

Faces of Religious Healing in Nkhoma, Malawi: An Exercise in Oral History

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Abstract

On 10 November 2016, the Nkhuni Centre for Oral History was established as part of the Nkhoma Museum at the University of Nkhoma in Malawi. Consequently, the author conducted an oral history project in and around the town of Nkhoma to strengthen the capacity of the centre to engage in future projects. The aim of the research was to record—albeit in restricted numbers—the answers which people living in the villages around Nkhoma, as well as patients in Nkhoma Hospital, gave to the interview questions: “What/who makes you ill?” and “What/who makes you healthy?” Furthermore, the research was to establish the religious ways of healing acknowledged by the interviewees. Finally, the research sought to inform itself on the history—short as it may be—of how and why interviewees have chosen to change from one church to the other, or remain in a specific church, in order to find their preferred way of religious healing. The aim of the article is to present the research results with a focus on the methodological steps taken in doing oral history research.

Keywords: Nkhoma Synod; Malawi; Church of Central Africa, Presbyterian (CCAP); Christian healers; herbalist (*singkanga*); religious healing; concepts of illness and healing

Introduction

Aim

The aim of this article is to report on the results of research on religious healing done in and around the town of Nkhoma, situated 50 km south of Lilongwe, the capital of Malawi, during the period 1 to 11 November 2016.

The host for the research was the newly established University of Nkhoma, which went into operation on 9 September 2013 under the guardianship of the Nkhoma Synod of the Church of Central Africa, Presbyterian (CCAP). The CCAP is one of the largest Reformed churches in Southern Africa. Apart from the Nkhoma Synod, the CCAP also consists of two other



Studia Historiae Ecclesiae
<https://upjournals.co.za/index.php/SHE/index>
 Volume 44 | Number 3 | 2018 | #5115 | 17 pages

<https://doi.org/10.25159/2412-4265/5115>

ISSN 2412-4265 (Online)

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synods in Malawi, the Livingstonia Synod in the north and the Blantyre Synod in the south (Van der Watt and Odendaal 2017, 43).

The research followed on the establishment of the Nkhuni Centre for Oral History at the said university on 10 November 2016. This article, then, specifically aims at reporting on the methodological steps peculiar to oral history methodology that were taken in conducting this research.

Research Questions

The research questions that guided this research were the following: In which ways do people in Nkhoma relate their faith to illness and healing? What do they regard to be the causes of illness and misfortune? If the causes of illness and misfortune are supernatural, to whom do they entrust the healing thereof? What are the forms of religious healing acknowledged by the participants? What are the reasons why believers leave or remain in an established church in order to find their preferred way of healing?

Research Site and Assistance

The reason for choosing Nkhoma was to increase the capacity of the Nkhuni Centre for Oral History to engage in future projects of this nature. The University of Nkhoma furthermore gave assistance to this research with Ms Ellen Mitole Gondwe, a lecturer in Linguistics, doing the language and cultural interpretation during the interviews from Chichewa to English. She also transcribed the interviews from the recordings she made. Mr Innocent K. Gondwe, who is the Director of the Nkhuni Centre and lectures in History, assisted in arranging, structuring and photographing interviews. Mr Arnold Makhuwira provided not only transport on roads not meant for sedans but identified interviewees in remote villages around Nkhoma. Dr Reynier ter Haar, Medical Director of Nkhoma Hospital, assisted in arranging interviews with patients and resource people.

Research Population, Resource People and Background Literature

Research population

A total of 40 interviews were held: 21 people were interviewed in villages around Nkhoma and seven in Nkhoma Hospital; consequently, 12 people in Nkhoma were interviewed as resource people. The interviewees signed informed consent forms.

The contexts and variables of the 28 participant interviewees are as follows:

- 1) Four interviews were held with individuals in Msanyama Village, Mazenge T/A, Lilongwe District (which is under the chieftainship of Ennelida Benati). Of them, one was male and three female. One belonged to the CCAP (the Church of Central Africa, Presbyterian); one changed from the CCAP to the local Nyau belief; and two belonged to local independent churches, the African Abraham Church and the Zionist Spirit Church.

- 2) Two focus group interviews were held, totalling 16 participants: five male, and 11 female. Four belonged to the CCAP, and four to the New Apostolic Church; the others belonged to independent churches, that is, seven to the African Abraham Church, and one to the Zion Spirit Church.
- 3) Seven patients in Nkhoma Hospital were interviewed: three female, and four male. Four of them belonged to the Roman Catholic Church, and the others to independent churches: one to the Holy Cross Ambassador, one to the Church of Christ, and one to the African Abraham Church.
- 4) Finally, a visit was paid to Prophetess Mai Yesaya (female), leader of the Zionist Spirit Church, in Sadzu Village (T/A Chilekwene, District Lilongwe).

Resource People

Twelve people were interviewed as resource people to assist in the understanding of the research findings:

- 1) Rev. Laston Kachumba (male), the CCAP Chaplain at Nkhoma Hospital.
- 2) Sister Catharine Msosa, Head of the Medical Centre at Nkhoma Hospital.
- 3) Four Dutch nurses doing their final year practical work at Nkhoma Hospital (female).
- 4) Four Theology students from the University of Nkhoma.
- 5) Dr Reynier ter Haar, Medical Director of Nkhoma Hospital.
- 6) Mr Paul Mekani, Principal Nursing Officer at Nkhoma Hospital.

Background literature

As background to the research, four dissertations by post-graduate students from Malawi are presented here, in which they express their views to inculturate Chewa culture into CCAP practices and renew the church charismatically. They contribute as follows to the three interview questions employed in the present research, namely: “Who/what makes you ill and heals you?”; “What constitutes religious healing?” and “What is your journey with the church that offers your preferred way of healing?”

In the opening words of his MA dissertation, “Beliefs, Practices, and Teaching of Witchcraft to Children in Modern Malawi: A Pastoral Challenge to the CCAP Church of Nkhoma Synod,” Ephraim Yesaya Mathyoka (2010, 1) focuses on evil intent as the most important answer given by Malawians to the interview question: “Who/what makes you ill?”, albeit in oversimplified terms: “In the rural as well as urban areas, the belief in the existence and dangers of witchcraft, magic and sorcery are widespread among Africans in Malawi today. This means that cases involving death, illness and misfortune are considered as the outcome of evil intent done by close relatives, rather than caused by natural processes.” Following his research findings, Mathyoka (2010, 94) recommends exorcism as an appropriate response of the church to this belief that assigns illness and misfortune to evil: “Nkhoma Synod should officially rethink a healing ministry through exorcism. It is one of the pastoral strategies which must be applied in the church. Presently, there is a charismatic movement existing in Nkhoma Synod ... God’s power is seen in deliverance and liberation from evil forces that afflict body and soul. Faith is therefore an important factor in the healing sessions.”

In his Bachelor of Divinity thesis, “Inculturation and the CCAP Nkhoma Synod: A Humble Suggestion to Consider Chewa Culture of ‘Gule Wamkulu’,” Nepier Greshan Chawira (2014, 1, 6) aims to explore the relationship between the gospel and Gule Wamkulu, a Chewa dance performed by naked men dressed as animals. Chawira (2014, 39) especially wishes to affirm the convergence of Christianity and Gule Wamkulu on their acceptance of traditional medicines amidst the recognition from both sides of the transcendent God in diverse ways, such as through special and general revelation. Nkhoma Hospital, Chawira states, often refers patients to traditional healers although it is a Christian hospital. Chawira’s recommendation (2014, 41) then is that “the CCAP Nkhoma Synod ... ought to embrace contact and dialogue with relevant cultural authorities within the Synod, such as chiefs and Chewa academicians, making time with them, and evaluating cultural elements together.”

John Lwanda (2005, 24), in his *Politics, Culture and Medicine in Malawi: Historical Continuities and Ruptures with Special Reference to HIV/AIDS*, refers to the high HIV prevalence rates for Malawi, which is 25 per cent amongst urban adults and 13 per cent amongst rural adults. Lwanda (2005, 327) blames the neglect of traditional medicine in the national strategy for AIDS-related deaths: “A formal epistemological dialogue between Western medicine and traditional medicine is long overdue, and would be a good starting point. This, by under-estimating the importance of traditional medicine to Malawians, has been one of the failures of the HIV/AIDS strategy in Malawi.”

In his doctoral dissertation, “Promoting Christian Community Development through Collective Approaches,” Yobbe Lungu (2010, 21) points to the fact that 52.4 per cent of Malawians live below the poverty line. Lungu (2010, 141) refers to spirituality as an important role player in the “healing” of the poor and destitute: “As the populations of the cities and urban centres of the world, including Lilongwe in Malawi continue to expand along with all the spiritual and social challenges, collective efforts are becoming even more important for those whose passion for the poor and destitute is inevitable.”

Research Methodology

This article does not aim at making recommendations to any church or synod on inculturation vis-à-vis the concepts and practices of religious healing. It aims at presenting a limited number of voices of villagers around Nkhoma and patients in Nkhoma Hospital on three issues, namely: 1) the causes of illness/misfortune; 2) the preferred religious practices of healing; and 3) the historical movement between churches in search of healing.

In order to realise this aim, the following oral history method has been used:

- Interviewees were identified through locals who were informed about the aims of the research. More interviewees were added through snowballing.
- An interview schedule was followed to invite interviewees to share their experiences on the three main interview questions, after signing a consent form. Notes were made and a service of the prophet-healer was video-recorded with a cell phone.

- During interviews, the values of Narrative Inquiry (Clandinin 2007) and Africanity and Research (Landman and Yates 2017) were followed. This entails moving “away from the Western academic focus on objectivity and verification, towards an equal and auto-ethnographical relationship between the researchers and the research participants. In this research relationship, African contexts and voices matter, and words and stories are considered to be data with their own integrity.”
- In accordance with these ethical research values, the voices retrieved were not interpreted in terms of hidden agendas and presupposed themes. The value of “interpretation is colonisation” was upheld. Consequently, the voices of the interviewees are recorded in this article unmediatedly, organising them under themes that emerged from the voices themselves.

Voices from the Village(s)

Four individuals and two focus groups were interviewed in Msanyama Village, which is situated about 10 km from the town of Nkhoma in the District of Lilongwe. In answering to the three interview questions: “Who/what makes you ill and heals you?”, “What constitutes religious healing?” and “What is your journey with the church that offers your preferred way of healing?” their voices are now being related here as unmediatedly as possible in accordance with the values and method of oral history research as described above.

Semu (37) is employed in a low-paying job. He was born into the CCAP, to which he still belongs. He prefers this church because they assure him that after death he will go to heaven. When he is in a crisis, they pray for him. He has a wife and four children. He and his wife complement each other, although he thinks a man has a greater, advisory role to play in the family. When he is ill or misfortune strikes, he knows it is God punishing him. Sometimes, he believes, it is “witchcraft.” When he is ill, he sometimes goes to a *singkanga* (traditional healer), but mainly he goes to the hospital. He believes that the ancestor spirits influence his life, but knows that he simply has to go to church and ignore them. He believes that Satan is very strong, but that God is stronger.

Lorina is a subsistence farmer. She is illiterate but remembers that she was born in 1953 and was therefore 63 years old at the time of the interview. She was born and raised in the CCAP but has now turned to Nyau, a local religious society. She is, in fact, the spokesperson for the chief of the village, Chief Ennelida Benati, who represents the Nyau worldview. Lorina explains that Nyau is a secret society of the Chewa, and bystanders add that it is mainly found in Malawi’s villages. From what she explains, Nyau seems to be based on indigenous religious beliefs and is mainly presented through ritual dance performances with male performers wearing masks. Lorina continues with her life story: She was married in a church and had five children with her husband. When he died, she entered into a traditional marriage with a man who has two wives. She believes the man is the head of the family and that she has to be obedient to him; however, he does not treat her badly. When she or any other member of Nyau becomes ill, there is no praying or healing; they go to the hospital. She herself believes that ancestor spirits exist and influence her life, but she does not think they

have power over her. She sometimes visits a *singkanga* (traditional healer). She believes in a (male) God but does not think that he makes people sick for punishment. The women she knows who have HIV, have been victimised into being infected with the HIV virus.

Otilia (42) is a subsistence farmer. She has been born and raised in the CCAP but joined an independent church, the African Abraham Church, three years ago. This church has a building and about 85 members. One of the reasons why she has changed churches is because she was born in a royal family; however, the CCAP does not accept the cultural practices which accompany her royalty, while the African Abraham Church does. She has two children and is married to a man who has two wives. Although the church allows this, she does not like it. When she is ill, the bishop will pray for her. Church members collect money amongst themselves to buy medicine from the pharmacy when one of them is ill. She believes that it is sometimes God who makes you ill, and sometimes the devil. When it is God, you have to pray, and the illness will go away. When it is the devil, you will have to go to the *singkanga*, who will give you herbs orally, and cut your hand to let blood.

Eveless (65) was born and raised in the CCAP but joined the Zion Spirit Church 21 years ago. This church has a building and about 90 members. The reason for this was that her left leg was terribly painful. Nkhoma Hospital said there was nothing wrong. When she went to Zion Spirit, they gave her herbs to eat/drink and prayed for her. She was healed. She was married twice. Her first husband died, and she was divorced from the second. She has five children. When a person in the Zion Spirit gets ill, s/he is immediately visited and prayed for. Healing comes through prayer and herbs. She believes it is the devil that makes you ill. The ancestral spirits come with misfortune to kill you. For this, she goes to church because the church gives you traditional help. “The church itself is about *singkanga* business.” The church prays for you to get rid of the ancestral spirit and the devil.

Two focus group discussions were held in Msanyama Village, each consisting of eight participants. There is no electricity in the village, and consequently no television. There are a few people with cell phones which they take to Nkhoma Hospital for charging. The 16 participants in the focus groups were all Christians, with members of Nyau choosing not to participate. Of them (5 male, and 11 female), four belonged to the CCAP, three to the New Apostolic Church, six to the African Abraham Church, and one to the Zion Spirit Church. The focus groups confirmed and expanded on what the individual interviewees contributed to the answering of the three main interview questions:

- Illness and misfortune are seldom caused by natural causes only; there is always an element of bewitchment and interference by the ancestral spirits or the other evil spirits (“devil”) perceived. However, evil stands under God’s control, although God self can decide to punish a believer with illness and misfortune. “The devil makes you ill; God is loving and caring,” one woman said.
- What then, are the preferred ways of healing? When natural causes are suspected, the believer goes to the hospital, especially when malaria is a possibility. When the hospital cannot help, or bewitchment is suspected, the believer goes to the *singkanga*.

Whether the believer goes to the hospital or traditional healer, s/he also goes to the church for prayer. The Zion Spirit Church offers physical healing through herbs, and the New Apostolic⁵⁴ Church offers anointed water. The participants indicated that they pay the traditional healer money, a chicken or a goat. Some of the participants identified Prophetess Mai Yesaya from the nearby (2 km) Zion Spirit Church as a *singkanga*. “I first go to the hospital. If they cannot help me, I go to the Zion *singkanga*,” one woman said. “I suffered from dizziness and a fast heartbeat. The hospital said I have high blood pressure. The Zion *singkanga* said it was ancestral spirits or demons. She prayed for me and gave me herbs. I was cured,” another woman related. “I had a heart attack. I was bewitched. The Zion *singkanga* helped me,” one man said.

- What, then, can be deduced from these interviews and discussions on the history of churches and the movement between churches? The 20 villagers interviewed were all born and bred in the CCAP, but only five, that is a quarter, remained. The others had moved away to embrace the Nyau, or an independent church that offers some kind of physical healing through herbs or anointed water, all in an atmosphere of intense praying.

Subsequently, an interview was held with the Zion *singkanga*, Prophetess Mayi Yesaya of the Zion Spirit Church, who lives in Sadzu Village (T/A Chilekwene, District Lilongwe), two kilometres from Msanyama Village (T/A Mazenge, District Lilongwe) where the villagers who were interviewed lived. I interviewed the prophetess after attending a church service led by her in a building next to her house that displayed poverty, but also care towards the sick that were lying everywhere on the floor.

Prophetess Yesaya was born and bred in the CCAP but joined the Zion Spirit Church when it was established in 1974 in Malawi. The church has many branches, but she is the founder of this branch only. She relates her founding of the church as follows:

I encountered God in a vision. God told me that a lot of people needed prayers because most of them were not going to church because of the strictness of the CCAP. Most of them were ex-communicants of the CCAP due to drunkenness, smoking, polygamy, consulting witch doctors, etc. So one time when I fell ill God talked to me in a vision that I should be praying for these people who have been ex-communicated from the CCAP, and others. It was this time that I received divine powers from God that I should be praying for the sick and in some cases combine prayers and herbs to heal the sick.

In healing the sick, herbs play an important role (excluding pregnant women). She was not trained in the healing powers of herbs. “It was just by the grace of God. I never learnt it from anyone else. It was through a vision. In that vision I was told that when one is ill from this type of illness, I should use herbs from such a tree.” “Can she heal someone who is HIV positive?” she was asked. Prophetess Yesaya replied: “If someone is HIV positive we refer him or her to Nkhoma Hospital for ARVs. Mostly, we deal with cases that the hospital failed. If somebody comes here and we suspect him or her of being HIV positive, we refer that person to Nkhoma Hospital, but when the hospital fails, then we help.”

Prophetess Yesaya was born in 1958 and was 58 years old at the time of the interview. She was married, but her husband had left 11 years ago for Mozambique with another Malawian woman. They have five children and are not officially divorced. She explains why there are more women office bearers in the church than men: “Some women have divine powers but also, women are more faithful than men. Most men are not faithful; they are promiscuous, they go out to sleep with a lot of women. As a result, such men cannot serve in this church. But still, we have some men who are serving in this church, just that they are not with us today because they have gone for a funeral.”

Finally, she describes the difference between herself and a traditional healer as follows: “The traditional healer relies only on herbs and divination. A traditional healer does not pray for the sick, but for us, we pray for the sick and use herbs.”

Voices of Patients in Nkhoma Hospital

In the preceding, villagers were interviewed to express their preference for healing at the hospital, through the *singkanga*, or at a church. Consequently, a prophetess-healer was interviewed to give the side of a church’s healing practice. We then interviewed patients in Nkhoma Hospital to ask them why they have chosen for hospital healing.

Situated in the town of Nkhoma, 60 km south of Lilongwe, the capital of Malawi, the Nkhoma Hospital belongs to the CCAP and has been part of this original “mission community” since its inception in 1912; that is, more than a century ago. Although the hospital serves the more or less 33 000 people living in and around Nkhoma, it draws patients from a much larger area, stretching into Mozambique. The patients interviewed, incidentally, were not members of the CCAP. Patients were chosen for their willingness to participate, and for their availability. Seven patients were interviewed, three female, and four male. Four of them belonged to the Roman Catholic Church, and the others to independent churches: one to the Holy Cross Ambassador; one to the Church of Christ; and one to the African Abraham Church.

Fagina (39) is a subsistence farmer living in Nanthenje Village. She has always been a member of the Roman Catholic Church and still is. She is anaemic, that is, her blood lacks enough red blood cells, a condition that needs expert medical treatment. For treatment, she goes to the hospital and not to a herbalist. However, she sometimes goes to a Pentecostal church for prayers although the priest from the RCC would visit her and pray for her if she reported her need. Fagina thinks that God does not allow his people to suffer and that her illness is the devil at work. The devil also took away her husband. She does not believe that the ancestors or the traditional healer can influence her life.

Lizineti (35) also comes from Nanthenje Village. She belongs to a Pentecostal church, the Holy Cross Ambassador. She has been a member of this church for the past five years. Previously she belonged to the PIM (Providence Industrial Mission), but the Holy Cross was

nearer. She divorced her husband who beat and suffocated her when he got drunk. She has six children. She suffers from tuberculosis. When it becomes bad, she goes on her knees and prays to God. She would go to church for prayers and blessing with anointed water. Eventually, she will go to the hospital. She will not go to a traditional healer. Lizineti does not blame God for making her ill; her illness has natural causes. She does blame the devil for making her poor since she cannot work when she is ill. However, she believes that God can cure you if you pray and believe in him. She knows a woman who has been cured of HIV because of her strong belief in God.

Martha (62) is a subsistence farmer who farms with coffee on a small scale. She was born into the CCAP but has been worshipping at the Church of Christ for the past 15 years. The CCAP was too demanding for her. She had to buy a uniform and give her tithe. She could not afford to go there anymore. She has 11 children of whom eight are still alive. She suffers from diabetes and bad eyesight. For medical care, she goes to the hospital. Her pastor prays for her, and he also does healing, but not with herbs or anointed water. They are allowed to go to herbalists, but she does not go there. The causes of her illness are natural. She does not believe in ancestral spirits—when you die you are gone forever. She believes that God can heal you, even from HIV and she knows people who were healed from AIDS.

Tonnex (23) was born in the CCAP but changed four years ago to the Roman Catholic Church to sing in the latter's choirs. He is a subsistence farmer from Kaphala Village (T/A Mazengera, Lilongwe District). He is not married yet, but is looking for a well-behaving, obedient woman, with whom he can have three children. He is in hospital for a serious skin infection. Previously he visited a herbalist for bilharzia. He does not believe that the ancestral spirit or *singkanga* can influence him, but the devil and a bad lifestyle can make you ill. "If the devil makes you ill, how can medicine alone make you healthy again?" he was asked, but he did not give an answer.

Markyon (48) is a struggling subsistence farmer in Milamba Village (T/A Mazengera, Lilongwe District). He had not attended church before he joined the Immanuel Church in 1996, but changed in 2006 to the African Abraham Church when he moved to the village where he now stays, and there was not an Immanuel Church. He lacks the basic necessities, and this church brings relief. They do not give him food packages or anything substantial, but they bring hope. He has been ill with cholera. When he started vomiting now, he came to the hospital. He does not go to the herbalist when he is ill, neither does he go to the church, although he has seen the church praying for and healing ill people. It is the devil that makes you ill. The ancestral spirits send demons into your life to make it miserable. Medicine can cure you, but you also need God's power, divine intervention. However, not even God can cure AIDS.

Lonjezani (24) is a subsistence farmer from Mchira Village (T/A Kaphuka Dedza, 70 km away). He was born and raised in the Roman Catholic Church, but when he moved for work, he joined the CCAP. At home, he worships in the RCC. He is married and has five children. When he is ill, he goes to the hospital, never to a herbalist. His church members will come

and visit him. He is at the hospital now because he experiences mental problems and is on antipsychotic medicine. He believes the devil makes him ill, although sometimes God brings illness to punish people. His present illness is brought about by the ancestral spirits. Back home he will have to undergo a cleansing ritual, covering himself with soil and water, and wash it off again. This is a traditional ritual which will help him, and the church does not object to it.

Samalani is a subsistence farmer from Chokoma Village (T/A Tambula Dedza). He used to go to the CCAP but is no longer interested in attending church. He is at the hospital because he coughs and has pain in his legs. The devil makes him ill, as well as people who bewitch you. He once went to a herbalist who gave him herbs, but it did not work.

The seven patients interviewed at Nkhoma Hospital, then, attribute their illness either to the devil or natural causes. They obviously prefer to go to the hospital when they are ill, and not to the church healer or herbalist, although some say that, additional to the hospital, they go to church and/or the herbalist. They express their disappointment in the herbalist. In general, those interviewed do not believe that the ancestral spirits or the *singkanga* can influence their lives. Their preference for a specific church was influenced, firstly by the availability of the church and the distance needed to travel there, secondly by the financial demands of the church, and thirdly by a sense of belonging through singing in the church choir. Some of the patients do not go to church at all.

Voices of Resource People

After having interviewed 21 villagers, of whom one was a prophet-healer, as well as seven patients from Nkhoma Hospital, 12 people were interviewed as resource people to assist in the understanding of the research findings. Four of them are Theology students from Nkhoma University, and the others are in some way attached to Nkhoma Hospital, including the chaplain and the director of the hospital.

At the time of the interview, Rev. Laston Kachumba (58) had been the CCAP Chaplain at Nkhoma Hospital for the past seven years. He was born in the Church of Christ, but 25 years ago he became a member of the CCAP and started his theological training for this church. According to Rev. Kachumba, herbalists exercise a great influence over people, especially in the villages. Herbalists are nearer than the church or the hospital, and they even go to the villages where they are paid a chicken for their services. The herbalists identify with Christianity because they know the people are Christians. Churches in Malawi have to be registered with the government, but herbalists not. There is no control over them or what they do, and often people come to the hospital critically ill because of the treatment of herbalists. As a pastor, he deals with people's fear of curses, both during chapel services and in individual counselling. It is acknowledged that the curse is there, but that God is stronger than the curse. Emphasis is on the "cursed" person's personal relationship with Christ. Also, as the hospital chaplain, he will never say to patients they are ill because of their sins. They do not need that. According to John 8, illness should never be related to a sinful life. God can

heal everybody, but it is not always his will to do so. However, God is always present when there is suffering, and a patient never needs to ask: “Where is God?”

Sister Catharine Msosa is the Head of the Medical Ward at Nkhoma Hospital. She comes from Masikini Village in the south (T/A Likoswe Chiradzulu) where her family is Roman Catholic. However, she joined the CCAP when she got married. She and her husband have two children. According to her, 70 per cent of the patients who come to the hospital are HIV positive. They also suffer from malaria, pneumonia, tuberculosis, diabetes, heart failure (the elderly), strokes and hypertension. It is not allowed for churches to come to the hospital to do healing, although pastors can come and pray. Traditional culture still plays a huge role in the health of people. Usually, they first go to a herbalist before coming to the hospital. Practices that impact on women’s health, in particular, are the custom that when your husband dies, his brother takes you as his wife, and the tradition to choose girls for the chief when he is inaugurated. Sister Catharine confirms that the traditional healers pretend to be Christian and go under Christian names. She also states that a majority of patients believe that their illness is caused by bewitchment.

During a feedback conversation with Dr Reynier ter Haar, the Medical Director of Nkhoma Hospital and Mr Paul Mekani, the Principal Nursing Officer at Nkhoma Hospital where sister Catharine was also present, different statistics were given as to the HIV status of patients in the hospital: 4–5 per cent of blood donors are HIV positive; 7–8 per cent of women coming to give birth are HIV positive; of 1 000 patients between 13 and 49 years tested, 340 were HIV positive; that is an average of 3.37 per cent. Malaria is actually a bigger threat to life than HIV. The hospital also treats the consequences of backstreet abortions and children who suffer from malnutrition.

Dr Ter Haar furthermore gave interesting reasons why ill people did not come to the hospital. The main reason is distance. If a person without private transport lives more than 4.72 km away, s/he would not come to the hospital. Money may be a problem since the hospital charges 15 000 Malawian Kwachas (R300/\$20) for admittance and treatment—although children under the age of five and mothers giving birth are treated for free. Many ill people, who should be treated in a hospital, rather use self-medication or go to a traditional healer. Regarding traditional healers, the hospital takes on an interesting position. They consult with traditional healers, have sessions with them to hear them out, and actually sometimes refer patients to them. About 50 traditional healers participate in this project on the interface between “Western medicine” and traditional healing.

From an “outsider” point of view, four Dutch nursing students (Aline, Andrea, Natasja and Marje) doing their practical work at Nkhoma Hospital, observed a number of practices at the hospital that reflect the beliefs of patients on healing and health. Firstly, it is observed that the father is never present at birth. Secondly, they observed that traditional healers smuggle their medicine into the hospital—and pretend to be Christian. Thirdly, they bemoaned the fact that people take a long time to come to the hospital and presumably first submit themselves to the treatment of traditional healers. They also observed that when a person suffers from an illness

that is visible, they would come to the hospital; however, when you cannot see the illness, they go to the traditional healer.

Finally, four Theology students from the University of Nkhoma were interviewed.

Mr Chisomo Chilanga (24) has been a member of the CCAP since birth. He intends to get married in five years to a Christian, hardworking, educated and obedient woman. He thinks that when a person is ill, s/he should go to the hospital for treatment. However, medicine alone cannot heal. One needs to pray for healing. With reference to himself, he recalls that when he was sick or troubled at home in Kasungu, the church would visit and pray for him. Here at the university, they do not visit him. He furthermore believes that the devil makes one ill, since only good things come from God. It is God who heals. Traditional healers cannot heal, but people go to them because of a lack of education, and because they want to see something visible. The church only prays, but the people want to partake in rituals, something tangible. He is concerned about the high HIV rate amongst students. He estimates that three to five students out of 10 are HIV positive. It is the devil that convinces them to enter into a bad lifestyle. The young girls do it for money, and the young men to prove to their friends that they are men. However, God can also heal HIV.

Mr Harry Nkhutche is also a pastor in training, having been born into the CCAP from his mother's side. His father is a Roman Catholic, but he follows his mother's church. His hometown is Sauma, 150 km from Nkhoma. He is married and has two children. He calls himself born-again and aims at bringing revival to the CCAP. He wants to teach the full gospel in the CCAP, which includes healing. This means giving advice and counselling, but also to do exorcism if the person is suffering a demonic attack. Sometimes he advises sick people to go to the hospital. As far as he himself is concerned, when he is ill, he prays and gets healed. He only goes to the hospital to respect his wife's wishes. He furthermore believes that God does not make us ill; God does not cause us to suffer. Sometimes God does test us, but it is the devil that makes us ill to drive us away from our faith. He does not believe in ancestral spirits, and also not in Christian *singkangas*. He believes that God can cure all illness, including HIV.

Mr Carson Makonsetsa (31) was born into the CCAP. He comes from Mpalale Village (T/A Kasumbu Dedza). Once, before he became a born-again Christian, he had stomach pain and went to a traditional healer. Traditional healers do not believe in God. They always believe that when you are ill, your illness comes from somebody who is your enemy and that you are bewitched. The first thing they ask you, is: "Who are your enemies and how are you with your neighbours?" This is a ridiculous question because it is impossible to have only friends. They always find somebody who has bewitched you and then you have to pay them to remove the curse. If you are not healed, they say it is because you have not followed their order and you have to pay again. The hospital also charges you. However, the church heals you for free; and when the church heals you it is forever, and not only temporarily. He now knows prayer can heal. Last year his eyes were very painful, he could hardly see. He went to

the hospital, and they gave him medicine, but the treatment was not sufficient. An elder from the CCAP prayed for him, and he was instantly healed. It is the devil that makes us ill. God does not make us ill but has power over illness and sometimes uses illness to direct us, not to punish us. It is the devil that brings suffering. A Christian *singkanga* cannot heal but only reverse a curse. It is only God that heals. He has heard of a man from the CCAP who went to a village; after praying for a man who was HIV positive, the man was healed.

Mr Michael M Mbale (31) has been in the CCAP from birth and comes from Lanneck Village (T/A Mwene, Misuku, Chitipa district), 400 km from Nkhoma. He is not married yet, but when he marries, it will be with a woman who is God-fearing, hospitable, and values God's rights more than people's rights. He has previously made a girl pregnant, but she died in an accident. The child, a girl, is now with his parents. He is now a born-again Christian. His aim is, when he is ordained as a pastor in the CCAP, to serve the people of Malawi as a spiritual leader. He is concerned that the political leaders do not understand the spiritual side of people, but that as a pastor he can come near to people and address them spiritually. When he was ill as a boy, his parents would sometimes take him to the hospital and sometimes to a traditional healer. Sometimes the hospital sent him to a traditional healer. He is now born-again and believes that traditional healers, as well as Christian *singkas* ("Zionist prophets"), are simply business people who make a lot of money. God cannot produce an illness; God is holy. God allows the devil to make somebody ill because that person was disobedient. It is witches that make people ill. They are agents of the devil. Only God can heal you, through prayer—and it should be free. Jesus did not ask for cash to heal people. However, the CCAP should take back its role as healer, and allow exorcism.

In sum, the 12 resource people interviewed contributed greatly to the faces of illness and religious healing in and around Nkhoma. HIV and malaria seem to be the most life-threatening health issues to Malawians, while the hospital also has to deal with malnutrition amongst small children. The hospital furthermore spends a large amount of its resources on women coming to give birth.

On the first interview question, namely: "Who/what makes you ill and heals you?", the resource people speaking on their own behalf as well as on behalf of others, indicated that God is not believed to make people ill or subject them to misfortune. This is the job of the devil. God heals through medicine, but mostly not through medicine alone: the prayers of the church are needed. The resource people take a variety of positions vis-à-vis traditional healers. Some see them as tricksters, even agents of the devil, who put on a Christian garment to take money from ill people, while others actually engage traditional healers in health talk and want to learn from their skills and expertise. According to the resource people, most people view healing within an integration of traditional medicine, hospital medicine, and church prayers, although it is acknowledged that many people are unable to visit the hospital because of distance and funds.

As far as journeying with a church is concerned, many of the resource people show a remarkable amount of loyalty to the CCAP, especially those working for the CCAP-funded hospital, or who are training at the university as pastors in the CCAP

A Summary of Research Results According to Themes

Firstly, the forms of religious healing found elsewhere in Africa are confirmed

In her dissertation, “The Interchange, Exchange and Appropriation of Traditional Healing, Modern Medicine and Christian Healing in Africa Today,” Othusitse Morekwa (2004) refers to the integration of diaconal healing, faith healing and ritual healing in Christian healing practices “in Africa today.” The voices of the interviewees confirm these forms of religious healing and their exchange with one another and with traditional healing:

- 1) Diaconal healing at a private Christian hospital in Nkhoma, for those who can reach and afford it, goes with church prayers and the herbs of traditional healers who present themselves in Christian words and with Christian names. The medical officers at the hospital provide space for traditional wisdom and practices.
- 2) Faith healing happens through the mediation of a church healer, and ranges from simply praying in mainline churches, to praying with rituals in “healing churches” including the blessing with anointed water, and the giving of herbs to be consumed orally. The church healers claim to heal people after the hospital has been unsuccessful in healing them.
- 3) Ritual healing in the Christian healing churches is strongly intermingled with traditional practices to such an extent that believers remark that “the church is about *singkanga* business.”
- 4) Traditional healing, too, hardly appears in its original form, not even amongst those who participate in Nyau practices. The traditional healers are very powerful and increase their influence over people by taking on Christian appearances.

Secondly, people of faith regard both illness and healing as belonging to the sphere of the supernatural

The first interview question was: “Who/what makes you ill?” Considering the 28 interviewees, excluding the resource people, a majority of the interviewees feel that the devil made them ill, which may include that they feel bewitched, as the hospital personnel presupposes. A very small minority (3) says that God sometimes makes you ill to punish you, and an even smaller minority (2) indicates that their illness can be attributed to natural causes. The majority says that ancestral spirits and traditional healers do not influence their lives, and those who do feel threatened feel that evil spirits are active only under the control of God. In short, and as was said in the previous paragraph, illness is seen as caused by a variety of supernatural agents, including God, the devil, and the *singkanga*.

The second interview question was: “Who/what heals you?” and “What is your preferred way of getting healed?” The majority indicates that it is God who heals, although there is not agreement whether God heals or can heal HIV. In mainline churches, God heals through prayer, and in healing churches through prayer, herbs, rituals and anointed water. Some

interviewees stated specifically that the traditional healer cannot effect healing, but in most cases, the church, the *singkanga*, and the hospital—in the mind of the interviewee—work together towards healing. However, the prophetess-healer Yesaya specifically points out that the difference between her as Christian healer and a traditional healer is not the herbs presented, but the prayers she presents to God.

While the role of Western medicine within the hospital is highly recognised, illness and healing belong to the sphere of the supernatural. Some of the interviewees are prevented from going to the hospital because of distance and poverty, making the traditional healer or the nearby healing church their first priority. Nevertheless, there was almost full consensus that medicine alone cannot heal a person.

Thirdly, a tendency is confirmed that people, especially in remote areas, move away from the mainline church(es) to join local “healing” churches

The third interview question concerns the movement from mainline churches to independent churches that focus on healing. Of the 28 interviewees (excluding the resource people) only five (less than 20%) remained in the CCAP. They left for the Nyau cult (1), the African Abraham Church (10), the Zion Spirit Church (4), the RCC (1) and other independent/Pentecostal churches (7). They left because of a lack of cultural sensitivity in the CCAP, because of the healing (herbs and anointed water) that is offered by the independent churches, because they were excommunicated by the CCAP or found this church to be too strict, because the CCAP was financially too demanding, or because they wanted to sing in the RCC choir. Mainly, they left the CCAP because the independent churches are nearer to the villages where they live.

The local “healing” churches focus on people of faith who do not have access to health and spiritual care because of distance and finances; however, the interviewees are poor people and the healing churches visited did not constitute prosperity churches. Some of the resource people, however, referred to the traditional healers—who take on a Christian appearance—as businesspeople who exploit poor people.

Conclusion

The aim of this article is to record the voices of villagers around Nkhoma in Malawi and patients in Nkhoma Hospital on three interview questions: “Who/what makes you ill and heals you?”; “What constitutes religious healing?” and “What is your journey with the church that offers your preferred way of healing?” The findings of this research have been summarised in the previous sub-section.

This article furthermore aims at making visible the oral history method used to voice the interviewees and retrieve their (hi)stories on journeying with specific churches in their quest for healing. In terms of oral history methodology it was explained that three steps were taken to realise the philosophical aim of doing research by means of oral history methods: 1) the ethical framework in which the research was done, was that of narrative inquiry and

Africanity research that sent the interviewer and interviewees on a journey of co-producing knowledge of the vivid experience of all involved; 2) data collecting was done through a semi-structured questionnaire that allowed the interviewer to invite the stories of the participants; 3) no interpretation was done since interpretation is considered as colonising the story of the participants, whose story was presented here unmediatedly.

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Interviews

Msanyama Village, Mazenge T/A (Traditional Authority), Lilongwe District: Chief: Ennelida Benati

Individual interviews (1 Nov 2016)

| | | | | |
|---|-------------------|---|----|--------------------------------|
| 1 | Semu Chikhwaya | M | 37 | CCAP |
| 2 | Lorina Kaponya | F | 63 | CCAP to Nyao Cult |
| 3 | Otilia Samulesi | F | 42 | CCAP to African Abraham Church |
| 4 | Eveless Zilimbana | F | 65 | CCAP to Zion Spirit Church |

Focus group 1: (2 Nov 2016)

| | | | | |
|----|-------------------|---|--|------------------------|
| 5 | Aniya Zeze | F | | Church unknown |
| 6 | Jessie Austin | F | | CCAP |
| 7 | Estere Ezekiel | F | | African Abraham Church |
| 8 | Chikonzero Pofera | M | | CCAP |
| 9 | Lucas Zatha | M | | CCAP |
| 10 | Salome Jaled | F | | CCAP |

| | | | |
|----|------------------|---|------------------------|
| 11 | Judith Viliot | F | African Abraham Church |
| 12 | Chipiliro Yomanu | M | New Apostolic Church |

Focus group 2: (2 Nov 2016)

| | | | |
|----|------------------|---|------------------------|
| 13 | Lyford Phiri | M | New Apostolic Church |
| 14 | Daniel Mpemphero | M | New Apostolic Church |
| 15 | Rosemary Chigaga | F | African Abraham Church |
| 16 | Malea Misi | F | Zion Spirit Church |
| 17 | Mlekeleni Falao | F | African Abraham Church |
| 18 | Lesina Lirani | F | African Abraham Church |
| 19 | Milcah Chaponda | F | African Abraham Church |
| 20 | Zelesi Simion | F | New Apostolic Church |

Chaplain Nkhoma Hospital (3 November 2016)

| | | | |
|----|----------------------|---|------|
| 21 | Rev. Laston Kachumba | M | CCAP |
|----|----------------------|---|------|

Patients: Nkhoma Hospital (3 November 2016)

| | | | |
|----|-------------------|---|--|
| 22 | Fagina Nalikoma | F | Roman Catholic Church |
| 23 | Lizineti Gladwell | F | Holy Cross Ambassador (Pentecostal Church) |
| 24 | Martha Msema | F | Church of Christ |

Patients: Nkhoma Hospital (4 November 2016)

| | | | |
|----|---------------------|---|------------------------|
| 25 | Tonnex Tembo | M | Roman Catholic Church |
| 26 | Markyon Kachiguma | M | African Abraham Church |
| 27 | Lonjezani Paliponse | M | Roman Catholic Church |
| 28 | Samalani Saidi | M | CCAP/no church |

Sister Catharine: Head of Medical Ward/Nkhoma Hospital

| | | | |
|----|----------------|---|------|
| 29 | Catharin Msosa | F | CCAP |
|----|----------------|---|------|

Christian *singanga* (Sunday 6 November 2016) Sadzu Village T/A Chilekwene, District Lilongwe

| | | | |
|----|-----------------------|---|----------------|
| 30 | Prophetess Mai Yesaya | F | Zionist Spirit |
|----|-----------------------|---|----------------|

Dutch training nurses working at Nkhoma Hospital (Monday 7 November 2016)

| | | | |
|----|-----------------|---|-------------------------------|
| 31 | Aline Mauritz | F | Gereformeerde Kerk, Nederland |
| 32 | Andrea Haase | F | Gereformeerde Kerk, Nederland |
| 33 | Natasja Willems | F | Hervormde Kerk, Nederland |
| 34 | Marje Bank | F | Gereformeerde Kerk, Nederland |

Report back Nkhoma Hospital (8 November 2016)

| | | | |
|----|---------------------|---|--|
| 35 | Dr Reynier ter Haar | M | Superintendent, Nkhoma Hospital |
| 36 | Patron Paul Mekani | M | Principal Nursing Officer, Nkhoma Hospital |

Theology students, Nkhoma University (8, 9 November 2016)

| | | | |
|----|-------------------|---|------|
| 37 | Chisomo Chilanga | M | CCAP |
| 38 | Harry Nkhutche | M | CCAP |
| 39 | Carson Makonsetsa | M | CCAP |
| 40 | Michael M Mbale | M | CCAP |