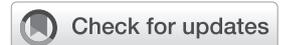


# Wazungu missionaries and Vimbuza performers: Contradictions in northern Malawi

**Author:**Chrispine N. Kamanga<sup>1,2</sup> **Affiliations:**

<sup>1</sup>Department of Practical Theology and Missiology, Faculty of Theology, Stellenbosch University, Cape Town, South Africa

<sup>2</sup>Department of Psychosocial, Faculty of Health Sciences, St. John of God University, Mzuzu, Malawi

**Corresponding author:**

Chrispine Kamanga,  
nthezemu16@gmail.com

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This article describes the confusion, inconsistencies, and contradictions between white people (Wazungu) and Vimbuza ritual practitioners in Malawi. It reflects on the ritual's continuity, persistence and resistance despite the strides in Western medicine, Christianity and modernity. How can indigenous people deal with the inconsistencies and confusion brought by Wazungu in the Vimbuza ritual performance? On one hand, the missionaries displayed inconsistent and contradictory approaches to Vimbuza ritual performance. On the other hand, the local people inconsistently responded to their conversion call. From the discussions with the local people and indeed from their perception, one can note that the missionaries' refusal of Vimbuza ritual was done out of their hatred and condemnation of African rituals. This article that indigenous people are still displaying two identities: that of being Christian and active ritual performers.

**Contribution:** The ritual performance has been strengthened and validated further through the Wazungu's involvement in Vimbuza ritual, a ritual that they rejected when they brought Christianity to the area.

**Keywords:** Wazungu; missionaries; Malawi; Vimbuza; (in)consistency; UNESCO.

## Introduction

Among the people in the north of Malawi commonly identified as Tumbukas, the word Wazungu refers to any white person, regardless of their origin. All the white people (including non-black Africans) have been referred to and continue to be referred to as Wazungu since the first white person appeared in the area. Among the first people who stepped their feet in the northern region of Malawi, were the missionaries who preached the gospel of Jesus Christ to the indigenous people. Upon their arrival in the northern region, as was the case in some parts of Africa, they found that the Tumbuka people were heavily involved in the performance of Vimbuza as a form of healing ritual.

The term Vimbuza also refers to both a disease and the form of treatment that would be needed (Kamanga 2024:xii). Vimbuza is a 'spirit sickness' (mental illness) that the locals cannot explain scientifically. People suffering from Vimbuza disease display similar signs and symptoms (violent and disturbing behaviour, disturbed sleep pattern, suicidal ideas, interpersonal problems, etc.) like those of people with mental illness. Vimbuza ritual performance has been and is envisaged by the local people as the only form of healing that can work on such a spirit sickness. However, this form of healing seems problematic to both mainstream scientific healing system and the mission-founded churches. The local people believe that for one to heal from such a sickness, they must be involved in a dance called Vimbuza.

When the Vimbuza ritual is performed for the purposes of healing, there is singing and drumming by the community members for the sick person to dance out the disease. The diagnosis of the sickness is performed at the peak of this dance, mostly when the Vimbuza healer is in a trance state, where they manage to communicate with the ancestral spirits. Peter White (2015) refers to a similar diagnosis as:

[F]inding out the organic or physical causes of the sickness through a careful examination and questioning by the medicine man which compliments divination of the spiritual or mystical cause for the illness. (p. 2)

In the final stages of the Vimbuza dance, the performer returns to normal, and there is a slowing down of the songs as the spirits leave the dance floor (cf Soko 2014a:32–34 for more on songs).

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It is at this stage of the dance that either the healer himself may take over the beating of drums or the other patients seeking healing services will start dancing.

It is the singing of songs by the community members and the beating of drums that provide a good atmosphere for the patients to heal from their 'spiritual' sicknesses. Apart from dancing, some patients are commenced on herbal medicine to facilitate their healing. This herbal remedy may be administered for an unspecified number of days, weeks, months or years (Kamanga 2024:165). In normal circumstances, *Chilopa*<sup>1</sup> ceremony acts as a climax of the treatment, which takes place at a graveyard. Apart from the drinking of fresh blood from an animal, during the *Chilopa* ceremony, a patient is validated either to have been healed or to get on a new role of a healer through the wearing of beads, getting a new name for the new age and work, a robe as a uniform and a walking stick.

The Vimbuza ritual has continued to influence the lives of the local people long after the majority of them converted to Christianity. This influence is against a background of missionaries giving an option to indigenous people either to convert and leave the ritual performance or continue the ritual practice and remain outside the Christian circle. In response, the local people who practised the ritual continued with their performance even after their conversion, disregarding the dictates of the missionaries.

This article presents an interaction between the missionaries (Christianity) with the Vimbuza performance (culture) in Malawi. Paul Tillich (1959) is among the prominent theologians who have extensively discussed and popularised the theology of culture figure who popularised the theology of culture by among other arguing that culture influences and is also influenced by religious beliefs. Furthermore, Van Rheenen (1997:33) argues that there is an artificial boundary between theology and anthropology, which is just a product of modern thinkers and not from the Bible. From this angle, theology and anthropology must work in unity. Or to put it in another way, one must be both a theologian who is aware of culture and, at the same time, be a Christian anthropologist. After all, the same God who created culture continues to sustain it in existence through, among others, interaction with Christianity.

1. *Chilopa* is a ceremony which is performed through the direct drinking of blood through the neck of a live animal. This animal could be a goat, a chicken, or a cow. The patient is required to take the life of that animal through drinking its blood. It is the same animal that is offered as a sacrifice in the same ceremony. Apart from validating the patient for another mission, the ceremony indicated the success of the treatment and continued dependence on the ritual master before a patient is discharged to their family. For more details on *Chilopa*, consult Friedson (1996); Lindland (2005:299–302, 2020:231–233); Mwale (1997); Mazleidt & Peltzer (1991). If a goat was used, for example, during the *Chilopa* ceremony, after the sucking of the blood, the skin is removed then the meat is used to cook the soup that the patient drinks. The goat skin is then cut into small strips which are hung around the neck of the patient for some days. In these days of wearing the skin of the goat, any visitor seeing the patient must carry and present some gifts to the patient before engaging in any conversation. Studies before have shown how blood has been a subject of worship and sacrifice (Kennedy 2014:40; Elisha 2017:73; Garraud & Lefrère 2014:14). I equate this blood shedding of an animal to the symbolic shedding of human blood which is central to Christianity where communion is accompanied by the words that Jesus said 'Drink you all of this, for this is my blood shed for you and for all salvation' (Mt 26:27–28).

## Research methods and design

This article forms part of a larger study which focused on the pastoral care perspective of Vimbuza traditional ritual among people with mental illness, which was conducted in Rumphu at Bolero, Vongo and Kateya (Kamanga 2024). This place was chosen because Vimbuza is actively practised in Rumphu as compared to other districts in Malawi. In the three study locations, individuals with mental illnesses seek advice from active Vimbuza healers, which results in them skipping hospital treatment as determined by the data of a mental health outreach clinic in Rumphu's Bolero. This study employed a qualitative exploratory methodology. The Vimbuza ritual performers, people who recovered from mental illness, and their family members participated in the study. Snowballing technique was used to recruit Vimbuza performers, while purposive sampling was used for the patients. All family members were included in the study by the very fact that they were related to the recruited patients. Interviews and focus group discussions (FGD) were used with study participants to generate the data for the study. Qualitative interviews in this study aimed at 'getting an in-depth understanding of the experiences of people, including their emotionally charged sensitive issues' (Ellis 2008:443). All but two of the interviews were conducted in Chitumbuka and translated to English for analysis. The other two interviews were conducted in English because a Vimbuza performer of European descent and a retired academician opted to have the conversation in English. This also lessened the work of translation. A professional Tumbuka translator was engaged to translate the interviews and discussions from English to Chitumbuka. The data were analysed qualitatively using ATLAS.ti 22 software.

## Ethical considerations

Ethical approval was obtained on 16 October 2020 from the Human Research Ethics Committee (HREC) of Stellenbosch University (Project number: REC-2020-17068) and from the National Health Sciences Research Committee (NHSRC) in Malawi (Protocol number: 21/04/2681). Written permission from St. John of God Hospital Services was given in order for the researcher to have access to the contacts of the relatives and guardians in the file register of the patients. Rumphu district council also granted the researcher written permission to conduct research within their district.

## Historical dialogue between African beliefs and Christianity

From its early days, Christianity has had a negative attitude towards traditional beliefs in Africa. As early as 258AD, Cyprian of Carthage claimed that there was no salvation outside the Christian church (Gort 2008:748). All the beliefs of other cultures were viewed as 'non-Christian' and anything outside the church was seen as representing the 'kingdom of darkness' (Gort 2008:748). This attitude made the missionaries present Christianity as a superior religion. Against this

backdrop, a Ugandan woman laments in an interview with British Broadcasting Corporation reporter, Zeinab Badawi (2020) that:

[T]he European missionaries did damage and the damage is still going on because now we are even told that our ancestors are evil, we cannot carry any ancestral name otherwise we will continue to have problems in our lives [...] so really, the Christianity did quite some damage and it's not finished yet, we are still struggling with it (n.p.).

A decisive step on religious tolerance in the Roman Catholic church was taken by Pope John Paul II, who apologised to traditional religious leaders for the past mistakes of the church (Mercado 2004:102). The pope further instituted a Pontifical Council for Interreligious Dialogue, which in 1988 issued an official letter on 'Pastoral Attention to African Traditional Religion', which was influential in spearheading interreligious dialogue. In 1995, Pope John Paul II summoned the African Bishops to meet for the first African Synod of the Catholic Church (Nkulu-N'Sengha 1996:528). Inculturation was a major outcome of the meeting (Nkulu-N'Sengha 1996:528).

The focus of the African synod was to make the message of the gospel flesh among Africans. Thus, the synod fathers defined the term inculturation as 'a movement towards full evangelization which seeks to dispose people to receive Jesus Christ in an integral manner ...' (Pope John Paul 1995:62). The outcome of the African Synod built on the recommendations of Vatican II Council which encouraged a genuine dialogue with non-Christian religions of the world (ed. Flannery 1980, *Nostra aetate*, adopted and approved on 28 October 1965).

## Vimbuza and the Christian churches in Rumphu

The first church to appear in the northern region of Malawi was the Church of Central African Presbytery (CCAP) in the 1920s, followed by the Roman Catholic Church in the 1940s (McCracken 1999). Since the arrival of the missionaries, there has been tension between Vimbuza ritual performers and the churches. The CCAP leads the tension bearing in mind that it has the monopoly of Christian following in the area (Gilman 2015:203). The churches are antagonistic to anything concerning the performance of Vimbuza up to this day. As agents of change, the missionaries acted against anything that showed disregard for a real conversion to Christianity. In the eyes of missionaries, the performance of Vimbuza was against the lifestyle of the converted Christians, hence a source of tension as it appeared as if there was a worship of spirits of the dead (Forster 1986:102; Lartey 2011:6).

The missionaries equated the performance of Vimbuza to a heresy and animistic beliefs (Gilman 2015; Karstein 2019:64). For the local people, they did not look at Vimbuza as another religion but rather a mode of healing sicknesses which they could not explain scientifically and could not be healed by the hospitals. Since the church rejected the performance of

Vimbuza outrightly, the indigenous Malawian people still accessed its healing practice of Vimbuza. This duality is common to most people who engage in traditional practices which are rejected by the church (Vähäkangas 2016:18).

The majority of missionaries were also medical doctors by profession. As such, they made sure that the local people stick to conventional medical procedures and follow the gospel values rather than 'to be slaves to bloodshed and cruelty' in following traditional rituals (Forster 1986:104). For the Tumbuka people in Rumphu, they seem convinced that they have to follow Vimbuza ritual performance in respect to their cultural upbringing. For the people of Rumphu, Vimbuza is part of their cultural upbringing and a form of healing for 'strange' diseases, hence conversion to Christianity cannot hinder its practice.

The missionaries, together with some Ngoni Chiefs and the Christian elite in the northern region of Malawi, saw the performance of Vimbuza ritual as a heresy. Because they branded Vimbuza ritual as profane, they worked hard to eliminate it (Hokkanen 2007:749). It is from such a background that Michael Gelfand (Cited in Forster 1986:102) reported in 1964 that all the indigenous people who were still practising healing traditional rituals were labelled as flouters of Christian doctrine or competitors of hospitals run by missionaries. Opposite to what Gelfand reported, Karstein (2019:64) noticed a change that most churches seem to accept people practising traditional healing rituals in the sense that most performers of Vimbuza dancing rituals are church members.

The people who are associated with Vimbuza performance have no tension with the church from their point of view. Their argument is that Vimbuza ritual and Christianity are both an expression of God. To them, the performers of the healing ritual are also dedicated members of the church (Karstein 2019:65). They argue further that the duty of both the priest or the pastors and the Vimbuza ritual performer is to admonish the people against the practice of witchcraft and to help them repent and live a good life. The end result is the creation of good moral life in the community. In the end, both will contribute to a conflict-free society and a good moral life in the community.

In this regard, the Christians and Vimbuza ritual performers are there to fight against any evil caused by their members. It must be noted, though, that there is fear among Christians who practise Vimbuza ritual healing as they do not want to be recognised as such by fellow Christians. They clearly know that if they are recognised, they will be ostracised by other Christians, and eventually they will be excommunicated by the church. Against this background, the Vimbuza performers must maintain the confidentiality of all their patients (Karstein 2019:65). Out of all this talked about confidentiality, the Vimbuza ritual is itself a public performance where healing is effected through the engagement of community members who help in singing

and beating of drums. Who then keeps the secrets of the patients? It is worth mentioning that the relationship between the church and Vimbuza healing ritual has an element of scepticism, even in literature, where devout local Christians are not fully convinced about the efficacy of Vimbuza as a healing dance (Ross 1999:481).

There is no or very little progress in Malawi regarding opening up of mainstream missionary-founded churches to traditional beliefs, an action that goes against the declaration of Vatican II and African synod. Missionary-founded churches have remained hostile and superior to the performance of Vimbuza ritual. The hostility comes as a result of prejudices inherited from colonial theology, which suggested that Christianity is superior to the local beliefs, which have to end when one converts to Christianity. The perceived superiority of Christianity has led to a disregard for local beliefs, which are often considered unworthy of study and therefore not worth engaging in dialogue with.

Local people in the area, who are mostly believers in traditional rituals, are considered potential members to convert to Christianity, but not necessarily to be engaged to understand their beliefs. Since the local people are eager to convert to Christianity, they accept Christianity but continue to perform and adhere to their long-standing local beliefs and traditions. While the African Synod and Vatican II encouraged dialogue with African Traditional Religions, the Malawian missionary-founded churches seem to have fears that any discussion on inculturation or Africanisation of Christianity will lead to a corruption of Christianity. These complexities in ecumenical deliberation between different faith groups and cultures are well articulated by Ariarajah Wesley (1977:5) with specific reference to the fifth Assembly that took place in Kenya.

From this angle of hostility, the discussion with participants centred on the views on how the Vimbuza ritual interacts with the mission-founded churches. It is a fact in the area that mainstream mission-founded churches look at Vimbuza ritual as demonic, a parallel religion and criminalise the practice as a diabolic cult (Soko 2014a:11). With such an attitude, the mission-founded churches restrict their members from taking part in Vimbuza healing ritual performance (Gilman 2015:204). A participant stated that:

[T]he missionaries suppressed it [Vimbuza] because dancing of Vimbuza reminded them of the maintenance of "Africanness" yet they wanted to change the African from those beliefs to theirs and in the process, they were killing the Vimbuza. (Participant 031, male, retired professor, Mzimba)

While the church disallows the practice of Vimbuza ritual, the people of this study area view Vimbuza as a cultural medium for healing from different ailments, especially mental illness, which is locally referred to as *kuzweta mutu* [confusion of the head] or *kufuntha* [scattering]. Such naming of a disease in Chitumbuka portrays no hope of recovery. The same participant quoted above stated that:

[T]here is that duality. You can be a Christian, but we perform 8 km away so that the CCAP don't see you that you are performing because they can excommunicate you. If they know that you also dance then they say no, you are not a Christian so we will be hiding, no problem. (Participant 031, male, retired professor, Mzimba)

One participant was even afraid to carry out a study on the songs that are used in Vimbuza ritual during his postgraduate course. He was convinced that 'conducting such a study would lead to his excommunication from CCAP because such a study would be against their teaching' (Kamanga 2024:182). However, he was not excommunicated after his study. It is surprising that long after his study and retirement from academia, the participant is not comfortable to talk about Vimbuza. The reason being that:

'I am sorry, because now I have changed, [...] so I would not go back to what I did [...]' (Participant 031, male, retired profession, Mzimba)

Such a stand is sharply contradicted by the European participant in this study, who stated that:

'I do not see any conflict between being a Christian and dancing the Vimbuza [...] I do not see a conflict. I am more interested in African culture than in being a lay missionary. I have worked in the Church. To me, there is no conflict at all.' (Performer 030, female, European)

With such an understanding and contrary views, a Vimbuza performer stated that 'the church looks at Vimbuza performance as evil to be prayed against' (Kamanga 2024:182). Similar to the story of performing the practice away from the mission area, there is a story of Kalengo Tembo, who was a Vimbuza healer near the mission headquarters. His children were taught by the missionaries against the wishes of the chief. But when Tembo heard from his sons that the missionaries were not pleased with his Vimbuza practice, he relocated his performance to another village, which was away from the mission area. Despite his relocation, he kept the children under the instruction of missionary education and encouraged his wives and children to be treated at the mission hospital. This shows that it was difficult among some older people to relinquish their traditional beliefs for the sake of Christianity (Hokkanen 2007:329). While missionaries engaged the local people in order to convert them and encourage them to relinquish their attachment to Vimbuza ritual, the indigenous people remained loyal to the traditional ritual performance as they practised the new religion. The continued exposure to Christianity while practising Vimbuza is a double-faced reality and inconsistency that indigenous people are caught in between identities (Ntombana 2015:106).

## Inconsistency and contradiction among the Wazungu missionaries on Vimbuza ritual

It is surprising to learn of the divisions and differences among the Scottish missionaries in relation to traditional medicine

and traditional healing systems. While the general outlook of the Christian medical missionaries on traditional medicine was that of rejection and derision, some missionaries, like David Livingstone, benefited from the local remedies when he suffered from fever (Hokkanen 2004:322).

David Livingstone argued that those 'African doctors' who had inherited their craft usually possessed valuable empirical knowledge. With such healers, Livingstone considered them as regular practitioners, and stayed in good terms with them. However, he believed also that if a healer cannot locate their medical art in their family, such a healer may be considered as fake (Livingstone 1857:114–115). The missionaries took it as normal for Western medicine to absorb new medicines from indigenous healing systems into its repertoire, but never with serious intentions to accommodate these systems in their own right (Hokkanen 2004).

Walter Elmslie (1899:153), a missionary and a writer, admitted that 'traditional healers were skilled in assessing severe sickness justifying the fact that local healers played on the fears and supernatural beliefs of their patients'. In a way, he suggested that traditional healers' power was based on deceit. He further noted that Malawian traditional doctors often charged their patients several times, and finally cashed in on the sacrifice of an Ox to the spirits after death, while the missionary doctors helped their patients without charge and explained the 'truth' of the matters (Elmslie 1899:153; Hokkanen 2007).

Unlike Livingstone, Elmslie greatly undermined the authority, power and efficacy of the local healers. In his statements, Elmslie claims that healers had an attitude towards the mission and that the same healers had the local people completely in their power (Elmslie 1899:153). The question is: why is it that the local people under the powers of local healers were able to warmly welcome the missionaries? Elmslie (1899:153) himself reports of a local healer who was staying close to the mission station. This 'neighbour' healer supported the mission and attended the services of the missionaries, albeit that he showed no signs of wanting to convert. Yet, on the same page, Elmslie (1899:153) praises the missionaries while condemning the local people in stating that 'the medical missionary, armed with the light of the Gospel and medical science, challenges and overcomes the "native doctor," a charlatan abusing people's superstitious beliefs'. The fact that someone continued to support the work of the missionaries, yet they were not converted to Christianity, suggests that the local people did not have attitude towards missionary work. In this regard, Markku Hokkanen (2004:325) states that, 'paying more attention to such a figure in a missionary publication would not fit neatly in the narrative of confrontation typical to the missionary discourse'. Margaret Read (1970:39–40), in her anthropological study of the Ngoni, acknowledged that the diviners occupied a powerful position in the society. She stated that the diviners, witch-finders and herbalists were medical specialists who relied on communication with the spirit world in order for them to find the causes of illness and recommended the course of treatment (Read 1970:40).

Robert Laws' conceptualisation of the traditional healers was not different from that of Walter Elmslie. Like Elmslie, Laws considered the indigenous healer as a clever, greedy quack who is just doing his trade for the sake of profit (Smith 1979:333–342). Though such was a description, Premesh Lalu (1998:138–140) stipulates that there was an understanding that local anthropological knowledge should be appropriated in order to enrich Western medical expertise. In this way, African traditional healers were consulted, and some local treatments were incorporated into Western practice. The unfortunate part is that such a 'discovery' of the treatment was attributed to white doctors, and derogatory labels of 'quackery', 'superstition' or 'witch-doctor' were not included (Lalu 1998:140–143).

James Johnston, a Scottish missionary doctor from Jamaica, visited many places in central Africa in the 1890s. In these travels, he met Walter Elmslie at Bandawe mission station in Malawi. In his book, Johnston quotes Elmslie, who confided in him on how a 'seemingly hopeless case was almost miraculously cured by a local healer' (Johnston 1893:334–339). This evidence validates the fact that Elmslie was double-faced in his approach to African medicine.

Donald Fraser and his wife (both medical doctors) stayed longer in the northern region of Malawi. Through the three decades of his prolific writing, Fraser demonstrated a positive attitude towards African medicine. He argued that the indigenous Malawian people had 'an immense pharmacy of herbal medicines' at their disposal, and that most local people knew some cures, though some as family secrets (Fraser 1914:141).<sup>2</sup>

Despite the fact that Fraser touches on the theme of the indigenous healers as clever manipulators, he does not refer to them as quacks. He stresses the fact that some of the medicines in the traditional healers' pharmacy were effective and that traditional healers specialise in certain treatments and that the building up of patients' confidence by 'mental influences' is not necessarily negative (Fraser 1914:141–142).

Thomas Cullen Young passionately referred to the traditional healers as medicine men and criticised the use of the word witchdoctor. He states that (Young 1931):

Anyone of either sex can be a 'medicine-man' [...] the title requires definition alongside that of 'witch-doctor', which has come into a very wide and careless use through a rough identification with the South African 'smeller-out' [...] Here in Northern Nyasaland the two words are, *ng'anga* for the dealer in drugs and charms, *mfiti* for the 'death-dealer'. The one friendly and essential to the community's life, the other sinister and shunned, yet tolerated because of fear. (pp. 27–28)

Young abandoned as absurd the thinking of his predecessors (Laws, Elmslie, and Fraser) that African doctors are clever quacks who exploit the superstitious beliefs of their patients for profit. He argued that some African healers inherited

<sup>2</sup>With this attitude, Fraser was at ease to consult a local chief who successfully treated his calves using local herbs.

their craft and that their authority depended on the way in which they worked as intermediaries between the people and higher powers (Young 1931:27–28).

Furthermore, Young hinted that not only was the African 'medical profession' holding its ground, but that its members thrived among the ranks of the respected Western-educated colonial elite as teachers, civil servants and churchmen of the 1920s and 1930s (Hokkanen 2007). While the confusions and contradictions (or what could be called some kind of development in attitude towards African rituals) discussed in this section were among the missionaries themselves, there still exists another confusion that the wazungu brought to the indigenous people in the northern region of Malawi.

## The apparent Wazungu confusion and contradictions among Vimbuza performers

There was a mixed feelings with the arrival of missionaries in the north of Malawi the Tumbuka people. While there was happiness in welcoming a new form of teaching and culture through the missionaries (Wazungu), the missionaries openly demanded that the indigenous people had to stop the Vimbuza ritual performance as a prerequisite to embrace Christianity. The missionaries (Gilman 2015):

[T]ried to suppress Vimbuza because they equate[d] belief in spirits and rituals centred on human-spirit interaction with animism, which they consider[ed] to be antithetical to the monotheism of Christianity. (pp. 203–204)

Throughout my interaction with the participants of the study, it was clear to me that the people in the study area were aware that the Wazungu do not tolerate the mixture of the Christian religion with the Vimbuza ritual practices. This stems from the missionaries' view of the ritual as a form of profanity, resulting in their determination to put an end to its performance (Karstein 2019:64). With such a dilemma, the local people embraced Christianity and secretly maintained their Vimbuza ritual practice by performing it in hiding away from the mission centre.

Another layer of confusion was brought by the United Nations Educational, Scientific and Cultural Organization (UNESCO). The local people understood and knew that UNESCO is an organisation operated by Wazungu. Through their interaction with the missionaries, they were well informed that the Wazungu criticised the Vimbuza ritual performance as unchristian. Yet, in 2005, the same Wazungu, who despised the cultural practice, arrived in Malawi and declared that the Vimbuza cultural performance is listed among the intangible cultural heritage (ICH) in Malawi to be protected. To them, the question remained: How has the cultural practice become important now when it was seen as useless and profane by the same people in the early days of Christianisation in Malawi (Kamanga 2024:203)?

By the very fact that the Wazungu inscribed the Vimbuza ritual practice as an ICH (Gilman 2022:43), it meant that the

Vimbuza healing ritual has to be preserved by everyone across the globe including Malawians. The declaration on preservation seems to be going against the earlier condemnation against the Vimbuza ritual by the Wazungu. This stand confuses the local people who still ask: 'what has changed and who is right' (Kamanga 2024:203)? Unfortunately, mission-led churches (the CCAP and the Roman Catholic Church [RCC]) which have local people as leaders, have not reacted to such a shift.

The third layer of confusion among the local people, initiated by the Wazungu, concerns the involvement of the Wazungu in the performance of Vimbuza ritual. Among the five Vimbuza performers that participated in this study, one has a European descent. This participant of European descent performs the Vimbuza ritual among the people who were instructed by the missionaries to accept Christianity and disregard their ritual performance. This participant has also employed local Vimbuza performers who are currently in charge of her Vimbuza temple<sup>3</sup> [*temupile*]. Next to the Vimbuza temple, there is a clinic where Western medications are accessed. As such, the same place presents a choice between traditional and Western medication, either as a complement or an option. The fact that it is the Wazungu involved in the performance of the Vimbuza ritual, the local ask: 'what has changed with Vimbuza, and who is right' (Kamanga 2024:203)? Could it be that the Wazungu discouraged the performance of Vimbuza with a good intention, now that the Vimbuza ritual is recognised as an ICH and being performed by the Wazungu? The local people's conclusion out of all this confusion is that the Vimbuza ritual performance has been good from day one. It was the agenda of the Wazungu to discredit it and use it for their own benefit. The confusion has validated the performance of the Vimbuza ritual in the area (Kamanga 2024:203–204).

Graham Huggan in a book entitled, '[T]he postcolonial exotic: marketing the margins', argues that 'such movement of instruction from the West is the irony that has been compounded by the tendency to privilege Europe as a frame of cultural reference' (2002:3). The northern region Malawi has to struggle with the confusion brought by the Wazungu. It remains a fact that these Wazungu appeared in Malawi at different times with different missions. Having appeared first as missionaries to evangelise the natives, it remains the responsibility of the mission-founded churches, especially the CCAP and the Roman Catholic, to take up their pastoral care responsibility and reach out to the local people, majority of whom are members of the church and practitioners of the Vimbuza ritual, to understand the transformation in Vimbuza ritual performance. Furthermore, the Tumbuka people should understand that, 'it is not the same Wazungu who are teaching or bringing contradictory or progressive thought on Vimbuza ritual' (Kamanga 2024:204). The interesting thing is that the mission-founded churches are mostly run by the local people for the local people.

3.The temple is built at the centre of the village. It is in the temple that the Vimbuza performers dance and conduct their healing ceremonies mostly in the evening. While it is a term borrowed from Christianity, referring to a church building, there are no church activities that take place in the building.

## Conclusion

This article draws attention to Vimbuza 'healing' ritual, which has survived the Christianisation of society, albeit often in tension with mission-founded churches. It describes ambiguous attitudes of Western missionaries towards African 'religious' practice and the difficulty of local people in navigating their newly found Christianity on the one hand and their perceived need to participate in rituals that were shunned by the Church, on the other. The article further alludes to the appropriation of African Traditional Medicine by Westerners without giving traditional healers the credit. The dawn of missionaries in the northern region of Malawi to plant Christianity among people accustomed to the Vimbuza cultural ritual performance brought its own confusion and contradictions. While the local people did not want to leave the long adhered to Vimbuza ritual tradition because of their own perceived efficacy, the Wazungu that came at different times brought confusion among the local people. While some of the missionaries faintly believed in the efficacy of traditional medicine, other missionaries actually used traditional medicine for their own treatment and healing, yet still other missionaries considered looked and traditional medicine as fake. Such inconsistencies among the Wazungu towards the performance of Vimbuza ritual confused the local people. While they condemned the Vimbuza ritual in their initial interaction with local people, they went ahead to inscribe it as an intangible heritage to be preserved before they themselves got involved in the performance of the same ritual they condemned.

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## CRedit authorship contribution

Chrispine N. Kamanga: Conceptualisation, Methodology, Formal analysis, Investigation, Writing - original draft, Visualisation, Project administration, Software, Validation, Data curation, Resources, Writing - review & editing. The author confirms that this work is entirely their own, has reviewed the article, approved the final version for submission and publication, and takes full responsibility for the integrity of its findings.

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## Data availability

The author confirms that the data supporting this study and its findings are available within the article and its listed references.

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