

Uchawi Upo: Embodied Experience  
and Anti-witchcraft Practice in Mwanza, Tanzania

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## ABSTRACT

### ***Uchawi Upo: Embodied Experience and Anti-witchcraft Practice in Mwanza, Tanzania***

In Mwanza, Tanzania's second largest city, it is commonly said that witchcraft exists (*uchawi upo*). However, witchcraft in Mwanza is more than just a discourse, but is an embodied everyday reality for Mwanzans regardless of ethnicity or socioeconomic background. People afflicted by witchcraft describe diverse experiences including physical and mental symptoms, involuntary spirit possession, relationship problems, economic issues, and fantastic encounters with otherworldly entities. As they seek restoration of wellness, afflicted individuals employ treatments located in seemingly oppositional "disciplines" such as traditional healing and revivalist Christianity. I argue that the use of multiple disciplines by people suffering from witchcraft illness is not haphazard, but demonstrates the assemblage of, what I call, "tactical repertoires." Tactical repertoires are creative, flexible, and operate outside of the epistemological boundaries of disciplines.

Taking seriously the experiences of people afflicted by witchcraft, this dissertation uses anti-witchcraft practices as a means for making sense of *uchawi* in an urban, multi-ethnic environment. Anti-witchcraft, as I use it here, stands as an umbrella term for a wide variety of practices enacted by experts to diagnose, contain, combat, and prevent witchcraft. After historically contextualizing witchcraft in Mwanza, I offering numerous case studies that depict embodied experiences of witchcraft and the tactical repertoires assembled to treat affliction. Next, I devote individual chapters to describing and analyzing specific disciplinary practices located in traditional healing (*uganga*), revivalist Christianity (*ulokole*), vigilante violence, and state biopower (Foucault 1978). My analysis of these practices leads to a simple, but counter-intuitive argument: *uchawi* is created, sustained, and made meaningful through anti-witchcraft practices.

In its focus on both the embodied experiences of afflicted persons (and their efforts to improve their suffering) and a wide variety of diverse anti-witchcraft practices, this dissertation offers a culturally-specific, historicized, and nuanced view of practice and experience. *Uchawi*, in Mwanza, is a lived reality made meaningful through a layering of epistemologically distinct practices that make and remake experience.

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## STYLISTIC CONVENTIONS

I have italicized the first use of a foreign word or phrase. More specifically, when the term is Kiswahili, I use italics, while I use bold italics for Kisukuma terms. When citing a reference that uses another language, I've underlined the non-Kiswahili or Kisukuma word.

In assigning pseudonyms, I have tried to use a similar sort of name for the person in question. For example, if the person had a Muslim name, I have used another Muslim name in its place. When someone was introduced to me by their first name, I have called them by a first name. Since it is very common for people to be known as the mother or father of their eldest child, i.e. Mama Masanja (the mother of Masanja) or Baba Kasongo (the father of Kasongo), I use this construction when I was introduced to someone as Mama or Baba, employing a pseudonym for the name of that person's child. Finally, when I always used an honorific, such as Mr. or Dr., in my conversations with someone, I reproduce that formality here.

I have used quotation marks for both verbatim (tape-recorded) and approximate speech.

I follow Kiswahili grammatical conventions, for the most part, referring to groups of people with the wa- prefix (i.e. Wasukuma), languages with the ki- prefix (i.e. Kisukuma), and places with the u- prefix (i.e. Usukuma). For clarity, I often use the stem as an adjective (i.e. a Sukuma woman), rather than the more accurate ki + stem.

## GLOSSARY

Bold italics indicate Kisukuma words. All other words are Kiswahili.

*Akili* – sense, “wits”

*Daladala* – local mini-bus

*Dawa* – medicine, can be good or bad, western or traditional

*Dawa ya asili* – herbal medicine

*Dawa ya chanjo* – vaccine medicine

*Dawa ya chemsha* – boiling medicine

*Dawa ya kufukiza* – fumigation medicine

*Dawa ya kinga* – protective medicine

*Dawa ya kunywa* – drinking medicine

*Dawa ya kuoga* – bathing medicine

*Dua* – a prayer

*Jini* (*pl. majini*) – Islamic spirits often characterized as mischievous. Can be owned and used by people, but usually with requirements that certain *masharti* (rules) are followed.

*Kanga* – colorful wrapper worn by women. *Kanga* may be worn to cover the head, as a wrapper over a skirt, or as a baby sling.

***Kaya*** – homestead or compound

*Kiti* – a chair; in spirit possession, a *kiti* refers to the spirit’s medium

*Kucheza* – to play with

*Kufa ganzi* – to kill with numbness

*Kuroga* – to bewitch

*Kurogwa* – to have been bewitched

*Kupiga ramli* – to do divination

*Kupiga kelele* – to make a lot of noise

*Kutengeneza dawa* – to prepare medicine

***Litunga*** (*pl. Mitunga*) – “bound one,” a zombie

*Maendelo* – development

***Masamva*** – ancestors

*Masharti* – rules, such as those proscribed by majini

*Mchawi* (*pl. wachawi*) – malevolent witch

*Mganga ya kienyeji* (*pl. waganga wa kienyeji*) – traditional healer and/or diviner

*Mhindi* (*pl. Wahindi*) – person of South Asian descent

*Miti shamba* – “farm trees,” the herbs, plants, and trees used in traditional medicine

*Mizimu* – ancestral spirits

*Mjanja* (*pl. wajanja*) – trickster

*Mjarani* (*pl. wajarani*) – neighbor

*Mlokole* (*pl. walokole*) – revivalist, born again person

*Mwehu* – crazy

*Mzungu* (*pl. Wazungu*) – person of European descent, a white person

***Nfumu*** (*pl. bafumu*) – Kisukuma traditional healer

***Numba ya Masamva*** – Kisukuma or Kinyamwezi ancestral shrines

*Pepo* (*pl. mapepo*) – spirits in general

*Presha* – a condition that includes palpitations, from the English “pressure”

*Roho chafu* – dirty spirits

*Sadaka* – sacrifice; used in the Christian context to mean offering

*Shehe* – Islamic ritual specialist, literally “sheik”

*Sheitan* (*pl. masheitani*) – demonic spirits

*Toka* – get out (the command used when casting out a demon)

*Uchawi* – malevolent witchcraft

*Uganga* – traditional healing and divination



*Ulokole* –revivalism

*Ukoo* –clan

## CHAPTER 1: “*UCHAWI UPO*”: AN INTRODUCTION

### *Affliction in Mwanza – Mama Gervas – February 2007*

“Mama Gervas<sup>1</sup> used to be very fat,” Steve Bugumba, my research assistant, says conspiratorially, “but then she started to get thinner and thinner. People said she had Ukimwi (HIV/AIDS), but all of her tests were negative.” She lives on top of *Jiwe Kubwa* (Big Rock) in a neighborhood located to the north of the city centre and perched on top of rock so gigantic that it could almost qualify as a mountain. Jiwe Kubwa is located above two of the other neighborhoods where I conducted research – wealthy Bwiru, home to expatriates, upper middle class Tanzanians, and several *waganga wa kienyeji* (traditional healers) and Mihama, often described as “the Place of the Pigs,” for the many pigs kept there. While Mwanza is known as “Rock City” because of its many unusual rock outcroppings and rocky hillsides, Jiwe Kubwa is Mwanza’s most formidable rock. At the rock’s highest and flattest spot are a series of large perfectly round boulders that attract both traditional healers seeking power<sup>2</sup> and revivalist Christians praying loudly and fervently. In the boulders’ shadows, seemingly unplanned dusty paths lead to disparate groupings of clay brick houses with shiny metal roofs situated on smallish, rocky plots that double as grazing space for goats, pigs, and chickens. These houses, like so many others in northwestern Tanzania are works in progress, owned by people who don’t have a lot of money and who strive towards *maendeleo* (development) by “improving” their

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<sup>1</sup> All interlocutors are referred to by pseudonyms unless otherwise stated.

<sup>2</sup> This may be because Mwanamalundi, Sukumaland’s larger than life and magically-proficient anti-colonialist folk hero, is said to have lived in this area. Among other exploits, Mwanamalundi is known for parting the ocean, leaving his footsteps in rock, growing vegetables in record time, and preventing milk from curdling.

houses when and if they can.<sup>3</sup> This amorphous neighborhood also offers a distinct contrast from either the linear “government villages” (Scott 1998) which came to dominate Tanzanian urban planning during post-independence villagization or the polycentric homesteads (*kaya*) that characterize “traditional” Sukuma architecture, planning, and symbolism (Stroeken 2000, 2010). In contrast to the other houses on Jiwe Kubwa, Mama Gervas’ house is situated on a sizeable plot which includes several structures in addition to relatively large rectangular house made of plastered concrete bricks. Everything from the large house to the blue sedan parked outside the tidy homestead signifies “middle class.”

At the time of our interview, Mama Gervas was in her 40s, and struck me as probably once quite beautiful. While her large eyes were sunken, her skin pale and yellowish, and her face drawn, tired and gaunt, her stunning smile beamed despite her suffering. Hunched over and walking with a cane, I was struck by how large her body looked in relation to her thin extremities. As we sat down to talk, she explained that she had not always been this way. Until 1999, she was always healthy and fat. Her first sign of illness was the feeling “of a fire in her arms and legs” which lasted for about a year. Then her legs became numb from the toes all the way up her legs and into her hips. Many Mwanzans referred to this symptom as “dead numbness” (*kufa ganzi*). Initially, she

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<sup>3</sup> Household “improvement” seems to be the goal of most urban, peri-urban, and rural Northwestern Tanzanian households. There is an unobvious and value laden hierarchy of housing types, where mud bricks and thatched roofs represent “poor housing” and concrete bricks and metal roofs represent “good housing.” As families gain wealth, additional rooms are added, roofing materials are changed, bricks are plastered, windows are added or improved by the addition of screening. A once dirt floor may be covered in concrete and a concrete floor may be improved with the addition of adhesive-backed, plastic floor covering. The possessions in one’s house further indicate one’s “state of maendeleo.” After all, as both Sanders (2000) and Snyder (2005) have noted, Tanzanian ideals of development often include ownership of tangible things.

sought treatment at Bugando Medical Centre, Mwanza Region's largest and best medical facility and home to one of Tanzania's few medical schools.<sup>4</sup>

With frustration evident in her voice, she recounted how even after ordering countless tests and prescribing large quantities of medicine, Bugando's doctors were unable to treat or even diagnose her illness. These physicians, she explained, recommended that she pursue a second opinion at Muhimbili, Tanzania's premiere academic medical center, located in distant Dar es Salaam.<sup>5</sup> While most Mwanzans would have been unable to afford the trip to Dar es Salaam (and the maintenance costs associated with being treated in another city), Mama Gervas was in a better position as the wife of a man with a steady and lucrative supervisory position at a local factory. The physicians at Muhimbili were unable to help Mama Gervas and she returned home to Mwanza. Eventually, she visited a private Lutheran hospital in Moshi which like the other two hospitals was unable to provide her with effective treatment or diagnosis. She continued to suffer from leg numbness (*kufa ganzi*) and paralysis and lost weight from a lack of hunger. Moreover, she was lethargic during the day and unable to sleep at night. In 2003, her symptoms became worse and she returned to Bugando where she spent a bedridden month in the hospital while the doctors did "research" (*utafiti*) into her illness. While she was there, the numbness moved into her hands. When she left the hospital, she was prescribed medicine that reduced, but did not heal, the numbness.

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<sup>4</sup> The university has recently been renamed the Catholic University of Health and Allied Sciences – Bugando (CUHAS-B); its medical school has been called the Weill School of Medicine since 2007 and has a financial and training connection to the Cornell Weill Medical College of Cornell University and the TOUCH Foundation.

<sup>5</sup> Accessible by plane, a 48 hour train ride, or (then) a two day bus journey via Nairobi, Kenya.

As a Christian woman of some means and education, she did what few Mwanzans are unable to do – she sought diagnosis, palliation, and cure from nationally recognized providers of biomedicine. Finally, after 5 years of unsuccessful treatment, Mama Gervas took the route that most sick Mwanzans would have tried much earlier – she began seeking help from traditional healers (*waganga wa kienyeji*). By the time, I interviewed her she had “been to more than 50 *waganga*,” who undoubtedly came from different ethnic backgrounds and employed a range of practices. Despite their differing backgrounds, the *waganga* collectively agreed that Mama Gervas had been bewitched. Some diagnosed this as possession by spirits (either non-specific *mapepo* (a catch-all term for spirits) or by *majini* (mischievous Islamic spirits)) while others said that she had “jumped over [bewitching] *dawa* (medicine) at a crossroads.” The very first *mganga* (and two others) said that she had been attacked by a snake – in this case, a witch’s “familiar” when she was using the toilet. Of the various explanations presented to her, this was the most frightening as she had seen a snake on her compound around the time of the beginning of her illness. In response to the *waganga*’s diagnoses, Mama Gervas underwent countless treatments, taking many forms of healing *dawa*.

In 2006, Mama Gervas’ sister died and her physical suffering was compounded by emotional pain. This experience led her to join a revivalist church and to “be saved” (*kuwa na walokole*, literally “to become a revivalist” or “born again”). While Mama Gervas was raised a Roman Catholic, revivalist churches rarely recognize Catholicism as “true” Christianity. The pastor, a woman, determined that Mama Gervas was indeed possessed by a snake *pepo* (spirit). The pastor told Mama Gervas, “You have a snake around your hips and it is getting bigger. The snake is going into your legs making them

numb. It's playing, playing inside of you.” The pastor also indicated that Mama Gervas’ sister had been killed by an evil spirit. This diagnosis made sense to Mama Gervas who, in addition to seeing the snake on her compound, had been dreaming of human-sized snakes for some time. The pastor’s treatment which consisted of lengthy prayer sessions and the consumption of oil, hot water, and holy water seemed to be working. At the time of our interview (January 2007), she had begun eating and sleeping normally. When I asked her why she had chosen this particular church over the many available in Mwanza, she explained that two female kin – an aunt who suffered from *presha* (from the English “pressure” and including high blood pressure as well as a panoply of symptoms including stress and elevated pulse) and a sister who had leg pain – had been cured of *majini* by the pastor.

Mama Gervas’ story is not unique, but rather illustrates a common set of experiences for many women and men living with illnesses that are biomedically inexplicable. In Mwanza, Tanzania’s second largest city, men and women recount similar symptoms, including *presha*, numbness (*kufa ganzi*) or pain in their extremities, loss of appetite, in conjunction with experiences, such as Mama Gervas’ dreams about snakes, which might seem “fantastic” to Westerners. While many of these afflicted people pursue biomedical treatment, others do not. Invariably though, when biomedicine fails to account for their problems, people like Mama Gervas are “diagnosed” with maladies caused by *uchawi* (witchcraft), spirit possession, or both. Witchcraft, in Mwanza, is always malevolent and a primary cause of poor health, economic uncertainty, relationship problems, and other forms of misfortune. Of course, as I outline in detail below (see

*Anthropologies of Witchcraft*), witchcraft as a cause for unfortunate events (Evans-Pritchard 1937) in East Africa is hardly news to anthropology.

In Mwanza, I quickly learned that when I asked people if they believed in witchcraft, they simply answered, “*Uchawi upo*” or “Witchcraft exists.” Even when an individual professed a non-belief in witchcraft, he or she would still express this sentiment leading me to the conclusion that “*uchawi upo*” functions as gloss for the lived reality of witchcraft in Mwanza. In conducting my research, I sought to understand the implications of this notion by interviewing individuals who had experienced witchcraft affliction, as well as practitioners located in a variety of “disciplines”<sup>6</sup> that were, in one way or another, engaged in “anti-witchcraft.” Anti-witchcraft, as I use it here, stands as an umbrella term for a wide variety of practices enacted by experts to diagnose, contain, combat, and prevent witchcraft. Mama Gervas’ encounters with traditional healers (*waganga*) and a revivalist Christian pastor represent just some of the practices that are available in urban, multi-ethnic Mwanza. As I describe more fully below, anti-witchcraft practices range from preventive to curative, from religious to secular, and from legal to illegal. In analyzing anti-witchcraft, I came to a simple but counter-intuitive argument: witchcraft in Mwanza is produced and made meaningful through anti-witchcraft practices located in such diverse disciplines as traditional healing (*uganga*), revivalist Christianity (*ulokole*), vigilante violence, and State biopower (Foucault 1978).

In other words, witchcraft is reified by the very practices that purport to prevent its existence. While in the case of traditional healing, this seems entirely logical – after all, *waganga* often rely on witchcraft diagnosis and treatment for their livelihood – my

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<sup>6</sup> I use the word “discipline” loosely. While each anti-witchcraft discipline has a set of practices, they are not codified in the sense of curricula.

argument becomes less obvious when I write about governmental practices or vigilante violence. However, as I explain more fully below, while these practices are located in epistemologically distinct disciplines that often operate at odds with one another, disciplinary practices are far from “incommensurable” forms of knowledge (Lambek 1993).

After a brief review of anthropological scholarship on witchcraft, I provide a more detailed version of my argument. I then describe my research methods, discuss Mwanza and its relevance for research on witchcraft, and then offer some historical context for thinking about witchcraft in northwestern Tanzania. Finally, I conclude the chapter with a brief outline of the remaining chapters of the dissertation.

### ***Anthropologies of Witchcraft***

By analyzing the lived reality of uchawi as the product of anti-witchcraft practices, I hope to move beyond much of the functionalist theorizing that has dominated anthropological scholarship about witchcraft in Africa. Whether writing in the early 20<sup>th</sup> century or in the 21<sup>st</sup>, anthropologists have treated African witchcraft as a response to external forces. Functionalist approaches range from simple cause and effect, e.g. witchcraft accusations are more frequent in urban areas because of crowding (Douglas 1970), to the more recent idea that witchcraft proliferates in response to modernity (Comaroff and Comaroff 1993; Geschiere 1997; Moore and Sanders 2001; Meyers and Pels 2003; and West and Sanders 2003). These analyses locate witchcraft experience and belief as a reaction to community imbalance (Middleton and Winter 1962; Douglas 1970; and Marwick 1985) or as a reaction to an ill-defined modernity, rather than examining the confluence of practices that make and remake witchcraft. My analytic approach of



focusing on diverse anti-witchcraft practices as an approach to understanding witchcraft experience is especially useful in a multi-ethnic urban environment. Unlike most scholars studying African witchcraft, including those who also work in northwestern Tanzania (Mesaki 1992, 1993 1994, 1995, 2009; Stroeken 2000, 2001, 2004, 2006, 2010; Rasmussen 2008; Desmond 2009), my research does not focus on members of a single ethnicity or small community.

While a matter of anthropological interest, especially for Africanists, since the founding of the discipline, a great many practices and beliefs have been collapsed into anthropological and historical studies of “witchcraft” (Bond and Ciekawy 2001). Thus, the value-laden term “witchcraft” has come to stand for beliefs, practices, and locally-specific means of understanding calamity and evil in locales as diverse as the Amazon (Whitehead and Wright 2004), Papua New Guinea (Stewart and Strathern 2003, Wesch 2004), Java (Siegel 2006) as well as throughout sub-Saharan Africa.

Anthropological scholarship on witchcraft proliferated in the early twentieth century. Early scholarship, such as that of Levy-Bruhl (1923), saw African witchcraft as a matter of “primitive” mentality. This idea influenced colonial practice (see *Historicizing Witchcraft in Mwanza*, below) and often led to the conflation of healing, divination, and other anti-witchcraft practices with malevolent witchcraft. Colonial governments developed witchcraft ordinances, in part, to “protect” their African subjects from such “primitive” ideas.

In describing Zande witchcraft as a logic-based system for explaining unfortunate events, Evans-Pritchard (1937) revolutionized thinking about witchcraft for latter anthropologists. Later anthropologists were quite taken by the Zande distinctions between

“witchcraft” an inherited and innate form of evil and “sorcery” which involved the use of medicines to cause illness and other problems. While both Zande witchcraft and sorcery could cause illnesses, the quality and the meaning of those illnesses differed. For Evans-Pritchard, Zande witchcraft was a locally-specific theory of knowledge, a point that seems lost on the many scholars who have tried to apply Zande distinctions of “sorcery” and “witchcraft” to their own study populations.

Mwanzans do not distinguish between witchcraft and sorcery in the sense that Evans-Pritchard (1937) described for the Azande. While anthropologists (see Middleton and Winter 1964) have often applied the Zande distinction to witchcraft philosophies in other sub-Saharan ethnicities and even to those beyond the continent (Douglas 1970), in Mwanza, the Kiswahili term *uchawi*<sup>7</sup> encompasses both malevolent magic made through *dawa* and that which is hereditary. So an *mchawi* (witch) might have obtained her power through descent (heredity) or through training. Her act of witchcraft might be in service of other witches, and my informants often told stories of witches killing or harming their victims in order to make sacrifices (*sadaka*) in order to gain illicit power or join a group of other witches.

Mid-century anthropologists argued that witchcraft produced “social dramas” (Turner 1957) and acted as “a social strain-gauge” (Marwick 1986). Douglas’s (1970) edited volume brought together the work of anthropologists and historians to investigate witchcraft cross-culturally and temporally. This scholarship demonstrated remarkable continuities between European early modern witchcraft trials and African witch-finding movements. The idea of the witch, and subsequently the mode of accusation, Douglas

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<sup>7</sup> Kisukuma speakers sometimes use the term *bulogi*, which has a similar meaning.

(1970:xxvii) argued, had different functions depending on whether a society described them as outsiders who attacked from afar or insiders, further elaborated as three types – “a member of a rival faction,” “a dangerous deviant,” or “an internal enemy with outside liaisons” located within a culture. For asocial accumulators (deviants), the persons most likely to be described as witches in contemporary Mwanza, Douglas (1970:xxvii).

explains that “the function of accusation [is to] control deviants in the name of community values.” For scholars such as Marwick, Douglas, and others of their generation (see volumes edited by Middleton and Winter 1962; Douglas 1970; and Marwick 1985), witchcraft had a functionalist logic. It was a useful social mechanism that served as a response to social problems and as a means for restoring social control. While, in some ways the stories in this dissertation demonstrate the importance of witchcraft as method of social control, most late twentieth century and early twenty-first century scholarship has complicated the idea of the small scale or village witch. Siegel (2006:9), for one, has argued that these scholars’ “cheerful understanding of the witch ... established ... the anthropological tendency to avoid thinking [about] both the violence of witchcraft and the fear it inspires.” In contrast, I address violence directly in Chapter Five.

Despite the efforts of colonial officers, missionaries, and development experts, witchcraft has not been erased from African life. A profusion of scholarship beginning in the late 1980s suggests that, to the contrary, witchcraft discourse and practice have proliferated on the continent and beyond. Contemporary scholars analyze witchcraft’s “everlasting engagement with the modern moment” (Moore and Sanders 2001: 10; see also volumes edited by Comaroff and Comaroff 1993; Meyers and Pels 2003; and West

and Sanders 2003) focusing on the violent, frightening, and grotesque ways that witchcraft discourse permeates life in sub-Saharan Africa. Bastian (1993, 2001) demonstrates the ways that witchcraft discourse inhabits the popular imagination by analyzing accounts in the Nigerian press, while scholars like Auslander (1993) and Rutherford (1999) examine the ways that contemporary medical and bureaucratic processes reshape the sorts of witch-finding rituals studied by earlier scholars (Richards 1935; Willis 1968; Redmayne 1970).

Much of this scholarship examines the relationship of witchcraft ideology to postcolonial statecraft (Geschiere 1997; Fisiy and Geschiere 2001), focusing in particular on local understandings of non-transparent governance (West and Sanders 2003; West 2003; West 2005). Several scholars have examined the ways that two abstract and ever-present concepts – witchcraft and “development” – become intertwined (Nyamanjoh 2001; Fisiy and Geschiere 2001; Smith 2008). Sanders (2001, 2003a) and Smith (2008) have called particular attention to the ways that neoliberal economic programs such as structural adjustment produce inequality, facilitating witchcraft rumor, accusation, and discourse. Ashworth (2002) makes the critical connection between post-Apartheid politics, witchcraft discourse, and the HIV/AIDS epidemic, while Niehaus (2001a, 2001b) calls attention to the relationship between witchcraft violence and failures of the South African state to provide equal economic outcomes for all citizens.

While this recent work has been influential in its rethinking of the supposedly traditional domain of witchcraft, it can be criticized for collapsing current forms of witchcraft with a definitive modernity based in a new world order or in the economic vagaries of structural adjustment and neoliberalism. Writing against “modernity” as a

theoretical device, Englund and Leach (2000) criticize ethnography that interprets ‘local’ circumstances as responses to ‘global’ problems. Using case studies from Papua New Guinea and Malawi, Englund and Leach caution anthropologists against employing the “meta-narratives of modernity” in their analysis of seemingly modern practices. Work by Piot (1999) and Shaw (1997) aptly reminds anthropologists who connect contemporary witchcraft discourses and beliefs to postcolonial governmentality and neoliberal economic transformations that Africans have long been integrated into global economic processes. Shaw (1997:85). argues that Sierra Leonian witchcraft beliefs represented by “late 20<sup>th</sup> century global configurations may in fact be shaped by images and metaphors [of the Atlantic slave trade] ... reproducing these as memories that tie together past and present experiences of transformative global flows.” Sanders (2003b), a major contributor to the “modernity of witchcraft” scholarship, has argued that for the Ihanzu, some forms of divination are in fact, traditional. Rutherford (1999) goes further suggesting that scholarship that examines the modernity of witchcraft reproduces earlier functionalism in its reading of current practices as responses to current socioeconomic circumstances. Even Geschiere (2013) who first coined the term in 1997 offers a rethinking of the term in his latest work. The linking of modernity to witchcraft is hardly a late-twentieth century innovation; as early as 1935, Audrey Richards interpreted a Rhodesian anti-witchcraft cult as “a modern movement of witch-finders.”

The “modernity of witchcraft” literature has effectively argued that witchcraft discourse, belief, and associated practices are decidedly *nonstatic*. However, this fluidity is often theorized as a reaction to external social forces of globalization and economic project of neoliberalism, rather than locally specific circumstances. While this body of

work has inspired remarkable scholarship in Africa and beyond, it has perhaps run its course. While Mwanza's changing socioeconomic landscape surely impacts residents' experiences of witchcraft, I argue that witchcraft in Mwanza exists and is constantly reproduced not as a result of, or in spite of modernity, but rather through locally-particular anti-witchcraft practices that simultaneously reference tradition, modernity, Christianity, Islam, violence, colonialism, and postcolonialism.

***Tactical Repertoires and Anti-Witchcraft Strategies***

My dissertation makes this argument by bringing together and analyzing practices located within four distinct anti-witchcraft disciplines – traditional healing, revivalist Christianity, vigilante violence, and governmental bio-power. Each of these disciplines provides a unique perspective on uchawi, while referencing and responding to practices located in the other disciplines. Traditional healing (uganga) recognizes the reality of witchcraft, while individual healers (waganga) argue that they are the only ones able to treat and prevent it (Chapter Three). Some waganga facilitate vigilante violence (Chapter Five), connecting afflicted individuals with young men who kill accused witches. This violence, in turn, leads to increased governmental surveillance and regulation of both healing practice and vigilantism (Chapter Six). Since the British colonial period, the legal code has included a Witchcraft Act. As I describe below and in Chapter Six, this ordinance has historically conflated uchawi (malevolent witchcraft) with uganga (traditional healing). Revivalist Christianity (ulokole) also reproduces the notion that traditional healing is tantamount to malevolent witchcraft. For revivalist Christians, witchcraft is a Satanic reality that can only be treated and prevented by the “name of Jesus” (Chapter Four).

In my analysis of these seemingly incommensurable disciplines and their divergent anti-witchcraft practices, I draw upon the work of Michael Lambek and Michel de Certeau. In his rich work on Mayotte, Lambek explains, there are “three main traditions (or disciplines) of non-tacit knowledge ...for each of which there are publicly recognized practitioners” (Lambek 1993:32). While each tradition is located within the domain of “medico-religious knowledge,” they are concerned with different modes of knowing: sacred Islamic texts, cosmological and related medical texts, and the use of spirits.<sup>8</sup> Later, he explains that:

In daily life experience is formed and interpreted through idioms borrowed from all three traditions and such contradictions as arise are largely situational and, for most people, easily transcended with little sense of paradox. The incommensurability of paradigms experienced by some of the experts is resolved through a local hermeneutics in which people are engaged in interrogating their traditions and conversing about problems of meaning. (Lambek 1993:55)

In Mwanza, I argue a similar process occurs where *uchawi* is also “formed and interpreted through idioms” (Lambek 1993:55), and reified through disciplinary anti-witchcraft practices. While these practices (and their disciplines) are rooted in different epistemologies, collectively they (re)produce witchcraft as meaningful, worthy of attention, and a lived reality for Mwanzans.

My analysis does not focus exclusively on disciplinary practices, but also draws attention to the embodied experiences of people like Mama Gervas who suffer from the effects of witchcraft. In doing so I analyze anti-witchcraft practice on two levels, as

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<sup>8</sup> “These three traditions are *‘ilim fakihi*, concerned with the study, transmission, and interpretation of sacred Islamic texts and commentaries upon them; *‘ilim dunia*, concerned with cosmological and related medical texts and their implications for individual and collective affairs; and *‘ilim ny lulu*, concerned both with treating people who are troubled by spirits and with utilizing the knowledge and power that spirits provide” (Lambek 1993:32).

*strategies* and *tactics*. In *The Practice of Everyday Life*, de Certeau writes: “[S]trategies are actions which, thanks to the establishment of a place of power . . . elaborate theoretical places (systems and totalizing discourses” (1984: 38). In contrast, tactics are “calculated action[s] determined by the absence of a proper locus” and “an art of the weak” (de Certeau 1984: 37). On the relationship of the two, he offers the following clarifying statement, “A tactic is determined by the *absence of power* just as a strategy is organized by the postulation of power” (de Certeau 1984: 38). In Mwanza, anti-witchcraft disciplines are epistemologically located within different forms of knowledge and with contrary sources of power, but are equally understood to be elaborate totalizing systems and discourses. Anti-witchcraft practitioners, then, yield and deploy disciplinary *strategies*.

In its total destruction of bodies and violations of sociality, *uchawi* renders afflicted persons, whether they are economically privileged like Mama Gervas or less fortunate, powerless. They lack direct access to the anti-witchcraft power(s) employed by the state, vigilantes, revivalist Christians, or traditional healers. However, as Mama Gervas’ case demonstrates, the afflicted are *tactical* in their attempts at restoring wellness. Victims of witchcraft are like bricoleurs, assembling, what I call, *tactical repertoires*. Tactical repertoires are creative, flexible, and operate outside of the epistemological boundaries of disciplines. Afflicted persons are willing to cross disciplines and use trial and error. They need not employ strategies from all of the anti-witchcraft disciplines, but rarely rely on those of a single discipline. Importantly, while pragmatic, this assemblage of practices represents more than an example of desperate men and women throwing every possible solution at a problem, but indeed represents an



individualized tactical repertoire unique to that particular person's situation. Mama Gervas, for example, looked for common threads in the competing disciplines of biomedicine, uganga, and revivalist Christianity. While biomedicine provided no diagnosis, traditional healers and the pastor who eventually cured her recognized that she had been "played with" and identified a snake pepo that had wrapped itself around her body, paralyzing her legs and making her body weak. Despite their different epistemologies, both revivalists and healers understood that the key to Mama Gervas' wellness was the removal of the pepo.

My analysis of the *strategies* employed by disciplinary anti-witchcraft practices and their appropriation as *tactics* by persons who seek wellness offers a challenge to a reading of my interlocutors' experiences in Mwanza as yet another example of medical pluralism. Medical pluralism only allows for the inclusion of complementary and alternative medicine or CAM as it is termed in the West. In contrast to mere pluralism, the strategies offered by Mwanza's anti-witchcraft disciplines extend far beyond the confines of CAM into religious, legal, and vigilantist domains. Moreover, while practitioners may view their disciplinary strategies as competing alternatives, afflicted individuals assemble tactics from multiple disciplines into individualized tactical repertoires best suited to their own unique situations. My dissertation, thus, portrays individual experiences of witchcraft attack in an urban environment, while analyzing a wide variety of disciplinary anti-witchcraft practices.

### ***Attentiveness to Gender***

While the central argument of my dissertation is not explicitly about gender, there is no question that men and women experience witchcraft differently. In my

analysis, I show how women are much more likely than men to suffer from extended illnesses caused by witchcraft and from involuntary spirit possession. Moreover, despite cultural values that suggest that both men and women can be malevolent witches, in practice, elder women are most vulnerable to accusation and extreme violence. Violence is enacted by vigilantes, who as young men are, themselves, economically marginalized. Through affliction and accusation, women's everyday experiences are shaped by *uchawi*. Gender also shapes healing practices, especially with regards to religious healing. Male and female practitioners engage in epistemologically distinct practices; men profess legitimacy through use of religious texts, while women more often draw their power from spirits.

### ***Research Methods***

My dissertation fieldwork in Mwanza was conducted during three periods. I spent six weeks doing pre-field research in July-August of 2004, eleven months of full-time fieldwork in September 2006-September 2007, and 6 weeks of follow-up research in June-August of 2010.<sup>9</sup> During the first period, I met Steven Bugumba,<sup>10</sup> a man a few years younger than me, who spoke excellent English and was highly interested in social scientific research. Without intending to hire a research assistant I found myself working closely with Steve. During my pre-field research period, he introduced me to Mama Masanja,<sup>11</sup> a traditional healer, who became a key informant (See Chapter Three) and “adopted” me as her American daughter.

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<sup>9</sup> I spent the summer of 2001 in rural Shinyanga doing research for my MS thesis at Virginia Tech, the summer of 2003 in Zanzibar studying Kiswahili.

<sup>10</sup> Through the remainder of the text, I refer to Bugumba as “Steve.”

<sup>11</sup> Mama Masanja (literally Masanja's mother) has asked to be known by her real name.

During my period of full-time fieldwork in 2006-07, I lived in an apartment in the city centre. Since almost no one lives in the business district, I conducted research in neighborhoods surrounding the city proper. These neighborhoods included Jiwe Kubwa, Bwiru, Mihama, Pasiansi, and Isamilo to the north; Nyakato to the east; and Butimba in the south (see Figure 1-2: Map of Nyamgana and Ilemela Districts, by Ward). I also interviewed people in public *hoteli* (small local restaurants) and shops in the downtown area.

Steve worked with me again in 2006-07 as a research assistant and translator. While I studied Kiswahili during the summers of 2003 and 2004 and speak it well, I am not fluent. Working with Steve allowed me to capture a much more nuanced understanding of my interlocutors' experiences. Steve also proved invaluable at locating potential interviewees. After I reconnected with Mama Masanja, Steve arranged for me to meet and interview several *waganga*. As I got to know healers, they introduced me to their patients and colleagues, invited me to observe rituals, and often demanded that I take their *dawa ya kinga* (protective medicine). While in the cases of some healers, I conducted a single interview, in others, I returned for multiple visits spending four or five hours per visit at their compounds.

When Steve heard a "good witchcraft story" from a friend or acquaintance, he would arrange for me to interview someone who knew the story well. I would often show up to interview that person and would find that he or she had brought a friend or two with other stories to tell. Steve's friend Baraka, who sold cold drinks in the market place, became a reliable source for witchcraft gossip. He would often relay stories that he had heard and often introduced me to people with exceptionally interesting stories to tell. In

Mwanza, most *wazungu* (white people) travel in private cars. Because Steve and I either walked or traveled by *daladala* (local mini-bus), we attracted attention. Strangers would frequently ask us what we were doing and after hearing about my research project would proceed to tell us about their own experiences with *uchawi*. In collecting these stories, I have been inspired by the Metcalf's (2001) ruminations on the "lies" that both fieldworkers and their informants tell. Very few of my interlocutors' stories of affliction, tactics, or disciplinary strategies are verifiable, a point that seems to matter little, since in their totality they say so much about life in Mwanza. Similarly, in her comprehensive analysis of East African stories describing white colonials and their African agents as blood-sucking "vampires," White (2000, 1995) explains that her interviewees "tell these stories as first-person accounts or as common knowledge, claiming, in short, the authority to report these happenings" (1995: 1383). In some cases, White notes, her interviewees actually claim to have procured blood for Europeans, stories that White clearly believes to be "untrue."

In conducting interviews, I initially used a digital recorder, but after realizing how long it took Steve and me to transcribe and translate them,<sup>12</sup> I changed strategies. For the vast majority of our remaining interviews and observations, I handwrote verbatim notes in a combination of English and Kiswahili. As I took notes, I asked Steve Bugumba for clarification. I continued to use my tape recorder to capture particular forms of speech.

In early 2007, I became acquainted with Steve Rasmussen, a long-time American Pentecostal missionary in East Africa, instructor at a Pentecostal college for Tanzanian pastors in training, and missiological researcher completing his own dissertation on

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<sup>12</sup> Towards the end of my fieldwork, Edgar Turuka of the National Institute of Medical Research (NIMR) transcribed and translated several of those earlier interviews.

witchcraft (see Rasmussen 2008 and below, *Witchcraft in Mwanza*). Steve Rasmussen and I jointly interviewed four of his students and several parishioners who had experienced witchcraft affliction and/or spirit possession. Rasmussen and his family also invited me to visit his Pentecostal church. While I decided against church-based fieldwork for ethical reasons,<sup>13</sup> that experience provided me with context for making sense of large public revivals that I attended in July 2007 and July 2010.

I returned to Mwanza in 2010 to investigate changes to traditional healing practice after shifts in government policy (see Chapter Six). I revisited Mama Masanja and Ibrahim, a healer who I had spent many days with in 2007. I conducted two interviews with a government official about these changes. I also visited two “modern” herbal clinics and conducted brief interviews with their proprietors (see Chapter Six). Finally, since July and August are the busiest months for revivals, I attended several public revivals in order to enhance the data for Chapter Four. Steve Bugumba was employed in a full-time research position at the National Institute of Medical Research (NIMR) in 2010, so he only assisted on weekends. While I conducted most of my 2010 research independently, Masanja Bahati (Mama Masanja’s son) and Rahma Ally provided me with occasional assistance.

Throughout my fieldwork periods, I also read as widely as I could on the matter of uchawi. I asked newspaper sellers to save papers for me that included stories about malevolent witchcraft or other forms of magic. I clipped the stories whether they were serious articles describing the arrest of traditional healers, sensationalist article in

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<sup>13</sup> The church’s members were unable to reconcile my identity as a secular researcher with either my whiteness or friendship with a missionary family. I felt uncomfortable “misleading” the church members about my reasons for attending church.

tabloids, or columns written by healers purporting to offer solutions. I read children's books and cheap mass-produced paperbacks that recounted first-hand accounts of spirit possession and witchcraft attacks.

My research was conducted with the approval of the University of Virginia Institutional Review Board (UVA IRB), the Tanzanian Commission on Science and Technology (COSTECH), the Mwanza Regional Government, and the Ilemela and Nyamagana District Governments. I received a waiver of written documentation of consent from the UVA IRB. Nonetheless, each of my interlocutors was informed about the nature of my research. I had originally intended to offer small gifts as compensation for the time that people spent talking to me, but it quickly became evident that my interlocutors preferred cash. I provided most of my interviewees with \$5 to \$10, while healers often demanded larger sums for ritual ingredients or to "feed" their spirits. I received written permission for the use of all photographs included in this dissertation whether of individuals, their homes, or their property. The photographs in Chapter Four were taken at large public events and thus I did not obtain consent from the people in them. Revivals are photographed by attendees, visiting missionaries, and the press and such are different than the more intimate photos taken at healers' compounds.

***The Research Setting: Mwanza, 2001-2010***

Tanzania is divided into 30 administrative Regions, Tanzania's parallel to US states. Regions are divided into Districts and further sub-divided into wards (or neighborhoods). Mwanza is the capitol of Mwanza Region, one of several regions located in Northwestern lacustrine Tanzania. The others are Shinyanga and Kagera, and as of

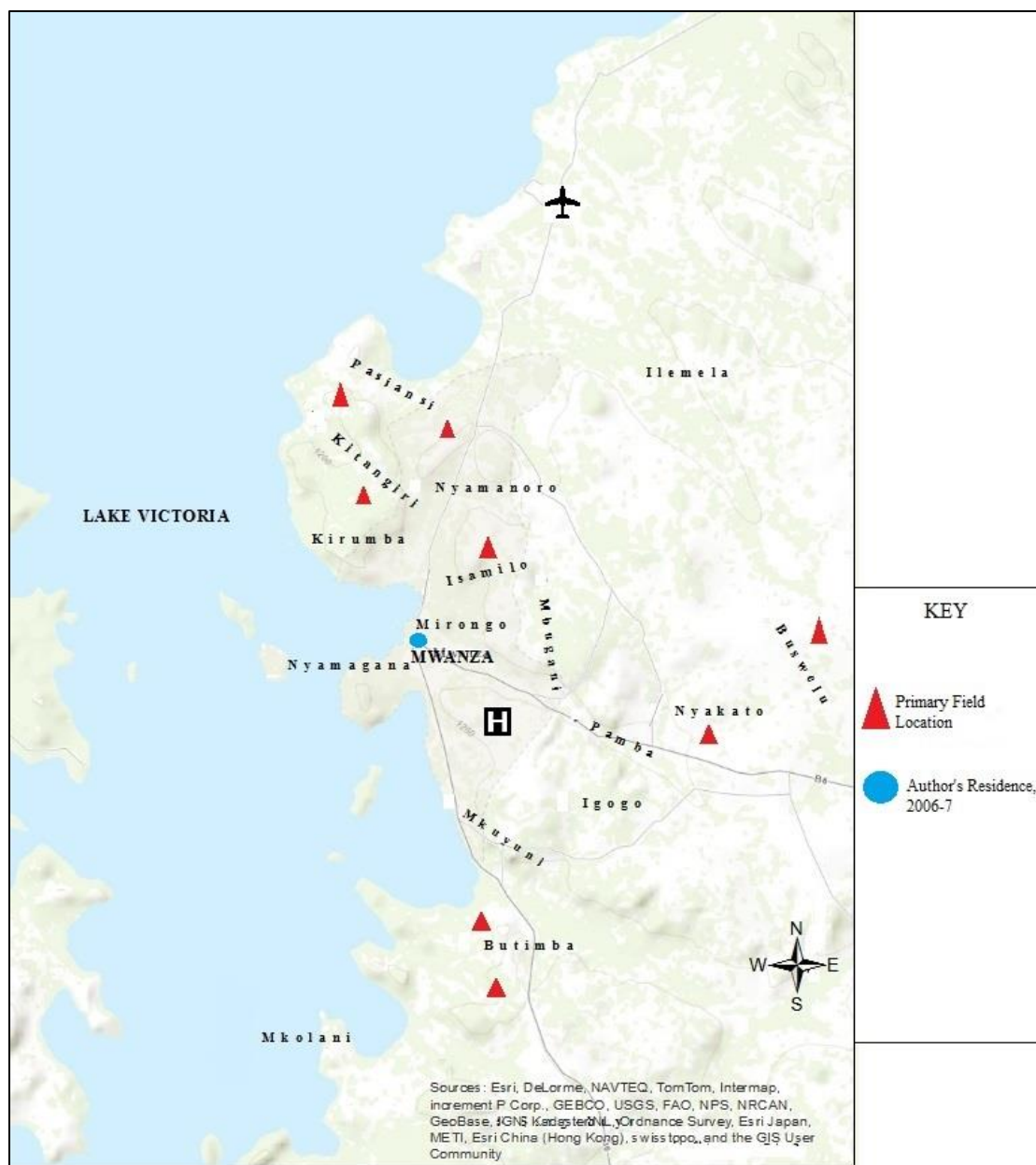
2012, two new Regions, Geita and Simiyu (see Figure 1-1: Tanzania Administration).

Parts of Mwanza Region were ceded to the creation of these new Regions.



**Figure 1-1: Tanzania Administration, Ministry of Lands, Housing & Human Settlements Development<sup>14</sup>**

<sup>14</sup> Available at <http://www.ardhi.go.tz/news/2012/09/21/official-map-tanzania-new-regions-and-districts.html>.



**Figure 2-2: Map of Nyamagana and Ilemela Districts, by Ward**

Located on the shores of rock-studded Lake Victoria, Mwanza city is divided into two Districts, Ilemela (comprised of 12 wards and a 2012 population of 343,001) and Nyamagana (comprised of 9 wards and a 2012 population of 363,452). While the city centre is the main business district, the vast majority of the city's 700,000 residents live in one of the many neighborhoods located along Mwanza's major roads: Makongoro



Road to the north, to Kenyatta Road to the south, or Nyerere/Nyanguge Road to the east (see Figure 1-2).

I first arrived in Mwanza in July of 2001 after a cramped and dusty eight hour bus ride from the Meatu District (Shinyanga Region) where I had been doing Master's research on volunteerism, health, and development with a small non-governmental organization. Even though it was Tanzania's second largest city and Mwanza's Regional capitol, the city reminded me of a large town. In 2001, few of Mwanza's roads were tarmacked and short trips to the Airport (located 7 km from the city center) or to the Sukuma Museum in Bujora (15 km from the city center) could take an hour or more. The downtown area exemplified Mwanza's diverse history – the train station and regional government buildings were colonial in origin, while more recent office buildings and apartment blocks had been constructed in a decidedly Socialist style out of utilitarian concrete. A variety of churches, Hindu and Sikh temples, an Ismaili jamat khana, and mosques, demonstrate Mwanza's ethnic and religious diversity. With no traffic lights, Mwanza's meager traffic moved slowly through the few roundabouts. In 2001, Mwanza's city centre was dominated by the Socialist era New Mwanza Hotel, the sprawling market, government buildings, and a few five or six story buildings.

Mwanza is known for its large and powerful community of *Wahindi* (Tanzanians of South Asian descent). Wahindi own most small shops, hotels, and factories in the city. While Mwanza had almost no tourist industry in 2001, a flourishing gold and industrial diamond mining industry in areas such as Shinyanga, Geita, and Kahama meant that on any given night expatriates drank alongside wealthy Wahindi, and Afro-Tanzanian (henceforth Tanzanian) "big men" at the Hotel Tilapia, Mwanza's finest hotel. In my

earliest days in Mwanza, many of the expats were accompanied by beautiful Tanzanian women dressed in tight Western clothing. While these women did not consider themselves to be *malaya* (“common” prostitutes), they received high sums of money and generous gifts in exchange for their companionship and sexual favors. In 2001, small hoteli (small “local” restaurants) existed throughout Mwanza as places where Tanzanian men might get a soda or beer, a plate of ugali and stew, and chat with a “bar girl.”

Over the next decade as I returned to Mwanza in 2004, 2006-2007, and in 2010, I watched Mwanza transform from a sleepy forgotten town to one of the fastest growing cities in East Africa. Instead of an hour, my 2004 trip from the airport took 15 minutes on the newly paved Makongoro Road (aka Airport Road). By 2010, few of Mwanza’s streets remained dirt roads and downtown Mwanza had its first traffic light. Shops selling western commercial foodstuffs, computer supplies, mobile phones, new imported clothing, and even baby products sit alongside the expected tailoring shops and market stalls. Twelve story architecturally-interesting buildings, including several luxury hotels, seem to appear on the landscape on a regular basis. I recently heard that Mwanza’s first indoor shopping mall is under construction.

Increasingly, Mwanza’s elites include wealthy business owners of African descent. Mwanza is fast becoming a tourist destination of its own and is now marketed as the gateway city for the western Serengeti. While the drive to the Serengeti could take eight hours ten years ago, it’s now a short two hour trip. While expatriates still hang out at the Tilapia, the crowd now includes NGO employees and volunteers, teachers from the international school, social scientists working at NIMR, American medical residents doing one month rotations at Bugando Medical Centre, entrepreneurs responding to the

increasingly capitalist government's calls for international investment, expatriate children, as well as individuals associated with the mining trade. While the bar is still busy, there seem to be many less Tanzanian women looking for Wazungu partners. Over the decade, it has also become harder to spot these women as it's become socially acceptable for women of most ethnic and class backgrounds to wear tight jeans and short dresses. Many western-style restaurants and dance clubs have opened in the last decade to cater to a growing Tanzanian middle class. While in 2001, it would have been unusual to see "respectable" Tanzanian women dining in restaurants, middle-class Tanzanian couples now often enjoy meals together or nights out dancing. Despite this seeming prosperity, Mwanza has much greater income disparity than it once did. Sanders (2000), for one, argues that Tanzania, like other countries in the Global South, has experienced economic disparity as a result of externally-mandated structural adjustment policies (SAPs)

While Mwanza is saturated with social scientists, who work primarily at NIMR on HIV/AIDs and sexuality studies in rural northwestern Tanzania (see for example, Plummer and Wight 2011), there is little published scholarship about the city itself or its residents. The most famous depiction of Mwanza remains the controversial 2004 Oscar-nominated documentary, *Darwin's Nightmare*. The film explores the relationship between the fish industry and such nefarious practices as prostitution and arms trafficking. Nearly a decade later, it is often difficult to gain trust from interviewees and from regional, district, and ward level officials who worry that researchers are making the next *Darwin's Nightmare*. Many people that I know describe how their interviews depicting an alternative view were either not included in the film or edited to depict

Mwanza in such an unflattering light. In my own viewing of the film, I've noticed that the subtitles are often inaccurate. Flynn's (2005) ethnography of food provisioning examines the experiences of market vendors, consumers from a wide variety of income brackets, street children, and urban farmers. Several medical anthropologists have written skillful and sensitive treatments looking at children. Lockhart (2002, 2008) focuses on the experiences of Mwanza's large population of street children who have migrated to the city from rural areas, while Van Reeuwijk (2010) conducted fieldwork at a school in Mwanza's suburb in order to explore children's sexuality.<sup>15</sup> Most recently, Jangu's (2012) dissertation explores traditional healing practice in Mwanza (including urban Mwanza). A native of Mwanza Region and a former chemical engineer employed in the beverage sector, Jangu's analysis responds more effectively to the socioeconomic changes described above than any other work on Mwanza. He situates his research on traditional healing within a larger discussion of health care service delivery and "the broader environmental and social processes shaping health challenges" (Jangu 2012:3).

### *The Center of Sukumaland*

While now a multiethnic city, Mwanza is the geographic heart of *Usukuma* (Sukumaland), the "homeland" of Tanzania's most populous ethnic group, the Wasukuma. While in contemporary life, Usukuma has no political meaning, during the British colonial period Sukuma chiefs served as administrators under "indirect rule." As in other parts of sub-Saharan Africa and beyond, Sukuma ethnicity was in some ways a colonial "invention" (Ranger 1983). Both the German and British regimes sought to fix disparate peoples of individuals into "tribes" (*kabila*) with prescribed cultural traits,

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<sup>15</sup> She also conducted fieldwork at two schools in Magu District.

monarch-like chiefs, and geographic boundaries (Iliffe 1979). When the British began administering Tanganyika after World War I, the Wasukuma had no “Paramount Chief” or federation, but were, instead, arranged in 40 “chiefdoms” (Malcolm 1953). This is not to suggest, however, that the Wasukuma were not engaged in their own projects of “ethnic differentiation” (see Metcalf 2010 on Borneo’s longhouses as sites of production of ethnicity); in fact, Wijisen and Tanner (2002) argue that people “now speak of themselves as Sukuma, whereas fifty years ago they would refer to themselves by using their clan names” (2002:1). In the twentieth century, the Wasukuma were well-studied by Hans Cory who served as “the government sociologist” during the British colonial period. In addition to writing about Sukuma traditional dance societies (1946), magical medicine (1949), the chief as ceremonial office (1951), Cory codified Sukuma customary law for administrative purposes under British indirect rule. Gass (1973, originally 1919) had previously written about Sukuma magical beliefs.

*Ujamaa*, Tanzania’s populist socialism (literally “family hood”), deemphasized ethnicity in favor of forging the nationalist identity of citizens (*wananchi*). This identity was forged through a variety of tactics: Kiswahili was promoted as a national language; political activists were cultivated regardless of ethnicity; and students were sent to other regions to complete their secondary school educations (Stöger-Eising 2000). In the nation’s efforts to de-ethnicize the population, undo wealth-based hierarchy, and dismantle the colonial entrapment of indirect rule, chiefs were “encouraged” to relinquish their hereditary roles as legal practitioners and landowners.<sup>16</sup> Despite their losses of title

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<sup>16</sup> In their dissertations, Bessire (2000) and Stroeken (2000) describe the continued existence of Sukuma chiefly office in rural Usukuma. I have not noted a similar trend in urban Mwanza. While some Sukuma *batemi* (chiefs, often translated as kings) have formed political parties in the years following the first multi-

and property, as more educated Tanzanians, many former chiefs and their heirs found themselves associated with the post-colonial government either as elected members of Parliament or in government posts (although not often in their home districts).

Despite its celebration of “African culture,” postcolonial Tanganyika (and later Tanzania with the unification of Zanzibar in 1964) adopted many of the structures of colonial government. Provinces became Regions, Districts remained Districts, and were further sub-divided into Wards which mirrored colonial Parishes (*gunguli*), Villages, and beginning in 1965, Ten-cells. The positions of Regional Commissioner and District Commissioner mirrored their colonial predecessors, while ward leaders were *Chama Cha Mapinduzi*<sup>17</sup> (CCM) party members rather than hereditary leaders, such as chiefs and headmen. Ten-cell leaders (*balози*) are envisioned as the elected representatives for clusters of typically ten households and function as the grassroots workers for CCM. Their role is to educate people about the party, communicate information between the people and the government, participate in rural development activities, and sit on village committees.

Early socialist Tanzania employed biopower quite differently and yet much more significantly from the average Tanzanian’s perspective. Ingle (1970) has argued that as a socialist and modernist nation, Tanzania compelled rural development. While the Germans had emphasized cotton production and the British had mandated cotton and groundnut production and employed ordinances to encourage rural production (Ingle 1970), neither colonial effort carried the weight of villagization. In a 1967 policy paper

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party elections (1994), the refiguring of chiefly office is primarily cultural, rather than political (Bessire 2000). Describing the mid-1990s installation of the ntemi of Magu, Bessire describes how the ntemi had to borrow drums from the Sukuma Museum to lend authenticity to the ceremony.

<sup>17</sup> The ruling party since independence.

the nation's first president (from 1964-85), Julius Nyerere introduced the idea of communal villages (*ujamaa kijiji*) based on the "principles of communal effort and self-reliance" (Ingle 1970: 83) as the building blocks of modern Tanzanian society. In contrast to the colonial enterprise, Nyerere argued that:

We in Tanzania should move from being a nation of peasant producers who are gradually adopting the incentives and ethics of the capitalist system. Instead we should gradually become a nation of ujamaa villages where the people co-operate directly in small groups and where these small groups co-operate together for joint enterprises [such as milling and marketing collectives] (Nyerere quoted in Scott 1998:230).

Ujamaa villages were to be "proper villages" (Nyerere, quoted in Scott 1998:231) that included both individual and communal agricultural plots (*shamba*) and employed the machines of modern agriculture. Moreover, ujamaa villages were to have schools, electrification, water pumps and the other complements of modernity. While initially Nyerere believed that Tanzanians must be compelled, but not forced into villages (Ingle 1970), in 1973, he instituted "Operation Villages." According to Scott, "the official term after 1973 was "planned" villages (not "ujamaa" villages), presumably to distinguish both from the communal-production regime of ujamaa villages which had failed, and from the unplanned settlements and homesteads in which Tanzanians now resided" (1998:c234). Much to their chagrin, citizens were forcibly relocated into planned villages often sited for "administrative convenience ... [rather than] ecological considerations ... they were often far from fuelwood and water, and their population often exceeded the carrying capacity of the land" (Scott 1998:235). In a footnote, Bessire (2000:143) recounts the third-hand account of an elderly Sukuma woman who refused to move to a planned village. Despite being set on fire, her house did not burn and when officials entered the house, they found *mitunga* or zombies, kept by witches (here described as "skeletal

spirits hanging down,” see Chapter Two for a detailed discussion of mitunga, including a discussion of mitunga “villages” as socio-political critique). The officials determined that she was a witch and left her alone.

Planned government villages, especially in northwestern Tanzania, were (and often remain) strikingly linear, modernist, and demonstrative of “an overall Cartesian order” (Scott 1998:238) with uniform rectangular houses made of concrete and roofed in aluminum, with the occasional school or CCM building thrown in, and sited on either side of a major road. As Scott (1998) points out, this method of planning, while useful for administrators, was detrimental to the economic aims of villagization. Compulsory villagization has been, for the most part, deemed an economic, ecological, and social failure in the literature, and as any visitor to rural Tanzania can attest, there are still villages awaiting promises of electrification and running water. In the West Lake Region, which included much of western Usukuma, administrators chose to plan new linear villages and resettle citizens, rather than apply villagization principles to existing settlements. When I asked an elderly Sukuma mganga (Baba Kasongo, see Chapter Three) about his recollections of the period, he grew strangely silent, finally answering, “How would you feel if you were forced to leave your land?”

For the Sukuma who continue to have a “polycentric order of culture” (Stroeken 2000), the linear design and crowdedness of planned government villages must have been especially disconcerting. As mentioned briefly above, Sukuma life was organized at the *kaya* (or homestead) level. *Kaya*, themselves, were generally round, encircled by euphorbia fencing, and containing several small round mud houses with thatched roofs and typically *numba ya masamva* (ancestral shrines) (see Stroeken 2000 for analysis of



contemporary kaya). While kaya typically included several related families, they were disparately located, and thus the opposite of tightly organized government villages. Furthermore, the government village model redefined space, so as to exclude land-use that did not fit one of four uses: city/town (*mji*), village (*kijiji*), farm (*shamba*), or bush (*pori*). The distinction between bush and village is frequent trope employed in witchcraft discourse. Furthermore, Stroeken (2010) has argued that the resettlement of Sukuma into government villages precipitated an increase in witchcraft accusations as Wasukuma found themselves in close quarters with unfamiliar neighbors.

In contrast, Father David Clement, a member of the Missionaries of Africa (White Fathers), is remembered as the preserver of Sukuma culture. In 1952, he founded a Catholic church at Bujora (about 15 kilometers from Mwanza) that was round like Sukuma houses and decorated using Sukuma motifs. After independence, he continued to collect examples of Sukuma material culture including drums, flywhisks, photographs, and other ritual objects, while working with Sukuma elders to preserve cultural practices including dances, labor songs (see Gunderson 2010), and methods of traditional healing. Clement's collection is now the Sukuma Museum (see Bessire 2000) and Archive.

### ***Witchcraft in Mwanza***

In the early days of my 2006-2007 fieldwork, I began most interviews by asking my interlocutors to define witchcraft. Almost every one of them answered this question by answering, “uchawi upo,” or “witchcraft exists.” As we developed relationships, my informants – whether waganga, persons afflicted by witchcraft, pastors, or everyday observers – provided elaborate descriptions of the things that witches had done or were said to do. Nonetheless, the frustrating “uchawi upo” was the first response, even of

people who did not purport to believe in witchcraft for reasons of educational or spiritual conviction. It was as though my informants were channeling social science theoreticians; by beginning our conversations with the claim that “witchcraft exists,” they were marking it as important.

In Mwanza and northwestern Tanzania more generally, malevolent witchcraft is a source of considerable anxiety. While Mama Gervas’ story is about physical illness, *uchawi* causes, in Evans-Pritchard’s (1937) words “unfortunate events,” including loss of love, wealth, or property, as well as sickness, or even death. Interlocutors representing different ethnicities, religious communities, and socioeconomic statuses expressed concerns about witchcraft. Witches, who are almost always described as elderly women with red eyes, have the power to control their victims, either by forcing them to do evil things on their behalf or to do labor unwittingly in their dreams or as captive *mitunga* (zombies, see Chapter Two).

In northwestern Tanzania, witches may be male or female; in practice, however, women are most likely to be accused of witchcraft. While young women are sometimes accused, the image of the witch is an elder, widowed female. Witches are usually conceptualized of as jealous, greedy, and asocial neighbors or female kin, a pattern that fits Geschiere’s (1997) assertion that witchcraft is “the dark side of kinship.” Writing specifically about Sukuma witchcraft, Hinkkanen (2009:229n) argues that the most likely kin are “fathers’ mothers, ... co-wives, female neighborhood elders, father’s sisters, mothers-in-law, and mothers of male children.” She argues that “the logic of a paternal grandmother’s witchcraft is connected to the Sukuma-Nyamwezi cosmology, system of marriage, and descent ideology, as well as to the position of paternal grandmothers in the

present society” (Hinkkanen 2009:229). According to Hinkkanen’s informants, in contemporary times, paternal grandmothers are abandoned by their sons and left with no one to care for them, since daughters are obligated to their husband’s kin. This lack of respect and care is believed to breed jealousy, leaving “old women ... to turn against their sons by bewitching them and/or their wives and children” (Hinkkanen 2009:230).

Complicating this perspective is the notion that witchcraft is about ill-gotten riches. Narratives about witchcraft as a means for wealth describe witches who “sacrifice” their kin or neighbors, rather than acting out of spite.

As Green and Mesaki (2005:373). explain “Whether witchcraft powers derive from a physical site within the body or from substances purchased from other communities ..., discourses on witchcraft in Tanzania consistently address themes of envy, greed, consumption, cannibalism, and death.” As the stories in this dissertation demonstrate, people worry about intentional attacks by kin and neighbors, as well as accidents. An accidental attack might occur when a person “jumps” over bewitching *dawa* at a crossroads that is intended for someone else (see Hinkkanen 2009, Jangu 2012). Anti-witchcraft practice, thus, includes preventive and diagnostic strategies, as well as those designed to treat extant problems. While anti-witchcraft prophylaxis is most associated with traditional healing, revivalist Christians often view themselves as less vulnerable to attack.

However, what counts as witchcraft is dependent on who is doing the assessment. As I describe later in this chapter (*Historicizing Witchcraft in Mwanza*), since the colonial period, *uganga* (traditional healing) has been conflated with *uchawi* in both legal and religious discourse. While one reading of the two categories might suggest that they are

discrete and oppositional – one is malevolent and destructive (*uchawi*), while the other is diagnostic, preventive, and curative (*uganga*) – there is considerable slippage between them from an indigenous perspective, i.e. one client’s charm may be interpreted as another’s curse. More than one *mganga* (traditional healer) has told me that to effectively diagnose and combat witchcraft, he or she must have a bit of witch “inside.” Revivalist Christians explicitly conflate traditional healing (and indigenous religiosity, in general) with witchcraft. Despite this overlap, there is a significant discursive and practical distinction between the two domains: *uganga* is a claimed and advertised power, while *uchawi* is never admitted and is powerful in its secrecy.

In Chapter Five, I describe Mama Masanja’s treatment of a woman who was forced to practice witchcraft because she herself was bewitched. The act of bewitchment (or ensorcellment) is expressed through the verbs *kuroga*, “to bewitch” and *kurogwa*, the passive form, which can best be translated as, “to have been bewitched (by someone).” Mwanzans are much more likely to use this passive construction explaining how someone has been “rogwaed,” rather than explaining that a certain person has bewitched another. More often, Mwanzans use the verb *kucheza* (“to play”), to describe doing witchcraft or having it done to them.

As I hope the remaining chapters will make clear, Mwanzan’s use of *kurogwa* and *kucheza* rather than the more active *kuroga* demonstrates more than the predilection for passive voice in Kiswahili. Rather, it reflects two distinct features of witchcraft discourse. First, while talk about witchcraft is a matter of normative conversation, no one admits to being a witch. Actually, this is a bit of an over-statement as there are three exceptions to this rule. The first is that *walokole* (revivalist Christians) often claim to have been

witches, Satanists, and pagans prior to their conversion. Because the revivalist denominations explicitly conflate *uganga* and *uchawi*, former healers often refer to having been *wachawi* prior to their conversion. Secondly, some healers claim to be able to do malevolent or remarkable acts like those that are done by witches. Because *uchawi* is so vilified, they often claim to have that form of power, but then recant saying that they don't actually use those techniques (see Chapter Three). Finally, people will actually say, "I am a witch" ("*Mimi ni mchawi*") in a joking context. While in Mwanza, I occasionally visited the casino located in the New Mwanza Hotel across from my flat in the center of town. Since the hands were very inexpensive (2500 Tsh or about \$2), I would sometimes play blackjack. One evening, one of the blackjack dealers kept beating all of the people who were playing at the table. As he took the last of the \$10 I was willing to lose, I said, "Wow! You must have used some strong *dawa*, *Bwana Mchawi* (Mr. Witch)." Since he knew about my research, he laughed. On a subsequent night he, in turn, teased me about doing well in my studies and becoming a strong witch when I hit blackjack multiple times in one sitting. This kind of joking had to be performed publicly and clearly marked as humor because Mwanzans are extremely anxious about witchcraft accusation. As I describe in the next section of this chapter, accusing someone of witchcraft has been illegal since 1928. Moreover, witchcraft accusations often lead to violence or the threat of violence. Naming a witch or claiming to do witchcraft are equally dangerous and illegal acts.

Despite Tanzania's long-standing policy of promoting national identity over *kabila* (ethnicity or "tribe"), ethnic stereotypes persist. The Wachagga of Arusha Region are thought of as zealous businessmen, the Wakuria of Mara Region are often described

as fierce and traditional, while the Wasukuma are thought of as “witch-crazed.” This stereotype is a national response to the thousands of post-independence “witch-killings” of elderly women (see Chapter Five) that have taken place in Mwanza, Shinyanga, Tabora, Geita, and Simiyu Regions.<sup>18</sup> This “cultural character” is described as backward and amoral, running counter to Christianity, the nation, and development (*maendeleo*). Sukuma witchcraft is further exoticized by other northern Tanzanian ethnic groups who claim that Sukuma witchcraft is the most potent (Sanders 2003a). Southern Tanzanian government workers and members of the general public told anthropologist Maia Green that without local witchcraft suppression institutions, “[The region]... ‘would be like Mwanza’, or ‘People would kill each other’. ‘It would be like it is with the Sukuma’, a group associated with witch killing and violent revenge attacks on witches” (Green 2005:14). For other Tanzanians, Sukuma-ness is about witchcraft belief and anti-witchcraft practice. But as Stroeken points out, this same association is often made by rural Sukuma about themselves (2000).

Despite the attention that this gendered violence has attracted, my dissertation is consciously *not* about Sukuma witchcraft. First, while many of my informants are Sukuma, Mwanza is a multi-ethnic city where Tanzania’s project of ethnic assimilation and creation of Tanzanian identity has been relatively successful; my interviewees were as likely to have been born in coastal Tanzania as they were to be from Mwanza or Shinyanga Region. While ethnicity matters for traditional healers who often differentiate themselves from other practitioners by virtue of their inherited knowledge (see Chapter Three), it does not seem to particularly shape the experiences of people who have

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<sup>18</sup> While witch-killing statistics (see Chapter Five) have not been reported for the newly-created Geita and Simiyu Regions, these areas experienced witchcraft violence when they were part of Mwanza Region .

experienced bewitchment in Mwanza. Indeed, the “threat” of witchcraft crosses ethnic and religious boundaries. Moreover, urban multiethnic living produces embodied experiences of witchcraft that differ profoundly from those experienced by people living in rural areas or villages. Mwanzans live in close contact with neighbors who may be relative strangers. This proximity and crowding “facilitates” witchcraft, because neighbors are able to see what their neighbors possess (and thus, what they are not sharing). This idea is hardly new; Douglas (1970) made essentially the same argument for densely-populated small scaled societies. Since witches are imagined to be both profoundly jealous and selfish, even the slightest inequalities may be interpreted through the framework of illicit accumulation. Moreover, Mwanza’s residents worry that their own relative wealth might inspire jealousy and subsequent attack by their neighbors.<sup>19</sup> Additionally, ethnicity seems to matter less in the city because urban life is fundamentally about “seeking a livelihood” (*kupata maisha*, literally, “getting life”), a goal that crosses ethnic, religious, gender, and socioeconomic boundaries. For Mwanzans, witchcraft was often described as a barrier to maisha, “development” (maendeleo), and the successes that they hoped would result from urban life.

Because of its notoriety, Sukuma witchcraft has already received a great deal of scholarly, governmental, and popular attention. My host country advisor Simeon Mesaki (1992, 1993 1994, 2009) has written extensively on Sukuma witch-killing, colonial witchcraft policy, and is an expert on witchcraft and the law in Tanzania. Art Historian Aimee Bessire has written extensively about the protective power objects created by Sukuma healers (2005, 2009) and Sukuma art and cultural production in general (2000).

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<sup>19</sup> Stroeken (2010) makes a similar argument for rural Sukuma living in post-villagization Tanzania.

Koen Stroeken (2000, 2001, 2004, 2006, 2010) has conducted in-depth ethnographic research on witchcraft and healing in rural Usukuma. Stroeken analyzes Sukuma epistemologies of healing and local constructions of “the witch” as forms of moral power, arguing:

In concrete situations of therapy, people appear to concentrate on something less patent than someone’s use of magical ingredients: the witch’s moral power. That is what kills. That is the witchcraft in the magic. The grudge, whether or not justified in the victim’s eyes, gives the witch access. (2010: 30)

“Access” is a critical theme for Stroeken whose analysis and exposition articulate between healers’ use of *shingila*, the Kisukuma substance that is used “to wed the power of plants to the subject’s intention” (2010:1) and “the grudge” which allows witches to do harm. Access, for the Sukuma, is the key to efficacy in a system where witchcraft serves as “an idiom of therapy and peacemaking” (Stroeken 2010:xiv). More specifically, Hinkkanen’s (2009) dissertation examines the infertility treatment practices of rural Sukuma waganga.

Jangu’s (2012) dissertation provides an incredibly rich analysis of Sukuma, Maasai, and Islamic healing practices in Mwanza. Writing from the perspective of natural resources studies, Jangu’s interest in traditional healing is “not only a provision of therapeutic services, but also a crucial form of cultural identity and expression that responds to socioeconomic and ecological transformations” (2012:3) in the region.

During the course of my research, I became friends with two other fieldworkers, Nicola Desmond (2009) and Steve Rasmussen (2008), who happened to writing dissertations that intersected with my own work. A medical anthropologist, Desmond had set out to do research on how Sukuma people respond to risk in their daily lives with the



hope that her research would inform HIV/AIDS research. Instead, she found that while HIV was thought of as a “salient risk” by external funders and professionals, villagers worried about a much broader “risk landscape.” More specifically, of 88 risks mentioned by her interviewees:

HIV and witchcraft were raised most frequently and equally by women whilst men cited witchcraft more frequently than HIV. Both men and women highlighted the risks of hunger, theft, jealousy, dirty water, mchango [worms], malaria and treatment seeking behaviour. Women mentioned risks such as living alone, infidelity, divorce, domestic violence, trusting others too easily and loss of social reputation more frequently than men, whilst men tended to highlight risks such as a lack of education and poverty, more frequently than women. (Desmond 2009:302)

For Desmond’s Sukuma interlocutors, witchcraft was as salient a risk as the pathogens recognized by biomedically-oriented funding agencies. Similarly, Rasmussen, a long-time Pentecostal missionary in East Africa, missiological researcher, and instructor at a Pentecostal college for Tanzanian pastors in training, set out to write about Christianity as a means for easing suffering after illness and death. Using a participatory “contextualization” approach, he enlisted his students in an ethnographic interviewing project that gathered information about illness and death from members of their own (predominantly Sukuma) communities. His students’ stories invariably included witchcraft as a frequent cause for illness and death alongside “sin, physical entities like parasites, and spiritual beings like demons” (2008:v).

Rather than viewing this recent profusion of scholarship as a hindrance to my own, I view it as validation of my own conclusions that witchcraft really matters for Mwanza’s residents. Unlike many of the other studies I have mentioned, my work does not focus exclusively on the Wasukuma, but rather contributes to scholarship about the region and the anthropology of witchcraft by focusing on a multiethnic population in a

rapidly urbanizing environment. Additionally, my own approach to “the problem of witchcraft” is quite different than these other scholars. While I draw from Stroeken and Jangu’s (2012) work on traditional healing (see Chapter Three) and Rasmussen’s missiological insights (see Chapter Four); my project is quite different in that it brings together divergent anti-witchcraft practices. Unlike researchers focusing exclusively on traditional healing, revivalist Christianity, vigilante violence, or government biopower, my work demonstrates that in order to understand uchawi in Mwanza, one must analyze a wide variety of witchcraft practices. This approach demonstrates that witchcraft in Mwanza is produced and made meaningful through disciplinary anti-witchcraft practices. In the next section of the chapter, I provide some historical context for witchcraft management in Mwanza. This historical overview is not meant to be exhaustive, but rather to demonstrate continuity with regard to state biopower and vigilantism.

### *Historicizing Witchcraft in Mwanza*

In 1954, eight people in Rufiji District, Eastern Province (in what is now the Pwani Region), were found to be acting as “a coven” after a man disappeared suspiciously. The British colonial Dar-es-Salaam District Government believed they were responsible for other victims. Only two of the accused, both women, were criminally prosecuted as much of the evidence was “unacceptable in a court of law” (TNA-M-15225/11). The remaining five “witches” (one had died) were ordered to be removed from Eastern Province “not so much from the fear that they will continue their evil practices, but for their safety, as it is thought that there is every chance they themselves might be murdered if they are not removed” (TNA-M 15225/11). Three were resettled in Mwanza and two in Kigoma (Western Province). When advised that he would be

receiving these “three convicted witches,” the Mwanza (Urban) District Officer wrote the Provincial Commissioner, describing the inconveniences associated with their arrival:

[I]t is doubtful whether the authorities concerned realise the extreme difficulty in finding accommodation for three such notorious necromancers in an already hag-ridden place such as Mwanza, It is undesirable to house all three under the same roof, and so three separate Satan-resistant households in different wards will have to be found. (TNA – M 15225/11)

This case is instructive for several reasons. First, it demonstrates the importance of witchcraft as a meaningful category for mid-twentieth century Tanzanians and the colonial officers in charge of their governance. Secondly, in describing Mwanza as “hag-ridden,” the District Officer indicates that as in the twenty-first century, Mwanza was a place with a particular reputation for witchcraft.

#### *Precolonial Witchcraft Management in Usukuma*

Prior to colonization by the Germans in 1885 and the British following WWI, witchcraft in Usukuma was managed through a multi-level system, where neighborhood elders (*banamhala*) “castigated, chastised and warned against known practitioners [and *mwanangwa* (headmen) went around to households] ... at night mentioning the names of suspected witches compelling them to desist with their nefarious activities” (Mesaki 1995:284). The most serious cases, Mesaki (1995) continues, were referred to chiefly courts where death sentence could be levied. In contrast, Nicholson (1978) describes headman’s courts as dealing with disputes between villagers, including debt, assault, and theft, but not witchcraft; rather, he indicates that neighborhood elder’s courts could order a communal beating or ostracism of witches or thieves. Cory (1953) indicates that the chiefly court handled the most important civil cases and criminal cases, including murder, cattle theft, and witchcraft. Regardless of the actual legal mechanics, the important thing

to note here is that during the precolonial period, witchcraft was held to be a serious crime, akin to theft, and requiring more serious punishment than murder, for example.

Murder charges seem to have been rare and could only be levied in cases where “external marks of the crime could be found on the body” (Cory 1953:10); all other sudden deaths, including poisonings and non-malignant illnesses, were thought to be caused by witchcraft. The crime of “murder” encapsulated any form of bodily harm, including accidental death, and was “regarded as a crime causing a loss to the family of the murdered man for which the family had to be compensated” (Cory 1953:10). Compensatory payment, in the form of cattle, was made to the family of the murdered individual, with larger payments made in cases where women were killed (because of the loss of any future progeny). In contrast, cases of theft and witchcraft often resulted in death sentences. According to Cory, thieves could be killed “on the spot” if caught stealing cattle (1953:11). If the thief was caught, after the fact, and convicted in the chiefly court, he was ordered to repay the victim double the number of cattle stolen. If he was unable to pay, the chief could enslave him. If the thief was “a stranger,” he was killed immediately upon conclusion of the trial.

Killing or harming through malevolent witchcraft was viewed, by precolonial Wasukuma, as “premeditated,” unlike “murders” which were more likely accidents or “crimes of passion.” According to Cory, “the use of magical medicine was not in itself considered criminal and even if a man tried to bewitch someone, or tried to harm him by causing his cows to become barren or his fields sterile, he was rarely brought to court. His victim retaliated with similar weapons or looked for protective medicine against the

evil” (1953:12).<sup>20</sup> In cases that might be considered “poisonings” or involving harmful medicines, the person accused and convicted of witchcraft was not the one who made the actual medicine, but the person who employed the *dawa*.

Witchcraft cases were brought to chiefly courts if two conditions were met: 1) if the victim before dying or while seriously ill “accused a certain person of having used magic means against him” (Cory 1953:13), and 2) if that accusation was confirmed by divination. After hearing depositions and determining that the evidence was conclusive, the chief granted permission: for the witch to be:

... killed by the relatives of the victim, who used for this purpose the heavy pestles employed for pounding corn. The corpse was dragged by a rope into the bush and was left unburied. The children and all the property of the sorcerer [witch] were handed over to the chief, the wife or wives returning to their own families. (Cory 1953:13)

In cases where a witchcraft victim had not died, depositions were taken and the person accused of witchcraft might be questioned by the chief. If the accused witch claimed to be innocent, he or she was tortured<sup>21</sup> until confession. Persons convicted, in this way, were banished from the community and the chief remanded all of their property.

Witchcraft accusations were not made lightly; the costs were high for the plaintive (there was a fee of two cattle to have a case heard in the chiefly court). Moreover, cases required that the victim actually name his or her attacker and that a diviner confirm the accusation. The consequences of accusations were dire, and persons accused of witchcraft were likely to be tortured, ostracized, or killed. Furthermore, witchcraft accusation resulted in loss of property and stigmatization by the community.

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<sup>20</sup> Cory’s use of “witchcraft” to encompass magical medicines and harmful and retaliatory magic, as well as malevolence, demonstrates the colonial tendency to conflate categories.

<sup>21</sup> Cory describes the torture as “either *kabangila* or headpress, or the *kilangi* –a bow with a very tight sinew so fixed on the head that the sinew pressed the nose upwards with great strength” (1953:13).

To a Western reader, theft and witchcraft might seem to be radically different from one another, and decidedly less serious than murder. However, both represent, in the past as well as the present, significant violations of sociality. Witches are jealous, selfish, and greedy, seeking to benefit from another's suffering. Witches don't share their resources and often make them invisible so that others don't know what they have. Stealing from another person, rather than asking him for his support, suggests inappropriate pride and greed. In either case, the thieves and witches access resources without negotiating social relations, expressing humility, and sharing with other community members. As I discuss in Chapter Five, cases of theft and witchcraft are the two circumstances that have consistently been managed, in part, through socially-sanctioned (vigilante) violence.

*The Witchcraft Ordinance/Act*

Contemporary understandings of precolonial management of witchcraft are heavily influenced by Hans Cory's work on Sukuma custom. Cory was employed by the British as a "government sociologist" in Tanganyika, and as such influenced the practice of indirect rule. While the German colonial government had practiced a laissez-faire attitude towards "native custom," beginning in 1925, British Governor Sir Donald Cameron began implementing "indirect rule" (also called "tribal administration"), a policy that he had helped to develop in Nigeria (Latham 1934). Among other goals, indirect rule sought to adapt "the institutions which the native peoples have evolved for themselves, so that they may develop in a constitutional manner ... guided and restrained by the traditions and sanctions which they have inherited ... modified as they may be ... by the general advice and control of ... [British] officers" (Cameron cited in Latham

1934:423). Native institutions were codified in texts, such as Cory's *Sukuma Law and Custom* (1953), and applied in native courts (later, local courts) headed by chiefs.

Beginning with the British colonial period, indigenous Sukuma authority over witchcraft, at least from a legal perspective, was radically transformed. While matters surrounding the crime of witchcraft had clearly been under chiefly purview during the precolonial and German periods, the British colonial principle of indirect rule created a two-tiered system where chiefly leaders administered customary law and British officers oversaw criminal proceedings. Individual chiefly courts, and later federation courts, were governed by codified texts and heard disputes surrounding marriage, petty theft, and minor crimes. Murder, large thefts, and witchcraft were, in contrast, relegated to the purview of district officers. Unlike South Africa where witchcraft cases were seen in native courts (see Niehaus 2001b), Tanganyika administered cases through a Witchcraft Ordinance under the Criminal Code in colonial courts. This represented "intransferability of law" (Mutungi 1977:xv) where one set of values is overlaid upon a radically different cultural system. Given the relative lack of British administrators in some districts, district officers often served as prosecutor, judge, and jury in many cases.

The 1922 Ordinance made it illegal to both use witchcraft, defined to include "sorcery, enchantment, bewitching or the purported exercise of any supernatural power," "with malignant intent" or to accuse a person of witchcraft in absence of a court, police, headman, or "other proper authority" (Tanganyika Territory No. 29 of 1922). By 1928, the Ordinance had been revised to define witchcraft to include "sorcery, bewitching, or the purported exercise of any occult power, or the purported possession of any occult knowledge" and added a definition for instruments of witchcraft to include:

...anything used or intended to be used, or represented to possess the power, by supernatural means, to prevent or delay any person from doing any act which he may lawfully do, or to compel any person to anything, which he may lawfully refrain from doing, or to discover the person guilty of any alleged crime or other act of which complaint is made, or to cause injury to any person or property or to produce natural phenomenon. (The Witchcraft Ordinance of 1928, Chapter 21).

While the 1922 Ordinance had recognized that witchcraft was malevolent, in contrast to divination or healing, definitions in the 1928 Ordinance “were so broadly defined that it was perhaps questionable whether the clergy carrying out the Christian communion service as well as the propitiatory prayer service were not possibly legally actionable” (Wijisen and Tanner 2002:65). Depending on interpretation, the “instruments of witchcraft” clause could easily render chiefly duties (such as rainmaking), as well as understood cultural practices, like divination, illegal. Essentially, British colonial witchcraft law collapsed locally-specific categories, punishing in the same legal code “the malevolent witch or wizard, the patient, and the doctor who endeavors to defeat the evildoer” (Orde Browne 1935:486).

The inconsistent application and interpretation of witchcraft law was not exclusive to Tanganyika, but occurred throughout Britain’s colonies in Africa. Writing during the period Orde Browne (1935:483), anthropologist and African labor advocate, argued that, “Terms such as ‘witch-doctor, charm, ordeal’ are freely used, though the exact meaning of them is disputable; the recognizable characteristics of the various practitioners are not laid down, and their identification seems usually to depend on native reputation.” Despite the formal codification of witchcraft law, prosecution and punishment were fraught with inconsistencies, within Tanganyika and across Britain’s African colonies. Orde Browne’s analysis of the Northern Rhodesian, Kenyan, Nigerian,



and Tanganyikan Witchcraft Ordinances demonstrated that alternatively, witchcraft accusation, use of magic, administration of an ordeal or charm, or employment of a “witch-doctor” might be punishable under the law. Furthermore, punishment varied from severe to benign: for example, an individual claiming to be a “witch-doctor” might be punished with 7 years of prison, a 100 pound fine, and 24 lashes in Northern Rhodesia; a 5 year sentence in Uganda; a 6 month sentence in Nigeria; or a one year sentence in Kenya or Tanganyika, though Orde Browne speculated that in Tanganyika “he would formerly [prior to 1928 when the Tanganyikan Ordinance was revised] have got off scot-free” (Orde Brown 1935:483).

Between 1922 and 1960, witchcraft claims in Tanganyika were investigated in colonial courts and required British standards of burden of proof to be met. From its earliest inceptions, the Ordinance was designed to prosecute “disruptions of the peace,” such as witch killings and poisonings. More importantly, the Ordinance was intended to prevent the use of ritualized magic as a means of inspiring resurrection. While Kenya’s Mau Mau Rebellion was yet to come, the 1905-07 Maji Maji rebellion, led by an *mganga* who provided his followers with *dawa* that was said to turn German bullets into water, was a recent memory.

The Ordinance was also applied in much more minor cases, however, Governor Donald Cameron (the architect of indirect rule and a reviser of the 1928 Ordinance) argued that the prosecution of minor witchcraft crimes was designed “not so much to interfere with petty ‘white magic’ but to prevent a large number of people being defrauded by quacks” (TNA-12379, cited in Mesaki 1993:101). While some cases tried under the Ordinance, such as large-scale witch-finding movements (see Richards 1935;

Willis 1970; Mesaki 1993) may have met the colonial definition of “a large number of people being defrauded,” many more cases focused on the prosecution of waganga performing culturally-sanctioned practices such as divination and healing. These inconsistencies varied across districts and relied heavily on interpretation of the Ordinance by individual colonial officers whose understanding of indigenous cultural practices varied tremendously. Tanner, for one, recalled that, “very few cases of witchcraft suspicions reached the administration in the Mwanza district as sufficiently serious to merit prosecution; none at all in the early 1950s and one in the 1930s in Bukumbi” (Wijsen and Tanner 2002:67). In other districts, officers employed the Ordinance much more frequently.<sup>22</sup>

Colonial-era witchcraft cases often took months to be prosecuted with correspondence traveling back and forth between district officers, regional commissioners, and the Secretary in Dar es Salaam. In many cases, more seasoned officials in Dar were dismissive of over enthusiastic “witch hunts” directed, in some cases, at benign healing or anti-witchcraft practices (see for example, TNA-13402/78 discussed in Chapter Six). It’s not surprising given the strict confines of the Ordinance regarding accusation and the lengthy bureaucratic process that witchcraft cases were rarely brought to colonial courts. Rather, Wijsen and Tanner’s (2002:67) assertion that the few prosecutable cases in Mwanza indicated that the Wasukuma “was certainly not a witchcraft worried society” may be more indicative of Sukuma people circumventing a

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<sup>22</sup> The main branch of the Tanzanian National Archives in Dar es Salaam contains more than 20 case files of prosecutions under the Witchcraft Ordinance. These files contain the perspectives of District Officers, witnesses for the defense and prosecution, as well as higher-level administrative commentary. See Mesaki 1993 for analysis of some of these files.

cumbersome and bureaucratic process, and instead relying on chiefly authority and/or traditional justice in the form of witch-killing.

Violence toward presumed witches was, as it is now, a socially-sanctioned anti-practice, but one that the Witchcraft Ordinance was designed to prevent. By 1932, British legal management of witchcraft had not changed this practice, and had produced a sort of legal double bind. By British standards, witch killers were murderers and should, thus, be subject to capital punishment, however, unlike other murders, witch-killing cases fell under the Witchcraft Ordinance. From an indigenous perspective, however, witch killers were ridding their communities of malevolence.

In a 1932 letter to Sir Philip Cunliffe-Lister, the Secretary of State for the Colonies, Tanganyika's Governor explained that he and the Executive Council had been considering, "the very common type [of case] in which a belief in witchcraft has led to A killing B because he is convinced that B is the cause of some misfortune, such as the death of a child or other relative, and has caused that misfortune by witchcraft" (UK-NA 126/10). Continuing further, he explained that when A has evidence that B has indeed done witchcraft, some believe that the killing might be accepted as "extenuating circumstances." On this issue, he suggested that there were two possible legal opinions:

First, there are those who believe that, in so far as native opinion may regard a man who has committed murder on account of a belief in witchcraft as a public benefactor, the exaction of the extreme penalty by an alien Government ... cannot be justified, or at least may not be good policy. Secondly, there are those [including the Governor and Executive Council] who believe that by exacting the death penalty for murder committed on account of a belief in witchcraft, we will gradually establish the conviction in the native mind that Government so abhors murder that it does not regard even a belief in witchcraft as condoning the offense in any way, and that consequently cases of murder will gradually diminish and eventually disappear all together (UK-NA 126/10).

Put more succinctly, he worried that since witch-killers were recognized as doing social good, the Colonial government would not be justified in exercising the death penalty against them. He concluded, however, that by using the death penalty against such killers, witch-killings might cease altogether. In writing notes on this letter, one S. Neel concurred, “[U]nless the Government takes effective steps to deal with witch doctors or those who act under the inspiration of witchcraft, the native draws a very clear inference that the power (or magic) of the Government is less effective than that of the witch doctor” (UK-NA 126/10). While the file is inconclusive regarding the Government’s use of capital punishment,<sup>23</sup> it makes explicit the importance that the colonial government placed on witchcraft. Furthermore, in contrast to the philosophical tenets of indirect rule, Neel’s comment privileges the role of Government “power (or magic).” Neel’s comment conflates “witch doctors” with “those who act under the inspiration of witchcraft,” demonstrating still more inconsistency in witchcraft management.

In contrast, by the 1930s and into the early 1940s, the colonial government had begun to reevaluate the efficacy of the Witchcraft Ordinance, focusing less on prosecution of “native medicine” or “the profession of supernatural powers” (Mesaki 1993:104). Despite this gentler approach, a small number of witchcraft-related murders were prosecuted by a High Court that was concerned with the government’s inability to contain witchcraft-belief.<sup>24</sup> By 1958, a committee was put together to revise the

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<sup>23</sup> Mesaki (1993: 106) cites a letter from the DC Songea to PC Lindi (TNA 16/5/7 vol II.) that described the hanging of a witch killer as raising “him to the status of a martyr and does nothing to deter such killings in the future.”

<sup>24</sup> Mesaki (1993:105-6) provides a table of the total number of murders prosecuted by the High Court, and the number of these that were witchcraft-related, for each year from 1935-1943. In 1937 (the year with the

Ordinance, although no amendments were made. The committee recommended that malevolent witchcraft be combatted through educational campaigns, rather than prosecution. In some instances, the committee argued that the use of “white magic,” including witch-finding movements might prove beneficial in combating malevolent witchcraft and violence (Mesaki 1993).

*Problems with Prosecuting Witch-Killing: The Case of Maganga s/o Kingwanga*

A brief case study will perhaps illustrate the problems of prosecuting witch-killing under the Ordinance during the colonial period. This case is instructive as many of the same factors continue to influence contemporary prosecution (see Chapters Five and Six). In 1939, Maganga son of Kingwanga,<sup>25</sup> a 45 year-old Sukuma mganga who lived in Tabora District was accused of witchcraft. While the case was not criminally prosecuted, the Tabora Assistant District Officer, G. W. I Shipp conducted an inquiry “not as a magistrate but as a District Officer into whether he practice[d] witchcraft or not” (TNA 13402/56).

Testimony from Maganga and four prosecuting witnesses describe the actions taken after Kiyawo bin Chimani, a Nyamwezi man, died of an illness. On learning of his son’s death, Chimani traveled from the district where he lived and after consultation with several people hired Maganga to divine the cause of Kiyawo’s death. While Maganga admitted that he had performed the divination, he testified that he had told Chimani, “Your son died a natural death, he was not bewitched.” In contrast, four witnesses

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least murders overall), for example, of the 20 murders, four were witchcraft-related, while in 1943 (the year with the most murders), 11 of 56 murders related to witchcraft.

<sup>25</sup> Colonial era cases either refer to individuals as name son of (s/o) father’s first name or name bin father’s name. The common practice now is to use Name Father’s Name. For example, my birth name would have been Amy Patrick, as my father’s first name is Patrick. After marriage, a woman usually takes her husband’s first name as her “last name,” i.e. my married name would be Amy Brad.

(Chimani, Chimani's other son, Chimani's son-in-law, and a fourth man) testified that Maganga had named a recent female migrant to the village (Nyamizi binti Kazilo) as the witch who had caused Kiyawo's death (TNA 13402/56). Chimani's testimony stated:

I said let us find out from someone whom we may consult as to whether or not my son died a natural death. We went to Maganga bin Kingwangu, whom I now recognize before me. ...I asked Maganga to take the omens (*kupiga ramli* [to do divination]) about my son's death, as to whether he had died naturally or been bewitched. Maganga went back to his hut to get his charms and then asked me how much money I had. I said "one shilling" and he said "I usually charge ten shillings but will take two shillings on account of the famine." I gave him the one shilling and he took it. He cut a chicken's throat and stomach and after looking at it said "your son did not die naturally, he was bewitched by NYAMIZI" I did not know who NYAMIZI was. I said "try again with another chicken" and Maganga killed another. Maganga then said "it is just as I said at first, NYAMIZI has bewitched your son and killed him. I asked Maganga if he knew how to place a spell (*kuzindika* [to protect]) on my son's grave and he said he did not know. After 9 days I left to go home to Karitu. I was very annoyed that my son died as he was a young man and I am now old (TNA 13402/56).

Four months after the incident, Nyamizi was found strangled in her hut by Chimani's son-in-law. In his cross-examination of the witnesses, Maganga suggested that Chimani's family was to blame for the death of Nyamizi, while maintaining that he never named her as the cause for Kiyawo's death. Furthermore, when asked by Shipp, "Why do you think all the witnesses have said you named Nyamizi as a wizard?" Maganga replied, "I do not know, because I did not say so. I never knew Nyamizi. Perhaps they made up the story when Nyamizi died, afterwards." On completion of the testimony, Shipp determined that because the four corroborating witness were relatives, it could not be reasonably proved that Maganga had named Nyamizi as a witch. In spite of this assessment, Shipp ordered Maganga to move to a different ward and to report to the District Officer every seven day because he believed that:

Maganga is a man likely to cause fear of injury to all the witnesses in this case (his demeanour was slightly vindictive against all of them), and it on another occasion any person were named by him as a witch it is not improbable that a death might even result. There is much witchcraft in the District and there is one case now pending of murder as a result of imputation, as it is alleged of witchcraft.

Nyamizi's death was treated as somewhat incidental to the case, although Shipp references a criminal proceeding relating to that case. This is quite remarkable given the similarities of Nyamizi's death to the post-colonial witch killings described in Chapters Five and Six. Nyamizi was a recently widowed migrant to the village who lived adjacent to Kiyawo's family (perhaps on the same kaya) and frequently ate with them. She was, thus, both a stranger and a neighbor. In contemporary Sukuma society, post-menopausal women are the group most vulnerable to witchcraft accusation. Accusations proliferate when their neighbors or close kin become unexpectedly ill or die. As a stranger, Nyamizi might have been viewed as even more suspicious. Furthermore, sharing food is viewed as an important feature of sociality, but also as potentially dangerous. Several waganga expressed grave concern about all the houses where I was eating, even while offering me food themselves. By interviewing so many people and therefore eating, I was exposing myself to danger. As I detail in Chapter Three, the waganga that I knew well often insisted that I purchase some form of dawa ya kinga (protective medicine) from them to keep myself safe. Nyamizi, thus, fit the contemporary Sukuma stereotype of a witch. In the present, waganga do not typically name supposed witches, but rather describe them in such a way that their identities are clear. In my reading of this case, I feel that the parallels to vigilantist practice are extremely similar and that it, thus, seems likely that Maganga named or alluded to Nyamizi and that members of Kiyawo's family were involved in her death. Maganga's case was determined to be unprosecutable by both

police and Assistant District Officer Shipp. Interestingly, the failure to prosecute Maganga seems to have been a result of inadequate proof, a feature of British cultural logic that did not translate into indigenous ideas about witchcraft. While Maganga might have been found culpable under British law, under Sukuma cultural logic he provided the valuable service of determining that Kiyawo's death was caused by witchcraft. Without recognizing the nuances of the situation, Shipp and his supervisor, District Officer R. W. Varian determined that Maganga should be relocated to another ward, and thus placed out of the minds and sights of Chimani's kin and others living in the area.

*Management of Witchcraft in Socialist Tanzania*

Along with much of the British legal code, the Witchcraft Ordinance was adopted into postcolonial Tanzanian law. However, unlike previous regimes, the postcolonial Socialist state rarely employed the Ordinance (retitled the Witchcraft Act) to prosecute supposed witches, and witchcraft (along with other crimes) came to be managed extra-legally through vigilante violence in the Lake Zone (see Chapter Five). Witchcraft violence proliferated and attempts by the State to curtail this violence were largely unsuccessful. Despite British efforts to reduce witch killing, under the postcolonial system, the number of documented killings increased exponentially with more than 2000 residents of Usukuma killed as witches between 1970 and 1984. Of these 84% were women (Mesaki 1993: 160). While statistics are murky at best (see Schnoebelen 2009), many sources have reported that 300-500 Sukuma and Nyamwezi women were killed each year (see for example, the January 2003 Harper's Index) from the mid-1980s to the time of my fieldwork in 2006-07. I take up the state and biopower in Chapter Six and vigilante violence in Chapter Five, but it is worth noting here that attempts to employ the



Witchcraft Act during the Socialist period had been largely unsuccessful. For example, in 1976 Operation Mauaji (Operation against Killing) resulted in mass arrests of accused witches, healers, and criminals, but was abandoned and deemed a horrific failure when twenty suspects died during police interrogations (Mesaki 1993; Miller 2012; see Chapter Five). Consequently witchcraft-related cases were rarely prosecuted against healers and/or witch-killers in the 1980s and 1990s; those cases that made it to courts typical did not result convictions as it was notoriously difficult to “prove witchcraft” using the burden of proof model that had been in place since the British colonial era

While Tanzanian bio-power effectively used discipline and modernist methods of state planning to transform rural Sukuma people into village-dwelling, Swahili-speaking citizens, it was silent on the matter of witchcraft. Left with a modification of the confusing and contradictory British Ordinance, a nationalist fixation with African cultural practice, and professionalization of *uganga*, the government seemed to avoid the matter altogether.

### ***Outline of the Dissertation***

In the next chapter, I turn away from history and focus on the embodied experiences of women and men who have experienced *uchawi* firsthand. I emphasize embodiment, because their stories often hinge on both the corporeality and emotional dimensions of their experiences. Chapter Two recognizes the totality of witchcraft affliction and includes stories that illustrate physical ailments, spirit possession, and otherworldly encounters. I analyze these stories to demonstrate how experiences of witchcraft reflect tensions surrounding kinship relations, gender inequality, and governmentality. It also serves to illustrate the ways that afflicted persons develop

individualized tactical repertoires comprised of anti-witchcraft practices located in different disciplines.

Chapters Three, Four, Five, and Six examine anti-witchcraft practices from “disciplinary” perspectives. More specifically, Chapter Three analyzes strategies employed by practitioners of “traditional medicine,” including those who locate their power in their ancestors and in Islam. The chapter elaborates the differences between these two sub-disciplines, before cataloging divinatory and treatment practices. I use a long case study to demonstrate how healers layer specific treatment practices when treating and protecting their patients. The chapter concludes with an analysis of competition between healers, and the roles that gender and mimesis play in healing practices.

In Chapter Four, I turn to revivalist Christianity, analyzing the use of Jesus’s name (*jina la Yesu*) as a treatment for witchcraft and spirit possession at large public revivals and in more intimate spaces. I use interviews with pastors to illustrate the ways that revivalist Christianity and *uganga* exist in the same semiotic field. I use the life histories of five pastors to demonstrate the explicit links between past histories with *uganga* and present revivalist practice. In both Chapters Three and Four, I examine the ways that practitioners simultaneously construct themselves as disciplinary experts in general and as knowledgeable about *mambo ya uchawi* (matters of witchcraft).

In Chapter Five, I turn to vigilante violence, discussing the use of witch-killing as a disciplinary strategy. While witch-killing is read by the media, other scholars, and community scholars as “increasing,” “brutal,” and in need of local and global attention, I analyze witch-killing as a historically legitimized practice. Witch-killing, I argue, occurs

as a result of “priming” and “activation” (Hinton 2005), whereby the lived reality of uchawi’s constant legitimizes violence against people who are presumed to harm others. Like individuals who kill during genocides, vigilantes are primed to commit violence.

In Chapter Six, I examine governmental biopower, arguing that in its efforts to curtail witch-killing and other “occult practices,” such as the ritual murders of persons with albinism, the government acts as a “meta” anti-witchcraft discipline that unlike the others is largely inaccessible to afflicted people. In its arrests of traditional healers for collusion with witch-killers in 2007 and its prohibition of traditional healing practices in 2009 (as a result of so-called “albino killings”), the government reproduces colonial ideas about traditional healing as witchcraft. I contrast these techniques of control with governmental practices that aim to promote herbalism as a more palatable form of uganga.

Chapter Seven begins with the case study of a patient who assembled an elaborate tactical repertoire in her quest for wellness. I use this case study to demonstrate the interconnectedness of anti-witchcraft practices located within traditional healing and revivalist Christianity. I then briefly reiterate my argument, contextualizing my findings within the larger anthropological literature on witchcraft. Finally, I present some limitations of the current study and offers some areas for future research. In each chapter, I am attentive to the gendered dimensions of witchcraft experience and anti-witchcraft practice. Throughout the dissertation, my analysis demonstrates the ways that these disciplines unintentionally reify and reinforce uchawi as lived reality that is inescapable for urban Mwanzans. Moreover, this process is co-generative: malevolent witchcraft

produces the need for anti-witchcraft practices, and in turn, anti-witchcraft practices produce uchawi.

## CHAPTER 2: EXPERIENCING WITCHCRAFT: EMBODIED AFFLICTION, LOSS OF SENSE, AND FANTASTIC ENCOUNTERS

### *Introduction – Her Illness “Came From Inside the Family”*

Just a 15 minute or six km daladala ride from the city center, the neighborhood of Mihama stretches along a dirt road that branches off from the tarmac road at a roundabout that functions as a trading centre and public transportation hub. As is the case in most of Mwanza’s neighborhoods, small mud-brick houses cascade down the rocky hillside. Along the road, petty traders sell fruits and vegetables, schoolchildren dressed in white shirts, blue skirts, or khaki shorts walk in large groups, and domesticated animals graze and deposit dung. Despite its proximity to the city center, Mihama looks and feels more rural than urban.

The acrid smell of the many pigs raised in this neighborhood assaulted my senses as I sat on a woven mat in the front yard of Rose’s small, but tidy home. In the previous month, I had spent many hours visiting Rose, a Christian woman in her 40s who wore her hair in short, flat braids. On her recommendation, I had interviewed her elderly mother who was visiting from southern Tanzania and with her assistance had conducted a relatively unsuccessful neighborhood focus group. However, on this surprisingly dry February day, seated on a woven mat in the yard of her small, but tidy home, Rose opened up to me in a new way. With a pained expression on her face, she told me a story about visiting her in-laws (her husband’s mother, father, and younger brother, and his brother’s wife, see Figure 2) on Ukerewe Island ten years before (in approximately 1997). After 4 months of typical visiting, things suddenly changed, “We all ate together, then we went to bed. I slept until *saa kumi* (four am) when I woke with a pain in my stomach. I thought maybe it was *mchango* (worms). I threw up something that was *villi*

*villi ugali*” (“same same as ugali,” i.e. the same shape and texture as a slice of ugali, the stiff porridge that is the staple of Tanzanian diets). Surprised by her sudden and strange illness, one of her twins woke up and ran to get help from the relatives. “It was shocking! At 6 am, they took me to an mganga (traditional healer) to do divination.”

The mganga told them that her illness *had* been not caused by neighbors, but rather “came from inside the family.” Presented with this information, her father-in-law asked what might have caused another family member to attack Rose. The mganga responded by explaining that it was because he and his wife loved their daughter-in-law, Rose. That is, the root cause of Rose’s attack was jealousy – a notion that has been explored throughout the literature on African witchcraft (LeVine 1962, Geschiere 1997, Comaroff and Comaroff 1999). Rose’s case was particularly indicative of “the dark side of kinship,” a theme well explored by Peter Geschiere (1997). Geschiere argues (1997:11) that, “in many respects, witchcraft is the dark side of kinship: it is the frightening realization that there is jealousy and therefore aggression within the family where there should be only trust and solidarity.” Importantly, however, the dark side of kinship is often described in gendered terms. As the stories of Rose and Esther (see below) and accounts of witch-killing described in Chapter Five illustrate, kin relations represent a locus of danger and accusation. People are vulnerable to attack by kin and kinship – either consanguinal or affinal - represents a reason to attack. Female kin and neighbors are more likely than anyone else to be accused of witchcraft.

### ***Witchcraft as Embodiment***

Kinship is just one of the many themes interwoven in my interlocutors’ narratives of witchcraft experience. In this chapter, I examine the experience of Mwanzans who

have suffered witchcraft affliction. These cases are not dissimilar to accounts reported by previous generations of anthropologists studying witchcraft. However, in my analyses of these accounts, I hope to do three things. First, I intend to provide a sense of the multiple ways that witchcraft is interwoven into everyday life in Mwanza. Readers should come away with the understanding that people in Mwanza view witchcraft as a cause for interpersonal conflicts, illness, and other difficult circumstances, and that witchcraft comes in diverse forms. Second, I hope that the stories I tell illustrate the wide array of tactics used by Mwanzans who seek cures or strive to prevent future attacks. Their tactical repertoires are not developed randomly, but rather demonstrate a cobbling together of strategies located in different anti-witchcraft disciplines. Finally, through the stories of people like Rose, I hope to take seriously the embodiment of witchcraft, especially as a set of gendered experiences. Women and men are vulnerable to witchcraft attack (and of course, accusation) in ways that are profoundly different.

The use of “embodiment” in anthropology has been contested with some scholars using “the term ‘body’ without much sense of ‘bodiliness’ in their analyses, as if body were little more than a synonym for self or person” (Csordas 1994:4). Rather, I draw momentum from Csordas’ assertion that “the body is a productive starting point for analyzing culture and self” (1990:39). The body, he argues, is not an object, but rather a subject through which one can think through culture. Csordas’ locates his theorizing about embodiment in religious expression and healing in revivalist Christianity (see Chapter Four), but his notion that mind and body begin to collapse when the body is no longer seen as an object of culture, is appropriate in experience of witchcraft affliction as well (see Van Wolputte 2004). While there is a danger in viewing anti-witchcraft

practices as instrumentally enacted upon bodies, thus treating bodies as objects, I hope to show that the body is a locus for experience and practice. This, I argue, is especially important given my analytical focus throughout the dissertation on the making of witchcraft through anti-witchcraft practice. Moreover, I believe that in order to understand the construction and recapitulation of witchcraft in Mwanza by anti-witchcraft practitioners, one must have a sense of what witchcraft feels like physically and emotionally. Finally, for my interlocutors, witchcraft *is* embodied in the commonplace sense of the term: it is felt corporeally through untreatable symptoms, it is experienced during frightening nocturnal attacks, and it indicates a lack of control over one's mind and body as witchcraft attacks cause victims to lose their sense (*kupoteza akili*).

### ***Involuntary Spirit Possession***

Perhaps unsurprisingly, experiences of witchcraft illness are interconnected with spirit possession. In Mwanza, the experience of involuntary possession is embodied and may be treated by practitioners working within different disciplinary systems of knowledge including biomedicine, traditional healing, Islam, or Christianity. In Mwanza, people speak of four types of spirits: *mapepo*, *majini*, *mizimu*, and *mashetani*. Mapepo are spirits in general, and may be either personified or connected to nature. Majini are “Islamic spirits” and are thought of as imported to Mwanza from coastal Tanzania and Kenya. Some people “purchase” majini from healers to aid them in attracting wealth or as a form of protection (McIntosh 2009). People who are afflicted by majini often describe them as beautiful women or men and characterize them as romantic partners. For example, Mama Pili, a 30-something shopkeeper, told me that at times she “feels” that she is having sexual intercourse with a “Arab guy.” This jini-boyfriend causes problems



in her relationship with her husband; at times, she becomes jealous or angry at her husband for no reason. Mama Pili believes that the jini wants her to be single, so he forces her into these altercations with her husband. Men described similar sexual relationships with their majini, also arguing that these “spirit relationships” adversely affected their corporeal relationships.

Mizimu are ancestral spirits and thus believed to be ethnically specific to the individual. Some people believe that mizimu live in *numba ya masamva* (ancestral shrines) and require rituals of obeisance. Mashetani are demons, although revivalist Christians may use the term as a gloss for all forms of spirits. People believe that witches and others who attempt to do harm send mapepo, majini, or mashetani to “play” with their intended victims. In contrast, when mizimu cause spirit sickness, they are believed to be calling their descendants to become waganga. As I describe in Chapter Three, waganga frequently use spirit possession, that is “wearing” (*kuvaa*) or acting as “chairs” (*kiti*) for mizimu or majini, in order to divine (*kupiga ramli*) for their clients.

In Mwanza, both men and women report symptoms of witchcraft-caused ailments including physical symptoms, household uncertainty, relationship problems, and encounters with otherworldly beings, such as litunga and mashetani. Unlike women like Maimuna and Mariam whose stories are told later in this chapter or the many possessed women I observed at revivals (see Chapter Four), men in Mwanza seem to experience involuntary possession very rarely. The few men that told me that they had experienced involuntary possession had become traditional healers. In their narratives, spirit sickness was simply the first step to learning that they had been called by their ancestors. Moreover, their stories involved biomedically-inexplicable illness and being “bothered by

their spirits,” rather than “falling down” and making noise. Men, in contemporary Mwanza, simply do not make noise (*piga kelele*) and fall to the ground in the same ways as women.

The gendered dimensions of spirit possession are not unique to Mwanza, and have provoked a great deal of thought by scholars (see Boddy 1994 for a review of the literature). For their part, Kehoe and Giletti (1981) have argued that the preponderance of women experiencing possession in “old world cultures” may be biological. Their analysis suggests that gendered disparities in access to nutrient-rich food could produce symptoms associated with spirit possession. In particular, they point to deficiencies in thiamine, tryptophan-niacin, calcium, and vitamin D. While such materialist explanations have gone out of fashion, connecting Maimuna and Mariam’s experiences to neoliberalism, for example, seems equally spurious. While a feminist perspective might suggest that women use spirit possession to “challenge and appropriate male power [and] ...confirm and subvert gender categories” (Behrend and Luig 1999: xvii), Boddy (1994) worries that such an argument might actually represent reductionist and androcentric thinking. She cautions against arguments that assume that “possession [serves] as women's indirect claim for redress” from gendered injustice (Boddy 1994:415), reminding us that despite the global preponderance of women in possession cults, each case is locally specific. Instead, Boddy (1994) suggests that we should focus on what women are able to do, rather than as reactionary agencies. While I argue below that Mwanzan women subconsciously use involuntary spirit possession to gain some agency and as a form of social critique, these benefits are only realized through embodied affliction. Involuntary spirit possession as experienced by women is both painful and violent. Female spirit

possession involves a consistent and demonstrable performance that begins with hysterical screaming, followed by a fall to the ground, and involuntary convulsions. This violent enactment differentiates spirit possession from other forms of biomedical or witchcraft illness, and renders the afflicted woman out of control and unable to control her actions. When possessed she is outside of accepted sociality, a dangerous, but potentially liberating experience.

### *Tactical Repertoires*

As I recount some Mwanzans' experiences of embodied witchcraft, I also describe and analyze the tactics of amelioration that they employ in their encounters with uchawi (malevolent witchcraft). As I outlined in Chapter One, in this dissertation I borrow from de Certeau's (1984) notion of tactics and strategies to elucidate the practices employed in anti-witchcraft. I conceive of strategies as the practices enacted by anti-witchcraft practitioners working within the disciplines of governance, uganga, revivalist Christianity, and vigilantism (see Chapters Three to Five). As I explain in Chapter Six, individuals cannot really access biopower in the same way as the other disciplines. Conversely, individual men and women seeking treatment from witchcraft affliction use a repertoire of tactics drawn from multiple disciplines. As Mama Gervas' account (Chapter One) and the many stories told in this chapter illustrate, it is rare that a person suffering from witchcraft affliction would choose to place his or her body in the hands of a singular practitioner or even a single discipline. Rather, treatment, at the individual level, involves facility with a tactical repertoire that often becomes interdisciplinary through practice. While others may conceive of this use of tactics as "medical pluralism," I argue that use of a tactical repertoire goes beyond the possibility of multiple treatment options, but

rather represents the negotiation of a singular cultural system shaped by an underlying recognition of the importance of uchawi. A tactical repertoire may indeed include multiple healing options, but it also includes the use of vigilante violence and/or faith to solve one's problems. While this chapter is primarily about using the accounts of afflicted women and men to illustrate what it means to be afflicted by witchcraft in everyday life, I also hope to highlight their uses of individualized tactical repertoires.

After further elaboration and analysis of Rose's experiences with her affinal kin, I present and analyze a number of stories of embodied experience, demonstrating the interconnectedness between physical illness and seemingly fantastic experience. Like Rose's story, many of these accounts deal with tensions surrounding kin relations, while others illustrate the role that jealousy has in perpetuating poor neighborly relations (*Stories of Two Sisters, Mama Peter and the Jealous Neighbor*). *Maimuna's Story* illustrates problems with both kin and neighbors, while the *House Girl Who Wouldn't Get Up in the Morning* demonstrates how witchcraft illness might serve as a form of gendered resistance (Comaroff 1985, Ong 1988, Boddy 1994).

Towards the end of the chapter, I turn fully to more fantastic representations and experiences of witchcraft including stories about zombies and Gumbush (Gamboshi), an invisible ultra-modern witch city located in rural Sukumaland (see also Stroeken 2001; Rasmussen 2008). However, as I hope to show through these stories, there is considerable overlap between accounts of physical pain and experiences of a more fantastic nature. In particular, the (dis)embodied notion of losing one's mind or sense (*kupoteza akili*) provides a commonality of witchcraft experience that crosses the western interpretive

distinction between illness and fantasy.<sup>1</sup> While this second half of the chapter is, in part, expository, it also demonstrates how Mwanzans use the cultural meanings of *uchawi* to provide social critique about kinship, race relations, gender, social class, and governmental ineffectiveness.

### ***Rose and the Dark Side of Kinship***

While the *mganga* treated Rose using two common methods for alleviating witchcraft attacks, giving her both curative *dawa* (medicine) to drink and “vaccinating” (*kutimia chanjo*) her against future attacks by cutting small incisions on her body and rubbing medicine into them (see Chapter Three for details about the strategies employed by traditional healers), he warned the family that she was not out of harm’s way, explaining that “someone will try again to play [with her].”

Rose continued the story, “After one, two, three days, my brother-in-law’s wife (SIL #1 in Figure 2) disappeared from the house. She left her small baby. Until now, she has not returned and the baby is now in Standard Two [i.e. 7-9 years old]!” Viewing her sister-in-law’s disappearance as suspicious after the *mganga*’s pronouncement that Rose had been “played with” by someone in the household, the family went back to see him once more. He gave Rose *dawa ya kinga* (protective medicine) and told her that she must never lose it and that she should always carry it on her person. While Rose did not

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<sup>1</sup> Biomedically or scientifically trained Westerners who I have encountered in Mwanza over the years have often sought to understand what is *really* going on with my interlocutors when they describe nocturnal visits, familiars, zombies, or physical symptoms. A microbiologist friend attributed Mama Gervas’ symptoms to hookworms, while several medical residents were sure that Esther had experienced a psychotic break during her time in Sengerema (I had told these stories in the abstract without providing any identifiable information). It has never been my intention to *discover the truth* behind my interlocutors’ experiences, but rather to treat them as indicative of *uchawi* as a lived cultural schema or cultural reality.



positive reception at the outset, things in Ukerewe soon turned sour. Rose explained that her new sister-in-law's grandmother was known to be an *mchawi* (malevolent witch) and that she had given her granddaughter *dawa* to “make a quarrel” with Rose. As Rose told it, her new sister-in-law had buried this *dawa* in the ground near the cooking area of the compound, in the midst of the three cooking stones<sup>4</sup> that make up a traditional *jiko* (cooking stove). Since Rose did not know this, she placed wood on the fire and when the *jiko* grew hot, she began to cook food. When the relatives returned from their *shamba* (agricultural plot) to eat, they began shouting at her. Her face visibly upset at the memory of this long ago, she explained, “I wondered why they were shouting at me. What kind of mistake did I make? I had cooked for them.” Rose suggested that by cooking for her affinal kin, she was filling her gendered obligation unlike SIL #1 who had disappeared and abandoned her child. As she served the food, they continued to look angry. Over the next three days, as they came and went from the *shamba*, they continued to act angrily towards her without cause. A few days later, Rose awoke in a state of madness (she had become *mwehu*, or insane, and had lost her *akili*), grabbed a scarf, and ran off to hang herself in the forest. The community's response was to try to help her. Villagers began making noise to alert others to Rose's state and when she tried to cross a river to get to an adjacent village, six people “caught” Rose (*wamenikamatwa*, “they captured me”) and brought her back to her in-laws' house. She slept there and the next day, her brother-in-law took the ferry to Mwanza to fetch her husband.

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<sup>4</sup> Traditional cooking takes place over a wood fire. The cooking pot, whether a traditional clay vessel (*chungu*) or the more common metal *sufaria*, rests on three stones which elevate the pot above the fire. While all stoves – kerosene, coal-burning, gas, or electric – are now called *jiko* (pl. *majiko*); *jiko* originally refers to the three stone method.

As the family waited for their son's arrival from Mwanza, Rose explained, her mother-in-law became worried because "she knew what she had done" to provoke Rose's episode of suicidal madness. According to Rose and several waganga, her madness had been produced by her mother-in-law who had wanted her gone from Ukerewe after all of the discord. According to Rose, her mother-in-law had gone to her new daughter-in-law's grandmother (the mchawi mentioned above) to get some medicine to expel her. The grandmother told Rose's mother-in-law that it would take three days to prepare the dawa. After preparing the dawa, the supposed mchawi gave it to Rose's mother-in-law who put it in the room where Rose was sleeping. Fearing that Rose might die if they took her to the hospital for treatment,<sup>5</sup> her father-in-law and brother-in-law took her once again to a traditional healer. This mganga explained that her mother-in-law had done something to Rose and that it had caused her to become mwehu. The next day, a second mganga confirmed the diagnosis. The waganga treated her by administering dawa through "vaccination" (*chanjo*, in this case administered with an arrow, rather than the more common razor blade) and medicine dissolved in liquid (*dawa ya kunywa* or "drinking medicine," see Chapter Three). Three days after beginning the treatment, she returned for more treatment by *chanjo*. The mganga used the arrow to make tiny incisions to her head, back, and legs while a razor was used to prick the bottoms of her feet. The *chanjo* treatment in this case was used "to repair the problems" (*kutengeneza matatizo*) of Rose's madness and perhaps, her relational difficulties with her affinal kin. As I discuss in Chapter Three, *chanjo* may also be used as *dawa ya kinga* (protective medicine).

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<sup>5</sup> Many Tanzanians believe that biomedical treatment of symptoms caused by witchcraft may actually exacerbate the illness (see Chapters Three and Seven and Langwick 2011).



She stayed on Ukerewe for eight months and became physically and mentally healthy, before returning to Mwanza with her children.<sup>6</sup> Once in Mwanza, her husband doubted that his mother had really been the source of Rose's problems and went to yet another mganga to find out if it was true. With Rose's husband, the mganga looked into a mirror and hit the four corners with a stick that had been carved in the shape of a man. A picture appeared within the mirror that resembled his mother. The mganga told her husband, "If you don't believe it's your mother then prick a needle into the mirror's center and if it bleeds, it means you're killing your mother." Rose wanted to do it, but her husband didn't want to, so they agreed not to. Her husband apologized for doubting her (and on behalf of his mother for her malevolent actions). This third mganga said that the first two waganga had done a good job of treating her madness and told her that he could give her a little medicine too. He cautioned her, warning her, "If you go to Ukerewe, don't accept food or drink from your sister-in-law or mother-in-law."

In 2003, she returned to Ukerewe with the children for the last time. This time, she found no friends in her affinal family. Even her father-in-law who had always showed her good will no longer seemed to care for her. Rose remains convinced that her mother-in-law had used dawa to make her father-in-law dislike her. This familial rupture continues, such that when Rose's father died, no one from Ukerewe came to the funeral or offered her the financial and emotional support that affines normally provide at the time of a death.

On Ukerewe, her affines began to suffer from poor neighborly relations as well as kinship problems. In a conspiratorial tone, Rose explained that after failing to

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<sup>6</sup> Based on Rose's chronology, she must have returned to Mwanza at this time in late 1999 or early 2000.

successfully hurt Rose, her sister-in-law began attacking lots of their neighbors. On another occasion, her sister-in-law harmed their father-in-law using medicine that she had procured from other witches. Telling a story that she had only heard secondhand, Rose explained that SIL #2 cooked rice and graciously offered it to her father-in-law bent on one knee (in the respectful style). He ate the rice in the morning for breakfast (like the way one would usually eat porridge). That afternoon around 5 pm, he began to feel unwell. By 10 pm, his tongue had become white and oily and had changed to resemble salted cow's fat. Everyone was shocked. He stopped speaking and his mouth went dry.

In an effort to treat Rose's father-in-law, the family consulted several healers in Ukerewe. Some of these practitioners were more effective than others; some Rose characterized as charlatans (*wajanga*). The waganga told Rose's father-in-law not to go to the hospital, because it was an illness caused by witchcraft, rather than normal means. Eventually an mganga prepared medicine that allowed her father-in-law's tongue to get better. Faced with this experience and Rose's previous ailments, the family was concerned that SIL#2 might harm him again or someone else. In turn, Rose's sister-in-law was upset that people no longer greeted her, because they were frightened of her.

Two separate waganga identified Rose's sister-in-law as the instigator of Rose's father-in-law's illness. The first told them that it was neither SIL #1, nor anyone in Mwanza (aka Rose), while the second actually named SIL #2. Like her predecessor, she disappeared leaving three children behind. At the time of my interview with Rose (in 2007), Rose's brother-in-law remained unmarried. Despite the disappearance of his wife, the family continued to be a source of gossip. Describing this gossip, Rose explained that some people thought that her brother-in-law's second wife had used evil magic to entice

her husband to fall in love with her. As proof, people explained that he would go places with her and wouldn't remember afterwards as though he were in a daze. He still does this sometimes, so Rose wondered aloud if he was still under the spell of witches who force him to farm and dance for them. Other problems continued as well: food seemed to go too quickly, people ate without becoming satiated, and Rose continued to have a poor relationship with her mother-in-law.

This rather long case study illustrates many of the themes that come up when I discuss witchcraft with Mwanzans. In Mwanza and in sub-Saharan Africa more generally, witchcraft is often interpreted through a logic of jealousy and accumulation. This logic may seem paradoxical: witches are understood to cause harm because they are jealous of others' relationships, personal successes, and financial achievements, while at the same time, witches are thought of as greedy individuals who use their dark arts to facilitate illicit accumulation. Jealousy and greed run counter to the sociality and reciprocity considered ideal in many sub-Saharan African societies. Writing in response to violence surrounding witchcraft in post-Apartheid South Africa, the Comaroffs (1999: 289) explain witchcraft as a "negation of life-giving material, sexual, and social exchange." Elaborating this point, they write:

In place of fertile procreation, and the forms of wealth that benefit a wider community, the witch makes ghost workers [zombies, see below] out of the able-bodied. She thrives by cannibalizing others, robbing the rising generation of a legitimate income and the wherewithal to marry or to establish their own families indeed, of becoming fully adult. (Comaroff and Comaroff 1999:289)

Witchcraft, then, is the ultimate violation of social reproduction where wachawi fail to meet their obligations to kin or neighbors, effectively "stealing" from members of their community by accumulating without sharing. Sanders (2008:187) explains that when

female Ihanzu witches make zombies, they “both reproduce and invert ... images [of domesticity] by illicitly creating a zombie ‘family’ that ensures the ongoing [economic] production and reproduction of her household.” Witches, he continues, do not feed others, but rather feed *on* others. As several of the cases below illustrate, in Mwanza witches are rarely described as “cannibals,” but are often accused of offering their kin and neighbors as sacrifices (*kutumia kama sadaka*) in exchange for illicit spoils.

In Rose’s story, she believed that her sister-in-laws attacked her because they were envious of her relationship with her affines and the gifts that she was able to provide. They may also have been jealous that she lived in Mwanza, a higher status area than Ukerewe Island, had political connections, and a husband who earned regular wages. Essentially, witchcraft had damaged her relationships with her parents-in-law. Despite having cooked for them (a form of social reproduction), Rose’s kin became angry with her after returning from their shamba. Rose’s experience of witchcraft may point to some of the uneasiness brought on by contemporary migration practices. Rose was not originally from Mwanza or Ukerewe Region, but hailed from southern Tanzania. She was actively involved in politics and was known as an outspoken person. Her husband had left Ukerewe to live in Mwanza and pursue a job in manufacturing. Rose and her husband, thus, occupied a structurally different position in the family than his younger brother (and his two wives) who had remained on the island. In addition to elaborating her experiences of witchcraft, Rose’s story also served to deflect blame away from her less-than-perfect affinal relationships. While many stories about witchcraft involve jealous neighbors (*wajarani*), female kin are as often blamed. Rose’s story, like others in this chapter, clearly illustrates how witchcraft often becomes an idiom for tension

between female kin. In these stories, daughter-in-laws compete for the affection of their parents-in-law, mothers-in-law critique their errant daughters-in-law, and grandmothers attack their grandchildren because they are jealous of their youth.

Rose's story also demonstrates the tactics used by people suffering from witchcraft ailments. While none of the attacked people in her story sought relief from revivalist Christian healing (that we know of), they availed themselves of numerous *waganga* in order to get second (and sometimes third or fourth opinions). Several times in her narrative, she mentioned that going to the hospital was deemed futile because both her ailments and those of her father-in-law were caused by witchcraft. While traditional and religious healing practices are often employed in the cases of "natural" illnesses, the reverse is seldom the case. Langwick (2007, 2008, 2011) has written extensively on the relationship between traditional medicine and biomedicine in southern Tanzania, demonstrating that these seemingly conflicting sites of knowledge production overlap more in practice than they do in theory. As one example, Langwick (2007, 2011) discusses *degedege*, a spirit sickness that causes seizures (usually in children). Like most traditional illnesses, *degedege* requires intervention by a traditional healer. However, the public health and biomedical communities view *degedege* as an indicator of cerebral malaria and advocate for the discontinuation of traditional healing in favor of pharmaceutical therapies. Langwick argues that this is a problem of translation where perhaps two maladies (*degedege* and malaria) "are identified, shaped, and elaborated in relationship with each other" (Langwick 2007:89). By way of example, she explains that nurses may refer patients to traditional healers and family members pursuing biomedical treatments for their loved ones may also employ herbal medicines.

Finally Rose's story illustrates a key feature of witchcraft affliction – the loss of sense (*kupoteza akili*) or resembling someone who is mad (*a mwehu*). In Rose's narrative, her second sister-in-law's attack rendered her *mwehu*, sending her running off to hang herself in the forest. While most of the symptoms that Rose described for herself and others were corporeal (i.e. gastrointestinal complaints, changes in the appearance of her father's tongue), she also experienced moments of madness.

### *Stories of Two Sisters*

As in many cultures, Mwanzans often demonstrate material success through display of possessions within their homes. A small room in a middle class home might contain several large upholstered pieces of furniture, plastic décor imported from China by way of Dubai, and electronic devices. For Westerners, used to a different aesthetic, these rooms often feel cramped or crowded. Exterior improvements happen more slowly as a house may be slowly converted from mud bricks and thatched roof, to mud bricks and metal roof, then to cement bricks, metal roof, and screened windows, and finally to plastered walls, metal roof, and glass windows. Houses may not be connected to running water or the electric grid, even if these services are available, as the connection costs are quite expensive. Houses, then, are works in progress with rooms and other improvements being added as financial circumstances allow. Further compounding the renovation and expansion process is the fear of jealousy. A “good” house may attract the unwanted attention of both neighbors and kin. Neighbors may wonder how their neighbor has come to have such a fine looking house, while kin may criticize the expenditure of funds on a home when they could be used to assist less successful kin with any number of expenses.

A “good house” then may invite both witchcraft and witchcraft accusation as neighbors and kin imagine that the house was built through accumulation of illicit resources.

Nema’s house stood out in precisely this way. Located on the rocky escarpment between Rose’s house in Mihama and Jiwe Kubwa, the gigantic rock plateau that overlooks Lake Victoria, the house was large for its location and reminded me more of houses in Mwanza’s wealthier neighborhoods.<sup>7</sup> Comprised of several large rooms with airy proportions, high ceilings, glass windows, and a landscaped plot, the house’s aesthetic felt more Western than that of other middle-class Mwanzans.

Nema, a 30-year-old woman who described herself as half Kuria and half Chagga, was born in Arusha, but moved to Mwanza as a child. Unlike many of my interlocutors, Nema had a Form Four (high school) education. As a young married woman, she had lived in Sengerema before returning to Mwanza five years prior. During our interview, she spoke generally about witchcraft rumors in Sengerema mentioning that many people in the area believed that the elderly were *wachawi*. While she believed witchcraft to be a real thing, she thought that many people were accused unjustly. While living in Sengerema, she had no personal experiences with witchcraft, but this changed when she moved to Mwanza.

Three months after moving into her fine house,<sup>8</sup> her son got sick. He would make noise and would awake startled (*ameshtuka*) in the middle of the night. She took him to the hospital where he was diagnosed with malaria, but he didn’t respond to treatment. She

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<sup>7</sup> Mwanza’s wealthy neighborhoods include Bwiru, Capri Point, and Isamilo. These neighborhoods tend to be occupied by expatriates and Tanzanians of South Asian descent. The “African” residents of these neighborhoods are either wealthy business owners or political figures. All three of these neighborhoods were established during the British colonial period and housed colonial officers and their families.

<sup>8</sup> In approximately 2002.

prayed every night and nothing seemed to help and then one day, the child was better. Unusual events that happened a year later led Nema to believe that her neighbor had caused her child's illness as well as other problems. Nema awoke in the middle of the night to discover a woman wearing a black dress in her room. She dreamt that she was fighting this woman who was someone that she recognized as a neighbor. While fighting with the woman, she prayed that the woman would leave. When she woke sometime later drenched in sweat, she continued praying. In the morning, she saw the woman who had been in her room. The woman turned her face away as though embarrassed to have been caught doing witchcraft. Since that awkward exchange, Nema's neighbor had not reappeared in the room. While the women still greeted one another (as is customary in Tanzanian society), the two women have maintained as much social distance as is appropriate.

Nema's problems did not end with her neighbor's supposed nocturnal visit. In June of 2006, she became ill. She kept "falling down" and went to a village *mganga* for treatment. On the way to the *mganga's* house, she was met by his assistant who told her to return home because there was an enemy waiting for her on the road. Instead the *mganga* came to her home. After doing divination (*kupiga lamuri*), the *mganga* told her that she had a neighbor who was "playing with her" (*fanya michezo*) because she was jealous of the quality of her house. Nema and her child were being harmed by this woman, the *mganga* explained, because of her success. The *mganga* treated her by injection (*chanjo*) and with *kufikiza*, a practice that I translate as fumigation<sup>9</sup> (elsewhere I

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<sup>9</sup> In a *chungu* (clay cooking pot), he placed a stone and then brought liquid to a boil and then covered it with a sheet. She was put under the sheet and exposed to the steam, which caused her to sweat and made "her arm hair stand up like a rabbit's fur."



also use the term *dawa ya chemsha*, boiling medicine). See Chapter Three for a detailed discussion of *waganga*'s divination and treatment practices. After his treatment, she felt fine, but the *mganga* told her to go to the Bugando Medical Centre, the largest hospital in the region. At Bugando, the medical team drew blood and diagnosed her with typhoid and malaria and treated her with biomedicine. As of our interview in January 2007, she had remained healthy.

Nema's story exemplifies the common narrative of a jealous neighbor attacking another because of his or her economic success. She also told a second story that described witchcraft as a result of poor kin relations. According to Nema, her younger sister, Rehema, is hated by her husband's family. While they were engaged, Rehema convinced her husband to move away from his natal home and to establish a new household with her. His family was displeased as this violated social norms. After eight months of living in their new household, Rehema became sick. She went to the dispensary and was told that she was pregnant. Seven months into the pregnancy, things seemed a bit off. She was very weak and pale, the baby was barely kicking, and her "blood seemed reduced."<sup>10</sup> Because the fetus wasn't moving (*mimba hakichezi*), she was sent to Bugando for an ultrasound. The ultrasound picture, which Nema had seen, showed a body, but not head, arms, or legs. She explained:

Eight months into the pregnancy, Rehema had grown very big and the fetus seemed to be doing well. Everything was ready for the baby to come, but our parents decided to take her to an *mganga* to have him read the ultrasound. After looking at the picture, he told them, "There is no fetus." To treat this condition, he said that he would need to take hold of her bewitched uterus and bury it in the backyard.

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<sup>10</sup> Perhaps, Nema was alluding to anemia.

The mganga took Rehema to a large cave where he had her lie down on the ground wrapped in a white sheet. He placed medicine in a clay pot filled with boiling water and then splashed the water on her. He gave her injections and fed her a concoction of chicken blood mixed with medicine. After these procedures, Rehema's belly became small again like she had never been pregnant. In the course of the treatment, he gave her medicine that allowed her to "see" the people who had attacked her. She learned through the mganga's treatment that her mother-in-law and sister-in-law (her husband's sister) had done uchawi to prevent her from getting pregnant by him. They had done this by doubling her body, and placing the double in a grave where it worked to make her sick, weak, and appear to be pregnant.

Rehema's story illustrates many of the same tensions as Rose's story. Both women were vulnerable to attack by the other women in their family – Rose because she was too good of a daughter-in-law and thus made her structurally-equivalent kin (SILs #1 and #2) jealous, and Rehema because she convinced her husband to leave his natal kin. In both cases, the effects of their female affines' attacks were corporeal. Rose became violently ill and mad, while Rehema exhibited signs (anemia and fetal deformities) of troubled pregnancy. Secondly, both Nema and Rehema's treatments demonstrate Mwanzans' willingness to employ multiple tactics in their quests for wellness. While Nema's nocturnal visit by her neighbor clearly pointed to witchcraft as a cause for her own and child's illnesses, she still sought treatment from both traditional and biomedical practitioners. In Nema's case, the mganga actually recommended that she receive biomedical treatment at Bugando in addition to "traditional" treatments like injection and fumigation. Rehema's troubled pregnancy was managed first through biomedical means,

including the rare use of fetal ultrasound, until her parents decided that they needed a second opinion from an *mganga*. In addition to employing more “traditional” modes of diagnosis and treatment, the *mganga* “read” the ultrasound to determine what was really going on with Rehema’s pregnancy. As Auslander (1993) has argued (and as I explore more fully in Chapter Three), traditional healers often replicate biomedical and bureaucratic practices in their treatments. Interestingly, in addition to replication of biomedical treatment (through injections, for example) Rehema’s healer also used the ultrasound image, a biomedical and technological artifact, in his divinatory process. This overlap in biomedical and traditional sources of knowledge is demonstrative of Langwick’s (2011) finding that some illnesses require both biomedical and traditional treatment. Finally, Rehema’s experience of having her “body doubled” bridges the gap between stories of embodiment and those that include more fantastic dimensions.

As I discuss more fully below, doubled bodies are an important feature of stories of zombification (the making of *litunga*). In these accounts, mourners attend the funerals of seemingly dead loved ones weeping over their bodies. However, what one sees as a corpse is actually that of a dog, cat, or log that has been bewitched to appear as a person’s body. The zombified person (who has in a sense been doubled) is instead trapped “behind the door” (*nyuma ya mlango*), unable to speak or be seen because of the medicines used in the zombification process.

### ***Mama Peter and the Jealous Neighbor***

Just below Jiwe Kubwa lies Busisi, a rural idyll located just seven kilometers from the city centre. While still studded with the large boulders that give Mwanza the moniker Rock City, Busisi is much flatter than other parts of town. Housing plots seem

larger in Busisi and more of the land is devoted to small-scale farming. While in Mihama and some parts of Isamilo, people keep pigs, cattle, and chickens, in Busisi, they also grow maize and vegetables. In a relatively simple house adjacent to a productive field lived Baba Peter, a retired government agricultural officer, and his wife. Baba Peter, a pleasant and well-spoken man in his sixties, holds a Bachelor of Science degree and speaks flawless English; unlike many well-educated Tanzanian men, he is extremely humble describing his current occupation as a farmer and fundi.<sup>11</sup> Mama Peter is a bit younger than her husband. She's also much more timid; if she speaks English as well, she did not reveal it to me. The Roman Catholic couple have several grown sons and a daughter who was seven or eight at time of our interview in February of 2007. During Baba Peter's government career, they lived all over Tanzania, but both are originally from Mwanza Region.

Bolstered by her success at telling me a few Sukuma folktales and encouraged by her husband, Mama Peter told me about her own experiences with uchawi, "Even now, I have a problem with witchcraft. It all began during the last [2005] elections." She went to Bwiru center to listen to politicians from both the ruling (CCM) and main rival (Civic United Front, or CUF) parties (chama). She listened to them talk and watched some dancing. All of a sudden, she experienced "the sensation of a knife crossing her diaphragm." She felt extreme pain and felt feverish as though she were on fire. She left the event and went to bed. Her son came in to check on her and to see why she was in

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<sup>11</sup> The term "fundu" includes skilled workers such as carpenters, plumbers, and electricians, as well as general repairmen and handymen. It's rare that a woman identifies as a fundu.

bed. He brought her malaria medicine,<sup>12</sup> which she initially refused, but later agreed to take. At 2 am, her insides began to feel as though she had ulcers. When she awoke in the morning, her son told her she couldn't take any more medicine for a week.

Mama Peter couldn't sleep because she felt so unwell. Adding to her difficulty sleeping was the sensation that there were people singing and dancing in her room. When she got up to beat them, they disappeared. This continued for three days. Her son believed she was probably hallucinating from malaria or something else, so they took her to the hospital. At the hospital, they checked her blood, stool, etc., but the "doctor got nothing" except for a small amount of worms. Since many people have worms at any given point, their presence is not considered an important illness. Since biomedicine had not explained her symptoms and she continued to be disturbed by the "dancing people, Mama Peter went to a Pentecostal Assemblies of God (PAG) church and "got saved." Importantly, both Mama and Baba Peter currently identify as Catholics as they did prior to Mama Peter's experience of "being saved" at the PAG Church. Revivalist churches typically view Catholicism and mainline Protestant denominations as unchristian. As I explore fully in Chapter Five, churches such as the PAG offer a treatment alternative to those afflicted by witchcraft who have been failed by or choose not to use biomedicine or traditional healing. Becoming "saved" represents a tactical choice when biomedicine failed her. Mama Peter told me that she was unable to seek assistance from a traditional healer because of her religious beliefs. While she later reversed this statement, her initial

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<sup>12</sup> It's very common for Mwanzans, regardless of educational level, to self-treat illnesses. Pharmacies sell drugs that would be prescription-strength in the US on demand. Thus, people will empirically treat malaria symptoms, such as fever, with malaria medications or will treat stomachache and diarrhea with broad spectrum antibiotics such as Flagyl without obtaining medical tests. This consumer-driven use of biomedicine contributes to drug-resistant strains of malaria and bacterial infections.

dismissal of traditional medicine may have been rooted in Baba Peter's advanced and scientific education or in a desire to say the right thing to a Westerner.

In December of that year, her eldest son, a student in Moshi, died unexpectedly. Mama Peter travelled to Moshi for the funeral. During the visit, her mind was unsettled. She still felt ill and had the sensation that people were disturbing her in her room. She decided to stop going to the PAG church because it wasn't helping. Around the same time, neighbors and relatives began to "play" with her second son who was quite successful. He fell ill and recovered, but lost mobility and became "lame."

Both Baba and Mama Peter believed that these neighbors had played tricks on their son, and that their magic had caused their son's sudden disability, as well as Mama Peter's illness and hallucinations. In particular, Mama Peter was certain that a neighbor with whom she had had quarreled was the primary culprit. At some point in the past, the young daughter of a neighbor woman had insulted her. When Mama Peter spoke to the child's mother, the mother did not discipline her daughter. Mama Peter believed that the mother had intentionally caused the quarrel.

In English, Baba Peter explained that Mama Peter just didn't act herself, "All of a sudden, my wife will say incoherent things [because of the witchcraft that has been done to her]." She added that she still hears Kisukuma music (drums) and is hungry, but unable to eat. In his estimation, "That neighbor did this to her using medicine, not supernatural powers. She intentionally put a demon in my wife!" Importantly, from Baba Peter's perspective, demons are not supernatural things, but can be mechanistically transmitted through dawa. They speculated that at nighttime, the neighbor put an old pot full of ashes,

broken glass, perfumes, and bad medicine at a crossroads, ensuring that Mama Peter and their son would come into contact with the dawa.

While the couple had told me earlier in our interview that they would not consider uganga (traditional medicine) because of their Catholic faith, they also explained that the neighbor's malevolent dawa would "last until an mganga removed it." Perhaps recognizing that I would not judge their use of uganga, Mama Peter changed her story. She explained that she had been to see two waganga. The first, a woman, told her that, "A woman that you thought was your friend did something to you." Still skeptical, she went to see a second mganga who confirmed the first healer's diagnosis. He said that she had mapepo (spirits) inside of her body. After revealing that she had been to see two waganga, Mama Peter seemed less timid and revealed that her mind becomes temporarily calmed and she stops hearing Kisukuma music, when she drinks *pombe* (alcohol). While most non-Muslim Tanzanian men drink alcohol, women are much less likely to drink regularly. Mama Peter's admission that she needed to drink to "quiet" the mapepo is quite unusual. Because it is illegal, few healers will actually name the presumed mchawi. Rather, the mganga will allude to their identities using descriptors such as, "a neighbor you've quarreled with" or "a relative who has caused problems for you." This evasiveness protects the mganga from legal action if the afflicted person chooses to attack the witch (see Chapter Five). Similarly, Mama and Baba Peter used vague descriptors to allude to the identity of the woman they presumed to be most responsible for their misfortunes. Mama Peter explained, "The people who did this to me live in Bwiru. They used to be our good friends and we even did business together before. Now they want to make me crazy [because they are jealous of my son] and to kill me, so they

harmed me.” Adding to this description, Baba Peter interjected, describing the neighbor woman as “50/50 mganga and mchawi. They are one in the same in this person.” By this, Baba Peter meant the neighbor woman is known as a healer to some, but also uses her medicines to harm people such as Mama Peter. Continuing their subtle communication of her identity, Baba Peter told a story that illustrated the woman’s greedy and morally bankrupt nature:

Everybody knows that back in 1995, this woman killed her own husband as a sacrifice in order to get power. [That woman’s] husband was a soldier who was traveling home to see her and their kids. She hid his money for the fare back, so he asked me if he could borrow some money. I sold my radio to get this guy the money he needed. [Unable to leave], the man became frustrated and began drinking pombe. [Because of his drunkenness], he was taken down to Kirumba police station where he started doing very strange things like drinking his own urine. They moved him to Butimba Prison where his health deteriorated. When he was released, he went back to his wife and she refused to help him. He died of stomach diseases, but everyone knows it is because she killed him. She didn’t help him and she had another lover.

This story, coupled with the description that she was an mganga, communicated her identity to my research assistant, Steve. As we listened to Baba Peter’s allegations that this woman had killed both her own husband and Mama Peter’s step-sister, caused his son to become lame, and inspired madness and bodily symptoms in his wife, Steve nodded. He agreed that he had heard things about this woman and that she was dangerous. At no point did any of them mention her name.

As in many of the cases discussed in this chapter, Mama Peter’s story includes elements of the fantastic. While her illness includes corporeal symptoms such as fever, malaise, and exhaustion, it was also characterized by the maddening sound of Sukuma drums and the sense that people were singing and dancing in the room where she slept. Baba and Mama Peter’s confidence that their problems were caused by the mganga from



Bwiru (with assistance, perhaps, from others) demonstrates how damaged neighborly (and kin) relations precipitate witchcraft accusation. Despite their claims of previous friendship and a prior business relationship, both Mama and Baba Peter now felt comfortable accusing her of killing two people in addition to causing both Mama Peter and their son to suffer. Mama Peter's illness, like that of Mama Gervas (see Chapter One) and others in this chapter, illustrates a key gender difference in experiences of witchcraft affliction. Witchcraft embodiment seems to vary based on gender where women in my sample experienced prolonged, multi-symptomatic histories that included both corporeal and fantastic dimension, and men, such as Mama Peter's son, experienced sudden, grave illnesses. Finally, Mama Peter's story illustrates the tactical repertoire available to her. In her quest for treatment, she pursued biomedical, traditional, and revivalist Christian healing strategies.

### ***Maimuna's Story***

A few months before our interview in July of 2010, Maimuna,<sup>13</sup> a 17-year-old Muslim and Form Three student who never missed school, began to "fall down over and over." She was taken to the hospital. After returning home, her health initially returned to normal but then it became poor again and she continued to piga kelele (literally, make noise, but in witchcraft stories may include shouting and thrashing as if possessed or in a seizure) so her mother took her to be seen at Bugando Medical Centre. At Bugando, she was examined, received an ultrasound (that was inconclusive), and diagnosed with malaria. She was sent home on medicine for malaria, but her "condition was as before." Like Mama Gervas (see Chapter One), she continued to seek biomedical treatment and

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<sup>13</sup> I interviewed Maimuna in the presence and with the consent of her mother on July 19, 2010.

next went to Mwanza's Aga Khan Hospital. She returned to school, but continued having stomach aches and falling down, so she returned to the hospital "to get a drip" intravenous medication, *kuwa nawekewa drip*).<sup>14</sup> Nonetheless, when she returned home, her health had not improved. She continued to be in and out of hospitals with no improvement. She said that the hospitals had "checked for everything," but she was still tired, so her mother finally recommended that she see an mganga. She explained, "I went to an mganga that I knew about. After arriving there, he told me that I had a really big problem. This problem came from within the family. ... The majini were riding my mind (*Majini aliwapanda kichwani*). ... I had been thrown majini [Someone had sent majini to attack me]."

The mganga recommended immediate treatment for the next day, but she didn't show up for it. He became irritated and admonished her for her laziness and did not treat her. She continued to piga kelele and suffer from the same physical symptoms. Her mother took her to the hospital again where she was admitted and put on an IV drip. After a two-week admission, her health had not improved and she returned home. Once she was home, Maimuna's paternal grandmother asked a suspicious question given the mganga's assertion that Maimuna's "problem came from within the family." Maimuna explained, "Then my grandmother asked [them], 'She's still living?'" Maimuna's grandmother seemed shocked that Maimuna was still alive after her repeated hospitalizations.

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<sup>14</sup> Severe malaria is often treated intravenously, so Tanzanians often speak of going to the hospital to get a drip. Similarly, many Mwanzans exhibit a preference for treatments that involve injections (*chanjo*), see Chapter Three.

In addition to her spells of “falling down” and her tendency to *piga kelele*, Maimuna had lost weight, leading people to speculate that she was either pregnant or HIV positive. Despite her illness, she returned to school on the following Monday. During the mid-morning break, she once again fell down and her mother picked her up to take her to Bugando. By the time she reached Bugando, she felt better and returned home. After a few days, her symptoms returned and she began coughing up blood. She was admitted to Sékou Touré Hospital, Mwanza’s regional government hospital, where she stayed for two weeks. After her release, her mother thought that she should remain at home or stay with her grandmother, but Maimuna wanted to stay with friends who lived in a large house that was closer to her school.

After relocating to the house, Maimuna’s story changed in tone from a description of symptoms-admission-symptoms-admission to include more fantastic elements. As I’ve recounted so far, Maimuna’s case illustrates a fairly strict use of biomedicine (with the exception of her one visit to an *mganga*). She was willing to be “tested for everything” and mentions biomedical diagnoses such as malaria, pregnancy, and HIV, and treatments such as “over the counter medicine” and “drips.” However, while her primary symptoms, making noise and falling down, are often interpreted as signs of cerebral malaria (see Langwick 2007, 2011), they are also locally understood as spirit possession or evidence that the victim has been played with by an *mchawi*. Despite her many hospital admissions, Maimuna believed that her friends (as well as her grandmother) were doing witchcraft to her:

When I was at my friend’s house, my problem, uh huh, even they were doing wizardry on me (*wao nimewizardi*)<sup>15</sup> ... Eeeyee. I arrived at the

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<sup>15</sup> From English, wizardry.

friends' house there and then I don't know. First we all got along well. We shared clothes. Then we started fighting with each other. We began bickering and bickering, me and my friend. ... [So] I left because it wasn't good, everything was confusing. I didn't know what to do.

Maimuna's friend then accused her of stealing her clothes and took her to the police and court. While the case was dropped and the two girls began to get along again, Maimuna believed that the tension in their relationship had been caused by witchcraft. Her friend disappeared, but Maimuna returned to the friend's house to stay. Things were going well when she began to experience strange nocturnal experiences:

One night, I heard a person who spoke to me like a recording (*mtu amenikurecordi*). I was sleeping from 2 am to 3 am, when I heard that old man [talking]. He told me everything I had been doing. Every night when I went to sleep up there that old man would come and say his words.

While she couldn't see the man who spoke to her, she "heard and understood him" and opened her eyes to "pay attention to what he was saying." He seemed familiar, so she listened to what he had to say:

I heard him and he asked, "Why did you say this and that?" He began to tell me the secrets of that place, that the people who stayed there weren't good. He could see their qualities. He was being kind of sympathetic. He told me to leave [that place]. I woke up well and went to school. [After school] I returned home and took an afternoon nap. That day, I was sleeping covered with a sheet and it felt like a snake was crossing my neck. It was like I saw it. I felt the weight of the snake, but was unable to remove it. The snake passed and ... I heard it playing on some newspapers. These were real newspapers.

When asked if she had been dreaming, Maimuna continued, "I was dreaming, but it was like I saw it!" She discussed killing the snake with a friend, but a resident of the house told them not to kill the snake. This made Maimuna suspicious that the family who lived in the house controlled the snake.

Snakes, owls, and hyenas often play significant roles in Mwanza's witchcraft stories. Witches, especially in rural areas, are said to ride hyenas, owls are viewed as ominous, while snakes are not surprisingly thought of as potent and dangerous creatures. Snakes have particular significance in Sukuma culture. Beginning with Cory (1946), anthropologists and other scholars have written about Sukuma "secret" dance societies including the Bayeye snake dancing society. While Cory (1946) referred to the dancers as "snake charmers," because of their knowledge of anti-snakebite treatments, Gunderson (2010) calls them "snake hunters," because they also capture snakes and defang them. Snake dancers continue to perform dances with their snakes (cobras and black mambas) at the Sukuma Cultural Center in Bujora, as well in other traditional performance settings. In his ethnography of Chwezi<sup>16</sup> spirit mediumship, Stroeken (2006) has shown how the snake serves as a physical metaphor for possession:

Shaking shoulders and low-pitched cries (*ku-huma*) signal the commencement of spirit possession. The spirit announces itself as a 'great snake' (*liyoka*). Sukuma understand by 'the snake' the spine, which harbours the life-principle and will lodge the medium's incoming spirit. Convulsions start at the spine. The spine urges the novice to dance, which can spill over into possession. (Stroeken 2006: 791)

As I explained in Chapter One, many of the practitioners including waganga and a revivalist Christian healer diagnosed Mama Gervas' illness (Chapter One) as caused by snake spirits; this diagnosis made sense to her because she had seen a large and frightening snake around the time that her illness began. Because of the association of snakes with witchcraft, spirit mediums, dance societies, and other magical practitioners, Maimuna was alarmed by the household members' reluctance to kill the snake. She saw

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<sup>16</sup> According to Stroeken (2006), rural Sukuma spirit mediums channel "Chwezi" spirits. According to Stroeken, the Chwezi are mythic ancestors "famed in the area as the founders of sacred kingship" (2006: 787).

the snake again on the Saturday and Sunday of that week. The next Wednesday, she walked home from school with schoolmates (two girls and a boy) that lived in the house. The house bordered a graveyard that the students cut through on the way home. As they walked through the graveyard, one of the girls told her brother, “The snake is inside that hole.”

Maimuna continued, “That girl said to her brother, ‘The snake that was in that hole. It’s not there. I don’t see it.’ I started wondering if that was the snake I had seen. I was very quiet while they were talking.” The siblings’ discussion of the snake and familiarity with its resting place struck Maimuna as very suspicious. Graves and graveyards are thought of as ominous places and are known for their ritual potency. *waganga* and their patients frequently described rituals conducted at gravesites. Moreover, the possession of occult objects including human remains often signifies witchcraft. With the exception of ritual murder, desecration of gravesites represents the only means for obtaining human body parts.

That evening, Maimuna heard the man’s voice that she had heard on other evenings:

That baba, he said in a loud voice, “It would be better if you left.” He said, “We are coming, you will see!” With each word he said, I felt like I was in a dream. ...As he continued to talk he mentioned their names and mentioned my name. I asked myself, “This baba, how could he know the words that he’s been saying?” He complained, “Why are you telling people about that snake? I’ll teach you. You saw a snake? You didn’t see a snake. I’ll show you a snake. You will see it *live* (“for real”)!”

The old man even knew that she had confided in George, a furniture-maker, about the snake and other peculiarities of her living situation. She heard him say, “You told George about these things. This George is someone who builds sofas, how can he help you?”

George can't do anything." She shook, terrified that the old man knew so many details about her. In response to questioning, Maimuna explained that she never saw the man, but heard his voice emanating from the house where she stayed. After she fell back asleep, things became more terrifying:

My friend heard sounds and woke me up. She asked, "What's going on here?" I heard stomping on the tin roof. It sounded like tch, tch, tch. The people stomping went around and passed by the window. They walked around and stopped at the door. I heard "Kiiiiiii" and the lights went out. We looked for matches, but couldn't find any. ...My friend told me, "This place is not good." The next morning I woke up and was sick. Every time I slept and woke up there I was sick. I had pain in my back like a person with AIDS, [and seemed] like I was crazy and not crazy. I was weak so I went to my Mama's house. My mom told me, "every time you stay up there, you are not well."

After this harrowing series of events, Maimuna's mother took her to see an mganga who had traveled from Tanga (in eastern Tanzania) to treat people in Mwanza:

We went to that mama from Tanga. We went together, me, my friend, and mama, and mama's friend. We arrived at that Mama. That mama called her mizimu.<sup>17</sup> I responded by giving her money to do divination (ramli). After looking at ramli, she said, "You have a big problem. You were bewitched by your grandmother [who lived at home with her, not by your friends that you stayed with]. She wants to offer you as a sacrifice (*kukutoa kafara*). Before this week is over, she will finish taking you as a sacrifice." She also said, "That house behind you. At the neighbor's house, there is a man who is very religious, but that man is not really a good person and every night he passes by your place." I thought this must be the baba who spoke to me as I told you.

The mganga from Tanga recommended a treatment that would cost 200,000 Tsh (\$175).

That night Maimuna and her friend stayed at Maimuna's home. She told her friend, "It's not good here, it's not good here. Let's go. But if we sleep here, tomorrow,

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<sup>17</sup> She became possessed by her ancestral spirits, which allowed her to divine the cause of Maimuna's illness and other experiences.

you can tell me [what you thought].” She awoke in the middle of the night when her friend screamed out. Later the friend explained that it felt as if someone were strangling her and that she was being beaten. Maimuna could hear the commotion, but couldn’t see anything because there was something colorful obscuring her eyes. Maimuna told her friend, “Say, ‘In the name of God (*Taja jina la Mungu*)!’ and that person will be finished.” Maimuna repeated, “Say the name of God, say the name of God.” The spirit that had been attacking her friend said, “I am also a believer” and then “tried to jump into” (possess) Maimuna. She continued explaining, “I knew for sure in my mind that this thing was trying to strangle me. I knew that it had already entered my friend. I also knew that because I had mentioned the name of God, it couldn’t enter me.” She kept admonishing the spirit telling it, “you will fail, you will fail.” The spirit didn’t leave until morning, but Maimuna’s faith prevented it from doing further damage. Through God, she explained, she had managed to defeat the spirit.

Maimuna did not end up being treated by the mganga from Tanga. Instead, after changing locations once again in an effort to avoid the majini that had been troubling her, she met Ibrahim, whose own story I describe below (*Ibrahim and the Court Case*) and in Chapter Three. While neither Maimuna, nor her mother explained their reasons for choosing Ibrahim over the mganga from Tanga, it seems reasonable to imagine that his treatment was less expensive and that his location just outside Mwanza in Butimba was more convenient. When I interviewed Maimuna, she was one week into her treatment with Ibrahim and staying at his house in Butimba. He too had determined that “she had a big problem” and that someone “wanted to sacrifice her.” He told me that when he examined her, he had found black needles under her skin, a clear sign that someone had



been “playing with her.” To treat her ailments, he used a combination of protective medicines (*dawa ya kinga*), fumigation, and medicines to induce vomiting (and thus expel spirits and bad magic). By all accounts, Maimuna was doing better under Ibrahim’s care, though I have no way of knowing whether or not she suffered recurrence of any of her symptoms.

Maimuna’s story includes many common elements of witchcraft illness. She experienced corporeal symptoms, such as fatigue, pain, and falling down, and refers to biomedical diagnoses like HIV/AIDS and pregnancy to aid in her characterizing her experience (“I had pain in my back like a person with AIDS.”) Maimuna’s illness, like the others described in this chapter, crossed the line from mere symptoms to experiences of hearing voices and other sounds. These more fantastic experiences were nonetheless embodied experiences, including the frightening sensations of being strangled and beaten by spirits. Like others, Maimuna’s illness included relational problems, such as the dispute with her friend over the shared clothes; her suspicion regarding the snake and its possible “control” by the members of the house where she stayed; and suspicions that her paternal grandmother was trying to harm her.

Maimuna employed a number of tactics when seeking amelioration for her symptoms. She was seen at Mwanza’s two major hospitals, consulted three *waganga* (including Ibrahim who used Islamic healing methods), and when physically attacked, she called upon God to help her. While Maimuna is a Muslim, she employed the same discourse as revivalist Christians who use the name of Jesus (*jina la Yesu*) to cast out spirits (see Chapter Four). As I describe in detail in Chapter Four, revivals are an important part of Mwanza’s public culture and people of all faiths often attend revivals

and witness the casting out of spirits. Additionally, popular television programs show revivalist Christians casting out demons, saying “In the name of Jesus, get out!” Whether consciously or unconsciously, Maimuna’s tactical repertoire included healing strategies from revivalist Christianity, as well as those used by practitioners of uganga and biomedicine. At the time of this story, violence (see Chapter Five) had not been mentioned as a means for alleviating Maimuna’s poor health. However, Maimuna’s grandmother who was thrice-accused of trying to use her granddaughter as a sacrifice was made vulnerable to attack by these allegations.

***The House Girl Who Wouldn’t Get Up in the Morning***<sup>18</sup>

Most middle-class Tanzanians employ girls or women to do household tasks such as cooking, laundry, cleaning, and to provide childcare. Even lower-income Tanzanians are likely to “import” a young female relative or other girl from “the village” to do these tasks. While Tanzanian politics privilege gender equality, in practice, young girls are one of the most vulnerable groups of people in Tanzanian society. House girls’ wages are often paid directly to their families; house girls are essentially indentured servants and lack agency. House girls begin their days by lighting the jiko (usually powered by charcoal) or cooking fire and then preparing *uji* (a thin porridge) and tea for breakfast. These chores usually begin at dawn before the rest of the family wakes. They spend the remainder of the day washing clothes by hand, preparing meals, and caring for children. House girls usually work from dawn until the family retires in the late evening. They have access to very little free time.

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<sup>18</sup> This account is based on an interview that I conducted with Mama Pili on January 24, 2007 about her experience with Mariam’s possession. I spoke to Mariam four days later, but have decided, with one exception noted below, not to include data from Mariam’s interview. During our interview, I learned that she was only 15 years old and thus unable to consent for an interview based IRB standards.

On a Monday in January 2007, Mama Pili, the owner of a stylish women's boutique located in Mwanza's downtown, awoke to find that her teenage house girl, Mariam, was still sleeping. She knocked on the door, then banged on it, and heard nothing. By 10 am (which is an extremely late time for anyone to wake up in Tanzania), she worried that the girl might have died in her sleep. After getting someone to help her break into the room, Mama Pili found Mariam lying on the floor next to the bed, flinging herself about, making noise (*kupiga kelele*). When touched the girl screamed, "Leave me alone." In discussion with others, Mama Pili determined that Mariam was possessed by a *pepo*. As she put it, "the *pepo* was using her like a chair." Mama Pili phoned the girl's mother who dispatched an aunt who lived nearby in Kitangire to deal with the situation. Mariam's aunt and some other revivalist Christians began praying and calling on the *pepo* to leave Mariam's body.

When Mariam finally became responsive, she explained that she had seen Mama Pili's landlord in her locked room in the middle of the night. Mama Pili's had rented her concrete house for eight years from the middle-aged Muslim healer who lived next door. I had met him several months before when I interviewed a younger *mganga* who worked for him. She wondered why he was in her room, until she realized that she was possessed by a *pepo*. Mama Pili was convinced that the *mganga* had sent the *pepo* to bother Mariam. Describing the situation herself, Mariam explained that she had overheard the landlord through the window telling a witch to leave, when all of sudden the witch and *mganga* began have a violent competition (*shindano*, also "battle") in her room. They beat one another, and hit her as well. She became possessed by the *pepo*, which she did not believe had been sent by either one of them. While Mama Pili expressed her concerns

about a neighbor-woman who she believed was a witch, she did not share Mariam's account of the battle between the mganga and witch with me. Mama Pili described the neighbor as "stomping around all night, making noise." She said that she heard the sounds of cats screaming like human beings and that she frequently suffered from nightmares. In her dreams, she was force-fed lots of meat and then sent to work on the witch's agricultural plot. After having these dreams, she would wake with a "big stomach, as though she had eaten" and felt exhausted as though she had spent the whole night working.

Mariam has by all accounts been bothered by mapepo in the past. These mapepo had caused her to be disobedient to her parents, to perform poorly in school, and to wander about unsupervised. As revivalist Christians, Mariam's parents would not allow her to be healed by an mganga. Instead they took her to a revivalist church to be prayed over. As Mama Pili told me some weeks later, Mariam's pepo continued to appear during church services. As I explain in Chapter Four, it's very common for spirits to emerge during revivalist services and then to be cast out by preachers or through the prayers of laypeople.

After Mama Pili found Mariam on the ground, she sent the girl home to her mother's house to rest. After returning home from her mother's, Mariam continued to work at Mama Pili's house, but stayed at her Aunt's home nearby. Staying at her Aunt's house released her from some of the early morning and late evening tasks associated with her position. While I do not wish to discount Mariam's experiences, I cannot help but be reminded of Aihwa Ong's (1988) account of possessed young Malaysian women working in export processing zones. Ong (1988:38) describes "the spirit idiom ... as a language of

protest against [the] changing social circumstances” wrought by industrial capitalism.

While Mariam was clearly terrified by her experiences of possession, the appearance of the landlord in her room, and the shindano that she witnessed, these experiences afforded her (and others such as Maimuna) with a certain agency that is rare for a young Tanzanian girl. As a girl driven by spirits, she had a reason to do poorly in school, talk back to her parents, and travel freely without repercussions. Moreover, as someone who had lost her sense, she was able to resist her fate as an overworked, underpaid, and undervalued house girl. She was able to sleep later in the day and stay at her aunt’s house. Similarly, Maimuna’s inexplicable illness gave her freedom to avoid her “jealous” paternal grandmother and stay with friends. While witchcraft and spirit sickness are understood to be negative, dangerous, and a source of affliction, Mariam’s story and those that follow below demonstrate how witchcraft discourse also represents the opportunity for resistance and social critique.

### ***Fantastic Representations and Social Critique***

The remainder of this chapter turns to even more fantastic stories about witchcraft. These narratives describe otherworldly cities located under Lake Victoria or invisible to non-witches, such as the ultra-modern witch city of Gumbush (or Gamboshi, see Stroeken 2001) and encounters with zombies (mitunga or *wasukule*)<sup>19</sup> and other magical creatures. While these stories depict some of the most frightening outcomes associated with witchcraft, they are told differently than the stories above. Stories about corporeal symptoms are often told in a glum realistic style, incorporating elements of the structural difficulties of everyday life (*maisha*). In contrast, stories dealing with fantastic

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<sup>19</sup> Most people living in Mwanza used the term *mitunga* (singular, *litunga*) as zombies are thought to be a “Kisukuma” thing. I’ve very rarely heard the Kiswahili term *wasukule* (singular, *msukule*) used.

spaces and creatures are simultaneously terrifying and exhilarating, and are told with the aplomb of a good campfire ghost story and touches of humor. Stylistic and substantive issues aside, my interlocutors always presented witchcraft stories with the same level of sincerity or emphasis on their “really-realness” For them, there was no question that these stories were true or perhaps, at least true enough to bear repeating.

Seemingly fantastic stories presented as “reality” are a staple of African media discourse (Bastian 1993, 2003; Sanders 2001), church testimony (Badstuebner 2002), and everyday conversation. Throughout her work on vampires, White (1995, 2000) argues that seemingly fantastic (and unsubstantiated) stories are important to historians because they portray the values most essential to the people telling the story. Using this approach, rather than one that seeks to identify a verifiable mechanism for fantastic stories (see Davis 1988 for an ethnobotanical approach to Haitian zombies), witchcraft stories can be interpreted as reflections of anxieties about contemporary or historical contingencies (see Shaw 1997; Comaroff and Comaroff 1999; and White 2000 for examples). Many anthropologists have connected gruesome and fantastic occult stories to experiences of African modernity, suggesting that these narratives illustrate tensions brought about by issues such as structural adjustment (Sanders 2001), migrating laborers (Comaroff and Comaroff 1999; Hickel 2014), development (Nyamnjoh 2001; Smith 2008), and postcolonial statecraft (Geschiere 1997). In analyzing the following accounts of zombies and otherworldly places, I employ a similar approach. However, rather than suggesting that these stories are responses to global modernity, I argue that they offer an unintentional social critique of aspects of life in Mwanza. Firstly, despite the terrifying circumstances depicted in these stories, they depict a certain “fairness,” unavailable in

politically in-transparent Tanzania. This fairness, at times, nostalgically references the failed promises of ujamaa, Tanzania's unique form of African socialism that promoted development (maendeleo) through self-reliance and collective labor. These same accounts often reference and invert the racial hierarchies that inform socioeconomic life in Mwanza (see Basso 1979 and Bashkow 2006 for ethnographic accounts of "indigenous" critiques of whiteness).

### *Ibrahim and the Court Case*

Ibrahim, the mganga who treated Maimuna in 2010, was introduced to me by my good friend, Baraka in late May of 2007. Baraka owns a cold drink cart located in a major alley that runs between Mwanza's city centre and its central market. Baraka's cart is located close to clothing and mobile phone shops and several local restaurants (hoteli) and he is often asked to mind these businesses. He is rightly known as friendly, honest, and good-natured and accordingly hears all kinds of stories and gossip over the course of his dawn to dusk work day. During my fieldwork period, he often shared witchcraft-related gossip with me and introduced me to people whose experiences he thought relevant to my research.

At the time Ibrahim, a short, jovial fellow with large bright eyes and a distinctive laugh, was twenty-nine. Like many semi-educated male urban Kiswahili speakers, he peppered his speech with English words for emphasis. In the following weeks and months, I got to know Ibrahim well and learned that he was himself an mganga (see Chapter Three). At the time of this story, Ibrahim had not yet shared this information and described himself as a carpenter who came from a family of traditional healers.

Ibrahim had found himself in District Court engaged in a dispute over a plot of land located in the city centre. He explained that the case had gone well and it seemed to everyone that he would win the court's judgment. However, on the date that the case was to be decided, no judgment was passed. This led Ibrahim to believe that the other petitioner (a man called Ali) had bribed the judge and played "tricks" to prevent important witnesses from giving testimony.

The day after the case went undecided, he came into town from his house in Butimba, a peri-urban neighborhood about eight km to the southeast to complain to the head (*mkurugenzi*) of the city council about the mishandling of the case. En route, he began to hear the beating of drums and "...what sounded like majini singing." He explained:

After hearing it, I turned and saw with my own eyes. There were lots of women there. I looked and saw them laughing at me when they saw me looking at them. After seeing them, my mind (*akili*) was changed a bit. I was a bit crazy (*mwehu*). At that time, my mind was overtaken. It was as though I had been torn in two – half *mizimu* (ancestral spirit) and half like someone who was already dead. I heard a lot of different sounds. Cars, whistles, the sound of a lion. I looked around, but couldn't see where they were coming from. I heard someone calling my name, "Ibrahim." A *daladala* (local minibus) stopped right next to me. I didn't recognize any of the people inside, but they said, "Come on Ibrahim, let's go!" But the people on that *daladala* looked different than other humans. Some were laughing, some had very long hair, some were panting like dogs and their tongues had been cut. They were like humans, but their actions (*matendo*) were different.

By this point, Ibrahim became even more overcome by madness. He described his mind (*akili*) and body as "... reduced. I was like 75% crazy (*mwehu*) and 25% sane. . . I had some pain in my neck. My body was swollen and my lungs felt heavy." In response to these changes, he got off the *daladala* several kilometers early at a stop located near Mwanza's largest factory, a fish processing plant. He continued his story:



So I walked around to the back of the fish factory. After arriving on the lakeshore, I took off my shoes. There were three people standing near the lake. At this point, I only had about 15% of my wits (*akili*) about me. They said, "Prepare, prepare, prepare." I knew what they were saying, but I was confused and thought I should go in the lake. I jumped in the lake and kept going until the water began to get deep. People were watching. I was [fully clothed] wearing a t-shirt and very white jeans. Then I went under the water and opened my eyes and I saw an environment that was normal just like Mwanza (*mazingera kawaida kama Mwanza*). There were people there walking around like normal. ... When I was under the water, I saw the city in the distance. I was walking towards the big city. Along the way, I saw the three people that I had seen outside of the lake. They stepped in front of me and said, "You should go back, you've committed no offenses." I turned around and began heading back to the old city and out of the lake. So then I found myself out of the lake. When I came out I saw those three again and one of them said, "Run home and tell your parents what has happened to you." They said, "You've been saved (*umeokoka*). You've been spared (*umenusurika*)." I was amazed that it was very dark. It was 7 pm, but it felt much later, like midnight.

After returning home, Ibrahim who at this point desperately needed to urinate was surprised by a giant creature hiding in his outhouse. Terrified, he ran off and urinated in some bushes before returning home. Overcome by madness, he called out to his wife, "Bring the kids [a baby and toddler], I think I might be dying. Already I've gone crazy. I'd like the kids to come so I can say goodbye to them. ... I would rather be hit by a car than wander crazy in the streets." His wife, not surprisingly, began to weep at the diminished state of her husband. In response, an uncle grabbed him and took him to see his grandmother who treated him for three days with fumigation. While undergoing this treatment, Ibrahim saw Ali, the petitioner from the court case, standing in front of him laughing at his suffering. None of the people involved in his treatment could see Ali, but his appearance confirmed what all parties involved already knew – Ali had used witchcraft to turn the case in his favor and to torment Ibrahim.

After Ali's appearance, Ibrahim was taken to a graveyard and seated on top of a grave. He explained:

It didn't matter whose grave it was. So there was some kind of grass nearby and they dipped it in the clay pot and the stones were still in there. After dipping it in the pot, they began hitting me with it. My grandmother said, "Uchawi, leave this young man alone and stay in this grave." Then my hearing returned, my sight returned, my sense came back. And then we left that place and they told me not to look back because if I did, the witchcraft would come back. After that I have been fine. I haven't needed another dose. My wits have returned.

This story begins with the bureaucratic process of legal dispute in Tanzania, travels through an otherworldly city, and deals with an attack by his enemy. While he did not dwell on the details of the case, the Tanzanian legal system is notoriously inefficient, in contrast with the swift "justice" meted by the three men under the lake. Furthermore, from Ibrahim's perspective, corruption (*rushwa*) played a role in the lack of final judgment in the case.

As in many underdeveloped countries, corruption is understood to be a feature of Tanzanian governmental and legal affairs. In 2008, Tanzania was rated 3.0 in Transparency International's 2008 Corruption Perception Index. This index assigns a numerical value from 10 (highly clean) to 0 (highly corrupt) to "the degree of corruption as seen by business people and country analysts" (Transparency International 2008). For comparison, Denmark, New Zealand, and Sweden the highest rated nations, scored 9.3; the United States scored 7.3; and the lowest rated nation, Somalia, scored 1.0. While corruption may be a feature of daily life – I once was asked for a bribe from a government official seated in an office decorated with several anti-corruption posters – governmental unfairness in Africa is often attributed to witchcraft's influence (Geschiere

1997; West and Sanders 2003; West 2005). Politicians are said to win elections through use of witchcraft, just as some business successes are attributed to occult practices.

Ibrahim's madness or loss of sense geographically transported him into an underwater environment that, while fantastic, mirrored the city of Mwanza. Underwater, however, there was a sense of "justice" in marked contrast to the "injustice" of everyday life. Ibrahim's underwater guides prevented unjust treatment, telling him, "You should go back, you've committed no offenses" and that he had been spared. As I clarify below in my analysis of zombie stories, (magical) governance, in otherworldly places like the city under Lake Victoria or in Gumbush, is remarkably transparent, especially when compared with opaque (and secretly magical) governance in Mwanza.

Ibrahim's story is not without elements of horror – he was, after all, trapped on a daladala with creatures who were unlike humans in appearance and action and instead resembled mitunga or zombies – but in general his visit to the underwater city was recalled with calmness. While witchcraft-caused illnesses often have symptoms that resemble biomedical illness, many of my interlocutors included the loss of akili and related symptoms such as the loss of sense, nocturnal visits, or the maddening sound of drums in their descriptions of affliction. Their illnesses transcended physical illness into a totally debilitating embodied experience that included a multi-sensory experience typified by a break with everyday life. Ibrahim's case is also interesting because it resulted from the use of witchcraft by a business rival, rather than a kin member or neighbor. While in many cases, women believed that their suffering was caused by a kin member, Ibrahim's stemmed from experiences in the masculinized domains of the law and property ownership.

***Theorizing Mitunga: Zombies in Mwanza. Gumbush, and Beyond***

In Sukumaland grieving family and friends are cautioned, “Don’t cry over the dead.” This advice stems from localized fear surrounding the making of mitunga (Sukuma zombies). While the bereaved may believe that they are bidding farewell to a human body, in actuality, they surround a log or the corpse of a dog. The “deceased” person stands behind the door (*nyuma ya mlango*) paralyzed, bereft of speech, and thus unable to show his loved ones that he still lives. Trapped behind the door, he stands until the three-day grieving period is over. At that point, he is taken by his witch-creator to a farm where his tongue is removed, his sense of understanding is lost, and he works as an enslaved laborer until his true death. In rare cases, after days, weeks, or years, mitunga are said to return to their original communities. They are shadows of their former selves, dirty with unkempt hair, and often unable to speak (because of the loss of their tongues).

Ibrahim described the precautions necessary for preventing the making of mitunga. In June of 2002, his paternal grandmother was preparing for his arrival to visit her in rural Shinyanga when she suddenly fell to the floor. By the time Ibrahim arrived, she had been hospitalized and diagnosed with a stroke. Ibrahim conducted “research” to determine whether or not this was the true cause of her illness. At her home, he discovered that there were leaves near her doorway. He explained, “After they dried, I could tell that someone had put majini there. The leaves were young and green but they changed to the color of this mat [yellow].” Ibrahim believed that his grandmother needed to be taken to an mganga, but his uncle called him a liar and beat him. While Ibrahim was trying to obtain support for alternative treatment, his grandmother died. He warned his relatives not to cry as this would make them vulnerable to attack by the same spirits that

had killed his grandmother. He also cautioned them to adapt their method of handling the body:

We took her home to wash her and prepare her body for the funeral. Our tradition of Tanzanian people is that the body must be carried out head first. So I told them that we must change and turn the body so it came out feet first. In my family, we know that if someone has been bewitched in order to prevent them from being turned into a litunga, they should be taken out feet first. So I wanted to keep my Bibi [Grandmother]) from being used in that way to do farming or any other work. It takes three days before the witch takes them.

As Muslims, they buried her after one day. Ibrahim's concerns were vindicated when he observed that one of the men who were helping to put her body in the grave cut off a piece of her shroud. Ibrahim continued, "People saw him and began to beat him. This guy was the son of her co-wife. We all saw that my Bibi had been bewitched by her co-wife because she had gotten more money from their husband." In this story like so many others, gendered jealousy and the dark side of kinship were used to explain Ibrahim's grandmother's death.

While many deaths in Sukumaland are thought to be caused by witchcraft, far fewer result in the production of mitunga. Most witchcraft-related deaths resemble the stories in previous sections and include embodied descriptions of symptoms, ill health, ailing bodies, and diseases such as HIV/AIDS. Nevertheless, over the course of my research, I encountered many stories about mitunga. I was told stories about "returned dead" by a wide variety of people including a teacher, Pentecostal ministers, waganga, and a district cultural officer. As Lucas, a Pentecostal preacher in training explained, "There are two types of zombies. There is the possibility of taking a person for a couple days to torture him. But the ones who are gone for good are taken far away and have no

understanding (*fahamu*), but you can see that they have gone.” When I asked him if God could help returned mitunga, he shook his head, explaining:

To help them is very difficult, because you cannot come near to them and they cannot talk to you. You know this is difficult. Many of us live without ever seeing one. And if you see them they cannot speak. [Now] those who are taken for a couple or three days ...when you bring that person back, ...when he comes back he explains many things that happened where he was.....But the ones ... who have had their tongues cut out are very difficult [to help].

Anthropological scholarship on zombies has largely focused on either the concept of the undead in Haiti or Comaroff and Comaroff’s (1999, 2002) notion of zombies as “nightmare citizens.” Early anthropologists noted that in Haiti, the term was most often used “to designate persons who have been killed by sorcerers, or those who have met death in other ways and have been resurrected by ‘bad’ houngans... [who use] them for evil purposes” (Simpson 1945:52). Wade Davis (1988), infamously,<sup>20</sup> applied an ethnobotanical approach in his investigations of Haitian zombies, providing a pharmacological explanation for the return of documented death situated within the cultural context of Haitian religion and politics.

In their review of zombie tales in Haiti and beyond, Ackermann and Gauthier (1991) conclude that the zombie concept is African in origin. Their review includes ethnographic references to such locations as Benin, Zambia, South Africa, and Tanzania and date to the 1940s. More recently, a number of ethnographers working in Africa have reported stories about enslaved zombies bringing success and wealth to the undeserving. Geschiere’s (1997) informants attributed this wealth-producing form of witchcraft “to the

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<sup>20</sup> *The Serpent and the Rainbow* (1985), Davis’s autobiographical account of his journey to uncover the “truth” behind the zombification of Clairvius Narcisse, was made into a feature film of the same name by Wes Craven in 1988.

arrival of the Europeans and the introduction of new luxury items” (139). As in northwestern Tanzania, the making of zombie slaves by Mozambique’s Muedans requires the sacrifice of kin and neighbors (West 2005) as a means for gaining success in business or personal wealth. The ill-gotten spoils of “modern” witchcraft come not without a price. Comaroff and Comaroff (1999, 2002) argue that fear of zombification and violence towards presumed witches reflects tensions about unemployment in post-apartheid South Africa. Invisible laborers take jobs away from the living, just as immigrants from other African nations are imagined to do. Collectively, zombie laborers and immigrants to South Africa are rootless “nightmare citizens” (Comaroff and Comaroff 2002:789).

Other anthropologists working in northern Tanzania have described zombies in similar terms. Sanders described Ihanzu zombies in terms that are somewhat similar to mitunga:

Once bewitched, a person will allegedly die, sometimes within months or years, sometimes within weeks or even days. The witch then proceeds to the grave and, by placing a finger on it, medicinally exhumes the corpse. These corpses, together with others that likewise have been fiendishly revived, are then exploited as zombie labourers (*atumbuka*), their tongues removed by the witch so that they remain silent, their soul-less bodies made invisible with the witch’s medicine. Zombies are forced to toil nocturnally on the witch’s fields and homestead, hoeing and harvesting, grinding grain, cooking, and brewing sorghum beer. Witches, thanks to their zombies, thus reap monumental if ill-gotten harvests and enjoy inordinate amounts of stiff porridge and beer. The witch, all the while, does nothing, whatsoever except eat – literally and figuratively speaking – the fruits of zombie labour. (Sanders 2008a:186-187)

This lengthy quotation makes visible the similarities and differences between mitunga and zombies described elsewhere in East Africa. Throughout the region, it seems, zombies are the product of witches using illegitimate means to acquire labor and wealth. In Mwanza, zombies are described as night laborers who are unable to speak,

however in Ihanzu, they are truly dead (exhumed corpses), rather than trapped behind doors. This important distinction allows for the possibility of escape from “unfairness,” described in Ibrahim’s story and those below.

Historically, stories about mitunga in northwestern Tanzania have imagined zombies to be trapped between life and true death working as agricultural laborers. While some of my informant’s stories describe the discovery of zombies toiling on farms, a number of them locate zombies in witch-villages or witch-cities (see Shaw 1997 for similar stories in Sierra Leone). In contrast with Ihanzu notions of zombies, 21<sup>st</sup>-century mitunga rarely serve the individual needs of witch-households, but rather work within the bureaucratic and commercial structures of villages, towns, and cities. Mitunga are no longer sought purely for their brawn as agricultural laborers, “but for their talents as computer repairmen, mechanics, engineers, drivers” and other technicians, as one woman explained. Another woman told me of a girl she knew whose grandmother had a tiny house that was full of a dozen mitunga, all working as tailors. The witch running this spectral sweatshop was getting rich off their illicit labor, but unable to show off her wealth for fear of producing jealousy in her family and neighbors.

Many mitunga stories are situated in Gumbush, or Gamboshi as Stroeken (2001) terms it, I first heard of this mythical witch-city during a research trip in 2004 when Steve, my research assistant, mentioned it in an off-handed way as a village located somewhere near Magu (about an hour and a half from Mwanza), which resembled a city, full of skyscrapers, automobiles, traffic lights, and other signs of “modernity.” Unlike other cities, however, Gumbush was located in “the Bush” and was occupied by witches and their zombie-slaves. In 1995, Stroeken described “Gamboshi as a parallel world of



luxury, but also of horror: pleasure and pain, beyond good and evil.” His informants told him, ““There are tarmac roads in that place, two storied houses, cars and many lights ... Just like Ulaya (Europe).’ Above all, it is an invisible village where legendary dance-leaders, witches and sorcerers reside and feast” (2001:285). Like Brigadoon, it can sometimes be seen by regular people, but to truly see the “modernity” of Gumbush, one must be a witch, a zombie, or be using medicine that allows its invisibility to dissipate.

The notion of Gumbush is, importantly, not so new; a district cultural officer in rural Sukumaland told me that at least “20 years ago, there was a village like Gumbush in ...[our district]. It was never proved, but people would say that early in the morning, they saw lots of buildings and motor cars.” Gamboshi, at least, actually exists. Stroeken (2001) attempted a visit to Gamboshi in the late 1990s and found a dusty, impoverished, and stigmatized village. Gamboshi’s residents remarked that their town was a failure because people were so frightened of the invisible witch-city in their midst. Increasing their anxiety was the notion that they can never be sure that they themselves do not turn into witch-residents of their village’s double at night. Describing a complex history of rainmaking, disappearance, and zombification dating back to the 1950s, Stroeken suggests that Gumbush has been interpreted as witch-laden for some time.

Magulu, a 42-year-old father of four and resident of Mwanza since 1989, sold sweet potatoes at the Kitangire roundabout, a popular terminus for daladalas headed into Mwanza’s hills. He explained that the Sungusungu, the Kisukuma vigilantist organization that I discuss more fully in Chapter Five, had tried to get rid of the witches in Gumbush, but had been unsuccessful. Magulu described his own experience with Gumbush, a place that he said was “cut with witchcraft” (*kata kuna uchawi*). Before moving to Mwanza, he

danced as a member of one of the Kisukuma dance societies. He explained that many years prior, he had traveled to an area near Gumbush to participate in a dance competition and had gotten “lost.” Many stories about zombification or Gumbush begin with the disclaimer that the victim (or almost victim, like Magulu or Esther, see below) was lost. Magulu and six companions rode their bicycles to Lake Victoria to get some fish at about 3:00 in the afternoon. After four or five hours, they started heading back when they came upon an elder who was out grazing his cattle. He said, “Hey, my children. This place is Gumbush, you can’t go home tonight.” Since there were so many of them in Magulu’s group, they couldn’t stay there and decided to head home. Despite the fact that Gumbush was only about 20 km from Magulu’s village, the group “traveled for hours, but never made it home.” Magulu continued:

I heard bird noises, cattle, and cars. We found a village called Miswati where people let us stay from 2:00 am until morning. At 7:00 am, we had to stop traveling, because we saw lots of dead people hidden there. The dead people were either walking or hiding. ...[Gumbush] was a village, not like a city because I couldn’t see it. It was like a village, but you can see the wachawi. You can only see it if you are given dawa because they must want you to see it and then they keep you. You can hear [car] horns and see buses, but then they disappear.

... I stopped dancing in competitions [because of it]. If you don’t have a sponsor to protect you, they [witches] will take you to use your talents there. My younger brother and I stopped dancing there because we didn’t have an advocate in Gumbush. Lots of dead people are seen there. Party members (*wanachama*) from far away contribute mitunga. They have meetings and conferences where they contribute cows or children. They write “IOUs” that say things like, “next week, you can take my son.”

As Magulu’s testimony suggests, Gumbush is thought to succeed based on the sacrifices offered by its “party members.” The illicit gains from witchcraft do not come without a price. Witches must offer sacrifices, including kin or neighbors, to the witchcraft “party” (*chama*). In return, they gain access to riches. Each of the *waganga* that Maimuna’s

family consulted suggested that Maimuna's paternal grandmother had offered her as such a sacrifice. Esther, whose story is told below, believed that she had been similarly "exchanged" by her cousin. This investment to participate in the witchcraft (political) party reflects a reversal of local political experience where the more typical pattern is that party members (wanachama) receive gifts or "tea money" from candidates seeking their votes.

While Gamboshi is "the most famous," there are a multiplicity of places like it. One woman told me that there used to be a "kind of Gumbush" on Jiwe Kubwa, the Big Rock that overlooks Lake Victoria. When I joked to Farida, a traditional healer, that there must be a "Gumbush" in Ilemela, the neighborhood near Mwanza's airport, because I always saw people walking at all hours of night, she agreed that indeed those people were mitunga. I was often told that each district seemed to have a central place where witches meet, study, and employ their zombie laborers. Dr. Pascal, a traditional healer, told me, "Gumbush is like a college for big witches to put their zombies. At the college, [zombified] people learn different techniques. After finishing their studies, they stay there." Increasingly, it is said, Gumbush is not home to agricultural zombies working in fields, but to skilled technicians who can support its ultra-modern infrastructure. People now talk about zombies being made because they are mechanics, computer repairmen, drivers, or teachers. According to Dr. Pascal, "[There] the industries are making zombies and learning the science of witchcraft."

Like Shaw's (1997) informants' descriptions of a witch-city in Sierra Leone, Gumbush marks a remarkable disjuncture from the reality of village (and even urban) life. Mwanza, Tanzania's second largest city has only had a traffic light since 2008. Car

ownership and household electricity remain privileges of the few even in contemporary urban spaces (let alone the rural village visited by Stroeken in the mid-‘90s). Gumbush’s wealth, economic diversity, and access to technological training represent the unrealized promises of Tanzania’s post-socialist economy. After economic deregulation and the dismantling of the socialist state, Tanzanians were promised individual wealth and development success. Like Zambians living on the Copperbelt (Ferguson 1999), Tanzanians (especially those living in rural areas) are still waiting for the delivery of both socialist and neoliberal capitalist promises.

***Nostalgia for What Might Have Been: Ujamaa and Capitalism in Zombified Spaces***

As much as the modernity of Gumbush is emblematic of post-socialist Tanzanian capitalism, it also represents a space where Tanzanian governmentality and its early socialist visions are enacted. While Tanzania’s economic climate has recently welcomed capital investment and advocated privatization, its pyramidal one-party political structure remains relatively unchanged. Inherent in this structure’s history is Julius Nyerere’s vision of ujamaa, an African socialism which promoted development (maendeleo) through self-reliance and shared labor. Ibahawoh and Dibua (2003) have argued that in spite of its socialist ideology, ujamaa like other 1960s development models overly defined development as “a westernization of the peasantry.”

Scott (1998) and others have argued that Tanzania’s ujamaa villagization movement – which first encouraged willing participation and then between, 1973 to 1976, used techniques of forced relocation – was resoundingly unsuccessful. When compared with other areas, Usukuma is said to have disproportionately suffered during villagization (Boesen, Madsen, and Moody 1977; Wijssen and Tanner 2002). The

modernist linearity of ujamaa villages (Scott 1998) was at odds with the “polycentric” (Stroeken 2010) order of disparate rural Sukuma households (*kaya*). A “traditional” *kaya* includes several round mudbrick houses with thatched roofs – one for each wife – located on a round plot fenced with euphorbia. Other features of *kaya* include *numba ya masamva* (ancestor shrines) and round cattle kraals. *Kaya* are typically located at some distance from one another. Many of the *waganga* that I have interviewed use round houses as their “offices” and continue to maintain *numba ya masamva*. In contrast, ujamaa villages were comprised of rectangular cinderblock houses with metal roofs located along straight, planned roads. Consequently, many Sukuma resisted relocation only to suffer such injustices as the destruction of their homes and property. While ujamaa villages were intended to be collective agricultural enterprises with paved roads, electricity, schools, and dispensaries, few villages received these “modern” amenities. Instead, villages were perceived as over-crowded and less private and thus witchcraft was imagined to be more prevalent than in the past (Stroeken 2010). In describing the transformations to Sukuma sociality wrought by villagization, Stroeken (2010) argues that unrelated households were suddenly in much closer proximity, but lacked the resources to participate in constant social exchange. In today’s post-socialist Tanzania, however, ujamaa is thought of as a thing of the past and since controls have been lifted, many rural Sukuma have rebuilt *kaya* outside of villages and town centers.

Esther, a 33-year-old primary school teacher, explained that she had escaped from a witch village inhabited by zombies. As I explain below, this village is reminiscent of imagined, but unrealized, successful ujamaa villages. After a long and incurable illness

(see Chapter Seven), Esther was kidnapped by Hatari, a cousin,<sup>21</sup> and taken to a traditional healer in Sengerema District several hours drive from Mwanza. After several failed attempts, Esther escaped from the healer's compound and found herself traveling at night and on foot through unfamiliar countryside. After some time, Esther arrived in a village that was occupied by mitunga and powerful witches. She described her visit as follows:

And there in the bush, I saw some people who were different. They couldn't communicate. Some could speak, but their tongues were stuck inside their mouths so they couldn't speak well. If you asked them something, they couldn't process it (*hawaeleweki*).

It was a town ... where people had been finished, taken, been bewitched. Their bodies were looking like those of humans, but defective (*pungufu*) in their minds (*akili*). Then their memories (*kumbukumbu*)... They don't remember home and how to do things. Maybe they know that they have to build ... again in that place. Their condition is of bad people, so when they meet someone like me, a healthy person, they are amazed by the differences between us. And they are afraid.

The village where they lived resembled many villages in that part of northwestern Tanzania. The mitunga lived in houses and kept trying to bring her to a healer for "treatment" which Esther believed would transform her into a litunga. She tried to leave, but was told by the mitunga, "Don't go there. There is a river and a big wilderness full of very dangerous animals." She walked a long distance, until she came across an animal, like a leopard. She continued, "...[S]ome of the villagers came and started fighting with the leopard and then killed it. ... They started to grab me, so I took a big stick and then I started walking with that stick so that no one could bother me." As she continued to wander the countryside, the people she came across were unable to speak.

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<sup>21</sup> Esther and her uncle whom I also spoke to believed that the cousin, a fisherman, had sacrificed her to be made as a litunga, in exchange for dawa that would increase his fishing yield.

She arrived at a different village that had houses, shops, cars, motorcycles, and farms, but was similarly populated by witches and their mitunga. According to Esther, “if you want to have a car, you have to work like the rest of them. There are farms and you can work it, or you can get people to do work for you.” The residents of the village told her, “If you come here, you can never leave. If you have a car or a house [here], you can’t return again [to the place that you came from].” The residents of this village took her to the balozi (ten-cell leader) for registration. Previously, the street chairman (a lower-level government official) had been unavailable to serve this function.

[The balozi] started asking me questions. They asked my name to register it, but I lied about my name. I lied about the name of my father and the name of my mother. I lied about all three names. ... And the balozi asked me “Where do you come from?” I didn’t tell the whole truth, because if I told the truth, I knew they would arrest me. So I told them some lies. “Where do you come from?” So, I said, maybe, “I come from Musoma.”

The balozi informed her that she couldn’t leave and told her, “We have already registered you. You should marry, you should get a fiancé here, and give birth here.”

Esther was despondent. “After hearing that, I began crying and thinking about my children, my husband. I cried, ‘Mama, I’ll come back. Mama, I’ll see you again. Eh! Mama, I am suffering so much.’” When she awoke, she wondered if there was any way out. She thought, “[my new litunga-husband and] I can find ourselves a farm or they could give us one at the village because we are starting life at the village. Or you can go to do labor for someone, in order to get money and development.”

Esther discovered that her clothes had been buried in the ground. She believed that this was a form of symbolic burial that effectively trapped her in that place. Suffering from a headache, she went to a small shop owned by a powerful witch where she was sold medicine that resembled Hedex, a commercial headache remedy widely available in

Tanzanian pharmacies. While she was there, she overheard people talking about how they wanted to replace one of the rice paddy farmers with her. The ineffective worker was either of European (Mzungu) or of Indian descent (Mhindi) and didn't "know how to prepare the farm or to plant rice ... [and was] messing things up."

Trapped in this bizarre place for several days, Esther was forced to eat under-seasoned food served and eaten in a strange manner. The mitunga "living" in that place ate their ugali (stiff porridge) with their palms facing downwards like shovels. Ugali is usually pressed into a ball, held in the fingers, and used as a "spoon," but as many people told me, mitunga eat their ugali using the tops of their hands like "shovels." She felt like she had lost her akili and became convinced that she had to consume a mixture of ashes and urine. She finished the story:

After drinking the ashes and urine, my tongue stopped coming out. I was fine, Ah! So ashes are like a medicine helping me. I decided to leave. I went to the road and saw lots of big tractors and big motorcycles. Amazing! ... If you wanted to cross the bridge, you could see terrifying insects that will swarm you or lots of tanks (*vifaru*, literally rhinoceroses). So I decided to cross to the other side to a village by Karebezo.

Several days later, Esther was found by a former teacher in Sengerema town and returned to her family.

Esther's story, while fantastic in many regards, is steeped in the normalcy of Tanzanian sociopolitical life. Esther's account describes an alternate universe where people are unable to speak, eat properly, or wear normal clothes, but engage in relatively normal activities. If anything, the village that Esther describes represents an idealized rural setting where people work in order to get "money and development" and where she and her litunga-husband would be given a plot of land just for agreeing to participate in the village economy. Importantly, this dream is rarely realized in contemporary capitalist



Tanzanian life where unemployment is high and development needs remain unmet. While Esther's zombie village seems normalized, it represents an inversion, an example of an ujamaa village successfully providing money, land, and work to its population. Esther's experience also references the often frustrating layers of Tanzania's bureaucracy that citizens (*wananchi*) have negotiated since the nation's socialist inception. In order to get her plot, she must sign registration books and deal with a street chairman and ten cell leader. At the same time, as someone who does not belong there, she is able to escape the village relatively unscathed.

Similarly, Edgar, a man in his 60s who lived in Buswelu, a peri-urban village about 15 km from Mwanza told me a story about a teenage boy who had returned from Gumbush about six years ago. The boy had been buried for two years when he mysteriously returned. He had grown a bit and his skin had become lighter – my informant said his color was like mine – but was otherwise unchanged. The boy reported that he had been allowed to leave Gumbush, because he had been wrongly brought there. The person who had brought him there was not a relative and according to the Gumbush administrator (*mtawala*), the youth hadn't done anything wrong or particularly amazing to deserve banishment to Gumbush. This boy's brush with the Gumbush establishment points out two things. First, there is a code of fairness in this alternate world. Zombies find themselves in Gumbush because they have been exchanged by their relatives to witches for money or power. Second, Tanzania's bureaucracy is notoriously inefficient and in this case it took two years for local government to discover the error in placing the youth in Gumbush.

Contemporary stories about mitunga thus reference both an idealized socialist postcolonial nation and the contemporary inefficient capitalist state. Within Gumbush, citizens may even achieve maendeleo, an elusive concept that Tanzanians often describe as something that can be acquired like a commodity (Sanders 2003; Snyder 2005). Ironically, however, the very “existence” of Gumbush is thought to suppress development. Speaking of his home village, Magulu, the sweet potato seller in Mwanza, said, “Life is really bad there. They still can’t make maendeleo (development) there because [Gumbush]” is located nearby. The existence of a parallel world with its successful economy and political structure may in effect trap living Tanzanians behind the door to fair participation in the larger economy.

*Inversions of Race and Class*

Stories about zombies also make visible Afro-Tanzanian frustrations about race and inequality. In Mwanza, shopkeepers are predominantly of Indian descent (Wahindi). These shopkeepers often sit and bark orders at their hardworking African clerks, criticizing them for their “inefficiency” or “unintelligence.” In Esther’s zombie village, by contrast, the white or Indian person is the laborer. Furthermore, he is ineffective at his job and needs to be replaced by an Afro-Tanzanian who knows how to plant rice properly. In all of the stories that I collected about zombies in Sukumaland, people assured me that zombies could be men, women, or children, white, black, or Indian. Existing racial hierarchies in are inverted in Gumbush where powerful witches, who are always of African descent, run shops and delegate labor. At the same time, zombies returned home after being rejected by witches or because they don’t belong are often

described as having “white skin” – where whiteness signifies not wealth and power, but the pitiable existence of a zombie out of place.

Zombie stories reference racial stereotypes in other key ways. Edward, a driver who had worked in an expatriate mining town, told me that he had been offered 20 million Tanzanian shillings (about \$20,000) by a white man to acquire the fat of a zombie (*mafuta ya mitunga*). The white man, Edward said, regularly sold the zombie fat for 50 million shillings<sup>22</sup> in Uganda. I was later told by another informant that zombie fat is used in flying magic and is very powerful. Edward’s offer symbolizes the reality of unequal relationships between whites and Africans. The recent privatization of mining and encouragement of foreign investment has increased demand for Tanzanians as sexual, domestic, or laboring bodies, while exponentially increasing wages for a select few.

### ***Conclusion***

Despite my analysis of zombie stories as social critique, it’s important to understand that these stories (and many others that I have collected) are told as true accounts, just as Rose, Maimuna, Mama Peter, and the other people represented in this chapter told their stories. Baba Peter, an engineer, told me that as a child he had almost been buried because “an envious neighbor in Bwiru wanted to make me into a zombie.” While zombification is collectively feared and imagined to produce riches for witch-masters, it is not described as slavery, as in other parts of Africa. By contrast, while not a place that any “good person” would want to inhabit, Ibrahim’s sub-lacustrine world, Esther’s zombie village, and Gumbush are places of successful commerce and governmentality, racial equality, and at times, even fairness. These other-worlds

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<sup>22</sup> Approximately \$50,000.

simultaneously index two competing “expectations of [two competing vision of] modernity” (Ferguson 1999), those of ujamaa and capitalism.

This chapter has also examined the experience of possession and witchcraft attack as a form of social critique leveraged by marginal persons like Mariam, the house girl who wouldn't get up in the morning. I've also explored the dual vulnerability wrought by proximity of urban neighbors and kin. These relationships are fraught with tension surrounding social reproduction. Some parties, because of their financial success or positive relationships, imagine themselves to be vulnerable to attack, while others are concerned that their relatives and neighbors intend to use them as sacrifices. In turn, neighbors and female relatives are vulnerable to suspicion, accusation, and violence.

Most importantly, I have attempted in this chapter to use the stories of some Mwanzans to describe the embodied (and gendered) experience of witchcraft. I hope to have shown that witchcraft takes a physical toll on men and women who have been attacked. Their symptoms range from pain, nausea, and fatigue, to the loss of sense or the experience physical attack. Many of my informants described similar experiences of physical fights with evil spirits of wachawi themselves. While it is easy, perhaps, to imagine physical symptoms brought on by a sort of “instrumental” form of witchcraft, like poisoning, witchcraft stories that include fantastic or other-worldly elements illustrate how ingrained uchawi is in Mwanza as an explanatory mechanism for a wide variety of symptoms and experiences.

Lastly this chapter has explored the individualized tactical repertoires that each afflicted person employs in his or her quest for wellness. Their simultaneous negotiation of different disciplines' anti-witchcraft strategies represents more than just a plurality of

medical options, but rather reinforces the shared semiotic field surrounding witchcraft and its amelioration. In the next three chapters, I turn to the anti-witchcraft strategies advanced through traditional healing, revivalist Christianity, and vigilante violence.

### CHAPTER 3: “I AM A TRADITIONAL HEALER, BUT THE OTHER IS A WITCH”: UGANGA AS ANTI-WITCHCRAFT PRACTICE<sup>1</sup>

#### *Experiencing Uganga*

Making appropriately consoling noises, Mama Masanja’s usually smiling face frowned as she listened to my story. A successful mganga ya kienyeji, she treats patients for a wide variety of complaints including physical illnesses, romantic problems, as well as witchcraft affliction. She also prepares treatments that protect patients from illness or witchcraft attack (*dawa ya kinga*) and that bring them good luck (*kusafisha nyota*, literally, “to polish one’s star”). Since first meeting her in July of 2004,<sup>2</sup> I have spent dozens of hours in her office and home observing rituals, conducting interviews, and eating meals. In turn, she was often a guest in my flat, and we often went out for meals, drinks, and to listen to Congolese -inspired *muziki wa dansi*. Despite an age difference of no more than 15 years, Mama Masanja calls me “her daughter.”

On this particular date in December 2006, I was not visiting Mama Masanja to collect data, engage in conversations about the differences between our cultures, photograph the compound’s children, or practice English with her then-high school-aged son Masanja. Rather, I was preparing to leave Mwanza unexpectedly and had come to say goodbye, to thank her for her participation in my research project, and, as it turned out, obtain her assistance. When my husband, Brad, decided not to accompany me to Mwanza, I knew that things would be difficult for us. We were both unhappy about the

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<sup>1</sup> “Nipo mganga, lakini mwengine mchawi” – Mama Masanja, October 16, 2006.

<sup>2</sup> In his first task as my research assistant, Steve Bugumba took me to meet Mama Masanja. I had just decided to focus my research of witchcraft, rather than HIV/AIDS, and assumed that he was taking me to meet an mganga because he was conflating my interest in uchawi with the typical Western interest in “witchdoctors.” Instead, Steve recognized that in order to understand malevolent witchcraft, I first had to understand the ways that people worked to prevent it and respond to it. This revelation has, of course, shaped the structure and analytical approach of this dissertation.

other's decision – he was upset that I had decided to conduct fieldwork in distant Tanzania when we had made the decision to buy a home (and thus had financial obligations) in Richmond, VA, and I was hurt that he was being so cautious and responsible. I wanted him to quit his job, rent our house, and come with me. I had hoped that time would heal this rift, but it had made things worse. Four months into my year of fieldwork, we found ourselves at an impasse and he had suggested that we consider a legal separation (in addition to the very large physical distance already keeping us apart.) After weighing my options, I decided to get on a plane and romantically (if not insensibly) travel home to reason with him.<sup>3</sup>

I arrived at Mama Masanja's house prepared to say a quick, "*Kwa heri*" (good-bye) and to explain that I hoped I would return after a one-month trip to the United States; instead, I found myself with teary eyes recounting the whole story. After feeding me lunch, Mama Masanja began to go about making things better. I had known about her expertise in love magic for some time, but not surprisingly I was skeptical. She asked me to write both of our names (first and father's names) on a piece of paper. Into the paper, she places some ground *miti shamba* (indigenous plant material, literally, "farm trees,") and a clipping of my hair (cut discreetly from my nape). She then asked me to quietly tell her *mizimu* (ancestral spirits) what it was that I wanted. I told the spirits that I wanted to reconcile with my husband, but that I also wanted to return to Mwanza to continue my research. While Mama Masanja assured me that the *mizimu* could understand English, I told them again in Kiswahili for good measure. When she was finished she buried the paper in the backyard. Despite my doubt, I immediately began to feel uneasy about my

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<sup>3</sup> This decision required special dispensation from the US Department of Education since the terms of the DDRA do not allow recipients to leave their host countries during the award period.

hair buried in her backyard. Everything I had learned about uchawi suggested that by having some of my bodily substance, Mama Masanja now held power over me. I stifled my concerns, I hugged her goodbye, and I began the multi-day trip back to Richmond, Virginia.

When I arrived at Washington Dulles International Airport four days later, I wasn't sure what I expected my trip to accomplish. My mother greeted me at Arrivals and handed me a coat. Expecting to stay a year in Tanzania, I was inappropriately dressed for a colder than average Virginia winter. We drove home talking intermittently. When we reached my parents' home, I picked up the phone and called my husband. We had not spoken for weeks, though I had left a hasty voicemail a week prior telling him that I was coming home "to talk." Shakily, I said, "Hi. My mom is bringing me to Richmond tomorrow." Brad's voice was warm and when we finished our conversation, he quietly said, "I love you." "Me too," I replied in shock, given how strained our conversations had been over the last few months. When I saw him the next day, he was affectionate and inquisitive, asking many questions about my work. When I returned to Tanzania nearly a month later, it was with his full support and a renewed commitment to our marriage.

Much later, I guiltily told Brad about the "love magic." Was he a "victim" of uganga? Had I crossed into some kind of grey area? He describes it more simply: he responded to the grand gesture of a multi-day flight; things had not really deteriorated to the impasse I imagined; uganga had nothing to do with it. I'm not so sure. Like the Mwanzans whose stories I tell, I drew upon different elements –familial resources, air travel, and uganga – to develop the tactical repertoire I needed to solve my problem.



### ***Chapter Goals and Methods of Data Collection***

This chapter's primary goal is to document the wide variety of anti-witchcraft strategies employed by waganga who locate themselves within two loosely construed sub-disciplines – ancestral and Islamic healing. I begin, however, by discussing my methods of data collection. Next, I contrast these two forms of healing each rooted in a particular source of knowledge and power. As in other chapters, my scholarship is attentive to gendered differences between healers. Like the other disciplines discussed in this dissertation, waganga is not static, but is constantly evolving and changing in response to local and global events. In order to contextualize healing practices, I describe several healers' pathways to becoming practitioner. I devote the bulk of the chapter to cataloging specific divinatory and treatment strategies employed by waganga. In order to effectively demonstrate how these methods are realized in practice, I present a detailed case study (*Ibrahim's Treatment*) demonstrating how different healing strategies are layered into one larger treatment. At the end of the chapter, I offer some thoughts on gender, mimesis, and competition in traditional healing practices.

There is a long tradition of experiential anthropology among those who study magic, healing, religion, and witchcraft. Some researchers become initiates under the guidance of their key informants. While working with the Songhay in Niger, Paul Stoller (Stoller and Olkes 1987), for example, became an apprentice to several sorcerers. These experiences convinced Stoller that Songhay sorcerers and possession troupe leaders have access to inexplicable power. Under Mama Lola's supervision, Brown (1991) became a voodoo initiate. In Tanzania, scholars such Koen Stroeken and Stacey Langwick have worked with healers in their attempts to better understand their practices. While

Langwick (2011) collected plants alongside her healer-informants, Stroeken became initiated into the Sukuma *Bunamhala* elders' society, explaining that "the old healer Lukundula ... told me it was no use asking him more about his healing trade as long as I did not master the basics" (Stroeken 2010:78). Not surprisingly, Stroeken's initiation provided him with access to Sukuma ritual and intimate knowledge of healing practices in rural areas. Others, like my colleague Steve Rasmussen (see Chapter Four and Rasmussen 2008), use their existing positioning as religious practitioners (or in Rasmussen's case, as a missionary and trainer of Pentecostal ministers) to gain access to informants, collect data, and in their analysis.

I had neither the inclination nor opportunity to be initiated as a healer, but as the opening of this chapter illustrates, my fieldwork often took on an experiential quality. Many of the *waganga* that I interviewed insisted on treating me with *dawa ya kinga* (protective medicine). Gesturing at the food or drink that I had eaten in her home, an *mganga* would say something like, "Amy, others will feed you too and they could poison you. This work you are doing is very dangerous. Let me make you some medicine to protect you in your work." I often joked to my Tanzanian friends that I was the most protected woman in Mwanza, having used so many different forms of *dawa ya kinga*. Some *waganga* recommended that I also obtain medicine to bring me good fortune (*dawa kusafisha nyota*). During our visits with healers, Steve Bugumba and I often underwent divination (*ramli*) to determine where our futures led. Steve wondered whether he would achieve success in his musical career as a *bongo flava*<sup>4</sup> performer and if he would meet

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<sup>4</sup> Bongo flava is a Tanzanian musical genre with roots in hip hop and R&B (see Perullo 2011). Since working with me, Steve has had some success as a bongo flava performer and as a television presenter on

the right woman. In turn, I worried about my long-distance relationship and hoped for a successful academic career. Divination often led us to treatments of various kinds. On other occasions, we were treated for illnesses caused by both God (nature) and witchcraft and/or magic.

Often, as I found myself purchasing the necessary items for a ritual or paying money to a spirit, I wondered if I was just a gullible *mzungu* being fleeced by cunning *wajanja* (tricksters). I was not alone in my concerns about trickery: Tanzanian journalists, government officials, and scholars are preoccupied with the image of the unscrupulous *waganga* who cheats his or her patients. As I describe elsewhere (see Chapters One and Six), the government has long been concerned with the role that dishonest *waganga* play in inciting witchcraft accusation and vigilante violence. Expressing concerns about contemporary *waganga*, Mesaki (1995:282) argues that in the decades since the 1970s, *waganga* "...has been invaded by a plethora of charlatans and quacks who operate for gain ...[preying] on the gullible. ...These are men (and sometimes women) who beguile potential clients into believing that their misfortunes are caused by witchcraft." The sick men and women whose stories made up the bulk of Chapter Two often consult multiple healers in their search for wellness, in part because they do not always trust the people treating them.

My experiences, then, as a client-researcher, rather than a practitioner-researcher, have provided me with insights into the experiences of people suffering from a wide variety of maladies including witchcraft affliction. While interviews with *waganga* allowed me to understand the strategies available to them as either ancestral or Islamic

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BarmedasTV, a Mwanza-based station. He also continues to also work on social scientific research projects.

healers, experiences of treatment offered insights into the tactical repertoires of the afflicted. This chapter, then, is based on four forms of data: observations of rituals, Steve's and my experiences of divination and treatment by healers, and interviews with both waganga and afflicted persons.

During my various research periods, I spoke to 17 waganga (11 men and six women). More than half were Muslim healers and roughly a third identified as Sukuma. I interviewed some of them formally, while others I spoke to more casually in intercept interviews on the compounds of other healers. My interviews took me north of the city center? to compounds located in Pasiansi, Bwiru, and Kitangire; east to Nyakato; and south to compounds located in Butimba and Mahina. Snowball sampling allowed me to meet both patients and other healers. Mama Steven introduced me to her son, an initiate, and several of her patients. Ibrahim introduced me to Zainabu. At Zainabu's compound, I came to know Jamila and Amina. In turn, Amina introduced me to Mwalimu Yusuf, who introduced both Dr. Lupanda, a former student, and a young pupil. At Mama Masanja's, I interviewed Marko and spoke casually to an elder male healer who was visiting her for treatment. Because Steve Bugumba lived in Bwiru, he often arranged interviews at bars in that neighborhood. Over sodas, I interviewed two waganga visiting from Shinyanga (Baba Kasongo and his son).

### *Defining Uganga in Mwanza*

Uganga can literally be defined as “healing,” and as such includes biomedicine.<sup>5</sup> However, in practice and in my usage, uganga is understood to be shorthand for uganga

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<sup>5</sup> Early in my fieldwork, I noticed a printed sign in Isamilo that read “Mganga Mkuu” (Head Healer). In my excitement to find another advertisement for a traditional healer – I had started noticing them around town

ya kienyeji (“traditional” medicine) a term that, following Ranger’s (1983) critique of tradition is necessarily problematic. West and Luedke (2006:4-5), for example, have written that the term *traditional medicine* “suggests discrete and enduring practices associated with social groups demarcated by common residence, descent, language, social status, and/or religious belief and distinguishable from other discrete and enduring practices associated with other such groups.” In practice, they argue, healers cross spatial, cultural, and epistemological boundaries. Rekdal (1999:459), in turn, argues that both structural-functionalists committed to the study of closed tribes and contemporary medical anthropologists seeking “to rehabilitate the image of the ‘witch doctor’” have ignored the importance of “the cross-cultural therapeutic relationship” in Africa. He describes his own surprise at learning that healers working among the Iraqw of Northern Tanzania were rarely Iraqw, but were more likely to be Sukuma, Ihanzu, Swahili, or Somali. Unlike anthropologists, the Iraqw did not care if their healers had a deep understanding of their “tribal” health belief system. For the most part, anthropologists have examined ethnically specific healing practices. Both Stroeken (2000, 2001, 2004, 2006, 2010) and Hinkkanen (2009) have examined Kisukuma healing practices.

In contrast, my work shows that in urban multi-ethnic Mwanza, healers often cross cultural, religious, and physical borders. While many of the waganga that I interviewed were Sukuma, others were not. Some traveled to other regions and even other East African nations regularly to treat patients, while others were not from Mwanza, but had migrated to the city or were visiting to access the city’s large client base. As a result of this experience of cultural diversity, the specific practices and power

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– I neglected to read the signs below that mentioned the Mwanza Regional Government. Luckily, Steve Bugumba explained to me that this “head healer” was actually the head of the government health district.

of a particular mganga is often thought to be connected to his or her ethnic identity. Despite a national reputation for magical power, Sukuma healers were not always preferred and people often believed waganga of other ethnic backgrounds to be more effective healers than those of their own ethnic group (kabila, often translated as “tribe”). In Mwanza, people explained that there were advantages to non-local healers – they were less likely to know about their clients’ domestic and neighborly issues, and thus their divination would be more accurate. Moreover, a non-local healer was more likely to maintain confidentiality.

Thus far, I have positioned uganga in complementary opposition to revivalist Christianity and the government; in contrast, traditional healing is locally understood to support vigilante violence. These anti-witchcraft disciplines can be collectively understood as a “healing economy.” Importantly, shared disciplinary or sub-disciplinary knowledge does not necessarily produce collaboration or mutual respect. While many waganga work with one or two partners or refer patients to other healers, most waganga operate in opposition to one another. Healers often describe other waganga as tricksters or charlatans. Each of the stories that I told in Chapter Two involved visits by unwell people to multiple waganga. As for-profit practitioners working in Mwanza’s increasingly capitalist climate, waganga must differentiate themselves from hundreds of other healers. They do this through both word-of-mouth and through formal advertising. Many waganga post signs advising potential clients of their cell phone numbers, office hours, and specialties on roads adjacent to their healing “clinics” or in public spaces like the central market. Like other small business owners, they obtain clients through word-of-mouth referrals that often highlight proficiency based on ethnicity, religion, perceived

potency (*nguvu*) or fierceness (*kuwa na kali*), or experience. As the stories in this chapter display, successful waganga leverage their assets and demonstrate ingenuity in their practice.

### ***Forms of Uganga***

Uganga, as I analyze it here, can be roughly divided into two sub-disciplines, each with its own epistemological source of power. As Lambek (1993:33) has argued when writing about healing knowledge in practice, each sub-discipline has its own “non-tacit knowledge,” practices, and methods for telegraphing legitimacy to potential clients. In Mwanza, some healers source their legitimacy in Islam, while others locate their power in ancestors, culture (*mila*), tradition (*jadi*), or custom (*desturi*). At the risk of oversimplifying, I thus refer to some practices in this chapter as “ancestral” and others as “Islamic.” In practice, however, there is considerable overlap between these two categories and some healers locate their power in both their ancestors and Islam, deploying the “right” practices depending on the context. As West (2006) has described for healers working in Mueda, Mozambique, waganga in Mwanza may employ culturally alien practices, borrowed or learned from healers whose knowledge differs from their own. In practice, this means that a healer like Mama Steven may “wear” (*kuvaa*, become possessed by) Islamic spirits (*majini*) despite claiming Christian religious identity. Or, as I explain below, a Muslim healer like Ibrahim who has been called by his ancestors may mimetically reproduce the textual practices of healers trained in using the Qur’an for healing. As a discipline, uganga is fluid and adaptive and involves the confluence of different forms of knowledge.

While spirit possession is often central to healing practice, uganga in Mwanza is not mediated through group possession such as the zar cult in Sudan (Boddy 1989; Kenyon 1999), Songhay possession troupes of Niger (Stoller 1987, 1989, 1995), or in Zambian basangu and masabe cults (Luig 1999). Rather, healers in Mwanza engage with spirits as individuals who locate the source of their healing knowledge and ability to divine in spirit possession. While they may share their homes or professional spaces with other healers or apprentices, they do not participate in either collective possession ceremonies or the witch-finding rituals described in southern Tanzania (Green 2003) or in Zambia (Richards 1935; Auslander 1993).

Stoller (1995) argues that spirit possession can be a form of mimetic embodiment. Through the use of their mediums' bodies, "Songhay spirits become replicas of ancestors who embody the past, make contact with the present, and determine the future" (Stoller 1995:643). Here, Stoller references the Songhay's many categories of spirits including the Hauka, a group of spirits that represent colonialism.<sup>6</sup> Similarly Luig (1999: 137) argues that meanings of specific spirit entities, including those associated with westerners, shift over time, but that whether embracing or eschewing modernity, spirit cults "are engaged in locality production." In Mwanza, voluntary spirit possession does not reference the past, but serves to legitimate healers' knowledge of uganga. For waganga who use mizimu and majini, possession is a form of embodied knowledge production. However, once their knowledge is embodied, healers do not always have to become possessed to draw upon ancestral power or majini. Spirits are present in ancestral shrines, in dreams, or in ritual objects.

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<sup>6</sup> Jean Rouch's (1955) well-known ethnographic film *Les Maitres Fous* depicts a Hauka possession ceremony.



*Ancestral Healing*

Despite their differences in ethnicity, Mama Masanja, a Jaluo, Baba Kasongo, a Msukuma, and Marko, a Mfipa, all claimed to have been called to practice by their ancestral spirits (*mizimu*).<sup>7</sup> As I describe below in *Becoming Waganga*, healers who located their power in tradition or ancestry, often experienced involuntary possession or illness before “accepting” the call of their spirits. These healers often believed that their *mizimu* were the source of all of their knowledge, providing them with both the power to divine and the ability to cure illnesses and treat problems.

Sitting on the floor of Mwalimu Yusuf’s office, Mr. Miwani, a formally dressed lawyer, explained the significance of ancestors and the differences between what he termed traditional and modern doctors. Gesturing to the seat where Mwalimu Yusuf typically sat, but was at that moment occupied by his former pupil, Dr. Lupanda, Mr. Miwani said in English:

Now look, you can see this doctor is having at least five rings on his hands. They are putting these rings according to the *wahenga* (ancestors). These are dead people, of course. But before dying they were also having activities of treating people. So when a ghost [spirit] comes to a doctor, that’s where we find the difference between a modern doctor and a traditional doctor. A modern doctor is always working according to what he has learnt only, but a traditional doctor is working on both sides – from what he has learned from his teacher who is living, and also he is working on some instructions from the ghosts.

Mr. Miwani, who often voiced his criticism of the West and European attempts to extract money and knowledge from Africans, concluded his comments, stating that because

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<sup>7</sup> The Jaluo are one of the most populous ethnic groups in Kenya with a small Tanzanian population located primarily in Mara Region. Most Wafipa live in Rukwa Region. According to Ethnologue, SIL International’s language database, there were 200,000 Fipa speakers living in Tanzania in 2002 and 140,000 Luo speakers in 2005 ([www.ethnologue.com](http://www.ethnologue.com)).

traditional doctors work from both ancestral (tacit) knowledge and training, waganga “might be more perfect” than biomedical physicians.

While often very successful, ancestral healers often worried about appearing too “modern” or developed. As more than one healer told me, mizimu might abandon their waganga-mediums if they did not “keep the old ways.” Some ancestral healers lived as though they were much poorer than they actually were. Others lived middle class lives, but hid their valuable objects, such as television sets and radios, inside their homes and rarely upgraded their houses’ exteriors. As the stories in Chapter Two make clear, displaying wealth invokes jealousy, and thus renders the wealth vulnerable to both witchcraft attack and accusation of illicit accumulation. More practically, perhaps, people with obvious wealth are very likely to be asked by their kin and neighbors for *usaada* (assistance, usually in the form of financial support).

Despite their reliance on ancestors for their healing power and their invocation of tradition, many ancestral healers identify as Christians. While revivalist Christians eschew uganga, viewing it as “pagan” or even “Satanic,” (see Chapter Four) many waganga belong to “mainline”<sup>8</sup> Christian churches and see little conflict between their religious identities and spiritual practice. Unlike revivalist Christian healers who use “the name of Jesus,” or the “laying on of hands,” to heal the afflicted, ancestral healers rely on their mizimu and knowledge of plants and herbs (*miti shamba*) to diagnose and cure.

### *Islamic Healing*

Within the larger sub-discipline of Islamic healing, there are two distinct forms of practice. There are waganga, such as Mama Steven, who locate their power in majini, but

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<sup>8</sup> These healers describe themselves as Anglican, Roman Catholic, Lutheran, or as members of the Africa Inland Church (a church founded by American missionaries in the early twentieth century).

are unable to read or speak Arabic and lack formal training in Islamic healing or astrological techniques, such as *falak* (McIntosh 2009; *faraki*<sup>9</sup> in Langwick 2011). On the other hand, some healers, such as Shehe Mohammed and Mwalimu Yusuf, are experts (*watalaamu*) in Islamic texts and used these texts to guide their treatment of clients. While Shehe Mohammed did not specifically reference astrological medicine, the great number of dusty Arabic texts in his consulting room may have contained this form of knowledge as well. As anthropological scholarship from Mayotte (Lambek 1993), coastal Kenya (Beckerleg 1994; McIntosh 2009), and southeastern Tanzania (Langwick 2011) demonstrates, there is often a division between those healers who locate their knowledge in spirit possession and those who rely on textual authority, including the Qur'an and other religious and astrological writings, as their source of legitimacy. McIntosh (2009), whose work examines the ethnic complexities of coastal Kenya, argues that while many Giriama healers experience possession by majini (and thus may consider themselves to be "Islamic"), Swahili waganga, known as *walimu wa kitabu* (teachers of the book), who root their practices in textual knowledge of the Qur'an, are often critical of such claims and practices. In both Mayotte and coastal Kenya, textual healers are thought of as more knowledgeable and legitimate than other practitioners. In Mwanza where Islam is not the majority religion, Qur'anic healers were not generally thought of as more legitimate than other practitioners, but rather as waganga with access to different forms of medicine.

If Islamic medicine is defined by reading and copying the Qur'an, how are non-textual healers also Islamic? As McIntosh (2009) recounts for Giriama healers and as I found in Mwanza, these practitioners instead claimed to be called by majini and to

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<sup>9</sup> Kiswahili speakers often switch l and r sounds.

engage in practices demanded by these spirits. They followed *masharti* (“rules”), such as food prohibitions, garment proscriptions, etc., demanded by their majini. Like McIntosh’s (2009) Giriama healer informants, Islamic healing in Mwanza was often expressed, then, corporeally through “marking” practices, such as donning a garment or “writing” in Arabic script. Similarly, Giles (1999) offers a typology of the forms of spirits found in possession cults along the Swahili coast. *Kiarabu* (Arab), *kipemba* (of Pemba Island/Swahili), and *bara* (non-African) spirits have different “traits” where kiarabu spirits are viewed as more “pure” and “uncivilized” than bara spirits.<sup>10</sup> Mediums hosting different spirit types must wear the appropriate garments (i.e., white for kiarabu spirits and red or black for bara spirits) and use the appropriate ritual regalia (i.e. Qur’anic prayer beads or fly whisks). As *Borders Crossed and Culture Clash* (below) demonstrates, waganga in Mwanza similarly use clothing, regalia, and other physical elements to mark different forms of engagement with spirits.

### Healing Spaces

Healers’ domestic compounds and treatment spaces often served to index the source of the healer’s (or healers’) knowledge. Mwanza is a sprawling city that quickly loses any sense of urban density. Outside of the central business district, plots tend to be quite large. In “suburbs” such as Butimba, compounds were especially large.

In general, practitioners who claimed ancestral authority for their practices worked in round houses made of mud bricks and thatched roofs. Many of these “spirit houses” were built into the large boulders that dot Mwanza’s landscape. Spirit houses were distinct outbuildings, separate from the houses where healers and their families

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<sup>10</sup> Giles (1999) describes kipemba spirits as “syncretic,” arguing that these are indigenous Swahili spirits that have both Arab and African traits.

lived. Mama Masanja's compound exemplified this pattern. Located in Pasiansi about seven km from the city center, Mama Masanja's compound was located just off of the main road and up a steep rocky embankment. Surrounded by a partial wall, her compound was comprised of a dusty yard with a few chairs, a coal-burning jiko for cooking, a drying line for laundry, the family home, an outhouse with a corrugated metal door, a waiting area for clients (although many clients also wait in the house's well-appointed living room), and her "office" or spirit house. Mama Masanja's office resembles that of many *waganga wa kienyeji* (traditional healers) – it is round with a thatched roof and earthen floor. Suspended from the roof are a dehydrated puffer fish,<sup>11</sup> bags of dried *miti shamba* ("traditional" herbs), and of animal materials, and other mysterious substances. The floor is covered in ritual paraphernalia, every manner of container packed with medicines, and mats where Mama Masanja and her clients sit during their encounters. In contrast to this assemblage, her adjacent rectangular, metal-roofed cinderblock house conveys a calculated modernity. The main room in the house is a large living room which houses several large sofas, two coffee tables, a bookshelf, a television, and a stereo. A classic print of a blonde, blue-eyed Jesus featuring a red sacred heart is prominently displayed and communicates the family's Roman Catholicism to visitors. The house also has two dedicated bedrooms – Mama Masanja's room has a very large bed and a tiled en suite bathroom, a rarity in her neighborhood – as well as an indoor kitchen.

Whether they derived their power from Islam/*majini* or *mizimu*, Sukuma and Nyamwezi healers' compounds were likely to include *numba ya masamva* (ancestral

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<sup>11</sup> Quite famously, Davis (1985, 1988) identified tetrodotoxin, the neurotoxin found in puffer fish, in Haitian "zombie powder." I have no reason to believe that puffer fish are used to make *litunga* in Mwanza.

shrines, see Figure 3-1) which, “serve as containers of memory and the metaphysical place for interaction with the dead” (Bessire 2000:97).<sup>12</sup> As a Jalu who had grown up near the Kenyan border, Mama Masanja did not maintain *numba ya masamva* on her compound. Physically, *numba ya masamva* seem to have changed very little since Tanner (1959:118-119) wrote about them in the 1950s:

Shrines dedicated the family’s ancestors ... are reproductions in miniature of the type of house in which the Sukumas may have lived in the past. They are frameworks of branches or grass hutches standing up to three feet high ... The tops of these shrines are sometimes decorated with objects such as heart-shaped hoes, the necks of pots and branches of thorns to show that the ancestors of the family are connected with chiefly clans. Although for specific reasons these may be set up at the gateways of compounds, they are usually placed in an empty space between the huts and are not in any way venerated in the daily life of the compound.

However, the meanings of *masamva* seem to have changed. In the 1950s, the erection of ancestral shrines was the “result of misfortune and the consequent divination of its cause” (Tanner 1959:119). During that period, Kisukuma homesteads would have had a single *numba ya masamva* built to assuage misfortune, while a “magician might have [had] as many as twenty shrines scattered around his compound to testify to his spiritual connections” (Tanner 1959:119). In contrast, in my visits to Mwanza, I have never seen an ancestral shrine at a non-healer’s home. Today, the presence of *numba ya masamva* serves to communicate to potential clients that the resident is a healer with access to ancestral spirits and knowledge (Bessire 2000; Jangu 2012). While *numba ya masamva* may be used in ritual practice, they also serve as form of advertising, not unlike the painted signs that some healers place in Mwanza’s central market. The lack of ancestral shrines at non-healers’ homes may be a result of villagization which displaced many

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<sup>12</sup> See Bessire 2000 for extensive descriptions of the significance of the spatial layouts of Sukuma healer’s compounds (*kaya ya bafumu*).

Sukuma from their ancestral homesteads, thus preventing them from building ancestral shrines (Bessire 2000; Jangu 2012).

Today, numba ya masamva are thought to be so integral to Kisukuma healing that the Sukuma Museum in Bujora includes a “replica” of an healer’s (*nfumu*) compound with several ancestral shrines located outside of a “traditional” Sukuma house. Mama Steven, whose story follows below in *Becoming Waganga*, explained that while she followed her majini’s rules (masharti), she maintained numba ya masamva in order to appease her ancestral spirits (mizimu). Similarly, healers like Amina, who was alternatively possessed by both Sukuma mizimu and Islamic majini, maintained numba ya masamva. Figure 3-2 is a sketch that I made of Zainabu’s compound. It shows the placement of rectangular domestic structures, a round “spirit house,” numba ya masamva, in addition to other domestic spaces.

While some healers who are possessed by majini also use round mud brick houses as their offices, many Islamic waganga see their clients in rectangular “Swahili” structures. Unlike the natural walls of roundhouses, these rectangular structures are often painted white and decorated with Islamic symbols (such as the crescent) painted in red. Phrases from the Qur’an may also adorn the walls. Unlike “spirit houses” which are separate structures, Islamic healing offices are often attached to the healers’ houses. At Ibrahim’s home, for example, his rectangular office was separated by a covered walkway from his small rectangular house. The walkway served as the family’s kitchen. Curtains hung in the doorways of the office and domestic spaces, separating both from the walkway which led to the house’s front door and into the back yard which housed the laundry line, a large boulder, and the family’s outhouse. Regardless of the healing

tradition(s) in use, the floors of uganga offices are covered with recycled bottles full of medicinal substances and equipment used in divination and healing. Figure 3-3 is a photograph of a healer in her office.

In a table, Jangu (2012) summarizes the similarities and differences between “[rural] Sukuma, Muslim, and Maasai therapeutic landscapes.” While my research parameters were different than Jangu’s,<sup>13</sup> our conclusions are quite similar, with some differences. According to Jangu (2012: 408), both Sukuma and Islamic healers wear red and black clothes; I found that Muslim healers typically wore white garments.

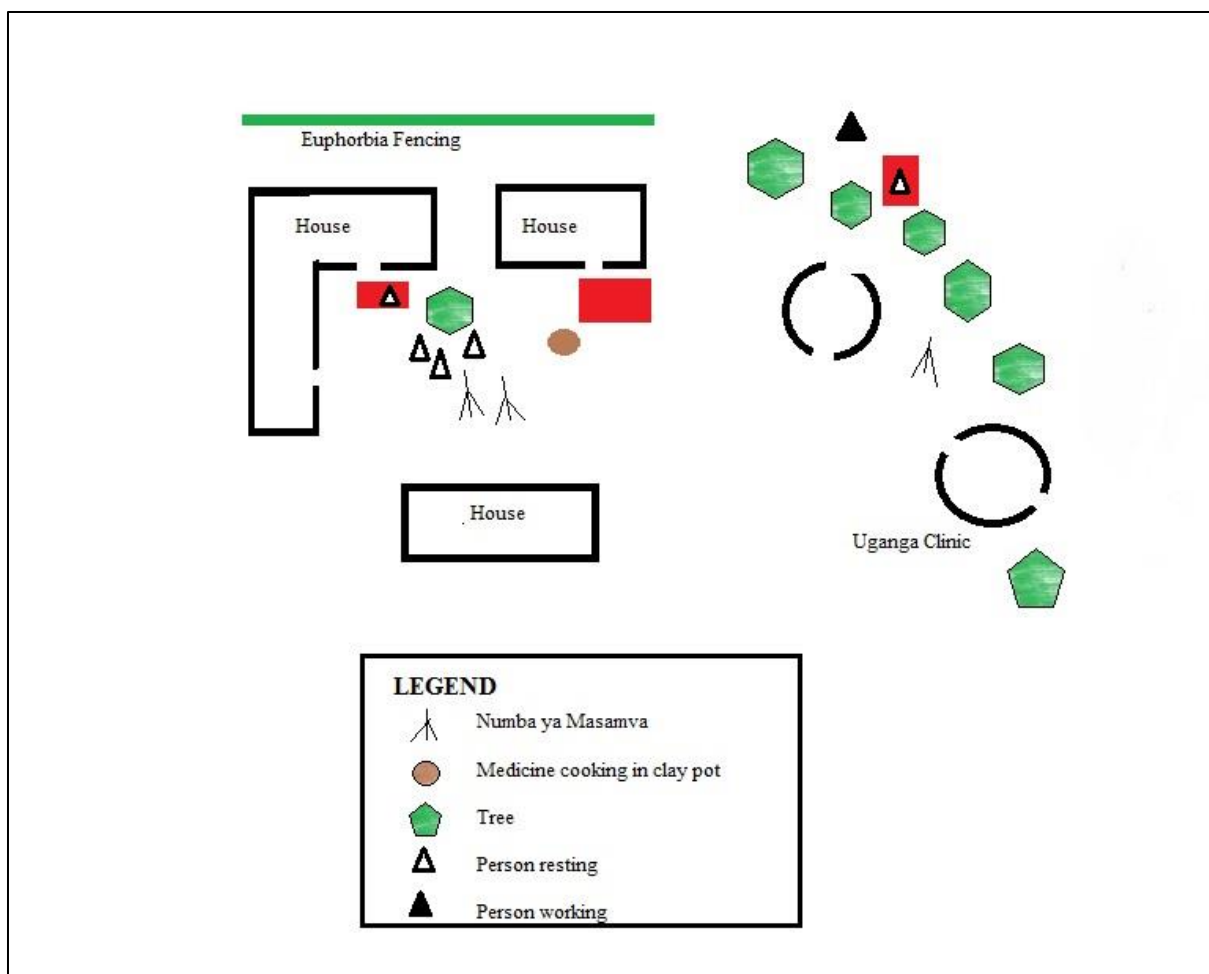


**Figure 3-1: Numba ya Masamva in front of Healer’s Office**

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<sup>13</sup> For example, I did not look exclusively at Sukuma healers as “ancestral practitioners.” I did not conduct research with the healers who had tables at the Maasai market near the Mirongo River,





**Figure 3-2: A Sketch of Zainabu's Compound**



**Figure 3-3: A Healer in her Office**

### *Becoming Waganga*

While I did not use a standardized interview schedule with healers, I often asked them how they came to be waganga. Most of the waganga that I spoke to had been called to the discipline – by their ancestors or through possession by majini – during the course of an illness (see also Jangu 2012). When ancestors had called on them, they were said to have inherited their power (nguvu). In some cases, this power skipped generations and thus came as a surprise. Regardless of whether they were brought to uganga by healers or majini, these healers use their spirits to divine information and to heal. Some healers described knowing which miti shamba to use in their medicines without ever being taught. Baba Kasongo, a Sukuma elder who was visiting Mwanza from Kahama because of a legal matter, described a classic pathway to becoming a healer:

One day I went into the bush to shit, reaching there I searched for a suitable spot. After shitting I looked around. I saw a long snake moving and changing color at the same time. It kept on changing color. I was so scared, I jumped up and tore my trousers. I ran back into the house. For two days I could not stop trembling while sleeping, and I became so sick. ...I was taken back to my home village where I was first taken to hospital for testing but the results showed no sickness; there was no malaria, there was nothing. But I was still feeling sick.

As I explained in Chapter Two, snakes are often seen as a sign of the supernatural, indicating witchcraft or the presence of spirits. Baba Kasongo was taken to two healers, who explained that “he was disturbed by uganga.” By this, they meant that his ancestors were calling on him to practice as a healer. He continued:

I accepted. They started to prepare the things for the uganga ritual. Actually they prepared nothing apart from buying a goat...They also prepared local brew. They invited elders to the party. Basi, I was ill inside. I was very sick. I was nervous, trembling. Goats were brought there. All things were prepared, spears too. Then I was ushered outside, and made to sit on traditional healer’s chair. Ee. So I started calling out names of my relatives from long ago. [The elders doing the ritual spoke to my

ancestors, saying], “Your child, whom you want to make a traditional healer, now we have put him on the chair give him traditional healing power.”

I was sitting looking towards the east, where the sun rises. Ehe. Then they would drink the thin porridge and spit it over me “pwaa.”

As they spat on him, they adorned him with ritual implements:

I was fully adorned, and then they declared that they were done and they had to go away. “We shall come back tomorrow or the day after tomorrow to check on you.” Ee, then they proceeded to conclude the ritual; they ate the goat and everything else. Then, they dispersed, leaving me inside. I woke up the next morning. I was alive. I had recovered without taking any tablets or anything like that. I rested for two days. On the third day, I was visited by women with their family problems. The healing chair was brought outside I sat on it and started talking to them. I foretold everything that was troubling them, “Ee. You have a sick person back at home,” and gave them a full description of the problem too. But while I was talking I did not know how correct I was, I was just talking. But they were the ones confirming that it was true.

... And I would dream the medicines at night; I would be shown trees. I would dig out the roots, make medication, [and] a person would recover.

Baba Kasongo’s story includes all of the key elements of ancestral healing. He became sick with an illness that could not be treated by biomedicine, despite its resemblance to malaria. Two separate waganga diagnosed him with a “disturbance” by his ancestors. They conducted a ritual including a sacrifice and adorned him with ritual paraphilia, such as a spear. After sleeping, he awoke miraculously cured and with healing knowledge obtained from his ancestors without study. Elaborating further on how he “learned” through dreams, Baba Kasongo explained how he came to be knowledgeable in treating infertility:

One day I dreamt of an old woman who had failed to conceive. That was when I was informed about barren women. I was shown the things that caused infertility in women’s stomachs. I was instructed that there is a “wrinkled” fertility... You are shown and see exactly. You would observe that it is covered; or it is far, then you could bring it closer; or it is even

stained, it needs cleansing. You would open up all the fertility veins, and a person would get a child. You see?! By being shown while sleeping, until now I help people to give birth even if they are aged, if they wish, they conceive because of the medicine, which I was shown while asleep.

Sometimes “inherited” knowledge was passed on through a sort of apprenticeship, with a parent mentoring his or her child in herbalism, divination, and healing modalities. In other cases, an individual would become apprenticed to a healer after becoming repeatedly possessed by majini or after losing his or her akili (sense). In other cases, an individual might seek out a healer to teach them without being called by spirits or without a familial connection. This was especially common among Islamic healers who sought their knowledge from Qur’anic texts.

However, the methods of becoming an mganga often overlapped in peculiar ways. For example while Mama Steven’s father and grandfather has both been waganga, she was called to practice by both mizimu and majini. She lived on a large compound in Bwiru<sup>14</sup>, a cool tree-filled neighborhood to the north of the city. A 48-year-old Msukuma, Mama Steven first began to be possessed by mizimu in 1983, after marriage and the birth of four children. Because of her spirits’ demands (masharti), she left her husband, a government worker, who was living in the Kagera region to return to Bwiru. She explained, “My mizimu asked me to build this compound here in Bwiru because this was my birthplace and my father was here. After arriving here, we did some traditional practices to make me an mganga.” In 1987, she began practicing as a healer. As she

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<sup>14</sup> During the colonial period, Bwiru, along with Isamilo, housed many expatriates and the government boarding school for boys. In the present, Bwiru is the site of the residential quarters for some National Institute of Medical Research (NIMR) employees, several NGOs, and the homes of many middle-class Tanzanians and expatriates. There are also a greater than average number of waganga working in and near Bwiru.

continued her story, things seemed less simple. She described the way that her mizimu (and later majini) “called” her to uganga:

First I had an illness [because my mizimu were bothering me]. Sometimes I ran away. I felt like wandering around. Then I got better. After my father died, I ignored my mizimu. I rejected them and decided to go to [the Africa Inland] church. At church, I found myself closing my eyes. I decided to stop going to church because I would dream about things like going to a tree to get medicine for people. So things went on and I got some medicine and things improved after I began to do divination and to treat people. And soon after that majini came and I used them to help. I continued to work.

Sometimes people come who are paralyzed and I treat them. People come who can't have children. And there are people who have illnesses of *kifaa* (seizures) and people with swollen bodies. I treat presha and people who have been played with. Some people who have been attacked by majini – we take them out. Some come and make lots of noise or they can't communicate very well. So one can make dawa and with the power of God they are fine.

Mama Steven's treatment hut was decorated in the style of an Islamic healer, so I had been confused when she mentioned that she attended the Africa Inland Church. Her mention of “the power of God,” reminded me more of the strategies employed by revivalist Christians (Chapter Four), than of waganga, so I asked her what religion she practiced. She explained, “I converted to Islam after my husband died 11 years ago. I changed for work. The majini wanted me to pray in the day and night and to go to the mosque. If I don't follow the majini's instructions they can cut off access to mizimu. It is like a competition between them.” Similarly, McIntosh (2009:161) describes how Giriama healers and laypeople experiencing possession by majini often adopt “Muslim behaviors ... [that] are striking for their exclusive grounding in the body and the material world.” While some of McIntosh's interlocutors fully converted to Islam, some non-believers also felt compelled (by the spirits) to engage in Muslim practices such as

wearing *kofia* (the caps favored by Muslim men) or avoiding *haram* foods. Similarly, my informants explained that they were required to follow the *masharti* of their *majini* or risk the loss of the powers associated with them (see also Chapter Four).

Mama Steven's trajectory is an interesting one that demonstrates the sorts of cultural borders crossed in northwestern Tanzania. Her life began in Bwiru in the home of "pagan" traditional healer whose power came from his ancestral spirits. She married and followed her husband to Bihamarulo where she began to be "called" by her *mizimu* (ancestral spirits). After relocating to her father's compound in Bwiru, she rejected her spirits in order to become "saved" and a member of the Africa Inland Church. Yet her spirits were incompatible with revivalist Christianity. "Islamic" *majini* began to possess her and eventually she rejected Christianity and converted to Islam in service to her *majini*. At the same time, she maintained *numba ya masamva* (ancestral shrines) for her *mizimu*. Explaining that if she cared for them, they wouldn't bother her, she said, "Those are *mizimu* houses (*nyumba za mizimu*). We do rituals there to honor them (*kutambika pale*), we give them food, kind of like a sacrifice (*kama sadaka*). Everyone has their own *mizimu*, but they can choose to honor them." Just as she had to follow the *masharti* of her *majini*, she was careful to heed the desires of her ancestors. Her brother, on the other hand, did not. She explained, "My brother, he likes to travel from one place to another. They [the *mizimu*] come and they go because he forgets his ancestors. Sometimes he forgets the *mizimu*." In anger at his lack of obeisance, the *mizimu* often led him to drink too much, thus causing him to lose his job and money. *Mizimu* were not always supportive of *maendeleo* and could take power away from people who forgot "the old ways." She explained that even if an *mganga* built a nice modern house, he or she should

also build numba ya masamva for the mizimu. Her healing practice involved possession by both kinds of spirits and negotiation between two healing traditions. As I describe below in *Strategies of Healing and Divination*, she prepared herself according to the “tradition” she was embracing at that moment.

For several months in late 2006 and early 2007, Marko, an Mfipa from Sumbawanga, lived at Mama Masanja’s working as a sort of sub-contractor in her uganga practice. Mwanzans often commented that Fipa healers were especially potent, and some of my interlocutors described traveling to distant Sumbawanga for treatment. When compared with Baba Kasongo and Mama Masanja, Marko’s story of becoming a healer involved both ancestral summoning and training by senior healers. Although he was adamant that they had not taught him uganga, and thus, that his power was “authentic,” he explained that they had provided him with knowledge about specific forms of dawa. In other words, while his power was authentic and embodied, his strategies came both from his mizimu and from apprenticeship.

The child of two waganga, Marko grew up in Sumbwanga, Rukwa Region (in southwestern Tanzania), an area known for potent curative and malevolent magic. He was not raised to become an mganga and none of his five siblings have become healers. When he was in secondary school, he began having difficulties at school. He was unable to focus on the blackboard and struggled with paying attention. Like many Tanzanians who do poorly on their exams, he was forced to leave school. However, in Marko’s case, his academic problems, he explained, were caused by mizimu that didn’t want him to study. Marko explained that his parents tried to treat him themselves, but that they were unsuccessful, “The mizimu were in our home, so my parents couldn’t use the same ones

to treat me, as were causing the problem.” They took him to be treated by MK, “a very important healer,” who was “like a chief” among waganga. This healer treated him residentially for two and a half months and concluded that Marko was being called by his *mizimu*. Marko then stayed at the compound for another six months “to see if he was able to treat people.” When I asked Marko if he had “learned from” or been apprenticed to this healer, he explained, “Nobody taught me anything.”

While clients paid MK for the treatments rendered by Marko, he did not receive any of the money. He didn’t care about this, because he was grateful to MK. Moreover, he explained, “I wanted to learn from that *mzee*. He had secrets. He had three kinds of [esoteric] medicine that allowed him to earn money.” Marko did not describe each of these forms of medicine to me, but described the first as follows:

If someone is crazy (*mwehu*), take a piece of chicken meat (from the joint), mix it with *dawa* and then have the patient eat it with a very small piece of *ugali*. At first, the patient will start to shout and go really crazy, running around. The patient will then collapse and fall asleep for four hours. This person is usually a bit *chizi* (weird). When he wakes, he is no longer crazy.

Marko was also trained by an *mganga* nicknamed Matofali (“Brick”) because he had access to a rare form of *dawa*. According to Marko, the government had brought bricks to construct a school and hospital, but hadn’t arranged for them to be delivered to the construction site. The contractors wanted to charge five or six million TSH (\$5,000-\$6,000) to move the bricks to the site. Matofali offered to move the bricks for two million TSH. He used *dawa* to force everyone in the whole village, including children, to move bricks all night long. Everyone woke up the next morning in pain, because they had worked so hard the previous night. While Marko argued that he had learned *uganga* from



his mizimu and thus was a practitioner of authentic knowledge, he also claimed that he had access to specialized strategies learned from MK and Matofali.

Marko's pathway to working at Mama Masanja's compound further demonstrates the role that mizimu are thought to play in producing practicing waganga. After treatment by MK, Marko had returned home and had worked alongside his parents. However, he had been unable to keep his earnings because they went "to the family." One day in 2004, Mama Masanja arrived in Sumbawanga, nearly 1000 km from Mwanza. She had "no idea why she had come" but had been "dispatched there" by her mizimu. After watching Marko perform divination, she invited him to begin working with her and he began traveling back and forth between Sumbawanga and Mwanza. Sometimes he lived with her on her compound; when the house was full of relatives or residential patients, he stayed at a guesthouse nearby. Since moving to Mwanza, Marko described financial success. He told me that a customer had recently given him a house as payment. According to Marko, the client, a wealthy ferry owner's wife, had almost been killed by someone who had been "sacrificing" people to become rich, but that Marko had stopped this person from succeeding.

Like other healers in sub-Saharan Africa, Marko crossed ethnic and physical borders (Luedeke and West 2006). Initially, he made the long bus journey from Sumbawanga to Mwanza several times per year and stayed for many months at a time. After putting down roots in Mwanza, he made frequent trips to other parts of the Lake Zone and back to Sumbawanga. In Mwanza, he could capitalize on his "otherness" as an Mfipa in Mwanza.

*Distinguishing Between Uganga and Uchawi*

As I mentioned above, Fipa healers are thought of as especially potent and, unlike the other waganga that I interviewed, Marko admitted to having and using both good and bad forms of magic. When I spoke to him in February of 2007, he had just returned from Kahama where he had been summoned by clients to diagnose the cause of a person's death. He had determined that the person had died from uchawi and the clients wanted him to kill the witch using sorcery (kuroga). While most of my informants used the verb "kuroga" (to ensorcell or bewitch) and the noun "uchawi" (malevolent witchcraft) more or less interchangeably, Marko made a distinction between wachawi (witches) and *warogi* (sorcerers), explaining that the former "play at night," while warogi "use dawa to harm people." This distinction may have been a Fipa one or it may have been self-protecting; after all, Marko claimed to be able to roga people, causing harm and even death. Despite his clients' desire for a counter-attack, he forcefully told me that "starting now, in 2007, I will not kill anyone else." When I asked him why he would relinquish this power, he explained that he has been stalked in his dreams by the five people that he had killed using sorcery. I also wondered if this "change in policy" may have come from Mama Masanja who was adamant that while she *could* harm people, she would never do so.

While other waganga claimed to have some of the same powers as witches and sorcerers, Marko was the only healer in my sample who claimed to have killed. Mama Masanja often joked about her knowledge of uchawi, telling me on one occasion that she, like witches, could fly using an *ungo* (a large saucer-shaped basket used for winnowing flour). In northwestern Tanzania, wachawi are said to travel on hyenas or to ride in ungo.

A much-repeated story<sup>15</sup> describes a dead elderly woman on the side of the road next to an ungo. After investigation, the story continues, the police concluded that she had been flying over a rival mchawi's "territory." In turn the second witch had used magic missiles to bring her enemy down. When I asked Mama Masanja if she could send me to the United States for a short visit by ungo, she laughed and said that "yes, I can send you, but if you open your eyes after arriving, you will find yourself to be back in Mwanza." I took her statements about flying in ungo or having the ability to harm people through magic as a form of boastful joking. Like "Bwana Mchawi," the blackjack dealer I mentioned in Chapter One, she was able to reference illicit and dangerous powers (such as the powers to kill and fly) only when filtered through humor. To make the serious claims that she could do witchcraft or sorcery, as Marko did, would be to violate social norms and to render her vulnerable to governmental scrutiny (see Chapter Six) or violence (see Chapter Five).

Several healers said that as waganga, they must be "*nusu-nusu*" (half-half), by which they meant that their ability to treat mambo ya uchawi (matters of witchcraft) was predicated on some knowledge of witchcraft. In describing her skills, Mama Steven explained that uganga is about treatment (*kutibu*), healing (*kuponsha*), and defeating witches (*kumshinda mchawi*), while uchawi is about killing (*kuua*) and torturing (*kutesa*).

Attempting to tease out the differences, I asked her a question that I had asked many healers, "What about when a man goes with another woman? Is helping the man's wife to get him back uchawi or uganga?" Male infidelity is normative in Mwanza and in most of Tanzania. In the past, polygynous marriage with bridewealth was the ideal form

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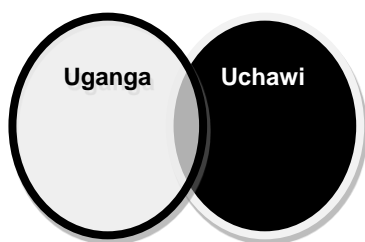
<sup>15</sup> Many of my informants claim to have "read this story in the newspaper" or "heard it on the radio," but I have never located it myself.

of marriage, but missionization, capitalism, and an increasing desire to adhere to “modern” (i.e., western) values have led to an increase in “monogamous” church-based “white” weddings (Lewinson 2006). However, since the cultural assumption is that men “need” multiple partners, it has become common for middle- and upper-class men to maintain relationships with women who are not their wives. These relationships, known as *nyumba ndogo*, or “little houses,” are widely accepted as a feature of urban modernity (Lewinson 2006), but nevertheless produce great anxiety in the romantic lives of many Mwanzans. Many of the healers that I encountered dealt with “love magic,” whether assisting men and women to acquire partners or helping them to regain their lost lovers. Developing medicine that aided a woman in her seduction of another woman’s romantic partner was considered by some healers to be *uganga*, as was the counterspell. Unlike clear-cut cases of “helpful” *uganga* and “malevolent” *uchawi*, these cases showed the overlap between the two categories of experience and practice. As I listened to my interlocutors tell their stories, it became clear that it was not really a manner of being half *mganga* and half *mchawi*, that is “*nusu-nusu*,” but rather that there were distinct slippages between what seemed like distinct categories. Moreover, a fluency in *mambo ya uchawi* (matters of witchcraft) is a necessary precondition for treating it.

Answering my question, Mama Steven clarified the subtle distinctions, “I can do medicine to get him to go back [to the client] and this is ...*uchawi*, but it is the client’s decision whether or not to torture the other woman. I can do whatever the customer wants. *Waganga* can do *uchawi*.” In contrast, witches never do work that heals, helps, or protects. She explained, “An *mchawi* bewitches people only at night (*anarogwa usiku tu*). When people are sleeping she/he plays with them. *Wachawi* are experts at winning.”

While Mama Steven had just admitted to doing uchawi on behalf of jilted women, her description of witches conjured up a particular set of cultural images in northwestern Tanzania. As I have described throughout, wachawi are believed to violate the practices that govern sociality – they are greedy and jealous, they sacrifice human beings in order to gain power, they are often found naked, and they operate *only* at night when all social persons are sleeping. Witches *play* with their victims. “Play” symbolizes more than bewitchment, it also signifies torture. The venn diagram pictured in Figure 3-4 demonstrates that there is overlap between these two different cultural categories. However, unlike, other venn diagrams, the overlap does not work in both directions; rather, uganga annexes certain techniques and practices used in uchawi, while uchawi operates outside of human sociality. For an mganga to remain a healer, the grey space must remain the thin sliver that suggests knowledge, but not practice of witchcraft. The more that he or she uses the techniques of uchawi, the close he or she comes to becoming an mchawi.

**Figure 3-4: Venn Diagram Representing Nusu-nusuness**



Mwanzans are acutely aware of this slippage. Waganga with suspicious intentions are thought of as witches, or at the least, waganga-wachawi, hybrid persons who violate the sanctity of the therapeutic relationship in order to gain power or riches.

In contrast, some shehes (Islamic healers who had extensively studied the Qur’an) claimed to have no experiential authority with regards to uchawi, explaining that their

power was located in their knowledge of religious texts. In Chapter Four, I suggest that Christian revivalists (walokole) often locate their ability to cast out demons in their pre-conversion experiences as *wapagani* (pagans) or as the children or grandchildren of *waganga*. While adamantly Christian and reborn, some walokole also allude to their *nusunusu*-ness. In characterizing the similarities between *uganga* and *uchawi*, Mama Masanja argued that both involved inherited and learned forms of knowledge:

Witchcraft is something inherited, just like the way we inherit traditional healing from spirits. There are witchcraft spirits (*pepo*) and there are the *miti shamba* used in *uchawi*. There are spirits that cure. It is like me, I am a traditional healer, but the other is a witch. They also have medicine, but their medicines are for witchcraft for giving them power to enter into you. Maybe, I can also learn that. I can go to someone and ask them to show me medicine.

In this passage Mama Masanja points out that magic (whether of *uganga* or *uchawi*) can be inherited and learned – one person may innately know how to disappear, while another has to be trained in this skill. Baba Kasongo's innate knowledge of which *miti shamba* to use in the treatment of an infertile women could be taught to an apprentice who was not blessed with dreams from his ancestors.

Marko further clarified the relationship between witchcraft and traditional healing. He explained that there are some forms of *uchawi* that are unstoppable. On one occasion, he had traveled to Musoma to treat a patient. After he had completed the treatment, he went to a disco. On his way back to his client's house (where he had planned to sleep), he saw an extremely tall *jini*. Frightened, he decided to pawn his watch and shoes in order to stay in a guesthouse rather than return to the client's house. While sleeping, he dreamt that one of the client's neighbors was angry at him for coming to help the client and attacked him. He went and got his bags from the client's house and left

without saying goodbye. Marko continued, “I knew a competition (*mashindano*) between uganga and uchawi was coming. Uganga and uchawi are enemies and a witch is attracted by a healer.” He sensed the witch’s power was too great, even for someone with his talents and skills.

While acknowledging the danger of his work as an mganga, Marko explained that healers relied on the existence of witchcraft. He explained, “It’s tricky. Waganga need wachawi to get money, but now people want to know *who* did the uchawi and that creates problems.” In Mwanza, this conflict is at the center of the anti-witchcraft healing economy, where practitioners located within uganga and the other disciplines compete for customers. Without witchcraft, there is no need for uganga. And yet uganga and the other anti-witchcraft disciplines act to produce uchawi as embodied and lived experiences for those afflicted (or at risk of affliction) by witchcraft. As I argue throughout this dissertation, esoteric uchawi is made real through anti-witchcraft practice. Marko’s words also speak to governmental concerns about illegal and violence-inciting practices – customers want a named culprit in addition to their diagnosis. While in the past, it was enough for an mganga to simply say vaguely that “someone had played” with the victim, many clients are no longer satisfied by such answers. In Chapter Six, I explain how healers have adapted their practice in response to the Tanzanian government’s assumption that all waganga *do* name witches. Naming witches is illegal under the Witchcraft Act (see Chapter One) and is often seen as a first step to facilitating witch-killings.

### *Strategies of Uganga – Diagnosing and Healing*

In the next sections of this chapter, I move from healers to their practices. More specifically, I describe the disciplinary strategies used to diagnose, cure, and prevent future attacks and illnesses. While individual healers may use differing techniques depending on their source of ritual power, the practices described below illustrate the diversity of acceptable strategies used by people who call themselves waganga.

It is estimated that in Tanzania there are about 80,000 healers, or about one per 400 Tanzanians. Given the paucity of medical doctors (approximately one per 30,000 people) (Tambwe 2013), it is not surprising that uganga serves as first-line medical treatment, especially in rural areas. Some waganga are also traditional birth attendants, while others view themselves as herbalists. As many of the cases in Chapter Two illustrated, uganga is also used to treat illnesses that biomedicine cannot. Waganga employ a wide variety of divinatory strategies to diagnose illness, death, household calamity, relationship problems, and other issues. In addition to a wide variety of curative methods, healers also prepare (*kutengeneza*) dawa that can be used as anti-witchcraft prophylaxis. These forms of medicine can prevent witchcraft from occurring, protect someone from a future attack, or “trap” a witch (or witches) in the act of doing harm.

In contrast with the strategies of biomedicine, especially as understood in Mwanza to be about “checking and treating” (*pima na tibu*), treatment by waganga often involved a more subtle and patient-centered approach. When describing biomedicine in general or describing their particular illness narratives (see Chapter Two), Mwanzans describe a mechanistic approach to healthcare which involves lab tests, followed by medicine in either pill or intravenous (IV) drip form. Rarely do Mwanzans describe



relationships with busy and over-burdened biomedical practitioners. In contrast, uganga involved triadic communication between patient, healer, and spirit at the diagnostic stage, followed by a long and elaborate treatment involving multiple strategies and close supervision by the healer.

***Kupiga Ramli (Divination)***

As I have outlined above, divination is the key to diagnosis. In 2006-07, possession by either mizimu or majini was the primary form of divination. As Baba Kasongo's and Mama Steven's stories illustrate, the "wearing" of spirits allowed healers to diagnose illnesses as well as treat them. During dreams, for example, spirits show their mediums where to find miti shamba and guide them in preparing dawa made from these natural substances. In other cases, spirits allowed healers to access their "power" to "read omens."

In order to divine the cause of an illness or to assess the situation of a client, many of the healers that I knew in 2004-07 used spirit possession. Boddy (1994:414) argues that "[u]nlike biomedicine, which collapses into the body, possession widens out from the body and self into other domains of knowledge and experience." Possession, she argues, is connected to "daily experience" and references "personal, ethnic, moral, and political identity" (Boddy 1994:14). As such, spirit possession provided a more context-dependent approach to understanding and treating patients.

While waganga often described a period of involuntary spirit sickness (see above) when they were being called to practice by their mizimu, once they had become healers, possession for the purpose of divination was voluntary. Healers described themselves as chairs (kiti) for one or more spirits to "sit upon" or as "wearing" (*kuvaa*) spirits. Some

waganga acted as mediums for mizimu, others for majini, while many called both kinds of spirits. In describing the attainment of their divinatory knowledge, waganga often recounted how they came to have their spirits. While mizimu always “chose” their chairs, majini could be “purchased” from other healers. One of the healers that Bessire (2000) interviewed had purchased majini in the mid-1980s, suggesting that this practice is hardly new to Sukumaland. Mwalimu Yusuf, an Islamic healer, often made majini for customers (see below). Marko described a difference between the kinds of mapepo that harmed people and the more than twenty-six mizimu and majini he used in his healing practice, explaining that mapepo sometimes “push” their chairs too much. A “pepo doesn’t really care if you die, because it can always move to another person (*angaruka kiti*- jump chair).” By contrast, while he became possessed by majini, they were not always located within his body, but rather traveled with him anywhere that he worked. Unlike mizimu which many healers located within *numba ya masamva* or spoke of as connected to “ancestral land,” majini were “portable” and better suited for mobile healers.

In either case, calling mizimu or majini requires the appropriate ritual preparation (Giles 1999). Mama Steven explained that when she called majini, she laid down a Muslim prayer rug in her spirit hut and dressed in white robes. In contrast, when preparing for mizimu, she wore black or red and an amulet and shook a rattle gourd. Most healers using majini or Islamic medicine wore white. Women typically covered their hair with a *kanga* (brightly colored wrapper) or other cloth, while men often donned a *kofiya*, a small cap favored by Muslim men, and wore a loose shift (*kanzu*) when treating patients. When calling mizimu, waganga would often accessorize with objects of traditional ritual power such as flywhisks or gourds. Their ritual garments often included

beads, animal skins, and mirrors. Figures 3-5, 3-7, and 3-8 help to demonstrate some of the differences in garments worn during Islamic and ancestral spirit possession.

After adorning himself or herself and making any necessary preparations, the *mganga* next tells his or her client that the *mizimu* or *jini* needs a small payment. The person seeking divination places the payment under a mat or in a basket. A member of the household would often join the client and the *mganga* to translate for the spirit. This is imperative because spirits often speak in Kisukuma, other Tanzanian languages, Arabic, English, and other “foreign languages.” Spirits often speak in different registers than their “chairs.” *Waganga* are usually unable to remember what the spirits have said and are often quite foggy after possession as the case below demonstrates.

After a short delay, Ibrahim arrived at his house. He changed his clothes, putting a white *kanzu* and *kofiya* on over his jeans and t-shirt. He placed a copper bracelet on his wrist and lit some incense and placed it on a tray. He asked me, the only woman in the room, to put a *kanga* over my hair. After placing a bright white sheet over his head, he inhaled the incense deeply. He shook his head vigorously making a chattering sound. He opened a book and with his head still under the sheet, he began reading “Arabic” in Jabari’s (the *jini*) coastal Swahili accent.<sup>16</sup> After a moment, the sheet was pulled back to show Ibrahim’s face, but covered his head like that of a pious Muslim woman. In his hands, he held Islamic prayer beads which he ran through his hands. Jabari then asked me in Kiswahili, “Are you an Arab?” After I answered, “No,” my friend Baraka explained, “We (Baraka, Steve, and I) know your *kiti*.” Jabari seemed satisfied by this and called for

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<sup>16</sup> Ibrahim explained that he also hosted other *majini* including Daoudi, Maimuna, and Shaarifa.

Ibrahim's wife to bring supplies. She entered the room bringing some long grass and proceeded to write Jabari's instructions in a small notebook.

With the assistance of Ibrahim's wife, Jabari assembled ingredients to prepare *ndaziya*, a form of protective medicine (*dawa ya kinga*). As the possession came to a close, Steve's cellphone rang. Jabari asked, "What is that?" and Ibrahim's wife explained that it was a phone. The spirit didn't understand its purpose and seemed confused. After extensive explanation, Jabari seemed to understand the device's function. He began fingering his prayer beads again. His wife brought more herbs and some cactus leaves. After compiling all of the ingredients, Jabari announced that he was leaving and said goodbye to all of us. He began touching his beads again, but stopped abruptly to ask about Baraka's mother. After a few minutes, he told me that I had a small problem that would require treatment. He told me that we would need to get a new white kanga, a white chicken, and that he would treat me with *dawa*. This medicine would include honey, and after using it, "people would flock to me like bees to a busy hive." He explained the procedures required for Steve and Baraka as well. Finally, he summoned Ibrahim's toddler. The boy asked for some drinking water. Jabari asked the child when he had last taken his medicine. At this point, I noticed that the child had labored breathing and was quite feverish. The child crawled onto his father's lap and Jabari summarized our problems; I had good sense, but needed a boost; Steve needed a lot of luck because people were jealous of his relationships with *wazungu*; and Baraka needed medicine to get ahead. He again mentioned the need for a white chicken and a white kanga for me, and two red chickens for the men. He then bid us farewell. As Jabari left, Ibrahim began to sing. He opened his eyes and seemed startled to see us. His neck and back were tight

and he cracked them a few times. After his possession, Ibrahim explained that he was very tired.

Ibrahim's possession by spirits including Jabari included several elements that were common to both Islamic and ancestral healers. Firstly, as is the case in many forms of voluntary possession, Ibrahim had to physically prepare himself for the spirit. He did this by donning "Muslim" clothes, by covering his hair, and using ritual paraphernalia like *udi* (rosewood incense) and prayer beads (Giles 1999). After ensuring that his body was physically and appropriately prepared, he performed his possession relying on what I would term a disciplinary grammar of embodiment and experience. By "grammar," I hope to convey the sense that there are essential elements of spirit possession that are both culturally meaningful and disciplinarily legitimated.<sup>17</sup> This grammar relies on behavioral "conventions", rather than "rules"; practitioners have some flexibility in terms of the "style" of their performances. By using the term "performance," I do not mean to suggest that healers' experiences are inauthentic, but rather to call attention (as I do in Chapter Four) to the ritualized dimensions of experience across many individuals. In the same way that we all "perform gender" (Butler 1990), healers must communicate their knowledge and access of supernatural power to other healers, clients, and the visiting anthropologist.

While there are subtle differences to each healer's performance, there is disciplinary grammar, for voluntary possession. Unlike involuntary possession or spirit sickness where spirits may overtake their chairs at any moment, summoned spirits enter bodies that have been ritually prepared. Waganga change their clothes and adorn

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<sup>17</sup> Involuntary possession also follows a performative grammar. Conventions include making noise (*piga kelele*) and thrashing about.

themselves with ritual objects, and light incense in order to communicate their readiness to spirits and to mark the beginning of the ritual. After the spirit has entered their bodies, healers communicate their possession through specific embodied elements including change in vocal register, language spoken, and often by audibly belching as the spirit arrives and departs. Like Ibrahim, healers demonstrate the “success” of possession by indicating that they are physically exhausted and stiff as a result of the spirits’ occupation of their bodies. Reliance on an interpreter to make sense of the realm-crossing communication further lends authenticity to the performance. Ordinary Mwanzans are familiar with the grammatical elements of possession and a healer who does not appropriately perform may be read as “a trickster” (mjansa) or as an inauthentic or “false” healer who is “only trying to get money.” In my experiences with waganga, I attempted to avoid assessing the authenticity of performance. As the same time, I often found Ibrahim’s possessions to be excessively performative, while other healers such as Marko (see Figure 3-6) were extremely convincing. When possessed, Marko’s whole body changed, his eyes rolled back into his head, and his voice sounded completely different. When I first met Marko in his street clothes near Mwanza’s central market, I didn’t recognize him. His everyday comportment was completely different from both the mganga that I had come to know and the kiti possessed by spirits from Sumbawanga.

Beyond ritual preparation and performance, the spirits’ words serve to presage further treatment and ritual. During divinatory encounters, such as the one described above, the spirit’s words served to define the patient’s problem and to outline the treatment. After the spirit had left and the healer was reminded by his or her assistant of what the spirit had demanded and prescribed, the healer went about assembling the

remaining ingredients, preparing compounds, and for Islamic healers copying the appropriate texts. The mganga, then, had some leeway in interpreting the spirits' particular demands and also served to translate those demands for the client. The healer would then request money for some of the required ingredients or ask the clients to procure those ingredients herself. These goods might range from commonplace items such as "local eggs" or a kanga, to a particular desiccated plant sold at the Maasai market near the Mirongo River in the center of town (see Jangu 2012).

#### *Other Methods of Divination*

While still reliant on spirits, some healers used objects such as coins, screws, washers, bottle caps, and corks as a divinatory tool (see Figure 3-6). These items were placed in an ungo, a flat saucer-shaped winnowing basket. Next, the person who had requested the divination would scoop the basket (as though he or she was winnowing flour). The objects would move landing in various positions. The mganga would then read the path of the objects assessing the client's circumstances. Mama Steven often used this technique to piga ramli, but explained that since it was a Sukuma method of divination, her majini had forbidden her from using it on Fridays, the Islamic holy day.

While I personally never witnessed an animal sacrifice, waganga often told me that they killed chickens in order to read their entrails and as Ibrahim/Jabari's story demonstrates, I often paid for this practice. In the case study on Ibrahim's treatments that follows this section, I describe a form of divination using coconuts.

#### *Borders Crossed and Culture Clash*

As I illustrate below in the description of coconut divination (see *Ibrahim's Treatments*), it was often difficult for healers to piga lamri for me. No matter how many

times I shook the ungo basket, Amina was unable to read the meaning of the objects' locations. While my foreign-ness did not prevent me from receiving many forms of treatment or from being played with, it made doing divination for me difficult.

Matters of culture clash existed for non-Wazungu as well. On one occasion, Steve and I sat seated in the roundhouse on the compound where Zainabu and Amina saw clients. Steve asked, Amina, "How can I know if someone has used dawa against me?" Pulling on a black cloak, Amina told him, "Pay 1000 Tsh (\$1) to the mizimu to check inside." With 1000 shillings in her divination basket, she began to chant in Kisukuma, belch, and sing. Holding a fly whisk in one hand, she shook a gourd rattle with her other. Looking puzzled, she banged some bells on the ground. She stopped abruptly, called for some incense, and asked Steve sternly, "How is your Kisukuma?" With bravado, he answered, "Not bad." And then, responding to her amused look, he sheepishly answered, "Okay, Mama, it's not so good. I'm an *mtowni* (a city guy)." Shaking her head, she exclaimed, "Ehee! It will be too hard for you to understand the mizimu. We'll have to do this divination the Kiswahili way." She changed from a black cloak to a white wrap that covered her hair, and removed thick copper bracelets, replacing them with thin strands of beads and prepared to call upon her majini (see Giles 1999). With her hair and face covered with a white scarf, she began shaking, belching, and swaying as a jini entered her body. Because majini are associated with Swahili coastal culture and thus speak in Kiswahili, Amina reasoned, Steve and I would be better able to understand their words. Amina's use of appropriate spirits was a relatively common practice in multi-ethnic Mwanza. In other cases, a translator might be located to interpret the words of Kisukuma mizimu for Kiswahili-speaking clients.





**Figure 3-5: Amina Wearing Sukuma Garments**



**Figure 3-6: Amina's Divination Ungo**



**Figure 3-7: Marko Possessed by a Nature Spirit**



**Figure 3-8: Ibrahim Possessed by Shaarifa, Photo by Alli Baird**

### *Forms of Dawā*

Dawā is the Kiswahili word for medicine and thus includes biomedicine, remedies located within *uganga*, and the malevolent concoctions thought to be used by witches. Mwanzans are generally quite willing to try any (non-malevolent) dawā that might be recommended by a biomedical practitioner, pharmacist, healer, religious expert, or even friend. Quite frequently, my Tanzanian friends would report that they had begun taking potent broad-spectrum antibiotics or treatment for malaria on the recommendation of a non-specialist friend. Medicines that taste bad or that produce unpleasant side effects such as stomach pain or belching are often perceived of as stronger (*kali*), and therefore better, medicine

Stroeken (2010) and Bessire (2009) both discuss the importance of *shingila*, a key element to the making of Sukuma medicine (*bugota*). Stroeken (2010:1) describes *shingila* as “an ingredient of access.” For Bessire (2009, drawing on Cory 1949), *shingila*

“activates” substances whether they are being used for protection, attraction, or aggression. In describing his apprenticeship with Songhay sorcerers in Niger, Stoller and Olkes (1987) stress the importance of words (spoken three times) in conjunction with powdered substances. The powders are not fully activated until the words have been said by a sorcerer who has consumed sorko food and become powerful.

Similarly *uganga ya kienyeji* is not simply the matter of ingesting or bathing with an herbal substance. Herbal medicines are widely available in the Maasai market in the center of town (Jangu 2012) or from herbal medicine clinics (see Chapter Six), but *dawa* made by an *mganga* is imagined to be more than just herbal medicine. *Uganga* is potent deriving its power from ancestral spirits, *majini*, and (or) the Qur’an. Performed by practitioners as an “authentic” and indigenous form of knowledge, practitioners of *uganga* argue that their techniques supersede mere knowledge of *miti shamba* or herbal remedies.

While many *waganga* often asked me to help them to procure machines that would allow them to more finely grind *miti shamba* or to produce standardized units of treatment such as pills, the vast majority of treatments were given as substances to be ingested in liquid form (*dawa ya kunywa*) or washed with (*dawa ya kuoga*). Both of those forms of medicine could be administered at home or during extended residential treatment on the *mganga*’s compound. In contrast, *waganga* directly administered vaccination (*chanjo*) and fumigation (*dawa ya chemsha, or dawa kufikiza*).

Healers’ disciplinary strategies are both “reactive” and “proactive.” *Dawa* is often prepared in response to crises, such as involuntary possession, bodily symptoms such as *presha* or swollen limbs, marital problems, or other household concerns. Reactive *dawa*

treats and attempts to alleviate the crisis or cure the symptom. In contrast, proactive medicine acts preemptively to protect a potential victim from future attack (dawa ya kinga) or to improve a client's reputation or circumstances. Proactive medicine includes medicine designed to attract romantic partners, customers, or even voters. One particular form of proactive medicine, dawa ya kusafisha nyota (literally, "medicine to shine a star"), serves to make a person appear more "shiny" and attractive in all aspects of his or her life. Once after I described how deplorable the economy had gotten in the United States and how difficult jobs were to come by, a healer suggested that he prepare medicine to make my "star" shine more brightly. The healer reasoned that if I carried a packet of dawa ya kusafisha nyota with me, my professors and potential employers would look more favorably upon me.

Specific disciplinary strategies could be used to serve multiple ends. For example, dawa ya kufikiza (fumigation) was often used to confer both curative and protective qualities. *Hirizi* (charms or talismans) could be designed to protect a person or her property or to attract potential customers to a business or service. Moreover, protection often occurred reactively as well as proactively if, for example, an afflicted person worried about the threat of future harm. After describing many of the strategies available to healers, I provide an extended case study to illustrate how different forms of dawa are often combined into a single ritual treatment.

*Dawa ya Kunywa (Drinking Medicines)*

Months after her escape from the zombie village (see Chapters Two and Seven), Esther sipped bright yellow liquid from a repurposed two liter water bottle. With each sip, she winced at the medicine's taste. The medicine was very bitter and thus, very

strong (kali). Each painful and audible burp demonstrated the efficacy. The medicine had been prescribed by Shehe Mohammed who had used his knowledge of herbal medicines and the Qur'an to prepare this medicine; that the Shehe and Esther explained was both a medicine to drink and a prayer (*dua*). The bright yellow drink was more than just an efficacious herbal concoction, but contained the strength of the Qur'an. Esther found the Shehe's *dua* to be the most effective treatment of that dozens that had been prescribed to her.

Waganga often prescribed *dawa ya kunywa*, or drinking medicines, to patients. In neat paper packets, healers place finely ground compounds with handwritten instructions detailing how much water the compound should be mixed with and how often the medicine should be drunk. In some cases, *dawa ya kunywa* might be dissolved into foods. While *dawa ya kunywa* is typically a compound mixed into food or water, Islamic healers often add Qur'anic power to these forms of medicine. Mwalimu Yusuf and Shehe Mohammed, for example, would often copy verses from the Qur'an on small pieces of paper and then tell their clients to dissolve the verse along with any medicinal compounds. The patient's religious or ethnic background didn't matter. Esther, a practicing Lutheran, frequently drank *dua* that had been copied by Shehe Mohammed and on one the occasion described below, Mwalimu Yusuf recommended that I take some drinking medicine that had been infused with *dua*.

*Dawa ya Kuoga (Bathing Medicines)*

In July of 2007, several earthquakes in the 4.4 to 6.0 scale occurred near Ol Doinyo Lengai, a volcano located about 350 kms from Mwanza. During each quake and the aftershocks that followed, my second-story, 1960s-era apartment swayed

precipitously. Several days after the last shocks, I awoke with the distinct feeling that my double bed had just been rocking a few inches off of the floor. I awoke just as my swaying bed seemed to land with a clunk. In those final weeks of my long period of fieldwork, it seemed that I was having the same sorts of nocturnal disturbances that my informants had often described. After ascertaining that the earthquakes had ended, I found myself asking Mwalimu Yusuf what might be causing me to wake so suddenly.

Mwalimu Yusuf looked at me, “Do you live close to the Lake?” I answered that I lived near the post office, and thus, a few streets from the Lake and he nodded his head appreciatively. “Water majini,” he answered, “water majini are taking you and placing you in a small boat out on the lake. What you are feeling is the boat rocking. When you wake up, you are being put back in your bed.” When I asked why this might be happening, Mwalimu Yusuf shook his head and gave me the answer that so many Mwanzans get when presented with unusual experiences or puzzling symptoms, “Someone has played with you or perhaps you stepped over some medicine at a crossroads that was intended for someone else.”

As I had seen many other waganga do, Mwalimu Yusuf began rummaging through and opening some of the many small repurposed containers located in his treatment room. He combined powders and pieces of wooden plants, finally presenting me with two small newspaper wrapped packages, one reading “dawa ya kuoga” and the other reading “dawa ya kunywa.” On each packet, he had indicated how many times I should use the medicine. He recommended that I use both medicines for three days, but didn’t provide me with elaborate instructions. He told me that he would also make me a hirizi (talisman) to prevent future attacks

Since I had encountered washing medicines before, I knew that I should mix the water in a bowl and dump them over my hair and body. Since most Tanzanians don't shower with running water but instead take "bucket baths," this method more closely approximated the intended use. This *dawa ya kuoga* was full of bark like material and I found myself wondering what to do about the woody bits that got stuck in my long hair. Brush them out? Leave them there and hope that they would fall out on their own? I settled on smoothing my hair and removing the largest bits of bark. After Mwalimu Yusuf's treatment, I found myself sleeping more restfully and without the rocking sensation that I had found so bothersome.

*Dawa ya Chemsha (Fumigation)*

I translate *dawa ya chemsha*, literally, "boiling medicine," as fumigation because it involves purification of the body with medicine. As the many stories in Chapter Two display, *dawa ya chemsha* is commonly used method of treatment. As is the case with other forms of medicine, the *mganga* combines the necessary ingredients, placing them in a clay pot (*chungu*). This pot is then heated over a three-stone hearth or on a charcoal brazier. Periodically, the *mganga* reheats the pot by adding incredibly hot stones. The patient undresses and wraps herself in a *kanga* or other cloth and then sits on a low stool over the pot. A sheet or large cloth is placed over the patient and acts as a tent to trap the steam arising from the *chungu*. The patient may sit under the sheet for minutes to hours and may be left unattended. Often the *mganga* chants incantations and performs other ritual elements while the patient undergoes fumigation (see Figure 3-9).

*Chanjo (Vaccination)*

One of the most common forms of treatment used by *waganga wa kienyeji* in Mwanza involves the use of razors (or other pieces of metal, such as arrows) to “vaccinate” a patient against further attack. The use of *chanjo* (vaccination) is a necessary step for many patients who have been ill, as well as for practitioners in training (see Figure 3-10). As Auslander (1993) has argued, traditional healing and witch-finding rituals often incorporate elements of western medicine into their practices. This form of protective medicine mirrors public vaccination campaigns carried out by nurses, dispensary employees, and village health workers (in rural Tanzania).

When an *mganga* vaccinates a patient, he or she prepares a medicinal compound in paste form. The healer then makes small superficial cuts onto key areas of the body including the forehead, forearms, chest, and legs, and rubs the medicine into the wound. This treatment, unlike the others that I have described here, leaves its marks on the patient. Once I became familiar with *chanjo*, I began to notice how common the scarification patterns seemed to be. Pressed up against another female passenger on a cramped and over-crowded *daladala*, I might notice the four or five fine black lines just below the collarbone of the woman next to me. Another might stand up to exit the vehicles and I would notice the neat staple-sized marks on her calves. I observed similar scars on men’s forearms when their shirtsleeves were unbuttoned or when they wore t-shirts. As my eyes became more observant, I found myself wondering if there were any Afro-Tanzanians whose bodies didn’t bear the markings of *chanjo*.

While still prevalent, *chanjo* practices have changed as knowledge of HIV transmission has become more commonplace. UNAIDS estimated Mwanza Region’s HIV



prevalence at 7.2% in 2003 and 5% in 2007 (ASAP 2008: 15). The same report breaks down urban versus rural infection rates at the national level, reporting that 10.9% of urban dwellers were infected in 2003-04 and 8.7% in 2007-08 (ASAP 2008:10). Since it is probable that this urban/rural trend follows for Mwanza Region, HIV prevalence rates in the city likely exceed 5%. While these rates are lower than they were a decade ago, most Mwanzans know many people afflicted by the HIV/AIDS epidemic and are unwilling to be vaccinated with a razor that may be unclean. Many moderately educated Tanzanians (i.e. those who have completed Form 4) refused treatment with chanjo, not because they believed it to be ineffective, but because they feared use of unclean razors. That said, each cutting ritual that I witnessed began with the opening of a new packet of razor blades or with the healer sending a child to a corner *duka* to buy fresh blades. Moreover, all of the healers that I interviewed claimed to exclusively use new razors when vaccinating patients.

*Hirizi (Talismsans)*

Waganga often prepare protective talismans for their customers. These talismans may be worn or carried on the person or may be installed in the client's home or place of businesses. These protective talismans took many forms including small packets of dawa sealed in plastic wrap or tied in small cloth or leather bags. On the recommendation of other healers, I carried these paper packets of miti shamba on my person as I observed treatments and spoke to healers. Some remain sealed in their original plastic bags, while others have become tattered and worn.

Other healers made (or ritually imbued existing) jewelry that acted as dawa ya kinga. As is the case with other forms of medicine, hirizi prepared by Islamic

practitioners often included verses from the Qur'an. Copper or brass bracelets that had been transformed into dawa acted as a particularly potent form of protection. At first, I scoffed at the potency attributed to these simple bracelets. After all, these same trinkets were sold at the central market or at stalls around town and were commonly purchased and worn by Westerners living in and visiting Mwanza. However, like the tiny scars on hands, feet, and chests that marked the bearer's use of chanjo, these kinds of bracelets were not decorative. When Mwanzans wore these bracelets, they communicated their invulnerability to uchawi. Bracelets were often read as a sort of shorthand for knowledge of uganga, signifying that the wearer was a healer, an initiate, or someone who had survived a grave illness. Waganga did not always use existing jewelry as hirizi, but sometimes made jewelry for customers. This might include a simple piece of string tied to a child's ankle or metalwork. As my long period of fieldwork came to a close in July of 2007, Mwalimu Yusuf presented me with a hammered metal hirizi to be worn on a chain around my neck. He explained that it would protect me as I continued on with my work at home.

Bundles of medicine were often installed above the door of businesses or homes or were placed inside of commercial vehicles (such as a taxi, daladala, or truck). These forms of medicine did more than protect their purchasers from witchcraft; they also staved off household or commercial calamity. Ibrahim told me about a man who had carried such potent dawa ya kinga that he survived the 1996 MV Bukoba disaster. On May 21, 1996, the overloaded MV Bukoba sunk near Mwanza killing as many as 1,000 passengers. Most passengers were trapped in the ship's hull, but even those who were in the first-class cabins or on the deck perished. Since many of the passengers were unable

to swim, many were eaten by crocodiles or drowned while awaiting rescue (Purvis N.D.). The consumption of humans by crocodiles is associated with witchcraft, with many Mwanzans believing that witches from Ukerewe and Ukara islands can control crocodiles.<sup>18</sup> Because of this, the very individuals who managed to survive the shipwreck, risk of drowning, and consumption by crocodiles are believed to have benefited from highly potent *dawa ya kinga*.

With 3,582 reported deaths per year from traffic accidents (WHO 2013: 214), choosing to drive a commercial vehicle that did not prominently display a religious proclamation (such as “protected by the blood of Jesus,”) or that did not have a *hirizi* hidden within was tantamount to suicide. Many drivers employed both methods of protection, installing talismans made by *waganga* and affixing religious decals to the rear windows of their vehicles.

#### *Other Forms of Dawa ya Kinga*

*Waganga*, government officials, elders revivalist pastors, and others often told me stories about the early morning discovery of naked witches. After medicine was placed along the border of a client’s property, one or more naked<sup>19</sup> people would be found the next morning trapped on the property, unable to escape. Whether told as a cautionary tale to prove that *uchawi* existed, as an illustration of witchcraft as “criminal,” or to demonstrate the potency of a particular healer’s *dawa*, these stories were more or less identical. In each case, a household was protected by a form of *dawa ya kinga* that acted as a trap for witches when they entered the household of the person they sought to harm.

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<sup>18</sup> See Latham and Latham (1995) for a colonial era account of “crocodile training” on Ukerewe and Ukara.

<sup>19</sup> Because of their asociality, witches are often imagined to be naked. After all, what is more suspicious than a naked person in one’s yard?

As Ibrahim explained, “When the witch arrives, he or she will be surprised and may get sick, suffer pain, or even die.” Because witches attempt to play with their victims at night, it followed that they would be discovered the next morning when normal people are awake.

Gesturing at a metal *sufuria* filled with red liquid and Qur’anic texts, Ibrahim explained that he was making a “trap for catching witches.” Describing his treatment process, he explained that this medicine was not for eating or drinking. Instead, he would use long grass to flick the dawa around the property of his client. Laughing, as he often did when code-switching, he said in English, “It is like a B-52.” While I can’t be sure that Ibrahim referred to this medicine as a B-52 when discussing it with his Tanzania clients. I was intrigued by his use of long-range bomber as a symbol for the efficacy of a “traditional” remedy for uchawi.

Ibrahim also recommended that both Steve and Baraka undergo a form of protective medicine that he called “concealment” (*ficho*). Ibrahim explained that this technique could hide them from anyone who might try to bewitch them. Ibrahim sent a young man out to obtain a large green branch from the mbondo tree. When the youth returned, Ibrahim cut three slashes (one for, Steve, Baraka, and me) into the branch. He explained that after he rubbed a medicinal paste made of lion, elephant, and snake oil, fingernail and toenail clippings, and hair into the slits on the branch, it would be planted in the ground alongside the other small trees in his yard. The branch would be hidden from plain sight and would resemble the other trees; similarly we would be hidden from potential attackers (see Figure 3-11).

*Making Majini*

Some healers claim to be able to make majini for their clients. While majini are often associated with involuntary possession and are, thus, associated with witchcraft attacks, many Mwanzans told me stories of regular men and women “purchasing” majini from healers from coastal Tanzania or Kenya. Others never explained how they came to be in possession of majini (see Pastor Massawe in Chapter Four). Many East Africans believe that majini provide their “keepers” with access to great riches provided that they follow the spirits’ rules (*masharti*). Mwalimu Yusuf claimed to be able to make majini for his customers. He did this by drawing a jini on a piece of paper and then used medicine and words to transform the paper image into the animate spirit (see Figure 3-12).

In one of our many conversations in the main market, Baraka told me that Ibrahim had the ability to make majini. Retelling a story that he had just heard the previous night from someone who had watched Ibrahim summon a beautiful jini, he said:

Ibrahim has lots of things that he knows about. There is someone who went to Ibrahim [yesterday] because he wanted to be rich. After much conversation, Ibrahim asked the man if he was willing [to take a jini as a wife]. And that guy said okay. So then Ibrahim called her. She was a beautiful Arab woman (*mke mzuri kiarabu*). Ibrahim told the man that if he wanted to go out with the jini, she could be changed to look like a normal Arab woman, wearing a normal hijab. The guy asked Ibrahim, “what if I want kids?” and Ibrahim answered that some majini like to have kids with human beings (*binadamu*), but that they take those children back to where they come from [i.e., the coast or the sea].

Finishing his story, Baraka exclaimed, “It was amazing, yesterday he woke up and there was lots of money under his pillow.” While neither Mama Pili (Chapter Three) nor Pastor Massawe (see Chapter Four) purchased their majini (as the unnamed man in Baraka’s story did), both reported complicated “romantic relationships.” Pastor Massawe also explained that his marriage to a jini had financial benefits.



**Figure 3-9: Fumigation, Photo by Alli Baird**



**Figure 3-10: Vaccination**



**Figure 3-11: Ficho**

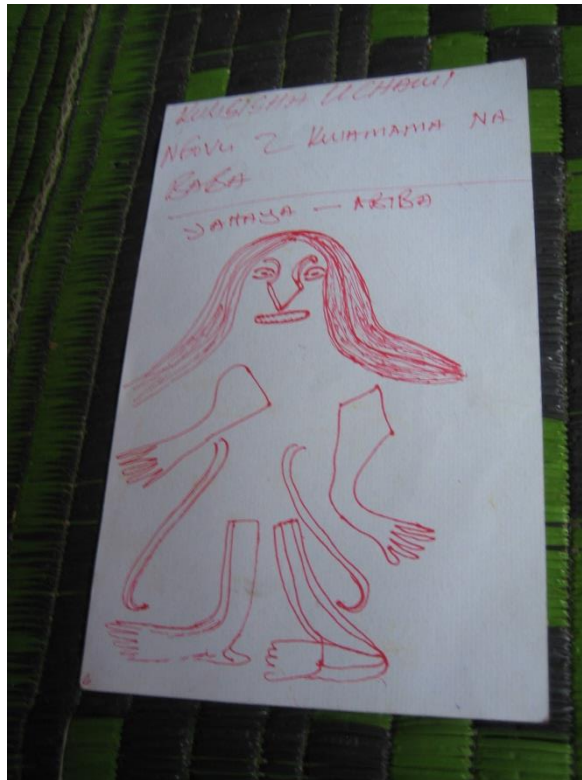


Figure 3-12: A Jini Drawn by Yusuf



Figure 3-13: An Islamic Dua

*Beyond Witchcraft: Other Treatments*

Most waganga wa kienyeji also employ forms of healing that seem much less “magical.” Depending on their knowledge or training, waganga treat a wide variety of mild to severe conditions that originate in “diseases of God,” rather than in uchawi. For example, some healers act as traditional birth attendants. In rural areas where healthcare access is far more limited than in Mwanza, healers often treat commonplace illnesses such as malaria.

While access to care pales in comparison to that in western nations, Mwanza has many public and private pharmacies, dispensaries, clinics, and hospitals. As the stories in Chapter Two made clear, many of the people that I interviewed my interlocutors tried western biomedicine for “physical” ailments prior to seeing waganga.<sup>20</sup> Despite this relative accessibility to biomedicine Mwanza, public user fees introduced after the imposition of structural adjustment programs in the 1990s often seem insurmountable. While waganga services are hardly inexpensive and may, in today’s economy, cost hundreds of dollars, waganga are much more likely to work with patients unable to pay costs. Unlike government medical providers, some waganga will accept bartered payments or will arrange payment plans. Waganga often provide home-based care that includes food and shelter, while patients at biomedical facilities may have to pay extra for these services. Finally, of course, some patients simply prefer “traditional” care for non-witchcraft related illnesses, or they develop an affinity for such care after successful treatment by traditional healers.

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<sup>20</sup>In general, however, a patient whose symptoms included falling down or “making noise” (kupiga kelele) or other obvious signs of possession would rarely receive biomedical treatment, but would be taken to an mganga or a revivalist church (see Chapter Four).



Some traditional healers have an extensive knowledge of herbal medicine (dawa ya miti shamba) and provide CAM (complementary and alternative medicine) services for patients who are not interested in biomedical treatment. Mama Masanja was especially adept at treating patients' physical symptoms, creating salves that healed wounds or loosened muscles. On the many days that I spent with her between 2005 and 2010, she often applied her skills to my own health. On a hot day when I seemed lethargic, she sent me to nap in her spacious bedroom and recommended that I go to the dispensary to get a malaria test. One day when I grimaced after hours sitting on the floor of her round treatment hut, she asked me what was wrong. I mentioned that I have a low back problem that I have dealt with for years. Dumping ingredients into a bowl from several of her small plastic jars, she created a powder. She motioned for me to pull up my t-shirt and reveal the sore spot. Not sure what to expect, I leaned forward and gestured at the area above my right hip. She slapped some of the powder onto the area and quickly massaged the area to ensure full absorption. I sat up, wondering about the treatment, and felt a profound burning sensation. I yelped and said, "That's spicy (kali) like a pepper," and she and Steve laughed. "Oh no," I thought, "She's messing with me!" But then, as quickly as the burning sensation, I felt my muscles relax and my back pain disappear. While chiropractic manipulation, physical therapy, analgesics, and numbing ointments also help my back, Mama Masanja's herbal treatment was effective and efficient.

### *Uganga in the Time of AIDS*

While the relationship between witchcraft and HIV/AIDS (Ukimwi)<sup>21</sup> in Mwanza Region and greater Sukumaland, as well as waganga's interpretations and treatments of

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<sup>21</sup> Upungufu wa Kinga Mwilini.

the disease have been thoroughly explored by anthropologists (Desmond 2009; Hinkkanen 2009) and other social scientists (cf. Roura et al. 2010), I would be negligent if I didn't make some mention of the disease. In 2007, the HIV prevalence rate for Mwanza Region was estimated at 5% (ASAP 2008: 15), with an almost certainly higher percentage in the city. It was impossible to live in Mwanza and not know people affected by the virus. Because access to antiretroviral therapy was extremely limited, HIV/AIDS in Mwanza was, at that time, a death sentence. As Eibl (2010:83) reports, during the 2007 fiscal year (which roughly correlates with my primary field period), only 96,700 Tanzanians received antiretroviral treatment (ART) under the US-funded President's Emergency Program for AIDS Relief (PEPFAR). In the early days of ART roll-out, most PEPFAR recipients lived in Dar es Salaam. In 2012, eight years after the PEPFAR program first made antiretroviral therapy "accessible" to Tanzanians, only 364,000 HIV positive people received treatment through the PEPFAR program (PEPFAR 2013). While this four-fold increase is laudable, over 1 million HIV positive Tanzanians do not have access to ART.

Because of this unmet need, many HIV positive Mwanzans seek help from traditional healers who claim to have developed remedies for HIV/AIDS (see Murchison 2006 for a similar account from Southern Tanzania). In 2006-2007, many waganga expressed concern that the government or western pharmaceutical companies would "steal" their HIV treatments. Some healers were skeptical of my interest in their practice and worried that I was a bio-prospector of sorts who might profit from their remedies. Some healers, like Mama Masanja, explained that they could relieve symptoms of AIDS, but could not actually heal the disease.

Others intimated that they had discovered or been given access to a cure. Jamila, a 28-year-old Muslim healer from Bukoba was visiting Zainabu's compound, while she looked for a place to build an office in Mwanza. She was attracted to life in the larger city, because she was interested in treating HIV/AIDS. In dreams, she explained, her mizimu had shown her "three [forms of] dawa for treating Ukimwi, people with swollen legs, and those who are weak." She explained how she had tested her HIV treatment three times with success. One of her patients was a man from Geita who didn't have any local relatives to take care of him. Her neighbors were concerned that he would die at her home and that people would think that she was responsible for his death (i.e. that she had bewitched him). She explained, "[When he first came to me], he was very sick, no energy, paralysis in his legs, and vomiting. He couldn't walk; he couldn't go to the toilet." He stayed with her for a month and after the first week, he could go to the toilet. After two weeks, he could walk again and his legs had become "cool." While she saw that he was making progress, she was concerned about the comments her neighbors had made, so she sent him home with more of her medicine. It was not just Jamila who believed that the medicine her mizimu had shown her was effective. At the end of Jamila's story, Zainabu told me that an HIV-positive neighbor had also been treated with Jamila's medicine and that "if you saw her, you can't believe she has HIV."

On one of my last days in Mwanza in August of 2007, Dr. Lupanda took me to meet Wambura, one of his female patients. Entering the small, dark, unfurnished cement dwelling where she was staying while receiving treatment, I was shocked by how she looked. Wambura was gaunt, pale, and in pain. She sat on a mat on the floor with a healthy woman. Wambura explained that she had become ill in February of 2007 and had

spent about one month in the Bunda District<sup>22</sup> hospital before being discharged to die. She was then treated by a nearby *mganga* for seven months with no relief. Finally, her relatives brought her to Bugando Hospital where she was tested for HIV. Despite Wambura's symptoms of exhaustion, coughing, severe diarrhea, terrible headache, poor hearing, and leg paralysis, she was surprised by the diagnosis. She said that she had not been told that she was HIV-positive at the Bunda District hospital. At Bugando, she had been given a prescription for antiretroviral therapy, but had not started taking the medicine. Instead, her relatives had brought her to Dr. Lupanda for treatment.

Dr. Lupanda, explained that despite the positive HIV test, Wambura was not sick with *Ukimwi*, but had been bewitched. Describing the results of his divination, he spoke from the perspective of a bad spirit, "Actually, this patient has no *Ukimwi*. We are *mapepo*. We were sent to kill her, but if this doctor has the power to remove us from this patient, than she shall be well." Wambura explained that her senior co-wife had bewitched her. Her co-wife, she explained, came from an *ukoo* (clan) of witches. When I asked about her husband, she explained that he had died in 1996 with similar symptoms to hers. For the patient, a death that resembled her own illness was "evidence" that they had both been victims of witchcraft caused by her co-wife. She further believed that the *mganga* who had been treating her in Bunda had been bribed by the co-wife not to help her.

After a week of treatments including drinking medicine, bathing medicine, and fumigation, Wambura seemed to be improving. She had begun to eat and drink, gain weight, move around, and was speaking more frequently. Dr. Lupanda, believed that the

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<sup>22</sup> Bunda District is located in Mara Region about 75 miles Northeast of Mwanza on Lake Victoria.

mapepo had been removed and that the woman would get better. He thought she should get retested for HIV, although he was confident that the mapepo had caused a false positive. Since she had been “unlocked” from the control of her co-wife and the mapepo, he believed that she would be able to return to Bunda in a few weeks.

The patient’s female companion confirmed that Wambura, whom I thought looked terribly ill, was much improved. Interrupting Dr. Lupanda and the patient, she exclaimed, “Thank God! She couldn’t walk or talk. We see now that she is alright. God has helped her!” Despite intervention by an mganga, the patient’s companion viewed God as the source of the woman’s improved health. As an Islamic mganga, Dr. Lupanda’s skills were attributable to God, as well as the majini that aided him in his divination.

As I explain further in Chapter Six, HIV/AIDS treatment continues to be an area of interest for waganga, herbalists, and their clients. While Tanzania’s HIV prevalence has decreased in recent years, one million HIV-positive individuals lack access to antiretroviral therapy. While I hope that Wambura was successfully treated, I, like the Tanzanian Government, remain unconvinced that healers are improving the health of HIV-positive people. In December 2013, Deputy Minister for Health and Social Welfare, Dr. Seif Rashid reminded Members of Parliament that healers who advertise that they can treat “illnesses, which modern science has so far failed to cure like HIV/AIDS” act in violation of the 2002 Traditional and Alternative Treatment Act No 23 (quoted in Simbeye 2013). From a public health perspective, unproven cures may facilitate transmission. Individuals that believe that they are no longer affected by the virus may engage in unprotected intercourse.

### *Ibrahim's Treatments*

In this section, I use an extended case study to demonstrate how different (uganga strategies) are assembled and layered in order to both treat and prevent problems. While possessing Ibrahim, the jini Jabari had recommended elaborate treatment rituals for Baraka, Steve, and me. He asked us to return in two days for further divination using a coconut and an elaborate treatment involving many of the healing strategies used in uganga. While each of us underwent multiple treatments, the order the treatments occurred did not seem to matter. In their organization, I was reminded of a group of women at a “spa day,” where one woman might have a massage, another a facial, and then the reverse. As it happened, my friend Alice “Alli” Baird, a professional photographer, was visiting from Richmond, VA during the week of the ritual. Jabari and Ibrahim agreed that Alli could take photographs. In this section, Baird’s photographs<sup>23</sup> serve to illustrate the elaborate procedures that Steve, Baraka, and I engaged in.

Wearing his thin white robe, Ibrahim began to prepare the necessary materials. Seated on the floor of his rectangular office in front of a tray of several types of dawa, he used a green coconut to grind something blue, a woody plant, white powder, garlic, and burning incense in a small metal bowl. After tying a piece of white fabric on his head and placing a copper bracelet on one wrist and a string of purple beads in his other hand, he began slowly waving the coconut over the smoky mixture. As he did this, he repeated a few words in Arabic, chanted my name repeatedly, and then finally prayed in Kiswahili to “take care of her problem, make things good.”

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<sup>23</sup> Baird has given me permission to reproduce her photographs.

A young boy entered the room and laid down two plastic prayer mats. Ibrahim's wife followed with a large clay pot (*chungu*). After putting some garlic into the pot, she left the room. From the walkway just beyond the curtain, I could hear her pounding ingredients. Ibrahim opened a large bag full of many small plastic containers. After picking through several of the containers, he added several ingredients to the clay *chungu*. He then announced that he was preparing the *chungu* for fumigation. Ibrahim next took a small cup of red liquid and poured it into a metal pot (*sufuria*). He gestured at the pot, explaining that the pot contained "our blessings" (*baraka zenu*). After stirring the pot and adding some water to thin the liquid, Ibrahim took a match and dipped the non-sulfurous end into the red liquid. He used the match to write Arabic-like characters on each of our coconuts. After writing a bit, he asked me for the spelling on my name, consulted a notebook for instructions, spoke to his brother-in-law (an Islamic scholar), and then continued copying the texts onto the smooth yellow skin of the coconut.

Finally, he handed me the coconut and asked me to tell my intentions to the coconuts. After I had whispered my desires into the coconut in both Kiswahili and English, Ibrahim announced that when we completed the interview, "No one would be able to harm you when you eat, sleep, or use the toilet." The coconut, then, had both divinatory and protective qualities.

We then went into the yard behind the house, where a large snake<sup>24</sup> was said to dwell, and Ibrahim asked me to throw the coconut towards a large flat rock on the ground. In the same way that healers like Amina might read meaning into the semblance of objects in her *ungo*, Ibrahim could read a client's problems by examining the way that

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<sup>24</sup> As I have pointed out elsewhere, snakes are associated with magical power and witchcraft.

the coconut broke. The side of the coconut that fell to the right indicated potential problems with the client's paternal family (*panda ya baba*), while the side that fell to the left represented the maternal kin (*panda ya mama*). If the coconut halves landed facing downwards, that was considered a bad omen, if one was up and the other down, this indicated some problems, while two upward facing coconut halves was considered an auspicious sign.

While Steve's and Baraka's coconuts broke cleanly during their sessions the next day, mine did not break on the first, second, or third try. While some might attribute this problem to my poor throwing skills or a particularly hard coconut, Ibrahim was disturbed and frustrated. Finally, he placed his hand on mine and cracked the coconut on a large rock on the ground. Staring down at the coconut, Ibrahim told me that there were some problems with my mother's family, but that the side of my father was fine. He further clarified this statement, saying, "Someone, maybe a brother or sister of your mother sent darkness your way. Perhaps someone on the side of your mother has talked badly about you."

After he had read the results of the coconut, we returned to his treatment room where he summoned the jini Shaarifa (Figure 3-8). He asked Alli and me to cover our hair with kangas and requested that Alli and Baraka remove their watches. Other forms of technology, including cell phones and cameras, were deemed acceptable by both Ibrahim and Shaarifa. As he had done the previous day, Ibrahim lit some rosewood incense, placed the sheet over his head, and deeply inhaled the scented smoke. After a few minutes, he looked out from under the sheet. With his eyes bulging, he tapped his skull. After checking in with Ibrahim's wife about the sick child, he began to give her



instructions for the remaining components of the rituals before us. Knowing that he had hard work to do, he asked her for jini food (*mafīya mafīya*).

After Shaarifa (the jini) had determined that Steve had fallen victim to jealous people, Ibrahim prescribed a multi-part “surgery” to remove witchcraft and protect him from future attacks. As Ibrahim prepared the coconuts for use in divination, Steve drank breakfast porridge (*uji*) that had been mixed with a potent compound. Following his possession, Ibrahim explained that he had gotten a picture in his mind that “some woman had bewitched Steve because she wanted to cause him harm.” This woman, who Ibrahim intimated might be a former lover, was particularly jealous of Steve’s romantic relationship with Sonya, an American woman. Later Ibrahim clarified that there were actually two women, one old enough to be his mother and one who was younger, who were bothering him.

Steve and Sonya had a volatile relationship which they had both come to blame on witchcraft. After Sonya had moved into Steve’s one room house located behind his father’s larger home, she had hung her laundry out to dry on the line. Steve had cautioned her about hanging up her underwear on the line.<sup>25</sup> Sonya had thought this ridiculous and had placed all of her clothes out to dry. The next day, she found a pair of her underwear mixed with powder and partially burned some distance from Steve’s house. As it turned out, Steve’s concerns about Sonya’s underwear were not rooted in connected to propriety, as both she and I had assumed, but rather expressed anxiety that someone would use

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<sup>25</sup> When I first traveled to Tanzania in 2001, our group of volunteers was told that our clothes would be laundered by a local woman in exchange for money. However, we were told to hang our underwear inside of our rooms and to launder those items ourselves. At the time, I assumed that this was a matter of propriety, but Sonya’s story causes me to wonder about the danger of underwear hanging on the line. That said, my part-time housekeeper in 2007-08 insisted on hanging my underwear on the line outside my apartment. When I asked her if this was acceptable, she explained that all of the other Westerners that she had worked for had not suffered any problems from this practice.

these intimate items of apparel to harm Sonya or their relationship. While many stories about illicit witchcraft include the taking of clothes, undergarments (because they are worn so intimately) are thought to be especially vulnerable items of clothing. Since Sonya's underwear had been destroyed, the couple's arguments had increased.

Steve's "surgery" to remove the obstacles to his romantic and financial success was comprised of five steps (with steps 2-5 in no particular order): 1) consumption of the uji, 2) vaccination with a razor, 3) fumigation, 4) the sealing of the treatment, 5) consumption of protective medicine in the form of a "pill," 6) followed by seven days of Qur'anic medicine. Baraka and I underwent many of the same steps, with the exception of consuming the uji, and using the Qur'anic medicine. As we discovered a few hours after Steve consumed the uji, the medicine's intent was to forcibly remove any witchcraft from his body. The medicine made him violently ill and he spent most of the day running between the treatment room and the outhouse behind the house.

Next, Baraka underwent fumigation. Since the patient is naked under the sheet during fumigation, Alli and I sat outside in the yard and took a brief walk. After Baraka's fumigation, Ibrahim called us all into his treatment room. He placed three dots of honey on the corners of a tray and began to mix crushed dawa ya miti shamba into them, forming a thick, dark paste. He opened a package of razors and used one to make a cut onto Baraka's scalp. After rubbing the paste into the cut, he removed two more razors. Steve, Alli, and I looked at each other. Neither Steve nor I had agreed to be vaccinated during previous encounters with waganga. While I had avoided dawa ya chanjo because of risk of infection, Alli pointed out that the black paste might leave a perceptible scar on my skin. After a quick consultation with Steve in English, we decided to accept the medicine.

Ibrahim cut Steve's scalp, rubbed in the medicine, and then, in response to Alli's concerns, barely pricked the part in my hair, before applying the medicine.

Despite hearing about *dawa ya chemsha* from many of my informants, I had been unable to observe patients undergoing fumigation because it was such an intimate procedure. However, after Ibrahim diagnosed "problems" on my mother's side of the family, I found myself under a yellow sheet inhaling steam (see Figures 3-9). Ibrahim's wife handed me a *kanga* and she, Ibrahim, Steve, and Baraka left the treatment room. Following instructions, I removed my clothes and wrapped the soft, worn *kanga* around my body. I sat down on the low wooden stool, reticent and unsure of what to expect. Neither Ibrahim, his wife, or the *jini* had said "*dawa ya chemsha*" or "*dawa ya fukikiza*." I wondered to myself if this was how the afflicted might feel – *waganga* rarely communicate their treatment plans in advance. When Ibrahim and his wife returned with a large yellow sheet, a charcoal stove, and a clay pot full of liquid and herbs, I recognized that like Baraka, I would be experiencing fumigation. They draped the sheet over me, leaving only my feet exposed. Dropping the first of five stones heated on the charcoal stone into the pot, Ibrahim pushed it under the sheet. Slightly scented steam rose up, infiltrating my nose and lungs. Ibrahim stood above me with his hand on my head muttering words that sounded like a mixture of Kiswahili and Arabic. As I strained to hear, he dropped a second stone into the pot. I started to perspire. Coupled with the already warm ambient temperature and my empty stomach, the third stone broke my concentration. I could no longer focus on anything happening outside of the sheet. I lost track of time. It could have been 10 minutes or an hour.

Finally, Ibrahim indicated that he was done and left the room to give me some privacy. His wife removed the sheet. Hot and sweaty, I breathed in the dry air and attempted to focus on what had just happened. Carrying in a tray of grilled fish, ugali, and sauce, his wife handed me a new purple, white, and black kanga and told me to wrap myself in it. When she left the room, I removed the damp kanga, exchanging it for the newly purchased one. She returned with a metal pot filled with cold water and herbs and instructed me to wash myself. I began gingerly splashing the water over my face and hair. With evident frustration, she began to help me. Finally, she dumped the remaining water over my head, soaking me and the new kanga. She pulled the sopping wet kanga off of my body, leaving me naked with the fabric at my feet. Unperturbed by my nudity, she told me to get dressed in my own clothes and that it was almost time for lunch. Glancing over at Alli with embarrassment, I pulled on my cargo pants and green t-shirt.

After I had undergone fumigation and we had all eaten our lunch, we resumed treatment. Lighting rosewood incense and placing on some charcoals in a small brazier, he urged the three of us to inhale the scented smoke. Ibrahim directed me to sit cross-legged in front of the incense, while he consulted a notebook with instructions. He put his hand on my head and began to chant in a combination of Arabic and Kiswahili. After chanting for a few moments, he walked in a counter clockwise direction around me. He repeated this pattern five more times. At the end, he took my hands helping me to my feet, we twirled back to back. This part of the treatment acted to “seal” the effects of the fumigation, effectively protecting my body from further harm (Hinkkanen 2009; Langwick 2011).

Finally, after a long day, Ibrahim brought us all together. Mixing together powders, animal fibers, water, and a black waxy substance, Ibrahim made incantations in a combination of Kiswahili and Arabic. He smiled cheerfully and made small talk about football while he divided the gelatinous mixture into three small balls. Muttering a few words, he handed Baraka and Steve each one of “the pills.” The pills were a form of *dawa ya kinga* meant to seal the other treatments. As I watched curiously, Ibrahim swiftly tapped my forehead and pinched my nose. My head fell backward and my mouth was agape. Ibrahim popped the remaining pill into my mouth. As the thick black ball entered my throat, I wondered what exactly I had eaten and hoped it would not have the same effect as the *uji* that Steve had consumed. This medicine offered a final form of protection, Ibrahim explained. Despite an almost eight-hour day, Ibrahim instructed us to return the next day for further treatment. While I felt drained from the fumigation and my haunches were sore after so many hours of sitting on the concrete floor, I felt no effects from the various forms of *dawa*.

On the second day, for the most part, Ibrahim and his brother-in-law, a “sheik” dressed in street clothes and a *kofia*, completed the ritual for Baraka and Steve. After a light-hearted conversation about the latest English Premiere League matches, Ibrahim’s brother mixed orange powder with water forming a red liquid. He told me to cover my hair with a *kanga* and then holding his *Qur’an*, prayed in Arabic. He handed each of us a piece of white crystal incense and told us to suck on them. We then placed the incense into a small metal brazier that contained charcoal. Perfumed smoke filled the treatment room. As he had done the previous day, Ibrahim used the red liquid to write on the coconut. He then encouraged Baraka to sit cross-legged facing the open door with the

incense and coconut in front of him, while Ibrahim, performed a similar sealing ritual to the one that he had done for me the previous day. Next, Baraka and I went into the backyard while Ibrahim began Steve's fumigation. Baraka threw his coconut, and it broke cleanly with one side facing up and the other down. A bit later, Steve broke his coconut and underwent a slightly different sealing procedure than the one that Baraka and I had undergone.

The day culminated with the production of a dua (prayer) for Steve to use at home and the creation of more dawa ya kinga for me. Using red ink, Ibrahim's brother-in-law painted a grid on a piece of paper and began to copy Arabic letters onto it. He tore the paper in half and placed both halves face down. Later, this dua was placed in clean water for Steve to mix with lotion and rub on his body over the next week. After leaving to wash his hands and feet, Ibrahim's brother-in-law consulted the Qur'an. He painted a larger grid (see image 3-13) and wrote my name in Arabic on the paper. He filled in the grid with texts that he copied from the Qur'an. When he was finished, he poured some dawa onto the paper, and folded it into a small packet.

This long case study has demonstrated the ways that waganga assemble multiple forms of divination and healing strategies into one larger anti-witchcraft practice. In this case, Ibrahim used both coconut divination and spirit possession to isolate the clients' needs, and fumigation, vaccination, oral medicines, a sealing ritual, and dua for treatment. Over several days and significant cost, Ibrahim treated Steve and Baraka who occupied marginal positions – Baraka sought a better financial future and release from majini that he said borrowed him and Steve desired romantic harmony and increased success in his bongo flava career.

*Competing Healers, Gendered Practice, and Mimesis*

As I hope that this chapter has demonstrated healers share a disciplinary grammar for what constitutes legitimate divinatory and healing practices. Spirit possession and healing strategies have consistent performative elements. At the same time, healers work within a crowded and saturated healing economy that includes revivalist Christians and vigilantes. They differentiate themselves from other practitioners by advertising in the marketplace or on billboards, emphasizing particular skills, or highlighting their ethnicity (e.g. as Fipa, like Marko). They also compete by discrediting other waganga. When dealing with a patient who has not gotten better under a previous mganga's care, healers often intimate that the prior mganga had intentionally stretched out the illness. In other cases, healers will describe another healer as a trickster or charlatan. Amina, Yusuf, and others were extremely critical of Ibrahim's legitimacy arguing that he didn't really know anything and that he had purchased his majini from a coastal Tanzanian. I was surprised by Amina's forthrightness, especially since she lived and worked with Zainabu's (a kinswoman of Ibrahim). Other healers engaged in similar processes, arguing that some waganga exaggerated their abilities or merely copied the practices of others. Ibrahim claimed that his authority to practice uganga from his grandmother and never mentioned purchasing majini.

Women's experience as healers seemed more legitimate, because as I made clear in Chapter Two, women in Mwanza are much more likely than men to experience involuntary spirit possession. Women are also very likely to engage in voluntary spirit possession practices as healers. While many waganga wa kienyeji are male, there seem to be at least an equal number who are women. Given the gendered context of Tanzanian

society, there are few professions that are equal in gender participation. Boddy (1994:416) argues that women's participation in spirit possession cults and practices is not surprising given that "... possession is concerned with social domains [such as kinship and social reproduction] for which women are typically assigned primary responsibility." For Boddy (1994), the global prevalence of women experiencing spirit sickness and participating in spirit possession complexes is not a sign of inherent feminine marginality, but rather indexes women's social experiences and provides a platform for women to engage in a form of cultural metacommentary.

Ancestral healers seemed to vary little in their practices, however, within the domain of "Islamic healing" gender and ethnicity play an important role in defining divinatory and curative practices. McIntosh (2009) concludes that healers who use majini in their practices are often female and Giriama, while walimu wa kitabu are typically male and ethnically Swahili. With the exception of Jamila, a female healer from Bukoba who was visiting Zainabu's compound, none of the female Islamic healers that I encountered claimed Qur'anic authority, while the men often did. Like many of the other healers described in this chapter, Jamila gained much of her knowledge from dreams. Interestingly, she claimed to have awoken from a dream about reading the Qur'an with the ability to read sacred texts.

With this exception, textual healers were male and often from coastal (predominantly Islamic) Tanzania, ethnically Swahili, or had been born into Muslim families. In contrast, healers who acted as mediums to majini were quite likely to be from the Lake Zone and to be ethnically Sukuma or Nyamwezi. While many of these healers



had converted to Islam or at least followed some their majini's masharti, they were not as grounded in Islamic traditions and practices as coastal-born healers.

Male healers who purported to have "Islamic" power, but lacked expertise in textual practices had to reproduce this form of knowledge. Despite claiming authority from both majini and mizimu and acting as a spirit medium, Ibrahim (whose witchcraft story appeared in Chapter Two and whose practices feature prominently throughout this chapter) also performed textual practices including writing *dua* (Islamic prayers) and preparing *kombe* (a medicinal drink made from the ink of Qu'ranic texts, Giles 1999). What made this unusual was that Ibrahim, in my estimation, did not speak or read Arabic. Rather, Ibrahim, with the help of his brother-in-law performed a mimetic representation of the healing work done by textual healers. In his practice of creating *dua*, Ibrahim's brother-in-law used red ink to create "Qur'anic texts." Using a sharpened feather, he wrote with flourish. However, several readers of Arabic have examined a photograph of one of these *dua* (see Image 3-13) and have told me that only the first line is discernable and that other "real words" are completely decontextualized. Nonetheless, wearing white clothes, following the commands of his majini, chanting "Allahu akbar" (God is great), and writing texts that resembled those of shehes, Ibrahim effectively simulated Qu'ranic power. For the average Mwanzan or the anthropologist, the performance was seamless and authentic. Moreover, in performing male textual practices, Ibrahim, who had inherited his *uganga* from female kin, could demonstrate his legitimacy as a male Islamic healer.

Yet, mimetic practices were not exclusive to Ibrahim and his brother-in-law. By definition, all Islamic medicine in Mwanza is in some sense mimetic as it involves the

physical copying of Qu'ranic passages and drawings of majini. And, as disciplinary practitioners, waganga use particular (and often formulaic) healing and divining strategies recognizable to their fellow healers and experienced patients. As, I explained above both healing and divination practices follow a “disciplinary grammar” While individual healers draw upon their spirit-based knowledge, they must still follow particular conventions in their divinatory and healing practices. In miming healing practices, waganga forge “a palpable, sensuous connection between the very body of the perceiver and the perceived” (Taussig 1993:21). Both divinatory and healing practice are rendered authentic through the heightening of senses – the burning of medicine being rubbed into a cut, the feeling of gritty medicine being washed onto the body, the bitter taste of an herbal concoction, or the sensation of hot steam warming the skin and filling the lungs.

In this chapter, I have described the similarities and differences between ancestral and Islamic healers, cataloged divinatory and treatment practices, and used an extended case study to demonstrate how healing strategies are layered into multi-step rituals. In the next chapter, I explore how healing takes place in revivalist contexts.

## CHAPTER 4: “IN THE NAME OF JESUS, *TOKA*”: REVIVALIST CHRISTIANITY AS ANTI-WITCHCRAFT PRACTICE

### *Introduction – What’s Wrong with this Revival? (July 2007)*

Walking up the road that led past U-turn, Mwanza’s western style grocery, and towards Isamilo Hill, a pleasant expatriate neighborhood since colonial times, I heard the familiar sounds of gospel music. While I imagined that the music might be coming from a vendor’s cart or from a church located up the hill, I was surprised to see a stage set up on a field adjacent to one of Mwanza’s largest primary schools. The usual venue for “tent revivals”<sup>1</sup> was a much larger field near Mwanza’s primary football stadium (Kirumba) and main throughfare, Makongoro Road (also called “Airport Road”). The primary school site wasn’t as attractive as the Kirumba venue for several reasons. First, it lacked Kirumba’s central location and thus suffered from relatively poor attendance. Second, the grass was dry and itchy and littered with trash. The site sloped a bit, so that the stage was located on the crest of the hill. While some attendees clustered around the stage, more reticent attendees (like myself) watched events from slightly downhill. Finally, while not all revivalists provide tents and chairs, the set-up for this event seemed particularly limited. The organizers had set up a small stage, loudspeaker, and a few chairs for VIPS.

As the hot sun beat down on us, we listened to performers sing over pre-recorded music blaring through scratchy speakers. The audience seemed to perk up when a popular revivalist number began playing. This song commands the faithful to dance for Jesus and humorously draws on ethnic tropes. Demonstrating the dance music, the male lead singer

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<sup>1</sup> While many of Mwanza’s churches hold revivalist meetings on Sundays and some weeknights, temperate, dry July is marked by large outdoor revivals. These revivals are sometimes held in tents, while on other occasions, such as the one described in this passage, they are open-air. Revivals may feature local preachers or evangelists visiting from other parts of the country, elsewhere in East Africa, or even the United States.

energetically sang, “Dance Maasai [jumping up and down]! Dance Kuria [also jumping, but in a different way]! Dance Sukuma [close to the ground with undulating and thrusting hips]! Dance European (*kizungu*, or “white”) [frozen, but snapping fingers in a ‘jazzy way’]!”<sup>2</sup> In response, disparate attendees danced individually or in small groups; at “Sukuma,” the predominantly Sukuma crowd let out a few whoops and at “kizungu,” a few bystanders noticed me dancing and laughed.

And yet despite the joyous music and enthusiastic dancing, something felt amiss. As I discuss more fully in the remaining sections of this chapter, revivals are highly structured events that follow a specific sequence of events: warm-up music, the sadaka, (literally, “sacrifice,” but used in the Christian context to connote the offering or collection), sermon, conversion, and finally, the healing of the afflicted, including those who suffer from witchcraft-related illness or spirit possession. As was customary, after the warm-up music was completed, young men and women fanned out to collect the sadaka. However, unlike most revivals, the sermon did not begin immediately after the baskets had been passed. Attendees seemed even more restless than they had earlier and some left the school grounds. I was about to do the same when, finally, a car pulled right up to the stage and two fifty-something white couples jumped out. Invited onto the stage, a Tanzanian evangelist announced that they were visiting from the United States. The visiting white preacher then proceeded to deliver a sermon focused on the themes of sin and salvation. While his tone was rousing and his presentation charismatic, the rhythmic crescendos that signified the completion of each phrase were awkwardly truncated by the evangelist’s translation of English into Kiswahili. Moreover, when the sermon ended, the

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<sup>2</sup> “*Kucheza kimasai, kucheza kikuria, kucheza kisukuma, kucheza kizungu!*”

visiting preacher and his three white compatriots were thanked by the evangelist, returned to their car, and drove away. The sermon had not ended with a calling up of those who had been inspired to become walokole (born again people or revivalists) or an invitation to the infirm, including those possessed by spirits, to be healed.

Attendees left soon after and it struck me that the revival had been a “failure.” In dissecting the experience later after attending several other revivals including the multi-day event that I discuss below, I attempted to catalog the reasons why I read this revival as a failure. Was it the poor location and subsequent low turnout? Was it the lateness of the preacher, followed by the awkwardness of linguistic translation? Or was it, as I argue below, the deviation from performative structure that doomed this particular event?

### ***Revival as Anti-witchcraft Practice***

In this chapter, I continue my exploration of anti-witchcraft in Mwanza, by examining ulokole (“revivalist” Christianity) as anti-witchcraft practice. Importantly, in this chapter, I conceptualize of revivalism as a “discipline,”<sup>3</sup> that explicitly positions itself in diametric opposition to uganga. While both ulokole and uganga purport to reduce suffering (including that caused by witchcraft) and use ritual strategies to alleviate that suffering, walokole (revivalist Christians) view uganga as tantamount to witchcraft. In this chapter, I have two goals: 1) to describe and analyze revivals as sites of healing and 2) to demonstrate through the narratives of Pentecostal ministers (*wachungaji*) the ways that faith healing is strategically differentiated from the techniques offered by uganga, biomedicine, or the herbal clinics I mention in Chapter Six. In contrast, attendance at a

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<sup>3</sup> As I have indicated elsewhere, there are problems with the use of “discipline” in this dissertation. The practices, churches, and people mentioned in this chapter come from a wide variety of churches and to suggest that they are collectively part of one “discipline” may obscure the variability between them. That said they draw momentum from a shared discourse about witchcraft.

tent revival (or at multiple revivals) is just one of many tactics that a person who suffers from affliction might try in his or her quest for wellness.

In this chapter, I argue that like uganga rituals, revivals follow a distinct, and expected performative grammar. As I show below, successful revivals, in contrast with the event that began this chapter, are predicated on a series of events, culminating in the explicit use of Jesus' name and the command to spirits to "Get out!" (*Toka!*) of the afflicted person's body. Jesus' name is understood by revivalists to be the most powerful form of medicine and subsequently, the most effective cure for witchcraft. This construction is rooted in "biblical truth," according to believers, but also, I would argue, serves the more secular purpose of discounting rival epistemologies. In an increasingly commoditized and saturated healing economy, Christian healers must differentiate themselves from other faith-healers and waganga. Moreover, despite their belief that uganga is pagan, and thus demonic, the Pentecostal pastors that I interviewed often believed it to be efficacious, albeit sinful. It is all the more important to differentiate faith healing from "traditional" healing because both are understood by the majority of Mwanzans to be effective.

### ***Language and Literature: A Discussion of Terminology***

Before I delve into these themes, I want to discuss the terminology used in this chapter, as well as some of the existing literature surrounding contemporary African Christianity. This chapter draws from two sets of data – participant-observation at several tent revivals held by different churches in July 2007 and July 2010 and interviews conducted with Pentecostal ministers in 2007. More specifically, I conducted several interviews with Pastor Massawe, who participated in Esther's care (see Chapters Two

and Seven for a complete account of Esther's experiences). In addition, Steve Rasmussen, a missiologist and, then, instructor at one of Mwanza's many Christian colleges, and I conducted multi-day panel interviews with four of his students who were training to become Pentecostal ministers. Our research questions were quite different, so our analysis of this shared data varies (see Rasmussen 2008 for his interpretations).<sup>4</sup>

Despite the fact that the interview data explored in this chapter comes exclusively from Pentecostals, I have chosen to use the terms "ulokole" and "revivalist<sup>5</sup>," rather than Pentecostal or the more general, Charismatic. I do this for several reasons.<sup>6</sup> First, not all of the revivals that I observed were sponsored by Pentecostal churches. In fact, one very large, multi-day revival that I attended in 2007 was associated with the Kanisa la Kiinjili la Kilutheri Tanzania (KKKT) which is known as the Evangelical Lutheran Church of

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<sup>4</sup> The importance of religious healing (as an alternative to uganga) became clear to me in early 2007 after I met Mama Gervas and Esther. However, I had not planned to do a research project on faith healing and felt uncomfortable attending church services, as a non-adherent, especially given an ethnographic context where Wazungu are locally-imagined as always Christian, if not as missionaries. I found it very difficult to explain to my Tanzanian friends that I wanted to go to church for the purpose of conducting research, and this made me uncomfortable from an ethical perspective. They, in turn, were often concerned about the state of my soul. This conundrum was to some extent resolved after my introduction to Steve Rasmussen, an American Pentecostal missionary, who had lived in East Africa for more than ten years and was himself, writing a dissertation on witchcraft in Mwanza (Rasmussen 2008), albeit from a missiological perspective. Steve, his wife Jan, and their children invited me into their home and to a church service. While I ultimately decided not to conduct research in the Rasmussen's church – choosing to focus on large public tent revivals for ethical reasons – our conversations and collaboration was essential to my understanding of ulokole, especially in relationship to witchcraft discourse.

<sup>5</sup> Revivalist in this context does not refer to the Great East African Revival of the 1920s-1930s. I appreciate Cindy Hoehler-Fatton's emphasis on this point

<sup>6</sup> Theologian Asamoah-Gyadu (2007:340) distinguishes between "Pentecostalism" and the more general "Charismatic," explaining that "Pentecostalism" may be understood as that stream of Christianity that emphasizes personal salvation in Christ as a transformative experience wrought by the Holy Spirit; and in which such pneumatic phenomena as 'speaking in tongues,' prophecies, visions, healing, miracles, and signs and wonders in general, are sought, accepted, valued, and consciously encouraged among members as evidence of the active presence of God's Spirit. While his definition of "Charismatic" is similar and even "coterminous," Asamoah-Gyadu suggests that in conventional usage, the term be reserved "for Pentecostal renewal movements that operate within historic mission denominations or mainline churches" (2007: 340). Charismatic movements exist within Catholicism, for example (Meyer 2004, Csordas 1990). The Pew Forum uses the term "renewalist" as its umbrella term for Pentecostals and Charismatics (Lugo et al. 2006).

Tanzania (ELCT) in English. The KKKT is considered a “mainline” church and reports 5.6 million members in Tanzania (<http://www.elct.org>). Second, in my experience, Tanzanians use the general term “walokole” when referring to “born-again” Christians regardless of any particular denomination or church. The term “revivalist” comes from Roura et al.’s interview-study examining faith leaders’ perceptions of antiretroviral therapy (ART) conducted in Kisesa, a rural ward close to Mwanza, Roura and colleagues (2010) included the Evangelic Assembly of God Tanzania (EAGT), Pentecostal Assembly of God (PAG), Charismatic Evangelical Church of Tanzania (CECT), Mitume Church (apostolic church), Kanisa la Kristo (Church of Christ), Jesus Miracle Center, and Nazarene Church in the category “revivalist churches.” Of these denominations, only three, the EAGT, PAG, and Mitume Church have roots in worldwide Pentecostalism. Walokole are locally understood to be people who disavow the use of alcohol and other illicit drugs, reject traditional healing, and rely on prayer often expressed through “Jesus’ name” to guide them. They may or may not speak in tongues (glossolalia) and may or may not attend a Pentecostal Church.

In contrast to Roura et al.’s (2010) and my use of “revivalist,” there have been a number of anthropological studies that examined African Independent Churches (AICs)<sup>7</sup>, Evangelical Christianity, Charismatic Christianity, and/or Pentecostalism (for summaries of this literature, see Meyer 2004; for a few examples of such studies in sub-Saharan Africa, see Comaroff 1985; Comaroff and Comaroff 1991; Hoehler-Fatton 1996; Meyer 1999; Engelke 2007, 2010; Brennan 2010). Meyer (2004) argues that in the 1980s, scholars and African Christians alike were attracted to AICs, such as Zionist, Nazarite,

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<sup>7</sup> Other scholars call them African Initiated or Indigenous Churches (Meyer 2004) or African Instituted Churches (Lugo et al. 2006)



and Aladura churches, “because they seemed to offer a more ‘authentic,’ Africanized version of Christianity than ... the presumably Western-oriented mainline churches” (Meyer 2004: 448). AICs, while not popular in contemporary Mwanza, are relevant here because anthropologists have often examined them as sites of healing and with regards to witchcraft belief (see *Witchcraft, Spirit Possession, and Revivalism* below). Lartey, a Ghanaian pastoral studies lecturer, describes the popularity of AICs, or what he terms “independent indigenous Pentecostal churches,” throughout sub-Saharan Africa in cultural terms, arguing that they were formed in part because western mission churches failed “to integrate “charismatic” experiences, especially in the area of healing, into their faith and practice” (Lartey 1986: 75). Connecting traditional healing to Christian healing as practiced in independent indigenous Pentecostal churches, Lartey (1986:75) explains, “Healing, exorcism, divination, diagnosis and the restoration to wholeness of ill or disturbed persons are seen as crucial functions of the priest.” He further argues that AICs’ emphasis on healing (including the removal of spirits and cure of witchcraft-related illness) better fits an African cultural logic; moreover, he suggests that mainline churches unwilling to include faith-healing practices fail their adherents. Importantly, AICs are not just another example of syncretism to be lumped in with Voudoun, Santeria, Candomblé, and cargo cults, rather they are culturally-particular forms of Christianity that continue to evolve in light of new forms of popular religion. Hoehler-Fatton (2012:86) has recently argued that the use of “ecstatic fervor and potent [healing] water” by Christian and Muslim religious movements in Kenya of the 1920s and ‘30s is a marker of engagement with “existing indigenous religious idioms.”

Beginning in the 1990s, AICs have been supplanted by the “spectacular rise” of what Meyer (2004: 448) terms “Pentecostal-Charismatic Churches” or PCCs.<sup>8</sup> While Pentecostal churches with missionary links have been located in Africa since the 1920s, it is more recently that AICs have re-imagined themselves as Pentecostal in part because of a shared emphasis on “the importance of the Holy Spirit above biblical doctrines, ... room for prophetism, dreams and visions, speaking in tongues, prayer healing, and deliverance from evil spirits” (Meyer 2004: 453).

These studies are not unique to Africa, of course. For example, Robbins (2004) has written extensively on charismatic revivalism among the never-missionized Urapmin of Melanesia. And yet, something unique does seem to be happening in Sub-Saharan Africa. By 2000, there were 83 million Independent Christians (AIC members) and 126 million Pentecostal-charismatics in Africa (Meyer 2004). Moreover, Sub-Saharan Africa has become an international site of Christian fundamentalism.<sup>9</sup> This veritable explosion of renewalist/revivalist/PCC Christianity is explicitly linked, by scholars, theologians, and practitioners, to globalization and modernity. While AICs were considered interesting by earlier scholars, in part, because of their “syncretism” and “African-ness,” PCCs have become an important object of study precisely because they “present themselves as ultimate embodiments of modernity” (Meyer 2004: 459). African Pentecostals, in particular, often reference their connections to western Pentecostal churches and missionary movements. Anthropologists have been especially interested in

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<sup>8</sup> Engelke (2010) has been critical of this teleological notion in Meyer’s work, pointing out that Zimbabwe’s “independent” Masowe Church which he has studied (2007, 2010) continues to thrive in spite of the spread of PCCs.

<sup>9</sup> For example, when the controversial decision to ordain an openly gay bishop fractured the American Episcopal Church in 2008, the Nigerian Anglican Church invited conservative Episcopalians to join its diocese.

one component of this globalism – “the gospel of prosperity” which assures supplicants riches in this life and the next (rather than in the after-life alone) (See Meyer 2004 for a discussion of this trend). A 2006 Pew Report which surveyed Christians in ten countries,<sup>10</sup> found that Kenyan (83%), Nigerian (96%), and South African Christians (80%) were very likely to agree or mostly agree with the statement, “God will grant material prosperity to all believers who have enough faith.” These numbers were even higher for Pentecostals, with 85% of Kenyans, 95% of Nigerians, and 90% of South Africans in agreement. By contrast, only 46% of all American Christians and 66% of Pentecostals agreed with the statement (Lugo et al. 2006:30). The Pew survey demonstrates that African Christians have embraced the gospel of prosperity in ways that Christians located elsewhere in the world have not. Importantly, neither AICs nor mainline churches are “amodern.” Rather, anthropological attention to the study of the gospel of prosperity, the accumulation of wealth (particularly as symbolized by such “modern trappings” as fancy cars) by Pentecostal preachers, the rejection of “traditional” African values and cultural practices in Pentecostalism, and the global reach of Pentecostalism and Evangelical Christianity more broadly, fits into a larger trend of anthropological investigations of local modernities.

In contrast, Englund and Leach (2000) have pointed to the problem of allowing “modernity” to become a meaningless meta narrative, while Sanders (2008a, 2003b) has argued that anthropologists should not lose sight of “tradition” when thinking about witchcraft. Furthermore, Stambach (2000) points out that Evangelical Christianity may actually be used to criticize globalization and modernity. In northern Tanzania, she

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<sup>10</sup> Christians from the United States, Kenya, Nigeria, South Africa, Brazil, Chile, Guatemala, India, the Phillipines, and South Korea were surveyed.

argues, evangelists often use their sermons to critique “the politics of production,” especially in relation to youth participation in global economics.

***Witchcraft, Spirit Possession, and Revivalism***

The remainder of this chapter focuses specifically on revivalist Christianity as an anti-witchcraft discipline in Mwanza. In particular, this chapter examines how revivalist Christianity makes sense of and reproduces the lived reality of witchcraft. As I suggested in the description of an “unsuccessful” revival that opened this chapter, revival attendees in Mwanza (including myself) expect to experience (or at least witness) healing, including the healing of witchcraft and spirit-caused affliction. I am hardly the first Africanist anthropologist to be interested in the relationship of Christian healing to witchcraft and demons; this topic has been quite fruitfully explored by others (Meyer 1999; Badstuebner 2003; Pfeiffer 2003, 2006; Engelke 2007, 2010; Newell 2007). In his work on a Zimbabwean AIC, Engelke (2010) demonstrates the discomfort that many mainline Christians feel about healing. Describing a theoretical and practical discussion between a father (Daniel) and his son (Gaylord): Engelke writes:

Daniel was ambivalent toward the [Masowe or apostolic] church and ... did not recognize what happened in healing sessions as particularly ‘Christian’, marked, as these sessions often are, by possession and other (as main-line Christianities might insist) ‘heathen’ practices. Gaylord’s understanding of how the church encouraged a break with the past just did not make sense to Daniel. What Daniel saw in the church was a deeply traditional African spirituality and sensibility. (Engelke 2010:190)

As a mainline Christian, Daniel had been taught to renounce belief in witchcraft and ancestral and other spirits; in contrast, the apostolic (Masowe) church understood both to be really real. Daniel, thus, was uncomfortable with precisely the sorts of “indigenous” or

“traditional” elements that Lartey (1986) argues are necessary components for making Christianity relevant to Africans.

Unlike mainline churches, revivalist Christianity recognizes that witchcraft and spirit possession produce suffering in African bodies. However in these churches, witchcraft and spirit possession are interpreted through the Christian idiom of Satan. In Mwanza, at least, this means that functionally different categories of spirits, such as *mizimu*, *majini*, and *mapepo* are read by revivalists as *mashetani* (demons). Revivalist ceremonies and services include healing sessions which may include the laying on of hands. Akrong (2000:7) links this “neo-witchcraft mentality” to the gospel of prosperity, arguing that Charismatic Christians believe that “... misfortune or poverty means one is being robbed of his or her God given right by evil forces and witches.”

Newell (2007:435) argues that Pentecostalism has gained popularity in Côte d’Ivoire because of its perceived “ability to combat the forces of witchcraft in modern society.” Yet, Newell explains that when Ivoirians critique Pentecostalism, they do so:

with all the awe and ambivalence they typically reserve for those with the power of witchcraft; churches are accused of being sites of greed, of corruption and even sorcery itself, while without apparent contradiction, they are respected and revered for their abilities to heal (Newell 2007:443).

Writing against the “neo-witchcraft mentality” that he observes in Charismatic practice, Akrong (2000:7) argues that it “creates a total or absolute dependency on spiritual power, which may tempt the Charismatic Christians to seek spiritual power ... regardless of its source.” For Newell (2007:438), then, Pentecostalism has “become in itself a form of witchcraft,” while for Akrong (2000:11), Charismatic Christianity “is nothing but a repackaging of traditional witchcraft mentality in Christian categories.”

While I take Newell's and Akrong's points about the discursive entanglement of witchcraft and Pentecostalism, I want to make a slightly different argument. Rather, I have argued throughout this dissertation that a collectivity of anti-witchcraft practices, located within different disciplines co-construct witchcraft as both a discourse and a lived reality. Each, I have suggested, employs specific disciplinary strategies, while men and women who suffer from witchcraft affliction use diverse tactics of amelioration, such as attending a revival or faith-healing service or seeking the services of waganga (see Chapter Three).

In my analysis, then, I do not read revivalism as "a form of witchcraft" any more than I read uganga as equivalent to uchawi. Importantly then, my theoretical stance differs from that of some of the Mwanzans that I've spoken to who have been quick to conflate uganga and uchawi or the viewpoints of others who have suggested that revivalist preachers use illicit magic to attract followers, in the same way that business owners are thought to buy dawa to attract customers. Instead, I call attention to the interconnectedness of revivalism to witchcraft as a lived reality and to the role that revivalism has in ameliorating the pain and suffering of persons afflicted by illnesses (including those caused by uchawi) and spirit possession.

The appearance of "bad spirits" at tent revivals and revivalist church services, and the ability of prayer to cast out these spirits are cultural "givens." Additionally, the power of prayer (when coupled with a preacher's charisma) is capable of healing a wide variety of ills. According to the aforementioned Pew Report, African Christians were the most likely of all Christians surveyed to have witnessed a divine healing or exorcism (see Table 1, below).

**Table 1: Divine Healing and Spirit Possession**

	All	Pentecostals	Charismatics	Other Christians
<i>Have you ever witnessed or experienced a divine healing of an illness or injury?</i>				
United States	29%	62%	46%	28%
Kenya	71	87	78	47
Nigeria	62	79	-	75
South Africa	38	73	47	32
<i>Have you ever witnessed or experienced the devil or evil spirits being driven out of a person?</i>				
United States	11%	34%	22%	7%
Kenya	61	86	67	39
Nigeria	57	75	-	62
South Africa	33	60	40	25

Adapted from Lugo et al. 2006: 18

Despite revivalist Christianity's connections to global Pentecostal and Charismatic values, witnessing or experiencing divine healing or spirit possession and exorcism is far more prevalent for Africans than Americans. This cognitive and experiential distinction is practical – not just in the case of the unsuccessful revival that I opened this chapter with, but also in demarcating the experiences of American missionaries in Mwanza. After arriving in Mwanza, missionaries are often asked how many demons they have cast out. When many explain that they have never cast out a demon, Tanzanian evangelists are shocked (Rasmussen 2007, personal communication). Throughout this chapter and others, I use the term “spirit possession” rather than “demonic possession.” As I demonstrated in Chapter Three, it was quite common in 2006-07 for waganga to become possessed by spirits (either mizimu and majini) as part of their divinatory or diagnostic process.

While waganga differentiate different categories of spirits, walokole view all of forms of spirits as mashetani (demons) or *roho chafu* (dirty spirits) connected to Satan and evil. As I explained in Chapters Two and Three, women are far more likely than men

to become possessed by spirits during revivalist ceremonies.<sup>11</sup> Moreover, once one person has become possessed others are likely to follow rapidly.

While walokole may explicitly disavow traditional healing using the same arguments as Akrong (2000) – namely that uganga is amodern and linked to witchcraft (see also Meyer 1993; Pfeiffer 2006) – I contend that revivalists and traditional healers operate as competitors in the same shared healing economy. This economy operates as a single semiotic field where witchcraft-related illness and spirit possession are “really real.” Pfeiffer (2006:83) argues that pastors in Mozambique differentiate themselves from *curandeiros* (traditional healers) by not charging for healing services and by locating their healing power in the Holy Spirit and thus “unambiguously on the side of the good and moral.” These issues are at stake in Mwanza as well; several of my informants explained that religious healing was free (in comparison to traditional healing) and moral. However, others felt that *wachungaji* were greedy and sought more and more followers (and thus behaved as amoral accumulators, not unlike presumed witches).<sup>12</sup> Still others viewed the healing powers of revivalist Christians to be a form of witchcraft (Rasmussen 2008). Despite this conflation, revivalists often gained credibility and social capital by proclaiming their unique experiences with witchcraft (see Badstuebner 2003 for a discussion of witchcraft confessions in a South African Pentecostal church).

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<sup>11</sup>Of the approximately 100-150 instances of spirit possessions that I have witnessed at revivals, less than 10 have occurred in men. In contrast slightly less than half of the *waganga* that I have interviewed are men and many of them use spirit possession as a means of divination.

<sup>12</sup>In contrast, Pfeiffer writes, “The contrast between the sale of *curandeiro* services and the churches’ offer of free healing provides just the opportunity to tap into the deepening local anxieties about the morality of accumulation, growing social competition, and the importance of access to cash for survival in the commodifying economy” (2006:83).



### *A Successful Revival (July 2010)*

The mid-afternoon sun beat down on the large exposed field adjacent to Kirumba stadium. Some women adjusted their kangas to cover their heads or to protect their babies from the sun, while others used umbrellas to provide shade. On stage, church gospel groups performed choreographed and lip-synced routines to their own music (Figure 4-1). The performers were elaborately costumed –the women were dressed in silky, synthetic, candy-colored blouse-skirt combinations, while the men wore dress-shirts with their ties coordinated to match the women’s clothes. Their costumes ranged from pinks to blues, reds, and oranges. One group stood out in its monochromatic black and white. As the performers danced on the stage, revival attendants resplendent in orange, lime green, or burgundy robes brandished red, yellow, and green flags printed with the African map and the words, “Praying for Africa” (Figure 4-2). These attendants marched up and down aisles that had been demarcated with coarse twine, occasionally dancing, playing brass instruments, or blowing into the vuvuzelas that were so ubiquitous in Mwanza during the “African World Cup” summer of 2010. The cacophony of gospel music blared from loudspeakers strategically located throughout the field, attracting men, women, and children traveling by foot, in daladalas, or in private vehicles on the adjacent Makongoro Road.<sup>13</sup>

Attendees, whether adherents or interested parties like me, sat on the parched ground of the field. Many people had planned ahead, bringing kangas or blankets to sit on. Unlike other revivals that I have attended, there was no tent for this five-day event,

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<sup>13</sup>Makongoro road is also known as Airport Road as it is the road that connects Mwanza Town (and points south) to the regional airport.

nor had plastic “wedding chairs”<sup>14</sup> been rented for all of the attendees. To the far left of the stage, there was a small, roped-off VIP section of about forty chairs. The “VIPs” were comprised of pastors in suits, some well-coiffed and clothed women, and a group of about eight casually-dressed, twenty-something westerners who were probably on some sort of mission trip. Additionally, a young white woman marched on each day of the revival with the revival attendants.

By late afternoon, the gospel choirs had been competing for hours. The crowd had swelled from 100 women and children at 3 pm to 500-800 men, women, and children by 4:30 pm. As I had noticed at previous revivals in 2007, the arrival of a critical mass seemed to precipitate a change in the content of the revival. Around 4:55, the lead preacher and a few other evangelists stepped onto the stage. The lead preacher and a woman began singing a more somber song while members of the gospel choirs, the revival attendants, and other volunteers dressed in the revivalist “uniform” of white dress shirt, black pants, and name tag began passing baskets for the sadaka. By 5:05, the preacher had begun his loud and enthusiastic sermon.<sup>15</sup> While many of the details of the sermon eluded me, towards the end, he transitioned to the theme of uchawi and its role in creating suffering. He proclaimed, “There are so many sick people suffering from

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<sup>14</sup> At most major events in Mwanza including and especially weddings, stackable white plastic chairs, of the kind that many Americans use as inexpensive outdoor furniture, are rented to serve as seating. At weddings and revivals alike, these chairs are often decorated with thick bands of candy-colored ribbon in the “themed” colors of the event.

<sup>15</sup> Sermons and other speeches are typically “over-amplified” by western standards. Speakers place their mouths very close to microphones and shout into them. The sound, in turn, has a scratchy and reverberating quality. Between this over-amplification and my lack of expertise in revivalist theology, I often find myself “missing” the central themes of sermon discourse. In the past, I have tried taping sermons, but the over-amplification leads to poor sound quality. For this particular sermon, Masanja, one of my research assistants, helped me to simultaneously translate the passage on witchcraft.

uchawi. From today on, their rule will be over. From now on the wachawi will be gone. There will be no more mapepo after today.”<sup>16</sup>

While in his sermon, he had touched on the role the Devil plays in temptation and the danger of witchcraft, as well as the redemptive power of Jesus Christ, his attention to the “suffering” produced by uchawi marked a distinct transformation in the ritual content of the revival. With increased fervor in his voice, he called out:

*Wagongwa* [patients or the infirm], you will all be healed today. God has opened the door for everyone. No one will be turned away. ...The majini will tremble [*kutetemeka*, to tremble, shake, vibrate]. The one we have [i.e. the Holy Spirit] will shake and destroy them. This evening, if there are wachawi here, they will tremble. ...The fire of God will extinguish the fire of the wachawi. ...The waganga wa kienyeji will tremble. Today, they will all fail. It’s time to stop the waganga wa kienyeji. Now they will keep cows and goats, not majini!

As he completed his sermon, he began calling up people - even waganga, whether wachawi were welcome seemed less clear – to the stage, saying, “You will be saved this afternoon!” By this point, the now formidable crowd was almost entirely standing. As gospel music began, men and women approached the stage where they were pronounced saved and told to write their names on the list of new walokole. Others raised their hands in the air and some spoke in tongues.

With the damned saved, the preacher next called up the sick to be healed. A few tentative and visibly infirm people approached the stage, and the lead preacher and other evangelists began praying loudly into their microphones. Other men and especially

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<sup>16</sup>Revivalist discourse uses the words majini, mapepo, mizimu, and sometimes roho chafu (dirty spirit, a term that contrasts with Roho Mtakatifu, the Holy Spirit) as synonyms for bad spirits (or demons) sent by witches (wachawi), traditional healers (who are conflated with witches), and/or the Devil. As I have shown in Chapters Three, traditional healers and their patients may view these spirit categories as overlapping, but still distinct, where majini are Islamic spirits, mapepo are general spirits (usually bad), and mizimu are ancestral spirits. While majini and mizimu may cause problems, traditional healers use them to divine information. I have only ever heard Pentecostals use the term roho chafu.

women got closer to the stage and within a few minutes, a woman began the distinct, hysterical wailing of a person possessed. Still standing, her body convulsed and other adherents stepped back to give her space. Lowering a microphone to amplify her screams of pain and suffering, three evangelists began praying loudly, “*Kwa jina la Yesu Kristo, toka pepo!* (In the name of Jesus Christ, get out [bad] spirit!).” They continued, “*Toka pepo, get out from inside [of her], in the name of Jesus.*” As their prayers got louder, a man began wailing and convulsing and was followed by several woman. The first woman collapsed into the arms of two revival assistants and was carried to a blue, tarpaulin treatment tent located to the right of the stage where volunteers covered the possessed with thick blankets and prayed over their bodies as they convulsed (See Figures 4-3, 4-4). As additional women experienced the signs of possession, the lead preacher announced that *majini*, *wachawi*, *mizimu*, and *matambiko* (propitiatory offerings) would be captured. The healing of the afflicted continued for the next 20 minutes or so and then, as the sun got low in the sky, bystanders began to depart. While Mwanza is not considered as dangerous as Dar es Salaam or Nairobi, most people avoid traveling after dark. Meanwhile, the afflicted remained in the treatment tent. While their moans and thrashing movements had subsided, the praying voices of volunteers and evangelists continued. With music still pouring out of the speakers, the vast majority of attendees were gone before sundown at 7 pm.



**Figure 4-1: Gospel Group Performing at Revival**



**Figure 4-2: Revival Attendants**



**Figure 4-3: Pastors Commanding a Pepo to “Toka!”**



**Figure 4-4: Prayer Tent for Persons Afflicted by Mapepo**

### *The Performative Grammar of Revivals*

What made this revival more successful than the one that I began this chapter with? While the preferred location and multi-day format certainly made this event more visible to Mwanzans travelling along the Airport Road, I would argue that the primary reasons for the event's success had to do with its adherence to a recognized performative grammar. Like the practices of waganga, ulokole revivals must contain certain grammatical elements. Unlike uganga rituals, these elements must follow a specific sequence. To be fully successful, they must include all elements of that structure (warm-up music, the sadaka, sermon, conversion, and finally, the healing of the afflicted, including those who suffer from witchcraft-related illness or spirit possession). Furthermore, while located towards the end of revivals (usually within the last hour), the cathartic processes of becoming "born again" and healed are the true reason for such events. Revivals thus demonstrate the classic re-integrative property of ritual (Van Gennep 1961; Turner 1967). Like the practices of traditional healers, revivals follow a disciplinary grammar that relies on appropriate and meaningful performance of practices. Unlike, the more esoteric work of waganga, the elements of the performance are highly structured and occur in a predictable order familiar to practitioners and participants alike.

Moreover, sermons must reference the shared experience of attendees including a shared understanding of witchcraft, spirit possession, and spiritual healing. The semiotics of sermons go beyond language to produce action (see Keane 1997). This strategic combination of language and action provides the afflicted with a tactic of amelioration. Americans who undergo charismatic healing in the United States may "not perceive a demon inside themselves ... [instead sensing] a particular, thought, behavior, or emotion

as outside their control [and thus requiring a healer to discern] ... whether a supplicant's problem is of demonic origin (Csordas1990:14). Rather, Csordas (1990:14). continues, when presented with a patient who views himself as possessed, American charismatic healers will "attribute that person's presentation as 'emotional problems.'" In contrast to this westernized experience of demonic possessions, religious personnel, the afflicted, and the audience are well versed in the sights and sounds of spirit possession. The afflicted have often experienced some form of possession before (either in a religious environment, at home, or under the care of a traditional healer). Moreover, there is a distinct mode of performance – convulsions accompanied by hysterical screaming and often collapse – that is expected and culturally recognizable as possession. No attendee at a religious revival would confuse "demonic possession" with the glossolalia that marks the receipt of the Holy Spirit.

After collapsing, the afflicted are carried offstage to private or semi-private tents so that evangelists can continue to heal them. As Figure 4-4 demonstrates they may be wrapped in blankets, physically confined, and prayed for by evangelists or other volunteers. In this image, afflicted persons and evangelists are visible through the large opening to the tent. However, "the secrets" of the treatment tent are obscured from the general audience. There was no possible way for me or other observers to enter the "treatment tent." Nonetheless, possession begins as public performance. As an individual becomes possessed, she begins to piga kelele (make noise). She may moan and then cry out. Eventually, she will fall to the ground and begin thrashing about. As the volume of her cries increase, revival attendants will pick her up and carry her to the front of the revival or immediately to a backstage area for treatment by prayer. Her whereabouts may



range from the obvious (as depicted in Figure 4-4) to the completely obscure. In July 2007, I attended a multi-day revival held by the KKT (Lutheran) church. Each of the long revival services ended with as many as 20 people becoming possessed. Rather than taking each afflicted person to the front of the large revival tent, evangelists carried them up the aisle, and out of the sides of the tent (Figure 4-5). They were then taken behind the tent for the duration of the service.



**Figure 4-5: A Woman Possessed**

Despite its placement at the end of the service, the performance of possession and healing marks a critical and transformative moment for evangelist, bystander, the afflicted, and anthropologist alike. While the explicit purpose of revivals is to secure new converts, the spectacle of possession and healing through prayer appears to play a pivotal role in attracting converts much in the way that Badstuebner (2003) had argued that

public witchcraft confessions captivate congregations in South African Pentecostal churches. Moreover, unlike mainline churches, Pentecostal, independent, charismatic, and revivalist churches employ the power of prayer to heal. In contrast to other types of healing services (see for example Wilkens 2009 on the Marian Faith Healing Ministry), Mwanza's revivals have a more decentralized quality. Revivalism requires no special equipment, i.e. holy water, only the name of Jesus and the command, "Toka!" Furthermore, the afflicted are prayed for by lay volunteers stationed in the prayer tent, as well as the preacher leading the service.

Revivals, then, are highly structured performances that, when successful, culminate in conversion and healing. Successful revivals explicitly engage with witchcraft, folding a wide variety of spirit forms, "indigenous" religious beliefs, and "traditional healing" into that category. They rely on both discourse about witchcraft and anti-witchcraft practices to enact change in participants. However, it is important to realize that despite the revival's stated purpose of effecting moral change and gaining converts, participants may attend tent revivals for entertainment, to be healed, or to gain cultural capital (Stambach 2000). I was often told that many afflicted participants who receive corporeal benefits may not return for additional treatment or become true religious adherents, and several people who had suffered from witchcraft illnesses told me that they no longer went to faith-healers after becoming well.

### *Healing Outside of Revivals*

Rasmussen (2008) argues that waganga merely calm and appease spirits, while pastors cast them out of afflicted people's bodies. The unwanted possession by spirits (in contrast with spirits who are called on by waganga), happens at revivals, but is also a

more regular occurrence at revivalist church services. For example, the spirits that plagued Mariam (Mama Pili's house girl in Chapter Three) often appeared during church services. The Pentecostal church services that Rasmussen (2008:161) describes include similarly dramatic exorcisms where "people [who] seem to lose consciousness and people [who] gather around them to pray or shout: 'Leave in Jesus' name'" During these encounters, the afflicted are helped to the floor. While "normally people do not touch them ... they may point and shout at them." Additionally, they may be covered for decency and sometimes their hands and feet are held so that they do not injure themselves or others during their convulsions.

Sometimes possession is so severe that it requires treatment outside of church services. Rasmussen (2008:163-171) offers Kari's lengthy story in illustration. Kari suffered from a wide variety of physical ailments and repeated possession by three majini. Various waganga had suggested that various female relatives or romantic rivals had purchased the majini to torment Kari. In 2002, when Kari first arrived at the Bible college where Rasmussen taught, he wrote:

She had barely arrived when different voices began speaking through her. The church people were called. They demanded in Jesus name that these demons depart. Often such prayer takes less than an hour. After a couple of days of constant battle two of the demons left. One voice remained calling himself Makata. (Rasmussen 2008: 169).

As in the stories told by Mama Pili (Chapter Three) and Pastor Massawe (see below), the jini Makata's interest in Kari was understood by preachers, parishioners, and the victim herself to be sexual in nature. When speaking through her, he explained that he had married her and that they engaged in sexual relations. In her own testimony, Kari described her unwitting adherence to his masharti, describing how she found herself

wearing a buibui and using “Arab perfumes.” Describing Kari’s possession, Rasmussen writes:

Makata shook her body and talked in a different voice and accent. ...He threatened to attack those who were praying, to wear [possess] one of them, to kill her, etc. They answered that, in Jesus’ name, he had no authority. For hours, day and night, Makata bartered, boasted, threatened, and lied while he made her body tremble. (Rasmussen 2008:169)

While pastors and lay church members repeatedly prayed over Kari and shouted at Makata to “Toka,” the jini continued to appear for several months. Rasmussen believed that Makata did this in order to prevent him or the other pastors from “sharing the truth” with Kari. The walokole finally triumphed over Makata, and at the time of Rasmussen’s writing (six years after her arrival at the college), Kari was healed and engaged to be married.

### ***Revivalist Assumptions***

In its exercise of anti-witchcraft practice, revivalist Christianity makes several key assumptions. First, a wide variety of spirit forms (including majini, mizimu, mashetani, and mapepo), practitioners, and practices are understood to provide a corporeal threat to bodies. Witchcraft, in concert with Satan, is a primary mover in this system. In a chart summarizing the differences between “neo-traditional,” “Pentecostal,” and “biomedical” forms of knowledge in Mwanza, Rasmussen (2008) explains that unlike the “mechanical” explanations of biomedicine, both neo-traditional and Pentecostal explanations of sickness and death involve social and spiritual causes. For neo-traditionalists, the source of the problem is an evil witch, bad spirit, or unsatiated ancestor, while Pentecostals understand the cause to be evil spirits/demons, Satan, witchcraft, or God’s plan (Rasmussen 2008:151-152). This tremendous overlap in understanding of causality is

central to my argument about the co-construction of uchawi by seemingly divergent disciplines. Importantly, neither mainline churches, nor the government take this as given. Moreover, as I show below, many revivalist preachers claim to have potency in curing witchcraft affliction because of their personal experiences as wapagani (“pagans”) prior to “becoming saved.” Second, despite the relatively recent arrival of revivalist churches to East Africa in the early 1990s (Roura et al. 2010), revivalist Churches replicate colonial practice by conflating uganga and uchawi (see Chapters One and Six). Finally, and most critically, the key supposition of revivalist Churches is that “misfortune, including disease ... [shows the temporary] triumph of the Devil,” (Roura et al. 2010: 431), but that God can heal that affliction and misfortune. When Roura and colleagues (2010: 431) interviewed faith leaders in Kisesa (a semi-rural ward in Magu District, located 15 km west of Mwanza), one-third of participants reported “belief in miraculous cures for HIV including half of the leaders from revivalist churches. Cementing this central belief, in his sermon, the pastor that I described above, had announced that, “In the Bible, it says, that all people can be healed.”

In its most basic moves, revivalist Christianity must strategically differentiate itself as a fundamentally different and more potent discipline than the other anti-witchcraft disciplines available in Mwanza’s healing economy. Christian healing is also imagined to be more powerful than biomedicine provided that the person receiving the treatment is a true believer. A faith leader from a revivalist church told a member of Roura’s team, “We believe God is the healer, not for HIV/AIDS only, even for other diseases ... but if a person’s belief is not strong enough to believe in God to that extent ... let him/her take the medicines (ART) so they may help him/her” (quoted in Roura et

al. 2010: 432). The actual methods of healing between the two disciplines are quite different. Unlike the complicated and often mechanistic healing techniques employed by waganga and described in Chapter Three, the revivalist method relies simply on the “jina la Yesu” (name of Jesus) and the command to “Toka!” Mwanzans repeatedly told me that walokole healed people through words, that is, by saying, “Kwa jina la Yesu, toka!”

Alongside this discursive practice is the performative structure of the revival or faith-healing service. Like uganga practices, including and especially spirit-possession for the purposes of divination, large public spectacles rely on a performative grammar as a means for demonstrating legitimacy and efficacy. For revivalists, uganga is constructed as “pagan” and thus, demonic and a priori to Christianity. Revivalist Christianity argues that the ritual objects and divination practices employed by waganga and Islamic healers rely on the power of dark or “dirty” spirits (roho chafu). After becoming saved, walokole renounce the use of traditional healing along with other “sinful” activities such as extramarital intercourse and the consumption of alcohol. In practice, a believer may continue all or none of these sins. Jesus’ name is understood by revivalist Christians to be the most powerful form of medicine and subsequently, the most effective cure for witchcraft. This construction is rooted in “biblical truth,” according to believers, but also, I would argue, serves the more secular purpose of discounting rival healing-knowledge systems. According to Rasmussen (2008:154), local/neo-traditional practitioners typically view biomedicine and Pentecostal healing as ineffective, while Pentecostals are opposed to neo-traditional healing, accepting of biomedicine, but view prayer as “first and better.” In an increasingly commoditized and saturated healing economy, revivalist healers must differentiate themselves from other faith healers, waganga, and biomedical practitioners.

Rasmussen's (2008) analysis makes clear that there is explicit competition and distrust between waganga who view the successes of walokole as a form of witchcraft or bad dawa, and walokole who see uganga as demonic or satanic.

***From Wapagani<sup>17</sup> to Walokole: Pastors' Stories***

Despite the belief that uganga is “pagan” (*kipagani*), and demonic, wachungaji and other walokole often believe it to be efficacious. As a matter of practice, then, it becomes all the more important to differentiate faith healing from “traditional” healing because both are understood to be effective. In a sense by recognizing the efficacy, but not primacy, of uganga, revivalists make my central argument for me – they situate uganga, spiritual healing, and uchawi in a shared semiotic field. While the majority of this chapter has dealt with revivals, the remainder uses Pentecostal pastors' narratives as a means for exploring the differentiation of uganga and spiritual healing. In particular, this section discusses what I consider to be a key finding: four of the five Pentecostal wachungaji that I interviewed in 2007 claimed “pagan pasts,” as a way of asserting authority over witchcraft (and thus the ability to “toka” bad spirits). Four of these wachungaji (all but Pastor Massawe) were interviewed in a series of panel interviews co-conducted by Steve Rasmussen, who was their teacher at a local Pentecostal Bible college. When I asked whether the children of waganga were more likely to become walokole, one of the students replied, “Yes, for sure. As the children and grandchildren of waganga, you have seen many things. You have seen that they deceive people. You have also seen their strategies [such as the use of mizimu].” This statement explicitly claims

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<sup>17</sup>Tanzanians often refer to non-Christians and non-Muslims as wapagani (“pagans”) or people “without religion.” This category includes people who practice ancestor veneration or who worship Lyuba, the Sukuma supreme deity.

experience with spirits, as well as trickery (ujanja). Conversely, Rasmussen did not find their confessed prior experience as wapagani (pagans) and as members of families that had waganga wa kienyeji as a key familial figures (parents or grandparents) to be important. As a Pentecostal missionary and researcher, he thought that this “coincidence” merely pointed to the prevalence of uganga in Mwanza and its rural environs. I recognize that the finding that most wachungaji had familial experience with uganga (and by extension uchawi) is not statistically significant or conclusive, however I would argue that individuals raised by healers are more likely to choose revivalism than other forms of Christianity because of the cultural continuities (regarding healing and a belief in witchcraft). Lartey’s (1986:75) work on the appeal of AICs solidifies this point. He writes, “Foremost in the faith and practice of these churches is divine healing. In many respects, their practice of divine healing is phenomenologically similar to the activities of traditional priest healers.”

As the following pastors’ narratives make clear, they are successful in their work as spiritual healers in part because of their pagan experiences. In their descriptions of becoming saved, they “confessed” this fact in the same way that the penitent often “give testimony” sins in other charismatic contexts (see Badstuebner 2003 on witchcraft confessions). However, these admissions of experience with uganga (and thus uchawi) strike me as more than testimony, but rather, I would argue, as strategic positioning of Christian practice in a larger field of healing. While these Pentecostals now eschew traditional healing practices as pagan, a form of witchcraft, or perhaps even the work of Satan, they claimed authority over matters of witchcraft in part because of their pre-conversion experiences.



*Pastor Massawe's Story: From a Follower of Majini to a Spiritual Healer*

Pastor Massawe was one of the many healers involved in Esther's care after her escape from the zombie village (see Chapter Three and Seven). An Mhehe<sup>18</sup> from Iringa region, Pastor Massawe struck me as a dapper fellow. He was prone to wearing brightly colored suits, was a smooth talker, and was interested in using new methods such as vehicles with sound systems to expand his flock. When I met him in April of 2007, he was 37 and a pastor at an Evangelical Assemblies of God Tanzania church (EAGT) and had been living in Mwanza for about two years. He had been raised a Muslim, but told me stories about his "pagan" grandfather who "had no religion" and his own experiences with spirits including majini, mizimu, and mapepo. He was "born again" in 1995 and became a pastor in 1999 after studying at a Bible college in Kigoma. He temporarily halted his studies for financial reasons and then completed his diploma at a Bible college in Tabora. In almost formulaic terms (see *Lucas' Story: Competing Forms of Power in One Family* below), he explained his pagan past:

Before when I wasn't saved (*siokoka*), I lived using traditional medicine. My grandfather was an *mganga wa kienyeji*. That grandfather had the power to call majini and mapepo to come... He taught me to use his medicine and to call mapepo and majini using a gourd as a rattle (*kibuyu*). So we would go the grave of ancient ancestors (*makaburi ya babu zamani*). There he would shake his rattles, sing, and lie down on the grave. We would wear skins – one in the front and one in the back. I studied this – my grandfather would lie down and I would sit on his knees. He would whistle or hiss (*piga mrusi*). Then we would sing three times and we would have to follow the rules (*masharti*) exactly. After waking up [the dead], we would sing as was Kihehe custom. ... And then they would come – mapepo and majini. Majini have the power to enter the bodies (*ku vaa mwili*) of human beings. They would become men or women, beautiful, white. They would walk around (*wanatembea tembea*). When they would come we would ask them what they wanted. They weren't

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<sup>18</sup> The Wahehe is a large ethnic group of approximately 750,000 persons based in Iringa Region which is located in South-Central Tanzania.

really in my grandfather, but I saw them around. We would ask what they wanted. They would say, “I want money or the blood of a human or some good oil, like perfume.” And whatever they wanted, we would bring it to them.

For Pastor Massawe, his grandfather’s power to heal came through his willingness to accommodate the *masharti* (conditions or rules) of the *Kihehe majini*. During a different interview, Pastor Massawe explained how he and his grandfather used *majini* and other kinds of *mapepo* to harm others:

Before I was saved and became a Christian, I used to use *majini* and send them to other people. There is a difference between *majini* and *mapepo*. We used to send *pepo* to people who would take our *dawa* and wouldn’t pay us. To confuse (*kuzulu*), to kill (*kuua*), to damage (*kuharibu*). That was our weapon, to torture people or if I wanted a woman. Before saying, “I love you,” I would put something on the road [i.e. on the crossroads].

In her ethnography of revivals in the Eastern and Western Cape provinces of South Africa, Badstuebner (2003: 8) describes how young women “move forward, taking a microphone in hand and calmly lay claim to acts of witchcraft” such as marrying zombies, drinking human blood, socializing with demons, or sacrificing relatives. While to my knowledge, neither Pastor Massawe, nor the Bible college students mentioned below, confessed their pagan “sins” publicly, Massawe’s narrative demonstrates a marked difference between his life prior to “becoming saved” and after. Prior to becoming saved, he was pagan and beholden to *majini* who provided him with resources, such as money and perfume. Like his *mganga* grandfather, he could use *majini* or *mapepo* against people he didn’t like or to get women. Prior to his reinvention as the Christian revivalist Pastor Massawe, he was also a different kind of sinner – a philanderer. His narrative was peppered with the confessional tone of a man who has chased and been with many women. However, lest the power of *majini* seem too alluring, Pastor Massawe

was quick to explain that majini can be capricious when they are crossed or their masharti are not followed:

You might have a nice house with good things like a TV and a beautiful girl, but you can't have sex with her because the jini makes you too tired. Before getting saved, I had a jini named Mary. She bothered me a lot. I was married in 1989 to a human woman for the first time. That jini [Mary] was angry at me for marrying that woman. She came at night while I was sleeping with my wife. I was too tired to have sex with my wife and she was beautiful. Sometimes, I wouldn't have sex with her for a week or a few days [because the jini prevented it]. But [my wife] was surprised because when I awoke in the morning, I would have money or perfume [from the jini].

In 1995, after falling in love with a woman who was a mlokole, he became saved himself. As he explained, "I told that girl, 'I love you.' She said, 'You should love Jesus.' 'But how can I? I love you.' But I became convinced, so I was saved in the name of Jesus." As is often the case in these types of stories, Massawe's decision to become saved resulted in embodied suffering as a result of spiritual warfare. Because he had "failed" to follow the majini's masharti, he became ill:

So then my health changed. I had pain. My grandfather said you have met with ... walokole [including his girlfriend], so to be cured you have to go and get her slip. So I went to take one off of the laundry line of the girl I loved. When my hand went up to take it, my arm was pulled down. It was like paralyzed. I failed to get it. My grandfather said I had failed to follow the [majini's] masharti. He said, "You will die because of this failure." I was paralyzed. They took me to a hospital in Iringa town for treatment ... and the doctor said I wasn't sick.

I couldn't speak, but I could hear and see. There were some walokole in the next room. They were nine students from a school. They had come with some sick people. ... So as they [the relatives] were preparing to take me home, I started making a lot of noise, so the nurse went and got them to come pray for me. They started saying, "In the name of Jesus, pepo leave [*pepo ondoka*]." And it left and I was better. Until now I am healthy.

While the Pastor's majini had previously provided him with power, sexual pleasure, and money, his failure to follow their masharti rendered him as afflicted as the individuals

whose stories I recounted in Chapter Two. In recounting this story, he illustrated both the capriciousness of spirits and their potency. In contrast, he argues, revivalist Christianity is pure and restorative.

Bolstered by his newfound religion, Pastor Massawe began to study religion. His first wife left him, because she thought that without the magical support of his majini, they would be poor. He began using Christianity to heal people who were afflicted by spirits and witchcraft. At this point in his narrative, he differentiated between Christian spiritual healing and the healing practices of waganga:

I help them only with the name of Jesus. ...The name is strong like God. ...Because the Bible says, "Whoever believes and is baptized will be saved, but whoever does not believe will be condemned. And these signs will accompany those who believe: In my name they will drive out demons; they will speak in new tongues" (*New International Version*, Mark 16:16-17). There is no mganga who can cast out majini. My grandfather couldn't cast out majini and in fact he would put bigger majini inside [of afflicted people] to calm them [majini] down. The name of Jesus is much stronger than the things of waganga.

In the passage above, Pastor Massawe (like other walokole) uses the Bible to legitimize his belief in majini, mizimu, and other mapepo. Moreover, he distinguishes between two types of healing, representing revivalist Christianity as superior to uganga. While walokole are able to cast out spirits through their use of Jesus' name and the power of prayer, waganga wa kienyeji are merely able to use spirits. Moreover, since spirits are capricious and difficult to control, Jesus' name is "proven" as a stronger source of healing power.

Lucas' Story: Competing Powers in One Family<sup>19</sup>

Lucas, an Msukuma from Geita Region, and at that time a 30-year-old Bible college student began his story with the same formula as Pastor Massawe:

I didn't have a religion when I was born. Even my father didn't have one. I was born in an *mganga ya kienyeji*'s home. He treated people, especially those who had sicknesses of witchcraft (*magonjwa ya kurogwa*). So we believed that witchcraft was present (*uchawi upo*), because my father was treating people. We lived in that faith. ...Our parents believed that people didn't die from sicknesses alone, but from being bewitched.

Like Pastor Massawe, Lucas' conversion to Christianity had an impact on his relationship to the spirits (in this case *mizimu*, rather than *majini*). After Lucas' conversion to Pentecostalism at age 13, his *mganga* father was no longer able to be possessed by *mizimu*. Without his ancestral spirits, Lucas' father was unable to diagnose or treat his patients' illnesses and, thus, converted to Christianity like his sons. Lucas explained this in terms of competing powers in one family:

I was saved and began going to church when I was 13. ...We young people were the first to be saved in our home. We came into PEFA [one of the Pentecostal denominations in Tanzania]. So we had power of two kinds in our one family competing with each other So we became surprised that our father began to fail to get the answer for the sicknesses of his patients, because the spirits that helped him to divine failed to arise in him. So it came to the point, where the *pepo* didn't come anymore. So it came one day when we were praying and our father was lying down in the next room. He began to talk in ways that did not make sense and to make noise. There were ancestral spirits that woke up then, but when they called to him, he didn't answer, like a crazy person who is no longer aware

[At church] we had been taught to use the name of Jesus. We began to pray for him and to say, "In the name of Jesus, toka!" ...[The *mizimu*] began to speak and say that they were his *mizimu* of his grandfather that he had inherited. So they began to say goodbye and to make noise and say, "We are going we are going, but he has our property. "

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<sup>19</sup> Interviews with Lucas, Emmanuel, and Godfrey were conducted with Steve Rasmussen on March 26-28, 2007.

When the sprits left, [my father] became his normal self. Now he said that he felt good and his lungs were not tight; his body was healthy. He felt joy. God had freed him. He voluntarily asked us to bring his divination things, like the gourd rattle, white, black and red clothes, spears, and all his dawa to be brought. We burned it all and he followed Jesus. A month later, some people came and asked him to divine for them, but he had no relationship with the mizimu anymore.

As in Pastor Massawe's story, the simple application of prayer and Jesus' name has the potency to trump ancestral spirits. In Lucas' narrative, his youthful conversion triggered competition between two kinds of powers, with Christianity overcoming ancestral power. Importantly, there is no indication in Lucas' narrative that ancestors are *not* powerful. Moreover, divination through spirit possession and treatment using uganga are efficacious means for diagnosing and treating illness, despite their reliance on dirty spirits (roho chafu) sent by Satan. Here, Lucas and the other wapagani turned revivalists offer knowledge of tradition (and by extension witchcraft) in addition to their reliance on the power of Jesus' name and the Holy Spirit. This familiarity and experience with traditional healing and mambo ya uchawi (matters of witchcraft) establishes Mwanza's revivalist preachers as anti-witchcraft practitioners who are themselves experts in witchcraft, and thus significant contributors (along with waganga and Islamic healers) to the lived reality of witchcraft in general.

### Testing Magic

Like Pastor Massawe and Lucas, Emmanuel, a then 29-year-old Msukuma man, described the work of his mganga grandfather as effective. When Emmanuel's father moved to an area that was supposedly uninhabitable because of a large population of witches, he called upon his own father to enforce the homestead with medicine that would protect against witches:

Our neighbor [there] was an mganga and an mchawi. When we moved there he said, “This area has lots of wachawi, will you really be able to live here?” This was a threat from the mchawi. [My grandfather] put a fence around [our plot] with many protective medicines. Then he placed a large 10-inch long insect with wings [on our property]. Sometimes it would come around and sometimes it would disappear.

Protective medicine (*dawa ya kinga*) is often used to prevent attacks from neighboring witches. As described in Chapters Two and Three, I was often told stories about witches being captured (*wamekamatwa*), usually naked, after trespassing on property that had been protected through *dawa*. These stories typically begin with a series of irritating to harmful events, continue with the procurement of an mganga to protect the compound, and conclude with the entrapment of one or more witches in the early morning. In these cases, the witches were said to have attempted to “play” with their victims at night only to find themselves naked and unable to leave the compound at dawn. The tellers of these anecdotes often used them to “prove” to me that witches existed – after all, why else would a person be found naked on someone else’s compound? Emmanuel’s grandfather provided the family with other forms of “traditional” protection. On the occurrence of the first rain of the year, the children were awakened at two in the morning and fed uji (thin porridge) mixed with bitter medicine. Afterwards, bracelets of small yellow seeds were tied on their left hands and the children were put to bed. Emmanuel explained that the neighbor was shocked that the family had not been driven away and was curious as to what *dawa* they had used as protection.

Emmanuel’s family’s interactions with the neighbor and his witchcraft took a radical turn when his two older brothers were saved. The magical insect installed by their grandfather began to disappear for three or more days at a time without repercussions from their neighbor. In turn, this prompted their father to become saved as well:

[After my brothers were saved], the [magical] insect would disappear for three days or even longer. Our Grandfather asked us, “How are you getting along there?” He said that the insect is gone for a long time. Why? Maybe it is because my children are now saved that he is leaving. We stayed this way. Then our father decided to get saved. The day that my father prayed, this bug disappeared forever. After the whole family got saved, we had no trouble from the neighbor. The neighbor asked, “Why do your sons pray so much?” Finally, our father said that we had gotten saved. Then the neighbor began to be afraid of us. He tried to bewitch us, but he was defeated. Later he moved away.

Despite Emmanuel’s assertion that conversion rendered protective medicine unnecessary, he was willing to admit that the protective magic had been effective. When asked about this he explained, “The dawa helped because we didn’t die, but we did get sick.” By this admission, Emmanuel suggests that both protective and malevolent medicine can be effective. Ironically, he also explained that when his brother experienced sickness as a result of bewitchment by their neighbor, the family was forced to take him to that same neighbor for treatment. They believed that because the neighbor was the one who caused the sickness, he would be the best one to treat it.

In Emmanuel’s narrative, revivalist Christianity offers a higher form of protection than that of uganga. Walokole often describe Christianity as a superior method of protection and healing. For example, Pastor Massawe described some of the “tests” that he conducted to demonstrate the superiority of Christianity over uganga:

My grandfather died so I went home. And because I had been an mganga and now I was a pastor, I wanted to do a test when I arrived. I wanted to bring my relatives some gifts. You know how it is when we visit. When I got there, they asked my wife and children, “Why isn’t he wearing any protective charms (hirizi)?” ...So that night, I woke up with my wife and there were wachawi making a lot of noise on the roof like feet scraping and bumping. So I started praying and saying, “Toka, toka, toka.” I said, “In the name of Jesus, mapepo, majini, wachawi out.”



His relatives were shocked that he was able to scare away the witches and assumed that he was getting protective medicine from an *mganga*. He elaborated on this point, “The next day the aunties called my children, ‘Come have a candy. So who is your father seeing – an *mganga* from Kigoma, Sumbawanga, or a Sukuma *mganga* from Magu – to get *hirizi*?’<sup>20</sup> The children said, ‘No dad is only praying.’ I am saved. I love Jesus.”

In another anecdote, Pastor Massawe explained that his uncle, who he described as both an *mganga* and an *mchawi*, has been rendered impotent by Pastor Massawe’s’ Christianity. Rather than shaking Pastor Massawe’s’ hand, the uncle proffered a stick. The uncle was unable to kill a goat to feed Pastor Massawe and his family and was described as too afraid to host Pastor Massawe at his compound overnight. According to Pastor Massawe’s’ Christian epistemology and practice, Christianity (and Jesus’ power) were as frightening to his uncle as witchcraft might be to someone else.

Godfrey, a slightly older Bible church student who had become saved at the age of 22 in 1988, described the relationship between becoming *walokole* and witchcraft, “The person who is saved wears the glory of God and an *mchawi* is unable to do kill him or do anything else.” He continued explaining that praying for a person who has been possessed by *mapepo* is not enough, the person must allow God’s power to supplant the spirit’s power:

[A] person cannot live without something to lead him (*kumongoza*) inside of him. So a person can be led by the *mizimu* or *mapepo*. So when we get rid of the *mapepo*, we give them the Holy Spirit and then they get something that is so light in them and then they have joy. So we give them what we have experienced. We move their faith from what they had trusted to trusting Jesus. Then the things that they trusted leave like *mapepo* and there is a new power put in.

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<sup>20</sup> Kigoma, Sumbawanga, and Usukuma are known for their powerful *waganga wa kienyeji*.

For Godfrey, there was no question that Christianity was a sort of alternative power. His own conversion story mirrored that of the other pastors. He was raised in a pagan family that feared witchcraft. While no one in his family was an *mganga*, his parents made great efforts to get *dawa* to protect them. As he grew older, he and his brother established a small shop and sought protection against the witchcraft that jealousy would inevitably produce. A Muslim *mganga* prepared *dawa* for them, but the medicine only seemed to produce strange events. Dead cats began to appear at their doorstep. The *mganga* explained that these were witches' cats dying from encountering the protective *dawa*. Despite these precautions, Godfrey's brother became ill with symptoms including tight lungs and stool that "was like mud." Both the *mganga* who had been protecting them and another failed to treat his brother. They then took him to the hospital where he was treated unsuccessfully. His brother's death two days after discharge forced Godfrey to reevaluate the forms of protection available to him:

Finally we took him home and he died. It took only 14 days of sickness and two days after leaving hospital. After this I stopped believing in *waganga*, because I saw that the *wachawi* have more power. So I saw that I must get more powerful protection than *waganga*. So I decided to trust in God. I had an uncle (on my mother's side) who was a pastor and had preached this. When I would go and visit them frequently, I would go to their church and hear the word. He also would witness to me and counsel me; but up to this point, I always believed the power of the *waganga*. I was 22 when I got saved (1988). After this I didn't use any *dawa*, I just trusted the power of God. Until now I just do this and over many years, I have seen that it has more power than other powers.

Godfrey shows a tremendous amount of pragmatism in his description of different forms of power. In Godfrey's analysis, witchcraft is more powerful than traditional medicine, and revivalist Christianity is the most powerful of all. Each of these things (*uchawi*, *uganga*, *ulokole*) are really real and effective in their own way. They exist co-terminously

and within the same semiotic field. It is thus no wonder that persons afflicted by witchcraft may tactically seek both traditional and religious healing. After all, the revivalist practitioners in this chapter advocate the use of their discipline for healing with the hope that conversion will “stick.”

### *Conclusions*

Importantly, there is no indication in the pastors’ narratives that spirits and *uganga* are *not* powerful, *nor* that witches are not real. Here, the pagans turned Pentecostals offer knowledge of tradition (and by extension witchcraft) in addition to their reliance on the power of Jesus’ name and the Holy Spirit. This familiarity and experience with traditional healing and, by extension, witchcraft establishes Mwanza’s Pentecostals as anti-witchcraft practitioners who are themselves experts in witchcraft, and thus significant contributors (along with *waganga* and Islamic healers) to the lived reality of witchcraft. As Pastor Massawe explained, revivalist Christianity differs from other Christian traditions in its engagement with witchcraft and malevolent spirits:

My relative and I did some research. The Romans (Catholics), they pray, but I didn’t see them cast out pepo. The Anglicans are very good singers, but after sitting in church, people are sitting in the bar. We went to the Baptists and they had a good shop with lots of medicine and free treatments. They had *Wazungu* there with nice clothes, like ties. They gave gifts, but I didn’t see them cast out pepo. My relative really liked the Mennonite pastor, because he gave him gifts.

In contrast to these other approaches, he noted that evil spirits may be cast out by anyone who is *walokole*. He explained, “In passing by the name of Jesus, dark *mapepo* are removed. They raise their hands up in order to use Jesus’s name to get *mapepo* out.” When coupled with the explicit use of Jesus’ name and the command to spirits to “*Toka!*,” the elements of revival performance serve as a potent strategy of anti-witchcraft

practice. Jesus' name is understood by revivalists to be the most powerful form of medicine and subsequently, the most effective cure for witchcraft. Unlike those working from within other varieties of healing in Mwanza, revivalists position themselves as experts both because of their pre-conversion experiences and because they wield the potency of Jesus' name. Moreover, revivalists gain credibility and social capital by proclaiming their unique experiences with witchcraft. Whether working in individual churches or at revivals, they must work to delineate the "borders" (Luedke and West 2006) between their practices and those of other kinds of healers.

## CHAPTER 5: “THESE BRUTAL KILLINGS”: VIGILANTE VIOLENCE AS ANTI-WITCHCRAFT PRACTICE

### *Theft, Violence, and Witchcraft*

It was my second night back in Tanzania after three years away. I had just enjoyed a delicious meal of grilled fish, rice, and sauce and ice cold Kilimanjaro beer with my good friends and fellow researchers, Josh and Bre Grace. I hadn't seen Josh and Bre in some time and the three of us laughed and chatted as we began the short walk back to the house where they were living in Dar es Salaam.<sup>1</sup> As we rounded a corner, we heard the cries of a burgeoning crowd. The cries got louder and more crazed as we got closer. While I hoped the sounds were a response to the World Cup football match that we had just been watching, once I heard the word, “*mwizi*” (thief) chanted over and over, I knew they were not. I had witnessed the formation of similar mobs in Tanzania, once in Arusha when a crowd chased down a thief and kicked his head until his face was bloodied beyond recognition, and again in Mwanza when a young man had snatched my bag outside of a night club.

As we made the last of a series of turns, we were greeted by a boy of about eight or nine who gleefully cried out, “They’re going to set him on fire.” Indeed, there was an unmoving young man on the ground held down as two other men forced a tire over his neck. Another climbed onto something – a car, perhaps – and threw a very large rock onto the already battered body. Bravely, and perhaps recklessly, Josh spoke out to the crowd and managed to stop the violence. Many people shook their heads at the violence,

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<sup>1</sup> In late June of 2010, I returned to Tanzania to do some follow-up fieldwork in Tanzania on changes to uganja practice after the government ban in 2008. Before heading to Mwanza, I decided to spend a week in Dar es Salaam doing additional research in the National Archives on colonial-era legal management of witchcraft.

but did not stop it. Several people quietly thanked Josh for intervening, while others explained that this was a matter of Tanzanian culture that we, as Wazungu, could not understand. One man explained, “This is how we deal with thieves in this country,” while another opined, “If we don’t beat him, he’ll just do this again.” Yet another man who stood passively observing the beating explained that if the men succeeded in breaking his legs with the rocks, he would be forever marked as a criminal. Finally a well-spoken twenty-something man decided to help us to retrieve the police to arrest the accused thief. When the police finally arrived, they tossed his barely breathing and broken body into the back of a pick-up truck. None of the vigilantes leading the mob were interviewed about the incident, and the only person arrested was the victim/accused thief. While he was not burned alive that night, it’s hard to know if he fared better in a crowded jail. I’ve been told many times that neither police nor medical personnel provide care for people who admitted with the characteristic markings of mob violence. They are presumed to be guilty, and thus unworthy of assistance. Ng’walali and Kitinya (2006) argue that the issue is so pervasive as to be classified as “a medico-social problem” in Tanzania.

While mob violence represents spontaneous vigilantism, more formal, but equally violent forms are popular and pervasive in the region. Numerous scholars (Abrahams 1987, 1998; Bukurura 1994a, 1994b, 1995; Paciotti 1994; Paciotti and Mulder 2004; Heald 2005) have studied the development and practices of the Sungusungu, a vigilantist organization modeled on “traditional” Sukuma political structure. Since 1973, the People’s Militia Act has granted Sungusungu members the power to make arrests (US State Department 2012). Most scholars concur that the organization gained prevalence in response to increased thefts and violent crime following the 1978-1979 war with Uganda

and as an alternative to poor rural policing. The organization also served to reinforce “traditional” Sukuma culture, despite national efforts to create a homogenized Tanzanian culture under ujamaa. It was evocative of Sukuma “secret dance societies” and mirrored traditional forms of magico-religious authority. Founding elders were said to be skilled at divination (*kupiga ramli*) which became the means for identifying and tracking thieves who use traditional medicines to protect themselves from detection. As it appropriated divination in new contexts, the Sungusungu borrowed the language of an earlier era – the leader of each village-level unit was styled the chief (*ntemi*), an official, who like his noble predecessor before him, became “the ‘custodian of the well being’ of the village in general and of order, security and justice in particular” (Bukurura 1994a:45). Sungusungu vigilante groups are marked by “an internal hierarchy that adopts the government, spatial subdivision of the administrative village/ten-cell, yet endows it with the traditional conception of community space” (Stroeken 2000:60); below each *ntemi* was a commander (*kamanda*), and then universal participation by men in the community who acted as the organization’s foot-soldiers.

Acting as police, judge, and jury and armed with bows, arrows, and clubs, the Sungusungu exact fines and administer beatings to criminals that they capture and convict. As Sungusungu success in reducing crime received national acclaim, the organization spread throughout Tanzania initially under government encouragement. In the mid-1990s, the Sungusungu was reconfigured by the government as “an arbitration organisation of peacemaking counsellors, involved in solving community disputes,” (BBC 2003, “Tension Over Tanzanian Militia”) administering fines, and sometimes ostracizing people. As early as 1996, Sungusungu members in urban Mwanza were

accused of abusing their power and the organization was dismantled in the city (Stroeken 2000). In the early 2000s, Sungusungu groups began to attack sexual immorality, as well as theft and witchcraft. Under the guise of HIV/AIDS prevention, groups in Magu District punished couples who met to engage in transactional intercourse and made rules to prevent dancing and the late-night consumption of alcohol by women (Phillips 2001). In Bariadi District, some adulterous women and “runaway wives” were beaten and even killed by particularly tenacious Sungusungu members. While Sungusungu groups may have reduced rural crime, incidents such as these have led the nation to recently eschew vigilantism in favor of government-based policing. The US State Department’s annual Human Rights report typically includes describes examples of excessive violence perpetrated by the Sungusungu, such as the killing of a Tabora Region man for stealing chickens and the more general statement that “at times Sungusungu patrols beat and even killed criminal suspects before turning them over to police,” (US State Department 2012:8).

While neither Sungusungu vigilantism nor mob violence directed at thieves is the subject of this chapter, I used these two examples to illustrate a larger argument that is deeply connected to witch killing as a form of anti-witchcraft practice. Vigilante violence is a matter of everyday life throughout Tanzania. While the story that I began the chapter with took place in Dar es Salaam, attacks, such as this, take place on a daily basis in Mwanza. While the Sungusungu’s influence is waning, vigilante violence is viewed as a culturally appropriate and socially sanctioned response to certain kinds of crimes, including witchcraft.



From at least the colonial period (and probably) earlier, vigilante violence has been viewed by the Wasukuma as a culturally acceptable response to two structurally-equivalent crimes, witchcraft and theft. As I mentioned briefly in Chapter One, under Sukuma customary law (Cory 1953), both theft and witchcraft were punishable by immediate death. In contrast, murder was usually punished with fines. Witchcraft and theft were and continue to be considered profoundly amoral acts that run counter to social reproduction. Both witches and thieves take what does not belong to them, rather than requesting resources through appropriate kin and neighborhood networks. Witches and thieves are believed to take “shortcuts” to wealth, and are punished accordingly through community sanctioned vigilante violence. Unlike moral persons who share their wealth through kin networks, thieves and witches are also believed to be greedy and unwilling to share their ill-gotten spoils. While less commonly used than the strategies described in Chapters Three and Four, witch-killing exists alongside more benign and curative anti-witchcraft approaches.

In this chapter, I analyze vigilante violence towards presumed witches as an extreme form of anti-witchcraft practice and argue that this practice (like the others described in this dissertation) cannot be explained through functionalist interpretations. Witch-killing in Usukuma, as I describe below, has been subject to “causal” hypotheses which rely on functionalist premises including those that graph the “relationship” between rainfall and witch-killing (Miguel 2003, 2005) or argue that the preponderance of female victims is a result of changes in land tenure (Masanja 1992; Kibuga and Dianga 2000). In contrast, I argue that like genocidal violence, witch-killing is a result of “priming” and “activation” (Hinton 2005), whereby afflicted persons, healers who

“name” witches, and the killers themselves participate in a historically and culturally legitimized response to the lived reality of uchawi. In the same way that ordinary Germans, Rwandans, Serbs, and Cambodians became primed and activated to commit acts of unspeakable violence in the name of ethnicity, religion, or social class, so do some northwestern Tanzanians. Importantly, while witch-killing is all too common (especially in rural Mwanza, Shinyanga, and Tabora Regions), most Mwanzans suffering from witchcraft affliction instead employ the tactics described in Chapters Three and Four.

While witch-killings rarely occur in urban Mwanza— between 1995 and 2004, only 2% of a reported 6,680 killings occurred in Mwanza City (see Table 2)<sup>2</sup> – witch-killing is discursively and practically significant. Rural women who feel threatened often move to Mwanza in the hopes that their anonymity will protect them. Mesaki (1993:191) reports that the President viewed “the embarrassing spectacle of ‘witch refugees’ in the towns of Mwanza and Shinyanga” as a “national shame.” Urban dwellers, such as David, whose story is discussed below, may be called upon by rural kin when witchcraft-related violence occurs.

Before turning to depictions of violence against accused witches, I briefly describe my own discomfort in writing about violence,. I then trace attempts by the State to control this violence, including the mass arrest of twenty healers in early 2007 during my fieldwork. I also examine the work of Concern for the Elderly (COEL), a Mwanza-based non-governmental organization that aims to:

“... eradicate the problem of killings by ... combating the causes of such beliefs and allegations [including] ... educating and sensitizing the

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<sup>2</sup> These data were collected by volunteers for Concern for the Elderly (COEL), a Mwanza-based NGO. I obtained them from a hand-written poster hung in a COEL branch office. I discuss COEL in depth in the latter sections of this chapter.

society and community on the evils of such practices, with a view that it should abandon such outdated traditional beliefs [in witchcraft] and adopt scientific outlook/view of the causes of diseases and deaths” (COEL 2000).

Finally, I review and analyze other scholars’ explanations of witch-killing, arguing against explanations that I view as functionalist. Instead, drawing on anthropological work on violence, I suggest witch-killing needs to be interpreted within a larger framework of vigilante violence and as one of many anti-witchcraft practices. In particular, I view the strategy and tactics of witch-killing as a result of “priming” and “activation” (Hinton 2005). In contrast with the rest of the dissertation, much of this chapter is based on accounts of vigilante violence described in newspapers and in the work of other anthropologists

### *Describing Violence*

I imagine that it is never easy to write about violence, but as an anthropologist committed to disrupting the trope of Africa as a continent of violence, tribalism, and savagery, I find it particularly uncomfortable.<sup>3</sup> When the western media acknowledges Africa, it is most often through stories describing civil war, famine, poverty, child soldiers, and violence against women<sup>4</sup> and sexual minorities.<sup>5</sup> Increasingly, stories of African “occult” violence both on the continent and within European or American-based immigrant communities have found their way into western newspapers and magazines and onto television. Analyzing media discourse surrounding the “ritual murder” of a young West African boy, reports of the sale of “human meat” in London, muti murders in South Africa, and similar stories, Ranger (2007:274) argues that a wide variety of cases

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<sup>3</sup> I am thankful to Adria LaViolette for encouraging me to be mindful of this problem.

<sup>4</sup> For example, the recent stonings of several northern Nigerian woman.

<sup>5</sup> For example, the imposition of the death penalty for homosexuality in Uganda.

are collapsed into “one sinister phenomenon.” As ter Haar and Ellis (2009) explain in their response to his article, Ranger simultaneously criticizes the use of “occult” as an organizing framework used by scholars, the press, and Scotland Yard alike, while employing it himself. Ranger (2007), in turn, critiques Ellis and ter Haar’s (2004) tendency to lump “occult” matters into the even larger (and more amorphous) category of African religion. Regardless of whether or not occult is the appropriate nomenclature or not, Ranger’s observation that the western media increasingly reports on African witchcraft as crime is accurate. These stories are often explicitly sensationalist and serve to portray Africa, African-ness, and Africans as savage. Moreover, they are widely-read by westerners who lack experience about Africa and are, thus, unable to contextualize these stories. For example, in 2003, *Harper’s Magazine’s* monthly index of thought-provoking, and often disturbing statistics, included the statement, “Estimated number of women killed as witches in Tanzania each year: 500” (Harper’s Index 2003:13). Particularly representative of this trend has been the western media’s<sup>6</sup> fascination with the murders of persons with albinism (see Chapter Six). In one representative case, an unnamed *Economist* columnist wrote about “...gangsters determined to kill them and harvest their body parts ... [in order] to supply witch doctors with limbs, organs and hair for their potions” (“Albinos in East Africa” 2009). These sorts of stories sensationalize violence, while depicting Tanzania (and other African nations) as savage and exotic.

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<sup>6</sup> For example, see coverage in the *Washington Post* (Brookes, Stephen. “Africa’s ‘Golden Voice’ Sheds Light on a Plight.” June 15, 2008), *New York Times* (Gettleman, Jeffrey, “Albinos, Long Shunned, Face Threat in Tanzania.” June 8, 2008) and on National Public Radio’s *All Things Considered* (Burnett, John. “Tanzania’s Albinos Face Constant Threat of Attack.” November 30, 2012).

After learning that I research malevolent witchcraft in Tanzania, people often ask me if the “witch-killings” and “albino murders” that they have heard about take place in “my” part of Tanzania. Unfortunately, of course, both forms of violence *do* take place in northwestern Tanzania. Moreover, Tanzanians from other parts of the country also associate anti-witchcraft violence and “ritual murder” with the Wasukuma, Usukuma, and the Lake Zone in general (Sanders 2003a; Green 2005). Importantly, Stroeken (2000) suggests that this same association is often made by rural Sukuma about themselves. Given this context, I take on the problem of vigilante violence as anti-witchcraft practice. I depict the brutal assaults made to mostly elderly women’s (though some victims are male and/or younger) bodies and I describe acts of violence perpetuated by mostly young men. In so doing, I run the risk of reproducing the dangerous trope of violent African male. However, I hope that by placing this chapter near the end of the dissertation, I have provided context for these descriptions of violence.

### ***Anatomy of a Witch-killing***

The “execution” of presumed witches in northwestern Tanzania differs quite profoundly from the precolonial/colonial practices described by Cory (1953). While in the past, presumed witches could be “killed on the spot” (much as thieves today are attacked by angry mobs), most contemporary witch-killings are premeditated assassinations rather than hasty executions. As my interlocutors, journalists, and other anthropologists have described them, contemporary witch-killings typically follow a similar timeline. An individual suffering personal or household malady or calamity seeks a diagnosis from an *mganga*. The *mganga* determines that the individual or household is suffering from witchcraft and alludes to, but does not name, a possible culprit (typically a

widowed elder<sup>7</sup> female). The mganga then facilitates an introduction to a band of witch-killers who the injured party then hires for 100,000-300,000 TSH (roughly \$100-\$300)<sup>8</sup>. The witch-killers are then ritually purified by a diviner and sometimes smoke *bhang* (hashish) for self-fortification prior to entering their victim's house. While westerners typically associate a mellow high with marijuana or hashish, these drugs are locally-understood to produce violent behavior.<sup>9</sup> David whose Aunt Maria was murdered in 2007, described witch-killers as "... people living in the villages who are willing to kill people." He continued, "People are hungry or uneducated, so they kill for a cow." Like many other people I spoke to, David believed that witch-killers were protected by powerful magic.

Most witch-killings occur during the darkest hours of the night. As I explain more fully below, these attacks often involve the maiming of victims' bodies. In many cases, such as that of David's Aunt Maria, the assassins are hired by a member of the suspected witch's own family. As I discussed in Chapter Two, witchcraft is viewed as a crime of intimacy where kin and neighbors living in close proximity are viewed as the most likely culprits. Perhaps the best way to understand the process of witch-killings is through the account of Nyanzobe, a 70-year-old near-victim, who told anthropologist Simeon Mesaki:

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<sup>7</sup> An "elder" women in northwestern Tanzania may be as young as 45. Many victims of witch-killings are in their 50s.

<sup>8</sup> For reference, in 2007, regional per capita GDP in northwestern Tanzania ranged from Tsh 368,201 (Shinyanga) to Tsh 554,907 (Mwanza) (Mwanza Regional Government 2012 Nyaraka Mbalimbali). At the time of Mesaki's (1993:214) writing, witch-killers were reportedly paid "4-5 head of cattle or between 30,000 and 60,000 shillings."

<sup>9</sup> I was initially puzzled by the use of *bhang* by witch-killers. After all, wouldn't the drug make them too mellow to successfully carry out their murders? A conversation with Kristen Phillips helped me to understand that in Tanzania, *bhang* is considered to be a violence-producing drug.

I ran away from Rusule in Shinyanga rural district after being suspected of being a witch. I first moved to Shinyanga town to seek refuge as my family wanted to kill me. There were many deaths in the family [three grandchildren under the age of five died during a one month period] then rumor started to spread in the village that I was the one who killed them. As a result my own children started to hate me and regarded me as an animal. Some of them started taunting me as a witch. I tried to explain but they did not give me a chance to vindicate myself. I knew what would befall me in view of what had happened to others previously, for they were brutally killed. Thus when ... one of my grandchildren whispered to me that they were about to kill me, I left the same evening. They had discussed the issue in front of the children and this saved my life (1994: 59).

Nyanzobe's account is unfortunately not unique, and could be substituted with any number of stories recounted by journalists (Evans 1999; Lukumbo 1999; Mfumbusa 1999; Nkya 2000; Dickinson 2002), anthropologists (Tanner 1970; Mesaki 1992, 1993, 1994), and by NGOs (see the HelpAge International webpage for two case studies). By all accounts, a great number of elderly (and predominantly female) people have been killed in the northwestern regions of Mwanza, Shinyanga, and Tabora since independence in 1961.

### *Documenting Witch-killings*

During my first trip to Tanzania in 2001 to conduct participatory research on “voluntourism” in rural Shinyanga, I met a government sociologist who had been tasked with “researching the witch-killing problem.” The sociologist was just one of many researchers who have worked on this problem in recent years. Simeon Mesaki, my Tanzanian research mentor at the University of Dar Es Salaam, has worked on the issue since his own days as a graduate student. While government officials, scholars, journalists, NGO workers, and numerous volunteers with COEL have been successful in obtaining accounts of unsuccessful attacks and deaths, documenting witch-killings is

notoriously difficult, as many of the “crimes” are not reported (nor deemed crimes by persons who might report them). However, after a series of high profile events which I discuss below (*Containing Witch-killing*), the Chama Cha Mapinduzi (CCM; ruling political party) formed the Mongela Commission to investigate the extensiveness of the phenomenon. The Commission concluded that 3,693 people were killed in Tanzania between 1970 and 1984 as “suspected witches.” Of those deaths more than half (65%) occurred in the Lake Zone: in Mwanza (269 men, 927 women), Shinyanga (108 men, 942 women), and Tabora Regions (122 men, 133 women) (Mesaki 1993, 2009b). These figures demonstrate that witch-killings in Tanzania are gendered – during that period, 62% of victims nationwide were female. In the predominantly Sukuma and Nyamwezi-inhabited regions of Mwanza, Shinyanga, and Tabora, the gender disparity is even greater. During that same time period women made up 80% of witch-killing victims in those regions even though malevolent witches as understood to be both male and female in the Sukuma and Nyamwezi cultures. While Mesaki (2009b:73) reports that “there are no reliable figures on the killings from 1984 to 1993,” one can presume similar rates, given that the Tanzanian Ministry of Home Affairs reported 3,000 additional witch-killings between 1994-1998 (Miller 2012:178).<sup>10</sup> By 2004, journalists and human rights organizations regularly estimated the number of annual deaths at 350-500.

Since the mid-1990s, Concern for the Elderly (COEL), has actively tracked witch-killings through a network of volunteers who document the incidents by writing down the names of victims and taking photographs when cameras are available. According to Mr. Pascal, the Secretary of a COEL District Branch located in a peri-urban District of

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<sup>10</sup> Miller (2012) does not provide a regional or gender breakdown.



Mwanza Region, COEL volunteers documented 6,680 killings between 1995 and June 2004. Only 144 of these killings took place in Mwanza City (See Table 2).

**Table 2: Mauwaji ya Wazee Vikongwe kwa Imani za Uchawi, 1995-June 2004<sup>11</sup>**  
(Killings of the Elderly Because of Witchcraft Beliefs, 1995-June 2004)

<i>Region</i>	<i>District</i>	<i>Men</i>	<i>Women</i>	<i>Total</i>
<b>Mwanza</b>	Magu	5	255	260
	Kwimba	8	396	404
	Msungwi	7	193	200
	Sengerema	5	233	238
	Geita	11	423	434
	Ukerewe	0	0	0
	Mwanza City	5	139	144
	<b>TOTAL</b>	<b>41</b>	<b>1,639</b>	<b>1,680</b>
<b>Tabora</b>	Nzega	11	439	450
	Igunga	1	319	320
	Sikonge	8	642	650
	Tabora	5	290	295
	Urambo	8	527	535
	<b>TOTAL</b>	<b>33</b>	<b>2,217</b>	<b>2,250</b>
<b>Shinyanga</b>	Bariadi	12	810	822
	Maswa	3	507	510
	Shinyanga Rural	12	378	390
	Kahama	7	412	419
	Bukombe	3	341	344
	Meatu	3	262	265
	<b>TOTAL</b>	<b>40</b>	<b>2,710</b>	<b>2,750</b>
<b>All Regions</b>		<b>114</b>	<b>6,566</b>	<b>6,680</b>

Like HelpAge International, another organization that has been active in preventing witch-killing in the region, COEL is ostensibly an elder rights organization.

However, when I met Mr. Paschal and Mr. Gamba, the organization's chairman in 2006,

<sup>11</sup> I copied this chart from a handwritten poster located on the wall of the one room office of the Magu District branch of COEL. It did not include the fourth column summing the killings of men and women. All copying errors are my own.

their primary focus was on preventing witch-killing. After a very positive meeting with Mr. Paschal just a few weeks into my fieldwork, I was introduced to Mr. Gamba. A few minutes later, I found myself seated at a long table with Steve, an elderly Scandinavian woman, a young man who was acting as her interpreter, and one or two COEL volunteers. After listening to me explain my interests in understanding the meanings of *uchawi* in Mwanza, Mr. Gamba picked up a thick folder and began to tell me about the “brutal killings of old women” who were targeted because of their red eyes. After several years of researching the topic (see Nichols-Belo 2004), I was familiar with the brief sketch he gave me of the problem. As he talked, he opened the file and began to pass around photographs of victims of witch-killings. The photographs, taken by COEL volunteers in an attempt to document the crime of “witch-killing,” show wizened bodies, slashed with *pangas* (machetes). In several instances, the women were naked, their breasts and genitals mutilated, in others, they were decapitated. As my stomach churned, I asked about the missing heads, breasts, and vaginas, imagining that the killers sought to unsex their victims. A young COEL educator answered, “They can be sold for use by witch-doctors. Those body parts make for valuable medicine.” On the back of each photo was a date, a name, an age, a village, a district, and a region. While I had read numerous accounts of violence, I was ill-prepared for the rawness of the images and shocked that Mr. Gamba would show them to me, a foreigner he had just met.<sup>12</sup>

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<sup>12</sup> I had hoped to work with COEL, but a week later I had an unsettling experience with Mr. Gamba. He invited me to accompany him to Sengerema District where he would be conducting educational workshops in rural villages. I was assured that I would be able to conduct interviews about witchcraft beliefs. When we arrived in Sengerema after a day’s travel and a constantly changing itinerary, it became clear that his reasons for inviting me were not what they seemed. During a speech to workshop participants, he announced that I was “an American researcher who had come all the way to Tanzania to stop people from believing in superstitions like witchcraft.” He intended to use me as a “figurehead” for COEL’s movement. The interviews that I conducted after the workshop were disastrous – after all, who would talk candidly

### *Witchcraft Violence in Mwanza*

While I often saw elderly women begging alongside other socially stigmatized persons such as those with Hansen's disease and albinism, and presumed that some of them had arrived from rural areas after escaping witchcraft accusation or assault, I chose not to solicit interviews with these women. While other scholars may have approached this differently, I was concerned that if I asked them about witchcraft accusation, I might be increasing their exposure to violence and might further stigmatize them. Instead, I sought stories about witchcraft violence in newspapers and from my acquaintances.

Because most urban Sukuma maintain ties with their home villages in rural areas, stories about witchcraft violence on the shamba are often told in the city. On our way to an interview in February of 2006, Steve and I stopped by a well-known watering hole in Isamilo for a cold soda. While this particular establishment is little more than a duka with a few tables, chairs, and umbrellas, it does a thriving business and attracts a wide variety of patrons. The owner greeted me and asked me about my research. After correcting my grammar as he always did when we chatted, he introduced me to a fellow patron, "This man [David] is going to his village tomorrow for a funeral." I expressed the appropriate sympathies, and the proprietor continued, "His aunt was killed because people thought she was an mchawi." I chatted with David for a few minutes and he agreed to meet with me when he returned from the funeral.

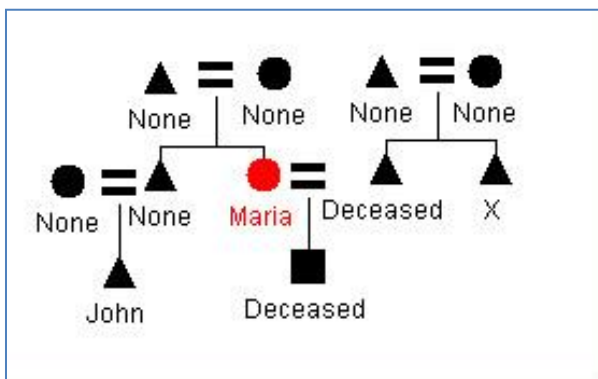
We met a few weeks later in early March of 2007 and David recounted his story. Despite leaving a day later than he had originally planned because of the heavy rain, he

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with someone who was intent on changing their culture. When I told Mr. Gamba that I was upset by this cooptation, he was extremely dismissive. Steve and I ended up leaving Sengerema early and I decided that I was unwilling to work with COEL. Later, I found out that Mr. Gamba was the head of a traditional healer's association, a fact that he had hidden from me during our meetings.

was the first to arrive, and thus was temporarily unaware of the circumstances surrounding his Aunt Maria's death. He explained, "According to Kisukuma tradition, you can't go and ask questions, first you must go to the grave." After waiting a few hours for other relatives to arrive, he decided to "investigate." He went to a neighbor and asked, "I need to know about her death." He continued, "Maybe people suspected of uchawi or perhaps they were jealous or there was a quarrel?"

David learned that the neighbors had no problems with Maria. However, several of them explained that conflict surrounding inheritance might be at the source of Maria's killing. Maria had two children and a husband, but all three had died so she lived their alone with her grandchildren. Neighbors told David that they knew that Maria's brother-in-law (her husband's younger brother, noted as X below) wanted to inherit the shamba. Since Maria lacked male support, people guessed that her brother-in-law was the one who had ordered her killing.



**Figure 5: Simplified Kinship Diagram Showing Maria in Relation to Her Brother-in-Law (X)**

Four hours after talking with the neighbors, David called together his Aunt's friends and relatives. Describing the scene, he explained:

Some came by foot, some came by bicycle. Lots of them were crying as they mourned Maria's death. After lamenting, people started asking,

“Why?” My father’s younger brother started asking the villagers, “Why was she killed? How come none of you helped her?”

After talking until it became dark, the group decided to meet the next day. They were concerned that people might hide in an adjacent corn field and eavesdrop on their conversation.

The next morning, X had someone speak on his behalf, rather than choosing to speak the group himself. This angered David and the others:

So I stood up and demanded that he speak for himself. He stood up and began to speak, “Even me, I am stressed and shocked about the death of my sister-in-law. People came to my house and told me about her death.” Some relatives said, “You are lying to us! We know about the conflict over the shamba, why don’t you talk about that?” A big quarrel ensued. People began beating each other. I had to leave to get back to Mwanza and was awaiting, how do you say, *feedback?*

David learned later that Maria’s brother-in-law, a youth (*kijana*, possibly his son), and an older neighbor (who Maria had sometimes helped) were taken to the police station. The police beat them repeatedly with sticks. Under this beating, X confessed that he had paid money to some people to kill her with pangas. As David said angrily, they had “chopped her up like meat!” Neither the youth nor the neighbor confessed to the crime. At the time of our interview in March 2007, Maria’s brother-in-law had been in jail for about a week. While David seemed pleased that X had been arrested, he expressed frustration towards the inefficiency of the Tanzanian legal system, stating, “It can take ten years for a court case to take place. You can get stuck waiting for your court case. Thus far, he will not reveal the names of the people he hired to kill Maria.”

While David was adamant that “in this case, no one ever said that Maria was a witch [and that] it was purely a problem of her brother-in-law not wanting a woman

living alone to have property,” he agreed that, in general, uchawi existed (“uchawi upo”). He explained that another aunt was afraid because people think she’s a witch. I asked David, “if your aunt was innocent, why is this case a witch-killing and not a murder?” He answered frankly, “According to lots of people, they see an old woman and they think she is an mchawi, but sometimes she is not.” He mentioned that another aunt was also concerned that she might be targeted as a witch.

On another occasion, interviewees shared their concerns about being the targets of violence. Two elderly sisters, Nyanjige and Kwikalwa, lived near the top of Jiwe Kubwa in a high-ceiling one roomed house with very little furniture. Our conversation was quite brief and focused mostly on their beliefs about witchcraft and some discussion of their family including several school-aged grandchildren who left for school while we were talking. At the end of our interview, the tone changed. Nyanjige explained that some bad things had happened to some of her neighbors, and she was worried that as an elder woman that she might be accused of witchcraft. Later when Nema told me her story of being played with by a jealous neighbor (see Chapter Two), I wondered if Nema might have been referring to Nyanjige based on the proximity of their houses.

### ***Witch-killings in Historical Perspective***

The esoteric, private, and stealthy form of execution described by Nyanzobe, David, and documented by COEL volunteers differs from earlier witch killings which more closely resemble the mob violence described at the outset of this chapter. R.E.S. Tanner, a former colonial officer and scholar, investigated a series of murders of women during September 1962 (following independence) in Nassa and Massanza (Mwanza Region) (Tanner 1970). In one of the cases, after being definitively named by a diviner

and forced to confess their guilt, two women were stripped of their clothes and beaten by a large crowd, while “the headman announced that it was the law of the government that all witches should be killed” (Tanner 1970:8). In another, a woman received more than two hundred wounds. In a third case, a woman was dragged from her home by a crowd responding to alarm call started by the junior members of the village. After being beaten by the crowd, she confessed to being a witch. When she was unable to show them her tools, she was stripped of her clothes and beaten to death with freshly cut branches. After killing her, “the crowd left the scene ...running at a lope and singing” (Tanner 1970:7). Unlike contemporary witch-killings which are enacted with at least the illusion of secrecy and as private transactional events, the killings investigated by Tanner more closely resemble the mob “justice” meted for theft. An informant told Tanner that mob included more 300 men and that “once together it was difficult not to carry on with everyone else” (1970:10). Like the crowds that burgeon in response to the cry, “Mwizi!,” emergency calls summoned villagers prepared to do violence against women who they believed had done social ills.

In his analysis of these incidents, Tanner attributes the community response to transformations in political structure. As I discussed in Chapter One, witchcraft was “traditionally” controlled by chiefs and later through the legal apparatus of the colonial government. After independence, however, district officers often from outside the region or dominant ethnic group were appointed in their place. In Tanner’s estimation, the 1962 witch hunt illustrated how “the Sukuma fear and hatred of witchcraft... came to the surface as an expression of local tensions increased by the widening social and political distance between the ruler and the ruled” (1970:40). However, Tanner’s claims about

transformations in legal mechanisms for witchcraft management do not fully explain the 1962 claim by a headman that he had “government authority” to hunt and kill alleged witches. It is possible that the headman did not understand post-colonial governance or that he was drawing upon the traditional forms of authority that the Sungusungu later claimed. However, I would offer another interpretation – by invoking the government as a co-conspirator, the headman “authorized” the use of mob violence for a crime that had been adjudicated through court procedures during the colonial period. He restored a precolonial practice of public beating of alleged witches, while inculcating that practice with the discourse of postcolonial modernity. “Traditional” mob violence was (re)legitimated through the language of governmentality.

Tanner’s assessment of this widening social distance between ruler and the ruled mirrors theories about the “power vacuums” that led to the origin of the Sungusungu two decades later (Abrahams 1987, 1998; Bukurura 1994a, 1994b, 1995; Paciotti 1994; Heald 2005). It is my supposition and that of others (Abrahams 1994), that any increase in witch-killing in the post-colonial period must be interpreted alongside vigilante justice. While potent in its modernist project of relocation and construction, villagization failed in establishing a strong police or judiciary. According to Bukurura (1994: 26), the founding of the Sungusungu movement reflects “both the [power] vacuum that occurred as a result of the [ujamaa] integration process and the availability of local and traditional mechanisms for filling the gaps.” To this interpretation, I would add that both the proximal closeness of ujamaa villages and the classless socialist state were contrary to the polycentric (Stroeken 2000, 2010) and class-laden cultural conceptions of the Sukuma cultural logic. As Abrahams (1967a, 1976b, 1981) has argued membership in a chief’s



polity and its resulting social stratification was an important part of local identity prior to decolonization. The Sungusungu movement further added legitimacy to vigilante violence as a means of social control, including that over witchcraft. A Sungusungu song documented by Bukurura (1994) demonstrates the emphasis that the organization placed on the parallel crimes of theft and witchcraft:

*My relatives you have an assignment  
Of searching for thieves and witches  
Who used to finish (kill) people.  
Notice is hereby given, that get prepared  
Thieves you are finished  
Witches you are caught  
The whistles have been blown (and they can be heard).*  
- Sungusungu Song10 (Bukurura 1994: 193-194)

A different Nyamizi's "life story," reported on the HelpAge International website, demonstrates the changing role of the Sungusungu. After a wealthy neighbor's sick child died, she received a "threatening letter which said, 'you must leave this village, move 15 villages away from here. If not the sungu-sungu ... from this village will do something that you will never, ever forget.'" After she took the letter to the primary court, she was attacked and wounded by a man wielding a machete. Despite recognizing her attacker, the case did not make it to prosecution. In contrast to fearing the Sungusungu, Nyamizi reports that the organization "now exist[s] in each village to protect us. They are the same people but now they protect us" (Help Age International nd "Nyamizi, 73, Tanzania: Attacked for Being a Witch"). Despite these positive sentiments, it seems likely, that since Sungusungu membership is compulsory in many villages, that men participating in witchcraft violence as hired killers are also Sungusungu members.

In contrast to either to spontaneous or Sungusungu mob violence, most witch-killings represent premeditated events that involve capitalist exchange. Rather than

responding in anger or as formal “peacekeepers,” witch-killers are hired by individuals to provide a service for which they are compensated. The lack of wage labor for many young men, especially in rural areas, feeds this and other forms of violence (such as albino killings). Young men, made all the more unequal, in economically liberalized Tanzania find “opportunity” in violence. Moreover, government attempts to contain anti-witchcraft violence in the 1960s-80s (see *Containing Witch-killing* below) may actually have produced this privatized and transactional form of violence. With the threat of arrest or other government retribution, socially-sanctioned violence was made estoteric and became a kind of open secret. When pressed, a diviner would allude to the witch and might connect a witchcraft “victim” to killers. With legal consequences to mob violence, a form of punishment that was public, collective, and acted as a form of social reproduction, violence was relocated to the private sphere.

### ***Containing Witch-killing***

Since the 1970s, the government has attempted to contain witch-killing through exercise of biopower (see Chapter Six). In *Encounters with Witchcraft* (Miller 2012), a recent publication that is part memoir, part discussion of East African witchcraft practices, and part condemnation of witchcraft belief and violence, Miller recounts the story of Ben Mpazi, a Tabora Area Police Commander, who was fired in 1971 for failing to prevent witch-killings in the area. Miller (2012) explains that after killings (such as the ones described by Tanner 1970), the government appointed a commission to investigate. While the commission was in Tabora, High Court Judge Julius Kawawa told Miller that, “four new killings occurred while they were here! Mpazi was blamed for bad police work and for not protecting people” (Miller 2012:130). Subsequently, in 1976, the government

launched Operation Mauaji (Operation Against Killing) in the western region of the country. Mesaki (1993) explains that during Operation Mauaji, 897 suspects including “witches, *bafumu* [healer-diviners], criminals” were rounded up and interrogated in Sukumaland (223). According to Miller, the operation was a failure and “collapsed when heavy-handed police interrogations led to the deaths of twenty suspects while in police custody” (2012:177). In response, two cabinet members and a regional police commissioner resigned and several police officers were convicted for their abuses (Miller 2012). According to Mesaki (1993), the remaining suspects were released. Despite a paucity of arrests in general, Mesaki (1993:200-204) documented three 1970s and 1980s witch-killing court cases. In two of them, the elderly widowed female victims had been involved in property disputes with neighbors or younger male kin. In each case, the women were attacked after one or more neighbors or family members fell ill, suffered from accidents, or died. Only two of these cases appear to have resulted in convictions.

The open secrecy of privatized violence has made government control of witch-killing incredibly difficult. Instead of focusing on killers, who are often celebrated for doing dangerous and valuable work, the government has focused on traditional healers (see also Chapter Six). In January of 2007, under the leadership of Zelothe Stephen, then Mwanza’s Regional Police Commander (RPC), 20 *waganga* were arrested. Magubira reported that “the police boss accused them of being responsible for the deaths of many suspected witches in Mwanza and Shinyanga” (Magubira 2007). Arrested in four of the region’s six districts, the *waganga* were a mix of men and women and ranged in age from 25 to 72. While the 20 healers arrested during the operation were accused because of their role in facilitating witch killings, they were not the only people arrested that week in the

Lake Zone under the Witchcraft Act. Just the week before, two Magu District women, Milembe Lumanja and Mariam Ally, had been arrested for “being found with government trophies and being involved in witchcraft” (Nyawangah 2007). More specifically, Ally had been caught with a lion’s claw and “instruments signalling [sic] that she deals in witchcraft,” while Lumanja was found in possession of a lion hide, four hartebeest hides, and a hyena hide. In addition, Milembe was charged with “being involved in witchcraft, after she was found with a divining board, ankle bells and a calabash, contrary to legislation” (Nyawangah 2007). In early 2007 after these arrests, I suddenly found that many waganga were unwilling to talk to me about their work. One mganga who had been willing interviewed and photographed in October of 2006 rescinded the use of her photograph under fears about increased surveillance of waganga.

I was able to interview a high-level police official about these incidents in July of 2007. Since there had been some outcry and criticism of the sting, he spoke defensively, explaining that “witch killing has been a government concern since the problem was discovered.” To illustrate the importance of his work, he described a successful arrest of a witch-killer:

Recently, we had a case. A woman had about sixteen children and several of the children died. She tried to figure out why her children died and she got answer from an mganga ya kienyeji, “Your children are dying because of a relative.” She hired killers . . . and they [killed the relative and] took her breasts and genitals and hooked them on sticks [and kept them]. The smell [of the rotting flesh] spread over the area. Information came [to us and] because of this smell, we found the parts and were able to arrest the killer.

After being interrogated, one of the killers confessed. From a policing standpoint these cases were difficult, the official explained, “[one has to] take the time to collect the evidence, [but] when you go to interview people, the person has [already] escaped from

the area.” When I asked if he thought that the Sungusungu were involved in the cases, he said that they might beat accused witches, but were probably not involved in what he termed, “contract murders.” Despite comments that the healers who had been arrested were violating the Witchcraft Act, the official firmly believed that the killings were murders “according to the law,” and that it was his responsibility to provide security. Echoing David’s comments about his Aunt Maria, the official was adamant that “contract murders have something [to do] with conflicts; they are not just because of uchawi, but because of property, a shamba, cattle, or problems arising from marriage. Uchawi can be a form of camouflage [for these issues].” Two scenarios, he explained, led to anti-witchcraft violence, scapegoating by waganga and kinship conflicts.

### *Identifying Witches*

While the official seemed to believe that most waganga name witches and introduce their clients to witch-killers and the state’s recent attention to healers is predicated on this notion, none of the waganga that I knew admitted to these practices.<sup>13</sup> Mama Masanja explained that introducing a victim to the witch who had wronged his family was like introducing an American to Osama Bin Laden – it would lead to violence. Instead, she for one, tried to “treat witches” as well as “witchcraft.” By way of illustrating this point, she described a young male client who had come to see her and how she worked to prevent witchcraft in that case:

There was this young man and he got married to a woman. Little did she know that that woman was a witch. So he came to me, I told him, “Bwana, you may be married but that woman isn’t good. She is a witch.” He asked me, “Really Mama?” I told him, “Ehee.” But I don’t like to say that until you prove it. Take this medicine. He went, he put it at the door, he spread

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<sup>13</sup> Of course to admit to doing so would be to admit to an illegal activity. Naming witches is clearly prohibited in the Witchcraft Act.

it inside the house. The first day, he slept. On the third day, he saw the wife was on top of the roof and he was sleeping with hyena [in her place]. The lady was somewhere else. Basi. Suddenly, as he was looking, he saw the bright light of a flashlight (*akapigwa tochi*). The witches have something (*kitu*) that the put that works like this (gesturing) to make a very bright light (*mwang mkali*). It lights you up like, “waaaaa.” You feel like “ehee.” [It blinds you] so that you don’t see what is going on. But because of the power of that medicine he was given, he could see. Suddenly it sounded like something was being poured on his eye. He was so frightened that he trembled. He sat. He looked around there. Ahaa, what did he say? [Pauses] Basi. But he was so afraid, he was trembling. He was seated [silence] he was looking there. He was trembling He was scared. He closed his eyes for a second, five, and there was no hyena. The wife had returned. The wife had returned. The wife was there. Basi, morning came. He told me, “Mama, what you said is true, I saw it with my own eyes.” The neighbors had told him too, “You know your wife is a witch.” “No, no, no it’s not true, you are lying. My wife? My wife?”

The man explained that it didn’t matter what he told them, his neighbors thought that both he and his wife were wachawi. She continued, “People hated them at the area where they used to live. So now people hated him. He came and asked me, ‘Mama, what should we do? I have three children with this lady, what should we do?’ Me, I will prepare medicine that will prevent your wife from bewitching people (*kumfanye yule mwanamke asiroge*).” As a point of clarification, I asked if the young man wanted his wife dead. She explained:

He didn’t like that [idea]. He loved his wife, you understand? He also loves the children. He has some children with her. Three. Now he was saying, “What should I do?” Basi. I gave him medicine so that every time she tried or wanted to practice, the medicine would stop her. When she is asleep and she wants to get up, the husband asks her, “You, where are you going? Come back to sleep.” “Ehee, I was dreaming, I was dreaming.”

While her medicine was able to prevent the young man’s wife from doing witchcraft in Mwanza, she was vulnerable when she traveled to her home village. She explained. “But when she goes back to where she’s from, she bewitches. Ehee. Because there is medicine at her home.” Mama Masanja’s medicine which was placed throughout the couple’s

home and at the threshold of the door prevented the young man's wife from leaving their bed and going onto the roof. But Mama Masanja explained, "Once she goes back to her home village, she goes on as usual." In this case, Mama Masanja explained, the wife had not sought out witchcraft and did not enjoy practicing it. Rather, the witchcraft was inside of her, perhaps because she had inherited it.

While anti-witchcraft violence occurs far too frequently, stories like this one and those recounted in Chapters Two and Three demonstrate that when faced with witchcraft, most Mwanzans pursue other forms of treatment. Some healers, like Mama Masanja, actually work to prevent witchcraft violence by proactively treating women (such as the wife in the story above) who are vulnerable to accusation. Without this strategy, this wife could easily have fallen victim to accusation (or even violence) by her husband's family (see Chapter Two for several examples). In the concluding sections of this chapter, I critique functionalist interpretations of witch-killing before demonstrating that while the specific elements of violence have changed, vigilante violence as a form of anti-witchcraft represents continuity rather than change.

### ***Interpreting Violence in Usukuma***

Numerous scholars have attempted to make sense of witch-killing in Usukuma and the particular vulnerability of women. For the most part, these analyses have been surprisingly structuralist and lacked a nuanced cultural and historical perspective. While Sukuma cultural values suggest that both men and women can be witches, violence is disproportionately levied upon women. I've been told that male witches who are more powerful are more successful at resisting attack, but also that witches are more likely to be witches, than men, because women are imagined to have more relationship problems

with female kin and neighbors. Numerous scholars have attempted to explain why women are more likely than men to be accused of witchcraft in the region and beyond. These accounts have posited that witches are inherently female across cultures (Macfarlane 1970; Mesaki 1992, 1993, 1995) or that older women are often viewed as anti-social (Auslander 1993; Mesaki 1995). Mesaki (1993: 221). offers the naturalized view that “the idea of female witches is said to be as old as the paleolithic, and has been very prevalent in many different kinds of social system, including that of Medieval England.”

Miguel’s economic analysis (2003, 2005) of witch-killing in Shinyanga is both the most cited research on the subject and unfortunately, the most spurious. His analysis graphed witch-killing against rainfall, finding that women were more likely to be killed in months with excessively low or high rainfall. His argument is that poverty (produced by crop failure) produces violence. With diminished resources, he argues, “the Patriarch ... reduces the individual (or individuals) with lowest future production to zero consumption, and concentrates resources on survivors” (Miguel 2003:8). Yet, he concludes, elderly women cannot be starved outright because of “strong within-household sharing norms ... and the control that women have over household stocks” (Miguel 2003:8). Instead, Miguel argues that households that cannot afford their elder women have them killed. As anyone who has spent any time at all in northwestern Tanzania can conclude, if this were the case, then elder men would certainly be victims of violence far sooner than harder working elder women. To account for this obvious analytic problem, Miguel points to the all-male Sungusungu<sup>14</sup> and the practice of

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<sup>14</sup> A point made by Masanja (1992) as well.



patrilocal marital exogamy. His analysis lacks any kind of historical or cultural dimensions, instead focusing on the materialist relationship between rainfall and murder.

In contrast to Miguel's simplistic reading of poverty and the household, several scholars have examined gender and access to property. Masanja (1992) argues that women lack equal access to property, despite an overall shift in socialist Tanzania's legal position on equitable access to land. With increased privatization, both men and women can legally own and inherit land (Bryceson 1995). However, the rare Sukuma widow who claims inherited land is subject to witchcraft accusations (Masanja 1992, see Lockhart 2008). Writing on gender relations in larger Tanzania, Bryceson (1995:63) argues that at the center of gendered household relations is "the marriage contract" which over time has marked the change in "women's negotiating position vis-à-vis men ... [from] that of 'slave', 'servant' ... [to] finally 'citizen'." She notes improvements in women's access to resources in Tanzania by characterizing women's involvement in the informal economy and in the urban job market. Women in Sukumaland, however, remain economic producers of children and subsistence and cash crops, rather than owners of resources. Women's labor has not been de-valued, but it has not acquired value either; rather notions of private property have solidified elder male access to property, at the expense of women (Bryceson 1995). Kibuga and Dianga (2000) argue that new inheritance laws allowing women to control property act as an impetus for witch-killings. This theory, as suggested in David's account of his Aunt Maria's death, suggest that young men whose "lose" their inheritances to elder kinswomen, have them killed under the guise of witchcraft. Yet, this explanation fails to tell the whole story; thousands of witch-killings

occurred prior to mid-1990s economic reform, which permitted private ownership of land.

Following Douglas (1970), several scholars have argued that witchcraft accusation (and subsequent violence) are a result of over-crowding after villagization. While the negative effects of villagization including displacement from ancestral lands, crowding, and destruction of social networks (Mesaki 1993, 1995, 2009b; Wijzen and Tanner 2002; Stroeken 2010) have been particularly devastating for the Sukuma, it's worth noting that the increased crowding of non-Sukuma villages has not led to a corresponding increase in witch-killings throughout the nation.

Each of these explanations propose a causal mechanism for “increased” witchcraft violence, without tracing the continuity of violence as anti-witchcraft practice. With the exception of naturalistic ideas about gender, each of these explanations relies on some sort of functionalist “external change,” such as weather patterns, the modernist project of villagization, or changes to inheritance law. Scholars writing about witchcraft outside of northwestern Tanzania have often made similar assertions about structural adjustment, neoliberalism, or globalization. While I am comfortable discounting both the naturalizing linking of witchcraft and the female sex and Miguel’s hypothesis about witch-killing and rainfall, I argue below that the crowding and land tenure hypotheses, while not fully explanatory as individual theories, fit into a larger historical trend of violence as anti-witchcraft practice.

***Conclusion: Witch-Killing, Priming, and Activation***

While Tanzanians may view Usukuma as the most “witch-crazed” part of the nation, it is hardly the only part of the country that experiences witchcraft violence.

Moreover, witch-hunts (and accompanying violence) have occurred historically in Europe (for example, see Levack 2004; Roper 2004) and North America and with some frequency in the present in other sub-Saharan contexts including the South African Lowveld (Niehaus 2001a, 2001b), Ghana, and the Congo. Describing witch-hunting as “a creative attempt to eliminate evil,” Niehaus (2001a:132) argues that the practice allows “those who support and organise action against witches to ...perform a valuable social service, and attain political legitimacy.” Other recent scholarship has examined state-sponsored witch-hunts in various settings in Papua New Guinea (Stasch 2001; Wesch 2004) and Benin (Kahn 2011).

For many rural northwestern Tanzanians, witch-killing is a socially sanctioned form of violence, not unlike the vigilante justice toward the presumed thief that I described at the outset of this chapter. Describing a witch-killing case that he presided over in 1985,<sup>15</sup> Judge Lawrence Mchome wrote “on being questioned all the accused persons, apparently thinking they had done a noble thing confessed to have together murdered the woman” (cited in Mesaki 1993:204). Despite decades of national, regional, and nongovernmental proclamation that the practice is criminal and a form of murder, witch-killing, like mob violence, continues to be viewed as a method for restoring social harmony. Moreover, this violence has continuity over time. As I have mentioned multiple times, killing witches was legally permissible during the precolonial period. After British colonization, such violence was no longer permitted and was instead criminalized.

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<sup>15</sup> After accusation of witchcraft in her home village, Sado d/o Luja moved to another one in the district that was inhabited by her nephew Kija son of Kwangu. Kija and other villagers became suspicious of her and asked her to leave, but she refused. Kija and Sambo son of Chamba (a Sungusungu member who believed that his two recently deceased children had been victims of witchcraft) subsequently plotted to kill her. After Kija purchased a rope, Sambo strangled the woman and stashed her body under a baobab tree near a primary school where it was discovered by schoolchildren.

Instead, individuals convicted or accused of witchcraft were often legally ostracized from their communities, in part, because forced relocation protected them from attack. The 1954 case of the “witches” who were forcibly transferred from Rufiji District, Eastern Region to Mwanza (see Chapter One) “not so much from the fear that they will continue their evil practices, but for their safety, as it is thought that there is every chance they themselves might be murdered if they are not removed” (TNA-M 15225/11).<sup>16</sup> In practice, however, anti-witchcraft violence continued. For example, in Chapter One, I described the 1939 case of Maganga son of Kingwanga, an *mganga* who was tried in Tabora District under the Witchcraft Ordinance for using divination to accuse a woman named Nyamizi of bewitching and killing Kiyawo bin Chimani. While Maganga denied naming or even knowing Nyamizi, her subsequent strangulation was attributed to the accusation. Colonial officials, as I outlined in Chapter One, were well aware of this issue, and in 1932 the Executive Council debated what the appropriate punishment was for “the very common type [of case] in which a belief in witchcraft has led to A killing B because he is convinced that B is the cause of some misfortune, such as the death of a child or other relative, and has caused that misfortune by witchcraft” (UK-NA 126/10). These historical cases, coupled with the nearly 9,200 cases documented in Mwanza, Shinyanga, and Tabora Regions between 1970-84 and 1995-2004, demonstrate a continuous use of violence to combat witchcraft, rather than the emergence of a “new” form of violence. Like Judge Mchome, members of the colonial government were aware that witch-killers were generally recognized as performing a social good. This attitude continues, where

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<sup>16</sup> Interestingly, the Rufiji District is less known for witchcraft violence than Mwanza Region.

witch-killing (and other forms of vigilantism, such as mob violence after thefts or automobile accidents) are viewed as acceptable responses to social ills.

Analyzing why people killed during the Cambodian genocide, Hinton (2005) describes a process of “priming” and “activation.” Priming, he argues, “makes genocide more or less likely, though by no means an inevitable outcome, in given historical situations” (Hinton 2005:280). Priming varies with intensity, where some situations become more or less volatile. Activation, in turn, triggers “the ‘charge’ that has been primed” (Hinton 2005: 280).<sup>17</sup> Primes for genocides include socioeconomic or political upheaval as well as the “crystallization of the difference” between populations by genocidal regimes.

While lacking the finality and thoroughness of genocide, Mfumbusa (1999) argues that “the grisly killings effected by means of crude tools amount[s] to a silent holocaust perpetrated against elderly Sukuma women.” This “silent holocaust” is perpetuated by contract killers, healers who name witches, and the persons afflicted with witchcraft who include violence in their tactical repertoires. This inclusion may be a result of the perceived failure of biomedicine, uganga, and/or revivalism and represent a desperate last resort to stop illness or other experiences of household or it may be a result of social stressors such as crowding or a perceived loss of entitlement such as when an elder female relative inherits property that a man assumes is his by right. Drawing on Hinton’s (2005) distinction, it seems to me that vigilante violence as anti-witchcraft practice demonstrates both priming and activation. As I hope that I have shown, northwestern Tanzanians are primed to find evidence of malevolent witchcraft

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<sup>17</sup> In cases of genocide, Hinton (2005) argues that activation comes from indirect or direct pushes from leadership located above the cadres engaged in this violence.

everywhere – witches invade the homes of neighbors and kin, steal their underwear, poison their food, and leave their medicine at the crossroads where intended and accidental victims are subject to attack. Witchcraft produces biomedically inexplicable symptoms including paralysis (*kufa ganzi*), loss of speech, *presha*, loss of sense (*akili*), transforms the free into zombies, destroys relationships, causes economic failure and traffic accidents, and kills. The anti-witchcraft practices described in this dissertation further prime this understanding of the world, making witchcraft more and more of an embodied and lived reality for many Mwanzans. Given this context and the understanding of vigilante violence as socially acceptable, the possibility of witch-killing lurks beneath the surface of encounters between afflicted persons and healers who are often under pressure to name culprits. Social stressors such as those produced through complicated kinship relations, including jealousy between co-wives or daughters-in-law or junior male-elder female inheritance, poor neighborly relations (perhaps exacerbated through urban crowding or villagization), economic inequality, or repeated illnesses or deaths activate anti-witchcraft violence. In other words, I'm not arguing that scholars and Mwanzans who call attention to matters of kinship, land tenure, and crowding are wrong, but rather that these experiences of social stress trigger a long and consistently primed charge.

In northwestern Tanzania, vigilante violence has a long history of social acceptability especially when used against thieves and witches who are seen as profoundly anti-social and violators of social reproduction. Attempts to curtail anti-witchcraft violence by the British colonial and postcolonial governments have served to push these practices out of the purview of the public (acting in mobs or the *Sungusungu* )

and into private, secret transactions. The crimes that ensue are thinly veiled secrets, but, as the high-ranking police official reports, difficult to prosecute since many rural Tanzanians protect killers who are “doing good.” Anti-witchcraft violence exists for the same reason as *uganga*, revivalist healing, or government biopower, because northwestern Tanzanians are primed to experience it. Like these other disciplines, vigilante violence also produces and reifies the lived reality of witchcraft. Unlike the other disciplines, anti-witchcraft violence is far less commonly used. While 9200 documented killings over 25 years might seem shocking, particularly because they are labeled “witch-killings,” Stroeken (2010) has argued that when compared with American gun violence, for example, this number is actually quite small. Most northwestern Tanzanians employ the other disciplines to alleviate affliction. Anti-witchcraft violence, like genocides, is a result of continual cultural priming activated through social stressors stemming from kinship, neighborly conflicts, repeated illness/death, and economic inequality. These sorts of triggers illustrate Geschiere’s 1997 assertion that “witchcraft is the dark side of kinship.” While no ethnography of witchcraft and anti-witchcraft would be complete without a discussion of “witch-killing,” I hope to have successfully demonstrated that while the most harmful and extreme, it is just one of several anti-witchcraft disciplines available to afflicted individuals as they assemble their tactical repertoires.

## CHAPTER 6: BIOPOWER AS ANTI-WITCHCRAFT

### *Curtailing Witchcraft – 2009*

In January 2009, at a rally in Shinyanga Region, Tanzanian Prime Minister Mizengo Pinda proclaimed that “witchdoctors are big liars” and announced that the government was revoking the licenses of the nation’s traditional healers (BBC 2009, “Healers Flout Ban”). Pinda’s announcement came after at least 50 persons with albinism were murdered over the previous 14 months in northwestern Tanzania. These stories of “occult violence” (Ranger 2007) began to circulate in late 2007<sup>18</sup> (after I had returned to Virginia) and were reported in the Tanzanian media and internationally by such esteemed media outlets as the New York Times (Gettleman 2008, McNeil 2009), The Economist, BBC News, and the Al Jazeera English news channel. In the words of New York Times East Africa Bureau Chief Jeffrey Gettleman (2008), “witch doctors are now marketing albino skin, bones and hair as ingredients in potions that are promised to make people rich.” Gettleman’s report is not unique in attributing this form of violence to “witch doctors,” a term commonly and pejoratively used by Tanzanians and Westerners to describe *waganga*. In a 2009 Al Jazeera news segment describing the “beliefs” of Tanzanian healers, reporters proclaimed, “The legs of an albino are the most prized body part of all, believed to bring great wealth to miners ... [while] according to the myth, albino hair hung on fishing nets will attract a huge catch” (Al Jazeera 2009, “Myth & Murder”).

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<sup>18</sup> In contrast, Gilgoff (2013) argues that the killings began in 2000. While persons with albinism are highly stigmatized and were, as one government official told me, often victims of infanticide, in the past, the fetishization of albino body parts seems to be a recent innovation. Northwestern Tanzanians typically argue that the idea was imported from Uganda or Nigerian witchcraft films (see Bryceson, Jonsson, and Sherrington (2010).



In contrast to this sensationalist and decontextualized reporting of a particular form of violence, Bryceson, Jonsson, and Sherrington (2010) provide an ethnographically rich analysis of the fetishization of albino bodies in northwestern Tanzania's artisanal mining industry. They argue that the practice "arises from the logics of two incongruent social orders [one traditional, thrifty, rural, and agrarian, the other commodity-focused and capitalist] which have collided with one another [in Sukumaland]" (Bryceson, Jonsson, and Sherrington 2010:278). They continue, explaining that "In their quest for mutually beneficial exchange and material rewards, miners and *waganga* have since marginalized, dehumanized, objectified and deified albinos, many of whom are among rural society's most vulnerable members" (Bryceson, Jonsson, and Sherrington 2010:278). Bryceson et al. (2010) clearly demonstrate that the majority of miners, *waganga*, or Sukuma people do not participate in the fetishization of albinos.

Unlike Sanders' (2001) account of late 1990s rumors about the trade in human skins in Southern Tanzania, the spate of more than 50 "albino killings" in 2007-10 expressed more than local anxieties about the inequalities produced by structural adjustment policies. They were verifiable and attracted attention from the international media and global human rights community. For example, the International Federation of Red Cross and Red Crescent Societies published a 22-page advocacy report describing the plight of persons with albinism in Tanzania and Burundi and demanding action (Engstrand-Neacsu and Wynter 2009).

In response, Tanzania instituted a series of draconian policies to curtail the practice of *uganga* in 2008 and 2009. These policies went far farther than those that had been exercised against *waganga* who were thought to be facilitating witch-killings in

early 2007 (see Chapter Five). In his 2008 New Year's Day speech, for example, President Jakaya Kikwete expressed indignation at the violence. More than a year later, after Pinda's announcement, some waganga were arrested for continuing to practice their discipline (see for example, BBC 2009, "Tanzania Illegal Healers"). In March of 2009, following condemnation of albino killings by UN Secretary General Ban Ki-Moon, the government began encouraging citizens to anonymously report the names of people they suspected of committing the crimes (BBC 2009, "Tanzanians to Name"). As a result, there have been hundreds of arrests and on September 23, 2009, three men were sentenced to death for killing a 13-year-old boy with albinism.

While violence against persons with albinism might have captured the world's attention in 2007-10, Tanzania's response represented the increasing use of biopower (Foucault 1978) as a means of curtailing various forms of "occult violence" (Ranger 2007). My use of biopower, here, reflects the state's interest in surveillance of waganga (and to some extent revivalist preachers), and in regulating and controlling their practices. As Chapter Five demonstrated, both witch-killers and the waganga who facilitate the introduction of witch-killers to their clients had already come under increased scrutiny in 2007.

In this chapter, I argue that the recent use of biopower by the government acts as a "meta" anti-witchcraft discipline. Unlike the other disciplines, anti-witchcraft biopower is not accessible to people like Mama Gervas and thus cannot be included in a tactical repertoire; rather, the government's practices exist outside of everyday experience. Nonetheless, in its exercise of two laws – the Witchcraft Act and the Traditional and Alternative Medicine Control Act (henceforth, "Traditional Healers Act") – the

government acts to contain and control uchawi, while reifying it. Moreover, in its particular attention to waganga, the government collapses the categories of uganga and uchawi. As I show below, the Tanzanian government does not actually want to do away with traditional healing, which has served as a symbol of local ingenuity since independence, but, instead, wants to sanitize the discipline. As a politically stable nation that has managed to avoid ethnic or inter-religious conflict, post-Socialist liberalized Tanzania has positioned itself as open to international business and welcoming to tourists. Incidents like albino- or witch-killings threaten the nation's reputation and require damage control. In this chapter, I begin by briefly discussing colonial attitudes towards traditional healing, before turning to Tanzanian national policy. I conclude the chapter by discussing the ways that traditional healers have changed their practice since the changes of 2009, new forms of healing that better meet current government ideals, and current regional and national level perspectives on uganga (and to a lesser extent revivalist Christian healing).

### *Uganga and Colonialism*

As described in Chapter One, almost immediately after acquiring Tanganyika as a spoil of World War I, the British implemented an ordinance prohibiting witchcraft. They had implemented similar ordinances elsewhere in Africa and were especially keen to prevent indigenous uprisings like the Maji Maji War of 1905-07. Witchcraft and, by extension, traditional healing (often called witchdoctoring) were viewed as real threats to the colonial project. The 1922 Ordinance made it illegal to both use witchcraft, defined to include "sorcery, enchantment, bewitching or the purported exercise of any supernatural power," "with malignant intent" or to accuse a person of witchcraft in absence of a court,

police, headman, or “other proper authority” (Tanganyika Territory No. 29 of 1922). Unlike South Africa where witchcraft cases were seen in native courts (see Niehaus 2001a), Tanganyika administered cases through a Witchcraft Ordinance under the Criminal Code in colonial courts. Given the relative lack of British administrators in some districts, district officers often served as prosecutor, judge, and jury in many cases.

While the 1922 Ordinance had focused primarily on malevolent actions, the “instruments clause” added in 1928 (see Chapter One) was so broad as to include many of the typical divination and healing practices used by *waganga wa kienyeji*. Writing during the period Orde Browne, anthropologist and African labor advocate, argued that, British colonial witchcraft law collapsed locally-specific categories, punishing in the same legal code “the malevolent witch or wizard, the patient, and the doctor who endeavors to defeat the evildoer” (Orde Browne 1935:486). Despite these rather vague definitions, individuals at the highest levels of the colonial government were well aware that there was a practical difference between someone seeking to harm through “witchcraft” and an *mganga*. In 1948, a particularly zealous, sub-investigator began arresting *waganga* in Kasulu District,<sup>19</sup> Western Province under the “exercise of witchcraft” and “instruments of witchcraft” clauses. In his complaint, the sub-investigator argued that the healers were holding *séances*, casting spells, and possessed objects prohibited by the Ordinance. In reviewing the case, however, the Commissioner of Police offered a different and more culturally relativist argument, writing on March 31, 1949:

[I]t does not seem to me that the acts complained of constitute ‘witchcraft’ as defined in the Ordinance. The phrases ‘cast a spell on’ and ‘hold a *séance* with’ are attempts by a rather inexperienced African Sub Inspector to interpret a *Kiha* expression which may only mean ‘hold a medical

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<sup>19</sup> Today, Kasulu District is located in Kigoma Region.

consultation with' and, much though I abhor the practice of malignant witchcraft, I doubt if the facts in this case justify prosecution" (TNA 13402/78).

Despite the sensitivity shown by the Police Commissioner in this case, British attitudes towards traditional medicine were typically disparaging and often conflated malevolent and healing practices. Revised as recently as 2002, the Witchcraft Ordinance remains part of the Tanzanian criminal code. Additionally, many English-speaking Tanzanians continue to use the disparaging term English term "witchdoctor" to describe traditional healing practices.

### *The Nation and its Healers*

When Tanganyika gained independence in 1961, there was no immediate move to restore respectability to traditional healing practice. However, as Langwick (2011) has argued, this changed when the new nation's commitment to non-aligned socialism led Tanzanian scholars, government officials, and researchers to partner with China, where rural "barefoot doctors" were practicing a hybrid of Chinese traditional and allopathic medicines. It followed that Tanzanian traditional medicine also offered the potential for "development" and fit the theoretical basis for ujamaa, Tanzania's uniquely African form of socialism. In 1969, the nation's Chief Medical Officer directed regional medical officers to begin studying traditional healing practices. Two years later, the short-lived National Union of Traditional Healers (UWATA) was founded (Semali 1988) in support of the national project of professionalizing traditional healers.<sup>20</sup> According to Langwick (2011:62), UWATA was banned shortly thereafter because of "accusations of mismanagement and fears of witchcraft." In 1974, the government attempted a different

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<sup>20</sup> Efforts to professionalize healers were successful in other nations such as Zimbabwe where ZINATHA has been recognized by the World Health Organization.

method of institutionalization and established the Institute for Traditional Healing at Muhimbili University of Health and Allied Sciences, the nation's flagship medical school. The institute has benefited from Chinese support and is principally engaged in cataloging and testing plant, animal, and mineral substances using a "scientific" methodology (Langwick 2011).

Through its goals of promoting uganga as a uniquely indigenous and African form of medicine; institutionalizing, legitimizing, and bureaucratizing traditional healing practices, and following the Chinese, identifying efficacious herbal compounds, it is clear that the socialist government viewed traditional medicine as a national resource. When professionalization of healers was largely unsuccessful, the government devoted attention to herbalism and supported efforts like the institute. Similarly, the World Health Organization supported investments in traditional healing in underdeveloped nations and encouraged the training and employment of healers and other "traditional" experts such as midwives (see Langwick 2011) in public health outreach and practice.

Despite its commitment to self-determination and the non-aligned movement, the global oil crisis of the 1970s, coupled with drought and the costly 1979 war with Uganda, rendered Tanzania economically unstable and heavily indebted to international financial institutions. During the last years of the Nyerere presidency, the nation instituted several unsuccessful recovery programs. After Nyerere's resignation in 1985, the new president, Ali Hassan Mwinyi, agreed to adopt neoliberal structural adjustment programs (SAPs) mandated by the International Monetary Fund (IMF) and World Bank. SAPs are macroeconomic programs that promote liberalization and mandate austerity measures, including cuts to education and healthcare. Most contemporary social scientists now

argue that SAP have wrought diverse harms including profound income disparity, poor health, and reduced access to education. As early as 1995, Lugalla argued that SAPs were causing irreparable damage to the Tanzanian health sector and had a particularly profound impact on women and children. Skosireva and Holaday (2010) argue that the reduction in healthcare spending mandated by SAPs, coupled with health user fees have had a lasting negative impact on children's health in sub-Saharan Africa.

With the adoption of SAPs, Tanzania was transformed from a nation espousing self-determination under ujamaa to a debtor state; traditional medicine similarly shifted from "a strategy for national and pan-African self-reliance" to a possible solution to soaring healthcare costs wrought by SAPs (Langwick 2011:68-9). As healthcare costs burgeoned, the number of traditional healers practicing in Tanzania increased. A July 2013 *Daily News* story estimated that there are about 80,000 healers (or one per 400 Tanzanians) compared with one medical doctor per 30,000 (Tambwe 2013) in Tanzania today.

In 2002, the nation adopted the Traditional Healers Act which defined traditional medicine and established a Council charged with regulating traditional, herbal, and alternative medicine and promoting the development of traditional medicines. The Act also defined a process for registering healers, managing disputes between healers and their clients, and describes a professional code of conduct, rights, and duties. Because uchawi and uganga were inexorably linked during the colonial period, the Traditional Healer's Act explicitly states that, "nothing in this Act shall be construed as authorizing any person to practice ... witchcraft." The Traditional Healer's Act offers broad definitions of traditional healers and traditional medicine that, as I argue below, are

inconsistent with contemporary exercise of biopower as anti-witchcraft. The Act describes:

[A] "traditional health practitioner" ... [as] a person who is recognized by the community in which he lives as competent to provide health care by using plants, animal, mineral substances and other methods based on social, cultural and religious background as well as on the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well being and the cause of disease and disability.

“Traditional medicine” means a total combination of knowledge and practice, whether applicable or not, used in diagnosing, preventing or eliminating a physical, mental or social disease and which may rely exclusively on past experience and observation handled [sic] down from one generation to another orally or in writing.

These definitions are inclusive of most of the practices described in Chapter Three, and in contrast to contemporary attitudes (see *Hygienic Healers* below), offers an open, permissive, and culturally relativist perspective. Healing competency is based on the community’s beliefs and in “social, cultural and religious background.” Knowledge and practice is not codified and may rely on “past experience and observation” and intergenerational transmission. Diseases treated by healers may have “physical, mental or social” etiologies, including presumably witchcraft.

Despite these definitions, in 2002, government officials, citizens, and even anthropologists (Mesaki 1993) had already become concerned that many waganga were unscrupulous charlatans out to make a profit in an increasingly valuable healing marketplace. Increased violence towards accused witches in the 1980s, 1990s, and early 2000s exacerbated this perspective, and healers, especially in northwestern Tanzania, were inexorably linked with the naming of witches. While the government supported research into herbalism, it also employed the Witchcraft Act to prosecute healers thought



to be facilitating witch-killings. Research into miti shamba continued to be pursued, while waganga came to be thought of as a contested category. No longer just the keepers of medico-cultural knowledge, waganga, especially in northwestern Tanzania, began to be thought of as a threatening category.

*Uganga and the Law, 2007*

When I conducted research in 2006-07, healers were quick to tell me that they neither named witches nor facilitated killings. Often as a means of proving their good intentions, healers showed me registration cards issued by member organizations or government licenses. Healers and government officials seemed equally confused about what was permissible. While no specific practices are prohibited in the Traditional Healers Act, some government officials seem to have interpreted the stipulation against making, using, supplying, or possessing “objects of witchcraft” under the Witchcraft Act to include divination. A District Cultural Officer confidently told me in 2007 that divination (and subsequently, spirit possession) was illegal and that the government believed that waganga should only practice herbal medicine. In May of 2007, I asked Mama Steven if she was worried about the recent arrests. She responded:

I have a license [to be a traditional healer]. A man from the government came and talked to me. I keep the original in the house. My uganga is recognized and it is permitted (*inaruhusu*). If you have a license, it protects you from arrest. The government says that if you do divination, you can't tell the patient the name of the person who played with them. I'm not afraid of the government. Lots of waganga are arrested and that is because they keep the skins of human-beings or lions, or the tails of lions or human skulls. So if the government arrests you with that stuff, they think you are an *mchawi* (witch), but I have a license for these things to be used for uganga.

In 2006-2007, healers were well aware of the government's interest in preventing witch-killing and researching traditional medicinal compounds, but viewed their

individual practices, including divination, as more or less protected. While many of the healers were briefly frightened by the January 2007 arrests, by the time I left in August of that year, most healers continued to practice divination, to promote their services publicly, and were, for the most part, invisible to the government.

*Contestation: 2010-present*

When I returned to Mwanza in 2010 to investigate changes in traditional healing practice in light of government policies, I wasn't sure of what to expect. My hunch was that traditional healing would still be practiced, but that it might be less visible, less advertised, perhaps "underground." When I interviewed Mr. Mkanda,<sup>21</sup> a regional government official, about the criminalization of *waganga*, he seemed surprised, "Where," he asked, "had I gotten my information?" "The BBC and Tanzanian newspapers," I replied. He explained, "Of course, our policy has not at all changed till now. Due to the problem of albino killings, the government is finding alternatives taken as a remedial action [and is asking], where does this problem come from? [But] the situation is now finished, the *waganga* now continue with their activities."

Clarifying this less-than-transparent language, Mr. Mkanda explained that the albino killing situation had been contained and was, in his words, "now finished." The Mwanza Regional government was not opposed to traditional healing and saw value in its practice for the community, he explained, moreover, the national government was more concerned with prohibiting divination and aggressively licensing traditional healers, than a full ban. *Waganga* were like "saviors" for most people, so it was unthinkable to completely outlaw the practice.

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<sup>21</sup> Interview was conducted in English; I have left unusual phrasing for accuracy.

At the same time, Mr. Mkanda explained, unscrupulous waganga (including those who facilitated violence) confused the greater issue, “because of cheaters, the community tends to untrust [sic] their group. In the eyes of our community, they think these traditional healers are the source of the problem.” The source of this “untrust,” he explained, was divination (ramli). Divination, he posited, resembled revivalist religious healing in a way that confused potential clients, as well as the government:

This ramli makes people of the community confused between traditional healers and walokole, because when you are beating your rattle, it is the same as when walokole are doing their thing. You don't really understand what is being said. The government has told traditional healers to heal people using [only] the scientific way, by giving them dawa directly. [This is] to remove the confusion [between] traditional healers and walokole. Walokole don't give you medicine, they heal you in spiritual way. Or can we say, traditional healers, let them heal with spiritual methods? It's a dilemma for the government. The situation is confusing. Where to stand?<sup>22</sup>

Mr. Mkanda's analysis demonstrated the complexity of governmental practices that simultaneously validated certain aspects of uganga, such as herbalism, while prohibiting practices like divination. Following international outrage against “witchdoctors” after the albino killings, the government could not eliminate traditional healing since it served as an adjuvant and alternative to scarce medical care. Instead, the government demanded that traditional healers demonstrate rational and empirically verifiable “scientific” knowledge which couldn't be confused with other spiritual practices such as those used by revivalist Christians. As I describe below in *Hygienic Healers*, this interpretation of acceptable healing practice has been exacerbated in 2013.

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<sup>22</sup> Mr. Mkanda's very candid and rare discussion of ulokole and uganga together confirmed my analytical thinking about the location of both within the same semiotic field of anti-witchcraft, and as rival practices in the same healing economy.

But where did this leave healers like Mama Masanja and Baba Kasongo whose knowledge of dawa came from dreams or waganga like Ibrahim or Amina who cured using majini or mizimu? Healers responded to the events of 2009 by adapting their practices. Mama Masanja practiced a distinctly different form of uganga than she had in the past. She explained that in 2009 after the government prohibitions had been announced, she had been afraid to work and had lost a lot of her clients. Now, she no longer practiced any form of divination for fear of arrest. When I asked her how she diagnosed ailments without her spirits, she explained that they still came to her in dreams and that she still became possessed at home, but that she could no longer “wear” her spirits when clients were around. In effect, Mama Masanja and many other healers that I spoke to were remaking themselves as herbalists rather than magical-medical providers.

Others like Zainabu and Amina had disappeared. After a visit to Ibrahim’s compound, where he continued to be possessed by majini, I decided to walk up the boulder-laden hill to see Zainabu and Amina. When I arrived at Zainabu’s large flat compound located on the top of hill, I found it abandoned. In 2007, the compound had been very busy with two to three waganga working, many resident patients, and family members occupying several structures. When I asked a few neighbors if they knew where the waganga had gone, they shook their heads or told me that they had simply moved away. In spite of Mr. Mkanda’s statements, I found the empty compound with its broken buildings unsettling and the lack of detailed responses by the neighbors to be ominous.

***Interstitial Alternatives: Mwanza’s Herbal Clinics***

Alternatives to uganga, revivalist Christianity, and biomedicine had begun to emerge in 2010. During that 2010 trip to Tanzania, I noticed that two new clinics had

appeared in Mwanza's downtown since I had left in 2007. In contrast with the round houses favored by *waganga* and their spirits, both the Mwanza Neem Clinic and the *Huruma* (Compassion) Traditional Clinic were located in the concrete rectangular buildings that signify modernity in Tanzania. Both clinics had professionally printed (not handpainted) banners displaying the diseases they treated. Mwanza Neem's sign was in English and read "Mwanza Neem TZ Health Services for Cancer, Fibroids, Diabetes, All Difficult Diseases." Below this headline, a wide variety of biomedical ailments including fatigue, pimples, anemia, chronic malaria, lupus, kidney diseases, mental problems, infertility, gout, heart diseases, and stroke were listed. In contrast, Huruma's sign was written in Kiswahili, and proclaimed "we diagnose these types of illnesses and symptoms and we also offer the treatment of diseases such as" malaria, TB, AIDS, male and female infertility, Typhoid, and Presha ("Tunatumbia aina za magonjwa na dalili zake pia tunatoa usnuli na tiba za magonjwa...").<sup>23</sup>

The interiors of both Huruma and Mwanza Neem resembled biomedical facilities. Both clinics displayed official government documentation allowing them to practice herbal medicine. Because of its small size and large glass counter filled with bottles with printed labels, Huruma looked like the many biomedical pharmacies located in town, while Mwanza Neem more closely resembled the private clinics that middle class Mwanzans of all cultural backgrounds use in lieu of government dispensaries. It had two consulting rooms and an on-site laboratory. Blood tests were also available at Huruma, but had to be sent to the regional Sékou Touré Hospital to be read. Every aspect of Mwanza Neem conveyed biomedical professionalism. Patients were interviewed using

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<sup>23</sup> Both signs included additional ailments.

standardized intake forms, and tests were ordered using printed lab slips. Practitioners at Mwanza Neem even wore white lab coats with MNC printed on the breast pockets.



**Figure 6-1: Mwanza Neem Clinic**



**Figure 6-2: Huruma Clinic**

Like many waganga, practitioners at these clinics claimed intimate knowledge of plant-based medicine. However, both Maisha, the Lutheran Masai woman who ran Huruma, and Sylvanus,<sup>24</sup> a Mhaya Roman Catholic, who was one of Mwanza Neem's two "doctors"<sup>25</sup> were adamant about how different they were from waganga wa kienyeji. They saw themselves as practitioners specializing in *dawa ya asili* (natural medicine) rather than in *dawa ya miti shamba* (herbal medicine). Neither used divination to identify patients' problems, relying instead on laboratory methods. Both clinics employed treatments that were reminiscent of both biomedicine and uganga. Mwanza Neem's *dawa* was available as capsule, tinctures, dissolved in water, and through fumigation. Dr. Sylvanus told me that they did not apply medicines using razors, nor did they ask their patients to bathe in herbal mixtures. While the herbal clinics treated ailments that are often thought to be caused by witchcraft (terminal illnesses, HIV/AIDS, and infertility), they refused to acknowledge uchawi as a source of illness.<sup>26</sup>

Instead of ancestral or religious power, they located their knowledge in both formal training and scientific validation. Maisha explained that she had formally studied *dawa ya asili* in Nyakato (a suburb of Mwanza). She made all her medicines from "plants [that] were researched in Germany and checked for toxicity." Dr. Sylvanus explained that while he came from Bukoba, an area known for uganga, and a family that was knowledgeable about traditional medicine, he had formally studied herbal medicine in Kenya. In support of the scientific nature of the clinic, Dr. Sylvanus provided me with a

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<sup>24</sup> His real name.

<sup>25</sup> The other doctor was from Kenya. Mwanza Neem was their second clinic; they had originally worked together on Zanzibar, but had had problems with the government and had relocated to Mwanza in 2008.

<sup>26</sup> As Langwick's scholarship (2007, 2008, 2011) elucidates, in Tanzania, biomedical practitioners sometimes refer patients to traditional healers or to revivalist churches. Sometimes these treatments are presented as alternatives to biomedicine, while at other times they are offered as concurrent complementary treatments.

digital copy of a manual extolling the benefits of herbal remedies. The “About” section of Mwanza Neem’s Facebook page<sup>27</sup> reads, “Mwanza Neem Clinic is a clinic that treats herbally. We treat chronic illnesses by using part of trees (branches, roots, flowers, seeds, and banana shoots). Our medicine has undergone intense testing by the highest institutes of the government.”<sup>28</sup>

Despite their reliance on validation from science, both Maisha and Dr. Sylvanus spoke negatively about the chemical formularies of biomedicine. Maisha explained that her medicines “contained no chemicals” and that she wanted to test their efficacy against drugs. Describing the toxicity of antiretroviral drugs used to treat HIV, Dr. Sylvanus that they were “poisonous and dangerous to the body.” While he did not claim to have a cure for HIV/AIDS, he explained that he could give medicine to remove the ART toxins from his patients’ bodies. Once clear of these “poisons,” he could prescribe herbal medicines that would alleviate the symptoms of HIV/AIDS.

### *Hygienic Healers*

Clinics like Huruma and Mwanza Neem represent Tanzania’s current attitudes toward traditional healing. If prohibition was the national government’s policy in 2009, the trend in 2013 is towards cautious promotion of uganga as herbalism. In July, Tambwe (2013) reported that “the government is looking for ways to promote the [traditional medicine] sector.” The same article reported that the Ministry of Health and Social

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<sup>27</sup> I am “friends” with Mwanza Neem on Facebook. The page acts to educate the public about herbal medicine, includes photos of clinic staff (and one of me), and also serves as a personal page for the doctors. The most recent “status update” dates to June 9, 2011 and reads “The dangers of high BMI: heart disease, BP, and many other health problems” (HATARI YA BMI KUBWA NI: MAGONJWA YA MOYO, BP, NA MATATIZO MENGINE MENGI YA KIAFYA.”

<sup>28</sup> MWANZA NEEM CLINIC NI KLINIKI YA TIBA ASILIA. TUNATIBU MAGONJWA SUGU KWA KUTUMIA SEHEMU YA MITI (MATAWI, MZIZI, MAUA, MBEGU, MGOMBA). DAWA ZETU ZIMEFANYIWA VIPIMO VYA HALI YA JUU SANA KATIKA TAASISI ZA SERIKALI



Welfare was engaged in actively registering alternative medical practitioners like Sylvanus and Maisha. As of July 2013, the Ministry had registered eleven alternative practitioners and 2,621 traditional healers,<sup>29</sup> a miniscule number when compared with Tambwe (2013)'s estimate of 80,000 healers.

Dr. Paulo Mhame, the Acting Assistant Director of the Ministry's Traditional Medicine section emphasized the government's new emphasis Western-style biomedical professionalism. Quoting Dr. Mhame, Tambwe (2013) wrote:

Soon, the government will expect all registered traditional medicine healers, just as other contemporary doctors do, to prepare patient histories and file them to the concerned authority. ... Future plans of the ministry [will] ... ensure that all traditional practitioners take heed to hygiene, clean environment and wearing of white uniforms.

With the exception of the Mwanza Neem and Huruma clinics, the vast majority of traditional healers work out of their homes or in "sprit huts" located on their compounds in environments that may not meet a narrow, biomedically-defined definition of hygiene. Most healers wear garments proscribed by ancestors or religious tradition rather than the "white uniforms" that signify biomedicine.

In contrast to the Traditional Healer's Act's definition of traditional medicine as "knowledge ... which may rely exclusively on past experience and observation" handed down from one generation to another orally or in writing, Dr. Mhame encouraged the media to educate the public on how to identify "genuine" practitioners. He suggested that media outlets interviewing healers should "ask for proof ... [that] they have a higher education qualification than Standard VII and a certification from an institution that teaches the practice in a lecture room. If these are not there, they are not genuine"

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<sup>29</sup> A December 2, 2013 *Daily News* article by Mwita reports that only 1,000 healers had been registered.

(Tambwe 2013). As Chapter Three described in great detail, *waganga wa kienyeji* derive much of their healing agency from spirits, ancestral forms of knowledge, or religious education. While Maisha and Dr. Sylvanus had received formal education to become herbal practitioners, few of my other informants could say the same. It is no wonder given these strict requirements that less than 4% of the nation's healers had undergone formal registration.

While Mhame's standards represent efforts to recognize traditional medicine as a national resource worthy of "promotion," the Ministry's attempts to standardize healing through biomedical mimesis or by copying the Chinese model render many elements of *uganga*, as understood by practitioners and patients, as unacceptable. Tanzanian bipower requires that healing brought out of "filthy environments" (Mhame in Tambwe 2013) and into sanitary clinics; and that healers must be licensed herbal professionals with diplomas, rather than conduits for the spirits that summon and guide them.

As 2013 ended, the Tanzanian Press continued to report on traditional medicine as both the domain of those who "cheat...and hoodwink the sick" (Mwita 2013) and as the source of potential cures. In November 2013, the Ministry of Health and Research and the National Institute for Medical Research (NIMR), reported success in alleviating "high HIV viral load, fighting opportunistic diseases [while increasing]... body immunity" with Tashack, a drug comprised of "four traditional herbs" (Itala 2013). Other stories condemned "traditional doctors who advertise that they have medicines to cure illnesses, which modern science has so far failed to cure like HIV/AIDS" (Simbeye 2013), and biomedical practitioners' concerns that patients' use of religious and traditional healers results in treatment delay (Mwita 2013). This complicated set of stories demonstrates that

governmental biopower, while not as draconian as it was in 2009, continues to shape and redefine the meanings of uganga (and by extension) uchawi in northwestern Tanzania.

### *Conclusion*

Despite Mr. Mkanda's claims that the killings were "now finished," violence against persons with albinism continues to be a topic of interest outside of Tanzania. In June of 2013, the United Nations Human Rights Council passed a resolution condemning "attacks and discrimination against persons with albinism" (UNHCR 2013). While the resolution was directed at curtailing violence throughout the continent, the incidents in northwestern Tanzania were extensively covered in the UNHCR's report. The legacy of this brief and rare form of violence has had a profound impact on Tanzanian regulation of traditional healing.

In this chapter, I have argued that the state's pursuit of healers who facilitated witch killings and its complicated set of policies in response to albino killings serve as a form of meta anti-witchcraft. While the practices used by the government are not accessible to afflicted people like Mama Gervas or Esther (see Chapter Seven), by prohibiting witchcraft, accusing healers of occult activities, and attempting to reshape uganga into an internationally-acceptable form of herbalism, the state validates witchcraft as a lived reality.

Beginning with the arrests in 2007, Tanzania began to employ techniques of biopower including surveillance and regulation in order to control occult practitioners and traditionalists who violated the nation's presentation of statal self. In 2007, under the leadership of President Jakaya Kikwete, Tanzania was embracing its new, fully post-socialist (and neoliberal) identity as a nation that wanted external investment. This is

especially true in Mwanza, the fastest growing city in East Africa, and a regional center for mining (and now tourism). This image could not be reconciled with Usukuma's national reputation as a violent "witch-crazed" place or the later attacks against persons with albinism. This new Tanzania is no longer able to ignore "traditional practices" (such as witch-killing) that the world might find repugnant. As Mwita (2013) and Mr. Mkanda's comments demonstrate, biomedical practitioners and government officials also have an uneasy relationship with the claims made by revivalist healers as well. However, because these practices have not been associated with violence or received adverse international attention,<sup>30</sup> they have not received the same scrutiny and exercise of biopower. Unlike *uganga* which can be rehabilitated through hygiene and white uniforms, revivalist Christianity does not require rehabilitation since its antecedents are in the West.

Pinda's 2009 proclamation clearly defined *uganga* as a threatening practice contrary to Tanzania's image as a post-Socialist, pro-business nation. Violent attacks of persons with albinism for occult purposes however rare, had the potential to damage Tanzania's reputation as a friendly and safe African nation devoid of ethnic violence, tourist-ready, and open for international business. In practice, however, regional officers are unable and unwilling to prosecute traditional healers because they provide valuable services in an over-burdened health system. It will be interesting to observe how the "compromise" of professionalization changes the meaning of *uganga* and *uchawi* in Mwanza. Will more *waganga* disappear like Zainabu and Amina? Will healers like Ibrahim continue to call *majini* without attracting attention? Will innovative practitioners like Mama Masanja, whose eldest son is currently a university student studying business,

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<sup>30</sup> In contrast, revivalist preachers who routinely cast out spirits have received popular attention from American evangelicals.

reinvent themselves as clinical herbalists? Will clinics like Mwanza Neem and Huruma proliferate filling in the gaps left by an overburdened health system? And most importantly, how will the symptoms wrought by uchawi be treated by practitioners unable to summon spirits? It seems likely that all of these things will happen, and that revivalist Christianity will also gain popularity. The therapeutic landscape in northwestern Tanzania does not seem to be shrinking in response to governmental biopower but adjusting and recalibrating.

## **CHAPTER 7: ESTHER'S TREATMENTS, CONCLUSIONS, AND LIMITATIONS**

### *Esther's Illness and Treatments*

Esther's uncle, a well-educated English-speaking man in his 1960s and a friend of Baraka's, was the first to tell me Esther's incredible story (see Chapter Two). Despite his clear belief in the reality of her story, I found myself doubting its veracity, instead wondering if Esther had suffered a psychotic break. Yet when I met Esther and then spent several days interviewing her in her home, I was struck by how very "normal" she seemed. As a teacher married to an engineer 20 years her elder, she was decidedly middle-class. They had two children and lived in a large cement house in Nyakato, one of Mwanza's many suburbs.

As I came to know Esther and her husband, Mr. Boniface, it became clear that *uchawi* occupied a central role in their existence. Esther's experience with the *litunga* village was only the most recent iteration of a long and complex history of witchcraft embodiment (see Table 3 for a summary of Esther's treatments). I recount some of Esther's experience with illness and treatment prior to her kidnapping by Hatari. In doing so, I hope to illustrate the ways that afflicted persons develop highly elaborated tactical repertoires to deal with their problems. I also hope to demonstrate the complexity of therapeutic relationships. As Esther's account reveals, many Mwanzans (like government officials and anthropologists) are highly suspicious of the practitioners they rely on for treatment.

**Table 3: Esther's Treatments**

<b>Practitioner</b>	<b>Treatment Strategies</b>	<b>Diagnosis</b>	<b>Notes</b>
<b>Doctor Male Biomedicine</b>	-Pharmaceutical drugs -Injections	-Presha -Ulcers	-High Costs -Doctor recommends prayer
<b>M1 Male Uganga</b>	-Potent drinking dawa for six months -Dawa mixed with human bones	-Witchcraft/spirit possession -"A thing that someone has put on you to wear like clothes"	-Healer was treating her like "a garden"
<b>M2 Female Uganga</b>	-Vaccination -Drinking dawa. -Bathing dawa	-Specialized in the treatment of paralysis -Confirmed that M1 was prolonging her illness	-Effective, but too expensive
<b>M3 Female Uganga</b>	-Drinking dawa - Recommended six month residential treatment -Injection -Removal of madudu from home	-Witchcraft -Madudu -Things going around fast	-Injection put the M3's strong powers in her. - M3 placed a "bush jini" in her yard
<b>M4 Female Uganga</b>	-Drinking dawa -Dawa ya kinga to rub on her body	-Treaded on dawa - Witchcraft -Risk of paralysis in my arms and legs. -Illness went in belly.	-Health improved -Financially demanding -After she refused to pay the healer "played with her" sending her home with a jug of "different" medicine.
<b>Shehe Male Islamic</b>	-Hirizi to wear on arm -Protective dua for under the bed -Fumigation -Drinking dawa	-Witchcraft -Bad spirits	-Conduit for God -Very effective
<b>M5 Male M6 (sister) Female M7 Elder female Uganga with some Islamic elements</b>	-Propitiated ancestors using sodas -Recommended consumption of ashes -Itchy bathing medicine -Snorting medicine -Fumigation -Applied Qu'ran in a bag to her body -Islamic dawa	-Witchcraft -Possession by mizimu	-His mizimu failed her -His medicine was bad -The two women were really witches (waganga-wachawi) -Perhaps they were in cahoots with Hatari
<b>Pastor Massawe</b>	-Name of Jesus	-Witchcraft	-Somewhat suspicious

Sometime before her kidnapping by Hatari, Esther became ill with a complicated set of physical symptoms. At first her illness presented as high blood pressure, or perhaps heartburn:

I was starting to get sick in my heart, like a presha, a presha up and down, like someone pulled on my heart (*kuvuta moyo*) and then I went to the hospital to find some medicine. They measured my presha and saw that it was very high. It was very high and you could see that my heart was beating through my clothes.

She continued, describing her biomedical treatment by a physician:

Eh, it was beating. So the doctor gave me some medicine and advised me to be calm. He said, if you are crying or making noise, you will cause your heart to have pain. ...I slept there [at the hospital]. On that first day, I felt pain here [gesturing at her chest]. It beat here and then it was like a poison dropping here [gesturing at her upper abdomen]. So the doctor came and gave me another injection. The results seemed as though I was recovering the next day, but [because] I was feeling pain, they said it was ulcers. The poisonous feeling happened again so the doctor came and gave me another injection.

As she awaited the results of the injections, her physical symptoms began to shift to an illness that more closely resembled witchcraft:

The next day, I slept all day while I was still getting the medicine. ... I saw the shadow of a person (*kivuli cha mtu*) who was coming to enter my body (*ndani ya mwili*). After coming to enter my body, I felt like my body was paralyzed. ...But after ...a few minutes, it [the shade] went out the window.

After it left, I stayed sick and then the burning pain left. But then during the next night, I felt something burning, something in my lungs. Burning, burning, burning, burning. ...[M]y heart was pumping, pumping and it was like my heart was shrunken and only being fed by one vein. So they came to me and gave me an injection, because they thought I was dying. I stayed with that illness and then I asked the doctor for some water, and they refused. They gave me a drip and medicine. I wasn't able to sleep, my heart was finished. ...They brought a stretcher. I was sleeping like I was finished, but that vein below, below it pushed me to breathe. My mother was there and God helped me using that vein. That vein below, it gave me life.



Esther and her mother who had been supporting her during the illness prayed for the restoration of her health. The next morning the doctor advised her to continue praying. He told Esther that there wasn't much more they could do to help her, saying, "[A]ccording to your story and the steps that we have tried here, it is only God who can help you. You should go to pray." He told her that the hospitalization was expensive and that she couldn't afford it. He sent her home with free medicine, but she stopped taking it because of side effects including drowsiness and weakness.

After prayer and biomedicine failed to treat her and her health worsened, she sought out traditional medicine:

I started to hear my bones cracking inside. Aah, I think, that now I need to find local medicine. [The healer had] some nice dawa. ...He told me, "The illness you have, it is a thing which someone has put on you to wear like clothes" (*kuvalishwa*). Sometimes he mixed the dawa with human bones. Now, he told me, "You have to drink this medicine for 6 months."

But as Esther explained, six months was a long time. She became suspicious of the healer, explaining that he was "treating her like a garden." That is, she believed that he was prolonging her illness so that he could continue to earn money through her payments. She decided to get treatment from a second (female) mganga who specialized in the treatment of people who had suffered paralysis. She recognized her illness and treated her with medicine that led to her "body and health becoming very good." The second mganga (M2) warned her that the first mganga (M1) had given her good medicine initially and then bad medicine to prolong their therapeutic relationship. Esther explained that the first healer's medicine, which she had originally viewed as effective began to seem toxic:

I didn't think that [M1] had bad intentions towards me. From the beginning, I had already paid for whichever medicine he said. Even my husband and my child had taken the dawa. There was some dawa for fever

and presha and it was very strong. But I decided not to give it to them and to drink it myself. I say! I peed a lot and it really it was very hot. And this was a real medicine for fever, even my mother was telling me it was not good. Some good, some bad. One day, I took some medicine and I felt like my throat was dry after drinking some black-colored dawa. ... I drank a bucket [of water] and still it couldn't quench my thirst. I was peeing so much water ... I drank water, I drank tea to rid myself of that poison. I was still in the same condition, so I decided to find another mganga.

The second healer recommended vaccination, as well as drinking and washing dawa. While Esther thought that the healer's methods were effective, the costs of treatment were too high. "That mama, every day treatment, and every day razor. ... And even though it was good, the cost of going so far every day was too high. But the family needed to eat and I didn't have money, so I decided to stop going there."

She next began treatment with a healer (M3) in nearby Igoma who recommended that Esther stay as a residential patient:

After starting to go to Igoma, I started treatment. Even though that medicine was good, she said, "you have already been injected and now there are things inside going around (*kuzunguka*). Those things are going very fast, so in order to live, you have to stay here and drink medicine." That sister, she said, "You have to stay here for six months or even a year." How can I drink dawa for two weeks, let alone stay here? ... I stayed there, getting dawa and then I wanted to go home, but she said, "No." They needed me at work, so she injected me.

However, Esther later learned that the injection had actually put the mganga's "strong powers" into her veins. The treatment actually made her less well, moreover the mganga from Igoma had insisted on "fixing" Esther's house to remove madudu (literally bugs, but here meaning witchcraft) from her house. Esther believed that rather than fixing and protecting her home, this healer had actually hidden a *jini pori* (bush jini) there to make her even sicker.

The next healer (M4) said that her illness was a result of treading on dawa, which made sense to Esther who had once come upon blood at the threshold of her home. When her husband called her to clean it up, the illness entered her body, “I took some water and a rag and cleaned it up. And the illness entered in my hands and feet.” This fourth mganga, treated her with potent, bitter drinking medicine that rendered her weak, but led to improvement in her overall health.

She [M4] told me, I would be paralyzed in my arms and legs. And illness went into my belly. ... So I asked how can we take out these things? So this other mama said, “You have to stay here and drink some dawa.” I drank medicine, I drank medicine, medicine, medicine and that mama said, “Something has changed.” I was looking like a patient with HIV. That mama said these things will make you shrivel up, but that mama said, “You have to drink some medicine.” I drank lots of medicine, it’s true, I drank lots of medicine. It was bitter and strong (*machungu na kali*) the stuff I drank.

One day that mama said, “I really love you because you like drinking medicine.” I told her, “I like drinking medicine because I want to go back to caring for my children.” If I didn’t like drinking medicine, I would just be throwing my money away without doing anything. So any medicine that she brought, I drank. So any medicine that she brought, I drank. [She told me], “After you finish this, you will be healed. So she gave me protective medicine [to rub on herself] so that wachawi can’t beat me or see me. ... I started walking up to town and to work.

The healer explained that her body had been “played with” and that to “cast out this uchawi” she needed to drink medicine. This substance caused her stool to become dark, a sign that the witchcraft was leaving her body. Even though Esther was getting better – she was able to walk to and from work and to town some eight km away – she became disenchanted by M4’s financial demands. In addition to paying for the medicine, she was also procuring food for the mganga’s compound. When she told the healer that she felt well enough to stop treatment, the healer, like the others, “played with her”

sending her home with a jug of “different” medicine. Esther was again suspicious of the person who had been caring for her.

Esther’s husband, Mr. Boniface, was also treated by M4. When I met him in 2007, he was spry and energetic, but was unable to speak. In 2002, he had come down with something that resembled malaria and included fever and chills. After treatment at the hospital and a home prescription for “a drip,” he became sicker and sicker. He couldn’t eat and was difficult to waken. When he returned to the hospital, his blood pressure had increased and one side of his mouth drooped. Esther explained that he had been diagnosed with a stroke by the biomedical practitioners and received “an injection” to treat the stroke. After a six-week stay in the hospital, his blood pressure had returned to normal, but he was left without the ability to speak. As I witnessed myself, he was mentally acute and very mobile, but could only communicate through gestures and writing. Esther and Mr. Boniface believed that his physical mobility was a result of successful traditional medicine, while his lack of speech was a side effect of biomedicine. They believed that the “injection for his stroke” had upset the ancestral spirits that had made him sick in the first place. As Esther put it, “The mizimu hate getting taken to the hospital. They are frightened of that whole place.” Steve Bugumba clarified her statement, explaining:

It is like when there is a fire in a house. Sometimes in a rush to get out of the house, a small child will be trampled to death. In the same way, when the mizimu was hurrying to get out of the hospital, it trampled her husband’s tongue on the way out. So his loss of speech is not really an effect of his illness, but a side effect of the mizimu’s reaction to the injection/application of western medicine.

While Esther’s husband’s illness resembled a stroke, including weakness and subsequent loss of speech, their understanding of his illness was that it had been caused

by ancestral spirits. By attempting to treat spirit sickness with biomedicine, the illness had become worse. Frightened by the hospital, the mizimu had trampled on his tongue. In her work on southern Tanzania, Langwick (2007, 2008, 2011) describes how the “same” illness from a western perspective may require multiple forms of treatment. For example, Mr. Boniface’s illness could have been produced by multiple causal agents – some biomedical and others produced by possession and/or dissatisfied ancestors – that required different disciplinary strategies. In their estimation, Esther and Mr. Boniface and been constantly harassed by witches, as well as their ancestral spirits. Despite all of these forms of treatment, they continued to suffer. As Esther put it, “Yes, it is still inside. I say! It’s true, people, they play with me! They play a lot with me.”

The next person who treated the couple was the shehe (Islamic healer) mentioned in Chapter Three. He was still treating them when I met them in early 2007. He used a wide variety of strategies to improve Esther’s health. She described his methods:

He did lots of sacrifices, really, many steps, and so things went well and he advised me that we needed to take it [the witchcraft and spirits] out. And then he gave me [something] and told me, “Go, put this under the bed.” He said this was like a prayer (dua). ...[H]e gave me a hirizi [protective amulet] to wear on this arm. ...[He] gave me fumigation dawa, and another for drinking. [After taking using this medicine], you can feel something carrying you inside and sticking out and hitting. It returned. I heard things pressing. Eh, I asked God to help to get it out, to get it out. But nothing!

She returned to the Shehe and asked him to remove the things that were making her sick. He couldn’t figure out why they were trapped inside of her and who had harmed her. Exhausted, she was fed up and only wanted God. While Esther is not a Muslim and identifies as Lutheran, when talking about the Shehe, she often described his power as though he were a conduit for God.

During the course of her treatment by the Shehe, her lungs became tight and her back began to ache. She phoned him to set up an appointment, but he was away traveling. He asked her to await his return before procuring treatment, but instead she went to her Mother's house where her symptoms escalated:

I arrived, I told them, "I think they are playing with me, playing with me." The presha increased and I was throwing up and throwing up a lot. After throwing up, I began to feel a bit better, so I went to sleep. [My mother] covered me with a sheet and I went to sleep until morning. After two days, I heard some, I don't know, majini [calling], "Bring me stick incense (udi). Bring rock incense (ubani). Burn ubani."<sup>123</sup> After burning, I started talking only nonsense. I was rambling on and on, but my memory was still okay.

As should be clear by now, these symptoms are consistent with possession with majini, since incense is associated with Islamic spirits. One of her mother's neighbors recommended that Esther be treated by a neighboring mganga (M5). She paid him 1000 shillings to be examined, and he told her that she was suffering from a combination of witchcraft and possession by mizimu. He requested additional payment to purchase the necessary supplies for treatment: Mganga #5 bought beer, two sodas, and ashes. Esther knew that consumption of ashes would destroy any malevolent dawa that had been used to harm her, but worried that the ashes might also "kill" her mizimu. She explained, "Then I remembered that one mganga had told me to watch out for those that try to kill your mizimu, because [if they die] you will [also] be dead." He used his own mizimu to treat her and asked her to request a restoration of her health in her tribal language, rather than in Kiswahili. He opened both sodas and offered intentions to them as if one was her father's mizimu and one was her mother's. Esther, the mganga, and the other people on the compound drank alcohol and she began to feel better.

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<sup>123</sup> Incense is typically associated with Islam and majini.

The next day, he gave her some medicine to wash with that made her skin itchy. She was very uncomfortable with his recommendation that she wash herself with the medicine at a neighbor's house, rather than at her own home. Despite having used this bathing medicine and snorting some additional medicine, both mizimu and some majini reappeared in her body. Esther felt as though her father's mizimu wanted to finish her. The mganga then told her that the medicine that she had taken was "bad," that is, harmful. Esther was shocked by this since he had prescribed it. The mganga took her to his sister's compound for further treatment. Esther became convinced that they were both witches pretending to be waganga. Describing M5's sister (M6), she explained, "She was an mchawi *konkodi sasa* (fast and dangerous like the Concord plane) from Kigoma."

Exhausted by her illness, Esther allowed the woman to work on her:

He failed to treat me after his mizimu turned away from him. He took me to his sister and she had some medicine. And she said, "I will take out the things they put inside of you [that are acting] like a stroke." So, maybe there were some bugs acting like a stroke? ...Me, I don't know. I was tired, what I needed was treatment. The sister said we have to remove these things because you could die or something could happen or you could be disabled. Me, I said, "Whatever." Because I was tired.

The next day M5 and M6 treated her with fumigation medicine. She described the sensation of the medicine. "They brought fire and blew on some garlic. The air passing through my nose was like poison." Esther became so ill from this treatment, that people thought she was dying. An elder woman (M7), who Esther described as "an mchawi sana" (a potent witch) arrived and continued the fumigation treatment. After the treatment was over and Esther felt better, she was surprised and confused when this older woman administered yet another form of medicine, rubbing medicine onto the top of her head. Esther explained, "Ah, my mind was all mixed up, part of my mind was high, it

was mixed up carelessly.” Then at around 2 am after returning to her mother’s home, Esther experienced what she termed commotion (*patashika*) and chaos (*fujō*), “The medicine that they rubbed on my head started boiling. It was chaos when I touched anything .... There was a relative and he was strong enough to try and to touch me, but I told him, ‘No, if you touch me, I will finish you!’ ”

Hatari, the relative that “kidnapped” Esther and took her to Sengerema (see Chapter Three) arrived at her mother’s house. He seemed exhausted and was treated as a guest, but in retrospect Esther believed that he (along with the purported waganga that attacked her under the guise of treatment) intended to harm her. “I think he had already arranged things there, but as far as we knew, he was there just as a guest.” Esther continued to wreak havoc and demanded to be taken to the people who had put the “bugs” (*madudu*), or witchcraft, inside of her:

“Why do they put these madudu in me? Me, I hate it! Why do they torture me?” [A group of six people] started to restrain me by holding my hands, first this side and then that one. ... “Why do you want to take me back to that mama? They are not really waganga, they are wachawi there,” I told my mother.

So we went together with that woman and her husband. After arriving at the mganga’s place, I told the mganga, “If you fail to take it out, I will tell everyone in this village that you are an mchawi!” [The mganga replied,] “Don’t say it, don’t say it, don’t say it, I will treat you.”

The waganga lit a fire and began burning incense. As Esther inhaled the incense, and thus became “fumigated,” she began to feel better. The healer brought out some prayer books (*miswala*), “like the Qur’an” and tied them in a bag. He applied the bag to Esther’s body and then began reading from the texts. As he read his verses, Esther recited Psalm 23 (“The Lord is my shepherd, I shall not want....”). The healers wanted to administer additional medicine to Esther, but initially she refused. She explained, “I don’t



want any uganga, I only want prayer.” The healers convinced her to accept their medicine explaining, “We want to prepare some uganga for you, because it will bring the good ones to stay, and take the bad ones out. It will be good uganga only. It will be clean uganga.”

After the healer finished reading his Qur’anic verses and Esther stopped reciting from Psalms, her hand was paralyzed but responded quickly to medicine. While she slept, the healers placed some medicine on her heart that caused pain. Hatari, her cousin, told her to just relax, but Esther became further convinced that the healers had been “playing with her” and “preventing her from sleeping.” Over the course of the night, one of the waganga became possessed by spirits that verbally attacked Esther asking her why she refused their medicines.

The next morning, Esther’s young relative accompanied the “waganga-wachawi” to town. Esther became very concerned that Hatari had allowed their young relative to go off with witches. When they returned, the healers brought Islamic medicine resembling spices. With the exception of reading from the Qur’an on the previous night, Esther explained that these healers had always used indigenous medicine and masheitani (devils) in their “treatments,” but had decided to incorporate “Islamic” medicine as well. Esther’s two young female relatives pointed out that this most recent form of medicine was especially expensive. One of the two girls suggested that Esther obtain the help of walokole (revivalist Christians) in her hometown, Tarime. Esther replied, “Okay, what you say makes sense. I think I do have to go to beg [for help]. And I think that will be the end of this all. I’ll be treated!”

Esther was preparing to leave when Hatari and “that Mama mchawi” began to confer. The supposed witch complained, “We give her lots of medicine and she doesn’t like it and refuses to take it! She doesn’t like us. I won’t treat her again.” Esther responded to the mganga, saying, “I don’t like your medicine and I want to leave! Leave me alone and I’ll be the way I am.” Esther spoke to her mother on the telephone and her mother told her to stay put until she could take Esther to a preacher herself.

Esther did not stay put, but rather allowed Hatari to pack bags for both of them. She left her phone with one of the relatives. Hatari, as Chapter Two detailed, then proceeded to “kidnap” Esther, taking her to yet another compound where she believed that witches were plotting to turn her into a litunga (zombie laborer). In Esther’s estimation, she had been played with again and again by people purporting to help and heal her, but who actually sought to harm her. Hatari, she argued, had “sacrificed” her to these witches in the order to improve his success as a fisherman.

Months after these experiences, Esther believed that she and her husband were still suffering as a result of witchcraft. She swore she would never visit another mganga. Instead, she drank the shehe’s bitter medicine out of a large jug, burping after each swallow. She also regularly attended healing services at Pastor Massawe’s (see Chapter Four) Pentecostal church. Despite her identification with the Lutheran Church, she saw no conflict in consuming the shehe’s Islamic medicine while receiving prayer by Massawe and other revivalist Christians. While both the Shehe and Massawe believed that it was his practice that had led to Esther’s improved health – she looked quite healthy to me and had returned to work, despite having occasional episodes of presha – Esther preferred to hedge her bets by getting both treatments. Moreover, despite their divergent

epistemologies, from Esther's perspective, after so much uganga, she only wanted "God." It did not particularly matter to her, whether Mungu was approximated by the name of Jesus or the Qur'anic dua consumed in bitter medicine.

While she had become deeply suspicious of waganga because she believed so many were taking advantage of her suffering to get money (or in the case of the waganga-wachawi, to sacrifice her), she also described several of the practitioners' (namely M1, M2, and M4) healing strategies as effective. After treatment by M4, for example, her body was transformed from near paralysis to strong enough to walk to town (about eight km). Esther's suspicions extended to Pastor Massawe. She saw him as a bit of a charlatan, who might be using dawa himself to gain parishioners and their offerings. Despite the failures of numerous waganga to fully heal her, Esther never returned to biomedicine.

With a set of embodied symptoms that ranged from presha to kufa ganzi to spirit possession, Esther assembled the best possible tactical repertoire to deal with her health. She began with biomedicine which quickly failed her. Next, she moved between ancestral and Islamic healers, spending hundreds of thousands of shillings. Finally, she was beginning to find relief in a combination of Islamic uganga and revivalist Christianity. As far as I know, her tactics did not include vigilante violence. Unlike those persons who resort to violence, however, Esther never mentioned who she believed to have originally bewitched her. While she believed that the waganga-wachawi and Hatari colluded to harm her, this event happened well after the beginning of her symptoms and her husband's illness. Furthermore, despite all the suffering that she and her husband had experienced, no one in their family had died as a result of witchcraft.

## *Conclusions*

I chose to end this dissertation with Esther's account because it demonstrates the resiliency that afflicted people use in developing tactical repertoires. It also serves an excellent example of how differing disciplines can produce the same conclusion that uchawi exists. While revivalist Christians and traditional healers are as unlikely to claim to occupy a shared belief system as governmental officials and vigilantes, this dissertation has shown that all four disciplines occupy a shared semiotic field. Moreover, in their exercise of anti-witchcraft practices, the four disciplines make witchcraft more real for Mwanzans. While Mwanzans experience witchcraft as a lived and embodied reality, this reality is reproduced by the wide variety of practices that exist to contain, combat, and control witchcraft. I introduced the concept of the "tactical repertoire" to characterize the ways that people afflicted by witchcraft assemble disciplinary anti-witchcraft treatments into logical and meaningful pathways to wellness.

In Chapter One, I described witchcraft in Mwanza demonstrating the way that uchawi permeates so many aspects of physical, emotional, and social life. I used the story of Mama Gervas to frame this discussion demonstrating how afflicted individuals assemble tactical repertoires comprised of numerous anti-witchcraft practices located in diverse disciplines. I contextualized the present by briefly describing precolonial and colonial approaches to witchcraft management in the region. By offering a historical perspective, which I continue throughout the dissertation, I hope to demonstrate that mambo ya uchawi (matters of witchcraft) have a certain continuity in Mwanza. I've, thus, positioned this dissertation against scholars who treat witchcraft accusation as responsive and situational. Whether described as a response to an internal problem such as village

crowding (Douglas 1970; Stroeken 2011) or to an ill-defined modernity (Comaroff and Comaroff 1993; Geschiere 1997; Moore and Sanders 2001; Meyers and Pels 2003; and West and Sanders 2003), these accounts are functionalist. In contrast, my dissertation offers a historicized and culturally nuanced account of witchcraft as continuous and embodied. In cataloging diverse and multi-disciplinary anti-witchcraft practices within a single semiotic field, I demonstrate the deep, entrenched meanings of *uchawi* for Mwanzans.

In Chapter Two, I describe numerous accounts of witchcraft affliction demonstrating the connections between kinship, neighborly relations, and accusation. While these accounts support earlier anthropologists' findings (see accounts in Douglas 1970), they also demonstrate the ways that Mwanzans rehearse and critique ideas about gender, governmentality, and family. Chapter Two is particularly attentive to the ways that witchcraft embodiment moves between mundane physical symptoms, spirit possession, and seemingly bizarre encounters with zombies and monsters.

Chapter Three offers an exhaustive catalog of the practices used by traditional healers (*waganga*) who locate their authority in two sub-disciplines, ancestral and Islamic healing. After describing the differences and similarities between these two domains, I demonstrate that healers employ a "disciplinary grammar" in performing legitimate healing and divinatory practices. While *waganga* have more latitude in their practice, then revivalist preachers (Chapter Four), they still must employ particular techniques in order to be read as legitimate by other healers and their clients. Healers engage in mimetic replication of Islam, spirit possession, and in offering anti-witchcraft strategies to their

patients. Uganga and revivalism operate within a healing economy and must prove their legitimacy, while discounting rival practitioners.

Revivalists also employ a disciplinary grammar, but are subject to much more structured requirements. A tent revival without the use of Jesus' name to cast out demons is ineffectual. While the command to "toka" in the name of Jesus is believed by revivalists to be the "strongest" form of medicine, it must be employed at the structurally appropriate time. While revivalists eschew uganga as demonic, they do not believe it to be ineffectual. Rather, as I show in Chapter Four, many preachers experienced (or even practiced) uganga prior to conversion.

Chapter Five examines vigilante violence as anti-witchcraft practice. Rather than viewing violence as a result of poverty, changes in inheritance law, or other external factors, I trace the continuity of vigilante violence from the precolonial period to the present. I argue that, like theft, witchcraft is viewed as profoundly asocial and deserving of violence. Drawing on Hinton (2005), I suggest that in the rare instances when vigilante violence is included in a tactical repertoire, it indicates "activation," in a cultural milieu that has already been "primed" to see uchawi everywhere.

In both Chapter Five and Chapter Six, I examine the ways that government biopower (Foucault 1978) has acted as a form of meta anti-witchcraft practice. Unlike the other disciplines, anti-witchcraft biopower is not accessible to people like Esther and thus cannot be included in a tactical repertoire; rather, the government's practices exist outside of everyday experience. Nonetheless, in its exercise of two laws – the Witchcraft Act and the "Traditional Healers Act" – the government acts to contain and control uchawi, while reifying it. In Chapter Six, I also explore the government's complex relationship with

uganga. Uganga has served as a symbol of local ingenuity since independence, but in more recent years has become associated with occult violence.

### *Limitations*

There are several limitations to the findings reported in this dissertation. The first has to do with my research population, while the others relate to the material I was obtain from regarding the “disciplines” that, I argue, act to reify witchcraft in Mwanza. Finally, despite the importance of biomedicine as one of the pathways to wellness used by afflicted people in Mwanza, I did not to do fieldwork in hospitals or with biomedical providers.

In this dissertation, I have argued that the anti-witchcraft practices described reinforces witchcraft as a lived reality for Mwanza’s residents. However, the research reported here focuses exclusively on the experiences, beliefs, and practices of Afro-Tanzanians. While these individuals represent different ethnicities, this dissertation does not account for the beliefs and practices of Mwanza’s ethnically Indian (Wahindi) communities. While I came to know many Indo-Tanzanians during my research periods in Mwanza and occasionally discussed uchawi with them, I didn’t really collect data on their perceptions. When I had those conversations, I was either told that they had learned about uganga or had heard about experiences with uchawi from their Afro-Tanzanian employees. A few of my Indo-Tanzanian acquaintances admitted to having been to an mganga, but often described their visits to healers as a curiosity, rather than as a legitimate treatment. More often in our conversations, these individuals were curious about what I had learned about uchawi and uganga. Because of the significant class disparity and social segregation of ethnically Indian and African Mwanzans, most

Wahindi claimed not to know much about uchawi or viewed it as superstitious. My analysis would benefit from attention to the perspectives of Indo-Tanzanians.

In Chapter Five, I describe several large revivals that I attended and observed during the summer 2007 and again in the summer of 2010. While these data are quite rich, I wish that I had been able to attend more revivals. I was limited by the seasonality of revivals since most revivals are held during the dry month of July. The conclusions that I present in Chapter Four would have been enriched by attendance at regular revivalist church services. As I describe in that Chapter, I felt that there were ethical implications of attending revivalist church services as a “non-believer.” However, the next iteration of this research project will include observations at revivalist church services to quantify the pervasiveness of church-based anti-witchcraft practices.

My ability to research vigilante violence as anti-witchcraft practice was limited in several ways. Early in my primary field research period, I met a COEL volunteer and he introduced me to the organization’s director. COEL, as I explained in Chapter Five, is an organization that works to prevent violence against accused witches. While I obviously support the reduction of violence, I became uncomfortable with the way that the organization seemed to be representing me and my interests. The Director invited me to accompany him and a “camera man” to Sengerema District for a multi-day trip. I, in turn, invited Steve Bugumba, because the Director made me somewhat uncomfortable. The trip’s explicit purpose was education about COEL, but the Director explained that he would introduce me to potential interviewees, including waganga, as well as people who had experienced uchawi.



After a long car journey and ferry ride, we arrived at a small hotel in a town in Sengerema District. I immediately began to feel uneasy, when the Director provided me with very little information about what we were doing. On the first evening, we drove through the rural, unlit countryside in the pitch dark to dine with some COEL volunteers in a school lit only by candles, which was highly irregular as most Tanzanians avoid going anywhere after dark. The next day, I accompanied the Director from village to village participating in photo ops. Things took a turn for the worse during a large training session, held in a large outdoor room. In his opening remarks, the Director explained the purpose of COEL and what the training would entail. Gesturing at me, he announced, “This is Amy Nichols-Belo who has come all the way from America to tell you that your belief in witchcraft is backwards and wrong.” I’m quite sure that the Director had not misunderstood my research project, and that he intentionally misrepresented me in order to advocate for COEL’s mission. The few interviews I conducted were incredibly stilted and it was clear to me (and Steve) that no one was about to talk to a foreigner (who did not “believe” in witchcraft) about uchawi. When I confronted the Director later about how his representation of me and my work made me extremely uncomfortable, he laughed it off. Steve and I ended up leaving Sengerema early and traveling by bus back to Mwanza. This experience coupled with the cavalier way that the Director had handed me the images described in Chapter Five left me unwilling to conduct research with COEL. This choice impacted the data I was able to collect on vigilante violence. Additionally, my findings in Chapter Five were limited because I decided not to seek out vigilantes as interlocutors in order to protect my safety and their own (as people engaged in illegal activities). While I wish that I could have continued to work with COEL, I was

uncomfortable serving as a token foreigner for the organization and being represented as someone who thought that witchcraft beliefs were “backward.”

In retrospect, I should have conducted interviews with biomedical providers and engaged in participant-observation at Bugando and Sékou Touré hospitals.<sup>124</sup> Langwick (2011) demonstrates that doing research with nurses and doctors in Tanzania is possible and can provide insights into patients’ experiences with traditional healing. Conducting fieldwork at Bugando where I had some contacts would have been possible, and I even had prior experience interviewing nurses (Nichols-Belo 2003). At the time, however, I was concerned about wasting the time of already over-burdened care providers, and didn’t think that a chapter on biomedicine was really necessary. As I begin to contemplate the next iteration of this project, I hope to include the perspectives of Indo-Tanzanians and biomedical practitioners and to expand the focus of Chapter Four to include revivalist church services.

Throughout the dissertation, I have strived to provide an ethnographically rich and historically contextualized account of the lived reality of witchcraft in Mwanza. I have not treated witchcraft as a “discourse” or “explanatory model,” but hope to have made clear the ways that it is embodied in afflicted Mwanzans. With its focus on anti-witchcraft practices, rather than “belief,” I demonstrate the continuous making and remaking of uchawi in Mwanza.

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<sup>124</sup> I thank Ira Bashkow for this comment.

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