institutions and social institutions. In extension of its treatment of affliction, *ngoma* institutions establish themselves as a mode of social control through its possibility to express, correct and confirm social values and norms, as pointed out by Paul Berliner (Berliner 1978, 204). Structurally, its transmission of knowledge and viability is based on apprenticeship through affliction, where the sufferer becomes the healer through a phased rite of passage.

2.3 Existing research in and on Malawi

There is not a plethora of existing musicological research that has been undertaken in Malawi, although it is held to be one of Africa's most thoroughly *documented* countries in terms of music and dance (Kubik and Malamusi 2001). This is largely the accomplishment of Hugh Tracey's extensive field recordings during the 1950s, and Gerhard Kubik's three decades worth of research. Written accounts before World War II are both scarce and heavily coloured by its contemporary ideology, where locals are depicted as "bloodthirsty savages" (Elmslie 1899, 10) with "wild music" (Kidney 1921, 119). What is clear from existing literature, is that systematic ethnomusicological research only began after Wold War II, with almost all work conducted in the Southern and Central Region; at the economic and administrative centres.

2.3.1 Research on vimbuza

Reading critically through the early written accounts by missionaries at the Livingstonia Mission in northern Malawi reveals interesting historical facts, such as how the first Christian missionaries in northern Malawi struggled to destabilise the authority of witch-doctors in the area. These sources give a historical account of early practices and beliefs which are evident in *vimbuza* today, such as the *fumu za pasi, chirombo/vilombo, itshanusi* and others. Missionary Thomas Cullen Young further pointed out in his study of three medicine-men, that "There is no distinction between a manufactured article as medicine and some action or song; both are equally a 'cure' for their appropriate trouble." (Young 1932, 232). These sources give a historical anchoring to the practice and significance of *vimbuza* among the Tumbuka.

As stated, research conducted in northern Malawi is scarce, but there are two bodies of work made specifically on *vimbuza:* Malawian professor Boston Soko's ethnolinguistic research on *vimbuza* as oral literature (Soko 2014), and American ethnomusicologist Steven Friedson's ethnographic monograph on the musical phenomenology of *vimbuza uchimi* (Friedson 1996). In addition, there is a brief study of nosology and aetiology in *vimbuza* by psychotherapist Karl Peltzer (Peltzer 1989) and Lisa Gilman's interview survey of the local perspectives on *vimbuza* (Gilman 2015), in the wake of UNESCO's official recognition of *vimbuza* through its inscription on the Representative List of the Intangible Cultural Heritage of Humanity (ICH) in 2008 as "vimbuza healing dance" (UNESCO 2018).

Most of this research highlights how music actuates healing, spirit possession and religious experience, although the relationship between and difference in emphasis on music and dance is a constant variable. It is in this somewhat overlooked juncture of music and dance that Friedson's monograph carries most weight, in my opinion, where *vimbuza music* and *vimbuza dance* are understood as irreducible components of a constituent whole. As Friedson elegantly states: "Dancers play it [*vimbuza*] with their bodies, and drummers… dance it with their hands." (Friedson 1996, 115). The complex kinetic transaction between *nchimi* dancing, patient and drummers are the focal point of the *vimbuza* ritual, which creates the sounds and allows for the manipulation of sounds as acoustic illusions, comparable to the visual illusions of Gestalt psychology. *Vimbuza* music must therefore be understood as the combination of music and dance performance (read: musicking), in which its cyclical and sonic 12-beat triple feel is combined with a kinaesthetic duple feel. When this is altered by shifts in accents, strokes and placement of strokes in the basic 12-beat pattern, it creates a disjuncture between the experience of sound and motion. It is this disjuncture of perceptual boundaries that Friedson argues is the "… significant factor in the promotion of trance states and thus in the construction of a sacred clinical reality…" (Friedson 1996, 143). What is lacking in *vimbuza* bibliography though, is a contextualisation of the social, cultural, economic and political climate of the people of northern Malawi, and how this in turn situates the practice and status of *vimbuza* in a wider framework.

2.3.2 A framework for analysis

The Austrian ethnomusicologist Gerhard Kubik must be said to be seminal to the ethno-musicological research in Malawi and for the birth its so-called "indigenous scholarship", much like Klaus Wachsmann was in Uganda (Nannyonga-Tamusuza and Solomon 2012). As a result of nearly three decades of study and fieldwork in and around Malawi, he published the book *Malaŵian Music: A Framework for Analysis* (Kubik 1987) together with his research team Moya Malamusi, Lidiya Malamusi and Donald Kachamba. In this book, Kubik outlines a broad and inter-disciplinary framework for analysis of Malawian music, which is exemplified by applying it on five different musical genres: *Nkangala* (mouth-bow)*,* Malawian *kwela* (flute-jive)*, mangolongondo* (loose-key log marimba)*, nyimbo ya chinamwali* (Chewa girls' initiation songs) and *nthano* (chantefable). In their brief approaches to each genre, Kubik calls for a more interdisciplinary approach: "Perhaps one of the most important insights we may gain from the study of Malawian music and dance is that a general framework for analysis really accomodates any kind of methodology, i.e., any kind of angle from which to look at research material."

(Kubik 1987, 84). In his approach, he draws on musicology, anthropology, history, psychology, linguistics, literature science and theatre science to achieve a more holistic understanding of music that welcomes the virtues of interdisciplinarity: the musicological aspect might attain information on musical structure, communication and instruments; anthropological inquiry might relate musical activities to social structures; psychology might investigate cognitive dimensions of music making and meaning, and so forth. In other words, applying different academic disciplinary methods are not mutually exclusive, but rather complementary, and arguably necessary, in approaching a broad ethnomusicological study of music as a social fact. Is that not the very core of ethnomusicology? This is evident in many scholars' work, that in understanding the musical unit one must account for the extramusical structures that governs, mediates and resonates with it, which Blacking wittingly calls "soundly organized humanity". Such a framework would arguably be equally feasible in studying the relation between music and social change during the US civil rights movement in the 1960s, as it would help explain the relation between World War II and the birth of banjo traditions in Malawi.

An important point made by Gerhard Kubik, is that the study of music is part of the wider range of the performing arts; particularly dance and theatre. Reasoning for the understanding of dance and music as *one*, he demonstrates how the body movements of dancers are part of the overall complexity of the *motor image* of performance, which is "… extremely important to the performance of the music." (Kubik 1962, 40). Kubik here distinguishes between the kinesthetic motion of performers as *motor image*, and audible result as *acoustic image*. This combination of dance and music also becomes clearer when those dancing, as in *vimbuza*, wears bells and/or rattles on their feet, thighs and hands, which interplays with the main drum. Thus, Kubik argues that the Western distinction of music and dance helps little in our understanding of African music, because they are both components of "a system of movement parts" (Kubik 1979, 227).

The theoretical implications of this framework lie in evaluating of what theory is fruitful and how it can contribute to an ethnomusicology, which is evident in the foregoing sources of ethno-linguistics, medical anthropology, history and culture studies. Kubik's and Friedson's calls for a combined understanding of music and dance – or of ethnomusicology and choreography as phrased by Kubik (Kubik 1987, 1) – is met by the inclusion of Small's *theory of musicking*, which omits the division of these modes of performance. A theoretical framework of analysis of Malawian music is then interdisciplinary by its approach, holistic in its understanding, and thus ethnomusicological at its core.

3   Research design and methodology

The purpose of this thesis is to explore the local perspectives on music and its use in northern Malawi, specifically in the context of *vimbuza* of the Tumbuka people. This study therefore falls under the discipline of social-anthropology of music; ethnomusicology. In this chapter, I will discuss my choice of research design and methodology: answering *how* the empirical basis of this thesis was collected and analysed, and *why* it was done this way to best approach my research questions. I will then evaluate the quality of my research and discuss the ethical considerations.

As I have discussed, ethnomusicology is a highly interdisciplinary academic field, with ethnographic method, particularly fieldwork, as its core feature. Choosing ethnography as my research design was therefore in many ways a predetermined, yet reflected, choice. The research question determines the methodology, and as this is an ethnomusicological inquiry, so is the research design. Questions of *how* music works in different societies and how people around the world perceive and understand their realities must therefore be answered through direct inquiry if it is to hold water. In her study of *Music in Everyday Life* (DeNora 2000), Tia DeNora sums this up by stating that "… too much writing within the sociology of music – and cultural studies more widely – is abstract and ephemeral; there are very few close studies of how music is used and works as an ordering material in social life" (DeNora 2000, x).

Based on ethnographic fieldwork, ethnomusicologists therefore seek and generate many kinds of data. Looking back my own research, I have compiled observations, interviews, anecdotes, performances and other kinds of data represented through audio, video, photographs and fieldnotes. These different forms of data were then first processed individually – fieldnotes were written up and interviews were transcribed – before the generated data set was analysed together in the final desk analysis. "Collecting data in the field" and then "analysing findings at the desk" is the idealised sequential process of a research design many would like to present. These linear models are arguably more misleading than explanatory for inquiries such as this thesis, and within social sciences we must admit to the iterative nature of our research.

My fieldwork was planned to be carried out at the compounds of three different *uchimi* and their patients: Dr Kazuwa Chipereka Mkandawire in Rumphi, Dr Muwera in Mzuzu and Dr Chusi Yatena in Nkhotakota. Additionally, I also interviewed one of Malawi's greatest *vimbuza*

dancers, Emmanuel Mlonga Ngwira, who comes from a family of healers. Sadly, my planned fieldwork with Dr Chipereka was cut prematurely due to political reasons, which will be addressed in the analysis.

The terms *validity* and *reliability* in qualitative research are problematic with their connotations of "truth", as evident in sources dealing with qualitative research (Guba and Lincoln 1982, Gibson and Brown 2009, Kvale and Brinkmann 2015). *Trustworthiness* is presented as a more useful term, referring to "… the context of data collection and the methods of the generation of data rather than on its inherent 'truthfulness" (Gibson and Brown 2009, 59). As further emphasised by Kvale and Brinkmann, the trustworthiness of the research should be moved from being an inspection in the end, towards acting as a quality control throughout the study. These notions then establish trustworthiness as an integrated mechanism of quality control within an iterative research design. Triangulation is then useful in checking the correspondence between different sources of data and in examining one phenomenon from different angles.

3.1 Ethnography

Ethnography is, as the name states, the study of peoples and cultures. As a research design, it hosts a range of methods of qualitative data gathering, such as fieldwork, observation, fieldnotes, and interviews. These different kinds of data are then triangulated against each other to evaluate the trustworthiness of samples and to examine different points of views within the society. The goal of ethnography is to immerse oneself in the culture, customs, language, social structure, social cues and other makeups of the society one is studying to approach an emic understanding, as discussed earlier.

Sampling is an essential part of planning research. You must make an active choice regarding who you choose to contact and work with, and this choice will in turn impact your data. My main concern was whether I should choose a narrow sample frame – i.e. choosing *uchimi* within *one* area, as Friedson (Friedson 1996) who concentrated his work in the Henga Valley – or choose a wider sample frame. They both have their evident benefits and limitations, which in short can be summed as specificity versus generality. I choose the latter, as I sought an empirical basis with higher representativity of *vimbuza* in general terms. Hence, I got empirical data not only from different practitioners, but also from different places within the region, which compiles to a richer empirical basis, and thus its representativity.

3.1.1 Introduction of consultants and mediators

Due to their different "roles" in my research, I divided the contributors of this thesis into what I have chosen to call *consultants* and *mediators*. By consultants, I am referring to the practicing *uchimi*. By mediators, I am referring to the contact link between me and the *uchimi*, who also helped me in translation and explanations. The *uchimi* are referred to as doctors, due to custom and their recognition in Malawi as experts of the healing arts.

Dr Kazuwa Chipereka Mkandawire is one of the most renowned *uchimi* today. His *chipatala* is in Muzota village outside Rumphi, and he is known for punishing *afiti* by turning charms into snakes and throwing them at them. Coming from a family of renowned *uchimi*, he is now training his son (12 years old) to become a *nchimi.* Dr Chipereka performing *vimbuza* publicly with his son has become a sought-after spectacle. As a part of my involvement with the UNESCO-supported *Malawi Folksongs Project* (MFP), I met and recorded him in December 2017. In planning the fieldwork for this thesis, I wanted to visit him again to learn more, and I was helped by **Kondwani Mwembe Gondwe** in communicating with him, as Dr Chipereka did not have an operating phone at the time. Mr Gondwe was also the mediator who was working with us on the MFP. After initially being welcomed to his *chipatala,* this visit was cancelled as he was hired to perform at extensive political rallies in northern Malawi. This will be discussed later in the thesis.

Emmanuel Mlonga Ngwira is hailed as the finest *vimbuza* dancer in Malawi, and comes from a family of healers, and has therefore deep knowledge of the practice. Since he is not possessed himself, he is not a *nchimi*, but he provides medication as a *ng'anga* to people of his community based on this general knowledge of local herbs. His brother, **Zondani Gondwe**, is a well-known *nchimi* based in their home village Zinyongo Makwakwa in Mzimba. After both of his parents died at an early age, he was taken under the wings of his brothers and travelled around learning from different *uchimi* in northern Malawi. Now, he has founded his own cultural dancing troupe, *Kukaya Cultural Dancing Troupe*, through which he trains local youth in different cultural practices and dances, which they perform publicly in an educative manner. This will be discussed later. He is also the newly elected president of Malawi Folk, Dance, Music and Song Society (MFDMSS).

Dr Muwera Mbeya is one of Mzuzu's highly respected *uchimi*, based in the lush hills of Ndunduzu village, about an hour's drive from Mzuzu city. He runs his *chipatala* together with

his wife, Miss Muwera, and his apprentice **Dr Mugoma**, who is soon to be discharged from the *chipatala.* It was Mr Ngwira who put me in contact with Dr Muwera, and who kindly joined me and helped me in communication at Dr Muwera's *chipatala.*

Dr Chusi Yatena is a *nchimi* based in Nkhotakota, which is located in the Central Region of Malawi, which is outside the heartland of the Tumbuka, and thus makes him somewhat an "odd one out". Nkhotakota is in many ways a meeting place of cultures and religions, as both Tumbuka and Chewa have historically contested the area, and its strategic geographical location made it an Arab-Swahili trading centre which brought about a strong Muslim influence. This is why people in Nkhotakota today often define themselves as *Ankhotakota,* before Chewa or Tumbuka. Dr Yatena have a small *chipatala* in Kapanga II village outside Nkhotakota and learned the craft from his grandfather. In communicating with Dr Yatena, I was greatly helped by the knowledgeable **John Makawa**; the first leader of Malawi's national dance troupe and now a teacher at Nkhotakota Cultural Centre.

3.1.2 Fieldwork as method

The broad term "fieldwork" engulfs several methodological practices where the researcher immerses in the ebb and flow of everyday life of a chosen community and culture. This is usually conducted in longer periods of time to achieve the somewhat paradoxical result of both becoming a part of a given society whilst at the same time retaining an analytical distance as researcher. This brings us back to the on-going balancing of emic and etic points of view. With that said, ethnographic fieldwork is not what it used to be. The daunting stories of anthropologists charting unknown terrain and studying strange and foreign cultures and languages are accounts from different times. Today, there are no corner of the world left totally unexplored by academia, and our world has become smaller in many ways. Not only has proficiency in English language become common around the world, but our globalised world has brought us closer together and equipped us with a more egalitarian worldview. Today, we are able to acquire knowledge about most cultures, societies and languages already at the stage of desk research, due to the existence of prior research and studies in the same field; sometimes also the product of so-called "indigenous scholarship". This ethnographic present, characterised by the decolonisation of scholarship, globalisation and accessibility to prior knowledge, has therefore changed the conditions of fieldwork: Today, we are rarely feeling our way through the dark, though the paths we tread might be slightly overgrown.

As I had lived in Malawi for one year prior to the work on this thesis – from 2016 to 2017 –, I had already built up a basic understanding of the cultures, languages, daily routines, history, religious believes etc. common to most Malawians. The fieldwork for this thesis was conducted in two separate trips: one month in December 2017, and two months in September and October 2018. Although far from a full-fledged ethnography, I argue it serves the aims of this thesis.

3.1.3 Writing fieldnotes

What has proven to be an invaluable tool in my fieldwork as an *aide-mémoire* is my notebook. Human memory is a poor recording device, and interesting remarks and swift whims produced by observation or in seemingly mundane conversations will most likely succumb to human forgetfulness if left to own devices. Odd as it might seem to some in this digital era, the basic pen and paper has some benefits over other tools and gadgets. Since technological developments in recording technology has brought about new paradigmatic shifts in ethnomusicology, it has changed *how* scholars have collected data. Bohlman notes "The constant search for new means of representation and new ways of shaping these to create a meaningful and effective text has been one of the most characteristic features of ethnomusicology's history." (Bohlman 1991, 139). This has placed the method of writing fieldnotes take a back-seat position to representational innovations. Still, I want to emphasise its value to me. Not only does is act as a fail-safe for technological hiccups, – defective video tape (Friedson 1996, 175) or recording equipment buried in sand (Berliner 1978, 6) – but in turning observation into written text on the spot (i.e. "observational data"), allowing follow-up questions, descriptions and thoughts to be formulated and followed up. In turn, this allows the researcher to produce a richer and thicker description, adhering to the adage: "If you don't write it down, you will forget it!".

These notes took the forms of drawings and jottings of impressions, thoughts and remarks of proceedings, which were usually written up into full fieldnotes the following day. When writing up these jottings into fuller texts, aided by fresh memory, it is a process of reconstructing these memories into a textual translation of one's own lived observations, "which privilege certain observational perspectives and certain members' experiences over others" (Emerson, Fretz, and Shaw 1995, 53). These full fieldnotes must therefore be read as such and is in consequence arguably already a process of analysis. Gibson and Brown calls fieldnotes "analysis *in vivo*" (Gibson and Brown 2009, 105), since even the action of jotting down what is being observed is

a continuous consideration of *what* is interesting, *why* it is interesting, *how* it can be categorised, which aspects are confusing for the researcher, and so on. This analytic feature is then continued in the write-up process, as stated, where scenes and narratives constructed by the ethnographer highlight selected details and actions in favour of other.

3.2 Research interviews

In addition to the less individually structured methods of fieldwork, I also conducted semi-structured interviews with both *uchimi* and patients at the end of their treatment, based on two prepared interview guides I had prepared beforehand. This choice was grounded in the aims of exploring the different people's lifeworlds more thoroughly, allowing for an in-depth conversation with the different performers. It also allows for following up or cross-checking observations, asking for explanation of a happening or checking the correlation between explanation and action.

3.2.1 Preparing interviews

The first two steps preceding the actual interview, according to Kvale and Brinkmann, is thematization and planning (Kvale and Brinkmann 2015, 137). Thematization is formulating the aims of the research by deciding the *why* and *what* of the inquiry, as well as acquiring knowledge about what is researched; knowledge is a prerequisite to formulating relevant questions and to being able to follow them up in a conversation. This has been covered in this thesis in the foregoing chapters. Planning, on the other hand, is the *how* of the research: choosing the relevant method(s) to gain the knowledge you seek. Choosing the semi-structured research interview allowed me to structure the interviews within certain topics of inquiry, centred around some prepared questions, whilst still allowing the interviewee to elaborate on questions and maintain a somewhat natural conversation. The quality of this interview type is contingent on both the preparation, but also on the social skill of the interviewer. In many ways, the interviewer is in herself or himself a research instrument (Kvale and Brinkmann 2015, 195), who must readily choose *what* to follow up and not, and in *which manner* to do it; how to probe for answers, how to formulate follow-up questions, how to retain a good conversational climate. A good interviewer must balance kindness, sensitivity, analytic distance, critical control and interpretative skill. Having an interview guide as reference allows the interviewer to concentrate more on the actual conversation with the interviewee based on these real-time concerns. My

interview guide then assisted me as a red thread; marking a planned pathway while at the same time allowing the interviewees to stray freely in their elaborations and facilitating my task of returning to topic. My interview guides were sorted into 7 sequential categories: Introduction and life story; their relationship to *vimbuza*; *vimbuza* in society; challenges today; future for *vimbuza*; closing remarks (if there is anything they felt they forgot to mention or want to add). The questions where structured in such a way that they aid in answering one of the two parts of the research question. In this way, the interviews took shape of a more normal conversation, using good time on introduction of both us as people, explaining what I am doing here and letting them tell their story. Questions where usually phrased with "How", "What" and "Why", to elicit complete responses and long answers.

Choosing *where* to conduct interviews might at first glance seem inconsequential. On second thoughts, this would omit implications of interviewees' comfort which in turn could affect their willingness to partake and share of their knowledge. Location might affect confidentiality. Not to mention the implications of interview settings would impact an urban Norwegian differently than a middle-aged Tumbuka *nchimi* who have spent his whole life in northern Malawi. The interviews were all conducted at the *uchimi's* homes and compounds on their terms. This was of course the best solution in every way, as I anyways wanted to be present at their compounds and that interviewing the *uchimi* elsewhere would be highly unpractical.

3.2.2 Conducting interviews

All interviews were conducted in Chichewa or Chitumbuka, except my interview with Emmanuel Mlonga Ngwira which was done in English due to his proficiency. In interviews with the *uchimi* Dr Chusi Yatena, Dr Mugoma and Dr Chipereka, I was aided by my consultants in conducting the interviews. An important aspect of research interviews is first impressions and establishing rapport. This might be the difference between meeting resistance, defensiveness and suspiciousness, or being welcomed with openness, understanding and goodwill. I therefore took good time and focus in my opening: speaking Chichewa, using formal titles and cultural gestures, asking questions about family and learning names. This is not merely a process of establishing rapport, but of showing respect, cultural understanding and socialising with people as human beings and not "data sources" or "interview objects". This made all of my encounters in northern Malawi positive and memorable events.

Ethical and social sensitivity was central in conducting interviews. At some points in the interviews, especially when elaborating on aspects regarding magic (*matsenga* and *mayele*), herbs and professional secrets, the interviewees kindly stated that they would explain no further. I respected these choices without further probing, as this would gain nothing but offence. Power distance, the hierarchical make-up of society, and the valuation of knowledge as privileged information is quite different from egalitarian Norway. Paul Berliner experienced this in his fieldwork in Zimbabwe, summarised by a Shona proverb: "What is with an old man is not to be asked for; he gives what he likes". Conversation is human interaction, and to do well as a researcher, knowledge of the local culture must be "performed" in these situations; the interviewer must be both attentive and sensitive.

3.3 Data management and analysis

Having a good amount of data is beneficial, as this is a good point of departure for the analysis, which arguably already has begun. The challenge is that the more data you have generated, the more effort will go into making sense of it all. Back at "the desk", the processing of data followed the pattern of transcription, coding and condensation: turning interviews, fieldnotes and such into full, written material; cyclical coding and categorizing data into gradually narrower meaningful subdivisions; condensing final code sets into a descriptive form.

Many sources dealing with the topic of qualitative data and analysis make it clear that there is no fixed formula for analysis. It should and must be contextual, as "… the complex relation between analysis and context, research topics, theory, the everyday contingencies of doing research, the dispositions of the researcher and so on, mean that analysis resits prescriptive codification, which makes the provision of clear and generalizable guidelines hard to prove." (Gibson and Brown 2009, 2). I have therefore chosen to analyse my data through a thematic meaning analysis, based on Kvale and Brinkmann's meaning analysis (Kvale and Brinkmann 2015, 230-246) and Malterud's *systematic text condensation* (STC) (Malterud 2012) modelled after Amedeo Giorgi's phenomenological psychological method. This analysis, simply put, is the process of breaking down and sorting the acquired heap of knowledge into senseful meaning units (codes). These codes are then sorted together into overarching themes which in turn are evaluated against the research topic and theoretical perspectives of the thesis. Lastly, I have chosen to synthesise these meaning units into generalised formulations through descriptive meaning condensation.

3.3.1 Transcription

Transcription, as the process of turning speech into written text, is usually the first processing an interview goes through to prepare the it for further analysis. It should therefore represent the oral interview in the best way possible in written form. I say "further analysis", because already at the process of transcription we are engaging in generating an analytic focus through filtering out less important features of the interviews, as held by Gibson and Brown (Gibson and Brown 2009, 111).

The first challenge in this case, is that interviews were conducted in two languages; both Chichewa and Chitumbuka. The cliché "lost in translation" comes into its own here as an obstacle. A translation, and especially from languages and cultures as different as Chichewa/Chitumbuka and English, meets an abundance of challenges regarding idioms, special words, concepts, syntax and so forth. My solution to this was pragmatic: for the interviews in Chitumbuka, I sat down with the ever-patient Mr Ngwira to do the translations while I was still in northern Malawi; for he interviews in Chichewa, I was helped by Edson Msendera Phiri in Lilongwe. In both situations, we sat down together so I could play back the recorded interviews and write down the translations in my computer, as well as follow up with questions when I had any. In this translation process, our focus was on retaining *meaning* in favour of word-by-word correctness. In this, must trust my consultants' best judgements to best preserve the interviews' reliability.

In many regards, transcription itself can be considered a translation. What is lost in transforming human interaction in a social setting into plain text are aspects such as bodily gestures, tempo, pauses, tone of voice, irony and emotional aspects. Although there are no standards on what to include and to what extent, as stated by Kvale and Brinkmann (Kvale and Brinkmann 2015), I chose to include pauses as ellipses …, my own comments in double brackets ((comment)), actions in asterisks *laughter*, and emphasis in *italics*, based on their presented transcription conventions (Kvale and Brinkmann 2015, 209).

My transcriptions are therefore the result of two translations: From vernacular languages to English, and then into written form. And in every translation, there is the possibility of misrepresentation as contextual meanings and nuances might be lost, or unintended emphasis and content might be imposed. Still, I believe my transcriptions have been constructed with enough care so as to maintain their reliability to their audible originals.

3.3.2 Coding

Following the thematic meaning analysis, coding succeeds transcription. When the interviews and fieldnotes are read through and a firm first impression of the whole is established, the researcher reads through, identifies and marks text segments (meaning units) that are relevant to the research topic. These meaning units are marked by one or multiple keywords developed from the text material, so that it is possible to identify and group statements. This is called *empirical coding*, as opposed to *apriori coding* where codes are defined prior to data examination (Gibson and Brown 2009, 130). The benefit of empirical coding is that codes are cultivated and developed based on the interviewees own conceptual framework and understanding of the topic, which facilitates a more reliable analysis.

Through this cyclical process of empirical coding we create, review, merge and remove redundant codes, which leads to identifying and sorting these codes in overarching themes or code groups. The aim of these groups is to represent phenomena of comparable classes. Malterud presents this with a food metaphor: When we are being served a plate of fruit, we expect fruits – apples, pears, bananas, grapes – "… you do not expect boots or bus tickets to appear." (Malterud 2012, 798).

This coding process resulted in the following codes and themes:

Vimbuza diseae	Vimbuza in society (as instituion)	Vimbuza ritual	Patients' perspectives	Musicking
•Aetiology •Initiation - *Nthenda ya uchimi* •Treatment	•Function in society •Moral obligations •Status of *uchimi* •Political appropriation	•Sequence •Relationship between *uchimi* and patients •Use of Christian symbols	•Development of disease •*Kuvina nthenda* •Healing process •Cosmology •Future prospects	•Rhythmical modes in "heating spirits" •Function in ritual •Usage outside riual as entertainment

3.3.3 Condensation

After establishing a satisfying coding of data, the empirical data has taken the shape of a collective, decontextualized bank of meaning units categorised into thematic groups. The next step of the analysis is then condensation of the meaning units into a text amalgam of their content. In other words, this process is concerned with the systematic abstraction of the identified meaning units. These condensates take the form of artificial quotations that retain the original terminology used by the interviewees as best as possible (Malterud 2012, 799). The

finished condensates then act as a point of departure when writing up the analysis – labelled synthesising by Malterud.

3.3.4 Writing up

The last step of the analysis is writing up the condensates into descriptive text through synthesis, where the researcher acts as a re-narrator. In this process, I frequently returned to the original transcriptions to validate whether the content of the analysis reflects the original content. The result of this analysis will be presented in the following chapters organised around the dual research question. These findings are then further discussed and investigated in chapter 6 in light of the thesis' theoretical perspectives.

3.4 Ethical considerations

When conducting field research, especially through interviews, we are responsible for treating our data and our informants with confidential care as well as revealing our intentions. Informed consent was therefore practiced, so that everyone at the *uchimi's* compounds knew why I was present, and my interviewees gave a verbal consent at the interview start to acknowledge his or her participation by name. It should also be stated that none of my informants preferred anonymity, and their real names are therefore used in this thesis. As for the *uchimi*, I have used their *vimbuza* names (sufferers are given new names when they become *nchimi*), after their wishes.

A direct challenge in my fieldwork in northern Malawi, was how to treat the *patients* as informants and their stories as data. These patients were suffering of the *vimbuza* disease, which brought up the two questions: "How liable are they?" and "Is it ethically sound to interview patients?". I choose to not to interview the inpatients directly, as these were considered "mad" (to borrow the *uchimi's* expression). Some patients at the end of their treatment were interviewed but are not mentioned by name.

4   Vimbuza as performance

This chapter presents the act of musicking *vimbuza* through the two main perspectives of the *uchimi* and the patients, as the experience, function and meaning of *vimbuza* is different to them. Through understanding their different perspectives and roles within performance, it allows for a better investigation into the relationships that are established between them; relationships in which *vimbuza's* meanings and effects are created and their roles and aims are fulfilled. Further, the newer and public modes of its performance for both edutaining and political functions is also presented, as these forms are detached from its ritual setting and content. But first, I want to briefly introduce the content and setting of *vimbuza* performance through a generalised description to give an overview its typical characteristics.

4.1   Performance of vimbuza

Song (*nyimbo*) and dance (*gule*) are familiar concepts to Malawians; let there be no doubt. But in the performance of *vimbuza*, these concepts merge together. The empirical data of this thesis makes it clear that it is more appropriate to talk of music and dance (and even medicine) as *one* in performance:

> Vimbuza is a process. Vimbuza is not *just* dancing… like that, it can *not* heal. But you have to *combine*: dancing process, medicine process and music process… *That* is vimbuza. (Dr Yatena)

In explanations of the performance of *vimbuza*, there was no real distinction between the beating of the drums, the clapping of hands, the medication, the singing and the dancing; they were all part of one whole. This becomes clear at the *vimbuza* healing session, where the movements of dance are musical, and the drumming patterns of the different drums are choreographic. Together, they interact in a complex interplay. It is in particular the relationship between the *nchimi*'s feet and hips that are interplaying with the hands of the main drummer.

The normal ensemble of *vimbuza* performance includes two drums: the main drum *ng'oma yikulu* (lit.: the big drum), and the small supporting drum *mphiningu*[3] which is used to vary the rhythm of the main drum. A third drum, *mboza*, is sometimes used to place a slow, steady

---

[3] I learnt that the name *mphiningu* is actually a mnemonic phrase for the 3-stroke rhythmical figure played by the drum: *mphi-ni-ngu.*

rhythm. Another important part of the *vimbuza* ensemble is the "audience". The audience is made up of other inpatients, apprentices, people from the surrounding villages and people connected to these people and the *nchimi* conducting the session. Contrary to the Western classical concert tradition, the audience here is highly participatory, and they are expected to contribute by singing, clapping and playing various percussion instruments. It is a communal affair; a village happening. The health of others is a public matter, and if someone does not contribute in the performance, people might get suspicious.

The music of *vimbuza* is easiest explained as based on a rhythmical sequence of six strokes (two triplets), which is the main pattern of the supporting *mphiningu* drum. On top of this, the *ng'oma yikulu* plays and varies patterns on a 12-stroke cycle. Together, one period (bar) can be explained roughly as a quick 12/8 compound meter. This serves as the fundament for the different spirit-rhythm modes of *vimbuza*, where I identified *vyanusi, mperere, fumu za pasi, umphanda* and *vilombo* as recurring modes. Let me present a Western staff transcription, for the mere purpose of giving a sense of how a standard *vyanusi* cycle might sound, and how the different rhythmical patterns go together:

Figure 1: Example of vyanusi rhythm,
stroke pattern for mphiningu: l (left), r (right), -x (pressed "mute" stroke)

On top of this pattern, the *nchimi's* belt of bells (*mang'wanda*) is playing together with the *mphiningu* pattern, whilst the feet are synchronised with the hands of the main drum, as the main rhythmic motif. This will be dealt more with in the following *uchimi* subchapter. Further, the clapping of the audience is divided into two "tones"; the darker *nkufi* clapping and lighter *mapi* clapping[4], with the *nkufi* underpinning the 12/8 pulse. The *mapi*, on the other hand, is freer and sometimes creates a pattern passed on a 3:2 polyrhythmic relation to the *nkufi*. These

---

[4] *Nkufi* is done by folding your hands diagonally as you clap, creating an air pocket in between them. The *mapi* clapping is done my straightening your fingers and clapping with your hands flat and parallel, creating a tiny air pocket. The *nkufi* is a polite way of clapping, which is usually reserved for elders and chiefs.

clapping patterns are often doubled by various percussive instruments, usually because their hands tire, and the instruments are louder. These instruments are both traditional instruments such as *visekese/chisekese* (a flat shaker of straws with beads or seeds inside) and *manjerenjeza* (seeds strung together, usually strapped to legs), or improvised by available materials such as two pieces of wood banged together. It must be said, that this just an example of how the *vyanusi* pattern might be played, as the cycles add new variations and textures on top of the basic rhythmical mode of *vyanusi* as played by the *ng'oma yikulu*.

The vocal part of the music is based on a call-and-response relationship between the *nchimi* and the audience, which sometimes is referred to as *kwaya* (from English "choir"). The lyrical content is short and its openness for improvisation makes it easy for new members in the audience to join in. The content of songs range from messages to the spirits and appraisal of great chiefs, to descriptions of everyday tasks and heavily "camouflaged" messages, to borrow Prof Boston Soko's term (Soko 2014). It is normal to open *vimbuza* session with songs that invite the spirits to come and to be gentle. To give a sense of how this might be structured, I want to present the opening song that Dr Chipereka used when I visited him as part of the fieldwork of MFP:

"Mphepo Zinayi" (The Four Winds):

C: AChipereka julani mphepo zinayi sono
R: Julani mphepo zinayi sono nyengo yakwana

C: Mr Chipereka, open the four winds
R: Open the winds, the time is due

C: Wamizimu julani mphepo zinayi sono
R: Julani mphepo zinayi sono nyengo yakwana

C: Ancestral spirits, open the four winds
R: Open the winds, the time is due

C: Agogo julani mphepo zinayi sono
R: Julani mphepo zinayi sono nyengo yakwana

C: Grandparents, open the four winds
R: Open the winds, the time is due

C: Adada julani mphepo zinayi sono
R: Julani mphepo zinayi sono nyengo yakwana

C: Our father, open the four winds
R: Open the winds, the time is due

C = Call, R = Response

Here, Dr. Chipereka is calling the four winds to open, and for his *vimbuza* possession to heat up. What is meant by "the four winds" is the spirit winds coming from the four cardinal directions. The song attests to that the *vimbuza* ritual is a healing ritual which derives its powers from ancestral spirits. What is typical, is that the call (C) is varied and improvised by the *nchimi* whilst the response (R) remains the same.

Both the physical and intentional centre of the ritual performance is the sufferer, who usually are lying down or sitting still amidst the crowd. After the *nchimi* has "heated" his *vimbuza* possession, new patients are "scanned" for spirits, as a spirit possession might include several kinds of *vimbuza* spirits. By playing through different rhythmical musicking modes and of *vimbuza* – or maybe "styles" of *vimbuza* – the *nchimi* is looking for resonance within the patient. Say, if the patient is possessed by a *vilombo* spirit, then the rhythmical mode of *vilombo* must be performed. Then, the patient will start dancing and singing along as the spirit inside him/her is being "heated". For the patients familiar to the *nchimi*, such as the inpatients, the *nchimi* already know their possessions, and a "heating" is easier achieved.

As used throughout this thesis, the analogy between temperature and health is a prevalent comparison within the tradition of *vimbuza*, which at first, I did not take much notice of. But the widespread use of this analogy made me curious to how possession and temperature relate, which also deserves some explanation. Health can be understood as a linear balance of hot and cold in the body, a balance which is disturbed by the *vimbuza* disease. The possession of *vimbuza* and affliction by *ufiti* cause excess heat in the body, which in turn causes the disease. To vent this excess heat, the *vimbuza* and the body of the sufferer must be "heated" (*kutukizga* in Chitumbuka; *kuwamba* in Chichewa) so that the sufferer becomes flexible and the *vimbuza* can "come out". For the *nchimi* on the other hand, "heating" the *vimbuza* is his way of enabling divination, as presented by the *mizimu radio* metaphor. This heating process is done through the musicking:

> This dancing is just to help the body to be flexible and be released from the spirit, so it cannot be like rigid, so you have to dance to show that the spirit is now accepting ((the musicking)) and going out. So, you need to be flexible. These things, when someone is coming for healing, these parts ((dance, music and medicine)) go together. (Dr Yatena)

In this sense, musicking is also understood as a temperature control not just of the body, but of the psyche.

There is also a sacred aspect to the origin of *vimbuza* musicking. Most of the "real" (read: old/inherited) *vimbuza* music, as they put it, comes not from humans: it is passed on to the *uchimi* and patients in their dreams by the *vimbuza* spirits. The performance of *vimbuza* inside the temple at night is therefore carries a sacred dimension in itself. Much of these patterns of performance has over time become crystallised into rhythmical categories, such as the *vilombo, vimbuza, vyanusi* and so forth. *Vimbuza* is therefore an accumulative practice, according to the

uchimi, where knowledge and patterns are acquired over the course of time; revealed and guided by the spirits.

4.1.1 For uchimi

> When we go into the temple tonight, we will have drummers. We will perform songs connected to vimbuza. We will clap hands and use the visekese ((local shakers)). This will help to bring up the mizimu to me, that will be raised up by the songs, the clapping, the dancing and the drums. So, this is the process whereby when the patient is raised to a certain level, they wake up and start dancing. If a person is possessed, he/she will *perform* his/her vimbuza and we ((the others present in the temple)) must help by clapping hands and singing songs. The spirit is supposed to accept this ((the musicking)) for the nchimi to "see" whatever is happening to a patient and for the person to be healed. (Dr Muwera)

This snippet gives an overview of the general *uchimi* view. For the *uchimi*, musicking is their professional tool for both diagnosis and healing of patients, but also a tool through which they can "heat" their own possession to "see". What is emphasised in this quote by Dr Muwera, is the communal and utilitarian musicking of the people inside the temple; everyone is expected to participate in the joint effort of "heating" the *nchimi's* possession, as exemplified in the earlier metaphor of *mizimu radio*. In this way, it seems correct to state that musicking is taken as a moral obligation. Inside the temple, the all-night musicking is a powerful experience, and the *uchimi* agree that there is a correlation between decibel and heat; the louder the better.

In the performance of *vimbuza*, the main goal of a *nchimi* is to "see" (*kuwona*)[5], which equates to *divination*; foreseeing and uncovering causes of affliction. This ability to "see" is the result of the chronic, yet controlled, *vimbuza* possession of the *nchimi,* where the *vimbuza* possession functions as the batteries of the *mizimu radio*, as explained by Dr. Malaula's metaphor in chapter 2.1.2. When the dormant *vimbuza* possession is "heated" sufficiently by the musicking (batteries), the *nchimi* enters a trance state in which she/he can communicate with the spirits to seek counsel. As the different *uchimi* interviewed stated, they are then able to verify their powers by telling you information about yourself that he/she cannot know, like intimate birthmarks, names of your grandparents or tell you about a memorable happening from your childhood. The *uchimi* often ask the *mizimu* for this kind of information first, so that the patient will know that they are indeed in contact with the *mizimu.* From there, the *mizimu* can reveal

---

[5] While there are multiple verbs in Chitumbuka used to describe this, like "*kuchima*" (to prophesise) and "*kuwukwa*" (to divine), it seems like *"kuwona"* (to see) is the everyday term used.

the reason for the disease: Has someone in their village bewitched the patient? Have the patient sold away family heirlooms just to fund their alcohol problem, and thus been punished by their *mizimu*? Or have they upset the wild lion spirit *nkharamu*?

As expressed by Dr Mugoma, there is no doubt in the connection between *uchimi* and *mizimu:*

> As traditional healers, we believe that the mizimu are still alive, because they control the spiritual life in us, and that the vimbuza process always takes place in us for us to see whatever problem a certain person has. They are like guidance, and we must believe so much in them, because they guide us on a day-to-day basis. And we must *accept* this as traditional doctors; we believe in the truth! (Dr Muwera)

When "seeing" in the trance state, the *uchimi* are also able to "see" the *afiti*, which means the musicking also fuels a sort of witch-hunt. Alongside healing, identifying and confronting *afiti* is the other role of the *uchimi.* They identify themselves as protectors of their societies; a force for good. The *afiti* can both cast evil spells (*ufiti*) and create malevolent charms and potions (*nyanga*) both for tormenting and killing people. Sometimes the *afiti* do this for personal gain, other times "just for fun". As Dr Muwera explained, many *afiti* have tried to "block" his "seeing" by creating *nyanga* meant to attack him. Luckily, he is always wearing a protective *mankhwala,* as all *uchimi* should have the knowledge of creating. Additionally, the entrances to his temple were protected by what he called "scanners" made out of white maize flour (*ufu*) in circular patterns[6]. By keeping protected and securing a "clear view", the *nchimi* are able to find these evil-doers and bring them to justice. At Dr. Muwera's compound, he had a small number of confiscated and neutralised *nyanga* displayed, which had been used by confronted *afiti* to harm people. In his divination, he had "seen" how a *mfwiti* in the village had been hurting his own children:

> These nyanga were collected from a mfwiti. These were diagnosed here, of a person who had bewitched *his own* son and *his own* daughter. The son and the daughter went crazy… Before giving any treatment, I made him bring the materials here, so I could neutralise it. Such things like these are poisonous. (Dr Muwera)

Putting *nyanga* on display like this is used both as a warning to remind people that witchcraft is real and should be actively fought, but also as a display of power, showing that the *nchimi* has the power to "see" and defeat *afiti*.

---

[6] *Ufu* (maize flour) is a recurring element used in the *vimbuza* practice, to create protective patterns on the ground and to smear on the body. This is mainly because of its white colour; the colour of the spirits. This gives *ufu* a rinsing ability, so that they can "clean" the ground and people of evil.

44

Musicking *vimbuza* is also an important self-therapy for the *uchimi* to keep their possession under control. If they fail to keep their routine of performing *vimbuza* and taking medicine, as learned and adapted through their own apprenticeship, their possession might "overheat" and cause suffering again. To build on the temperature analogy; if they do not vent their heat regularly, as through divination and medication, they will build up excess heat in the body, which will exteriorise through symptoms: The *vimbuza* possession is a constantly heating stove plate; the *nchimi* is a lidded pot of water; the musicking and medication is the venting mechanism.

Vimbuza musicking is divided into rhythmical modes relating to their spirits, as shown above with the *vyanusi* example. These rhythmical modes are mainly distinguished by the main rhythmical pattern performed by the main drummer and the *nchimi*, as based on a 12-stroke cycle. A *vimbuza mode* is therefore both a drumming pattern and a choreographic pattern, both performed to create a common sounded result. Sounding and dancing a particular *vimbuza mode* will then resonate with the particular spirit afflicting a patient, causing the *vimbuza* disease to "cool down" or "come out" as are the usual phrasings: cooling is for the *uchimi*, since their possession cannot come out. In this way, the different *vimbuza modes* form part of a *nchimi's* healing arsenal which are knowingly utilised based on the patient's diagnosis. Although *vimbuza* might be used as an umbrella term for *all* foreign spirits, as opposed to the local and ancestral *mizimu* spirits, *vimbuza* as a spirit category seems also to describe other Tumbuka spirits is general, as well as the basic rhythmical pattern on top of which the other *vimbuza* modes are based. *Vyanusi*, as an example, are generally understood by the *uchimi* to be originating from the Ngoni warriors, which is supported by its linguistic ties to the Nguni *itshanuzi "*witch-smellers" and their assimilation with the Tumbuka in northern Malawi. Additionally, some of these songs were said to be in Chingoni; a language which must be understood as a "dead language" in Malawi. These *vyanusi* spirits are known for exclusively attacking the head of people, causing severe headaches and delusional behaviour:

> Yes, vyanusi is a type of vimbuza. When you talk of vyanusi, you cannot perform to other songs; vyanusi is a *specific* type of vimbuza you are supposed to do ((perform)) … Vyanusi usually pains the head *too* much. And these vyanusi guys ((patients)), if not taken properly care of, they go mad. They can go mad, crazy, because it hits this central part of the head *points to forehead*. That is why, when you are in a temple clapping hands and singing, they might hit the walls of the temple ((with their heads)) *mimics headbutting*, even breaking it! So, it's a *very* bad and strong type of attack. (Mr Ngwira)

The point here is that there seems to be a common understanding between the different *uchimi* on what symptoms are caused by which spirit category, and which rhythmical mode corresponds to which spirit.

A vital part of the practice is the attire of the *nchimi*, which itself serves both musical and spiritual purposes. As described in the introduction, the costume is a combination of bells/rattles on the ankles, hips and arms, colourful beads worn as strings around the neck and bird feathers in different ornaments. At Dr Yatena's *chipatala* in Nkhotakota, he carefully laid out his attire for me to see. What he and the other *uchimi* emphasised was the importance of the bells; bells are commonly held to be relics connected to the spirits:

> This started long time ago. The one who started it, knew there was a connection between *this* ((bells)), and *this* ((feathers)), and the spirits. Because, we are talking about a disease. And remember that vimbuza is a *disease*. So, what I am showing here is not just for entertainment… In the past, you could *not* perform vimbuza without a disease. So, this has a connection with the medicine and the spirit. I cannot be performing vimbuza without these ((bells)), without having the headgear, without the feathers… No, it would not carry weight. (Dr Yatena)

> Bells! Original assets should be like *this*: handmade bells. They have a story to tell! I'm not the one who started with this. It's just been passed on. Because of the antiques you apply when dancing, when a drummer plays drums with whatever steps you apply here *points to feet*, they must to collaborate. So, for professional uchimi, they will always be a coordination of steps and the main drummer. (Mr Ngwira)

In the musicking of *vimbuza*, the waist belt of bells (*mang'wanda*) and the straps of bells on the hands and ankles (*nyisi*) are central to the *uchimi's* interplay with the drummers, as these convert their kinaesthetic motion into an audible result. Thus, the *nchimi* also becomes a musical instrument. The *mang'wanda* goes with the basic six-pulse fundament of most *vimbuza* modes, whilst the *nyisi* synchronises with the main drummer. These bells then establish a reciprocal transaction between the *nchimi* and the drummers, where they lock together and further challenges the distinction of music and dance in performance. It is namely in this *performance* of *vimbuza* that the *nchimi* maintains and exerts his powers of divination as an elect of the *mizimu,* through "heating" the spirits and dancing the disease.

In sum, the practice of *vimbuza* for the *uchimi* is a *way of life*: It is a vocation *and* an identity. One does not stop being a *nchimi*. In both Chichewa and Chitumbuka, the word "culture" is translated into "*chikhalidwe*". When asked if *vimbuza* is culture, many would answer "no", but when asked if it is *chikhalidwe*, people would say "yes". This is because *chikhalidwe* means

"way of life"[7], which is through which behaviour we conduct our life, whilst "culture" is understood more as cultural practices. In this sense, *vimbuza* is not culture; it is something more: A way of life.

4.1.2 For patients

For the patients at the *chipatala*, *vimbuza* is first and foremost a disease. They have been afflicted by either *ufiti* or possessed directly by a *vimbuza* spirit and are going through a healing process through which they can "dance their disease" ("*kuvina nthenda*") to "let out" the spirit. Many of the patients expressed that they had first sought treatment for their illness at a Western clinic, as the main symptoms were severe headaches, vivid and nightmarish dreams, feeling of having a lump in their throat, memory loss and general body pains. When the prescribed medication of the Western clinics – often ibuprofen or tramadol (an opioid pain medication) – offered no significant relief, they sought counsel from the *uchimi*, as they rationalised that the cause must be, what they call, an "*African disease*". Also, the more time passed before they got proper treatment, the more severe the symptoms became, such as talking in tongues, double vision or partly blindness. Thus, no "*Azungu* medication" can be effective:

> We have a patient here who has come from Zobwe ((Mozambique)). That person said that first he was complaining about the body pains. So, they went to the hospital and gave him Brufen ((Ibuprofen)), then they gave him Tramadol, so they see that the days go. Then he stopped eating. He feels sore in the legs, here in the neck *points high up on the neck*, not eating... So, they wondered: "Is this real malaria? Maybe he can go to the other doctors ((uchimi)) so they can check what is *really* happening here.". Then they see that this is for *African* doctors, not for the Western hospital. (Miss Muwera)

But the sufferer is not admitted immediately. They must first pass a test to see if they *really* have the *vimbuza* disease or have been bewitched, or if it is something to be treated at a clinic; observable symptoms are not enough. The *uchimi* take their profession seriously and believe that conducting a *vimbuza* treatment on a patient that is *not* suffering from the *vimbuza* disease is dangerous – at worst lethal. So, they go through either a public test (*kubunyisela*) or a more discreet *maula*. At the *kubunyisela*, the main rhythmical patterns are played through loudly on a drum to "scan" for resonance within the sufferer, whilst the *maula* can be conducted with the use of a single bell in order to not draw the attention of the village. As resonance is harder to

---

[7] Literary: "*Chi*" = of; "*Khalidwe*" = behaviour. Thus, "of behaviour" = "how one behaves".

elicit with a mere bell, a sort of incense can be produced by burning a certain herb for the sufferer to sniff in order to help induce the spirits.

When the sufferer has been diagnosed with a *vimbuza* disease, there are two main outcomes: the "common" *vimbuza* disease which is less severe and with little-to-no long-term effects, and the strong, initiatory *nthenda ya uchimi* (lit.: disease of the *uchimi*) which, if treated correctly, will lead to the sufferer becoming a *nchimi*. The story of Dr Mugoma[8], one of the patient-apprentices at Dr Muwera's *chipatala*, is a good example on *nthenda ya uchimi*: Dr Mugoma, a 45-year-old woman from the Mzimba district, started feeling pains in her throat and in her head, and she stopped eating properly. She progressively got worse, and one day she was found by the well repeatedly drawing up water and spilling it on the ground. As they feared this madness was a result of either spirits or *ufiti*, her family brought her to Dr Muwera for consultation. It was by Dr Muwera's diagnosis it became clear that this was no ordinary *vimbuza* disease, but a *nthenda ya uchimi* in the shape of a strong *vyanusi* possession. For her family, this meant that she would be staying at Dr Muwera's *chipatala* for a long time, which she did. Through her healing process, the *mizimu* started to contact her more and more frequently in her dreams, telling her what she ought to do, what herbs to use and which songs to sing. Over time, she managed to gain control over her possession and take back her full consciousness, through performing *vimbuza,* taking the proper medication, and thus turning the affliction of possession into a means of "seeing"; the divinatory trance state. Under Dr Muwera's guidance, she started diagnosing patients herself. Over time, she had transitioned from patient to apprentice. When we met at Dr Muwera's *chipatala* in October 2018, she had been staying there for three years, and was soon to return home to Mzimba:

> It is our belief that when a patient finishes the healing process and is treated for our problems and have finalised all the stages, we are real uchimi. It is then best for us to go back to our respective homes and help the people from our own societies. That is my plan. I must go home to my village Bangweni in Mzimba and help the people from my society. (Dr. Mugoma)

As mentioned earlier in this chapter, the musicking of *vimbuza* acts as a thermostat. For the "normal" patient, it is a way of venting out the *vimbuza* spirits which has upset the internal health balance of hot and cold. Patients at the *zipatala* I visited generally expressed being "too

---

[8] When a patient becomes a *nchimi*, they are given a spirit name by their *mizimu*, which usually describes an attribute of the elect. In Dr Mugoma's case, she was given the name after a sub-category of the *vyanusi* spirits, which are called *mugoma*. This spirit class is also mentioned in Prof Soko's PhD thesis (Soko 1984, 95).

hot", which was to be relieved through the *vimbuza* healing processes of daily medication and the performing their diseases at the all-night healing sessions. For the few patients of the *nthenda ya uchimi*, it is not a matter of venting out the spirit, which they are unable to since they are dealing with a permanent possession, but to "cool down" the actual *vimbuza* spirit inside. Through this process, they can be relieved of their symptoms and ultimately gain control of the affliction as a resource. Both these modes of treatment are done through performing their disease through music and dance, which is the core remedy in this process: medication can only ease the symptoms; it is only through *performance* that the healing can be done. This means that being admitted to a *chipatala* under the guidance of a *nchimi* has given the patients both a way of and a place to exteriorise their disease. Multiple of the patients phrased it as "*kuvina nthenda*": dancing the disease. This phrase gives an insight into *how* the patients view the nature of their disease and the performance of *vimbuza* as a way of expressing their condition: *vimbuza* – ultimately – is a disease, and a disease can still be *performed*.

Although many attests to that *vimbuza* comes naturally, either punishment by their *mizimu* for their actions or lack of respect for their ancestors or bewitchment by a malicious *mfwiti*, some patients also said they had been "thinking too much" about something or someone. For the patients I talked too, this "thinking too much" was essentially grief over a loved one's death. On this basis, we can identify four main sources for the *vimbuza* disease: punishment by *mizimu*; *ufiti*; inherited disposition from parents; grief. Not to confuse the reader: all of these causes *attracts* the *vimbuza* spirits which possesses the sufferer; they are motives for spirit possession. As an example: the case of the angry *mizimu*, they punish descendants by withholding their protection, thus opening for a wild *vimbuza* spirit to take possession. Through the healing process, the patients might get certain objectives they are meant to fulfil in order to progress. Revealed either by the *nchimi* through her/his divination or directly to the sufferer by their *mizimu* in their dreams. As one of the patients expressed:

> When I was home, where the tombstone I made for my father is, I could experience that the spirits were very unhappy with me, because he ((in the grave)) was not very much protected and was not happy with what was happening where he was laid down. After I did this ((made a new tomb in concrete)), my life completely changed. And I know, if I face problems, and it is normal to face problems, I believe in the mizimu. For me to be where I am today, the mizimu have guided me. (Anonymous vimbuza patient)

In this way, a treatment of *vimbuza* can be a way of patients saying goodbye to someone they had lost or "repenting" for something they were ashamed of.

From what I perceived, the *vimbuza* treatment seemed to have a positive effect on the patients, both grounded in patients' testimonies, the *uchimi's* experience and from what I observed during my short stay. The patients themselves explained in dialogue with me that it was *indeed* the *nchimi* who had led them to their own healing. What other options is there? Western medicine? Not likely. It must therefore be said that for the patients – from their perceptions of disease and its cause – the process is straight-forward: healing was sought to cure a disease. This is comparable to how we in Norway wouldn't contemplate going to our doctor and take our drugs if we have influenza. We would, in most cases, not question the clinical efficacy of the drugs, nor argue with our doctor on the *cause* of influenza. Most of us base our belief of bacteria and viruses as causes of diseases upon an axiomatic truth rather than scientific knowledge: "that's just how it is". So is the case of *vimbuza.*

4.1.3 As edutainment

A new development within the performance of *vimbuza* is its performance as entertainment. All of the *uchimi* interviewed agreed that in the olden days, *vimbuza* was strictly performed for healing and not for pleasure, as it originated as a means to an end. But now, a performance version of *vimbuza* have been adapted where the *nchimi* is the focal point of the performance. In this version, there are no patients present and it is conducted by the *nchimi*, his/her 2-3 drummers and a *kwaya* (choir with percussion instruments). Some of the performers have also incorporated highly artistic elements, and both Dr Yatena, Mr Ngwira and Dr Chipereka must be said to be highly artistic in their entertainment style. At the same time, not all *uchimi* perform *vimbuza* for entertainment. Some might not think much of it, and others – like Dr Muwera – chooses to focus on *vimbuza* as a profession but has nothing against *vimbuza* as entertainment. With that said, all the *uchimi* I talked were also quite clear on that entertainment *vimbuza* must still follow the codes of the craft to respect both the spirits, *vimbuza* as a vocation and the *uchimi* as legitimate healers. This is done through wearing a correct attire with the correct colours for performance[9], informing the audience about whether or not you are a practicing *nchimi*, a correct correspondence between drummed and danced patterns and so forth:

> We must tell people that are dancing vimbuza for entertainment, that they should not devalue the expectations and real believes of vimbuza. It can be devalued using improper costumes and singing improper songs. So, let each and every person that are

---

[9] Different colours symbolise different things, and the *uchimi* are told by their *mizimu* what to wear. The colour red seems to be reserved for *uchimi*, and can only be used by people who can "see".

performing vimbuza on a stage or in public, use proper costumes for vimbuza, so people can still think of and take vimbuza as *real* vimbuza. The costume itself is going to bring a true picture of a *true* vimbuza dancer ((nchimi)). We must *not* move away from the real cultural believes and practices that *real* vimbuza practitioners' practice. (Mr Ngwira)

A question raised in prior research – which I also asked the *uchimi* about – was if the *uchimi* feared that performing *vimbuza* for entertainment would cause people to take their craft less seriously. Will people start to perceive it as mere entertainment, and in extension of that stop seeking counsel from the *uchimi?* The consensus among the *uchimi* I talked to was "No", and Dr Yatena compared this with how a football player can "just play around", whilst still retaining his status as a *real* football player:

> Even though you can perform vimbuza for entertainment, people will always take it seriously. Because… sometimes I can take it as a joke: "Today I am so happy. Let me just dance myself". But, because I have got that spirit in me, when I start performing, that spirit comes and it... instead of just playing there, now it comes to a *real* performance vimbuza… It is like this: You are a football player, and you are in the playing field just taking it easy. But, because you are a footballer, something in your *heart*, something in your *blood*, it just comes up so very powerful that people cannot just say: "He is just playing around.". No. They say: "Wow! *This one* is a football player!". So, it is like no one can take vimbuza as a childish game. It is *always* taken seriously. So, it is from your *heart*… When I go for entertainment, people they see that this is *mature* entertainment. When I go for healing, people *do* understand and appreciate that this one is a nchimi; we are going to get cured. (Dr Yatena)

This development towards *vimbuza* showmanship also carries with it historical and socio-political depth. As mentioned earlier, *vimbuza* was banned from practice during the colonial era and under President Banda's autocratic rule (1964-1994) there was strong anti-north sentiment in Malawi. Thus, *vimbuza* had no place in the eyes of the public, and the craft was practiced more subtly; during night and away from colonial and religious centres. Now, all the *uchimi* I met with – including my prior meeting with Dr Chipereka – expressed great pride in performing *vimbuza* publicly as entertainment. *Vimbuza* has become an important identity marker for the Tumbuka as a repository of their culture, beliefs and history, as well as an institution of Tumbuka resilience through times of social stress. Being able to perform and celebrate *vimbuza* publicly, in the guise of a traditional music and dance, is therefore something which is not taken for granted and which carries more than "just" cultural pride.

On top of this, the economic motivation behind performing *vimbuza* as entertainment should not be left unspoken: most *vimbuza* practitioners make their living through small-scale farming

and being able to perform publicly carries with it a significant economic boost to the average Malawian. Although this was not explicitly stated as a motivation by the *uchimi,* it is worth mentioning that this evolution of performative *vimbuza* has coincided with the adaption and importance of economic currency in rural areas, and that money also is a private matter.

In extension of this entertainment practice, some performers have also seen it as a suitable vehicle for social change and educative content – to which I find the newer English gloss "edutainment" fitting (from educative + entertainment). One of the most active in this field is Mr Ngwira. Emmanuel Mlonga Ngwira is a well-known promoter of culture in Malawi, who won a dancing competition held in Rumphi where he was declared the nr. 1 performative *vimbuza* dancer in Malawi. He uses his knowledge of *vimbuza*, as well as the Ngoni dance *ingoma*, as tools for social change and civic education through his cultural troupe *Kukaya Cultural Troupe*, based in Mzuzu. In this troupe, Mr Ngwira headhunts and trains youth from Mzuzu in cultural practices and performance, and the troupe has become a popular attraction.

> My songs are supposed to change the mindset of those people who feel like *vimbuza* is only for healing. But *vimbuza* can be taken as a mind-changing tool: you can go into a society and talk to people about being faithful to their wives… stop marrying 2-3 wives, because HIV is *real* and it *kills*. You can tell people about the importance of planting trees, because you preserve nature, which might help the bringing of rains, you understand. So, in *that* type of mindset-change, I use *vimbuza* to tell people and change their mindset from believing that it is only for healing, but they should say: "*Vimbuza* can be performed to civic educate people; to promote their own culture; to revive their own culture" (Mr Ngwira)

With Kukaya Cultural Troupe as a good example of *vimbuza* edutainment, their performances mix both traditional *vimbuza* songs common throughout northern Malawi, such as *Malayirano*[10]*,* and songs based on other *vimbuza* songs which Mr Ngwira has learned from *uchimi,* but with new lyrical content, such as *WaMalawi Tichenjere HIV/AIDS* (lit.: "Malawians, be careful of HIV/AIDS"). Kukaya often perform at schools or at public events hosted as part of campaigns, and it is in these situations *vimbuza* performance takes on its properties as edutainment. As an example, Malawi is facing severe challenges regarding deforestation, and there has therefore been multiple tree-planting campaigns these last years. In and around Mzuzu, Kukaya has been fronting these campaigns on public events and on TV performing *vimbuza* songs carrying messages aimed to educate public.

---

[10] *Malayirano* means "good-bye", and it is a farewell song common throughout northern Malawi. It is often performed at the end of *vimbuza* rituals as a way of paying respect to the *mizimu* for taking time guiding the living.

In these ways, entertainment *vimbuza* has emerged as popular public spectacle in northern Malawi, and often as part of public events. A newer development is its further use as an educative tool in a society where orality trumps written media, and thus being an effective and trustworthy transmission of information on topics such as health and environment.

4.1.4 As politics

During my fieldwork in September and October 2018, I failed to meet Dr Chipereka at his *chipatala* in Rumphi on 3 occasions; 2 of which was due to his sudden involvement with political rallies in northern Malawi, which accidentally – yet interestingly – emphasised the relationship between music, culture and politics; something I think deserves attention and elaboration, given the research topic of this thesis.

2019 is an election year in Malawi, with the new splinter party United Transformation Movement (UTM) – spearheaded by the sitting Vice President Salous Chilima – in the media limelight. During my fieldwork in September and October 2018 they hosted several political rallies in northern Malawi and had hired Dr Chipereka to perform at these rallies, as he is a popular and highly renowned figure and performs together with his young son.

Let me give a short overview: Politics in Malawi in the multiparty-era (after 1994) has been characterised by multiple corruption scandals and overt nepotism and ethno-regionalism in the political parties, with splinter parties being formed by prior vice presidents who have broken ranks due to internal power struggles. The "original" three parties – Malawi Congress Party (MCP); United Democratic Front (UDF); Alliance for Democracy (AFFORD) – have retained their own respective, regional strongholds, with AFFORD being tied to the Northern Region as their leaders (the Chihana family) are Tumbuka from Rumphi. Likewise, MCP is linked to the Central Region through their Chewa leaders and UDF to the Southern Region through their Yao leaders (the Muluzi family). This claim supported by looking at the voting patterns (Kalipeni 1997). Thus, the political and ethno-regional patterns in Malawi reflect a political climate where "… individual charismatic politicians arise with the support of their networks, which are based on clientelist and patronage relations and sectarian (religious/ regional/tribal) or family ties.." (Cammack et al. 2007, 13). Now, UTM's biggest electoral motto is "Drain the swamp", promising to end the nepotism and corruption that has been paining Malawi since independence.

Fishing for voters in northern Malawi, UTM have obviously made a conscious choice in choosing Dr Chipereka and the performance of *vimbuza* as an attraction for their rallies there. This underpins the strong position *vimbuza* has as an identity marker among the Tumbuka, both as experienced by the Tumbuka themselves but also as perceived from the "outside". In extension, it makes it possible to appropriate the entertainment performance of *vimbuza* to serve political motives. The Northerners' experience of *vimbuza* performance as both embodying and reconstructing Tumbuka identity, cultural values and resilience therefore has the power to invoke deep emotional reactions, and in extension – alongside the thoughts of Adorno – consciously manipulate the public. Although this might be overthinking the underlying motivations of UTM, it is important to emphasise the possible appropriation of music and other cultural practices by politicians in a country where voting patterns are strongly tied to and ethno-regional identities. Malawi have already experienced this under Banda's rule, where the country went through a vehement "Chewalisation" process (Kaspin 1995, Mkandawire 2010).

Within the network of *uchimi*, I identified a common scepticism towards the political appropriation of *vimbuza* performances. As shown, no one seemed opposed to the practice of *vimbuza* as entertainment, because it promoted the "real" *vimbuza* since everyone knew would know that what they saw was the "light version". Yet, mixing *vimbuza* with political motives was, as they said, "not good", though no one would openly criticise Dr Chipereka.

5 Vimbuza in society

This chapter is aimed towards explaining *vimbuza's* position and reception within society today as a social unit (read: institution), and the purposes which it is perceived to fulfil. The first section explores the four main social purposes it serves, as expressed by its practitioners and as identified through the analysis. The second section presents the structural properties of *vimbuza* in light of the *ngoma* discourse, and the last section presents the relationship between *vimbuza* and the Christian churches in northern Malawi.

When Mr Ngwira and I entered Dr Muwera's *chipatala* in Ndunduzu village outside Mzuzu, we were welcomed as guests. Dr Muwera's own house overlooked the rest of the compound from a small hill, from where we could see 14 houses. After going through the normal greetings and formalities, we were given a tour of the premises by Miss Muwera and their patient-apprentice Dr Mugoma. It was during this tour that the similarity between a Western hospital and a *vimbuza chipatala* struck me: there were 12 houses reserved for inpatients; 1 house for preparing and storing medicine (*mankhwala*) and consulting new patients; 1 "temple" where the healing sessions are conducted; lastly Dr Muwera's own house which acts as the administration. When I complimented the size of the *chipatala*, Miss Muwera humbly stated that this was a normal medium-sized *chipatala*, and that the largest *zipatala* have around 100 huts (!) for inpatients. No matter the size of the different *chipatala*, they all seem to follow this basic layout, with the temple as the focal point where the healing session are conducted.

This physical size of *zipatala* make them prominent in the landscape and a central part of many villages. When we stopped and asked for directions to Dr Muwera's *chipatala*, there were no hesitation; everyone in the surrounding area seemed to know where it was and were happy to point us in the direction. When I socialised in the streets and markets during daytime or at beer halls in the evening, most people seem to know someone or be related to someone who had benefited from the *uchimi* closest to their home villages. People could tell stories of how a *nchimi* had helped cure someone or had confronted and punished a troublesome *mfwiti,* and the stories usually had a somewhat mystical character and a seducing tone to it. The *uchimi* in northern Malawi seem to have earned a respected reputation and widespread recognition through their craft, and their *zipatala* are familiar locations in the villages.

Picture 2: Mr Ngwira performing vimbuza at Dr Muwera's chipatala.
Dr Mugoma to his left, holding the visekese (shaker).

5.1 Social purposes

Through my interviews at the different *zipatala* and in conversations with the general public, it seems reasonable to understand the social unit of *vimbuza* as fulfilling four main social purposes: therapeutic purpose, medical purpose, spiritual purpose and moral purpose.

5.1.1 Therapeutic purpose

As we have seen, the *uchimi's* main task is as a healer-diviner in the society, a service which many people seek. This is rooted in their conceptualisation of the *vimbuza* disease; its origins (aetiology) and its cure. *Vimbuza* as a social unit is therefore first and foremost understood by its society as serving a therapeutic/healing purpose. Through my conversations, I was frequently reminded by people that "Remember, *vimbuza* is a disease."; it is something to be *treated*.

As the story of Dr Mugoma exemplifies, when someone suffers characteristic symptoms of the *vimbuza* disease – vivid and troubling dreams, hallucinations, acute psychotic states, severe

headaches – people often seek or are brought to a *nchimi* for diagnosis. If diagnosed with the *vimbuza* disease, the *nchimi* and patient establishes an open relationship where the *nchimi* follows up and acknowledges the progression of the treatment, and the patient understands and accepts his/her condition, the reason(s) behind their affliction and the following procedures that must be undertaken. Over time, the *nchimi* monitors the patient and guides them back towards a stable "vented" state where they can return to and function in their everyday life. As *vimbuza* is perceived as having a high healing rate, its combination of efficiency and historical longevity further strengthens the belief in its effect. As a result, this further augments its credibility and prestige as a healing practice.

The sheer physical size of the common *chipatala* also attests to the prominence of *vimbuza* in its societies, with the average *chipatala* accommodating between 10 and 20 inpatients – based on my impressions and prior literature. The total number of *zipatala* in northern Malawi is hard to guess, but they are common in both rural and urban areas. This underpins the argument of *vimbuza* as an established and commonly sought therapy in a quantitative way.

As earlier stated, the performance of *vimbuza* is a social event where the whole village usually is welcome to join in and participate in the healing: the more people, the louder the sound; the louder the sound, the more energy is produced. For the patient, these events are important to their healing process. For the audience, it is a social event and a pastime. This creates a social structure around the *vimbuza* practice, where not only the patient can exteriorise their disease, but also where they can be seen and recognised by the society. This surrounding and inclusive social structure is important to the therapeutic effect of *vimbuza*, and underpins the notion that *vimbuza* healing is a communal affair, where the health of others is the responsibility of the community. In other words, the society itself is involved in the therapeutic effect of *vimbuza.*

At the *zipatala,* patients with a light case of *vimbuza* disease come by for scheduled sessions since they are well enough to fend for themselves in their daily lives. Patients with heavier cases of the disease are admitted as inpatients at a *chipatala* compound, which usually can accommodate for 10-20 inpatients. There, they live in communion, assisting each other in daily chores, such as making food and doing laundry. This small community becomes a way for the inpatients to socialise and to fill the gaps of their treatment, retaining a daily rhythm similar to their normal life. Further, this aspect of *vimbuza* healing acts similarly to how group therapy works, where patients at different stages in their healing process share experiences and thoughts

built around the fact that they are "in the same boat", as well as helping in maintaining and developing social skills and good behaviour.

5.1.2 Medical purpose

Vimbuza also carries with it a purely medical purpose that the *uchimi* fulfil in a society, as they are also held to be expert herbalists, like the *ng'anga*. When people suffer from milder and simple pains such as sore throats, headaches and nausea, they might equally seek a *nchimi* or a *ng'anga* to receive natural medicine from herbs and roots prepared and kept by them. They are the traditional healthcare professionals who utilises an accumulated indigenous knowledge of plants and their different properties, and they are still an integral part of rural societies in northern Malawi. For most people in Malawi, this traditional medicine is easier obtainable, much cheaper and also more trusted than Western, pharmaceutical medicine.

There is a common belief in Malawi that natural and local medicine is cleaner than synthesised pharmaceutical drugs, with the main reasoning being that this "Western medicine" is a reproduction of the effect of natural herbs and roots: "Why buy a fake, when we have the real deal in our own backyard?":

> Let me give you an example: *Mulalani* is herbal medicine you get from the tree. You chew it or boil, and drink the water. When you drink the water, you sweat. When you sweat, no more malaria. And from the *very same* mulalani, people make… whatsoever ((pharmaceuticals)). Let people understand that *this* is the *best* medicine we are using; the herbal medicine. Only that the difference is, they have manufactured this, so this is the final product from the very same herbs that we are using. (Mr Ngwira)

As part of the *vimbuza* treatment however, medication serves to quell the symptoms rather than actually healing the patient; the *mankhwala* relieves pain, whilst the *vimbuza* performance heals.

It must also be said that their indigenous category of medicine – in their term *mankhwala* – also covers the creation and use of protective charms and enhancive medicine, which both can be said to be a sort of good *matsenga* (magic). So, addressing *vimbuza's* medical purpose also means including these charms and enhancers which combines our distinct and Western categories of "magic" and "medicine". These protective *mankhwala* charms are meant to negate the evil *ufiti* cast by the *afiti*, whilst the enhancive medicine is meant to enhance one's own abilities. Many of the protective charms comes in a form of contained liquid which is called

58

nsupa, whilst the enhancive *mankhwala* are meant to be consumed. A common feature of the protective charms is that it makes it impossible for the *afiti* to find your home:

> If I have gone to Mozambique and gotten some *mankhwala* and apply it around this house of mine, the *afiti* cannot find that there is a house here: there is a lake. You will only pass by. That's magic. I have never seen that one myself, but it is there ((it exists)). (Mr Ngwira)

And the enhancive *mankhwala* is often used by politicians and other public speakers to enhance their charisma:

> So, when you kill a lion, you get this *takes out a bag*. This one is called *thenthe*. It helps for the public speakers. Normally, the presidents, the ministers, they get some other medicines and combine with this. It's hard to find, but you are supposed to have it. When they speak, people *will* listen to them. (Mr Ngwira)

While being highly trained herbalists, the *uchimi* does not claim to be able to cure all problems. They are professionals and if a patient's case falls outside their field, they refer them to the Western clinics. All the *uchimi* I talked to said that they seek to work hand-in-hand with the Western clinics, and that they *both* refer cases to each other:

> Therefore, we work in collaboration with ((Western)) doctors and different hospital. It is like we refer cases: if we have a case which is supposed to be treated by the doctors at a hospital, then we refer them to the hospitals. Even the doctors from different hospitals, they have cases they refer to us when they know that *this problem* cannot be treated in the hospital, it is supposed to be taken in the temple to be treated by the traditional healer. That's the process. For example: If a person is anaemic, we can't treat the anaemia here! We must refer that person to the hospital, because there she is going to be given drips of blood... Through *that* way, we work in collaboration: we get our clients healed here or at the hospital. We are like *one* in the system. (Dr Muwera)

This was the common perception held by the *uchimi*, and Dr Muwera's last sentence sums it up in a good way: "We are like *one* in the system", meaning that the Western clinics and hospitals and the *uchimi's zipatala* together covers the different medical needs of society. According to the *uchimi,* it is normal for the Western clinics to refer cases to them if their own treatment has no progression and they suspect spirits or witchcraft is involved. Whether this view is common at the Western clinics is uncertain, but for many people living in northern Malawi and within the immediate social circles of the *vimbuza* practice, this understanding, classification and healing of diseases as *either* African or Western is a modern fact; a syncretism of Western and traditional nosology and aetiology, in other words. *Vimbuza* is can therefore be said to constitute one of the two necessary parts of a functioning healthcare system, as commonly believed.

Lastly, the *uchimi* voiced a concern about their future ability to provide a proper medical service to their society. Climate change and deforestation is a major threat to their craft as it is becoming harder to find the necessary plants and roots which they use in their medicine. As Dr Yatena was recollecting his childhood and his duty as his grandfather's apprentices and errand boy, he remembered that ingredients were easily obtainable in those days, if you knew where and how to look for them. Nowadays, he must go much further into the bush to find the same ingredients at a higher scarcity. This presents itself as a relevant issue as it is threatening the medicinal aspect of *vimbuza's* practice.

5.1.3 Spiritual purpose

Vimbuza as a social unit may also be identified by its spiritual purpose in society. The *uchimi* are able to consult the *mizimu* to help their patients, which also gives them a spiritual purpose in their societies. As most misfortune is accredited to either witchcraft or dissatisfied ancestors, a *nchimi* can counsel people if they fear they are victims of one of these. If a person has not been contacted by their ancestral spirits directly through their own dreams but have a strong sense they are not happy with them, they may consult a *nchimi* to help them find out why they are being punished; "What have I done to anger my *mizimu*?":

> When you pay a visit to a traditional healer, the nchimi is going to do a process and is going to *know* what your problem is through consulting the spirits. The nchimi is going to tell you *why* you are in this state… The ancestral spirits from your grandfather, grandmother, mother, brother or sister who has passed away, they are visiting you and bringing some problems to you as a process. The *only* solution is through the nchimi, so they can call for the ancestral spirits, gather them, then give you the medication you need. (Dr Mugoma)

This interpretation of misfortune is a central spiritual purpose of *vimbuza*, which is achieved through the divination where the *nchimi* can bridge into the spirit realm. The *nchimi* are thus spiritual mediator through which the spirits may guide the welfare of the whole society. As introduced in the first chapter, in traditional Tumbuka religious cosmology the spirits are the active players of a passive god. Through being established as this direct link between the spirit realm and human realm, *vimbuza* as a social unit is perceived as a spiritual authority; whose spiritual authority ultimately is given by God. This is somewhat similar to how the Catholic Church is established as a link between the believers and God, through which the believers may seek penance and confession through the priests.

5.1.4 Moral purpose

Vimbuza is also generally understood to be vital for another reason. As the *uchimi* are the only protectors who can overpower and outmanoeuvre the *afiti,* the serve a moral purpose in society. In this way, the *uchimi* and *afiti* in northern Malawi are established as ultimate opponents in the battle of good against evil; of life and death. When a *mfwiti* is identified, the *nchimi* usually publicly denounce them and they are forced to atone for their sins by handing over their *nyanga* for it to be neutralised, explaining which *ufiti* has been conducted and what *ufiti* is still active. Depending on how strong and how evil the *mfwiti* is, certain *mankhwala* may be given to them to purify their blood. The defeat of a *mfwiti* is usually done without any physical harm to the person:

> A very good example is my brother, Zondani Gondwe. He is liked by society. Last time he helped people from areas very far, but then the chiefs said: "No. You should start preparing your own area." ((You must help the local villages)). So, he called for every village around our home, Elunyeni, and he cleaned up *everything*: People who were practicing witchcraft, he broke their bad things, they ((the things)) got burned. I was there during those sessions. People who were doing malpractice on witchcraft, they were there and accepted medication. Now they are OK. (Mr Ngwira)

Further, *vimbuza* as a social unit also serves the moral purpose of expressing and rectifying moral values in society, similar to Berliner's example of *bira* among the Shona. If people stray too far from accepted customs and behaviour, the *uchimi* may identify proper means of correction through their counsel with the spirits. Issues might concern sexual morality, public intoxication, domestic violence, care of children or sanitation. In this way, *vimbuza* acts as a unit of social control to both express, rectify and confirm social values.

5.2 Structural properties

By structural properties, I am referring to the social arrangement through which a social unit can sustain its viability; what maintains its structure. In *vimbuza*, the *nthenda ya uchimi* is traditionally its central structural feature through which knowledge is transmitted, and new professionals are trained. It therefore serves as a transmission of knowledge and recruitment of new practitioners; qualitative and quantitative structure. A newer development however, seem to be the direct inheritance of *vimbuza* disease and prior training in young age. Let us briefly have a look at the structural properties of *vimbuza* as a social unit.

Nthenda ya uchimi is a system where sufferers become healers through *elected* initiation by the *mizimu*. This ensures both the viability of the institution and affords its specialised practice as the sufferer gradually enters into a master-disciple relationship with the *nchimi* responsible for their care. In this relationship, the *nchimi* is supposed to transmit all of her/his information and skill regarding music, dance, herbalism, *matsenga* and other codes of conduct to the new elect. Becoming a *nchimi* is not a matter of personal choice, but rather a spiritual election, as we have seen. What distinguishes *nthenda ya uchimi* from a common *vimbuza* disease is the degree of "overheating" (madness), with a common denominator being running into the bush. As an elect, you must seek or be brought to healing, and thus apprenticeship, at an established *nchimi*. If this is not done, the possession is believed to either drive you completely mad or kill you. This initiatory phase is also followed by vivid dreams of the *vimbuza* and/or *mizimu* setting you a task which you must fulfil to "cool" the *vimbuza* disease. The aim is for the *mizimu* to come "on top" of the *vimbuza* affliction, which will allow the "seeing" ability of the *uchimi*. To "cool down" the affliction, you must perform *vimbuza*.

> It's a *reason* why the spirits possess you. If you are possessed by the ancestral spirits, the main idea is for you to go into the *real business* of healing people. So, it takes a process: You go in to a traditional healer who is going to mentor you to become a *nchimi*. That one takes a very long time: It can be 2 months, 3 months… others can spend a year staying with a *nchimi*. They prepare you, so you can become a traditional doctor. (Mr Ngwira)

This initiation through affliction, where the sufferer becomes the healer, is also a core feature of the wider *ngoma* phenomena. The infallible logic of ancestry is present here, which states that it is *your mizimu* who are responsible for electing you to become a *nchimi*. To overcome the *nthenda ya uchimi* means for you to "cool down" and thus *harness* a powerful *vimbuza* disease, which will fuel your further connection to the *mizimu* through trance states. In other words, you can *choose* to contact the *mizimu* for guidance, not just them choosing to appear in your dreams. Mr Ngwira explained his brother's possession like this:

> For a person to be a traditional healer, he must be possessed by the ancestral spirits. That means, some other people that died belonging to his clan, their spirits are still there. So, they work *in* him. But because he controls it through medication, they *lead* him. That's why he can foretell people what their problems are, and how to help them. (Mr Ngwira)

A newer development seems to be the possibility of inheriting *vimbuza*, as none of the prior research has brought up inheritance but instead focuses on that the *nthenda ya uchimi* afflicts people *seemingly* at random – seen with human eyes. However, what was made clear in my

fieldwork, was the prevalence of *inherited predisposition* to this initiatory disease, arguably analogous to genetic inheritance:

> My mum was possessed, and my dad performed vimbuza… Indirectly, it might be in me, but it has not come out openly. That… I can't say I'm a *healer*, I'm not *possessed*. Because this is heritage: You can *inherit* from the parents. I am double-sure that I have inherited this from my mum and my dad, but *indirectly* it's there in me. It has not come up like the *real* traditional healers…. So, I can't refute 100% that I cannot be possessed… No. I know that one day it *might* happen. (Mr Ngwira)

The case of Emmanuel Ngwira is a good example: His mother was possessed; his father was not. In the introductory anecdote of this thesis, Mr Ngwira told the story of how his brother, Zondani Gondwe, was afflicted by *nthenda ya uchimi* and disappeared into the bush. He therefore serves as a proof to Mr Ngwira that he and his siblings have inherited a predisposition to following the path of the *nchimi* – which might be understood as a kind of "favour of the spirits". Although *nthenda ya uchimi* ultimately is viewed as a positive turn of one's life (and also a moral obligation), Mr Ngwira expressed that he did not wish to become afflicted at such a late state in his life (45 years of age), as this would force him to abandon his current work with culture and youth that he is deeply engaged with.

Dr Yatena is also a good example of this inheritance, as he stated that there is a direct line within the Yatena family of affliction. He was trained by his grandfather in herbalism; knowing which plants and roots could be used to treat which symptoms and where to find these ingredients in the bush. He also attended his grandfather's healing sessions observing and helping his grandfather. Now, Dr Yatena's own children are going through the same process, and he is passing on this knowledge to his children who run errands for him in the bush. They will then be better equipped and prepared *if* elected to become *nchimi* through the *nthenda ya uchimi*.

With that said, these structural properties of *vimbuza* are dependent on *vimbuza's* social authority and anchoring within its society's value system. In other words, the strength of its structure is derived from its anchoring in society and culture. If people lose their belief in and respect for ancestors and spirits, *vimbuza's* power base disappears – if it is not transformed into a Christian reasoning. This scenario seemed inconceivable for the *uchimi,* their patients and many of the loose conversations I had with people in northern Malawi: *vimbuza* cannot disappear, because it is a fact. To them, the idea of the *vimbuza* practice disappearing equalled to that of the Sun extinguishing: both are facts of our universe. Accordingly, the practice and

unit of *vimbuza* is today still firmly anchored in the common Tumbuka value system and modern religious cosmology as a social fact, which assures its structure and continuity. Maintaining such a status is also characterised by being adaptable, as evident in the developments of *vimbuza* over time. When its structure has been threatened by developments in society, it has incorporated and/or adopted new features. This is evident today in the incorporation of earlier Nguni/Zulu elements (*vyanusi/izanusi*) and today's on-going syncretism of traditional animistic aspects and newer Christian additions, like the use of Christian crosses and opening prayers. Although *vimbuza* today is experiencing a syncretism with Christianity, the *churches* are still constituting the main opposition to *vimbuza* and its power base.

5.3 Vimbuza and Christian churches

Historically, there has been great tension between the practice of *vimbuza* and the Christian churches; mainly the Church of Central Africa Presbyterian (CCAP), which is the largest. *Vimbuza* was heresy in the eyes of the church and they attempted to abolish it. Today, however, there seem to be a milder – yet not unproblematic – climate between the *vimbuza* practitioners and the different Christian churches, with the churches exercising a value-based selective approach.

During my stay in Mzuzu, Mr Ngwira invited me to visit St. Peter Catholic Church where the late Reverend Alex Bichima had kept logs that Mr Ngwira wrote during his learning period with different *uchimi* between 1993 and 2007. Sadly, we were told that none of these logs were kept and no one knew about their whereabouts. What I *did* get, though, was a rather long lesson in Catholicism and some overt attitudes towards *vimbuza* by the Fathers that were present. They seemed to agree that *vimbuza* as a cultural artefact and dance, was something the church would be smart to welcome. However, it should be removed from its heretic practice as done in the villages and its connection to witchcraft, which promote sin. In their words, the true Catholic faith must *become* culture to be fully accepted, and this is achieved through embracing virtues of local cultures and filter out what's unclean. "Is that not what Pope John Paul II told us?" asked one of the Fathers rhetorically. Leaving the huge compound of the church, I asked Mr Ngwira what he meant by that question, as I kept contemplating what they meant by it. He then told me that the Pope indeed had visited Malawi in 1989, with one of his central messages apparently being Catholicism's ability to adapt to African cultures. This sentiment – of filtrating

and welcoming the "good things" of traditions (here *vimbuza* dance), as a strategic way of strengthening Christianity's following in Africa – seemed also to be the general consensus among other devoted Christians.

From the *vimbuza* side of view, the *uchimi* and their patients clearly stated that there is no tension – ideologically or practically – between the practice of *vimbuza* and the practice of Christianity; they are both expressions of God[11] and most of the practitioners were devout Christians themselves. The "problem" is the churches: in private conversations, the *uchimi* explained that they are victims of social tension because of an institutionalised misconception common in the churches:

> Even up to *now*, it ((a tension)) is still there. People make mistakes, if someone is a Christian, he is only believing in the Holy Spirit for himself, and they don't accept the uchimi who believe in the *ancestral* spirits. But with *me*, I am saying this distinction should not be there, because these people are doing *one* thing: a pastor is going to bring people to court by saying "Repent!", "Stop doing bad things". A traditional healer is going to do the same thing, saying "You are practicing witchcraft? Stop this!", "be a good person", and they take away what they ((the *afiti*)) were using to *kill* other people. What is that? It is doing one good job, which God wants us to. So, that friction should not be there. (Mr Ngwira)

The *uchimi* expressed that they believe the churches are suffering from the misconception of associating *vimbuza* with witchcraft, whilst they themselves believe that they are the exact opposite; their enemies. Hence, the churches and *vimbuza* is on the same side; the side of God and good which must stand together in fighting evil. As Mr Ngwira said, it is *people* that make mistakes, both in the erroneous grouping of *vimbuza* and witchcraft and in the churches view of *vimbuza* as non-compatible with the Christian faith.

This tension between the practice of *vimbuza* and the attitude among churches puts the *uchimi* and their devout Christian patients in a sensitive position, where the *uchimi* need to consider and care for the confidentiality of their patients. Although the *uchimi* do not say that there is tension between the churches and the practice of *vimbuza*, they treat both Christian and Muslim patients who do not want to be recognized by their fellow church-/mosque-goers with care. Some patients are afraid that if someone connected to their church or mosque finds out they have sought treatment from a *nchimi*, they might be excluded from that social circle and denounced as not a *real* believer. This is a matter that Dr Yatena in particular takes seriously.

---

[11] Understood as the synthesis of Jehovah-Chiuta, as defined in the introduction.

Dr Yatena invites these patients to be consulted by him in quiet during the evening and take the private test (*maula*) to see if they really are afflicted by the *vimbuza* disease. If that is so, the he will medicate and perform *vimbuza* quietly, as to not draw attention from the rest of the village. But this lower energy makes for a harder "seeing" for the *nchimi*, and for a weak resonance within the patient.

> So, when they come here in secret, I have a secret way to heal that gentleman: they take the maula to make sure if this is vimbuza or not. Like a description. So, the maula tells me the truth… that "This Makawa is suffering from vimbuza or not". So, I just do that, and then when I discover that this is *true* vimbuza, he takes the medicine and then we don't beat the drum so noisy, in order to respect that gentleman. (Dr Yatena)

Further, Dr Yatena is in this context of particular interest, as he is one of few *uchimi* that are Muslim, and that also treats many Muslims as well. This seems as a particular case for Nkhotakota, as the demographics of the area is characterised by a rich mix of both ethnic groups and religions, due to historical reasons mentioned earlier. When we first met during the fieldwork for MFP, he mentioned he had had problems when the neighbouring mosque, and that this threatened his profession as a *nchimi*. When I returned to his *chipatala* in September 2018, he said that the relationship with the mosque was better and that their dispute had largely been about their fears of witchcraft and the noise of the drums during prayers. What remedied the relationship, was apparently a meeting between the two to discuss and explain their viewpoints. Other than that, Dr Yatena said there were no deeper argument between the practice of *vimbuza* and Islam, and that the Muslims of Nkhotakota also share a utilitarian view of *vimbuza*:

> In Islam, we don't deny if someone has bad spirits and needs help, as long as he gets to a doctor and gets healed. That is OK. Islam does not deny that. It *supports* that idea. They would deny it if the medicine is used to kill people and for flying during night-hours, things like that ((ufiti)). If I, as a nchimi, cure people, then the Muslims says it is fine. That is *good* medicine. Healing people who are sick is good.

Whether the Muslims and mosques in Malawi are generally more open towards *vimbuza* than the Christians and churches, is impossible to assess based on merely two cases. What *is* clear, is that the most devout church-goers – the "inner circle", so to say – are sceptic towards the practice of *vimbuza* and that it is common to assume that *vimbuza* and *ufiti* are the same, due to a lack of insight; they are both mixed into one entity perceived as "evil magic". This fear of one's own unknown – a sort of retro-xenophobia – is rooted in the lasting and nightmarish

practice of *human harvesting* in northern Malawi, which is further amplified through the churches' fearmongering. Additionally, this issue of human harvesting had intensified just one month prior to my fieldwork, as the Ghanaian investigative journalist Anas Aremeyaw Anas barely escaped with his life while conducting investigations for BBC on *afiti* and their human harvesting in northern Malawi (BBC News 2018). This gruesome practice of tracking, killing and harvesting people for body parts is a distressing and real concern for people in northern Malawi. When ignorant about what *vimbuza* really is – other than it being connected to witchcraft – and a general fear of evil magic and its consequences is real, the churches' perception on *vimbuza* becomes easier understood. This seems to be the *status quo*.

6 Discussions

In this chapter, I want to further discuss my findings in relation with the theoretical perspectives presented, exploring the micro and macro levels of the *vimbuza* practice in society sequentially in three sections in order to illuminate the research question from different angles. In the first section, I want to discuss the different perceptions and understandings of *vimbuza* performance identified by its practitioners, as presented in chapter 4. The second section investigates *vimbuza's* position within society as an indigenous institution and a clinical reality in extension of the *ngoma* discourse. The third section investigates and discusses the different local perspectives in light of the post-colonial discourse, how these influence the reception and function *vimbuza*, and further investigates *vimbuza's* ambiguous role as judge, jury and executioner of *afiti* and in times of moral panic.

6.1 Musicking as a technology of therapy

As presented in chapter 4, the music of *vimbuza* and its meanings seems best approached in and through its performance setting and unseparated from its dance mode, because it in namely *within* performance that its meanings are constructed and experienced by its participants. One could of course analyse and discuss the properties of *vimbuza* dance and music as separate entities of sound and motion, which can answer the "how" of their practice. However, when searching for the "why" of *vimbuza,* an analysis of its performance and the context within it is situated affords a more adequate exploration.

The analysis of *vimbuza* performance has problematised our categorisation of music and dance as separate "arts", as well as the idea of performer and audience as binary forms of participation; distinctions which are both inadequate and counterproductive in this case. Music and dance *are* distinguished as abstractions by its performers in dialogues about *vimbuza*, but when explaining and discussing the performance of them both this soon changes. They seem to merge in performance – or rather divorce when abstracted – and when the consultants were explaining or discussing the features of music, it was rationalised by dance; and *vice versa*. This unification of music and dance in performance is in itself an argument for the *theory of musicking* and will be discussed in the following subchapter.

To ask what this musicking is for the suffers and the *uchimi* is really a matter of exploring the relationship between them, their relationship within society, their relationship to the spirits, and the transactions taking place within these spaces:

> The act of musicking establishes in the place where it is happening a set of relationships, and it is in those relationships that the meaning of the act lies. They are to be found not only between those organized sounds which are conventionally thought of as being the stuff of musical meaning, but also between the people who are taking part, in whatever capacity, in the performance; and they model, or stand as a metaphor for, ideal relationships as the participants in the performance imagine them to be: relationships between person and person, between individual and society, between humanity and the natural world and even perhaps the supernatural world. (Small 1998, 13)

Revisiting Christopher Small's call for reassessing *what* music is and *how* we engage in it, supported by the findings and subsequent analysis of this thesis, it seems like *vimbuza* is an exemplary case in discussing this reassessment, as it questions the modes of performance (music/dance), the capacity of participation (active/passive participation) and the utilitarian and deliberate application of musical performance as a means of healing; a technology of therapy. Building on the theoretical perspectives on musicking as a technology of both the mental and corporeal self, we can further investigate *vimbuza's* role in constructing, maintaining and confirming the sacred aspect of a Tumbuka *clinical reality* to further develop our understanding of how manifestations of *ngoma* is practiced today and their position within their societies. In what follows, the character and function of musicking will be discussed through the perspectives of and relationship between sufferer and healer, and further *vimbuza's* position and significance within the present *ngoma* discourse as part of a pan-Bantu sacred clinical reality.

6.1.1 The relationship of music and dance

Building on theory, musicking as a technology emphasises a performative and functional approach to the study of music. In widening what modes of performance are partaking in "to music", dance is included as an equal to music. As the relationship of music and dance is central to how performance is understood in *vimbuza*, I want to further discuss it in this section.

In Western culture, we distinguish music and dance as distinct art forms, represented in word and thought by their abstractions. Being asked to conceive music and dance *together* would result in conceptual discrepancy; to *us* it doesn't make sense. It is exactly these preconceived

definitions and cultural taxonomy of Western thinking, when axiomatic, that may subconsciously act as our etic glasses through which what we observe is distorted beforehand – analysis *in vivo.* To flip the coin of perception to the emic side: for the performers of *vimbuza,* it is equally strange to talk of *vimbuza music* and *vimbuza dance* as separate entities in their performance. When I posed questions on drumming, I got answers on dancing, and *vice versa.* In performance, they act as one: if you dance *vyanusi,* you also play *vyanusi*; you are *musicking vyanusi* – you are performing the spirit causing the disease.

To borrow Kubik's terminology, the dancing and drumming of *vimbuza* are parts of the same system of movement and together they constitute *vimbuza's* total *motor image.* Again, this is not to say – from a traditional Tumbuka perspective – that they do not distinguish between music and dance; they do. But in the context of *performance,* it is both functionally and emically more sensible to approach them as two irreducible parts of the same performance. As the analysis shows, it is the sonic product of musicking – *acoustic image* - that affords the spirits' resonance, and it is the temporal rhythmical properties of sound – as produced by both musicians and dancer – that is identified as the triggering effect, identified and distinguished as rhythmical modes or *ostinati.* As the *uchimi* stated, it does not have to be drums that sound the rhythmical patterns, it can also be a bell (*nyisi*). The reason behind drums primacy among the Tumbuka however, lies in the fundamental equation between loudness and efficiency; the louder, the better. If the rhythmical properties of sound are the cause, then the resonance in the patient (i.e. patient starts to dance) is the effect; a resonance that both confirms and amplifies the rhythm.

The practical irreducibility of music and dance within the *ngoma* discourse is not alien, but the shape and performance of this relationship varies. For example, the medicine men of the !Kung people[12] of the Kalahari desert attach jangles around their legs to add an acoustic dimension to their dance steps (Rouget 1985, 141), and the mbira players at the Shona *bira* talk of their fingers as dancing with the actual dancers (Berliner 1978, 194). Much like in *vimbuza*, the rhythmical stamping of the !Kung medicine men's feet is connected to role of the various dance steps, but unlike *vimbuza* the !Kung people's dance steps form a basic choreographic pattern that repeats throughout their healing practice. In other words, their dance forms a rhythmical fundament on top of which variations in singing, drumming and clapping are played. In *vimbuza*, on the other hand, rhythmical patterns – as performed by both the drums and the dance

---

[12] The tribe was labelled "!Kung" by people outside their tribe. They refer to themselves as "Juǀʼhoansi"

– is divided into spirit types and is frequently changed between. As both Kubik and Friedson noted, as presented in chapter 2.3, there is an intricate interplay between dancer and drummers in *vimbuza* where the dancer drums her/his steps and the drummers dance their strokes; a kinetic interplay of a common *motor image*.

With that said, isn't this rhythmical connection between music and dance a universal trait? Most dance forms are accompanied by music, and bodily movements of a dancer is reflected in the music. Looking at both a familiar dance, such as waltz, and the !Kung medicine men's dancing or the voluntary dancing at the Shina *bira,* the dancing follows the music and may add something *on top* of it; there is arguably no *interplay* or *transaction* to speak of. The difference in this comparison between these dances and that of *vimbuza* seems to be in the *character* of their relationship. In a dance such as waltz it seems feasible to state that dance and music forms an *asymmetrical relationship*; dance obeys the music. In *vimbuza,* however, dance and music are established as a *reciprocal relationship*; both parts influence each other through musical – or rather kinetic – transactions. This is underpinned by the fact that the *nchimi*, as a master of ceremony, is also usually equipped with two musical instruments: the *nyisi* and the *mang'wanda*; each in a rhythmical relationship to their own respective drum. As the musical structures evolve throughout the performance, due to its cyclical nature, the rhythms of the two pairs change respectively. Their respective changes may also create sonic illusions as described by Gerhard Kubik as the psychoacoustic phenomenon of *inherent rhythms* (Kubik 1962). In these sets of relationships, it is the *nchimi* – as the performer of *nyisi* and *mang'wanda* as separate instruments – that is the grand master and conductor of performance, as he is heating his own spirit and is in turn guided by the *mizimu* present. Whilst he/she is controlling which main rhythmical mode (spirit mode) to play, the drummers and audience might also add texture in this, and the main drum *ng'oma yikulu* may change the stress and emphasis on strokes within the 12-stroke pattern. But, the fact that the *nchimi* is a dancer, a musician, a percussion ensemble and the conductor – which both influence and is influenced by the communal musicking within the temple – makes the relationship between dance and music reciprocal and complex by character. The hands and the feet of the different performers form the total motor image of the performance, which constructs the acoustic image with its cross-rhythms and inherent rhythms; a psychoacoustic tension which arguably is the greatest purely acoustic element that induces the trance state.

How we conventionally understand the concept of dance in our Western, European culture(s) is not as a musically contributing component, but pure movement that follows the music; both asymmetrical in contribution and inaudible in performance. In most dance settings today, dancing is performed to music on playback, not as live performance. This predetermined sound structures removes the possibility of interplay, and further crystallises their asymmetrical relationship. When presupposing our Western categorisation system, we situate ourselves as the claimant that holds the burden of proof. Although *our* conceptualisation of music and dance as two art forms might be self-evident to us, just as the supposed relationship between them, these are part of our etic luggage that we as ethnomusicologists must actively reconsider against the emic perspectives we investigate. In his interdisciplinary framework for analysis of Malawian music (Kubik 1987), Gerhard Kubik advocated for a wider approach to musical performance based on his 3 decades of experience with Malawian music. This is still an area of improvement for ethnomusicology, as Nettl states: "Doing more with dance – that's an area that ethnomusicologists ought to develop." (Nettl 2015, 453). Thus, asking what "music" is in *this* context is essentially asking what performance is, shifting and expanding our understanding of the modes of performance and the complex relationships that reside within and as their enactment.

Considering this, the case of *vimbuza* and the findings of this thesis support the holistic benefits of musicking as incorporating music and dance as two modes of a performance. Their reciprocity is established and expressed through the action of musicking, which in turn results in the sonic and kinetic display of *vimbuza* performance. This is why *vimbuza* participants find it hard to explain one without the other; their meanings are created and reside *within* their enacted and entangled relationship. Still, that is not to say that they oughtn't be distinguished in an analysis, which might make for an interesting study in itself. But, as Christopher Small intended, there is a need to shift and broaden our understanding of music as an action and not abstraction when investigating the experience, meaning and complexities of music as a fundamentally human activity. The case of *vimbuza* is therefore a challenging and relevant case within the discourse of how we come to understand and define "music" and how we engage in it.

6.1.2 Kuvina nthenda – Socialising trance and expressing disease

Language is a good and often direct source for phenomenological inquiry, as it may provide a linguistic opening into *how* different human cultures make sense of their world. This notion – referred to as the Sapir-Whorf hypothesis – holds that there is an intricate connection between a language's structure, concepts and categorisations, and human cognition. As identified in the analysis of patients' perspectives in chapter 4.1.2., the patients often expressed that they are "*kuvina nthenda*" (dancing the disease) at the healing sessions. If they achieve healing through performance, what then is the role of musicking in this healing process?

Vimbuza is first and foremost a disease (*nthenda*), as frequently pointed out to me during my fieldwork. In extension, *musicking vimbuza* equates to "performing the *disease*" and not "performing a *type of music/dance*". This process of performance is a means that enables an ecstatic trance state in which the patients achieve their healing through "venting out" the spirit. It is exactly this trance state that is the main goal of the ritual, which the *nchimi* aims to induce and the patients aim to achieve. As Rouget (Rouget 1985) described in his study of music and trance, a trance state is a heightened state of consciousness constituted and afforded by two main components: an individually developed and humanly intrinsic psychophysiological disposition, and the governing cultural framework which determines the scope and nature of its expression. Further, Rouget states that the relationship between music and trance is *not* causational in its effect, but rather *conditioning*: "Of all the arts, music is undoubtedly the one that has the greatest capacity to move us, and the emotion it arouses can reach overwhelming proportions." (Rouget 1985, 316).

On the other hand, both the *vimbuza* patients and the *uchimi* say otherwise: it is a physical presence of rhythm that calls forth the spirit within. When they explain that the spirit is "resonating" to the rhythmical structures, they do not mean it figuratively; it is a *physical* reaction. Furthermore, this health state and process of healing is expressed through thermostatic terms – as used throughout this thesis – where the spirit possession creates excess "heat" and that through musicking and medication they "vent out" their affliction and achieve a "cooled" state. In other words, there is a coherent system of health as analogous to energy. As their traditional understanding of therapy, the mechanisms of health and musicking and its logic may be explained though thermodynamic terms: musicking is an energy source that may transfer energy to its destination (possessing spirit) *if* it is transmitted as a correct temporal sequence (rhythmical pattern). This transaction results in the spirit resonating with the sequence,

exteriorised through dance and a heightening of emotional state (trance). This expressed resonance releases the excess heat caused by the affliction and ultimately vents out the spirit and heals the patient. This explanation is somewhat similar to what Friedson (Friedson 1996) experienced in his research on *vimbuza*, and this connection of energy/heat and health is a recurring trait within the wider *ngoma* discourse (Janzen 1992, 64). From the emic perspective, musicking *induces* trance directly as a result of its inherent celestial powers, rationalised by its sacred characteristics as being handed to humans by the *mizimu*.

As presented in the theoretical chapter, most scholars on the subject argues against this notion of music's inherent powers, and that musical meaning is better understood through its performance as a culturally contingent construct. It is here important to distinguish between the phenomenological *perception* of trance and theoretical analysis of it as not suitable for direct comparison. Lived experience and analytical investigation are not mutually exclusive descriptions, and the former might itself support the theoretical framework. Following Rouget's theory of music and trance, the expressed lived experience and attestation of musicking as directly causing trance is therefore in *itself* a recognition and fulfilment of the cultural component of trance: the fact that they strongly believe that musicking *has* the power to resonate with the possessive spirits is exactly what gives it that power. Not because this power resides *within* musical elements, but because the belief in its expected powers are constructed and self-fulfilled in its performance. In other words, the power of musical performance is may be likened to that of the *placebo effect.* As Blacking noted among the Venda, "Music can communicate nothing to unprepared and unreceptive minds…" (Blacking 1985, 65), and in the traditional Tumbuka cultural framework is nourishing this communication.

Musicking therefore seems to constitute the major element of the cultural component of trance. This is because musicking's perceived powers are rationalised by the overarching religious cosmology, which in turn the musicking itself sanctions – creating an iterative self-confirming process and self-strengthening effect. Performing the different rhythmical modes is therefore a way of performing their religious cosmology sonically and visually; a spiritual dramatization. This combination of musicking and cosmology is what constitutes the cultural component of trance, and which defines both the modes and scope of its expression through the different spirit identities. In this sense, the power of musicking as provoking – rather than causing – trance states lies in its position within the cultural framework: musicking as a technology works because they *believe* it works and they can rationalise *why* it works through their religious

74

cosmology, which is evident in the emic perspective presented above and in turn explains the strong belief in the intrinsic power of musicking. This does not mean that its felt effects are less real to its practitioners. As Blacking phrased it, "… music is not an escape from reality; it is an adventure into reality, the reality of the world of the spirit." (Blacking 1973, 28).

Still, it seems like the acoustic properties of sound is downplayed in this explanation of music's effects. As Tia DeNora states in her study of music's powers: "… different types of music enable different relocations and levels of awareness, heightening and suppressing bodily energies and capacities, modes of attention and feeling." (DeNora 2000, 160). Music may then be used for both corporeal and mental temporal regulation, which – as in her example from the aerobics class – may be extending the body's capabilities as a prosthetic technology. Participating in the energetic, all-night musicking of *vimbuza* healing session, the communal musicking and its sheer loudness is a powerful experience in itself. This experience is arguably further intensified through the psychoacoustic effects of rhythmic illusions, described by Kubik and Friedson as the *inherent rhythms*, which might also be said to have condition psychological effects. Further studies into the psychological effects of these psychoacoustic phenomena might add more layers to the discourse of the relationship between music and trance, and the importance of acoustic stimuli this discussion must be mentioned as a contributing factor in achieving trance states.

Returning to the *vimbuza* healing session as it is experienced within the temple, we must not forget the fact that it is a social event. We humans are fundamentally social beings, and our strong desire and need for communion is conspicuously expressed and amplified in the *vimbuza* temple through the multi-layered sets of relationships that are performed through musicking: "Music making together can be a powerful experience, a fact that most ethnographers concerned with healing rituals have overlooked." (Friedson 1996, 111). As a product of and within Tumbuka ontology and culture, the healing sessions themselves creates a temporal socio-cultural structure which – for the patients – affords both their receptivity to and understanding of *vimbuza* performance*,* and the expression of their illness. In other words, the extramusical effects of social experience and cultural environment on us humans as social beings are what comprise the external influences – as opposed to our internal psyche – of trance.

Musicking *vimbuza* therefore socialises trance, bringing it under cultural control, which in turn affords the expression of *vimbuza* as a disease. The variety of its expression is determined by different types of spirits and their associated rhythmical modes (*vyanusi, umphanda* and

vilombo), and their individual nature is understood by the different characteristics of the different spirits. By exteriorising their suffering as a performance, *vimbuza* therapy gives the sufferers a communicative platform through which they can be seen and understood free of stigma. On this basis, the meaning and function of musicking for the *vimbuza* patients is therapeutic, but there is a discord between the emic and etic perspectives on its causation: the patients explain that musicking *vimbuza* is directly causational, whilst theory debates musicking as constituting a cultural, conditioning component of trance. As mentioned, this strong conviction among *vimbuza* practitioners of musicking's powers may itself prove Rouget's point of the effects of culture in facilitating trance states.

6.1.3 Kutukizga vimbuza – Constructing a clinical reality

Just as many of the patients expressed their experience of *vimbuza* performance as "*kuvina nthenda*" in order to "vent out" their affliction, the *uchimi* speak of musicking as "heating" their possession to enable their "seeing" (divination) – as explained through the technological metaphor of "*mizimu radio*" – while at the same time "cooling" their own affliction. This was expressed as "*kutukizga vimbuza*": "heating the spirits". As discussed, musicking for the patients is a heightening of an emotional state (trance) through which they express their disease and achieve their healing; musicking as a therapeutic technology. This achieved healing is the work of the *nchimi*, who – as a doctor – knowingly applied the process of music-making to heal the sufferer. But before any patient is brought to the centre of the temple, it is the *nchimi* her-/himself who is the addressee of the performance. What then is the process of musicking to the *uchimi*?

As expressed by the *uchimi* I interviewed, *vimbuza* as a practice is not merely culture, but a *way of life* (*chikhalidwe*), which to the *uchimi* is more than a romanticised statement; it is a lived reality. Building on the foregoing discussion of musicking and trance, the *uchimi* are also entering a trance state in the *vimbuza* ritual, but for the *uchimi* this trance is divinatory ("seeing"). Friedson compares the experience of the *nchimi* to the experience of the mediums of the KoreKore in Zimbabwe, stating that "The nchimi's trance is not a loss of self – as these kinds of trances are so often described – but an expansion of self." (Friedson 1996, 30). Hence, trance is a *consciousness-doubling*; the expansion of the *nchimi's* being in which he/she seeks counselling and information in *communication* with the spirits. The *nchimi* is not a medium that acts as a direct mouthpiece of the spirits without personal agency, but rather as an elected and

trusted custodian who – in the power vested in her/him by the *mizimu* – acts as the very nexus between our human realm and the spirit realm. It is exactly this role and responsibility in society – enabled through the continuing strong belief in the traditional religious cosmology – that gives most *uchimi* a divine-like status in their society.

Returning to Kleinman's term of *clinical reality* (Kleinman 1980) and Friedson's adaption of it (Friedson 1996, 100-101), we can further states that a clinical reality may be divided into *sacred* and *secular* constituent parts: the *sacred clinical reality* is governed by a religious cosmology from which its aetiology originates, whilst the *secular clinical reality* holds a non-religious "… mechanistic view of bodily dysfunction." (Kleinman 1980, 303). In the case of northern Malawi today, we may argue that *vimbuza* constitutes the sacred part and Western medicine the secular part of their total clinical reality. This will be discussed further in chapter 6.2.3. The relevance of this framework in the context of performance, is that the practice and performance of *vimbuza* is exactly what constructs, maintains and confirms this sacred clinical reality, which in turn sanctions its practice and advocates its efficacy. When the *nchimi* is *heating spirits* in the *vimbuza* temple – both her/his own and the patients' – she/he is using musicking as a technology to enter a trance to "see" what and/or who are troubling the patients and the society, and what must be done to remedy the situations.

It is within and as a sacred clinical reality that *vimbuza* itself enables its efficacy, where the relationship and transaction between sufferer and healer "… draws upon its sacred nature for much of its efficacy… Faith in the gods' [here: spirits'] powers and in the efficacy of ritual surely contributes significantly to the placebo and psychotherapeutic effects of the shaman-client relationship." (Kleinman 1980, 241). The communication between sufferer and healer in *vimbuza* is characterised by musical transaction, and – as Kleinman stated – the power and meaning of this musical transaction lies in its believed sacred nature as a spiritual vehicle in itself. In DeNora's words: "Music's role as a resource for configuring emotional and embodied agency is not one that can be predetermined… Music is not an objective 'force' or a 'stimulus', but it is real in its effects and its specific properties provide mechanisms for achieving those effects." (DeNora 2000, 107). Thus, it seems feasible to state that musicking's capacity as a resource of *vimbuza* is defined and afforded by its sacred clinical reality, and applied by the *uchimi* as a tool for diagnosis and treatment, and for the sufferer as a means of therapy.

To rephrase Christopher Small, the act of musicking establishes a set of relationships which model their imagined ideal, both between individuals, but also between individual and society,

and humanity and the supernatural (Small 1998, 13). Thus, *vimbuza* is a social fact of a sacred clinical reality and musicking is its main therapeutic technology. Through performing *vimbuza*, the participants are expressing and validating their beliefs, expectations and behaviours associated with sickness, therapy and its outcomes. Blacking spoke of "music that is for being", differentiation music that is occasional from music that enhances human consciousness (Blacking 1973, 50). Within the mud walls and thatched roofs of *vimbuza* temples in Mzuzu, Mzimba, Rumphi and Nkhotakota, this "realm of being" is a sacred clinical reality constructed and expressed through musicking, led by the *uchimi*.

6.2 Bridging the gap – Cult or institution?

Vimbuza and related *ngoma* phenomena have been defined as cults by both foreign and local scholars, but my findings suggest otherwise. A "cult" is defined by many dictionaries as a rather small group of people and their – often spurious – religious devotion towards a certain figure or object, and to most people it carries negative connotations. Different definitions abound, but a stress on religious fixation and small following is maintained. Based on my empirical data and on prior literature, it would seem inadequate to define *vimbuza* as a cult on several matters, and a discussion exploring *vimbuza's* characteristics as a social unit and function in society follows. Scholarly fixation on frenzied natives with up-turned eyes lost in dance and unfathomable reverie seem to have diverted focus away from intention, structure and context of *ngoma*; trance and possession – although central features – has overshadowed the other mechanisms of *vimbuza*. Building on the *ngoma* discourse, I therefore want to investigate *vimbuza* by its properties and functions as an indigenous *institution* by shedding light on its intention, function and wider context as a sacred clinical reality.

First, let us break down the term "cult" into its two characteristics of spurious-religious nature and small following. As presented, the practice of *vimbuza* is grounded in and legitimised through the traditional Tumbuka religious cosmology as its *raison d'être,* but our rigid Western religious categorisation falls short in its limitations; *vimbuza* fulfils a range of social purposes. Although its authority is grounded in the common Tumbuka worldview, its functions transcends a singular Western categorisation. Regarding its quantitative engagement, both my own empirical data and prior literature attest to its widespread use and reverence throughout the region, both in rural and urban areas. Therefore, "cult" seems both wrong in its definition and inadequate in its analytical angle. Presupposing manifestations of *ngoma* as cults by their

perceived superficial religious properties is already an interpretation by our cultural glasses that apply an unintentional analytic distortion; we fall victim to our own inherent cultural luggage. So, if approached as an institution, how then does *vimbuza* compare to our presented definition of social institutions and what are the virtues of this approach?

6.2.1 Institutional properties of ngoma

My findings as presented in chapter 5 supports Janzen's findings of his survey of the interrelated *ngoma* phenomena (Janzen 1992), which identified common underlying properties of *ngoma* – linguistic, behaviour and structural – as an indigenous institution in Southern and Central Africa. "Its [*ngoma's*] apparent central purpose as an institution is to respond to the need for order, meaning and control in the face of misfortune and affliction…" (Janzen 1992, 84). Earlier in this thesis, a social institution was defined on the basis of Durkheim's definition, which can be summed up as a mechanism of social order which governs action in pursuit of immediate ends, with authority derived from a common value system. Further, a *social purpose* is a common denominator in the definitions of institutions. As presented in the analysis, *vimbuza* as a social unit is characterised by its structural properties and multiple social purposes, and its viability is achieved through the *nthenda ya uchimi* as both a system of recruitment and transmission of knowledge. As an institution, it exercises moral authority derived from its religious/spiritual validity and attested clinical efficacy; as expressed, "if it didn't work, it wouldn't be here today".

As Janzen states, "doing ngoma" – the ritual unit – is the central feature which itself defines the institutions (Janzen 1992, 128), and its practice is afforded through the transformation of sufferer to healer through a phased rite of passage (Janzen 1992, 88-90). "Doing ngoma" in the case of *vimbuza* is similar to the many other manifestations of *ngoma*; an all-night ritual where musicking – along DeNora's theoretical framework – operates as a regulative tool. As within the aerobic classes described, musicking is the central device of both mental and corporeal temporal regulation. Hence, "doing ngoma" is largely a therapeutic and spiritual experience afforded by and through the technology of music.

Without credibility or moral authority in a given society, an institution has no influence or *raison d'être,* and would therefore either be reconstructed to fit the existing value system or disappear. Looking at the analysis of *vimbuza,* it is clear that *vimbuza* as an institution exercises great authority due to its accredited clinical efficacy and revered status sanctioned by the

traditional Tumbuka cultural framework, which is also what affords musicking's psychological "powers" as a therapeutic technology, as argued in the foregoing discussion. The strength of *vimbuza* as an institution is also due to its position as the bridge between what we would call the natural and supernatural, which makes it the highest moral institution of traditional Tumbuka society. Through exercising moral authority as derived from the *mizimu*, *vimbuza* acts as a mechanism of great social control by expressing, rectifying and confirming social values, as identified in chapter 5.1.4. The only threats to its power base – the society's value system – is its opposition and tension with the Christian churches and the degree of acculturation of in its society. This will be discussed further in chapter 6.3, when investigating local perspectives.

As my empirical data has shown, both the widespread recognition of the *uchimi* in the public and the physical size and social importance of their *zipatala* supports the argument of *vimbuza* and *ngoma* as institutions. If one visited only one *chipatala,* it is understandable that it might present itself as a cult. To flip the coin of perception once again: this would be equally true if we visited only one church here in Norway – which probably would be visited by a lesser number of people. Both of their reach as institutions lies not in their individual manifestations, but in the total pattern which constitute their common and governing body: as most churches in Norway collectively form the religious institution "The Church of Norway", likewise does the *zipatala* form the institution of *vimbuza*. Therefore, approaching *vimbuza* as a mechanism of social order proffers a holistic approach to not only *what vimbuza* is, but *how* it operates in society.

With that said, its chief *function* – the action in pursuit of immediate ends – for its society lies in the healing of the *vimbuza* disease (hence its name) and through its interpretation and treatment of misfortune and affliction, also combat the *afiti*. The challenge of Western-trained anthropologists and other scholars however, has been in narrowing the gap between indigenous concepts with analytical notion. The major challenge in the wider *ngoma* discourse is the categorisation and defining descriptions of scholars: *religion* and *divination* (Turner 1968, Berliner 1978), *cult* (Blacking 1973, Kamlongera et al. 1992, Soko 2014)*, dance* (Kubik 1987, UNESCO 2018) and so on. Point being, force-fitting *ngoma* under *one* rubric derived from our own Western ontology – usually with religious connotations – shows only one side of the rich phenomenon. What this section has supported, is the notion of *vimbuza* as an institution; a *ngoma* institution, to adhere to Janzen's argument. The term institution seems like the most

fitting term in English when discussing *vimbuza* in its social context, due to its aforementioned attributes. These institutional attributes are understood not on its "own" terms, but on the terms of the society and culture in which it resides and is practiced. These notions support the benefits of approaching *vimbuza* as an institution to achieve a richer description of its features and functions. If *vimbuza* can be identified as an indigenous institution of both a therapeutic, medical, spiritual and moral purpose, those purposes must have underlying reasons to be met: if *vimbuza* is the symptom, what is its originating condition?

6.2.2 Social purposes of the human condition

Family, religion, legal system, education, economy – all of which are common human universals, as they all serve a social purpose of human societies. To avoid the reductive trap of structuralism, it is also important to emphasise human agency, its dynamics and pluralism's influence to shape and reconstruct these universals over time. Still, most – if not all – human societies inhabit institutions serving the purpose of psychological and physical healthcare, as fulfilling a purpose posed by our human condition. Building on these institutional properties of *vimbuza*, I want to further discuss *vimbuza's* therapeutic purpose juxtaposed to our Western psychotherapy as two manifestations of healing. Although their aetiology and nosology establish them as dualistic theories and methods of healing, their actual clinical efficacy seems to answer and fulfil a common human need. Whether we apply Tumbuka reasoning to our categorisations of psychosis and neurosis as fitting *vimbuza* diagnosis, or *vice versa,* they will both be discussed here as being psychological by nature – as supported by Peltzer (Peltzer 1989) – for the purpose of juxtaposition.

As Janzen states, there is a "… similarity between ngoma-type healing orders in Africa and Western self-help institutions such as Alcoholics Anonymous, Weight Watchers, Parents Anonymous… Part of their success in the lives of members is the transformation of the self in the very area of prior weakness or failing." (Janzen 1992, 177). The main difference between these forms of self-healing is that the *ngoma* institutions largely is based on transformation and expression through musical performance, whilst *our* healing is based on conversation. In our Western theory of health, treatment of mental disorders is often divided into three methods: psychotherapy, medication and support groups. Psychotherapy, in short, is therapeutic treatment through different techniques that usually builds on the same three principals: a relationship between patient and therapist that is based on openness and comfort; the therapist

is focuses on and acknowledges the progression of the treatment; the patient understands and accepts his/her problems through the therapy. Medication plays a supportive role in the treatment in managing the symptoms, whilst support groups provides a social platform where peers share of their experiences and progression. Treatment of mental disorders are usually long-term. Music and dance's credibility and usage within and as therapy and rehabilitation in Norway is growing together with our knowledge of how these might benefit different health practices, and music therapy presents itself as a different approach through which patients engages in communication and personal expression.

Juxtaposing the foregoing analysis of vimbuza as a healing process and this general description of how problems regarding mental health are dealt with in the West, there seem to be a high degree of correspondence. As we have seen, when patients suffering from the vimbuza disease are admitted at the *chipatala*, they begin a long-term treatment and are monitored and guided by a *nchimi*. The treatment includes the use of local herbal medicine (*mankhwala*) to help reduce their pains. At the *chipatala*, inpatients live in neighbouring huts, eat meals together and help out in daily chores, thus serving a similar function to what we would call a support group.

As we have seen, *vimbuza* as an institution retains its structural integrity and transmission of knowledge through the process of sufferers becoming healers, through the initiatory *nthenda ya uchimi*. Once again flipping the coin of perception: is this so different from how many psychotherapists in our own societies get involved with the field of psychology through their own problems? Have we shamed and camouflaged common human nature through institutionalising initiation? In the *ngoma* discourse, the *suffering healer* is an established concept. Interestingly, within the field of psychology, the concept of the psychotherapist as a *wounded healer/therapist* is also an established term (Miller and Baldwin Jr 1987, Wolgien and Coady 1997, Cvetovac and Adame 2017). These different "patterns of imitation" seem analogous at their core: the suffering plays an important role in vocational choice of becoming a healer, as well as pivotal to her/his *proficiency* as a healer. In their interview-based study of acknowledged psychotherapists and the development of their helping ability, Wolgien and Coady found that "… it was therapists' struggles with difficult personal issues and experiences of oppression that allowed them to be sensitive to and supportive of clients' difficulties and to develop respectful, meaningful relationships with them." (Wolgien and Coady 1997, 32). Thus, it seems prevalent that many of the effective psychotherapists themselves have histories of mental health issues, which in turn led them to their vocation and their efficiency as healers.

This sequence seems familiar, although the context – its packaging – is different. And it is the packaging that has caught many scholars' attention. Where *our* psychologists are trusted by the perception of scientifically validated procedures, the "Others" have developed recognition based on a continuous trial-and-error procedure. This fixation on perceived differences rather than underlying and functional similarities only strengthens the colonial dichotomy of the civilized "Us" and the primitive "Others". Although this comparison of "initiation" can be nothing but suggestive, it serves the purpose of approaching a demystification of the exotic view of *nthenda ya uchimi* and the – possibly psychological – logic behind the common feature in the *ngoma* discourse of sufferer becoming healer.

Emphasising a pragmatic argument, *vimbuza* – as a long-standing and widely established practice in northern Malawi – is also practically the *only* psychiatric service available to the people of the rural north. It is a practice that most people seem to trust and seek, because it is based in their *own* traditional aetiology and expressed through their *own* nosology. Additionally, it has never had any competition to challenge its therapeutic role Thus, the continuing prevalence of traditional aetiology and the lack of therapeutic alternatives has assured its longevity and enabled its specialisation.

With this said, it seems safe to state that the existence of psychological disorders – whatever their perceived cause – is a fact of our human condition. Different cultures and societies have developed different tools and processes to solve this illness. *We* refer to our healing process as psychotherapy, which is largely based on conversation, whilst the Tumbuka healing process is called *vimbuza*, and is based on musicking. Both are inarguably ways of exteriorising suffering: we in the West vocalise it, and the Tumbuka embody it. In this way, both healing processes are established as dualistic to each other; as two different theories of the same physical result, namely mental healthcare. Whether one or another excels in efficacy, is not of importance in this thesis. The point raised is that as two forms of healing the self, psychotherapy and *vimbuza* are not mutually exclusive, and is better understood – from an anthropological perspective – as two expressions and traditions of mental healthcare. Although their aetiology, nosology and methodology differentiate them, they both work towards the same goal: both are resources of healthcare we do well in acknowledging, cherishing and respect, and thus learn from.

With these points made, it seems like shifting our understanding of *vimbuza* as a cult towards an indigenous institution of healthcare, removes the possible distortions and academic belittling it might continue to suffer. Rather, post-colonial accreditation as an institution as long due, and

further studies of *vimbuza* – and the other manifestations of *ngoma* – might reveal it as a rich source of interdisciplinary inquiry; especially within the newer subdiscipline of medical ethnomusicology might *vimbuza* prove informative to questions relating to music's virtues in therapy and rehabilitation. With these investigations into *vimbuza's* institutional properties and mechanisms of mental healthcare, how then is it understood and positioned within the total context of a healthcare system?

6.2.3 The sacred and secular of a clinical reality

In further situation *vimbuza* as an indigenous *ngoma* institution within the total context of the healthcare system of northern Malawi we again turn to Kleinman According to Kleinman, healthcare systems are culturally and socially constructed as the organisational structure governing clinical realities, and – as defined earlier – a clinical reality may be divided into sacred and secular segments. *Vimbuza*, as the sacred clinical reality, "… provides psychosocial and cultural treatment (and efficiency) for the illness by naming and ordering the experience of illness, providing meaning for that experience, and treating the personal, family, and social problems that constitute the illness." (Kleinman 1980, 360). This also further illuminates *vimbuza's* institutional characteristic, as a mechanism of social order that governs the belief and behaviours connected to illness and treatment. Kleinman's integrating theoretical framework of clinical realities intersects the borderland between medicine, psychiatry and culture, and in that way presents a framework for analysis that avoids faltering into the quagmires of ethnocentric and rigid institutional analysis or reductionistic formulations. As Friedson points out, medical praxis, religious belief and aesthetic experience are not separated categories, but rather a functionally irreducible continuum within *vimbuza* (Friedson 1996, xi-xiii), and Kleinman's theoretical framework avoids the necessity of applying such categorisation. With that said, the *vimbuza* institution is not the only constituent of the healthcare system in Malawi. In this concluding section on *vimbuza* as an institution, I will outline the healthcare system of northern Malawi as it is constructed and sought by its inhabitants.

The clinical reality in northern Malawi seems best explained as constituted by a secular and sacred part as slightly overlapping segments: in their conjunction we can position the traditional medicine (*using'anga*), which is mainly the field of the *ang'anga* but which also the *uchimi* are trained in. Although there are few studies carried out on traditional medicine in northern Malawi (Morris 2011), World Health Organization (WHO) has clearly stated that traditional medicine

is an underestimated but important part of healthcare systems for most people in the world today, and that it encourages its countries in harnessing the virtues of and integrating traditional medicine into their healthcare systems (WHO 2013). In Malawi, the craft of the *ang'anga* intersects the secular and sacred in its role by both providing more conventionally and medicinal remedies, and medicines of more sacred nature (as charms and medicines to increase fertility, wealth and luck). For minor pains and "normal" diseases, it seems to be common that many people seek the *ang'anga* because they are trusted, the medicines they provide are clean and natural, their services are often cheaper than what the clinics provide, and for many people in rural areas they are closer.

The secular clinical reality, as defined as a more mechanistic view of bodily dysfunction, is mostly the realm of Western science-based medicine, clinics and hospitals. This is sought for more serious diseases (such as cancer, bad infections and malaria) which traditional or sacred medicine cannot heal. Psychiatry would also fall within the secular clinical reality, but as these forms of mental healthcare is practically non-existent to most people in Malawi.

When speaking of *vimbuza* disease in this context, it may be defined as a psychosomatic disorder. This notion is also supported by prior research (Chilivumbo 1972, Peltzer 1989, Friedson 1996, Soko 2014), and the fact that many patients told me they had been "thinking too much", which I understood as connected to grief. Furthermore, the majority of the patients at the *zipatala* were women, which Peltzer explains as partly the result of the Tumbuka's patrilineality afflicting psychosocial stress on women in society, as spirit disorders are "… more common in patrilineal than in matrilineal societies in Malawi, which seems to indicate an increased psychosocial deprivation of the female in the patrilineal setup." (Peltzer 1989, 149). Still, within the cultural and cosmological framework of most people in northern Malawi, they accredit their disease as ultimately being of spiritual nature although they may identify a social problem as the motivation or triggering effect behind their affliction.

Regarding the connectivity and interrelationship within this total clinical reality, the overlapping tasks of both *uchimi* and *ang'anga* providing traditional medical care is an integrated part of traditional Tumbuka society. When it comes to the link between sacred and secular, the *uchimi* I interviewed stated that there is a high degree of collaboration between them and their local Western clinics. They reportedly refer cases on the basis of diagnosis, with *uchimi* sending patients that falls outside their abilities to the Western clinics, and *vice versa*. Whether this can be confirmed from the perspective of the clinics, is uncertain. As Dr Muwera

stated: "We are like *one* in the system". Further, in the case of northern Malawi there seems to be a coherence between sacred and disorders of psychological nature, and secular and physiological nature, as the secular clinical reality provides no services for mental healthcare. On the basis of this outlining, the clinical reality in northern Malawi may be visualised as following:
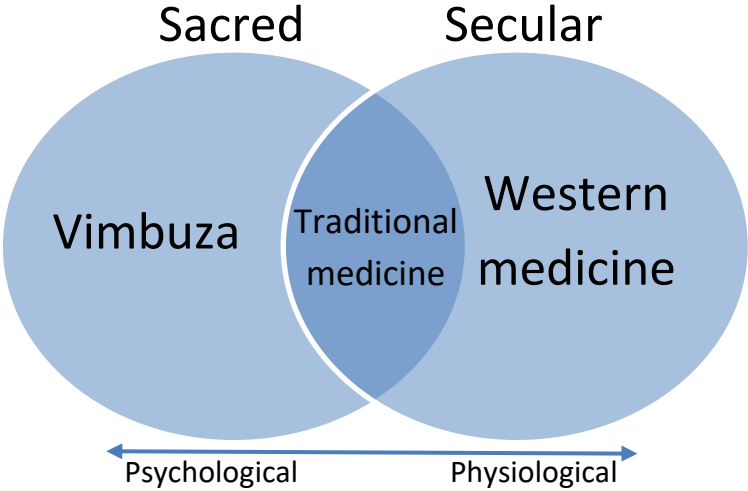
Sacred   Secular

Vimbuza   Traditional medicine   Western medicine

Psychological   Physiological

Figure 2: Structure of Tumbuka clinical reality

Thus, we may situate *vimbuza* as an indigenous *ngoma* institution within a larger clinical reality, as perceived and sought by most people in northern Malawi. To them, *vimbuza* is a localised and specialised expression of the larger Bantu clinical realities, as a treatment of spirit affliction – and mental healthcare. This further strengthens the argument of *vimbuza* as an institution as defined by the terms of its culture. Its practice is conducted in harmony and proposed collaboration with the secular Western clinics. This emic approach makes it possible to investigate and describe the norms, behaviours and customs related to healthcare seeking as how it is carried out locally, rather than presupposing or enforcing an idealised version of it based on vague perception. In extension, it emphasises *vimbuza's* central and undisputed role and function in northern Malawi as answering to a basic, human need; the psychological dysfunction of the human mind. Whether this dysfunction is caused by malevolent spirits or not, is in the eyes of the beholder.

6.3 Investigating local perspectives

Local perspectives are plural. Malawi, with its big cities, small towns and myriad of rural villages; its patchwork of ethnic groups and their increasingly blurring borders; its place within a constantly shrinking world with growing foreign influences; its political struggles with corruption and economy; its combination of old traditions and customs living alongside modern

technology and LGBT rights. There is no single story. In prior literature on the subject, there are both statements of *vimbuza* as small, diabolic cult and as a legitimate and professional practice. As a remnant from the colonial era, there seem to still be a polarised view of *vimbuza* in Malawi between the two institutions of "church" and "vimbuza" as the outermost poles of local perspectives, both in how they view *vimbuza* but also in how they view their relation to each other. Inquiring about *vimbuza's* function in society also includes its reception: how can we then better understand these differences in local perspectives and their manifestations and effects in society today?

6.3.1 The facets of insiders

Through my fieldwork in northern Malawi, I came to understand that the "emic perspectives" are more than just a binary to the etic; it is itself a tapestry of individual people's perceptions and beliefs within a dynamic society. What my research reveals, is that the local perspectives in northern Malawi regarding the practice of *vimbuza* – and other traditional beliefs in general – are better understood as facets of a continuum which may be grouped as "*vimbuza* insiders", "transitional insiders" and "church insiders", by their respectively increasing distance from the actual *vimbuza* practice. These groupings are derived from Karl Peltzer's categorisation of different personhoods[13] and their relation to spirit disorders based on effects of colonisation and acculturation (Peltzer 1989).

The core insiders are the *vimbuza* practitioners and performers with first-hand knowledge; the *uchimi*, patients, drummers and immediate society that engages in its practice through participation and seeks its services. Although *zipatala* are common in both rural and urban areas, most of them are located in rural areas, where also its practice is more integrated into the ebb and flow of everyday life. Thus, most "*vimbuza* insiders" are also residing in rural areas. These people – as most people in northern Malawi – are usually Christian and perceive the practice of *vimbuza* and the existence of spirits as a coherent, localised expression of spirituality within their Christian worldview.

Outside these "core insiders" of *vimbuza*, we have the "transitional insiders". These are the people which Karl Peltzer labels as having a "transitional personhood"; people who are: "… in

---

[13] By "personhood", Karl Peltzer is referring to the "… relational and contextual aspects of the Malawian concept of personality as opposed to the western concept, which separates the individual from the social context and emphasizes a pronounced self." (Peltzer 1989, 147).

the process of crossing from traditional to modern culture and may temporarily turn back, particularly in times of crisis. He is no longer traditional and not yet modern. His mind is western-oriented but he is still psychosocially rooted in traditional culture." (Peltzer 1989, 145). What is important to state here, is that "transitional" refers to socio-cultural transition rather than religious, and is largely a product of demographic factors – of growing up in or moving to an urban area – such as: a lack of immediate experience and exposure to its practice; a higher educational level; employment in a *job* rather than a more traditional livelihood; living in the different and "modern" social arrangement of the cities; Western medicine being more easily obtained than traditional medicine. These are generally people that don't outright reject the existence of *mizimu* or the aetiology of *vimbuza* but have no proof or experience to confirm it, and therefore holds a more agnostic view: "If I experience it, I will believe it, but I cannot deny it". Therefore, many in this category seem to hold a utilitarian understanding of its practice as a purely therapeutic.

Thirdly, whom I have chosen to call "church insiders" are the people who are closely affiliated with the different Christian churches as religious institutions, and may arguably be labelled as locals with "outsider views". This generalised view, as presented in chapter 5.3, are held by people in northern Malawi who refutes – or even actively denounce – the practice of *vimbuza* based on an institutionalised Christian conviction rather than medical, scientific or pragmatic reasoning. However, these people usually recognise *vimbuza* as a valuable, but purely cultural tradition as part of their common Tumbuka identity. These are people who may be said to be the locals furthest distanced from the practice of *vimbuza* and traditional beliefs*;* who have no *direct* experience or connection to *vimbuza* as a practice or institution and who views the animistic belief in spirits as inherently antithetical to the monotheism of Christianity. These characteristics are also supported by Lisa Gilman's interview study in northern Malawi (Gilman 2015), which states that some people – who fits within my categorisation of "church insiders" – "… supported its [vimbuza's] recognition as a cultural element meant for entertainment and cultural identity, but only if divorced from spirits and the ritual setting." (Gilman 2015, 209).

This analytical division of perspectives may afford a more nuanced description of local perspectives, by building on and combining the results of prior literature with my own findings into a coherent conceptual model. Prior literature (Kamlongera et al. 1992, Friedson 1996, Soko 2014, Gilman 2015) has emphasised the religious dimension and tension of local perspectives regarding *vimbuza*, which situates perspectives within a dualistic continuum on pure basis of

religious syncretism: "Religious syncretism operates along a continuum from the total rejection of traditional belief by conservative members of the Church of Central African Presbyterian (CCAP) to the highly syncretic models professed by most *nchimi*." (Friedson 1996, 25). Whilst there *is* a high correspondence between religious syncretism and local perspectives, this conception does not account for the richer socio-cultural dimensions of society nor the dynamic properties of human agency; a person's religious convictions are less malleable than psychosocial effects on shifts in personhood, as we will see in the following sections.

Thus, I argue that combining the two main variables of religious syncretism and personhood into a conceptual model of emic perspectives affords a richer description and more dynamic understanding of what we observe of events and developments in the society of northern Malawi today, as I will investigate further. As a visual and explanatory aid, I have chosen to represent this conceptual framework graphically as a bi-axial graph (figure 3), positioning the generalised groupings in relation to their two main variables: the degree of religious syncretism and personhood.
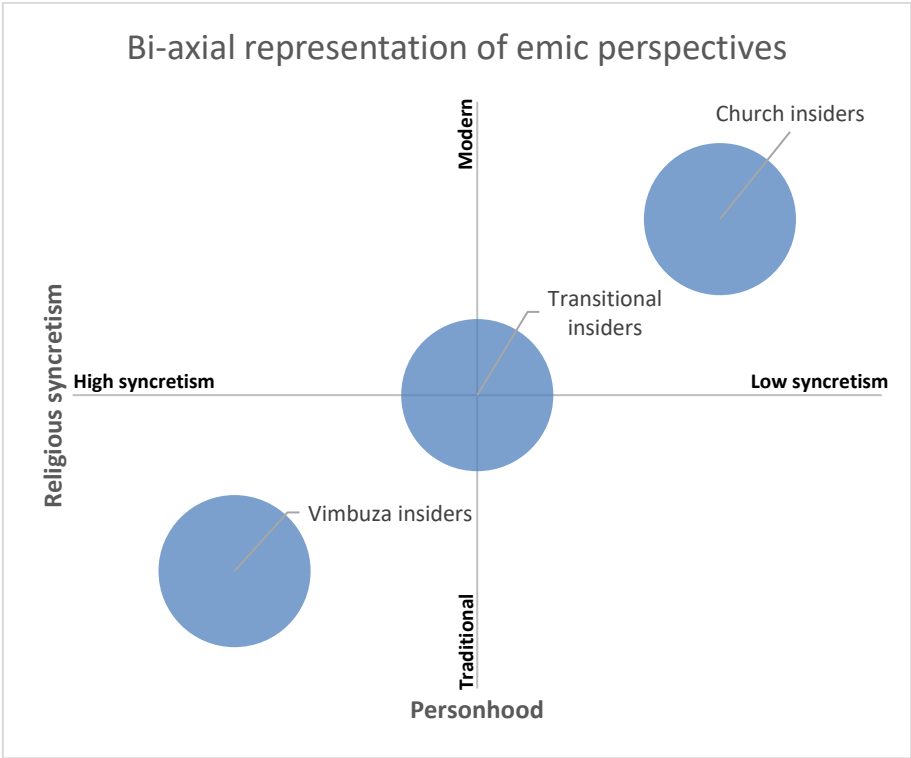

Figure 3: Bi-axial representation of emic perspectives

It must again be emphasised that these categorisations are generalised groupings for the purpose of description rather than actual quantitative correct representations, and that a more realistic graph would most likely result in a more sprinkled chart. Additionally, movement along the

vertical axis of "personhood" is more dynamic than along the horizontal axis of "religious syncretism", and represents the dynamics of personal agency – both conscious activity and unconscious. Lastly, as established by Peltzer, the opposition to "traditional" is "modern". What does this imply? Peltzer offers no other remarks on this other than stating that "… the modern person, is not yet common in Malawi and is therefore not considered here." (Peltzer 1989, 145). With his study relating to the effects of colonisation and acculturation (towards Western), the term "modern" here is best read as the "full acculturation" of the local, traditional person towards the shared socio-cultural characteristics of the Western world. This will not be discussed further here; however problematic, it serves the purpose for this discussion.

This model also helps in explaining *vimbuza's* role and effect in relation to politics. As presented in the analysis, the public entertainment performance of *vimbuza* is divorced from its religious and ritual sphere, and therefore largely omits the tension of religious syncretism by collapsing the horizontal axis. Through its capacity of constructing and modifying self-perception, identity and experience, *vimbuza* musicking then becomes a unifying emotional force and strong identity marker for the Tumbuka, and thus – along the thoughts of Adorno – emerges as a potential tool for political influence. This potential psychosocial effect on the individual as a relational socio-cultural being (personhood), is an avenue which might be easily and effectively appropriated by political parties in a country where political parties to a high degree reflect ethno-regional formations, as presented in the analysis. Additionally, this appropriation of culture was a central tool in President Banda's construction of a cultural nationalism in Malawi during his reign, a process of cultural violence (Mkandawire 2010) so comprehensive that it was dubbed the "Chewalization" of Malawi (Kaspin 1995, Moyo 2002); culture's potential powers are therefore not foreign in Malawi. Whether UTM is deliberately appropriating *vimbuza* for these means – other than pure audience attractional – is unclear, but the effect of *vimbuza* performing politics is nonetheless real. This "modernisation" of *vimbuza* as "pure culture" attracts most people in northern Malawi, making politics cultural with *vimbuza* as its vehicle for influence.

It then seems correct to speak of the facets of perspectives regarding *vimbuza* as largely influenced by the combination of personal convictions, demographic factors and institutional affiliation, and their mutual affect. These influences may in turn be positioned within the two conjoined continuums of religious syncretism and personhood, simplified into three main groupings. Analysing these two continuums together – here represented as a bi-axial graph –

may provide a richer more realistic description of what we see today, broadening the religious emphasis with a socio-cultural dimension as derived from Karl Peltzer's model of personhood. How then can we further explain the reasons behind these formations we see today, and why is this important to our understanding of *vimbuza* in society?

6.3.2 Civilization and Christianity – In the wake of Livingstone

In further developing our understanding of the local perspectives, investigating their preceding and formative historical causes of today's acculturation and religious tension may help emphasise not only *what* we observe today, but explain *why* it is this way. The analysis of the local perspectives on *vimbuza* is largely charting post-colonial identities and identity politics as the legacy of British colonialism. Revisiting history and Dr Livingstone's dream of "Civilization, Christianity and Commerce", the case of *vimbuza* in its own society quickly becomes a discussion of "Civilization and Christianity"; acculturation and religion. The colonisation of Nyasaland introduced Christianity as a system of beliefs and the Presbyterian church as a social and political power, and as perceived antitheses to the local's witchcraft and primitive animism by the coloniser.

The focal point of the Livingstonia Mission was northern Malawi, and the people there received superior education by the missionaries in exchange for religious conversion. But there was a difference in that "conversion" meant in the two worlds that met: the European Christians perceived conversion as a process of total rejection of former paganism and a full indoctrination and adaption of Christianity, whilst the locals generally saw Christianity as an expansion of their existing worldview – again, the erroneous presumption of Western categorisation of religion. This adaptability of African religions to Christianity also evident in the wider *ngoma* discourse (Janzen 1992) and prior literature on Malawi (Friedson 1996, 25, Soko 2014, 16, Eidhammer 2017, 19). Through their own categorisation and conceptualisation of the world, the Tumbuka most likely viewed these new teachings as something which could supplement or augment their *way of life* and healing practices, as the Christians also brought a new form of sacred healing technology (read: Western medicine).

This seems to be the point in history which gave rise to both the different properties and understandings of what "religion" implies in Malawi today, and the consequential formation of "church" and "vimbuza" as perceived institutional opposites. The 19th century's racist and colonist sentiment towards local beliefs as heathen and backwards were formative of the

churches' perspective, today expressed through their desire of cherry-picking and filtering cultural practices to serve as vehicles of further evangelisation – as emphasised by Pope John Paul II. This presents an explanation to the position of today's "church insiders" as tending towards acculturation and religious incompatibility. Likewise, the perspectives of "*vimbuza* insiders" as traditional is therefore also highly syncretic in their cosmological mixture of animism and Christianity; a worldview that is also *performed* through the religious syncretism and usage of Christian crosses, opening prayers, citation of biblical verses, Christian lyrical content in songs at *vimbuza* healing sessions.

With a deeper understanding of the formative background of the groupings identified above, what then are their implications in society today? In the closing section on local perspectives, I want to briefly exemplify the relevance and possible virtues of applying an expanded model of emic perspectives – as presented based on my findings and the synthesis of prior literature's dualistic theoretical models – and how this may provide a richer description and explanation of the function and central role of *vimbuza* today.

6.3.3 Vimbuza's role in rationalising witch-hunts

A fact that we mustn't forget, is the moral dimension of *vimbuza*: the battle of good against evil, as manifested in northern Malawi as the battle between *uchimi* and *afiti*. The *uchimi* have the two main responsibilities of being healers of the people and witch-smellers/hunters. This often leads to publicly identifying and denouncing *afiti*, and there are recurring tales of *uchimi* punishing *afiti* by conjuring and throwing venomous snakes at them. This moral purpose of *vimbuza* as a social unit and its pivotal role in times of moral panic has largely been overlooked in prior literature, but deserves attention due to its severity and actuality today.

Witch-hunts and accusations of witchcraft has long been a problem in Malawi, and the belief in *ufiti* is deeply rooted; it is not a remnant of a distant past, but an *ongoing* issue in Malawi today. This was actualised just prior to my fieldwork in September and October 2018 with the BBC "human harvesting" investigations by Ghanaian journalist Anas uncovering how multiple *afiti* tracked down and killed victims to harvest their body parts for magical purposes (BBC News 2018). Furthermore, albinos are regarded as inhabiting strong magical properties, which makes them specifically targeted by these human hunts (Amnesty International 2016). In situations when multiple deaths coincide in an area – either as a result of targeted murders or just natural and coincidental deaths – the society searches for the *reasons* for this collective

misfortune, which may lead to situations of moral panic and hysteria. This was the situation in Southern Malawi during the case of "blood-suckers" raiding villages in the turn of 2017-2018 (BBC News 2017), which resulted in several instances of mob lynching.

This brings us back to the dynamic properties of personal agency afforded by the bi-axial model of emic perspectives: as Peltzer stated, in it in these times of crisis that the "transitional insiders" may temporal relocate towards a more traditional personhood due to psychosocial affect and stress of public panic, thus further intensifying the situation. This turns many of the more neutral "transitional insiders" towards culturally familiar and traditional beliefs of interpretation of misfortune, which then identifies witchcraft and *afiti* as the threat to be dealt with. This reaction may also be true in personal difficult situations, such as the abrupt death of a loved one[14]. It is precisely these public situations of moral panic and distress that augments and actualises the position and power of the *uchimi* in northern Malawi, and likewise their counterparts – the *asing'anga* (Chichewa) – in the Central and Southern Region. In these situations, the *uchimi* and *asing'anga* are the beacons of light and the traditionally vanquishers of evil. The church often becomes somewhat powerless in these situations, as they have alienated themselves from this dimension through officially denying the very existence of witchcraft. Under the Witchcraft Act of 1911, the existence of witchcraft is officially refuted and practices connected to it is banned (Byrne 2011), yet practices of witchcraft – such as in the grim cases of "albino harvesting" – and hunt for culprits are as relevant today as ever in rural Malawi. In this context, the *uchimi* of northern Malawi rises to the occasion as appointed judge, jury and executioner through their occult position in traditional beliefs. This begs the question whether *vimbuza* as institution is rationalising and justifying a modern-day witch-hunt in Malawi?

The *uchimi* mean well; they want to rid society of these malevolent *afiti*. The problem of "human harvesting" in Malawi is *real* and it is killing people. What is problematic is that the victims of the witch-hunts seem to be targeted based on personal behavioural traits rather than physical evidence, where antisocial traits equate as indicators of *afiti*. This notion is supported by prior research on the universal human phenomenon of witch-hunts connected to dealing with misfortune (Behringer 2004). Stating that there is a tendency of *uchimi* and the *asing'anga* to vilify antisocial people therefore seem correct. But, as the *uchimi* interviewed by me stated,

---

[14] Interestingly, this was actually the motivation behind Malawian anthropologist Moya Malamusi's study on traditional healers, as he himself blames *afiti* for the mysterious deaths of his brother and sister, stating that "… there is nobody who can convince me that the cause of her death [his sister] was any physical ailment; I believe that she was bewitched." (Malamusi 2016, 185).

they cannot condemn people as *afiti* without proof; confiscated *nyanga*, *uchimi* "seeing" (exposing through divination) a *mfwiti* in the act, and supplementing witness testimony. Further, if someone is brought before the *uchimi* by people of the public to verify whether the accused really is a *mfwiti* or not, the *nchimi* can verify this be "seeing" him. As some people I met during my fieldwork also problematised, there is no guarantee that the *nchimi* won't take advantage of his/her position in these situations for personal gain or to promote her/his kin. But, as with every position of power, most *uchimi* take their responsibility seriously and shun malpractice, and does *not* condemn people without thorough conviction. Rather, in times of moral panic, the *uchimi* might vindicate people accused of being *afiti* as they emerge as the ultimate authority in this regard: their response to the situation will resonate and be respected in their immediate society.

Either way, it seems the *uchimi* are playing their part in the continuing developments and allegations of witchcraft in Malawi, as the they see themselves as protectors of their societies and thus the ones ultimately responsible for combating these acts of evil. As presented in chapter 5.2, the authority of the *vimbuza* institution is derived from its foundation in and coherence with its society and culture, and in times of moral panic and hysteria, this foundation is strengthened by the "*vimbuza* insiders" and many "transitional insiders" expressing and reaffirming their traditional beliefs. By confirming and rationalising the public's interpretations of misfortune, the *uchimi* may further act as a either catalyst of unrest or as a calming force through vindicating those accused of being *afiti*. This present-day role of *vimbuza* in witch-hunts is certainly a topic for further inquiry, which has been briefly discussed here. I offer no conclusive remarks, but stress the importance of acknowledging and discussing *vimbuza's* – and other traditional healers' – central role and influence in both everyday life and recurring situations of moral panic in and around Malawi, such as in the 2017 case of blood-suckers where multiple people believed to be *afiti* were lynched by mobs (BBC News 2017).

6.4 Summary: Vimbuza today

Before concluding, I want to present a summary of the foregoing discussions on *vimbuza* today.

Firstly, the case of *vimbuza* itself supports an increased attention to the *action* of musicking rather than the "object" produced by it, and that musical meaning might best be searched for within this action. Through this thesis, I hope to have demonstrated the virtues of opting for a

wider understanding of what musicking entails in terms of modes of performance and capacity of participation in producing a richer description of music's meanings and functions. In approaching the first part of the research question, the meaning of *vimbuza* musicking has been investigated through the perspectives of its main performers – the patients and the *uchimi* – and *within* their performed relationship, though both expressed and observed experience, linguistic insight and theoretical anchoring. For the patients, musicking *vimbuza* can be summed up as a way of exteriorising their disease – *kuvina nthenda* – and through performance receive, obtain and enable their healing through trance. For the *uchimi*, it is a *way of life*; a self-therapy and technology of power management – *kutukizga vimbuza* – that affords their social purposes. The thermostatic wordings used by the practitioners and throughout this thesis are not meant figuratively by them; it is how they physically experience it. This understanding of health presents a linguistic opening through which musicking's therapeutic properties can be explained – as here – and reasoned through a thermodynamic logic. Further, the sets of relationships that are established and maintained in the *vimbuza* rituals at the *zipatala* model the ideal mechanisms of society as they are imagined to be, and stand as metaphor for the relationship between humanity and the supernatural. In sum, *vimbuza* musicking is a therapeutic technology and a social fact in northern Malawi.

Secondly, the analysis and identification of *vimbuza* as an indigenous institution – rather than cult – by its social purposes and institutional properties, reveals a more complex characteristic and widespread usage than what the term "cult" carries; thus bridging the gap between indigenous concepts and analytical notion. Approaching a more holistic understanding of *vimbuza* as a *ngoma* institution unshrouds the former simplistic ethnocentric and scientistic presumptions of its primitive backwardness, religious categorisation and clinical impotence, and reveals it as a localised expression of a sacred clinical reality. As an institution, it serves a range of social purposes that includes and transcends our Western categories of mental healthcare, music, dance, morality, religion and medicine. Functionally, Western medical clinics and the *vimbuza* institution complement each other as constituting the secular and sacred parts of the same culturally constructed healthcare system, with traditional medicine as an overlapping constituent of more medicinal function. To people in northern Malawi, *vimbuza* may be said to be the only available form of psychiatric service.

Lastly, this thesis has looked at how the practice of *vimbuza* is viewed and understood by its society today to further support the argument of *vimbuza's* social functions as afforded on the

basis of its continued authority and support. Through analysing the different facets of insiders, I argue that local perspectives are best understood as relating to the individual's degree of religious syncretism and state of personhood, as an expansion on prior literature's notions. Personal agency and social affiliation – such as locality and religious – also influence each person's perceptions. The empirical data of this thesis suggest that there is a high degree of belief in ancestral spirits among the people of northern Malawi, and in extension a varying – but nonetheless existing – degree of reverence of *vimbuza* in society. Today, the practice of *vimbuza* continues to face opposition from churches and influence from Christianity, and its exercised moral authority and obligations in society is problematised and actualised through its responsibility and intervention in the recurring situations of moral panic; the moral and spiritual authority of traditional diviner-healers throughout Malawi make them a crucial social mechanism to consider when understanding and dealing with situation like these, in which their performance may both be an escalating or calming factor. This thesis contributes to the discussion of local perspectives by extending the two-sidedness of the prior discourse by analysing and discussing the complexities of local perspectives, which is relevant in developing our understanding of both how *vimbuza* is viewed differently it its society and what these different views may externalise and affect society, as in times of social stress. As stated earlier, there is a lack of contextualisation throughout the *ngoma* discourse, with a scholarly preoccupation with the more exotic traits; accentuating quirky differences rather than exploring commonalities. What I hope to have contributed with in this thesis, is a more holistic and nuanced description of *vimbuza* as both a result of history, a response to our humanity and a social fact that is contemporary.

7 Conclusion

It has been a long journey from when I first heard stories of a mystical, dangerous and magical practice called *vimbuza* in northern Malawi, until the last editing of this thesis: what began as puzzled curiosity for an obscure practice no one in Lilongwe seemed to be able to accurately describe – let alone explain what the word *vimbuza* even meant – has accumulated into a deeper understanding of its practice, meanings and functions, and its different reception by its own society. In trying to unravel what and why *vimbuza* really is, I have sought to investigate the way musicking partakes in the very construction and interpretation of social and conceptual relationships and processes. This investigation has been conducted in accordance with my dual research question:

> *How is music perceived in the vimbuza ritual,*
> *and what function(s) does vimbuza as a social unit serve in society?*

Firstly, in approaching an answer to how music is perceived in *vimbuza*, we discover a greater whole of how society and culture is entangled in music and *vice versa*: to answer for the musical, we must also account for the extramusical. This thesis has therefore studied music as the human activity of musicking as an expression in and of Tumbuka social and cultural organisation. It is an expression that is best kept united, and not divorced into kinaesthetic and sonic ordering; it is a common system of movement parts. With that said, we do well in remembering that in its lived reality, the display of *vimbuza* performance is ultimately a means – a technology – of curing a spirit affliction. Through musicking's physical effect on humans and spirits alike, it is applied as a technology of mental and corporeal temporal regulation to achieve healing. In the ritual unit of *vimbuza*, the different spirits are sounded, the supernatural take form and are expressed and felt in a thermodynamic logic: spirits are "heated", afflictions are "vented", and the *uchimi* are "cooled". How is music perceived in the vimbuza ritual? Through "*kutukizga vimbuza, ndi kuvina nthenda*": heating the spirits, and dancing the disease.

Secondly, *vimbuza's* functions and purposes in society has been explored in two ways: firstly, an anthropological approach to intuitional analysis and following discussion of its social purposes as positioned within the *ngoma* discourse; secondly, an analysis of the local perspectives in relation to religious syncretism and personhood. Together, these approaches illuminate both its functional characteristics and underlying social purposes, as well as the different ways which it is viewed and valued by its society. Building on Janzen's argument of

97

ngoma as institution (Janzen 1992), it seems appropriate to speak of *vimbuza* as an indigenous institution within the larger interrelated complex of *ngoma,* and as a mechanism of social order. Through its main functions of interpretation of misfortune and treatment of affliction, the practice and performance of *vimbuza* is continuously constructing, maintaining and confirming a sacred clinical reality, which in turn rationalises its practice and advocates its efficacy: it is an expression of indigenous healthcare, that operates alongside Western services and not in opposition. This is due to its specialisation as a unique solution to a more supernatural problem, and its higher proximity, believed efficacy and trustworthiness to many people. But, in accounting for *vimbuza's* functions, I also found it necessary to investigate the differences in emic perspectives, as *vimbuza's* reception and functions are not uniform to all people in northern Malawi. For an institution to serve and fulfil functions, it needs a purpose – actions that pursuits immediate ends – for its exitance. *Vimbuza's raison d'être* lies in its four main purposes of therapy, medicine, spirituality/religion and morality, which again are upheld through the common belief in a value system from which those purposes originate: you can't fix something nobody believes in; hence there is no reason for your existence. In answering what functions *vimbuza* services to its society, I have investigated the motives in society through identifying and distilling three main local views of "vimbuza insiders", "transitional insiders" and "church insiders" based on both their degree of religious syncretism and state of personhood. Thus, the extent and magnitude of *vimbuza's* authority varies based on these variables, and therefore also which functions and meanings it holds for different people.

This study has been permeated by the intention of bridging the gap between etic and emic; between analytical notion and indigenous concepts. A major contribution in this has been the phenomenological insight afforded through the avenue of language. The intricate connection between the properties, possibilities and restraints posed by language and the capacity of human cognition shapes the way we think, categorise and express our worldview. This is why terms such as "cooling" and "heating", "way of life", "*nchimi*" and "*ufiti*" have been central and integrated in this thesis, as they facilitate a more direct inquiry. When writing about a people (*ethno-graphy*) it would seem faulty to omit their language, as this is the very apparatus through which they express themselves and their world. In tackling the infamous *translation problem,* retaining meaning and intention often falls outside literal translations, and we might discover that the best translations lie not in extracting something for our scrutiny (*trans-late*) but instead in our own correspondence to it (*re-late*): the best translation might be no translation.

An immediate area of inquiry that this thesis might contribute to, is in highlighting the role and influence of indigenous institutions in times of moral panic. As presented here, recurring situations of localised distress emerge in Malawi as escalated interpretations of unexplainable and coinciding deaths, or actual raids by "human harvesters". These situations may lead to witch-hunts and mob lynching, and are therefore no laughing matter. The *uchimi* of northern Malawi and *asing'anga* of central and southern Malawi – as the highest spiritual authorities traditionally – seem highly influential in shaping the outcomes of situations like these, yet this seems to have been largely overlooked. Further tudies into the mechanisms and sequential developments of these situations might shed light on this issue and how best to counteract it.

This thesis has not focused on conventional analysis and interpretation of the musical properties of *vimbuza*; this has been dealt with in more detail in prior literature. Rather, what this thesis contributes to the study of *vimbuza* and the *ngoma* discourse, is a wider contextualisation of its practice within society today. This has resulted in a more nuanced and plural description of the emic perspectives, their differences, their backgrounds and their relationships. In exploring the implications of UNESCO's recognition of *vimbuza*, Lisa Gilman (Gilman 2015) asked whether *vimbuza* is a demonic or cultural treasure, and her study further emphasised the religious friction that is still there today. This emphasis on what we define as supernatural and religious traits of *vimbuza* has overshadowed the practical meaning that seems most important to the people in northern Malawi: "Remember, *vimbuza* is a *disease*". Many people today have a more agnostic view of the *mizimu* and *ufiti,* but their pragmatic understanding of *vimbuza* as a healing practice of psychological dysfunction is still firm. Thus, their religious syncretism is neutral whilst they retain a psychosocially rooting in their traditional culture. I have argued that this picture of two, mutually exclusive religious poles is both overplayed and simplistic, and I have therefore proposed an extended conceptual model to help understand the facets of insiders and the mechanisms of their relation.

Further studies into *vimbuza* and other manifestations of *ngoma* would most likely prove rewarding to many academic disciplines: it is a rich repository and living practice of indigenous knowledge, oral literature, medical herbalism, religious cosmology, socio-cultural developments, music therapy and more. This thesis has advocated – along the lines of Kubik – for a more interdisciplinary approach to studying music, as the answers we seek to questions about music might not be strictly musical after all; likewise, questions that are extramusical might require musical insight. Given the complex musical properties of *vimbuza*, joint studies

within fields such as rhythm and cognition, music and dance, music and rehabilitation, and medical ethnomusicology would all undoubtedly produce interesting and applicable results. The experience of all-night music-making together as an including, collaborative and utilitarian process in northern Malawi is a powerful display of the effects and influences of humanly organized sound on the human mind; effects which the *uchimi* have harnessed for the purpose of healing and "seeing". In further alluding to Blacking, the phrasing "soundly organized humanity" is given a whole new dimension in the case of *vimbuza.*

Literature

Amnesty International. 2016. "We Are Not Animals to Be Hunted or Sold": Violence and Discrimination against People with Albinism in Malawi. London: Amnesty International Ltd.

Aristoteles. 1998. *The Politics*. Translated by C. D. C. Reeve. Indianapolis, Ind: Hackett Pub.

BBC News. 2017. "Malawi Cracks Down on 'Vampire' Lynch Mobs." BBC, accessed 02.02. https://www.bbc.com/news/world-africa-41692944.

BBC News. 2018. "Bbc Crew Mistaken for Ritual Killers." BBC, accessed 02.03. https://www.bbc.com/news/av/world-africa-45147053/bbc-crew-mistaken-for-ritual-killers-in-malawi.

Behringer, Wolfgang. 2004. *Witches and Witch-Hunts : A Global History*, *Themes in History*. Cambridge: Polity.

Berliner, Paul. 1978. *The Soul of Mbira: Music and Traditions of the Shona People of Zimbabwe*, *Perspectives on Southern Africa*. Berkeley: University of California Press.

Blacking, John. 1973. *How Musical Is Man?* Seattle and London: University of Washington Press.

Blacking, John. 1985. "The Context of Venda Possession Music: Reflections on the Effectiveness of Symbols." *Yearbook for Traditional Music* 17:64-87. doi: 10.2307/768437.

Bohlman, Philip V. 1991. "Representation and Cultural Critique in the History of Ethnomusicology." In *Comparative Musicology and Anthropology of Music: Essays on the History of Ethnomusicology*, edited by Bruno Nettl, 131-151. Chicago.

Byrne, Carrie. 2011. *Hunting the Vulnerable: Witchcraft and the Law in Malawi*.

Cammack, Diana, Fred Golooba-Mutebi, Fidelis Kanyongolo, and Tam O'Neil. 2007. "Neopatrimonial Politics, Decentralisation and Local Government: Uganda and Malawi in 2006." *Good Governance, Aid Modalities and Poverty Reduction: Linkages to the Millennium Development Goals and Implications for Irish Aid, Research project (RP-05-GG) of the Advisory Board for Irish Aid. Dec*.

Carver, Richard. 1990. *Where Silence Rules: The Suppression of Dissent in Malawi*, *Africa Watch Report*. New York: Human Rights Watch.

Central Intelligence Agency. 2018. "Malawi." Last Modified 13.11.2018, accessed 20.11.2018. https://www.cia.gov/library/publications/the-world-factbook/geos/mi.html.

Chilivumbo, Alifeyo. 1972. "Vimbuza or Mashawe: A Mystic Therapy." *African Music* 5 (2):6-9.

Chondoka, Yizenge A., and Frackson F. Bota. 2015. *A History of the Tumbuka from 1400 to 1900: The Tumbuka under the M'nyanjagha, Chewa, Balowoka, Senga, and Ngoni Chiefs*. Lusaka: Academic Press.

Cvetovac, Molly E., and Alexandra L. Adame. 2017. "The Wounded Therapist: Understanding the Relationship between Personal Suffering and Clinical Practice." *The Humanistic Psychologist* 45 (4):348-366. doi: 10.1037/hum0000071.

DeNora, Tia. 2000. *Music in Everyday Life*. Cambridge ; New York: Cambridge University Press.

Eidhammer, Asbjørn. 2017. *Malawi: A Place Apart*. Lilongwe: Logos.

Elmslie, Walter Angus. 1899. *Among the Wild Ngoni; Being Some Chapters in the History of the Livingstonia Mission in British Central Africa*. Edinburgh: Anderson & Ferrier.

Emerson, Robert M., Rachel I. Fretz, and Linda L. Shaw. 1995. *Writing Ethnographic Fieldnotes*, *Chicago Guides to Writing, Editing, and Publishing*. Chicago: University of Chicago Press.

Eriksen, Thomas Hylland. 2010. *Små Steder - Store Spørsmål: Innføring I Sosialantropologi*. 3. utg. ed. Oslo: Universitetsforlaget.

Friedson, Steven M. 1996. *Dancing Prophets: Musical Experience in Tumbuka Healing*, *Chicago Studies in Ethnomusicology*. Chicago, Ill: University of Chicago Press.

Gibson, William J., and Andrew Brown. 2009. *Working with Qualitative Data*. London, England: SAGE.

Gilman, Lisa. 2015. "Demonic or Cultural Treasure? Local Perspectives on Vimbuza, Intangible Cultural Heritage, and Unesco in Malawi." In *Unesco on the Ground*, 59-76. Indiana University Press.

Guba, Egon G., and Yvonna S. Lincoln. 1982. "Epistemological and Methodological Bases of Naturalistic Inquiry." *ECTJ* 30 (4):233-252. doi: 10.1007/BF02765185.

Janzen, John M. 1992. *Ngoma: Discourses of Healing in Central and Southern Africa*. Berkeley, CA: University of California Press.

Kalipeni, Ezekiel. 1997. "Regional Polarisation in Voting Pattern: Malawi's 1994 Elections." *African Journal of Political Science / Revue Africaine de Science Politique* 2 (1):152-167.

Kamlongera, Christopher F., Mike Nambote, Boston Soko, and Enoch Timpunza-Mvula. 1992. "Chapter Four: The Vimbuza Phenomenon." In *Kubvina: An Introduction to Malaŵian Dance and Theatre*, 59-91. Zomba, Malawi: Zomba: Research and Publication Committee.

Kaspin, Deborah. 1995. "The Politics of Ethnicity in Malawi's Democratic Transition." *The Journal of Modern African Studies* 33 (4):595-620.

Kidney, Ella. 1921. "Native Songs from Nyasaland." *Journal of the Royal African Society* 20 (78):116-126.

Kleinman, Arthur. 1980. *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine, and Psychiatry*. Vol. 3, *Comparative Studies of Health Systems and Medical Care*. Berkeley: University of California Press.

Kubik, Gerhard. 1962. "The Phenomenon of Inherent Rhythms in East and Central African Instrumental Music." *African Music* 3 (1):33-42.

Kubik, Gerhard. 1979. "Pattern Perception and Recognition in African Music." In *The Performing Arts: Music and Dance*, edited by John Blacking and Joann W. Kealiinohomoku. The Hague: Mouton.

Kubik, Gerhard. 1987. *Malaŵian Music: A Framework for Analysis*. Zomba: Centre for Social Research Dept. of Fine and Performing Arts, Chancellor College, University of Malaŵi.

Kubik, Gerhard, and Moya A. Malamusi. 2001. "Republic of Malawi." Oxford University Press, Last Modified 2001-01-01, accessed 20.11.2018. http:////www.oxfordmusiconline.com/grovemusic/view/10.1093/gmo/9781561592630.001.0001/omo-9781561592630-e-0000017522.

Kvale, Steinar, and Svend Brinkmann. 2015. *Det Kvalitative Forskningsintervju*. Translated by Tone Margaret Anderssen and Johan Rygge. 3. ed. Oslo: Gyldendal Akademisk.

Malterud, Kirsti. 2012. "Systematic Text Condensation: A Strategy for Qualitative Analysis." *Scandinavian Journal of Public Health* 40 (8):795-805. doi: 10.1177/1403494812465030.

McCracken, John. 1977. *Politics and Christianity in Malawi 1875-1940: The Impact of the Livingstonia Mission in the Northern Province*, *Cambridge Commonwealth Series*. Cambridge etc.: Cambridge University Press.

McCracken, John. 2012. *A History of Malawi: 1859-1966*. Woodbridge, Suffolk: Boydell & Brewer.

Miller, Grant D., and Dewitt C. Baldwin Jr. 1987. "Implications of the Wounded-Healer Paradigm for the Use of the Self in Therapy." *Journal of Psychotherapy & The Family* 3 (1):139-151. doi: 10.1300/J287v03n01_13.

Mkandawire, Bonaventure. 2010. "Ethnicity, Language, and Cultural Violence: Dr. Hastings Kamuzu Banda's Malawi, 1964-1994." *The Society of Malawi Journal* 63 (1):23-42.

Morris, Brian. 2011. *Medical Herbalism in Malawi*. Vol. 18.

Moyo, Themba. 2002. "Language Politics and National Identity in Malawi." *South African Journal of African Languages* 22 (4):262-272. doi: 10.1080/02572117.2002.10587515.

Nannyonga-Tamusuza, Sylvia A., and Thomas Solomon. 2012. *Ethnomusicology in East Africa: Perspetives from Uganda and Beyond*. Kampala: Fountain publ.

Nettl, Bruno. 2015. *The Study of Ethnomusicology: Thirty-Three Discussions*. Third edition. ed. Urbana ; Chicago ; Springfield: University of Illinois Press.

Newitt, M. D. D. 1982. "The Early History of the Maravi." *The Journal of African History* 23 (2):145-162.

Parsons, Talcott. 1949. *The Structure of Social Action: A Study in Social Theory with Special Reference to a Group of Recent European Writers*: Free Press.

Peltzer, Karl. 1989. "Nosology and Etiology of a Spirit Disorder (Vimbuza) in Malawi." *Psychopathology* 22 (2-3):145-151. doi: 10.1159/000284588.

Pike, John G. 1968. *Malawi: A Political and Economic History*, *Pall Mall Library of African Affairs*. London: Pall Mall Press.

Read, Margaret. 1936. "Tradition and Prestige among the Ngoni." *Africa: Journal of the International African Institute* 9 (4):453-484. doi: 10.2307/1155718.

Rouget, Gilbert. 1985. *Music and Trance: A Theory of the Relations between Music and Possession*. Chicago ; London: University of Chicago Press.

Seeger, Anthony. 1987. *Why Suyá Sing: A Musical Anthropology of an Amazonian People*, *Cambridge Studies in Ethnomusicology*. Cambridge Cambridgeshire ; New York: Cambridge University Press.

Small, Christopher. 1987. *Music of the Common Tongue: Survival and Celebration in Afro-American Music*. London: John Calder.

Small, Christopher. 1998. *Musicking: The Meanings of Performing and Listening*, *Music / Culture*. Middletown, Conn.: Wesleyan University Press.

Soko, Boston. 1984. "Stylistique Et Messages Dans Le Vimbuza: Essai D'étude Ethnolinguistique Des Chants De Possession Chez Les Ngoni-Tumbuka Du Malawi, 1900-1963." PhD, L'Institut de Linguistique et Phonétique, Université de Paris.

Soko, Boston. 2014. *Vimbuza: The Healing Dance of Northern Malawi*. Vol. no. 4, *Imabili Text*. Zomba, Malawi: Imabili Indigenous Knowledge Publications.

Stannus, H. S. 1919. *The Wayao of Nyasaland*: Cambridge: Mass.

Turner, Victor W. 1968. *The Drums of Affliction: A Study of Religious Processes among the Ndembu of Zambia*. Oxford: Clarendon.

United Nations Educational, Scientific and Cultural Organization. 2018. "Vimbuza Healing Dance." accessed 02.12.2018. https://ich.unesco.org/en/RL/vimbuza-healing-dance-00158.

Vail, Leroy, and Landeg White. 1989. "Tribalism in the Political History of Malawi." In *The Creation of Tribalism in Southern Africa*. London: University of California Press.

Wolgien, Cyril S., and Nick F. Coady. 1997. "Good Therapists' Beliefs About the Development of Their Helping Ability." *The Clinical Supervisor* 15 (2):19-35. doi: 10.1300/J001v15n02_02.

World Health Organization. 2013. "Traditional Medicine Strategy 2014-2023." In. Geneva: World Health Organization.

Young, T. Cullen. 1931. "Some Proverbs of the Tumbuka-Nkamanga Peoples of the Northern Province of Nyasaland." *Africa: Journal of the International African Institute* 4 (3):343-351. doi: 10.2307/1155260.

Young, T. Cullen. 1932. "267. Three Medicine-Men in Northern Nyasaland." *Man* 32:229-234. doi: 10.2307/2789256.