



## Preliminaries

The present article is the product of an experimental writing process of the research group of SFU students on the observations and experiences during a field trip to Malawi, southeast Africa, in July 2013. The main focus of the research was on traditional healers in central and southern Malawi. During the four weeks we were able to meet 15 different healers. Each of the participants took personal field notes, and video and audio recordings, as well as photographs were taken. However, after the return from the fieldtrip we were faced with the challenging question of how to write about the Malawian healing culture and our experiences during the participant observation and furthermore what “writing culture” to apply (Clifford & Marcus, 1986; Geertz, 1988). Since one of the healers left a deep impression on all of the participants, we agreed to produce one collective article about her. Trying to move away from an “agro industrial writing style” and in an attempt to avoid streamlining and narrowing our individual experiences down to one predominant narration, we would like to take the reader with us on our journey in search of the “grain wolf” (“Kornwolf”)<sup>1</sup>

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<sup>1</sup> In his famous work “The Golden Bough” James George Frazer gives an account of the myth of the “Grainwolf” in a variety of social groups in Europe up to the 19<sup>th</sup> century. He shows that the “Grainwolf” is a residue of the ancient vegetation and fertility goddesses and gods and that one and the same word captures different meanings. The “Grainwolf” is: (a) that which is hidden in the last sheaf of the grain, (b) the last sheaf itself and (c) the man or woman who cuts or ties the last sheaf (Frazer, 1968, p. 652 f.). Michael Taussig, Professor of Anthropology at the Columbia University, New York, who in his earlier works undertook field research with sugar-cane cutters in Columbia, refers to Ludwig Wittgenstein’s commentary on “The Golden Bough” and suggests to recognise the mythology and process of producing the magical within our language and not to try to overcome or eliminate it, but to conspire with it (Taussig, 2013).

(Taussig 2013). In the first step of our writing process each of the group members wrote his or her personal observations and reflections on the encounter with this particular healer. No guidelines concerning the formal structure or the content of the text were given. In the second step we discussed the different texts together in the group and formulated a conclusion. Thus our article starts out with an introduction, in which Moya A. Malamusi, head of the field research project, gives general information on traditional healing in Malawi. The main part is comprised of our individual descriptions and narrations, which contain personal observations of the outer and inner space, irritations, doubts, as well as attempts at explanations and questions. Although some similarities are found in the descriptions, it gives an impression of the heterogeneous ways of observing and writing about one and the same incidence. In the final part the main topics of our conclusions will be discussed.

## 1 Introduction

In Malawi there are many kinds of professional healers who treat people who are ill, including those who complain that they were bewitched (*Kulodzedwa*) by wizards or witches (*amfiti*). In Chichewa, the language spoken across Malawi, in eastern Zambia and central Mozambique – also often called Chinyanja (= language of the lake, i.e. Lake Malawi) – local medical practitioners are known as *asing’anga* (plural term). The singular is *sing’anga*. In Cisená, another important language of southeastern Malawi and in Mozambique, such a person is called *nganga*. The term is sometimes also used in Chichewa/Chinyanja and pronounced *ng’anga*. Medical knowledge and the medical activities of a *sing’anga* are referred to as *using’anga* which can be rendered in English as:

medical practice. A *sing'anga* can be a man or a woman. Often in opposition to the *sing'anga* is the *mfiti* (wizard or witch), plural: *amfiti*. A *mfiti* harms and kills the victim through the act of *kulodza* (to bewitch). The practice of a *mfiti* is summarized as *ufiti* (witchcraft, sorcery).

There are many reasons why people consult a *sing'anga*, but the common theme is that they expect some kind of treatment and medicines (*mankhwala*). These may be of many different kinds, according to the problems the patients bring along. One motif however, that pushes people to go and see a *sing'anga*, is the assumption that something is behind their ailments or the death of a relative. They expect a *sing'anga* to discover and reveal to them who the wizard or witch is, and with which medicines one can be helped.

Among those professionals who carry out medical practice in the rural communities of southern Malawi there are many different specializations. One group of *asing'anga* is called *asing'anga amizimu* which means "the medical practitioners through the spirits". Nowadays, in southern Malawi, their number has increased. They carry out their diagnosis and treatment with the bible in their hands. They are convinced that the bible is helping them to see the background of the problems of their patients. Mrs. Dorothy Dzoongwe from Male village, Traditional Authority Ngabu, Chikwawa belongs to this sub-group of *asing'anga amizimu*.

Another group of *asing'anga* who work with spirits are called *asing'anga amambo* which means "the medical practitioners of the *amambo* spirits". They communicate with spirits which were known by the grandparents and great grandparents. Their work is different from the other *asing'anga*. They obtain their messages from the spirits' words and songs which an ordinary person cannot hear. The

term *asing'anga amambo* is used to indicate, that those medical practitioners, when they want to find out the cause of an ailment of a patient, they would retreat to their rooms, start to sing songs or dance until, all of a sudden, they would utter sounds like wild animals from the bush, such as a lion or leopard or monkey. In the middle of the spirit possession, they then change their mode of expression and begin to reveal in human language what sort of trouble the patient has. Before we went to see Mrs. Dorothy Dzoongwe, the healer whom we later started to refer to as "Frog Healer" and whose healing practice will be described in the following narrations, we were able to observe a ceremony of one group of *asing'anga amambo* in one of the villages near Tengani Traditional Authority in Nsanje District. One of the healers who took part in the dancing ceremony was possessed by *amambo* spirit. The kind of spirit that had entered her mind and body was expressed by imitating a kind of monkey.

For the group of *asing'anga* who work with spirits it happens from time to time that a certain person in a village experiences persistent dreams. Perhaps at that time this person has fallen ill with a disease that does not respond to any sort of conventional treatment. Then it may happen that the spirits of relatives who have died long ago appear to him or her in a dream and say: "You! The disease you are suffering from can be treated with such and such plants. Go, find them and thereafter do such and such to make those medicines work." During these dreams, the sick person acts as being seized by spirits (*ngati wagwidwa azimu*). In some cases, the person concerned speaks as if in a delirium (*amabwebwe-ta*); in the middle of the delirious speech the person talks of various things and about the medicines he or she was induced by the spirits to take in the dream (*walotetsedwa*). This confirms his or her relatives' conviction that the disease was also originally caused by the *azimu* and that it

all has some meaning. If everything goes well, and the person is able to get a cure from the medicines revealed in the dreams, he or she might begin to learn about many other different kinds of medicines. Eventually the person begins to help others who are ill, particularly if the spirits, who began to send him or her dreams in the first place, appear again and reveal more knowledge about medicines and also whether more troubles will come in the future. This is the type of *asing'anga* who are knowledgeable about medicines or other methods to treat their patients, but they do not practice things like divination (*koma osachita za maula*). Mrs. Dorothy Dzoongwe from Male village, Traditional Authority Ngabu, Chikwawa is one of those healers. However, because of her belief in the bible she does not like to be called *sing'anga*, but *mneneri* Maria. How she became a healer and details of her work will be presented in the main part of our paper.

## 2 Personal Narrations

In the following part the individual narratives of each of the group participants will be presented.

### 2.1. Narrative one: Mrs. Dorothy Dzoongwe the healer and her work we studied in Chikwawa District by Moya A. Malamusi

Coming from a village called Khungubwe in Chikwawa District, news about a traditional healer (*sing'anga*) who would treat people by removing from them witchcraft things by which they were trapped from their relatives, or perhaps their friends, was reaching me. I was talking to a certain Mr. Ofesi. He told me about a *sing'anga* in the area and the place where she was staying.

Three days later, on our journey back, we decided to visit the *sing'anga* whose name I had been

given in the village of Khungubwe. When we arrived at the crossroads where four roads meet and shops are found, we again asked some people. Since this healer was very famous, there was no problem getting an exact description of the way, and yet it was hard to get there due to the condition of the road. The minibus I was driving got stuck in the sand, so that the whole group had to push it in order to get out from there again.

The "house of help" is a small house where she carries out her treatment after she had been "screening" or "irradiating" a patient in order to learn why that person has fallen ill. The verb to describe the healer's special power to see the patient's problem is *kuunika*. When a person has been "screened" by her (*pambuyo pounikidwa*) she can begin her second step of water treatment.

At the time when we arrived with our group, two sick people who had arrived earlier were waiting to receive help. Our group realized that it was a good moment for learning what happens at the time when the healer actually carries out her treatment work in the little house, her surgery.

While we were waiting for something to happen all of a sudden that *sing'anga* disappeared for some time and I was sure that she was in her house. Soon, however, she returned and began to sing the song she uses when entering her little surgery house. What surprised me was that she looked as if something specific had been done to her, and that she was no longer able to interact with any other people, except setting up the preparations for her work. Without delay, some other people who had come with those sick persons were moving closer to the veranda of the surgery. Inside the house the *sing'anga* increased the performance of her song, or perhaps was begging her spirits (*kupempha kwa mizimu yake*) so that they should support her in her work. Very soon, one patient was called to enter the little house. After she had entered, the *sing'anga* was

displaying a strange facial expression, as if she had been drugged by substances that had entered her body. She was spitting out all the time, foam at the mouth, and she seemed unable to be afraid of anything around her. That was the moment our group of students was asked to enter the house, but, only the women. The men had to remain outside. Only four students entered while we others were able to watch all that was happening from outside the house. Since she did not want us to see what was going on inside, she asked for a cloth to be brought to her, and she hung it over the entrance to her surgery, so that we men and others waiting outside should not see anything at all. I remember very well that female students who had entered the house all had their cameras and they were able to photograph everything that took place inside, but all we, who were outside, could hear was the shouting by the patient saying "you are hurting me, my mother" (*mukundipwete-ka mai wanga*). These things were going on for about ten minutes of treatment for one patient. Thereafter, we could only hear that she was calling for water. When water was fetched and brought to the healer, all of a sudden we saw that there was a frog in her hand which it seemed had been removed from the body of her patient. She threw it out of the house where we were standing so that we could see it ourselves. This frog was dry. It did not appear to have any water on it. It was explained that the frog had been taken out from the anus of the patient, and that this was what had caused the trouble in the patient's body. But how the frog could have been extracted from the abdomen of the person was impossible to know for those of us who had remained outside, because all we were hearing was the cries of the patient that she was feeling extreme pain at the moment when the frog was taken out of her body. The proof remains with those who had entered the house; they alone can explain everything which had happened inside during the time the *sing'anga* was carrying out the operation.

## **2.2. Narrative two: Reflection on Dorothy Anderson, the traditional healer in Chikwawa, Malawi by Esther Mponela**

On July 9, 2013 at around 11:10am, we visited Dorothy Anderson, one of the traditional healers in Malawi whom others called the prophet of the Dzoongwe village, although she practiced her healing in Male village, Traditional Authority Ngabu, Chikwawa.

At the time we visited her, she was about 40 years. She did not know the year she was born. The genesis of her work started in 2009 when she was sick with stomachache, chest pains, and pneumonia. X-rays had revealed that she had sores on the side of her chest. This was in 2001 and she had been sick for eight years. During the course of her disease she had visions in a dream shown to her by spirits. These spirits were wearing white robes whilst reading a bible to her and she experienced body movements. According to her statement, she said the hospital failed to treat her as they believed that her illness was caused by ancestral spirits. She was healed the day when she was in coma and the spirits had shown her white pigeons and white robes.

Her first client who was suffering from leprosy she healed with the use of water. She was told in her dreams to wear a white robe, use the bible and pray for water to treat people who are seeking help from her. As our research team was able to witness, Dorothy Anderson mainly uses the bible and prayer for treatment.

She diagnoses a client by reading the bible, experiencing the bible as a "camera" helping her in screening the many conditions clients bring when they seek support and help from her. While reading the bible she gets into a state of trance and starts to screen. This is the time when she reveals the cause of the problem to the client, the

client can either agree or not. Then she starts to pray again.

She uses prayer from her church, the “Living Waters Church”, being a strong believer in her church. As in her area she is the only one who uses the bible, people flock together from all regions of Malawi to visit her. She says that she can see 20 clients per day. It seems that she can accept failures of her treatment since she mentions that she would refer clients to hospital in case they experience anemia and low levels of water in their body. Her father was a healer, too, but she thinks this did not make her start healing as her father did not use a bible and prayer.

Dorothy Anderson pointed out that illnesses can come from spirits, especially ancestors, some are caused by people’s jealousy, and some result from magic and *tsempho* (i.e. not being faithful to each other as man and woman).

Her clients suffer from chest pains, body weakness, heart palpitations or breathing problems. She tells about a client who was brought to her with tied hands and legs: She treated him by prayer and by rubbing him with a broom and cooking stick; after that treatments the client felt better.

She is telling about another client: Her diagnosis was that this female client ended up in madness after failing to follow the instructions for becoming a rich person a traditional healer had given to her, answering her request. Dorothy Anderson helped the client by prayer and eliminating the energies the traditional healer had installed in the client.

An amazing moment showed up when Dorothy Anderson let us participate at her magical performance of healing: We went to a separate room, her treatment room. She treated an old woman from Dyeratu village who had supra pubic pains and heart palpitations. While singing a gospel song

she started drinking a lot of water. After she had finished approximately five liters, she was pressing the old woman’s stomach down to her supra pubic area and with the left hand she removed a frog from the anal area of this woman and showed the frog to the audience. The healer pointed out that this old woman was bewitched by her relatives. Another woman for whom she prayed had a 20 Kwacha note and snails come out of her mouth.

Dorothy starts performing magic or the explanation is given above by singing songs of praises to the Almighty, praying to the guardians and to those clients who are feeling better. One song was “*satana amanjenjemera*” which means “Satan shakes where he hears the song of praises and prayer because of the name of Jesus”.

Traditional healers in Malawi like in any other country in Africa treat many kinds of diseases. Nowadays healers integrate Bible and Quran, while some years back it was forbidden to mix traditional healing method and religious beliefs. I realized that in these rural communities, the subject of health is a complex, multi-layered issue that cannot be understood without good knowledge of cultural, economic, political and geographical context.

### **2.3. Narrative three: Be healed! by Gabriele Kadanka**

Name: Dorothy Anderson (Dzoongwe)

Location: Male Village, Traditional Authority Ngabu, Chikwawa District

Age: 40 years

Dorothy started healing in 2009. She had been ill with severe stomach problems. The hospital had done all checkups on her. She said that she had wounds inside her stomach and that she had been ill for eight years. Every night, she had had visions

of spirits who appeared in her dreams in white clothes. She also dreamed a lot of white pigeons. Because of her dreams, she became aware that she was going to become a healer and that she should dress in white during her healings. Her first patient was ill with leprosy. Again and again, she dreamed of angels in white clothes telling her what she should use for her healing treatments. For the leprosy patient, she was ordered in her dreams to clean the wounds with just pure water, which she did. The healing was successful. Now, she also uses the bible, a practice which arose from the ancestors, but she does not visit their ghosts during a healing. She has visions from the bible, but she does not read it during a healing. The bible is like a camera which she uses to screen the clients and patients, read their body and then she knows what to do. Occasionally, she enters a state of trance. When a patient calls, she dresses, flips the bible open and knows intuitively what should be done. The patient is then told what his or her problem is and she starts praying. Her belief in God is very strong.

Her father was also a healer, but he used other methods. On busy days, she has up to 20 patients. Occasionally, when a patient does not have enough blood or is unable to eat, she sends him or her to the hospital.

In Dorothy's opinion, most diseases are caused by the ancestors or by witchcraft. If someone dies in a house, the residents should abstain from sex for a while; otherwise, someone might fall ill. Most of her clients suffer from stomach pain, diarrhea, headache, respiratory problems or mental problems. Very aggressive patients are swept by Dorothy using a broom to make them feel better. Sometimes, she has to remove evils energy put there by another healer. This is a matter of influence and money. In cases of very severe problems, she leads the patient to somewhere in nature and prays and administers water to him.

Christine asked, in earnest, if we also should drink the "holy water". At this moment, I honestly wondered if a demon possessed her at that time. I did not see any well in this village and I assumed that the water was from the river, maybe contaminated with bacteria. I realized that my belief in the healing properties of the water is not very strong and I had a great deal of scepticism in me. I remembered the doctrine of my teacher, Frank Alper, who said that small doubts may destroy a great belief. Dr. Malamusi suggested to Christine that it might be dangerous to drink the water. It was clear to me to let the cup of water pass by me, but I was curious as to how the situation would be resolved. It took some time, but Christine finally came up with the idea that Dorothy might bless the water that we brought in our own bottles and this was eventually done. So, water from the river and our water bottles were sanctified and some of us are now convinced that we are in perfect health. I even decided to believe in the healing power of the water in our bottles, without any doubt. We then watched two healing sessions.

The first patient was said to be severely ill. The second one was said to be only slightly ill. The healing ritual started with a prayer. Another woman, who seemed to be an assistant, fixed a cloth before the entrance so that nobody could look inside. Then, the healer, her assistant, the patient, my colleagues and I stepped inside the small therapy room. The healer drank some water, gargled with it and finally spit the water over the patient. Then, the patient was washed and rubbed by the healer and the assistant. Afterwards the healer took something out of the patient and put it into a tin. It was rather dark and the assistant blocked the scene with her body. I was not able to see where the frog that was in the tin actually came from. But, by the sound of the splash, it definitely was in the water in the tin. Later on, the tin was taken outside and another tin (or, the same one?) was brought in, filled with water and a

piece of rag. The patient was washed again and rubbed with this rag.

In all honesty, the frog did not impress me. At the time, I was fascinated by the performance and did not pay much attention to the frog. Out of my position in the room, I did not even recognize that the object in the tin was a frog. I also did not notice that there had been hair, a tooth's fragment and money in the tin.

Those of us who had been outside might have better seen the whole performance. Since I was unable to recognize the frog as a frog, I wondered about the existence of the other objects, too.

Compared to the first patient, the care of the second one was not spectacular at all.

The existence of the frog, real or imagined, raised the question where it came from during the following weeks. Did it really come out of the body?

What did the frog mean to me?

The fairy tale of the Frog King came to my mind as I remembered my grandmother reading the story to me as a child. This was my first association and I wanted to know if I was still able to remember the story correctly and I determined to read it instantly when I got home.

Because of my way of thinking, my conditioning, my view of the world and my strategies of defense, it was impossible for me to believe that the frog was taken from the body. Therefore, the following thoughts may be nothing else than an attempt to stick to my world view and a resistance of believing in the frog.

In our culture, we prematurely tend to separate so-called "normal facts" from "paranormal facts" or phenomena. Is this classification over dependent from subjective experiences, from our origins and imprints, from transference and countertransference phenomena and from social, cultural and religious influences?

Even in our culture, water is blessed and used as healing water, like in Maria Taferl or Mariazell (places of catholic pilgrimage). Many people are convinced of being healthy after a pilgrimage to Lourdes. Maybe, what we consider effective is probably because we consider it to be effective. In western medicine, knee joint arthritis pain often vanishes after placebo operations. Further to the placebo-effect, I have heard of a woman in South America who sits in a sports stadium and she does nothing more than embrace everyone with all her affection and love. People are convinced that her embrace has healing capacity. And, it is reported to be effective.

In this context, I would mention that even mothers in our culture comfort, heal and remove pain from cuts and hurts of their kids by blowing on the affected spot and affectionately embracing or acting as if throwing the pain away. I believe this so-called "libidinous charge" was very important to Freud. It would be exciting to ask this healer's client how her own mother acted whenever she had pain or problems. In which way is her libido to this healer influenced or even imprinted? Is she confident that this healer is also a good mother who spirits her pain away? Is it possible that she is assigning libidinous portions to the healer?

Or, is she afraid of the healer and certain demonic aspects which she submits to? Is the power of rituals, one way or the other, able to initiate or support the healing process?

I am aware that I would not be able to transfer parts of my libido to her. I could not trust her and I would also not submit to her out of fear. I might only accept the ritual.

It is amazing how our perceptions, interpretations and views of the world depend on our life events and experiences. Therefore, in my opinion, it is very important to consider that everything that appears strange is just unfamiliar to our own history and we should not criticize it prematurely as obscure and mysterious. Using the word



“strange” might already be a discreet hint of defense.

In this context, Freud’s magic stage of development prevails, when in the child’s imagination, everything is possible. This stage takes place between the third and sixth years of age. Eventually, the child leaves this stage where ghosts are able to speak or fairies have to be strapped in the car. Parents often worry when a child remains in this stage a little longer. Obviously, we do have a different approach to magic aspects. What is repelled by us might have a particular validity in other cultures.

In my opinion, however, the readiness to take interest in other cultures and concepts does imply affirmation for one’s own view of the world, with the implicit understanding that this view needs not to be the one and only right one. Consequently, I briefly want to present my own concept here: For me, I visualize that different levels of reality exist: One of them is the level of causality, i.e. the level of natural science, and there is another level of sense and emotion. And furthermore there is the level of creation where music, art, etc. is found. And the magic level contains religion as well as witchcraft. But there is no hierarchic framework within these levels. None of the levels is able to dominate or cancel the other’s rules. The level of causality is not perfect and cannot explain everything. It has laws which are still valid in other levels. For example, I cannot fly on a magic broom like Harry Potter (although I would like to) and I cannot produce frogs by abiogenesis (Wawra, Edgar, pers. com.). The borders of these levels also depend on the cultural background. For the ancient Germans or Greeks, a thunderstorm was the obvious action of Gods, like Thor or Zeus. In modern meteorology the understanding of a thunderstorm moved the causal level.

We all feel certain that the illusionist’s performance in his show consists of deception. But if we see the same trick carried out by a shaman in the

bush, we tend to accept that something supernatural has happened.

In the past I decided to believe only what is written in all four gospels from my religion and that is remarkably sparse. Christ’s passion is well documented, but, from all miracles, just the feeding of the five thousand is mentioned by all four. My mind argues that this story might be the result of mass suggestion. The feeling of hunger can be outwitted, but it does not nourish people.

I feel confident that it is possible to influence a thought pattern by a good performance and, therefore, to trigger a placebo effect. The more effort is exerted, the more efficient is the placebo effect. In all probability, the frog causes an effect that, in our culture, is provoked by impressive medical machinery or by the fancy-styled package of a medicament or even by the renowned name of the physician.

Therefore, it is not important to me where the frog came from. I am much more excited about the good performance. I realized: Without doubt beliefs are influenced by the healing performance and thereby impacts the stage of disease. In Randi’s encyclopedia, I found the following:

Native healer: In every culture, a shaman or witch doctor figure emerges who is charged with the healing duties. He or she adopts or develops an acceptable plot to explain illnesses and malfunctions of the body and performs whatever cures or alleviations of symptoms are possible.

Patients usually expect to see something actually removed from their bodies as symbolic of the removal of the cause of their problem. With the extraction of teeth, that requirement is obviously easily met, and in cases where bullets or other missiles, slivers, or thorns are extracted, both the practical and the symbolic needs are also satisfied. In some situations, the healer may se-

cretly introduce a small stone or twig onto the site of the operation, and since this would satisfy the need for an actual object, it can bring about more contentment from the patient, since something is produced that is identifiable as a cause of the discomfort. This is a bit of “show business” in a serious effort to bring relief to patients.

This process is known in certain African societies as ‘pulling the thorn.’ Here, it involves a surreptitious introduction on the site of the operation of a bit of thorn or sharp object, usually via the healer’s mouth, since African procedures involve sucking the wound to remove the infection. This act, though obviously potentially dangerous to both healer and patient from the infection point of view, might actually be very effective. The object is then spat out and identified as the source of the evil. The satisfaction thus evoked enhances the reputation of the healer, who is usually performing minor medicine of a very useful sort for people who have little if any other resource. (Randi, 1997, p. 149)

Newton was the first person to calculate the laws of gravity and mechanics. He was confident that distance and time are constant. 200 years later, Einstein proved that these physical fundamentals can vary under certain conditions. Scientific laws cannot be proven in a mathematical sense, but there is always a chance that a scientific theory can be modified, revised or totally replaced by a new one. We can continue whole lifetime asking why we (myself included) want to explain everything and to make all facts comprehensible. Why do we need to do this, especially in our western world? Is this a defense strategy for us or for our collective understanding? Is it a defense and, if so, against what? Which type of fear and uncertainty might be hidden by this de-

fense? Why do we incline so often, prematurely, to interpret unknown manners as primitive or foolish?

During this journey I was confronted with these questions and I tried to watch myself with respect to my limits, my insecurities and my defense and transference strategies. This was quite displeasing for me or should I better say, for my ego?

I believe that our will is very potent and the power of intention is able to influence and modify much. We can accomplish a lot by the power of intense thinking. But we are not even aware of most of these small daily miracles. Phenomena like this we also know from the yogini or from the shaolin monks. Shioya (2009) describes the existence of a source for a mighty force known as the universe’s inexhaustible power, that is also known as “Oj” or “Prana” in other cultures.

Huna, the Hawaiian shamanism, has the saying: “Effective is what you think is effective.” In this context it might be asked what we consider being effective and why we accept some phenomena, but frequently dismiss other very quickly without reflection.

My imagination is not strong enough to believe that Dorothy extracted a frog from the client’s body. I simply do not believe that it happened.

People who argued in the ancient world that the earth circulated around the sun were labeled cranky or even mentally ill. But what we today call crazy might be explained by science in the future and even then we cannot say that this will be held as true forever.

I want to end with my ideas about the subject of “where did the frog come from” with a

quote from Henry Ford: "If you think you can do a thing or think you can't, you're right."<sup>2</sup>

## **2.4 Narrative four: Where did the frog come from? by Julius Zitzewitz**

I remember arriving at the village tired and not really knowing what to expect. It was the third village we were visiting for an interview with a healer. I have to admit, I was not too excited about it when we arrived at the village - I expected nothing special going to happen. After being welcomed by some people of the village we met the healer, who was practicing at that village. She seemed shy to me, and besides the fact that she was the first one using the bible for her healing practices, there was nothing really striking or impressive about her, at least not for a first impression. All of my first impressions were proven to be wrong. I believe I was deceived by her unimposing outer appearance.

However, she started telling us about her practices, how she came to the village and which kind of healing methods she was using. She prescribed her patients nothing but simple water; she claimed that the water would have a healing effect after it went through the sanctification process by her. This process she demonstrated to us, too. She put on a white robe and then held her hands over a couple of bottles filled with simple water and started to say out prayers keeping her eyes closed. To me it seemed that she had completely changed her character with her white robe on. There was certain assertiveness in her appearance which I would not have predicted from my first impressions of her. She was really focused and everybody around was watching her closely; she was in the center of attention. That was the first

time I thought something special might happen this day.

We had the luck of visiting her the day she was welcoming patients. She had an extra house just for the purpose of healing; it was her medical practice - so to say. The first patient she welcomed was a woman; it is difficult for me to estimate her age, but I guess she was about 25 to 30 years of age. Apparently she had been bewitched and was now suffering from the consequences. Only women were allowed to attend the healing ritual, because the patient herself was a woman. So just three of us had the chance to observe what was going on in the house while the ritual took place, meanwhile the rest of us had to wait outside. We were not able to observe what was happening inside since they had hung a cloth in front of the entrance to block the field of view. We were asked to keep a certain distance to the house as well, so it was impossible to get even a rough view of the event inside. The only impressions we were able to get outside were noises coming out of the house.

Even without having the chance to see anything it was obvious that something spectacular was happening, at least to me it seemed spectacular. The climax of all this was when the healer left the house to show a frog to the waiting crowd I was part of. The frog was immediately stoned to death, or was tried to be stoned to death; they had to try another time till the frog finally was killed. This really confused me, but at the same time impressed me. At that point I was unable to tell where the frog came from, since I was not allowed to be present in the house; later I was told that she had pulled the frog out of the patient's bottom. The frog remained not the only "thing" to be pulled out of an orifice, due to its size it was the most impressive thing, though. The healer continued with pulling out a bill, some sort of bones and a

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<sup>2</sup> Henry Ford. (n.d.) Retrieved April 8, 2014, <http://www.brainyquote.com/quotes/quotes/h/henryford122817.html>

ball of wool, all of which came out of the patient's mouth. This time I was able to observe it because it was done in public.

I am not capable to tell whether these things really came out of the patient's body or if it was some kind of trick. All I can tell about is the striking effect this had on me. As mentioned before, it was a mixture of confusion and being impressed, because I could not explain what happened. The way everything was set up made me understand why a lot of people in Africa still believe in traditional healing. The healing ritual was simply fascinating, it made me stunned. I believe the healer was aware of her effect on others, and due to this fact knew how to use it. Since I was raised in a society which believes in medicine executed by graduated medical doctors, I was very skeptical about traditional healing. I still was, even after what I had experienced, but it definitely changed my opinion about traditional healing. I understood why so many people rely on it and furthermore I myself was not sure any longer about its ineffectiveness: I started thinking that maybe it might work in a way.

## **2.5 Narrative five: What about the frog? by Irina Zamfirescu**

The day did not start well for me, as I was feeling sick. I had a moderately high fever and several other symptoms such as a sore throat, a headache and general body pain. I am mentioning this as information about my general disposition during that day, which has probably influenced my perception as well as my perspective on the events.

We left Bangula for Chileka early in the morning. We decided to look for another healer on the way, as we tried to make all our trips as fruitful as possible and didn't want to spend all day in the car.

We reached a village where people were talking about a „prophet“, which sounded interesting. So we left the main road and took an adventurous drive through several small villages and one dry river bed. The sky was colored in grey tones, but the light seemed especially bright that day, almost blinding. The air was moist and rather cold.

When we reached the village of the named „prophet“, we approached her house. In front of it, there were many people, mainly women, waiting there, either sitting on the ground or standing around. There was an impression of much suffering; I noticed the faces of the women lined with stress, sorrow, sickness, but also hope of getting better. It was also the first time that I saw so many patients waiting for the healer. It struck me as unusual that no one paid very much attention to us in the beginning, as everyone seemed to be involved in their own pain. Also, I noticed that there were fewer children than usual. There seemed to be a feeling of strangeness in the air, which was maybe increased by me, being feverish and sick. I think I associated the „strangeness“ with the silence, as these people seemed to be more silent and self-involved than I had experienced before. Also, the way they were waiting for their healing, sitting on the ground or standing, provoked a feeling of urgency that I associated with increasing pain and/or worries.

We went to the backyard of the healer's house. At that moment it struck me as important that her house had a yard, as I had noticed on previous occasions that it is not necessarily usual to have walls surrounding the house. I was kind of standing around while Moya was asking a lot of questions and translated. I was feeling very weak and was concentrating a lot on standing and trying to pull myself together. Still, I watched the healer speaking and had an intense feeling of strangeness, which I could not

explain entirely. On the other hand, I noticed that she had some sort of attractiveness that drew my eyes to her, something like charisma or charm, though she didn't seem friendly or likeable in a more general sort of way. I didn't think much about these feelings at the time, but in retrospect, I think that she watched us as we were watching her. But she did not seem to be curious but to have a clear image of what we were and what it all meant, in a way she had labeled us. This made me feel misunderstood as I disliked being perceived and interpreted without a chance to influence this perception and interpretation. But it might have been totally different – these are just my assumptions.

We got introduced to the story of how she became a healer: Being ill herself, she had a vision of a bright figure (an angel) who told her how to heal herself. Afterwards she made her promise that she would also heal others. The concept of healing yourself before starting work with patients sounded familiar to me: Psychoanalysts have to complete their training analysis in order to start their own therapeutic counseling. . Personally, I think this is a remarkable discovery. Maybe, I said to myself, there is some sort of rule, or mythos regarding the process of becoming a healer, which could be found in different cultures: It seems to be transcultural.

The healer continued her narrative by explaining us what the angel told her additionally: She should wear a white robe with red crosses on it and use the Bible to scan people in order to find out what they are suffering from. All this should happen for the purpose of treatment and healing at the end. Her treatment method consists mainly of water from a nearby river. She observed that illnesses caused from witchcraft require different treatment: Bewitched patients have various things planted

inside their body and she can only remove these objects by using a special technique of praying. She also told us that she usually does this kind of therapy only very early in the morning and decided to make an exception to introduce us to her procedure. I felt ambivalent about her: On the one hand I was almost disappointed that she was ready to bend the rules of therapy for us, on the other one I felt that this flexibility was an important resource of hers. Beside that I was glad to witness something which promised to be new and interesting to me.

During the time of preparation we waited outside. Several women were interviewed. They all showed us hospital documents which should demonstrate that institutions were not able to provide them with diagnosis and therapeutic treatments. They were all speaking highly of her, explaining that she had helped them a lot. I remember that they tried to proof magic's evidence: The failing of the doctors and the success of the traditional healer also says something about the validity and „inner truth“ of their respective methods and beliefs. Watching the yellow hospital papers and the illegible writing on it (which I would not have understood anyway, as I don't speak Chichewa), I felt like I had become a bystander, who looks at the situation from a kind of outer perspective for a moment. All I was able to see seemed to be a single misunderstanding and I started thinking about the possibility of some symbolic meaning in this interaction: They were presenting us the papers as if they wanted to tell us: „Your western medicine failed in helping us“. This leading thought became very unsettling for me as I found myself thinking about health policies and hospitals in Malawi, asking myself if they had enough staff and medicine to treat people in a proper way. I tried to project the blame on the implementation of modern western medicine in this system O by explaining myself that

of course, it is up to Malawian people to be responsible for their health care system. Beside that I asked myself if the health system was in general responsive at all to people's magic beliefs and if this was maybe a reason for the lack of success in medical treatment of these people. I imagined two systems of beliefs, metaphorically speaking, likewise two pieces in a clockwork that do not fit to each other and disrupt the proper functioning.

The healer returned after praying and blessing the water. She changed her clothes for the next ceremony. Now she wore a white robe and a white rubber glove at one hand. She picked out two women, those who she recognized as "bewitched". Then, we went up to a small house. A rather big group of people formed in front of this house and it seemed to me that everyone there was participating at the ceremony. The healer who stand in front of the house and faced the crowd started singing and praying in a very rhythmical manner, intensifying it by adding more and more pace. The climax of the rhythm reached as she fell into a kind of state which I had recognized as a form of trance. She did not look blind, but seemed to lose focus with her eyes. Possibly she focused on something else nobody else was aware of. She whistled and said words in a repetitive way, drank water and spitted it out into the direction of the audience. The crowd recoiled in disgust as a consequence. Some people laughed and finally the crowd drew near again.

The healer went inside the house. The entrance was covered by some clothes which were used as a kind of curtain, so that no one could see what was happening inside the building. One of the healer's helpers told us that females of our group were also allowed to join. I did not participate as there are two reasons for this: At first, I was stopped at the entrance, as there was not enough space left. At second, I did not

feel comfortable with the small, dark room as well as being so close to the healer and her patients. I can't tell that I was afraid, but the disgusting smell as well as closeness to the procedure prevented me from walking in. I got the impression that it wasn't only me feeling this way: My colleagues seemed to move closer and draw back from the spectacle in a sort of "wave-like" motion. I experienced a feeling of disgust in the way of their movement. I associated the feeling of disgust with revulsion and at the same time with impulses of interest and curiosity. Secondly, one can argue that the feeling of disgust helps to identify and protect against harmful substances or situations, where one might fall ill, infected or sick etc. In this respect, I think the feeling was adequate for this situation.

I did not want to go inside the house for another reason, too. I felt like a part of a big show I didn't want to participate in. I felt more comfortable in the position of the observer. I think it was related to the way I was feeling about the healer, as I neither really trusted her nor felt comfortable next to her. Even though, it was an interesting experience. I remembered other experiences with healers in Malawi I felt more connected with.

The women went inside the house and clothes covered the door. I heard songs and a lot of words I identified as some sort of prayer as well as the sound of spitting coming from inside. Again and again one could also hear someone screaming in a manner that suggested pain. I felt sorry for her and was also curious about what was going to happen next. The small crowd outside seemed very excited. The healer sometimes appeared in the doorway and people always drew back that moment, as if they were somehow afraid. I was able to feel the energy of this crowd influencing the reaction of my own movements and feelings. I felt

that this healer had some sort of weird fascination on us. I was equally intrigued and appalled at the same time.

Suddenly, the healer came out of the house and threw a frog on the ground in front of her. A deep-drawn sigh went through the group of people standing outside; the vivid excitement of watching something shocking was perceptible. An old man took a stone and hit the frog on its head. It started bleeding. I noticed the redness of its blood and felt sorry for this creature. Out of a sudden I got angry with people as they showed up for me as a primitive crowd of simpletons, amazed at an, in my opinion, obviously staged trickery. I felt disgusted and angry. I was still impressed at the arc of suspense and the manner in which it had been build, held, and resolved.

The frog was not killed properly and started moving again after a while. It then got terminated by the same old man. It seemed that the frog, not being dead immediately, had generated some concerns in the crowd, another blow on its head was the consequence.

These descriptions take relatively much space in my paper, as I recognized the appearance of the frog to be highly relevant to the situation. Its killing resolved something equally for the patient as well as the group. I was able to feel the release of tension. But beside that I saw the frog as some kind of collateral damage of human beliefs, as animals often seem to be. I felt compassion for this little creature.

After this, the first patient was kind of dragged out of the door. She kneeled almost completely naked on the doorstep (except some clothes around her waist). She looked exhausted and like having pain. The healer proceeded in treatment. The healer held the woman by her throat and entered the patient's mouth with her hand she was wearing the glove. With the other hand she massaged her chest in an up-

ward motion. In the end, she extracted several objects out of her mouth: A hairball, some money, etc... The patient seemed unburdened and even happy at the end. This I regarded as logical given by situation. I did not expect anything else beside the patient being healed. It was inherently logic to the told story.

The healer let up on the first patient and focused on a new one. I could not concentrate on the second procedure. I was very tired and feeling sicker and sicker, not only because I had a fever, but also because I had been emotionally attached, feeling the tension and the relief of the healing practice I had just witnessed. I remember thinking of it as it was a good show, but felt somehow cheated. I had expected the procedure being more subtle. Still, beside that I was fascinated by the effect it had had on everyone, including myself.

I also remember being pretty annoyed by some of my colleagues who suggested me to drink from the blessed water in order to feel better. I got the impression that these practices have a special meaning within its system of beliefs, referring to this culture. I very much doubted that any of such practices could have a healing effect on me, as I was raised in another system of beliefs. I was annoyed because I got the impression that some people did not share this perspective and therefore tried to „believe“. I preferred a more distanced approach of both, „our“ and „their“ cultural beliefs.

I clearly remember thinking about what kind of beliefs reign our „western“ systems of thinking and how this might affect the way we perceive therapy, healing and related processes. The persona of the healer plays an important part according to both systems. Also, I reflected on rituals in different cultures, asking myself what kind of ritualized practices we apply for in our so-called “western” culture and what we do need in order to believe in our healing process-

es. I asked myself also what kind of impact the group and the implication of working with a group has on the healing process: What can be the differences between Malawian and European people? My first hypothesis suggests a more given importance to the role of groups in Malawian than in European people. Its relevance cannot be ignored easily.

I remember being very much annoyed following several discussions about the „true and objective“ origin of the frog. My impression was that its importance was not entirely understood asking “where it really came from”, not questioning the symbolic meaning of the frog. Looking for physical explanations, we were in danger of losing sight of what was really important: Its attributed meaning and its effects.

I never doubted that people around me thought that the patient was healed. The source of her illness, the evil, had been removed from her. I also easily accepted that the healer herself could not say anything else about the origins of the frog. We should not understand it as a lie if she said that the frog was planted inside the patient by using witchcraft, as she believed in it to be the truth. I think that there are many truths existing in parallel. Just because I cannot imagine something it does not mean that it cannot happen. But these questions about some kind of objective truth are irrelevant in my opinion. I would much more prefer asking: What is healing? How does it really work? What are the mechanisms or processes that do really heal? Is it something beyond culture or deeply rooted into specific cultural and historical beliefs about the world and ourselves? I would tend towards the latter but assume that our willingness to believe is something universal cultural.

## **2.6 Narrative six: Dorothy Anderson's Healing Water by Christine Korischek**

Dorothy Anderson was the third healer we met during our research trip to Nsanje District. On our way to find the village of this prophet, we had to cross a dry river bed. It was a challenge for the minibus to get through. Since it was not a four wheel drive, it was no surprise that we got stuck and all of the participants of the group had to get out to push. None the less we made it and arrived at the compound where Dorothy, the prophet, is living and offering her healing practice. In retrospect, travelling in the group reduced some of my fears and anxieties. If I would have been on my own, I am sure that I would have felt quite anxious about not knowing if the petrol will last until we got to the next petrol station and what to do if the car would get stuck in the sand. The group situation somehow contained these fears of mine. I could let go knowing, that whatever happens the group, under the guidance of Moya Malamusu, would find a solution. Looking at the experiences of this field trip from a distance in time and space, the passing through a dry river bed seemed to provide a metaphor for the researcher's experience of meeting Dorothy the prophet. She is a member of the Church of Living Waters and uses only water for treatment. At the beginning, when we got there and started talking to Dorothy, I did not have any specific pleasant feelings towards her. When she showed us the white dress she wears for the treatment sessions, I started filming with the video camera since using the bible and being dressed in white clothing with different colored crosses on it was new compared to the first two healers we had seen and, therefore, seemed to be of interest for the documentation. However, when she mentioned that she only uses water for healing, my attention was aroused and I got very curious about her as a



person and about her way of treating people. I was determined to ask for some of her water and would not leave her without obtaining some. The other group members and also Moya Malamusi seemed to be quite shocked about the fact that I wanted to drink some of that water. Also for myself, I did become uncertain when I found out that the water was taken from the river. I started to have doubts whether my believe in the healing power of the water would be strong enough to overcome my western conviction that there is a high risk of getting infected with numerous bacteria and parasites when drinking river water in Africa. A story told in my childhood mentioned that the wife of a friend of my aunt died because of a mysterious disease after a trip to Kenya. The storyline was that she had been walking barefoot in water. It is an interesting fact that these fears from my childhood concerning the dark and unknown African continent appeared during the field trip and manifested in the almost compulsory avoidance of touching water.

After we had finished talking with Dorothy about her becoming a healer and how she does treatment, she continued with her work. The patients had already brought some plastic cans of water and were waiting for the prophet to enhance the water with healing power. Dorothy prayed over the water squatting in front of the cans, touching them. I was impressed. I felt it had power and I had the inspiring thought of taking the bottle of water I had bought before from the car and asking her to transform it into healing water.

Out of my experience with practicing Qigong, I know that water can be used as a substance for transporting information. Books on the research of the capacity of water to contain information done by the Japanese Masaru Emoto can mainly be found in esoteric bookshops in Vienna, so I am aware that talking about the

ability of water to serve as a medium for transferring healing information is not well accepted and under debate in the scientific community. However, in psychotherapy science one moves away from the illusion of objective data and the subjective experience becomes valid data to work with. In my personal realm of experience, I have become familiar with the use of “information water” or “Qi water” in the treatment of pain or inflammation with positive results. On special occasions, our Qigong teacher would give “Qi water” to her students. With regard to my Qigong teacher, I had become aware of my strong mother transference in the relationship with her during my psychoanalysis. For about half a year I had stopped taking classes with the Qigong teacher, so for me Dorothy giving water to her patients into which she had put healing power facilitated the positive transference towards this prophet. I associated her with my “Qigong mother” and transferred positive mother aspects onto her. Dorothy became a nourishing mother figure and the water was symbolizing the mother’s milk.

In our further encounter, the prophet also embodied an intrusive, overpowering mother aspect and therefore an ambivalent picture of her is left for me.

After some patients had shown us their hospital records of diagnosis and unsuccessful treatment and had reported how they recover due to the treatment of Dorothy, we continued to ask about the treatment process. In addition to the healing water, Dorothy also performs individual treatment sessions in which she removes the causes of the illness from the body of patients. We inquired what objects she would remove and Dorothy agreed to do a treatment session on a female patient.

Dorothy going into a state of trance by singing church songs and calling upon her spirits was

not disturbing for me, but the further performance was unexpected. Three out of our group were allowed to enter the treatment room. I was standing at a different place amongst the crowd of spectators and was too late to be admitted inside. It was a surprise to all of the people standing outside when a living frog was thrown out of the treatment room. I had tried to look over the curtain, held by the husband and another woman in front of the entrance, but I was only able to see how the prophet took the frog out of the metal tin and threw it outside. I could not observe where it had come from.

After Dorothy had finished the treatment of the female patient and had come back from her state of trance she prayed over our water bottles. I felt very content to take a bottle of Dorothy's healing water with me.

My roommate and I shared the water. When drinking it, I was convinced that it was different from normal water. After going to bed that evening, strong abdominal cramps and pain started. Cold sweat poured out of my skin and I felt miserable. After some time I got up and was lucky to make it to the toilet because I felt dizzy and had the fear of fainting. Back in the bed, the cramps and pain slowly disappeared and eventually I fell asleep. The next morning I was feeling fine. Of course it is hard to tell whether this was a reaction to the healing water or whether drinking the water had induced some kind of purgatory effect or if this would have happened anyway. I am left with uncertainty. One aspect of field research which I have become aware of quite clearly during this trip is that the researcher has to endure uncertainty and is confronted with anxieties due to contradicting information or experiences which cannot easily be placed in the familiar category system.

As I understand, Dorothy's treatment is a kind of ritual performance of healing which can be seen and analyzed from different perspectives. She provides a space for transference by using different mother aspects such as the nourishing mother by giving water of life or the aggressive, phallic and overpowering one by using intrusive techniques of removing objects from the patient.

One aspect which became clear to me after our field trip is that healers like Dorothy are able "to see with their heart" during states of trance. They switch into a different mode of perception and are able to connect with the patient on a level which seems to be more related to the unconscious body functions and mind.

Removing objects from the body which are the cause of the illness doesn't seem to be a concept unknown to western medicine, for instance using surgery by which means the physician removes the disease causing tumor cells.

At the beginning of our field trip, the performance of the healing ritual was unfamiliar and seemed to be "strange". The combination of the use of the bible and local treatment procedures was new to me. It was difficult to imagine that in such an environment healing could take place. However, the more I got acquainted with daily life, body movements and dance and singing performances, the more I started getting a feeling that these healing practices are embedded in the living experiences and can be seen as an efficient proof of functioning treatment in this context. What has become imbalanced and causes the disease of the person is made explicit and is looked at not only by the patient but also by the community. The patient rarely visits a healer on his or her own. In most cases, the patient is accompanied by family members. Coming back to my experience that being in the research group took

away some of my anxieties of our travel, I have become aware that sharing the treatment ritual with persons from the community can be seen as a relief for the patient and for facilitating the healing process.

The encounter with the prophet Dorothy and the other healers during this trip made it clear to me that it is not possible to approach their healing performances by using our rational medical category system. The researcher has to cross a border, in our case a dry river bed, and let him- or herself be drawn into the unknown. Letting go of the familiar structures and concepts does not happen without going through anxieties and feelings of being lost in the wilderness of the unknown. Meeting Dorothy the prophet provided some small insights into (into what?) and connection with the stream of living waters of our intuitive perceptive powers.

### **2.7 Narrative seven: Impressions from T.A. Mgabu, Chikwawe District. 9.7.2013 by Stephan Mekelnburg**

On our way heading back from Nsanje district towards Bangula, we heard of another traditional healer, whom we would be able to visit if we made a little detour from our originally planned route. We had said earlier that we would drive to certain areas of the country and see if we could find healers as we hadn't organized any meetings before. We all agreed to make an effort in our research by finding the certain healer. On our way there, a man on the street, whom we had asked for the way told us that the healer was called priest, which at that point made me imagine someone working in a big Christian church or an old monastery.

After a long trip our group arrived and waited in the car, while Dr. Malamusi went out to ask for permission to visit the female healer. Our bus was surrounded by a large crowd of young

Malawian children. The moment we got the sign that we were welcome, we opened the sliding doors of our minibus and the children moved a few steps away. We were followed by the large crowd as we drew near the housing area where the healer, who presented herself as Mrs. Anderson, was awaiting us. There were three separate buildings, one with a small backyard, just enough space to fit in seven standing and two people sitting on chairs, surrounded by a very unstable wall of bricks. My first impression was that it didn't seem like a very inviting place for making a long-breathed interview. During the first few minutes, my discomfort intensified as the healer told us that she was treating people by using only the bible and water. My first enthusiasm from being back in the field, my book open, ready to soak up as much information as possible, decreased from second to second. I remember touching some bricks on the wall and thinking "Wow, this wall is as unstable as it looks". I suddenly felt some anger that these people and their ancestors got missionized to Christianity by some stubborn, selfish Europeans and now we have ended up having to deal with the unforeseen outcomes, someone who thought she could heal others by reading from an old battered bible and using water.

I managed to get my thoughts back to the research, concentrating on the interview and asking questions trying to understand her approach of healing and how in particular she uses the bible to heal others. She replied that when she sees a patient, she reads some passages from the bible and sees some kind of pictures in her head, which are giving her an idea of what the patient suffers from. During this process she is in a mental state similar to trance, where her body starts to shiver and pictures come up to her mind. After she has a hold of the patient's illness, she then asks the patient if he or she has certain symptoms or

illnesses and the patient will reply by saying yes or no. If she has identified the illness, she will treat her patients with holy water. She briefly said that she has a second method for people who have objects in their body. Therefore she took people to another building and removed those objects from their body. At this point I had only heard and read about witchcraft but I could not make a connection between objects in bodies and black magic. So I was in for a surprise of what would happen later that afternoon.

After the first part of the interview was done, Mrs. Anderson offered to show us how she prays to bless the water, which would then heal a lot of her patients. But first she disappeared into what seemed to be her house for a brief moment. When she came back, she had put on a large white cloak. I was quite impressed by the amount of women. There must have been around twenty to thirty women waiting outside her house on the ground, sitting around a dove den. All of those women had brought their own water bottles or even larger water tanks filled with water from the river. To me, it did not look very clean. In my head, I was already looking for excuses in case anybody would ask me to drink out of one of these bottles. Now I was expecting her to read some passages from the bible, maybe even the same one over and over but I was quite impressed when she kept on talking word after word rapidly in Chichêwa. The only time I had ever heard someone speaking that fast was probably Scatman John, a pop music artist in the 90's. While having her eyes closed, she continued to speak for about two minutes. I remember her voice being very distinct, her face concentrated and her forehead wrinkled. With her white coat on, she had changed from a normal villager to a person of authority. After those two minutes, she was able to take out all the tension in a brief moment when with her

last words Mrs. Anderson raised her voice. It became soft and gentle again as she opened her eyes and started to smile.

I did not know what would happen next, as our research team, some 50 children, young men and women gathered around another house on her compound to wait for something to begin. It felt a bit like attending in a show, waiting for the artist to arrive. When the act began, we were asked to stand up and sit down several times. I did not understand the words but I followed the rest of the crowd in what they were doing. I tried to observe what was happening there, the best way I could do. Part of the action happened inside the house while we were just waiting outside. Meanwhile objects she had pulled out of the patients' bodies were presented to us, and at times Mrs. Anderson came out of the house to spit some water into the mass. The children in the front row, who first sat in a respectful distance, were coming closer to me step by step and slowly managed to move around me. I could smell them and was able to feel their warmth when they sat close to me. So it happened that some children in fear in front of me tried to get back from the healer who was spitting water and they pushed me so hard that I fell over backwards landing on my back. I realized that I had become part of the act, part of the group, moving and flowing with them. There was laughter, there was surprise and there was fear. And then a frog was thrown onto the ground and a guy assisting Mrs. Anderson in her procedure tried to kill the frog hitting it with a stone. During these very moments I wasn't able to think much, I was impressed and shocked at the same time, awaiting what would happen next. When we were back in our bus in a safe distance discussion started. We felt agitated, tried to sum up, asked questions and laughed with each other. The image of the frog and Mrs. Anderson will

follow us for the rest of our research experience and beyond.

## **2.8 Narrative eight: How the frog started to follow us... by Winnie Posselt**

*“A frog that lives in a well, judges the extent of the sky arching above it by the edge of the well.”* (Mongolian proverb)

We had already visited two healers and were on our way back to Chileka, where “our home station” was situated, when we planned a last stop to gather more information. In contrary to our previous experiences, the people we questioned gave us some hints at three traditional healers in the nearby region. However, we were struggling with the gasoline leftover in our car’s tank. So we had to choose one of the three options. This led us along unpaved roads with many potholes to a very small village. As usual, we were met by a variety of curious, skeptical and shy glances of the children and youths of the village, which were the first to come running to inspect to excitedly inspect us. Now and then there was giggling, should someone from our research group move in an “unnatural” way or when interesting bottles, chip bags or similar things appeared behind the car window. Our project manager Dr. Malamusi went to ask for permission to visit. This wish was granted by the healer herself. In a small courtyard of her house the healer told us shyly about her life and work and answered many of our questions.

There was a mother with a sick child sitting in the courtyard. Some chicken were running around and a dog was lying lazily in the corner, a common sight in Malawi. Curious children peeped over the partly collapsed brick walls surrounding us and observed the scenery with

excitement. The healer’s husband was present and took an active part in answering some of the questions. In front of the courtyard entrance dozens of people had gathered together waiting for their treatment.

Taking a closer look at my first field notes it seems to me that in the beginning I was mainly focused on the topic of usual vs. unusual in environment and way of life. Maybe this was due to an unconscious attempt to classify my first impressions on my experience continuum and to process the first contact. Parallels to previous experiences in Malawi were drawn, possibly to give the situation more familiarity. After this process I had the feeling that I could detach myself from the images, sounds and smells of the surroundings better and consciously focus on the words of the healer, at the same time letting my associations flow.

In contrast to the previously experienced healers this one worked out of a strong Christian faith. Nevertheless, she informed us that she believed her father had also been a traditional healer and she had a feeling that his spirit often supported her in her work. She proudly showed us an old, tattered Bible with many loose pages, holding it reverently in her hands like a precious treasure.

She explained that she uses this Bible to “screen” her patients. During this screening process images would be depicted on single pages that would give her information about the specific complaints of the person concerned. Finally a prayer was spoken essentially supposed to bring about the healing process. This prayer is a major part of her treatment methodology. In addition to this procedure during a longer prayer this traditional healer is touching plastic bottles filled with river water. She consecrates and subsequently distributes this water to the sick people. After our interview we were also able to witness this ritual.

She ended the ceremony by saying "Amen". I felt disappointment rising up in me. Noticeably, I had had expectations of exciting and, above all, African healing methods so far unknown to me. But this did not happen. To encounter the influence of Christianity here, so far away from my European home, and to realize that the individuality of this culture had been supplanted by it, made me feel annoyed and also bored.

The waiting patients now eagerly approached us and enthusiastically told us what they knew about the healer and what they or their relatives had experienced. Some women showed us worn-out booklets with data that had been compiled in a hospital, but medical treatment in the hospital had not been able to help them. So they decided to come here and try traditional methods of healing and this seemed to have brought health at long last. I asked myself (of course, influenced by the fact that I do not like to count myself as a classical believer) why so many people were relieved from their suffering by prayer, while treatment in hospital failed? I mentally drew parallels to the placebo effect and pondered whether this term of Western medicine includes these unexplainable phenomena or whether this method of healing really cures by the symbolic meaning of the ritual. Somehow it remains inexplicable anyway. In my point of view the result that those who are affected become feeling better is crucial. But yet I keep asking myself "Why?". This question leads to another: What do we mean by healing or the healing process? It is unlikely that this question can ever be answered in a universally valid and satisfactory way.

We were told a story about a woman who was very sick because an evil person conjured various objects into her stomach, so she believed. The healer then removed these objects in an extensive ceremony and the woman was re-

lieved from her severe suffering. While these stories were told I took photographs of the expressive faces of those telling them, the kids around, and the sick people watching us. It was a very inspiring atmosphere for me. The beauty that lay in the faces of the individuals delighted me. Therefore I only realized rather late that the healer, was preparing to demonstrate a similar treatment on a sick patient. In retrospect, taking photos may have been a form of defense, an attempt to distance myself from what was happening for a while and to compensate my previously experienced disappointment. Additionally, due to lack of translation I didn't understand everything we have been told. However, I was able to let this go and my curiosity was piqued again.

I was assuming our visit would soon come to an end but like in every good novel, there was a turning point which filled the whole situation with a new sense of suspense and a different atmosphere. The healer returned to her house to change her clothing to appropriate one. Earlier on she had already told us about a dream in which she had to wear a white robe during such a ceremony. She showed us the white robe: It reached from her shoulders to her lower legs and was decorated with a red cross-like symbol, which reminded me somewhat of early Templar depictions. Again I was thinking about the Christian history, angry about the influence of the Church's missionaries and how this unique African tradition had been pushed into the background.

The treatment took place in an adjacent small clay house. Before it started, there was some singing. The healer threw in some biblical phrases, which were then repeated energetically by the surrounding spectators. The room was tightly packed with people and there was a high level of excitement. Some women were allowed to enter, including myself. Men were

strictly forbidden to enter. On the one hand, I felt honored to be allowed to enter. On the other hand, I felt a little overwhelmed by the surging mass of people and did not know what will wait for me inside.

Inside the clay building there was a distressed patient crouching on the ground to the left. The healer took a container with water and spat at the sitting woman again and again. She seemed to bring herself in a kind of trance. She spoke some, for me at least, unintelligible words and phrases, and was very energetic and ecstatic. She vigorously rubbed the patient's stomach and back, who repeatedly moaned loudly in pain. As I noticed later I was holding my breath with tension. Eventually the healer inserted her hand into the patient's anus with a disposable glove. A little later, she repeated the action vaginally and orally. I was concerned by the hygienic risk these actions exposed the patient to. However, I reminded myself again in the following moment to neglect the ideas of my culture. We had been told to keep an open mind and not let our own culture influence what we'll see. In all objectivity I think it is impossible to ignore one's own culture while observing. But if my associations were bound so closely to my own origin, then how could I understand this culture? Even the concept of culture seemed very vague and somehow useless at this moment. Considering these people to be a unit rather than cultural groups (I also find it questionable how one can define such groups) made it easier for me to overcome my distance. Even later, when writing down my impressions, those thoughts and questions arose again and again. The search for the essence of our research frustrated me and still does. Maybe I'm missing a piece of inner maturity in order to give this topic an answer that is appropriate for me personally.

I returned my concentration to the current situation. The room had taken on a very oppressive, almost dazing atmosphere, accompanied by loud chanting and occasional screams. I filmed the scene, though I wondered if it would not be better to turn off the camera out of respect. However, the woman's body was wrapped in sheets so one could not see much at all. One reason which may have animated me to continue filming was that the camera would objectively capture the scene, in case I would capitulate in the fullness of perceptions or avert my gaze in an important moment. The moment should be captured, perhaps with a certain pseudo-objectivity that I could not achieve. By this perspective I distanced myself a little from what was happening, so I wasn't letting the events act first hand on me, but watched them through an object, like watching a movie. In retrospect, George Devereux (1967) with his thoughts about fear in the behavioral sciences comes to my mind. He says that fear is a natural emotion that accompanies a researcher. Indeed, it is essential to get good results. But this can only happen being consciously aware of this feeling and reflecting on it - otherwise it would lead to a compulsive clinging to the methodology and its instruments. This must have happened to me.

Despite of all efforts, the key moment was hidden from the camera. The healer pulled a frog out of the patient's body and quickly washed the frog in a container of water and then presented to the surprised crowd in front of the clay house. Supposedly she was now holding the evil and the cause of the patient's discomfort in her hands. The ceremony was continued until also paper money, a dry piece of cotton and other items were taken out of the woman. My thoughts, however, remained with the frog.

The ceremony had not come to an end yet. Now a second patient came into the clay house for treatment. In that time I could not tell in what condition the first woman was. However, the atmosphere now was quite another one. A young woman with “steel” breasts appeared, she had probably just recently become a mother. For a while my attention was occupied by the sight of her sizeable bosom. I wondered how old she was and how many children I might have in case of grown up in this country. She endured the treatment quite without expression and sounds. When the ritual had come to an end a little later I left the house. Now I felt a little like being surrounded by a haze which made me feel dizzy. Our research group got together again, but could not yet talk about the impressions. First glances were probably expressing “Phew that was intense!” The ceremony had obviously made an impression and created a sort of mystical respect. I felt turned out of the daze when a colleague expressed her interest to drink consecrated river water or take it with her. Later, our drinking water was used instead, which the healer consecrated for us by means of her ritual.

As well as that, the moment when we gave the healer 1000 Kwacha each in gratitude and as support, more like for a successful stage show, changed my mood. The “Magic” adopted a piece of unwanted reality.

We got into our van and drove back towards Chileka, still visibly preoccupied from the pictures in our head. Some of us started a discussion about the impressions of the last few hours. It took me some time to collect myself and relieve myself of the last remnants of the captivating mood, much like slowly stripping off a diving suit.

In the following days and weeks discussions about the healer came up again and again, all focusing on question about the origin of the

frog. Despite reminding each other that this was not really the crucial aspect of the healing process, these conversations continuously occurred again and again. Slightly annoyed, since I did want to go into the depth of the meaning, I could not resist this temptation either.

I find it interesting, that the other objects didn't occupy us as much as the frog. Later on I dealt with the symbolism of this animal. The terms frog and toad are often used synonymously. My first association was towards medieval witch representations, which often used frogs in their cult and were depicted with them. There had been a similar atmosphere in the clay house. A traditional magical ritual had been held. However, the fairy tale “The Frog Prince” by the brothers Grimm came to mind. After reading up on the matter, I became well aware that there are countless myths, folk tales, fables, texts, songs, poems, phrases, images etc. all around the world about this animal. In many cultures and traditions a positive association dominates. Often the animals were portrayed in a cuter fashion or given human attributes. Here the frog symbolically stands for a sign of fertility, life, water, and eternal recurrence, and is considered to be a rain prophet. It is even claimed that frogs have an encouraging effect on the human psyche (Hirschberg, 1988). In many parts of America one can find the goddess Mother Earth depicted in form of a frog in mythological representations. In the western industrial cultures such allocations are laughed at and dismissed as untrue but potentially interesting bedtime stories. The non-industrial societies, however, often incorporate the stories and traditions in their belief system and live by them. For them frogs are the “truth” (Röhring, 1974). Herrmann describes the animals as “connoisseurs of the art of living of two worlds - between water and land” (1996, p. 233). Possibly for that reason it is easier to associate them with witches and magical heal-



ers who could also be regarded beings that walk across boundaries between two worlds. Dimt (1996) describes the frog and close relatives as representatives of the transition to the underworld. Thus references to black magic, witchcraft and the broad spectrum of the unearthly can be found in literature. Herrmann (1996) writes that these animals were often used as suppliers of poison. They may thus have obtained their demonic reputation in certain cultures. Exciting for me was the traditional folk belief that witches conjure toads into the bodies of other people in order to make them fall sick (Hödl, 1996). This idea can be transmitted, basically one to one, to the events of that afternoon and the beliefs that were presented there. According to Herrmann, conflicting ideas in which toads and frogs are believed to prevent disease and suffering exist as well.

### 3 Conclusion

For the presentation of our field research work we had decided to employ an experimental writing style. A decision was made that each participant should write about the same healer. During our writing process the obvious and subtle differences in our perception and experience have become evident to us and, hopefully, by taking the reader along with us on our journey into the outer and inner world, it has become clear to the reader as well. We wanted to show that there is no objective situation or truth, that everyone has different perspectives and thus different ways of interpreting situations and contact with people during our fieldtrip. All the narrations put together give a detailed ethnographic description of the healing practice of Dorothy Anderson, a healer in southern Malawi, who belongs to the group of *asing'anga amizimu*. However, this paper will probably not explain very much about the so-

cio-cultural or psychological aspects of the Malawian people we encountered, but it might shed some light on the way we experienced and interpreted our contact with them.

It has become evident to the reader how different the texts are. Some of us have focused their descriptions more on the outer world while some of us have reflected more on their inner feelings, thoughts and associations. The differences are not only in style, but also in content, in the way a person perceives and chooses to describe one thing and not the other.

However there are also striking similarities in the texts, which should be pointed out here.

The principal theme of all the papers was the encounter with the healer and the way she was treating the sick people who needed help. The first point which becomes apparent is the way the authors referred to her: some only mentioned her as „the healer“, others by her first, and others again by her last name. This might give a clue on the way the authors felt related to her, whether they kept a distance, by focusing on her role for example, or felt connected to her in a more personal way by mentioning her by her given name or associating motherly aspects with her. The second point is that most of the authors reported mixed feelings towards her, ranging from distanced interest to associations with a mother figure. It seems rather important that most authors were ambivalent towards her, feeling sympathy as well as uneasiness and even fear. This might be related to several aspects: firstly to the personality of the observer him- or herself, the way he or she felt in the particular situation and how he or she dealt with it psychologically. Secondly, it might be related to the specific traits of the healer, as a woman as well as a public person, i.e. her personality and charisma. Thirdly, it was not only about the persons related to each other

but also to the situation of observing and being observed, not to forget that it was a very specific type of situation with which the researchers were neither personally nor culturally familiar. It is a well-known fact that during field researches the mechanism of transference, in the psychoanalytic sense, can become activated quickly. By analyzing the way the authors referred to the healer, positive and negative transference might become visible.

In this context, the way the authors described the situation, where it took place and the appearance of the healer should be pointed out. All authors concentrated on describing the landscape, the houses and surrounding in great detail. Besides of the literary aspect of „setting the stage“, it might involve feelings of insecurity and fear which could be better contained by focusing on the stage rather than the action taking place on it. This could be interpreted as a means of creating some sense of control over one's own feelings and thoughts about what is going to happen next. Taking on the role of the “objective observer” can function as a defense mechanism against overwhelming anxieties and being confronted with unconscious material sweeping to the surface. One of the participants even noticed that the walls of the healer's compound are fragile and unstable. Regarding the description of the healer, it seems striking that no one described her physically, but only concentrated on her clothing and accessories, e.g. the bible or the glove. No one mentioned the color of her skin nor the specific features of her face, hair etc. This might be interpreted as some sort of fear of confrontation with the person herself, but also with race issues that raise inner conflicts (Devereux, 1967).

On the subject of these inner conflicting feelings of devaluating the healer and her treatment practices (disgust) and the further arising

of guilt, the reported feelings and thoughts regarding the blessed water shed light on this aspect in the most concise way. Several of the authors write about the way the water was blessed and their fantasies about drinking from it. Especially fantasies about infection and getting ill arise. The water may act as a container for racist imagery and fears, which could not be felt directly by the researcher group and had to be projected onto the aspect of drinking the water. The feelings of guilt reported can be interpreted as an evidence for this hypothesis.

Symbolically, water is associated with ambivalence, as it is both life-giving and a source of danger. In psychoanalysis, it is associated with the unconscious, with its desires and fears. Ritually purified water plays an important role in many cultures.

In this context, drinking and sharing of the water represents accepting the ritual as such and thus accepting not only this healing practice, but the people acting in it. This seems to generate inner conflicts with the researchers, as they all want to take part but also recoil from their immersion in this particular group. The situation was resolved by a compromise: some of the researchers offer their own, clean water to be blessed and accept drinking from it, combining in this act their own beliefs (water has to be purified by chemical and physical processes, i.e. science) with new ones (i.e. accepting the healer as such, attributing her healing power). From the aspect of the psychology of culture contact it has become evident in the individual descriptions that “two opposing forces”, curiosity and interest in the Malawian healing practice on one side and “inner resistance against giving himself up totally” on the other, had to be dealt with by each participant (Kubik, 1992 p. 23).

One of the cognitive mechanisms in culture contact is reinterpretation. Gerhard Kubik

(1992) describes reinterpretation, based on Melville J. Herskovits, as “ignoring the cognitive reality of the other culture” and taking “a kind of short-cut towards understanding (or rather misunderstanding) the other culture within familiar categories in one’s own culture world” (p. 24). The participants of the research group found explanations for the use of water in the healing practice of Dorothy Anderson by comparing it to the familiar practice in Christianity, to bless water and attribute healing powers to it. However, since the patients and the healer were not asked for explanations about the water and its curative effect, this can be seen as reinterpreting the healing practice in one’s own cultural category system. The compromise, to have the bottled water blessed by the healer, might provide an example of how the inner conflicts in culture contact are negotiated and how the individual learning process takes place and yet acceptance of something new does not come from actually knowing and having accepted something before. On the other hand the two groups found a common ground of beliefs that they agreed upon, making the contact easier.

Another important aspect of the papers is the theme of “magic”. It is interesting to notice how magic was regarded as being something between truth and show or trickery. The search for the truth in magical practices of the so called shamans or traditional healers and to unmask and prove the tricks that lie behind has a long tradition in the anthropological discourse (Taussig, 2013). The participants had familiarized themselves with literature on traditional healers, healing and witchcraft practices in Malawi before the trip (Malamusi, 1999; Peltzer, 1985; Soko & Kubik, 2002). They were acquainted with the principals of African healing systems as summarized by Ruth Kutalek (2003) and had read about the social and psychological functions of witchcraft in African

societies (Collomb, 1976; Evans-Pritchard, 1976; Geschiere, 1997; Parin, Morgenthauer & Prain-Matthèy, 1971). None the less, it seems that all of the authors struggled with the notion of „true magic“, as they all assumed that the Malawian people „believed“ in magic and that they regarded it as something „true“. Of course an assumption like this is a generalization and contributes to the construction of the “mysterious African Culture”. The believe in magic seems to be unacceptable in the culture of the authors, even though it should be added that „magic“, „wizardry“ and „witchcraft“ are part of the “European culture” and should not, theoretically, be regarded as alien to this culture (Duerr, 1985; Kubik, 2004; Schwamberger, 2014). However, the much more powerful idea that trickles through is that magic is the opposite of rationality. This seems to be the main aspect of the line of thought as seen in the texts. In this context, the most important question appears to be: What is the „real truth“? Specifically, this question is implicit in trying to figuring out where the frog „really“ came from. One can very well observe how some authors attempt to accept the source of the frog as magic related, while others focus more on their own „rational“ perspective and perceive the ritual more as „show“ and „trickery“ (they also search for „logical“ answers and „proof“). All of the authors showed ambivalence in this matter, which again provides a good example for the cognitive processes in dealing with inner conflicts in culture contact, their willingness to accept „other truths“ and also the difficulty of relinquishing one’s own. In any case, the participation and observation of the treatment practice may have shaken the participants own strong beliefs and made space for a broader view of the world, where several (situative!) truths can coexist; but the texts also reveal how everyone in the group has struggled to let go of his or her need of „objectivity“ and „ra-

tionality“. Through describing our experiences each of us created his or her “magical” narration and portrayed “the mysteries” of being absorbed in the healing procedures. Proclaiming that all is but a good show might be a kind of “scientific trickery” to hold on to our belief system. As Gerhard Kubik (1992) stated: “Culture contact is always a deeply penetrating and transforming challenge to an individual’s idea about self” (p. 23).

In the end, it was not important where the frog „really“ came from, as its effects were „real“, both for the patient (as she felt healed) and for the observers (as they learned something about themselves and their beliefs). Did we get hold of the “Grainwolf” at last, or did it slip away, laughing?

Another issue of the texts is the issue of the group. This is the most complex theme, as it concerns different levels. None of the people in the groups is regarded as homogenous; the differentiation is just trying to give an example in showing how complex the situation was and how each person was part of a variety of groups.

The first differentiation is based on the relation observer – observed: two groups emerge – the research team and the group of villagers including patients and the healer herself. While the affiliation of the authors with the researcher group is regarded as something „natural“, since it provides security as well as confirmation of feeling and thought, being part of „the other group“ (i.e. the observed Malawian people) is mentioned as something of importance, described in detail and perceived with mixed feelings of joy and fearfulness. Questions arise and they range from acceptance to intolerance to guilt. Moreover, the observers turn into the observed when they describe their thoughts and feelings and reflect upon them.

Another differentiation is based on „culture affiliation“: here we can distinguish three groups – the Malawian people, the Europeans and, somewhat in the middle, Moya Malamusi and Esther Mponela, who both have intense contact to both cultures, i.e. can distance themselves to a certain degree from both groups. This fact made us look at the question of representation of the Malawian healing practices in our narrations. It becomes evident that for the Europeans the frog played a central role in talking about the experience. Dorothy Anderson was even called “Frog Healer” by the group. Involuntarily parts of our writing thus became a product of the process of the “othering” which sustains the construction of the dichotomy of “the western” or “the modern” and “the African” or “the traditional” healing culture (Hahn 2013; Kubik, 2009). The “other culture”, the “other healing practice” is portrayed as something exotic, mysterious and irrational. The frog that was extracted out of a woman’s body can be seen as a symbol for this assumption. The research group seemed to be amazed by the medical help seeking behavior of persons in Malawi. They were wondering about the fact that people who suffer from chronic diseases and could not get cured in hospitals by means of biomedical treatment were making use of traditional healers. This is remarkable since also in Austria a variety of treatment possibilities, ranging from herbal medicine, homeopathy, acupuncture, hypnosis, spiritual healers, etc., are available and are used, if biomedical treatment has not turned out to be successful as Langbein (2014) describes.

There is still another way of grouping the research participants: the ones allowed inside the house and the ones watching from outside. This aspect is clearly visible in the way the authors described their experience. The ones inside were focusing more on their own, sub-

jective feelings, while the others described more group feelings (feeling the crowd, moving with it, experiencing emotions together).

The ones inside also seemed to relate and identify more with the healer or the patients, or with both, while the others felt more as being part of the bigger group and observing and experiencing its fears and fascination. It is of importance that the main difference between these two groups is „the secret of having been inside“, „having seen with one’s own eyes“. It appears that the „secret“ is fantasized as the „truth“. This has become clear from the questions that were asked by the „outsiders“, which mostly regarded the collection of „facts“ to explain what had happened in a more „objective“ and „rational“ way (of course, it was mainly about „where the frog really came from“).

Thus, at the end of our writing process, we have realized in astonishment that the product of our auto-ethnographical writing is not only revealing some facts about the observed healing practices in Malawi but mainly captures our own features of the inner space. We tried to uncover the magic and mysteries of healing practice in Malawi and found ourselves producing new ones in our narrations, and thus contributing to the construction of the myth of the exotic “African Other”. However, during our field research and during the writing process the myth of “objective observation” and “objective representation” has been deconstructed. By means of making our writing process transparent and applying a self-critical analysis, our paper can provide a contribution to the current anthropological discourse (Hahn, 2013). Many more questions have been left unanswered and are awaiting the next harvest.

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## Additional Material

All pictures are taken by Winnie Posselt:



Picture 1: Interview with the healer Dorothy Anderson



Picture 2: The bible she uses



Picture 3: Hospital records shown by the patients



Picture 4: The patients explaining the treatment procedures



Picture 5: Dorothy Anderson's husband is showing the dress she wears for treatment



Picture 6: The treatment session



Picture 7: Blessing the water

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Gabriele Kadanka, Stephan Mekelnburg, Esther Mponela, Winnie Posselt, Irina Zamifirescu and Julius Zitzewitz are students at SFU who participated in the first research excursion to Malawi in July 2013.