

THE GRANDPA'S CUP: A TANZANIAN HEALING RITUAL AS A TEMPORARY INTERRELIGIOUS PLATFORM

ABSTRACT

This article examines the elements of ritual practice that contribute to the interreligious appeal of a specific healing practice, with the goal of identifying elements of interreligiosity more generally. The Reverend Ambilikile Mwasapila, aka Babu wa Loliondo, was for a brief space of time the most popular healer in Tanzania, attracting vast crowds to his remote village of Samunge. His healing became interreligiously acceptable because of its remarkable blend of openness and rootedness. While, as a retired Lutheran pastor, Babu was clearly a Christian, he welcomed everyone to partake of the medicine he offered with no preconditions. Furthermore, the herb that was the main ingredient in his treatment was well-known in traditional medicine but at the same time allegedly a divine revelation, making it widely acceptable to many. The ministry itself was also open-ended in the sense that even though Babu obviously performed the healing within the framework of religious ritual, whether to frame or interpret it as such was left to the patient.

Keywords: Babu wa Loliondo, pluralistic medicine, faith healing, herbalism, ritual, African Christianity

There is only one road leading through the remote Tanzanian hamlet of Samunge. It offers a couple of kiosks and shops, and also a tiny shelter of sticks and plastic similar to those used by sellers of agricultural produce in areas of denser traffic. This one, however, is festooned with ropes and chains allegedly used to bind the insane before their healing by the Reverend Ambilikile Mwasapila, aka Babu wa Loliondo (Grandpa of Loliondo). On my visit to the village, in 2012, it is comparatively deserted; I wait for my portion of the medicine with only eight other patients, a very different situation

to the overcrowding of the previous year. Six of us are from Southern Sudan, two are Kenyan Maasai, and I am the odd European. When Babu arrives at the roadside spot, he and his helpers begin to organize us into a semi-circle for a preliminary question and answer session but in the absence of a common language I find myself in the position of interpreter from Kiswahili to English, while a young South Sudanese man translates to Dinka. Once this has been organised, the slight, modest and soft-spoken pastor explains how his medicine heals every disease, but not all of them at once. When

we are given the opportunity to ask questions, the oldest of the South Sudanese asks whether his foot can be healed and whether Babu can also pray for their country. After an affirmative answer, a prayer of praise follows that also begs for healing and peace in Sudan. Then the assistants distribute plastic mugs containing a brownish fluid that has been measured into them in advance. After a self-conscious moment, we begin to drink the slightly bitter concoction. The simple session is over when the assistants collect the mugs as well as a dollar or 100 Kenyan shillings from each of us, and Babu walks back to his home, a stone's throw from the road. I remain chatting with the Sudanese until they enter their car and head out of the village. (Field Diary 4 February 2012: Babu *kikombe* [cup].)

Given the simplicity of the event, it is hard to believe that this ritual, consisting of the healer describing and explaining his medicine and his ministry, followed by a prayer, then the distribution and drinking of the medicine and collection of a small fee, had created unheard of media frenzy in Tanzania only a year earlier. Yet the focus of Tanzanian expectations of religious healing had all taken place along a very ordinary roadside.

One may even wonder whether this action, in its simplicity, even counts as a ritual. Additionally, it was also a matter of innovation and flexibility which would, according to Snoek (2008: 6–7), point to the fact that Babu's healing practice would not be a ritual matter. However, one finds a couple of points in Grimes' (2014: 194) list of 'family characteristics of ritual' that suit Babu's healing: repetition, attribution of special power or influence and performance by a specially qualified person. Also following Rappaport's (1999: 24) definition of ritual, this healing counts as a ritual inasmuch as Babu claims to have received a revelation from God

directing him to perform the healing, meaning that he is not to be regarded as a performer encoding his own invention. In spite of Babu's obviously genuinely held conviction that he has received a mission from God, the revelation received was, or due to its continuous nature, *is* not contradictory to Babu's own agency and innovation. The revelations he receives are often enigmatic and need quite a bit of interpretation before they can turn into the bases of ritual or religious codes of conduct. Thus Babu's position in his ministry oscillates between a tool of God and an active religious innovator. The fact that this healing is a matter of innovation would, according to Grimes (2014: 189), exclude Babu's healing from being a ritual in Rappaport's definition (1999: 24) because ritual excludes 'change, creativity, and innovation'. This may be a somewhat pessimistic reading of Rappaport vis-à-vis change but following its guidelines would problematize the classification of Babu's healing practice as a ritual, so central is the latter's person and creativity to events. However, considering that faith healing can be traced back to the origins of Christian practice, one could also view Babu's ministry as a renewal or remodelling of a very long tradition.

A claim about the foundational divine revelation behind a religious act cannot alone constitute a ritual; rather, ritual is related to a community where it has its meaning and function. Therefore, certain communal preconditions need to be fulfilled. First, in order for a religious symbolic act to be counted as a ritual, it needs to be repeated, that is, it should either be a tradition or be in the process of becoming one. Secondly, this ritual needs to be based on a religious authority; and thirdly, it needs to be performed by a person in a position to do so. All these three can be found in Grimes' (2014: 194) list of 'family characteristics', albeit with different emphases.

All these three preconditions deal with the credibility of the ritual in a community. The first criterion of tradition is actually a question of communal reception. Repetition or becoming tradition is a matter of reception by the community. In the case that the community has no need for, or no trust in, that action, there are no great chances that it will be repeated, at least communally. Then there will not be a formation of tradition.¹ In order for this repetition to take place, the ritual therefore needs credibility. This credibility is usually built on a religious authority provided through divine revelation. The important question, therefore, is whether the new ritual is based on an authentic revelation, that is, on proper religious authority: even a novelty can gain the credibility of a ritual quite quickly if it is the outcome of a revelation popularly perceived as authentic.²

The last precondition, the requirements regarding the performer, might be refuted on the grounds that it is too hierarchical. However, the position can be understood here in a very wide sense and may vary strongly according to the ritual or the conditions. For example, in most churches a valid baptism can only be performed by an ordained priest, but in many traditions any baptised Christian is allowed to baptise a person facing death, such as a new born baby with slim chances of survival. In spite of the considerable loosening of the criterion, however, it has not been completely lifted and there is still a requirement that the performer is in the position of performing the ritual or otherwise it is not considered as proper.

In the pluralistic Tanzanian market of healing and religion, Babu's healing practice received broad interreligious acceptance for some time. Therefore, in this article I firstly concentrate on the premises on which the reception of the healing practice as a ritual was built. I then return to the question of whether,

and to what extent, Babu's healing was regarded as a ritual by the patients.

I build my argumentation on material stemming from interviews with Babu himself and observation of his healing; extensive internet searches; systematic analysis of the Tanzanian leading daily Swahili newspapers *Nipashe* and *Majira*, and weeklies *Rai*, *Mwanahalisi* and *Raia mwema*; as well as occasional browsing of the *Daily News* and *The Guardian*. Additional data is drawn from numerous informal discussions concerning Babu with my friends, former colleagues and students of Makumira University College of Tumauni University, and Tanzanians in general. My more than a quarter of a century of insider knowledge of Babu's church, the Evangelical Lutheran Church in Tanzania, provides a backdrop for the discussion.

BABU'S CUP AS THE MOST POPULAR HEALING PRACTICE IN 2010

According to the Reverend Ambilikile Mwasapila, he had been receiving dreams from God for a long period of time. Initially somewhat enigmatic they had led gradually to his discovering how to prepare a divinely revealed medicine that can heal a person of practically any disease including AIDS, cancer, diabetes and malaria. His first patient, in May 2009, was a woman suffering from HIV/AIDS whom I had the chance to interview in the village of Samunge (Babu 2, 5–6; Mwakalinga 2011: 4–5). She perceived herself as healed and looked healthy (interview with Mama Upendo, 4 February 2012). However, it took over eighteen months for the news of the modest retired rural pastor turned miracle healer to reach the media, with the first coverage appearing in February 2011. By then, rumours of events in Samunge had spread like wildfire in Northern Tanzania

despite the absence of communications between the village and the outside world: no mobile network, no telephone, no wireless radio and not even a proper road; some parts of the journey were negotiated by following tyre tracks on the savannah. The nearest tarmac road is hundreds of kilometres away in Mto wa Mbu, off the tarmac road towards Ngorongoro. Nonetheless, the media frenzy and hype surrounding Babu (Grandpa), as he came to be called, was unprecedented in the history of Tanzania. By March, he was featuring in several newspapers practically every day, often making the headlines. Until June, nothing gained even a fraction of the media attention dedicated to Babu.

Forget about politics! Forget about football! Forget about corruption! One topic above all has dominated conversations in Tanzania during recent weeks—the tens of thousands of people that have been flocking to Samunge village... to try a ‘miracle cure’ being dispensed there by ... Pastor Ambilikile Mwasapila (Tanzanian Affairs 2011)

The ‘jam’—as the Samunge villagers call the time of the rush—lasted from March 2011 until June, beginning abruptly, but waning almost as fast. At its peak, tourism to the famous game parks of Serengeti and Ngorongoro nearly came to a standstill as all available four-wheel drive vehicles were appropriated to take patients to Babu. Even charter airline companies moved their business from the Kenyan capital of Nairobi to Arusha, the nearest big city in Northern Tanzania, and the gateway to Loliondo, the district where Samunge is located (Ubwani 2011). The queues of cars outside Samunge sometimes stretched for 50 kilometres with sick people being obliged to wait for several days to receive the sought-after

medicine (Philemon 2011); several people died while waiting, and were buried on the spot (see, e.g., Osanjo 2011).³ There was such a dire lack of food, drinking water and medical supplies that the promise of healing appeared to be turning into a humanitarian catastrophe. Therefore, to the ire of many, the government sent troops in to seal the area, preventing entrance to new patients until the previous ones had departed (e.g., Majira 12 March 2011: 5; observation).

Some estimates made in the media of the number of patients who visited Samunge are as high as several millions, surely a grossly inflated figure, while others put the daily number of visitors at a much more modest average of around 4,000 (e.g., Tanzanian People 2011). Babu claims that his helpers calculated they had distributed 17,000 cups of medicine in a day during the greatest rush. As the ‘jam’ lasted about a hundred days, and was less crowded at both start and finish, it seems plausible to conclude that the total number of patients runs to hundreds of thousands rather than millions. Nevertheless, considering Samunge’s geographical isolation, poor local infrastructure and general poverty in Tanzania, these figures are huge.

Media reports, internet chats and discussions with people who had drunk from the cup, as well as interviews with Babu and Samunge villagers, all point to the fact that those coming in search of healing comprised a broad representation of Tanzanian society with an exception being that there was a greater proportion of the wealthy (and therefore educated) because of the high cost of travel to Samunge. References are made to numerous luminaries in Tanzanian politics who made their way to Babu, to religious leaders (especially Lutheran bishops) and to many medical doctors; all the Tanzanian university teachers with whom I discussed the issue had also been there

(see, e.g., Gettleman 2011; Tanzanian People 2011; Tanzanian Affairs 2011). The patients came from all the major religious traditions and a wide range of ethnicities in Tanzania, including people of both Asian and European origin, though the latter two in smaller numbers.

The fame of the healer became such that the word 'Babu', when used in the media, only referred to him. Likewise the word *kikombe* (cup) acquired a specific meaning because the healing practice was generally referred as '*kikombe cha Babu*' (Grandpa's cup). Thus, asking someone: '*umewahi kunywa kikombe*' ('have you already drunk the cup?') would automatically be understood to refer to Babu's healing practice. The second biggest Christian church in Tanzania, the Evangelical Lutheran Church in Tanzania, with its Kiswahili abbreviation KKKT (*Kanisa la kiinjili la kilutheri Tanzania*), began jokingly to be called '*kunywa kikombe kimoja tu*' ('just drink one cup'). The ministry of the retired pastor had thus suddenly become the common property of Tanzanians irrespective of religion, ethnicity, educational level or social standing.

Considering that the Tanzanian field of medicine appears saturated with all possible forms of alternative treatments, the sudden wide popularity of Babu's cup stands out. While traditionalist healers draw customers from their own faith traditions—African traditional, Muslim and Christian—none has been able to capture the imagination of the followers of other traditions like Babu, nor gain such legitimacy in majority opinion, especially among the Christian leaders. Muslim healers, in terms of their practices, come close to traditional African traditional medicine and their reception especially among Christians is rather similar, that is, official rejection even though individuals may turn to them for help. Christian faith healers have had varying degrees of success, and are able to attract some non-Christians as

clients; the Christian insistence on conversion, however, repels those patients that only seek healing. Thus Babu stands out from the crowd by virtue of the fact that his ministry received high levels of acceptance from the range of religious traditions, though some Muslim religious leaders as well as a few competing Pentecostal healers saw him as a representative of evil forces (Majira 28 March 2011: 14; Wavuti.com 2011).

Elsewhere I discuss several dimensions of Babu's credibility (M. Vähäkangas 2015: 17–19), mostly in connection with Tanzanian Christians for whom Babu provided a (temporary) relaxation of tensions between the three life worlds (traditional African, missionary Christian and late modern), all of which tug the Tanzanian Christian in different directions. In this article I approach Grandpa's cup as a ritual, attempting thereby to discuss the ways in which this aspect of the healing practice sheds light on Babu's interreligious appeal. This will be done in the light of the concepts of revelation, material mediation and religiously open formulations.

REVELATION AS THE BASIS OF RITUAL

I referred above to the dimension of religious authority needed for establishing a ritual, which in many, probably most, cases is grounded in divine revelation. This often overshadows the creative and transformative dimensions of ritual action because even novelties may be clad in the cloak of tradition.⁴ Often the foundational revelation has a long tradition, the ritual being understood as a re-enactment of an action of the foundational figure of the religion. In Christianity, the Eucharist can be considered a prime example: Jesus of Nazareth, the foundational figure, set the example through the Last Supper with his disciples. Considered as God incarnated, the words allegedly uttered

when sharing bread and wine were regarded as a divine revelation. This credibility is unquestioned as long as Jesus is considered God incarnate and as long as the tradition set in motion by the Last Supper is considered authentic. The long pedigree of a ritual often adds to its credibility, at least in so far that it makes contesting the veracity of the tradition more difficult, given that the idea of *Ursprung* is often connected to authenticity (see Foucault 2003: 242–243): in many religions faith is perceived as having been purer and relations to God more immediate in the foundational period. This sets specific challenges to a religious innovator like Babu.

When introducing a new ritual, there are a couple of tactical choices, selected consciously or subconsciously. First, one may claim that the innovation is not an innovation at all but rather a reintroduction of a ritual present at the origins of the religion. That is a handy solution in the sense that one can then argue both for novelty and for *Ursprung*. One example of this is glossolalia in the American⁵ Pentecostal view, which, it is alleged, is an early 20th-century reintroduction of the Acts 2 Pentecost experience. This approach would not have worked for Babu because it would obviously have been difficult to convince his Christian clientele that Jesus or the disciples had been brewing the kind of medicine he was offering, especially when its main ingredient was well known in the African traditional healing of several ethnic groups (Malebo and Mbwambo 2011: 10). The only reintroduction his ministry could claim would have been that of indigenous healing practices in terms of dispensing extracts from the *mugariga* tree; being a Christian pastor, that would have rooted him in the wrong religion.

Second, one may establish a new religion, or at least a new church or a revival movement, whereupon the founding figure's novel revelation

would be considered paradigmatic within the community. Babu did not favour this alternative either, because of his strong commitment to the Lutheran Church as a pastor. Furthermore, this alternative tends to limit the applicability of the healing practice to the followers of the new religious community, thereby closing the doors to a wider interreligious relevance.

The third alternative is to claim that one has received a new revelation that complements those which have been previously accepted, the line which Babu's argumentation follows. He is careful to point out that although he has received a new revelation, it is not in conflict with Christian faith. However, this position is highly vulnerable in the sense that the plausibility of such a claim rests solely on the credibility of the presenter and the reception of his message; meanwhile the fact that one bases support for a novelty ritual on a private additional revelation does not necessarily make it any more interreligiously open than the first two alternatives. Ultimately, the outcome in this case will depend on the mode and content of the revelation in addition to the credibility of the messenger of God as a person.

Babu told me that he regularly receives messages from God in dreams after posing God a question during his evening prayer (Babu 2, 8–9). He explained this in a very modest manner, without claiming that he receives answers either automatically or always. In Tanzanian enchanted Christianity, the idea of dreams as God's way of communicating with His people is readily accepted as it has numerous Biblical examples: from the patriarchs, kings and prophets of the Hebrew Bible to the New Testament's Joseph and Paul, among others. Furthermore, the traditional African background of the Christians mostly supports the idea of dreams being a realm of communication with the spirit world. In Islam, dreams are likewise a natural

medium of divine communication. Thus, none of the three major faith traditions in Tanzania would reject the notion of receiving revelation in a dream, thereby supporting the wide interreligious applicability of Babu's source of information; it can even be seen as a bridge between the religions.

On the other hand, if the content of the revelation is not acceptable, a dream as the mode of its delivery does not have any inherent value in itself. The revelation received by Babu, however, is not doctrinal so much as very practically oriented and is mostly a matter of providing him the recipe and dosage of the medicine (Babu 2, 5–6). The main doctrinal import of the revelation is that the will of God is to heal everyone because He is the creator and provider of all, an implication that cannot be claimed to belong exclusively to any of the major faith traditions but rather one that connects them all (see Wijzen 1993).

The Bible offers parallels with the situation wherein the alleged principal content of a revelation consists of practical advice on how to treat sickness (e.g., 2 Kings 4: 10; Acts 9: 10–12), though this resonates more powerfully with African traditions. Thus, it is no wonder that similar phenomena exist elsewhere, not least in the Église Evangelique du Congo, where there has been a widespread ministry of *médecine révélée* in which the healer receives advice from God on how to treat each and every patient (Åhman 2014: 93, 120, 214–216), while in African traditions, the healer often receives medicinal recipes from the spirit world, either in a trance or a dream. Thus, Babu finds himself on a strong continuum between African traditions and African Christianity with the idea of divinely revealed medicine appealing to a large audience.

Concerning the mode and content of Babu's revelation, therefore, one can conclude

that both contain many locally familiar and acceptable elements. Yet, while none of them create obstacles for wider acceptance, neither can they, whether considered singly or as a package, fully explain his wide interreligious appeal. It appears that the question remains: what contributed to the credibility of the revelation on which Babu's ministry was built?

I suggest that, in order to understand Babu's immense, albeit short-lived, popularity, one needs to place his ministry in the context of Tanzanian alternative medicine. African traditional healers and their Muslim counterparts are often demonised by Christian leaders, and the use of their services by members of Christian congregations can lead to disciplinary measures—not a fully preventative course of action, however. The background to this is that both groups of healers are perceived as connected to backwardness. Meanwhile, Christian faith healers generally attempt to present themselves as modern in comparison; their ministry is often related to the prosperity Gospel, and they tend to favour luxury cars and fanciful dress, with the result that those that do not support them have little difficulty in classifying them as money-hungry charlatans. So, to be distinguished as a true healer, Babu needed to stand out as a man of principle who was neither pagan nor backward.

The Reverend Ambilikile Mwasapila's CV is that of a man of great integrity: as an orphan who began his working life on construction sites, he was an active church goer who was eventually hand-picked to become an evangelist. In practice that placed him on the lowest rung of the church hierarchy, often unpaid because the ecclesiastical satraps take their own salaries first and the lower functionaries only get what is left over. Eventually he received a measure of theological education and became a pastor in Northern Tanzania, though his

Southern Tanzanian origins, coupled with his lack of a university education, were two major obstacles to his career progress. On top of that he volunteered as a missionary to Samunge, a temporary position far from centres of power and money, and served there in harsh conditions until his retirement, whereupon he remained there, earning himself a living as a construction worker and living in a mud hut.

This is an irreproachable trajectory for a principled man of God. Furthermore, despite being part of an established church that does not advertise healing, he eventually gained the acceptance of that church's leadership, which also contributed to the feeling of his being different from the rest of the healers. Finally, he only charges Tanzanians 500Tsh for his treatment (25 Eurocents), and US\$1 for foreigners, a clear signal that he is not there to make money. Even this fee has allegedly been revealed by God: offering treatment without charge might indicate an expectation of substantial subsequent donations, thereby placing a greater financial burden on the patients. The token amount, which is less than the cost of a bottle of soda, frees the patient from further financial transactions with the healer.

The greatest proofs of credibility are, of course, the healing narratives: predictably, during the heyday of Babu's ministry, the media were full of stories of miracle cures, whereas towards the end tales began to abound of people who had died or remained ill after partaking of the cup. As these negative reports began to circulate, the hype surrounding his services came to an end and the common trust in Babu's healing waned, though it is not difficult even today to find people who claim to have been healed through his ministry. Nevertheless, the credibility of the revelation on which the ritual was based collapsed.

Despite supplying a precondition for the interreligious⁶ popularity of the ritual, the common perception of the healing ritual's efficacy is not the only relevant factor when examining its broader impact and swift decline. Another issue is that it could be claimed to get its potency from the powers of darkness. The repudiation by Christian leaders of African traditional and Muslim healing is not often based on a failure to cure the patients but rather that, if healing does take place, it is by virtue of demonic powers: a standard genre of discourse in intra-Charismatic debate.⁷ As Babu's reputation spread, competing faith healers began suggesting that the powers behind him stemmed from the wrong side, and that his ministry was nothing but a version of paganism (Wavuti.com 2011)—an argument based on the fact that the medicine he was dispensing stemmed from African traditional lore.

ON THE MATERIAL MEDIATION OF SALVATION IN RITUAL

Rituals can be said to be acts in which salvation or other religious 'goods' are materially or corporeally mediated (see Grimes 2014: 195). In Babu's case, the material mediation takes place via the concoction brewed from the roots of the *mugariga* tree. Another notable dimension is that the medicine is effective only if it has been measured personally by Babu with a specific plastic cup which looks like one that can be bought cheaply in any Tanzanian market. What differentiates the cup is that it miraculously appeared in Babu's small mud hut before the healing ministry began, though he had already seen it in a dream and knew that it would serve as the measure for doses (Babu 2, 5–6; Babu 3, 1; Mwakalinga 2011: 4–5).

Babu has developed a relatively sophisticated theology about the efficacy of his medicine, being well aware of the fact that he is not the only one distributing it. According to him, the herbal medicine is not effective in itself, but rather that its efficacy is based on God's Word in it (Babu 3, 3). What has to be noted here is that he banks heavily on Lutheran Eucharistic theology. He does not claim that the medicine turns into something else, as in the Catholic transubstantiation theory; nor does he maintain, in the Reformed manner, that it is simply a matter of representation; rather, his stance is that the medicine contains the Word of God: that is, basically, Christ, or God Himself. With this line of argument, he links his medicine to Lutheran sacramental theology in an insightful way. Just as bread and wine are separated from their secular use for their religious purpose, so here the medicine is taken from its secular (or pagan) context and appropriated as a material carrier of salvation.⁸ In this manner he baptises, so to speak, a local herbal treatment, and turns it into a Christian symbol. As it is a traditional herbal recipe which is still used for healing purposes, the medicine creates a tangible continuum between African traditions and Christianity. Muslim alternative medicine also makes use of material means, and in this way one can maintain that the very use of the material element opens possibilities in Babu's ministry for interreligious application. The very fact that the material mediation takes place via an African medicine rather than a material transmitter adopted, for example, from the Bible, makes the ritual more palatable for non-Christians whereas for Christians the argumentation supporting its use has familiar resonance.

Meanwhile, leading university hospital researchers at the Muhimbili Medical Centre in Dar es Salaam had come to the conclusion

that Babu's medicine may be beneficial in the treatment of many grave illnesses: a finding that was something of a mixed blessing (see Malebo and Mbwambo 2011: 11–13). On the one hand, it boosted Babu's credibility as a healer but, on the other, it questioned his position as a man of God. If it were, after all, a matter of simple chemistry, Babu's religious claims for his ministry would sit on shaky foundations. Had God revealed a potent medicine through Babu that anyone could use, this would have robbed it of its ritual efficacy—obviously a central issue for the healer. Consequently, he argues continuously that the medicinal effects of the extract do not play any role in the miraculous recoveries of those who have accepted his cup, but rather that they represent, purely and simply, examples of faith healing (e.g. Babu 3, 3; Babu *kikombe*, 13–14). By insisting on the ritual quality of the use of the medicine he thus reserves for himself the role of *mediator Dei*: the only person able to make the miracles happen. He does not, however, consider himself irreplaceable because he is ready to speculate who is to follow him—as someone approaching 80 years of age he cannot count on a lengthy future career; he points out that only God knows whether the ministry will continue and who might take his place (Babu *kikombe*, 14).

Part of the credibility of Babu's healing ritual builds on the material mediation of healing or salvation via an African traditional herbal medicine. Many Christian faith healers do not use any material means save physical touch, or in some instances water or oil, though it seems that this is not always enough because these healers lost many patients to Babu. Yet it is clear that medicine by itself is not sufficient either, as exemplified by the palliative care program run by the Lutheran church in Arusha region where patients are eager to bring their medicines for blessing (A. Vähäkangas 2012:

6–4). The combination of a tangible medical element with a spiritual presence in healing seems to be very much in demand.

ON RELIGIOUSLY OPEN FORMULATIONS

So far we have seen how the theological content of Babu's ministry is predominantly based on the concept of God as the provider and creator of all, a notion common to all the major faith traditions in Tanzania. Considering that Babu is simultaneously also the Reverend Ambilikile Mwasapila, a Lutheran pastor, the idea of God as the provider represents but a small fraction of his theological thinking. Yet he prefers to keep the two roles distinct. While as both a pastor and a healer he has done the work of God, this has taken different routes: as a pastor, he worked for the Lutheran church and preached the doctrines of that denomination, drawing his calling from the church. On the other hand, as a healer directly called by God, he is there to serve all people (Babu 2, 11–12). He does not consider it his task to demand conversion of the patients as a precondition for providing his treatment. Rather, his medicine is there to heal people and also to help them to believe in God (Babu 2, 13). While Babu's denominational background is quite obvious to anyone who even superficially followed his activities in the Tanzanian media during his healing heyday, it is not something he would deliberately emphasise in his practice. The healing ritual itself does not contain any overt Christian elements.

Undoubtedly, however, though not every patient would be aware of this, the ritual is laden with covert references to Christian traditions which are worthy of examination. For example, the fact that the ritual takes place at the roadside is probably due to that being the most practical solution during the jam; the

queue of cars entered the village at one end and departed from the other, moving slowly along its only road. Though pragmatic in origin, however, the location supports powerful Christian and Muslim imagery: Jesus called himself the Way, while the first Christians called their faith 'the way' (e.g., Acts 18:25); meanwhile, for Muslims, Islam is the straight path. The chains and ropes hanging from the stall beside the road also have a strong Biblical connotation: in Gerasa, Jesus healed a demonically possessed man who was so strong that no chains could bind him (e.g., Mark 4:3–4). The chains also carry a more general message of deliverance from the bondage of Evil and sickness.

Since the disappearance of the continuous queue into Samunge, the gathered supplicants have been grouped into a semi-circle, which has a strong Eucharistic connotation, especially given that the other, invisible hemisphere of the altar table's semi-circle is understood to represent the unseen world. Another dimension with Eucharistic overtones is the prayer before the distribution of the medicine. Not specifically formalized, it always contains elements of praise and petition as does the Eucharist prayer; on the occasion in which I participated in the ritual (noted above), the Southern Sudanese present asked Babu also to pray for their country, which he did (Babu *kikombe*, 16–18). However, the prayer does not contain any reference to the medicine, only to the effect that is hoped for: healing. In that sense, the medicine as the material means of salvation does not have the same centrality as the material elements of the Eucharist.

Bread and wine stand for the body and blood of Jesus in Lutheran Eucharistic theology even if they do not turn into them. The special presence of Jesus, or the Word of God, in the elements transforms them into objects of special reverence. Babu points out

that the efficacy of the medicine is also totally dependent on the presence of the Word of God in it, thereby building a clear connection between his concoction and the Eucharistic elements. In spite of this, it seems that God's use of the medicine and His choice of Babu as mediator are temporary; in the informative first part of the ritual Babu attempts to shift attention from the medicine and himself to the salvific will of God, the provider whose desire is to heal everyone. Furthermore, the medicine itself is measured using the miracle cup by the one appointed by God, thus transforming an otherwise mundane herbal tincture into a vehicle of God's special healing. This idea that the potency of a medicine depends on the person of the healer and not only its physical properties is also found in Tanzanian traditional healing (Langwick 2011: 5), while the priestly connotations of the cup ritual allows the concept to create a bridge between Christianity and African traditions. The medicine is then distributed to the patients in similar plastic cups, and thus the term *kikombe* in local parlance refers both to the magic cup used for measuring and the cup from which one drinks. Obviously, the word has strong Eucharistic connotations which have not been overlooked, even in the media (e.g., Osanjo 2011), and translations in the Kiswahili Union and the Habari Njema Bibles use the word *kikombe* in the words of institution found, for example, in Luke 22:20.

Thus, in spite of the actual content of the medicine stemming from African traditions, its meaning in terms of Babu's cup is bound to Christian theology by numerous threads of connotation, ritual nuance and direct reference. Therefore, Babu's ministry appears very familiar and Christian to observers initiated into the Christian vocabulary and ritual, while simultaneously being both familiar and

acceptable to the patient with knowledge of African traditions.

KEYS TO THE INTERRELIGIOUS APPLICABILITY OF A RITUAL

As we have seen above, the Reverend Ambilikile Mwasapila does not hide his denominational background but neither does he regard it of major relevance to his healing activities. While strongly emphasising that he is, and will remain, Lutheran, he nevertheless considers himself a healer called directly by God, thereby perceiving it as a discrete calling. While his healing approach is definitely religious, it is in no specific way denominational or Christian and could better be described as generally religious. Indeed, his coming from a church tradition where faith healing has played very little part actually grants him plenty of space for manoeuvre because his ministry falls outside the scope of Lutheranism. Were he of a Pentecostal background, for example, his hands would be bound by existing traditions to a much greater degree. Nonetheless, in spite of all this openness, his past as a Christian pastor anchors his activity in a specific religious milieu. As a result, his healing appears at the same time to be both Christian and more generally religious.

There is a brittle balance between the overtones of Christian and African traditions which makes his ministry at the same time familiar and acceptable for Christians as something non-pagan, and for non-Christians as the work of God in general, and not the product of Christianity. The references and connotations to Christian and African traditions are sufficiently subtle to enable the patient to be left with personal freedom of interpretation. Babu's approach is open-minded and neither constraining nor demanding when compared

to other Christian healers who are either attempting to attract members to their own churches or accrue money. Babu, who has no desire to launch a church of his own, therefore feels free to leave questions of conversion open and approach his patients more like clients, very much in the style of healers in the African and Muslim traditions. This transforms his ritual into something quite different from, for example, the Christian Eucharist which is limited to members only and has a strong element of communality. On the other hand, because Babu's healing ritual is open to anyone it is also more vulnerable to fluctuations in popularity than rituals within a given religion. An interreligious ritual in this style, in its openness, does not have a defined membership to bank upon; it stands or falls on the basis of customer satisfaction and public image. In the case of a ritual taking place within a community, even if the ritual itself does not provide satisfaction to the participants, it is at least an expression of communality among the members. The ritual contributes to the social cohesion of the community, and the social cohesion of the community keeps the ritual meaningful whereas in the case of an interreligiously open ritual, this kind of mutually re-enforcing spiral does not exist.

In terms of the interreligious applicability of Babu's activities one can maintain that his ritual approach has been sufficiently open to have been successful in three ways: it is inclusive in the sense of not demanding Christian conversion as a precondition for healing; it contains symbolism that has sufficiently strong Christian connotations to be accepted as Christian by Christians, and yet is also open to African traditional interpretation by non-Christians; and, thirdly, it is open-ended in terms of framing his activities as a ritual. On the one hand, Babu himself clearly considers

that he is performing a religious healing ritual and he invites others to see it that way as well. He opens medicinal distribution with a prayer, and adheres to the divinely ordained manner of serving the medicine and collecting the fees. Yet the boundaries of that activity are porous in the sense that there is neither a special space for the ritual nor a very clear-cut beginning or end: in the larger scale it commences with an informative discussion and simply ends with the healer walking back to his home. The patients thus have the freedom to define the limits of the ritual themselves, which might encompass the whole journey to Samunge in the manner of a pilgrimage (as with Catholicity and Islam), or merely comprise the prayer and distribution, or something in between. Furthermore, when faith is not considered a prerequisite for healing, there is also the possibility of a patient's regarding the healing simply as distribution of a particularly potent herbal medicine. Thus, the choice of whether the ministry is about ritual, or even religion, is left in the hands of the patients who can frame it as such or not; even the limits of the activity are left to the patient to decide. As a result it was possible for me as a Lutheran theologian to analyse the healing session as a ritual, having framed it so, while if I were a Catholic, I could have seen the whole of my journey to Samunge as a pilgrimage; on the other hand, if I had been a secular medical expert, I may well not have recognised any part of it as a ritual at all.⁹

Babu has found his agency as a retired, countryside pastor in a marginal area through ritual innovation, or rather, as he sees it, he has surrendered himself to the role of an agent in the agency of God. The innovative ritual described here had the effect of transforming his formerly invisible position into one of power as he became the name on everyone's lips, attracting the attention of prestigious political

and religious leaders who then attempted to broker deals with him. However, the efficacy of his ritual from his own perspective was geared towards freeing people from their sicknesses. The popularity of his ritual was therefore inherently bound to people's conception of its potency in dealing with their illnesses, along with perceptions of its being ultimately a product of God's agency.¹⁰ His status as a Christian pastor and his activities as a healer distributing herbal medicine facilitated the perception of him either as a Christian or a traditional healer or both. In all scenarios he would be considered as working for the good of humankind and therefore on the good Provider's behalf. When the curative powers of the ritual were questioned, and thereby the authenticity of the revelation and divine agency behind the action, his astonishing popularity collapsed. From that point onwards, Babu became merely another healer among others; only a few continued to consider him a true actor on behalf of God, while many others turned away altogether.

NOTES

- 1 One may claim that in the case of Babu's healing, it is not yet a matter of tradition proper because it has not been handed over (*tradere*) from one generation to another. However, Babu has helpers and followers who have received his ideas and practices about healing which shows signs of the formation of tradition.
- 2 This was the case, for example, with the Siloa Dam healing sessions in the Église Evangelique du Congo, launched by the widely respected revival leader, Daniel Ndoundou, in spite of opposition from official church leadership. However, because he was considered a true man of God, his personal revelation was also regarded as truth (see Åhman 2014: 104, 106–109).
- 3 I visited one of the many graveyards for those died when queuing, with the one in the village containing 15 graves. FD 33–35.

- 4 See Grimes 2014: 194, first point. On the creative power of ritual see Comaroff and Comaroff 1993: xxi–xxii.
- 5 David Bundy (2009) argues that Nordic Pentecostalism emphasises continuity with the past, actively finding parallels from church history, whereas American Pentecostalism underscores the *novum* of the movement.
- 6 It has to be noted that this is the case in terms of interreligious dissemination. Within a single religion, a less successful healing ritual can survive if it finds sufficient legitimation in the established revelation. For example, anointing the sick was originally clearly a healing ritual (James 5: 14–15) but, being less than successful, it eventually became a part of the last rites in the Catholic Church.
- 7 On Tanzania see Dilger 2009: 266. On discernment between God and Satan in an American Neopentecostal church see Luhrmann 2007.
- 8 Note that one Kiswahili word often used for salvation is *uzima* which also translates as health, adulthood and fullness.
- 9 On 'framing' as the prerequisite for anything counted as a ritual see Seligman et al. 2008: 5–7, 104.
- 10 On agency, agent and efficacy in ritual see Sax 2008: 477–479.

REFERENCES

Interviews and Audio Recordings, Observations
Babu 1–9: interviews with the Reverend Ambilikile Mwasapila 01.02.2012–04.02.2012
Babu *kikombe*, audio-recorded participant observation
Fieldwork diary (FD)
Mama Upendo (name changed) 04.02.2012

Literature

Åhman, Bertil 2014. *Daniel Ndoundou: Väckelseledare i den Evangeliska Kyrkan i Kongo*. Uppsala: Uppsala University.

Bundy, David 2009. *Visions of Apostolic Mission: Scandinavian Pentecostal Mission to 1935*. Uppsala: Uppsala University

- Comaroff, Jean and John Comaroff** 1993. Introduction. In Jean Comaroff and John Comaroff (eds). *Modernity and Its Malcontents: Ritual and Power in Postcolonial Africa*. Chicago: University of Chicago Press.
- Dilger, Hansjörg** 2009. Healing the Wounds of Modernity: Salvation, Community and Care in a Neo-Pentecostal Church in Dar es Salaam, Tanzania. In Felicitas Becker and P. Wenzel Geissler (eds). *Aids and Religious Practice in Africa*. Leiden: Brill.
- Foucault, Michel** 2003. Nietzsche, Genealogy, History. In Lawrence Cahoone (ed). *From Modernism to Postmodernism: An Anthology*. 2nd expanded edition. Oxford: Blackwell.
- Gettleman, Jeffrey** 2011. Crowds Come Over Roads and by Helicopters for Tanzanian's Cure-All Potion. *New York Times* 28 March 2011. http://www.nytimes.com/2011/03/29/world/Africa/29potion.html?_r=0 <accessed 3 May 2013>.
- Grimes, Ronald L.** 2014 *The Craft of Ritual Studies*. Oxford: Oxford University Press.
- Langwick, Stacey A.** 2011. *Bodies, Politics, and African Healing: The Matter of Maladies in Tanzania*. Bloomington, IN: Indiana University Press.
- Luhrmann, Tanya M.** 2007. How Do You Learn to Know that It is God Who Speaks? In David Berliner and Ramon Sarró (eds). *Learning Religion: Anthropological Approaches*. Oxford: Berghahn Books.
- Majira** February-June 2011. Newspaper, Dar es Salaam, Tanzania.
- Malebo, Hamisi M. and Zakaria H. Mbwambo** 2011. Technical Report on Miracle Cure Prescribed by Rev. Ambilikile Mwasupile in Samunge Village, Loliondo, Arusha. Department of Traditional Medicine Research, National Institute for Medical Research and Institute of Traditional Medicine, Muhimbili University of Health and Allied Sciences.
- Mwakalinga, Atufigwege** 2011. *Unamtambuaje nabii?* Dar es Salaam.
- Osanjo, Tom** 2011. Drink This Herbal Cup: Churches Debate Healing Power of Pastor's 'Miracle Cure'. *Christianity Today*, October 1: 16.
- Philemon, Lusekelo** 2011. Retired pastor suspends services to new patients. 28 March. <http://www.ippmedia.com/frontend/index.php?l=27474> <accessed 6 October 2011>.
- Rappaport, Roy A.** 1999. *Ritual and Religion in the Making of Humanity*. Cambridge: Cambridge University Press.
- Sax, William S.** 2008. Agency. In Jens Kreinath, Jan Snoek and Michael Stausberg (eds). *Theorizing Rituals: Issues, Topics, Approaches, Concepts*. Leiden: Brill.
- Seligman, Adam B., Robert P. Weller, Michael J. Puett and Bennet Simon** 2008. *Ritual and Its Consequences: An Essay on the Limits of Sincerity*. Oxford: Oxford University Press.
- Snoek, Jan A. M.** 2008. Defining 'Rituals'. In Jens Kreinath, Jan Snoek and Michael Stausberg (eds). *Theorizing Rituals: Issues, Topics, Approaches, Concepts*. Leiden: Brill.
- Tanzanian Affairs** 2011. The Loliondo Phenomenon. 1 May. <http://www.tzaffairs.org/2011/05/the-loliondo-phenomenon/> <accessed 6 October 2011>.
- Tanzanian People** 2011. About 'Ambilikile wasapile'. http://tanzanian-people.informationmart.net/Ambilikile_Mwasapile/item <accessed 6 October 2011>.
- Ubwani, Zephania** 2011. Chartered aircraft firms increase flights to Loliondo. *Business Daily*, 12 April. <http://www.businessdailyafrica.com/Corporate-News/Chartered-aircraft-firms-increase-flights-to-Loliondo/-/539550/1142762/-/htxarpz/-/index.html> <accessed 6 October 2011>.
- Vähäkangas, Auli** 2012. Contextual Pastoral Counseling among Terminally Ill Aids Patients in Tanzania. *The Journal of Pastoral Theology* 22 (1): 6.1–6.14.

Vähäkangas, Mika 2015. Babu wa Loliondo—Healing the tensions between Tanzanian worlds. *Journal of Religion in Africa* 45 (1): 3–36.

Wavuti.com 2011. Update: Tiba ya 'Mugariga' ya Mch. Mwasapile, Loliondo, 07/03/2011. 'Gazeti Wananchi linaripoti aliyoyasema Askofu Kakobe huhusu tiba hiyo'. <http://www.wavuti.com/4/post/2011/03/update-ya-tiba-ya-mugariga-ya-mch-mwasapile-loliondo.html#axzz2SDFmsRBm> <accessed 6 October 2011>.

Wijsen, Frans J.S. 1993. *There is only one God: A Social-Scientific and Theological Study of Popular Religion and Evangelization in Sukumaland, North-west Tanzania*. Kampen: Kok.

MIKA VÄHÄKANGAS
PROFESSOR
MISSION STUDIES AND ECUMENICS
CENTRE FOR THEOLOGY AND
RELIGIOUS STUDIES
LUND UNIVERSITY
mika.vahakangas@ctr.lu.se