

Mental Illness, Herbal Medicine, Climate Change and Vimbuza Performers in Rumphu, Malawi

Introduction

Vimbuza is one of the traditional dances performed among the Tumbuka people in the Northern region of Malawi. It is an indigenous institution that informally functions as part and parcel of the Malawian healthcare system in the treatment of people with mental illness with a pluralistic and nuanced perception. Due to lack of scientific backing, Vimbuza ritual practice and traditional medicine in general is not officially accepted as part of the official healthcare system in Malawi. The missionaries and the colonial government demonised the practice of Vimbuza ritual at the end of the 19th century. Both the Roman Catholic and the Presbyterian church do not accept the practice of Vimbuza taking it as evil. Missionaries viewed the people in Africa as “pagans” whereas they (missionaries) themselves were “good Samaritans” mandated to bring the gospel and civilisation (Clark, 2005, 143). These missionaries were convinced that African people had no form of religion before the arrival of missionaries, Africa was a “dark” continent (Ntombana, 2015, 108).

The local people were advised to choose either to belong to Christianity and abandon the Vimbuza ritual practice or not belong and continue the Vimbuza ritual practice. Many people chose Christianity and secretly (at night) practiced the Vimbuza ritual.

Despite the antagonism from the church and the state, the Vimbuza ritual practice has survived up to this day. The practice of Vimbuza has been labelled as “dance”, “religion”, “music”, “cult”, “spirit-possession”, “therapy”, “demonic” and “sacred” (Karstein, 2019; Soko, 2014, 13). While Vimbuza forms part of the cultural identity among the Tumbuka people in Malawi, it is a ritual that is mostly used in the healing of people with mental illness. In its triple sense, Vimbuza is a disease, a source of entertainment and a healing ritual (Gilman, 2015, 119). Vimbuza is one of the two Malawian dances that have been recognised by UNESCO and listed as the World Intangible Cultural Heritage of Humanity in 2008 (Gilman, 2015, 119).¹ In the current setup, it is impossible to dismiss or accept the effectiveness of the Vimbuza ritual practice on the healing of people with mental illness. Suffice to say that there is back and forth movement of the people between the hospital and Vimbuza ritual among people with mental illness depending on the level of illness.

In this writing², I focus on the relationship between forest cover, Vimbuza practitioners and their healing practice of mental illness among the Tumbuka people in Rumphu on the backdrop of climate change and human activity. The perspective is based on qualitative research data that was generated through interviews with Vimbuza dance performers, relatives and patients suffering from mental illness. I draw on concepts from the earth sciences particularly the Anthropocene to complicate the relationship between the Vimbuza practitioners, the mental health patients, and their pharmacological and spiritual relationship between plant ecology. The Anthropocene is “the idea that we have entered a new geological era in which humankind is a major cause of physical change on a geological scale” (Brightman & Lewis, 2017, 12, also see Latour, 2017, 35–49; Latour, 2014).

Malawi is reaping the fruits of climate change. Climate change is already playing a major role not only on food production but also traditional medicine. Climate change has resulted in heavy rainfall and changing habitat ranges for plants and animals – expanding some and shrinking others. Vimbuza performers majorly depend on the forest for their profession of healing people with different diseases. The performers get herbal medicine to treat

different ailments, especially mental illness. Forests and tree cover as such act as a pharmacy for the diseases they aim to cure. Also, forest provides a space where Vimbuza performers meet their ancestral spirits. Climate change is therefore a major threat to Vimbuza practice because the depreciating forest cover, caused by increase in population and human settlement, and deforestation has directly impacted the access to traditional medicine and its affordability. Some Vimbuza practitioners have complained of the lack of some herbs, and that they must travel long distances than they did before to access some medication. Climate change has made it harder to find the necessary plants and roots which they use in their profession. Deforestation and encroachment have contributed to the current flooding episodes that have also led to scarcity of herbal medicine that has affected treatment of mental illness.

Climate change influenced by human activities (anthropogenic factors) and variability remains a major challenge to rural livelihoods as well national development in Sub-Saharan Africa (SSA). In recent years, climate change has become a reality in Malawi due to devastating and chronic floods in both the South and the north, the rise in lake water levels, the gradual annihilation of some plants and animal species and the evidence of extreme weather conditions. Fabian Nnandi and Christian George (2015, 31) argue that both social, economic, domestic, and political lives of the people in Africa have suffered from the phenomenon of climate change. This is made worse by the fact that the continent has an obviously low adaptive capacity. In Malawi, the aftermath of climate change has resulted in the rise in poverty, drought, flood, and famine. Further, climate change has affected the religious experience, cultural activities, socio-economic life, health, and political life of the people. The weather which was easy to predict has now been distorted bearing effects on ritual performance and festivities. Since African traditional religion expresses itself in nature, anything that affects and distorts nature affects the religion and the traditional religious practices.

Cosmology and Sickness in Malawi

In Malawi, as it is the case in many African countries, diseases and misfortunes are understood as religious experiences requiring a religious approach (Lartey, 2006). Vimbuza traditional healers are aware of this and make attempts to meet the need of the people in a religious way, regardless of whether

the need is genuine or imaginary. The healer gives much time and personal attention and penetrating into the psychological state of the patient through physical touching (Vähäkangas, 2016, 357; Saarelainen et al., 2020, 9–10). The cause of disease is often interpreted against a psychological, religious, or spiritual background which is beyond the immediate physical cause (Munthali, 2006). In an African milieu scholars agree that the healer symbolises good health and protection and security from evil forces (Adu-Gyamfi, 2016; Essien, 2013; Shizha & Charema, 2012; Mpfu et al., 2011). It is in this regard that the healing process goes beyond the physical and chemical processes; it touches the soul and the spirit of the individual patient also involving the social dimension of the community (Vähäkangas, 2016; Magezi & Bay, 2006; van der Watt, 2016).

In a Tumbuka religious cosmology, the spirits of the dead people are the active and most sought or feared players of a god who seem to be passive. The Vimbuza ritual performer, being a bridge between the living human beings and dead living members of the community, is taken as someone with spiritual authority. The Tumbuka people understand diseases and illness in two ways: what/who caused the disease? And what must be done to restore health? The response to the first question determines the methodology and response to the second question. Vimbuza is an illness caused by *Mizimu* (spirits) hence there should be a particular way to heal it. It is in the belief of many Malawians that a disease caused by the spirits cannot be healed in the hospital. Among the Tumbuka, there are three “markets” for healing such *mizimu diseases* as also discussed by Vähäkangas (2016, 271): *kienyeji* (traditional African), *kikristo* (missionary Christian) and *kisasa* (contemporary)). Among the Tumbuka, if one is sick, they can heal through *makhwala ya chifipa* (African Traditional Medicine), or *Makhwala ya Chizungu* (Western medicine) or *malombo* (prayers). In the case of spiritual diseases like Vimbuza, they opt for traditional medicine.

Impacts of Climate Change on Traditional Religious Practices and Vimbuza Traditional Ritual

Climate change has impacted the traditional religious practices from two angles, directly and indirectly. Directly, the change in the global climate and temperature has altered the usual patterns of rainfall, thereby affecting the prac-

tice of rain making in Malawian traditional religion. Indirectly, everything of spiritual importance has been affected. The floods that swept through many communities especially in the Southern Region of Malawi at the beginning of this year destroyed some traditional religious elements like shrines and statues which are key to traditional practices.

Drums (*ng'oma*) made from wood and animal skins are a major component in the performance of Vimbuza ritual (Berliner, 2019; Blacking, 1985, 69; Turner, 2018, 15). Some of the special trees and animals that provide the raw materials for producing some of these traditional musical instruments have become scarce or absconded from forests due to climate change. These have adversely affected traditional musical patterns and pleasurable intensity as some of these traditional musical instruments are either scarce or currently made with inferior materials.

Traditional medicine which is often administered by Vimbuza ritual performers has a place in African traditional religion. The Vimbuza performers are believed to possess “extensive knowledge of the medical properties of herbs and roots” (López-Muñoz et al., 2006, 429). With herbs and roots provided by nature, the Vimbuza performers play an important role in the treatment and caring of people with mental illness. However, some of the special and rare plants, herbs and roots that are the major property of Vimbuza ritual are gradually facing out because of the significant change in the earth climate. This has undoubtedly affected this practice of herbal medicine.

Conclusion

This paper has so far highlighted some elements in Vimbuza ritual performance in the healing of people with mental illness that have been adversely affected by the consequences of climate change. While this is not a surprise, it suggests that climate change is a global challenge with effects spread across board. Hence, all hands should be on deck in the global eco-sustainability campaign to achieve a sustainable environment. To mitigate the impacts of climate change on the Vimbuza ritual practices in Malawi, this study recommends a collective adjustment approach to the new realities of climate change. Communities should embrace and adjust to the changes in the global climate and resultant ecological realities. The Vimbuza ritual performers should work towards mitigating dangers of climate change. Deforestations,

bush burning, encroachment, etc. should be discouraged. From the perspective of the local people and especially the Vimbuza practitioners, Vimbuza ritual performance seem to provide remedy for people suffering from mental illness. Mental illness is seen as a disease caused by the spirit and cannot be healed by modern medicine. As such, people will continue to utilise Vimbuza healing ritual for the foreseeable future unless something is done to change their cosmological thinking towards the causes of mental illness.

Footnotes

- 1 <https://ich.unesco.org/en/RL/vimbuza-healing-dance-00158>
- 2 The writing is part of an ongoing PhD study which is focusing on the pastoral perspectives of the Vimbuza ritual and mental illness in the northern part of Malawi. The PhD study funded by Lund Missionary Society through Stellenbosch University. The study obtained ethical approval from the Human Research Ethics Committee (HREC) of Stellenbosch University (Project number: REC-2020-17068) in South Africa and from National Health Sciences Research Committee (NHSRC) in Malawi (Protocol # 21/04/2681, approval number 2681).

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