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Exploring Music Therapy in the Life of BaTonga of Mazabuka, Southern Zambia

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MUSIC THERAPY IN THE LIFE OF BATONGA OF MAZABUKA

Exploring Music Therapy in the Life of BaTonga of Mazabuka, Southern Zambia

Nsamu Urgent Moonga

DISSERTATION

Research Dissertation submitted in partial fulfilment of the requirements for the MMus degree

School of the Arts: Music
Faculty of Humanities
University of Pretoria
Supervisor: Dr Andeline dos Santos

Date: November 2019



Declaration for the storage of research data and/or documents

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Title of thesis/dissertation/mini-dissertation: Exploring Music Therapy in the Life of BaTonga of Mazabuka, Southern Zambia

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ABSTRACT

The use of music for healing is ubiquitous in every human community. Music Therapy, however, as the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional, may not share the same pervasive prevalence in human society. This study explored how a culturally-sensitive music therapy process may be designed among baTonga of Mazabuka, particularly in relation to the participants' existing understandings of *masabe* (musical healing ritual). Participants' perceptions of musical healing rituals of *masabe* were explored through focus groups, as well as, if the participants were amenable, to the use of musical healing rituals. We then designed a music therapy session together. The participants expressed delight at their involvement in the study as it communicated interest in their lives. The study affirmed their worldview and how that could be incorporated into wellness responses associated with their community. The study found that baTonga rely on musical healing rituals as they are aligned to their relational cosmology and accommodates their perceptions of wellbeing. BaTonga ritual music is rich in symbolism and imagery. Because buTonga personhood might be experienced at the intersection of the individual and the community, and at the intersection of the individual, the community and the natural environment, this study found that music therapy here would benefit from drawing on ecologically-informed community music therapy approaches. A music therapist's role in buTonga may be seen similarly to how the role of a *mun'ganga* (an afflicted shamanic healer) is perceived in the community. The study argues that there is indeed a place for culture-centred, culturally sensitive and inclusive anti-oppressive music therapy among BuTonga. This research study contributes to the ongoing conversation about evolving meanings, theories, approaches and practices of music therapy.

KEYWORDS

baTonga (the baTonga people)

buTonga (baTonga culture and cultural systems)

ciTonga (the language baTonga speak)

Dance

Masabe (possession; musical healing ritual)

Music

muTonga (singular for baTonga)

Muuya (spirits)

Ngoma (drums; music)

DEDICATION

To Rosemary Malala Moonga, who loved me into life and planted in me and nurtured my love of song, and coffee. Those evenings of singing around a teapot set me on the improbable journey that finds me here today.

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Exploring Music Therapy in the Life of BaTonga of Mazabuka, Southern Zambia

CHAPTER 1: INTRODUCTION

I identify as muTonga (singular for baTonga). I was born as the sixth child of eight children to Anderson and Rosemary, also baTonga, in an urban agricultural town called Mazabuka in Southern Zambia. The town is known for sugar cane plantations and the production of sugar. The sugar company is the single largest provider of employment to the local people. Even though the predominant inhabitants of Mazabuka are baTonga, the town has attracted people from around the country. The town is increasingly becoming cosmopolitan. The Mazabuka municipality is situated 134km from the capital city, Lusaka.

I was born in 1982. Zambia gained independence from Great Britain on October 24 1964. The national population at independence was a little over 4,000,000 people. According to Zambia's central statistical office report, *Zambia in Figures 2018* (2018), as of 2017 the national population is estimated to be 16,405,229 people. That is a significant increase in population, considering that in the years following independence, Zambia was ravaged by fatal diseases, such as HIV, and was dealing with a failing economy; ensuing from the fall of metal prices, including copper, the main export commodity from Zambia. Political instability in the southern African region made it difficult for Zambia to trade with other countries. The wars in the Democratic Republic of Congo, Angola and Mozambique put a strain on Zambia's resources. Zambia's commitment to the Pan-African liberation project meant that the leaders would then be involved in the struggle against apartheid in South Africa; freedom movements in Zimbabwe and Namibia; as well as the consolidation of freedom in recently politically freed countries.

Geographically, Zambia is a landlocked sub-Saharan country; sharing boundaries with Malawi, Mozambique, Zimbabwe, Botswana, Namibia, Angola, Democratic Republic of Congo and Tanzania, thus our access to ports for global trade was constrained by the surrounding wars and political struggles in other countries.

Since the population stood small in the years after independence, I experienced adequacy of social amenities. There was a palpable optimism among the citizens about the prospects of a young nation and new-found freedom. Self-determination promised civic participation for all. As a child, I did not know what colonialism meant, until I began to hear stories repeated at home and in school. The stories were told in a tone that combined

victimhood and heroism. The heroes and heroines were the citizens who mobilised people to protest and those who participated in the organised protests. I also learnt that some heroes died or ‘disappeared’ during the struggle.

At that early age, I began to wonder what the difference was between our people and others. I questioned why our people should be treated the way they were. My questioning mind was born. I may not have experienced the inhibitions of colonialism, yet the people’s narratives, including those of my parents, revealed the immensity of their relief at the end of colonialism. I knew the significance of independence for the people, as each year we would participate in flamboyant jamborees to celebrate the end of foreign subjugation. The celebrations were marked by collective music-making and dancing. Every once in a while, during the day-long ceremonies, we would have solo performances. These would soon turn into group participation. I remember the vibrant smells of local brews, *cibwantu* (name of the maize-based brew), and freshly slaughtered bullocks. I also recall the multiplicity of costumes comprising many shades and hues. Oh, the feeling of freedom!

I lived in a time when the population was ravaged by HIV/Aids on one hand, and a collapsing economy on another. Even as a little child, I sensed that something was not right in the way life happened to us. On the economic front, I saw bread and butter disappearing from the table. Shops emptied. I remember this as a collective sense of shared. Everyone experienced the same thing. I did not feel especially impoverished. ‘Lack’ seemed to be the way things were – not just for some of us, but for everyone. I grew up in a Mazabuka that was in-between times: the end of political imperialism and the beginnings of self-governance; an optimistic future and the damning reality of disease and a failing economy; rapid urbanisation and increased urbanism on one hand and tradition adherence and traditionalism on the other. Such times of shifting can be confusing for most people.

At the centre of all the change was identity. I sensed that there was a definite identity attached to being colonised in times of colonialism – that referent identification changed at independence. And so, I was born during a time when we were reformulating a narrative of ourselves. Disease and the economic collapse appealed to the cynical part of us that wanted to maintain the status quo. I heard people speaking of better times during the colonial rule. They blamed everything that failed on independence. Yet, there were some people who held onto the belief of a possible world where everyone would have stakes in nation-building. The government encouraged community-building activities such as monthly clean-ups and

practical humanism. As we were passing through challenging times of re-identification, we lived with a great sense of fear of failure and an equal fear of success. These were times of identity flux.

I was born and raised in an ambivalently Catholic home; ambivalent because my mother was a practising Catholic while my father only seemed to tolerate religion. My father did not engage in any religious discussions at home or anywhere. While my mother encouraged me to go to church, she did not have many answers to why we needed to go. Her belief in God did not appear to be tested. She seemed to just believe. She prayed a lot in the early hours of the morning. I faithfully went to church to please my mother more than to worship. I had no sense of God then. I was reprimanded for asking questions about what God was and how God could create Godself. I was suspended from class and learnt not to ask certain questions, especially to people who themselves may not have answers. I learnt then to keep questions to myself and conform. I nonetheless remained with my questions quietly and ‘peacefully’. I still live with the tension of reason and belief, tensions personified by my father and mother respectively.

As I grew older and found the freedom to seek answers to my long-held questions, I began to realise that there was a connection between what people believed and how they treated themselves and others. I began to see the connection between religion and colonialism. Then I began to question why the dominant images of God were white-skinned; God spoke English and ate in the manner of white people. It was consistent with the way I was being trained and educated both at home and in school. The church was no different. I became increasingly uncomfortable with Catholicism.

I began to read about the capacity of indigenous people to create and live in an identity-congruent manner. I became, what I recognise these days, as a seeker who was not satisfied with easy answers. An inquiring mind launched the improbable journey that led me to the study of music and the role it plays in the healing ritual called Masabe. I wrote an investigative long paper on the role of music in traditional healing practices; *The Case of Masabe* (Nsamu, 2006) while studying music at Evelyn Hone College of Applied Arts and Commerce, Lusaka. The study actively prepared me for music therapy training.

For the longest time, I felt alienated from my personal and ethnic identities. I sensed a divorce from the knowledge, beliefs, skills and love of my people. To bring about a reunion, I embarked on truth-seeking studies of the baTonga culture and what it means to live as an

authentic buTonga¹. This current study was part of my quest to rediscover myself and to ‘remember’ buTonga. I hoped that alongside educating myself, this study would expose the hidden wealth buTonga holds on behalf of the global human community. My wish was that this current study would provide scope for some form of reconciliation between myself and the world, and also create a platform for my people to have a conversation as equal knowledge generators with the rest of world.

Through this explorative study, I was exposed to various ways of *knowing*; which includes, amongst others, imagery, sensuality, audio, narrative, mythology, drama, dance and song. I became aware that in order to learn and re-align myself to buTonga, I needed to be a learner with the capacity for deep listening. I moved between the spaces of knower and learner simultaneously. My biggest obstacle, in fact, was to accept that baTonga of Chitongo have as much to teach me as university professors do. I had to embrace an open attitude of a perpetual student. I was not long into the study when what I thought I knew of baTonga came crumbling down.

Soon, I recognised my own learned biases that might have stemmed from having internalised buTonga inferiority. To be remembered into buTonga, I needed to relearn how buTonga performed and functioned in the world. I needed to heal myself of the effects of the long-term severing from buTonga. I had to recover from the oppression of inferiority born of colonialism and ‘missionarism’. I commenced a conscious journey towards authentic buTonga living, aware that doing so means a lifetime commitment to internal and external dialogues. I became aware of how long the journey is from living out of wounded identities to thriving in healthy ones. The journey incorporated radical inclusion of knowledge as held and generated by people on the margins of academia. As a student of music therapy, I hope to contribute, through this study, to the ongoing decolonisation project of knowledge generation and practice protocol formulation. This explorative study is both an academic study and a search for my soul.

Such are the experiences that influenced my worldview. I grew up feeling like I was always standing on shifting sand. I could not separate what was traditional and what was urbanised behaviour then. The conflict began to exacerbate as I attended Catholic initiation catechetical lessons. I was taught to separate my experiences: some were holy and others were profane. Such selective discrimination came at a huge cost for me. It was clear even

¹ buTonga is the culture and worldview of baTonga people.

then that what was considered holy was associated with foreignness and that the indigenous were profane. I could see how buTonga music and dance were removed from worshipping spaces and were demonised. Due to the fact that I wanted to be recognised as holy, I actively severed myself from traditional customs. I, therefore, judged the music that I experienced at the rituals I was exposed to as a child, as evil and demonic. I bought into the narrative of associating myself with what was culturally acceptable. It would take a long time before I could return to my own capacity to question without feeling prohibitive, searing shame.

Perhaps the ground on which I stood was truly shifting, and it needed to continue shifting. Possibly, it is my vocation to connect with the ever-changing realities of life. It may be my calling to continually live in in-between times; to live in the liminal space of evolving humanity. I may be the one to live out the consciousness fluid identities and placement. Rather than experiencing such flux as a conflict of identities, it might entail the single identity of ever-evolving humanity in a continually expanding universe. To paraphrase Heraclitus,² “Change is the only constant in life”. As the universe changes, so do we.

We are ever ancient and ever new because it is natural for us to be so. As living organisms, humanity – whether in singular ethnic groupings or collectively – has to negotiate the discomfort of homeostasis. We live with our perennial propensity for equilibrium. Hence, we seek change and maintenance of the status quo simultaneously (Berry, 1996; Colson, 2006). I am of the view that it is this necessary discomfort that allowed me to undertake the explorative study of the place of music therapy in the life of baTonga. I consider myself an ambassador of my people and evocator of buTonga.

1.1 Masabe

BaTonga are socially and politically decentralised and are organised around a matrilineal system (Colson, 2006:26). This matrilineage is more pronounced depending on the defined roles and various rituals. Importantly, *bamukowa* (the mother’s clan) have the mantle in catalysing rituals for the named ritual subjects. BaTonga are a politically decentralised community, with communal identities, played out around common rituals. Among the rituals that define buTonga are *malende* (rain dance sites), diverse rites of passage such as *nkolola* (girls’ initiation), *gobelo* (boys’ initiation), *dilwe* (funeral rites) and *mweesho* (the transitioning of the deceased into the realm of ancestors). Other rituals include planting and

² A Greek philosopher of Ephesus (close to Turkey) who was active around 500BC, Heraclitus put forward a distinctive theory which he conveyed in oracular language

harvesting ceremonies, naming rituals, marriage, the celebration of success, and various kinds of healing rituals. Prominent among the healing rituals is *masabe*.

Masabe have had a visible place in the life of baTonga. Colson (2006:57), who undertook longitudinal studies of baTonga from 1946 until 2005, describes masabe as “an invading power or force that makes its victims ill until mollified by the performance of a ritual dance drama in which the victim acts out the wishes of the invading spirit and comes to terms with it and is thereby cured”. Masabe refers both to the spirits and the way the victims present under the possession, as well as to the music and dance that cures the possession. A person possessed by masabe presents with somatic and psychological symptoms. Chilivumbo (1972:6) observes that victims of masabe profess to experience hallucinations, nightmares and physical pain. As a child, I attended and witnessed masabe in my urban neighbourhood.

1.2 Discovering music and its societal function

I have been intrigued by the role that music and dance play in masabe in the life of my community. Beyond masabe, in my youth, I experienced the use of music in building and resourcing communities in the face of disease, starvation and social disintegration. At the advent of the deadly HIV/Aids pandemic, and because it was a new manifestation of illness, there was an information gap between what the communities were experiencing and their then prevailing coping mechanisms. The information gap confined people to thinking of HIV/Aids as a misfortune brought about by *mizimo* (spirits), and so they found consolation in ritual music and dance – as they would during any other misfortune (Malungo, 1999:43). The desperation engendered by the pandemic circumscribed their health-seeking options. The communities sought healing in churches, hospitals and, in most cases, masabe. I lost close relatives during the early years of the disease that was referred to as *kataambwi* (an unspeakable).

Along with the information gap about the disease, the suspicions of witchcraft were rife. The disease and the fragile community cohesion resulting from suspicions of witchcraft depleted the community’s capacity to cope. There was an evident need to reunite the community against the common enemy that reared its head everywhere: inexplicable death. People were encouraged to join in the fight against death, and HIV. I joined a youth group called Youth Alive Zambia (YAZ). Through YAZ, we educated ourselves about the pandemic and figured out what would be suitable responses to both the disease and the devastation it left in its wake. With YAZ, I was introduced to the use of music and drama to

disseminate relevant information about HIV/Aids to communities. Music took a new significance in my life at this stage. Even though I was aware that music did not provide a cure, it worked in galvanising the community to pool resources together to find necessary responses to the pandemic.

About the time I turned 22 years old, having had participated in human formation programmes, I took on a voluntary job as a community worker in the tourist capital of Zambia, Livingstone. I worked as an overseer for the protection of children's rights. The work involved attending to children who may have been traumatised and educating communities about the need to protect the rights of the child. Together with the children of the Ngwenya community, we composed music and choreographed respective dances that we employed in our outreach programmes. It was while I worked with the Ngwenya Community School that the multi-functionality of music in community building and healing concretised. I became certain that I was going to pursue studies in music and theatre for the purposes of wellness and community resilience. Music elicited an identity in me that grounded me. Music would be my tool for engaging with young people in the community and the sentient adults.

BuTonga identity is believed to be fragile owing to their location, boundaries with other groups, population, socio-economic status and political influence (Manyena, 2013:33). Music and dance were used to unite buTonga against this perceived attack on their identity. In 1992, the year of drought that threatened the livelihood of the people, I participated in shrine offerings. The shrines are called *malende* in ciTonga. Christian Churches were, in the spirit of inculturation, encouraged to participate in the offerings too. They could either attend the traditional shrine offerings or simulate the ritual in their churches. We sang, clapped, danced and mourned for what we believed were our sins against the spirits. We believed the drought was a punishment from the spirits for our disobedience.

I tend to think that I did not choose music therapy; music therapy chose me. I am privileged to have had the opportunity to take up studies in music to appreciate further the place of music in the healing of people. I am currently in training as a music therapist. The music training brought me to this explorative study of the place of music in the life of baTonga of Mazabuka, Southern Zambia. Because Zambia in general and Mazabuka, in particular, have no established professional training programmes or registration for music therapy practice, I studied at the University of Pretoria in South Africa.

1.3 Aims of the study

The current study aims to explore individual and collective attitudes of baTonga towards masabe through focus groups. As masabe are musical healing rituals, I thought to link their principles and practice with those of music therapy. I worked with the taxonomy of moving from the known to the unknown. Music therapy could be modelled on the already existing musical healing drama of masabe. Therefore, taking into account the people's perceptions of masabe would inform the formulation of music therapy protocols among baTonga and similar communities. To make impactful decisions, it is necessary to understand the prevailing attitudes that inform the functioning of a community. If I am to enter the community of baTonga to practice as a therapist, it is imperative that I have insights into beliefs that hold the community as it is, this without value judgement.

During the focus group, we collaboratively designed a music therapy process that took place on June 20 2018. After the music ritual process, I conducted follow-up focus groups to reflect on the participants' experiences of the ritual. An intention of this research was to establish possible sensitive expressions of music therapy among baTonga. Even though I was seeking to find similarities and contrasts between masabe and music therapy as practised elsewhere in the world, I did not actively engage in this aspect of the study with the focus group participants, as I held a considered view that such a discussion might have been too farfetched for the participants. I could, however, interpretively conjure similarities and differences from the data that arose in the focus groups. Such interpretations, though tentative, would be considered as building blocks for the further development of culturally-sensitive music therapy among baTonga.

1.4 Research questions

In light of my aim to understand masabe more deeply and to use this knowledge to inform a music therapy process that could be culturally sensitive, this study was guided by the following research questions:

- i. What perceptions do the baTonga people of Mazabuka in Zambia have of masabe?
- ii. How could a music therapy process be designed for a group of baTonga people in a manner that is culturally sensitive, according to their understandings of music and healing?

- iii. What is the baTonga people's experience of the aforementioned music therapy process?

1.5 Overview of the dissertation

This chapter has provided some background and motivations for the study. I present the personal and social setting and the rationale of the study. The chapter reflects the challenges I faced, which led me to this self-discovering mission. In the following chapter, I will present a review of literature related to the current study. There are two parts to the chapter. The first part discusses critical theory and how it has impacted my thinking around musical engagement and research. The second part locates concepts of health and healing, mythology and ritual, musical healing rituals, community music therapy and music therapy in Africa. I reflect on the literature by summarising relevant previous research and motivate for this current study.

Chapter 1 provided an introduction to the study. Chapter 2 also provides the theoretical background to the study. The chapter also introduces the concepts of musical healing, masabe, music therapy and community music therapy by referring to relevant literature. Chapter 3 presents a description of the research process and the stages of the research process. Chapter 4 offers the findings of the study in detail, the process of data analysis and the emerging themes from the focus groups, as well as reflexive data from my field notes. In Chapter 5, I provide an integration of the findings with the theoretical framework and literature reviewed. Chapter 6 concludes the study by presenting a summary of the overall research, stating the limitations of the research and providing recommendations for future research.

CHAPTER 2: REVIEW OF LITERATURE

2.1 Introduction

In the first section of Chapter 2, I discuss critical theory as the underlying theoretical framework of the study. Elements of critical theory; decolonisation and culture-centeredness, anti-oppression, democratisation and ecosystems approaches, as well as the African perspectives and the meeting points with critical theory, are discussed. In the second section, I explore music in the life of baTonga; myth, rituals, musical healing, music therapy in Africa and community music therapy. Through these topics, I present the intersection of the African thought and critical theory.

2.2 Critical theory

Hook (2013:11) introduces critical theory as an orientation cutting across all disciplines. Collins (2013: 22) presents critical theory as an attitude; a bad attitude. Critical theory is subversive; it has a 'difficult' relationship with power and the mainstream. It entails the cumulative approach of orientations such as feminist theory, anti-oppression, anti-racism, LGBTQI³ rights movements and other approaches from marginalised groups. Critical theory concerns itself with power relations, ideological imperialism, politics of knowledge and subjectivity, inequalities, marginalisation and general patterns of power and privileges (Hook, 2013; Baines, 2012). Critical theory works to critique assumptions held by dominant cultures and recognises oppressive patterns in institutions, systems, societies and communities. It critiques the relationship between perpetual oppression and privilege. Structural and attitudinal intersectionality are exposed (Crenshaw, 1989:3).

2.2.1 Decolonisation and culture-centrism

Decolonisation has captured the imagination of colonised and previously colonised groups for many years (Chilisa, Khudu-Petersen & Major, 2017; Louis, 2007; Mbembe, 2015; Naude, 2019). Decolonisation is at once political, intellectual, emotional, economic and epistemological (Fanon, 1963). The decolonisation impetus is driven by the desire for the previously colonised to regain the agency to self-define. At the heart of decolonisation is the resistance to imperial Western ideologies. Decolonisation holds that there are many ways of existing. The idea of a Western understanding of selfhood is challenged. Geertz (1983) challenged the universality of the concept of person:

³ LGBTQI stands for Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex.

The Western conception of the person as a bounded, unique, more or less integrated motivational and cognitive universe, a dynamic centre of awareness, emotion, judgment, and action organized into a distinctive whole and set contrastively both against other such wholes and against its social and natural background, is, however incorrigible it may seem to us, a rather peculiar idea within the context of the world's cultures. Rather than attempting to place the experience of others within the framework of such a conception, which is what the extolled 'empathy' in fact usually comes down to, understanding them demands to set that conception aside and to see their experiences within the framework of their own idea of what selfhood is. (p. 59)

Geertz and Fanon began to challenge universal personhood at the same time as the decolonisation movements around the world were peaking. Hartman (1983) then wrote her famous disruptive editorial, *Many ways of knowing* wherein she penned, "This editor takes the positions that there are many truths and there are many ways of knowing. Each discovery contributes to our knowledge, and each way of knowing deepens our understanding and adds another dimension to our view of the world" (Hartman, 1983:3).

As an intellectual enterprise, decolonisation premiums local knowledge and indigenous meaning-making practices. Culture-centrism as decolonisation is the urgency of now (Chilisa et al., 2017, Mbembe, 2015). The voices demanding culture-sensitive learning and research are louder than ever before. Mbembe (2015:3) explains that this was the premise for the #FeesMustFall movements⁴ in South Africa in 2015/16. For decolonisation to happen, indigenisation must happen. Indigenisation seeks to decentre western paradigms and incorporate embodied indigenous knowledge systems (Chilisa et al., 2017:328). Indigenisation means that knowledge is developed in partnerships, and research in indigenous communities is conducted from their point of view.

2.2.2 Anti-oppressive practice

The anti-oppressive practise orientation acknowledges the damaging effects of oppression on people whether historical or prevailing. Oppression can be experienced as trauma, at either an individual or cultural level (Alexander, Eyerman, Giesen, Smelser & Sztompka, 2004; Andrew, Herk & Smith, 2010; Anisman, Bombay & Matheson, 2009). Anti-oppressive

⁴ #FeesMustFall is a student-led protest that began in mid-October 2015 in response to rising costs of South African universities' fees

practise has informed work in communities that have endured the effects of historical trauma and institutionalised marginalisation (Brave-Heart, 1985, 1995, 1998).

Burke and Harrison (2002:132) referred to the work of Clifford (1995:65) when they defined the anti-oppressive practise as a dynamic process sensitive to changing, complex patterns of social relations. It advocates for definitions of practice that are collaborative and responsive to the sensibilities of the clients. Clifford uses the term 'anti-oppressive':

To indicate an explicit evaluative position that constructs social divisions (especially 'race', class, gender, disability, sexual orientation and age) as matters of broad social structure, at the same time as being personal and organisational issues. It looks at the use and abuse of power not only in relation to individual or organisational behaviour, which may be overtly, covertly or indirectly racist, classist, sexist and so on, but also in relation to broader social structures, for example, the health, educational, political and economic, media and cultural systems and their routine provision of services and rewards for powerful groups at local as well as national and international levels. These factors impinge on people's life stories in unique ways that have to be understood in their socio-historical complexity. (p. 65)

Anti-oppression as critical orientation means working with a sensitive and critical awareness of:

Social difference. Race, gender, class, sexual preference, disability and age; religion, region, mental health and single parenthood; exist and interact with the major divisions, making the understanding and experience of oppression a complex matter;

Linking personal and political. Personal biographies are placed within a wider social context and the individual's life situation is viewed in relation to social systems such as the family, peer groups, organisations and communities;

Power. The social concept that can be seen to operate at the personal and structural levels and is influenced by social, cultural, economic and psychological factors;

Historical and geographical location. Individual life experiences and events are placed within a specific time and place so that these experiences are given meaning within the context of prevailing ideas, social facts and cultural differences; and

Reflexivity/mutual involvement. The continual consideration of how values, social difference and power affect the interactions between individuals. (Clifford, 1995)

A number of theories of music therapy have gradually employed critical theory and consequently operated from an anti-oppressive orientation. In their writing, theorists and

practitioners have described how they strove to identify and address power inequities in music therapy. The list includes therapists whose work is informed by Resource-Oriented Music Therapy (Rolvsgjold, 2006, 2010), Music-Centered Music Therapy (Aigen, 2005; Brandalise, 2009), Culture-Centered Music Therapy (Stige, 2002) and Community Music Therapy (Ansdell, 2002; Baines, 2000; Bunt, 1994; Kenny and Stige, 2002; Pavlicevic and Ansdell, 2004; Ruud, 1998; Stige and Aaro, 2012; Stige, 2002a, 2002b).

2.2.3 Democratisation

Democratisation focuses on the sharing of power. A key to democratisation is not moving everyone to the centre of power but towards the margins. Democratisation is a co-creation that involves more and different voices in creative and decision-making processes. Cea and Rimington (2017) offer a profound treat of democratisation, a co-creation they call *Breakout Innovation*. They point to five practices therein that speak of democratisation: sharing power; prioritising relationships; leveraging heterogeneity; legitimising all ways of knowing, and prototyping early and often.

According to Cea and Rimington (2017), sharing power means distributing the functions of decision-making, creation, implementation, and evaluation among the process participants, and dissolving once-rigid divides between expert and client. Prioritising relationships involves co-commitment to a common set of values and the empathetic hold of creative tensions between organic flexibility and a rigorous plan. About leveraging heterogeneity, Cea and Rimington wrote:

The importance of heterogeneity is partially explained by a mathematical principle: When a sufficiently large and diverse group of people is asked to make predictions or assessments independently, the errors each makes in coming up with an answer cancel each other out, leaving the most accurate information. However, if individual ideas are not also challenged, the group will not rise above the initial baseline of each individual's own thinking. Therefore, processes that blend independent engagement with collective reflection leverage heterogeneity most effectively and have the best chance of producing profound insights. (p. 36)

To legitimise all ways of knowing requires people to unlearn their expert bias. Cea and Rimington (2017:36) intimate that there is a growing acceptance of the value of “nonformal knowledge as well as the importance of the unconscious, intuitive, and embodied insights”. Cea and Rimington's final propositional practise is to prototype early and often;

affording participants the opportunity to share and test ideas at each step of the process, which creates a sense of ownership and agency (2017:37). When democratisation fails, people feel marginalised and disempowered.

Community Engagement has emerged as a democratising approach to working with communities. As a process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting their well-being, is viewed as a compelling mechanism for engendering environmental and behavioural changes that will enhance the well-being health of the community and its members. It is democratic because it is premised on partnerships and coalitions in gathering resources, and influencing systems, transforming relationships among partners, and catalysing change in policies, programmes and practises (Centre for Disease Control, 1997:9). As a resource-oriented approach, the community engagement model allows for collaborative agenda-setting, design and delivery, implementation of change, pragmatic ethical considerations, public buy-in, skills transfer and community resourcefulness.

Principles of Community Engagement (2nd Ed, 2011:45) proposes nine guidelines of practice clustered into three procedural segments; prior to beginning engagement, during engagement and evaluation. The principles cover broad practice areas of engagement and often address multiple issues, and among them is clarity of purposes or goals of engagement; knowledge about the community's culture; economic conditions; social networks; political and power structures; norms and values; demographic trends and history. Second is a willingness to learn about the community's perceptions of the community. Third, is to enter the community; establish relationships; build trust; work with formal and informal leadership, and seek commitment from community organisations and leaders to create processes for mobilising the community. Fourth is holding that collective self-determination as the responsibility and right for all community members. The fifth is collaboration; create partnerships for change and improvement. Sixth, recognise and respect diversity by identifying and mobilising community assets and strengths and by developing the community's capacity and resources to make decisions and take action. Finally, relinquish power and commit to the community for the long term (*Community Engagement*, 2011:46).

2.2.4 Ecosystems approach

Ecosystem is an amalgamation of two terms: 'Ecology' meaning the web of life (Wilber, 2000) and 'system' which refers to how the web functions. According to Abram (1996), we

experience ourselves in the web of life. That web is what Abram calls the *lifeworld*. Our experiences in that web are intersubjective. Thomashow (1995) evoked the idea of ecological identity, referring to the different ways people construe themselves in relation to the lifeworld as manifested in personality, values, actions, and sense of self. An ecosystems approach is a gestalt view of life; the whole is more than the sum of its parts. The word 'holon' was first used by Koestler in his book *The Ghost in the Machine* (1967:48) to refer to that which, being a whole in one context, is simultaneously a part in another. There is no one thing separate from something else. The ecosystems approach affords us a way of seeing ourselves intersubjectively. We are more than the sum of our parts.

Psychotherapy has made strides in working with an ecosystems view (Gomes, Kanner & Roszak 1995). Roszak (1933-2011) is credited with coining the term in his 1992 book, *The Voice of the Earth*, although a group of psychologists were independently using the term to describe their own work at the same time. Roszak, Gomes and Kanner later expanded the idea in the 1995 anthology *Ecopsychology*. Two other books were especially formative for the field, Paul Shepard's 1982 volume, *Nature and Madness*, which explored the effect that our ever-diminishing engagement with wild nature had upon human psychological development, and philosopher David Abram's *The Spell of the Sensuous: Perception and Language in a More-than-Human World*, published in 1996. The latter brings phenomenology to bear on ecological and ecopsychological issues, examining in detail the earthly dimensions of sensory experience, and disclosing the historical effect of formal writing systems upon the human experience of nature's agency, voice, and interiority.

Ecopsychology is the study of the relationship between human beings and the natural world through ecological and psychological principles. The field seeks to develop and understand ways of expanding the emotional connection between individuals and the natural world, thereby assisting individuals with developing sustainable lifestyles and remedying alienation from nature. Roszak (1992) realised that psychology needed ecology and that ecology needed the psyche. Parry (2016) opines that ecopsychology ought not just to be the study of the relationship between ecology and psychology, it needs to be a study in Nature:

It must be immediate, sensuous, and real. It needs to be taught, at least in part, if not wholly, in the natural world. ... It is not enough to intellectually realize that we are dependent upon the living elements for our life. ... it must be felt on a heart level. We must re-establish an actual relationship with the elements. (p. 229)

Baron (2007) explored the ecosystems approach for therapy in South Africa. Baron (2007:18) concludes that, whereas non-ecological approaches construe reality in terms of binaries of normal as opposed to abnormal, differentiating right from wrong, black and white; the eco-systemic view reveals integration. The ecosystem exhibits ecological enmeshment, flexible boundaries and inextricably expansive patterns. The ecosystems approach engenders respect; acknowledging that the client and therapist simultaneously perturb each other in therapy. Bruscia (2014) and Kenny (1985) are among music therapists that have explored music and music therapy as ecosystems. For example, Kenny (1985) wrote:

Music is no longer merely a metaphor to help us describe a phenomenon. Music, according to many physicists and systems theorists, is the way things are. Music is. Music is what happens when things are created, when things become what they are, and particularly when things change. Music helps us come home to the natural rhythms and patterns of our being so that we can change. This switch has occurred in the transition between describing the world as static and describing the world as dynamic. (p. 5)

Kenny (1985) concluded her explorations of the systems approach in music thus:

Music is the expressive connective tissue guiding us into wholeness. It is not only a metaphor but a living model which resonates the deep truth and beauty contained in the phenomenon of wholeness. When a whole systems model works, it becomes more than an abstract phenomenon. It becomes a vehicle for the development of wholeness. When a systems model works, there is a qualitative change in the atmosphere, in the field, which creates an energy flow of expansion. Participants in the living model are able to absorb particular bits of information and also participate in an action, a developmental process, in which the combination of theory and practice become a life-producing phenomenon – an act of creation. (p. 9)

2.2.5 African perspectives

African perspectives, like other critical theories, attempt to decentre the dominance of the Euro-American knowledge system. Mkhize (2013) explains that the urgency of decolonisation makes the need for an African perspective in psychology, and other disciplines, appropriate. He clarifies that an African approach is not an anti-Euro-American orientation. It is an effort at the centre of the African ways, that recognises the oppression of African knowledge systems. These systems hold an African metaphysical system; an elemental cosmology. This perspective concerns itself with embracing how Africa sees

herself. Mkhize discusses elements of being; a hierarchy of beings, different levels of being, ancestry, cosmic unity, communal life and personhood, as well as dynamism.

An African perspective allows for the African, and that in being African, to own oneself and for “seeing ourselves clearly in relation to ourselves and to other-selves in the universe” (wa Thiong’o, 1981:87). This calls for reflexive, respectful and sensitive engagement with people. The philosophy of ‘buntu’ is central – a way of being that acknowledges the intricate connections in relationships; emotional, intellectual, psychological, mythological, ritualistic, social and mystical. All existence is one. An African perspective, according to Mkhize (2014), brings all the different ways of being to the knowledge dialogue.

2.2.6 Intersectionality

The elements of critical theory are informed by the experience of oppression and marginalisation. More than that, they create a world where no one is left behind. The meeting points seem intersectional. Intersectionality, as a paradigm of working with marginalised people, attempts to account for overlapping and interrelated dimensions of individuals’ identities and their historical and time-contingent nature that contribute to experiences of being (Andrew, Herk & Smith, 2010). Crenshaw (1985, 1995) worked with the paradigm of intersectionality after realising that no one approach has answers for all forms of oppression. Intersectionality reminds us that “the ways in which identities intersect and oppressions interlock are fluid and varied because the meanings that are ascribed to identity categories and the power afforded or denied to specific groups are based on the specific sociocultural context in which these social processes occurs” (Hulko, 2009:52).

Community engagement as a working model attends to the desire for decolonisation which focuses on liberation, democratisation and participation. The anti-oppressive approach centres around power relations and the ecosystems path is concerned about the interconnected of all beings. The Africa perspective focuses on critically de-centring Western views. I have become aware of the intersectionality of working with people who have experienced oppression. I, therefore, elected to work with a community engagement model considering its principles and benefits, and how it incorporates critical theories as discussed. I was aware of the advocacy and emancipatory import of the research.

2.3 Music in the life of baTonga

In 1946, Elizabeth Colson was recruited by the Rhodes-Livingstone Institute to carry out ethnographic research on baTonga and their role in cash-crop maize farming in Zambia's Southern Province (Colson, 1949, 1951). Colson and Scudder (1956) initiated The Gwembe Tonga Research Project (GTRP) as a 'before and after' study of the impacts of large-scale development, in this case, the building of Kariba Dam on the Zambezi River, the subsequent flooding of the Middle Zambezi Valley and the relocation of approximately 57,000 Gwembe baTonga (Colson, 1960, 1971; Scudder, 1962). In addition to being one of very few longitudinal studies in the social sciences in general, the GTRP is the longest continuing and most systematic long-term study in Africa and is particularly remarkable in that it has followed a population that dispersed beyond the original study sites to urban and frontier destinations (Scudder, et al., 1977; Van Kemper, et al., 2002). The study addresses issues endemic throughout Africa and elsewhere in its examination of community and individual continuity and change.

GTRP examined topics as far ranging as social and cultural repercussions of large-scale development (Colson, 1960, 1967, 1971, 1987; Scudder, 1966, 1981, 1993); local entrepreneurship and economic development (Colson, 1985; Scudder, 1960, 1972a, 1972b); indigenous religion (Colson, 1966, 1969, 1970, 1977, 2000); political change (Colson, 1976, 1995, 1996); gender and development (Colson, 1999); ecology and environmental change (Scudder, 1962, 1972a, 1972b; Petit, et al., 2001); agriculture and natural resource use (Unruh, et al., 2005; Cliggett, 2001a, 2001b, 2002b; Colson, 1963, 1979; Scudder, 1969, 1971, 1983, 1984); the role of education in social change (Scudder, et al., 1980); growth and development (Crooks, et al., 2007; Gillett et al., 2001); and demographic change (Clark, et al., 1995, 2001). Colson and Scudder's research, spanning 60 years, continues to offer a profound resource for current research in the buTonga region.

Of Colson's many publications, *Tonga Religious Life in the Twentieth Century*, published in 2006, became a reflection of her life-long study of baTonga. She presents baTonga as people who have a unique appreciation of rituals, which form a large part of their lives. Health and well-being are understood within the context of their community. Music forms a unique thread on which baTonga walk their lives. Even though Colson's work did not focus on the role of music in the life of baTonga, she writes of rituals that employ music, such as masabe and rain-shrine dances (Colson, 1948). Writing about social control and vengeance in plateau baTonga, Colson (1953) suggested that while baTonga have no obvious political

institutions concerned in the maintenance of order, they seem to unite when there is a calamity around ritual.

Other luminaries of baTonga scholarship were Desmond Clark, Sam J. Lee, and Thayer Scudder who published *Ten Thousand Tonga: A Longitudinal Anthropological Study from Southern Zambia, 1956-1991* with Colson in 1995. Colson, et al. narrated the changes they saw in their shared visits to various baTonga communities. It is from such scholars as these that detailed understandings of the social, aesthetic, cosmological, political, nutritional and ecological factors of buTonga emerge.

Tonga Timeline (Cligget & Bond, 2013) is a compendium of articles written by more recent scholars – predominantly Zambians, Zimbabweans or researchers of European descent with a long presence among baTonga. The articles were thought to be the first steps in promoting some of the knowledge base produced by African (and African-based) scholars on buTonga.

In all the studies I reviewed, the detailed reflections on the various aspects of baTonga's lives do not focus on the ubiquitous role that music plays among baTonga. I was curious about its absence in formal research thus far. All the studies discuss music peripherally referring to its use in ritual. Ridington (on Kenny, 1984:7) surmises that music is a doorway to ritual space although not every person is able to go through it or recognise the place to which it leads. We could awake to that recollection as the music takes us through instantly. I am aware of how baTonga make music for music's sake.

American and foremost indigenous music therapist researcher and theorist Carolyn Kenny (1985) invites music therapists to think of music not as simply a metaphor helping characterise phenomena. Music embodies being; music is. Kenny (1985) also writes:

Music is what happens when things are created, when things become what they are, and particularly when things change. Music helps us come home to the natural rhythms and patterns of our being so that we can change. This switch has occurred in the transition between describing the world as static and describing the world as dynamic. (p. 5)

2.4 Myth, rituals and musical healing

To understand healing rituals and music, it is valuable to consider some phenomena separately and contextually before discussing them in relation to one another. This section, therefore, examines myth, ritual and musical healing.

2.4.1 Myth

According to Moore (1992:224), ritual and myth are historically seen as functioning in tandem. I, however, think it is logical to focus on myth before moving on to ritual. Every community of people has its stories of deities and associated rites. Myths present a cosmology (Moore, 1992). The people's sacred stories are set in a time and place beyond the limitation of their tribal time-space boundary. These stories describe, in fictional form, the fundamental truths of nature and human life (Moore, 1992:220). Myths feed into our need to know and make sense of the world and attempt to explain to us how things came to be. According to Berry (1988), peoples' story of the universe and the human role in the universe is their primary source of intelligibility and value. Berry further writes:

Only through this story of how the universe came to be in the beginning and how it came to be as it is, does a person come to appreciate the meaning of life or to derive the psychic energy needed to deal effectively with those crisis moments that occur in the life of the individual and in the life of the society. Such a story is the basis of ritual initiations throughout the world. It communicates the most sacred of mysteries. (p. xi).

In a similar way, Abram (1997) in his profound work, *The Spell of the Sensuous* presents myths as stories and that in their layers of narrative those stories contain:

the sedimented knowledge accumulated by our progenitors. To hear a story told and retold in one's childhood, and to recount that tale in turn when one has earned the right to do so (now inflected by the patterns of one's own experience and the rhythms of one's own voice), is to actively preserve the coherence of one's culture. The practical knowledge, the moral patterns and social taboos, and indeed the very language or manner of speech of any nonwriting culture maintain themselves primarily through narrative chants, myths, legends and trickster tales-that is through the telling of stories. (p. 181)

Such stories contain in them the potency of mysticism. Jean Houston (1987:91), an eminent mythologist and sacred psychologist, has worked with myth and story worldwide and maintains that a profound story bolsters and embodies emotional attitudes, provides life purposes and enlivens everyday acts. Great Story offers both meaning and momentum, and everything coheres when a deeper story is present. Houston suggests that we all need a Great Story. Great Story, she writes, "contains a rich mythopoetic language whose power propels us beyond the personal-particular focus of the local life toward that realm I call the personal-universal," comprising historical, legendary, mythical, ritualistic and archetypal images (Houston, 1987:93). Houston further states that engaging in Great Story produces an intense

force, which in turn produces a mutation in consciousness. “You become who you really are – and you know it.”

Houston writes that stories are living and dynamic; and exist to be exchanged. They are the currency of human growth and must be told and retold, heard and reheard to reveal their meaning. Story changes in exchange, and it too changes the hearer or the teller. Mythopoetic language speaks to the senses. Stories have mythological value, and myths are enactments of stories. Myths help in explaining a certain aspect of culture that the people concerned practice or engage in. According to Houston (1987,101), “myth is something that never was but is always happening”.

Joseph Campbell (2008), a considerable collaborator with Houston and a leading mythologist and storyteller of the 20th century stated aptly that myth is:

The secret opening through which the inexhaustible energies of the cosmos pour into human cultural manifestation. Religions, philosophies, arts, the social forms of primitive and historic man (sic), prime discoveries in science and technology, the very dreams that blister sleep, boil up from the basic, magic ring of myth.

The wonder is that the characteristic efficacy to touch and inspire deep creative centres dwells in the smallest nursery fairy tale-as the flavour of the ocean is contained in a droplet or the whole mystery of life within the egg of a flea. For the symbols of mythology are not manufactured; they cannot be ordered, invented, or permanently suppressed. They are spontaneous productions of the psyche and each bears within it, undamaged, the germ power of its source. (p.1)

In *Myths of Light: Eastern Metaphors of the Eternal*, Campbell (2003:xvii) states that myths do not belong properly to the rational mind, “rather they bubble up from deep in the wells of what Carl Jung calls the collective unconscious”. In *The Power of Myth*, a conversation with Bill Moyers, Campbell spoke of the four functions of myth thus:

Mystical function. Myth affords a sense of awe before the mystery, opens the world to the dimension of mystery, and to the realisation of the mystery that underlies all forms. Mystery is manifest through all things, the universe becomes, as it were, a holy picture. Myth exposes us to the transcendent mystery through the conditions of our actual world.

Cosmological function. Myth shows the mystical and transcendent nature of sensuous reality. Myth, in this dimension, exhorts the role of the scientist and their capacity to tell stories.

Sociological function. Myth serves in supporting and validating a certain social order. Such myths vary enormously from place to place. This is the function that is prevalent in the world.

Pedagogical function. Myth can teach us how to be alive regardless of circumstance.

Pinkola-Estés (2008) leverages on the pedagogical function of myth to present her most beautiful write, *Women who Run with the Wolves*. She postulates, “A woman’s issues of soul cannot be treated by carving her into a more acceptable form as defined by an unconscious culture, nor can she be bent into a more intellectually acceptable shape by those who claim to be the sole bearers of consciousness” (Pinkola-Estés, 2008:4). She posits that myths contained in fairy tales and stories offer understandings which sharpen “insight so that we can pick out and pick up the path left by the wildish nature”. Pedagogically, stories reassure us that the path has not run out and lead people deeper into their own knowing.

Vanisa (1965:157) views the notion of myth based on the subject they refer to; myth could form stories that pattern the relations between the natural and the supernatural and are concerned with the part of the mystical that lies beyond the moral order. He explains that they seek to explain the world, culture and society in terms of mystical causes.

Myths speak of a vision of life that is fixed at a specific time, yet is timeless in that the truths they convey can be seen in any age and race (Beer, 1990:35). This truth is “spoken through a singular voice yet tells of a sentiment held by many” (Beer, 1990:35).

There seems to be no distinction in the thinking around myth between the African and western perspective. For instance, writing about African cosmology, Oruka (1972:9) defines myths as traditional tales of a people, gods, nature and the universe as they know it. Bolaji Idowu (1976:84) describes myth as a vehicle conveying a certain truth about human experience and encounter with the created order in relation to the supra-sensible world. According to Afigbo (1997:122), myth explains historical institutions and development by appealing to non-historic factors and forces such as stories that perceive the supernatural acting at times through the agency of the human, at times through the agency of the lower animals and other times even through the agency of inanimate object, as the original and continuing cause of motion in a society”. Within the African context, myths are stories passed on from one generation to another, whose telling is not limited to facts (Okpewho 1983,1).

Houston (1987), Campbell (1977) and Abram (1996) have discussed the dearth of healthy myth in modern day societies. Houston writes, “the limiting of our stories, by ourselves or by other, inevitably has tragic consequences. What is any kind of illness, mental or physical, but a limiting story?” (Houston, 1987: 98). The tragedies Houston refers to, are reflected in what

Moore (1982) posits as the great malady of the twentieth century; loss of soul. A neglected soul, according to Moore, appears symptomatically in obsessions, addictions, violence and loss of meaning. In her 1982 work, *The Possible Human*, Houston attributes the resistance to myth to the cultural emphasis left-hemisphere learning paradigm with its insistence on time and order. The empathic knowing of native cultures are tagged primitive and naively anthropomorphic. We insist on objectivity as the only basis of knowing. The cultural acceptance of measurable objects as representative of reality leaves us in a morass.

2.4.2 Rituals

Rituals are a feature of individual and collective life and living. According to Beer (1990:36), a ritual is the “act of bringing the myth to life, of bringing it into a direct context: the present”. Beer further states that without ritual, the myth would remain static, meaningful only to those who created the myth in a specific context.

In his article *Ritual and the Definition of Space*, Quinn (1973:103) tells us that “Ritual is a recognizable and repeatable form of activity within which innovation is possible”. The term ‘ritual’ usually refers to activities in ancient systems that maintained a more intimate earth connection and thus reflected more clearly the principles of whole systems. Houston (1987) suggests that the origin of the word ritual is the Sanskrit ‘rita’, which refers to both art and order. She writes, “ritual provides organic order, a pattern of dynamic expression through which the energy of an event or series of events can flow in an evolutionary process toward larger meaning or a new stage or level of life” (Houston, 1987:42). Ritual provides ways in which transitions are illuminated. Houston proposes that when rituals occur in a time and space that are prepared and understood as sacred, they have the power to move an individual to the next stage of their life journey.

In elemental cultures, the part played by the arts in everyday life is an indication of the importance placed on these forms for both preventive and curative balances in wholeness. Kenny (1984) believed that in some of these cultures an aesthetic is not only maintained but celebrated in everyday activity. Moore (1992:225) holds that rituals are ordinary repeated actions that carry conscious or unconscious meaning for the practitioner. Rituals could be actions that a person performs regularly like celebrating holidays or marking birthdays (Imber-Black, 1999, 1998, 1993, 1992; Imber-Black & Roberts, 1998; Roberts, 1988). When used intentionally these ordinary actions have the potential to shift a person’s consciousness.

Humans have always used a ritual to enact their search for, or expression of, inner truth. Most rituals are accompanied by symbols. These symbols may be objects from nature, sounds and colours. Ritual can be created through the human body (Houston, 1987:43). By imbuing gesture, the human body becomes a symbol, which as a symbol, could produce sounds such as mantras, incantations and affirmations that may be used in ritual. Among BaTonga, music is a perennial ingredient in sacred ritual. Music can, therefore, be experienced as a ritual and it can be used in ritual. Music therapy for Kenny (1989; 2006) is a ritual. As ritual music therapy provides containment, stability and support.

Bone (2016) writes that rituals motivate and move us. Through ritual, we build families and community, make transitions and mark important events in our lives, express ourselves in joy and sorrow, and perhaps, most importantly, create and sustain identity. The exercise of ritual is an essential part of the human condition that remains with us today; it functions as a reminder to us of what we value most.

Kenny, in her quest to deepen music therapy practice, explored the nature and function of ritual in human life, and how music therapy could be designed and experienced as a ritual. She wrote that because the myth is a sacred story, the associated ritual assumes the sacred elements of the myth. She defines ritual as an interplay with “a particular state of consciousness to create a feeling of existential time, so that all which can emerge, does emerge, given the conditions in the field” (Kenny, 2006:6). The repetitive patterns of ritual bring us into a particular state of consciousness. Once we experience ritual space, our consciousness begins to fly into another open space—a space of innovation and play of new patterns of existence, a place of dreams and songs and new healing images of all kinds, metaphors, new behaviours, new feelings and thoughts. Ritual is an action that speaks to the mind and heart and might not make literal sense in ordinary contexts (Moore, 1992:225).

Bone further indicates that ancient ancestors used the bond of ritual to create ties of kinship necessary for survival in a world rife with dangers. Ritual forms considerable framework and ranking that aids do characterise localisation (Bone, 2016). Rituals are not static. They are ever new and yet ever familiar. They hold at once the comfort and safety of the familiar and the thrill and motivation of the new. Ancient rituals were continually absorbed into new forms. Leaders understood that communal identity was created and consolidated through shared experiences. Hence the ritual of ceremonies.

Messenger (2008) opines that even when there has been a move away from religious ceremonies in some parts of the world, people need a ritual to mark major points in their life. In addition, Messenger suggests that ceremonies are the elucidation of culture. Ceremonies expose and spawn love, produce and declare interpersonal bonds and engender community identity. Ceremonies can be joyous or sorrowful occasions; they afford a sense of shared joy or grief. For instance, funerals, aid to deal with a deep sense of loss, yet a ceremonial farewell allows sharing grief. Gathering together for ceremonial rituals also connects us to our history.

Rituals punctuate human life from conception to beyond death. Davies (1994:9) posits that the whole of human life is marked by change. Babies are conceived, born, grow, mature, produce offspring and die, all as a biological fact of life. Special actions that mark such events could be understood as rituals (Colson, 2006:9). Such changes in life are ascribed with some value and are interpreted through communal celebrations of a sort. The celebrations create and afford participants “closed and contained spaces” (Kenny, 2014:6).

Genep (1908:11) was the first to use the expression ‘rites of passage’. He proposed to call the rites of separation from the previous world, *pre-liminal* rites; those executed during the transitional stage, *liminal*⁵ rites; and the ceremonies of incorporation into the new world, *post-liminal* rites. These mirror the three major transitions of Campbell’s (2004:28) *Hero’s Journey*: “The standard path of the mythological adventure of the hero is a magnification of the formula represented in the rites of passage: *separation—initiation—return*: which might be named the nuclear unit of the monomyth”.

Mekada (1999:258) points to rituals that celebrate the interconnectedness of all things; the spiritual nature of human beings; collective individual identity; the collective/inclusive nature of family structure; the oneness of mind, body and spirit; and the value of interpersonal relationships. Rituals in Africa are widely reported (Thabede, 2008:242), and in most African communities have endured against all the adversity of colonialism. Some of the common themes that characterise African ritual are cosmology (seasons, sun, moon and other astral elements), rites of passage, forms of marriage, music and dance. Rites of passage afford people of the community a sense of being noticed, consequently, belonging. Hammond-Tooke (1972) suggests that African ritualise ancestors, mating and fertility.

⁵ In Latin *limen* means threshold.

To emphasise the function of rites and ritual to engender a sense of belonging, referring to Australian youth today, Messenger (2008:2) believes that, “Many young people feel they are on their own, they don’t belong, they are not supported. The reason? That the community has never told them that they belong – in the serious way known as a ceremony”. Coming-of-age rituals are particularly powerful in creating an identity, as they signify the move away from childhood and into adulthood. There is a sense of before and after, that life has been touched by the experience and given a deeper meaning. The more intense the experience, the greater the bond created – which is why sharing traumatic initiation rites is believed to strengthen community ties.

While communal rituals give us the comfort of familiarity, solidarity and shared experience, personal rituals create a feeling of connection. According to psychiatrist and author, Brenner (2007:14), “The simple act of participating actively in our own lives is a giant step toward taking back personal responsibility for how we choose to live, with who we choose to share our experiences and for how we choose to define ourselves in our community and in our world”.

2.4.3 Conceptions of health and healing

The ever-evolving understanding of health is exemplified by the continuing redefinition of health by the World Health Organisation (WHO). Whereas in 1948, the WHO constitution characterised health as not simply the absence of disease or infirmity but a state of total physical, mental and social well-being, WHO (2010) currently understands health as a complex phenomenon that can be approached from many angles. Over the past few decades, the global conversation on health has swung between approaches relying narrowly on the medical model, technology-based public health interventions and an understanding of health as a social phenomenon, requiring more complex forms of intersectoral policy action, and always associated with justice agenda (World Health Organisation, 2010:9).

This working definition of health is consistent with that of Blaxter’s (2004). She explored the multiple definitions of health and the challenge of not having a common understanding of the concept. Health must be more than just the absence of illness and disease; it is homeostasis, a function and state of being. While ill-health, according to Blaxter (2004:25), may involve disease, illness, sickness, suffering, physical or mental malfunctioning or trauma, or a combination thereof, health as a balance is not a static form of being. In understanding health, we must hold the tension of its experience and its social construction

(Blaxter, 2004:30). The WHO's (2010) invites everyone to see health through three main theoretical directions: psychosocial approaches; the social production of disease/political economy of health; and eco-social theory. The three directions are not mutually exclusive.

While health is understood to affect the physical body, there are metaphysical considerations to be made that influence a people's sense of balance (Mkhize, 2013). In Mkhize's discussion of the African perspectives in psychology, he juxtaposes the Western individual-centred knowledge system and the collectivist approach that appears in African cultures. He emphasises the need to consider the influences of worldviews in establishing responses in the healthcare sector. Mkhize seems to be aware of the impact of colonialism on the health or lack thereof among peoples. Cultural colonialism is the term he uses to refer to the top-down transfer of knowledge, ideas, values and practices from developed to developing communities (Mkhize 2013, 25).

Alexander, Eyerman, Giesen, Smelser and Sztompka propose cultural trauma theory (2004). Cultural trauma, according to Alexander, et al., occurs when "members of a collectivity feel they have been subjected to horrendous events that leave indelible marks on their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways" (Alexander, et al 2004:1). Halloran and Salzman (2004) too, have explored cultural trauma suggesting that cultural trauma is the desecration of a people's worldview they have faith in. Such a worldview functions as a buffer providing self-esteem and the conviction that one is of value in a meaningful world. The disruption of culture, which serves as a psychological defence against anxiety would subject people to unmediated existential terror. The violence of colonialism emanates from the decimation of a people's mythos. Houston writes that when one's ideology; religious, political, psychological, or economic, imposes its limited story on another culture, the culture is maimed and even decimated (Houston 1987: 99).

Cultural trauma left in its wake the legacy of what researchers such as Altschul, Brave-Heart, Chase and Elkins (2011), Brave-Heart (1998, 1999a, 1999b, 2000, 2001a, 2001b, 2003), Brave-Heart, Duran, Duran and Horse-Davis (1998), Cort, Danzer, Rieger and Schubmehl (2016), Fast and Nutton (2015) and Sotero (2006) have called historical trauma. Historical trauma has been defined as cumulative emotions and psychological wounding across generations, including the lifespan, which emanates from massive group trauma (Brave-Heart 2003, 1998). The trauma would be as a result of the subjugation maintained

through violence, hateful mythology and the creation of social, political and religious systems that revolve around the deterministic and totalitarian racism and discrimination. Cultural colonialism does not only alienate the colonised from their political organisation; it usurps a people's agency in determining for themselves what health means, and in the absence of it, formulating appropriate responses to it. That usurpation of the agency is evident in the people experiencing shame and silencing (Cort, et al., 2016).

From the African perspective, Mkhize (2013) presents cases where local knowledge systems and mythologies have been overlooked in designing healthcare systems and how such establishments fail to meet the health needs of the people. Any meaningful response to the absence of well-being ought to take cognisance of local knowledge systems with their underlying mythologies and ritual. According to Brave-Heart, et al. (2011:282), such meaningful responses must recognise historical and cultural contextual factors and allow for traditional healing approaches. Mkhize and Brave-Heart, among other indigenous scholars, clinicians and prevention specialists, encourage the incorporation of indigenous customs and traditional healing approaches when developing responses. Some cultural features that inform response design include a focus on collectivist culture, indirect communication styles, focus on harmony and balance, shared traditional beliefs in the existence of animal spirits and attachment to all creation. Thus, a response must be developed in collaboration with the concerned community.

Concepts of health are in the process of decolonisation. The decolonisation project began to mumble at the turn of the century, with scattered voices that include Chilisa, Khudu-Petersen and Major (2017), Hartman (1990), Mbembe (2015), Ngugi wa Thiong'o (1991), Smith (1999), Thabede (2008), and Wilson (2001). Much of the work of these scholars are from historically marginalised communities or from political minority or oppressed groups. Their work is tied to their struggles (Luke, 2005: xiv). Luke holds that such endeavours are not just an unproblematic matter of 'voice'; of speaking from and of a specific historical and cultural location; of establishing a psychic and political identity; but a matter of determining which theories have explanatory power over local contexts – which principles and theories matter. Louis (2007) calls out the active or passive silencing of indigenous knowledge systems in *Can You Hear Us Now?*. While her focus is research on indigenous people, her work is salient to defining health concepts. Indigenous people continue to live with the risk of misrepresentation, misinterpretation, fragmentation, mystification, commodification, and

simplification of their knowledge systems. Louis (2007) offers and describes in detail four principles that must inform engagement with marginalised groups: relational accountability, respectful representation, reciprocal appropriation and rights and regulation.

2.4.3.1 BaTonga's conceptions of health

There appears to be a functional corpus of literature focusing on health among baTonga. Functional because most of it is associated with times of epidemics. The proliferation of studies that seek to understand the effects of customary practices and cultural behaviours on HIV/Aids are such examples (Malungo, 2013; Sikwibele, 2013). These studies tend to focus on dysfunctional customs. Malungo (1999, 2000, 2001) focused on marriage, sexual behaviour and sexual cleaning in the era of HIV/Aids. Baylies and Bujra (2000) followed a similar trend. Sikwibele (2010), Bujra (2002) and Jackson (2002) evaluated the impact of cultural behaviours on health in the times of HIV/Aids.

Using pre-existing explanatory systems, Gauset (1998:1) takes a broader view of baTonga. Rather than focusing on isolated behaviours, he seeks to understand the full picture of how health is conceptualised and analyses the changing meaning of disease among baTonga of Zambia. Gauset discusses the impact of 'modernity' on the traditional medical system, and analyses how elements of Christianity and the western medical system were adopted, transformed and redefined in terms of the pre-existing religious and medical structures. He acknowledges that while there was a confrontation between modern and traditional medical systems, that confrontation never resulted in a complete collapse of the traditional systems.

Against earlier predictions that there would be the total annihilation of traditional beliefs and customs, Gauset (1998:4) states that baTonga are an example of cultural resilience. He instances baTonga holding on to religious beliefs and practices; the system of matrilineal descent; their values and norms; as well as their, albeit seeming decentralised, family and village organisation. He acknowledges that however problematic, the African and Western worlds have co-existed and, in some cases, complemented each other. Gauset (1998) also states that new beliefs and medical systems did not replace the existing ones but were instead given a special (and limited) place within them. Some theorist would, however, argue that there are cases where traditional systems were relegated to incognito (Mkhize, 2013).

According to Gauset (1998:10), baTonga classify disease in two main categories: the diseases of black people (*bwa cintu*) and the diseases of white people (*bwa cikuwa*). Diseases

of the white people are said to come from God (*Leza*), or to be ‘natural diseases’ and their origins are indeterminable. *Bulwazi bwa cikuwa* have no moral implications and can easily be explained by Western medicine in the language of germs, viruses, hygiene, etc. *Malwazi a cintu*, on the other hand, cannot be treated in hospitals, are not contracted by chance and they always have a metaphysical element to them. Gauset states that *malwazi a cintu* are distinguished in two categories: diseases that come from a sorcerer (*mulozi*) and diseases that come from possession (*kunjilwa*).

Victims of sorcery do not suffer from specific or easily recognisable symptoms, so when somebody becomes ill, it is difficult to determine whether the disease is natural or *mbulowe* (sorcery). Gauset (1998:11) writes that sorcerers can disguise the illnesses of their victims as *bulwazi bwa cikuwa*. *Bulowe* (disease by sorcery) thus appear to be a natural disease (malaria or fever) but when the victim uses Western healing interventions, their condition might not improve. Gauset (1998:12) reports that “people say that Western medicines treat the symptoms, but not the cause of the disease”. He further writes that only traditional healers can identify sorcery, either through divination, through dreams, or with the help of spirits and can then treat their patients with the appropriate remedies.

2.4.4 Musical healing

Music has long been associated with healing potential (Umezinwa, 2013:1). Ansdell (2013), an accomplished music therapist and theorist, ascribes the professionalised territorialism of the music-health link to mid-20th Century popular revival. He believes that a variety of social, cultural and political factors place music as therapy discretely detachable from music as entertainment, education or personal passion. Music therapy in its early days was perceived to be for the sick and needy (Ansdell, 2013:5). Further, Ansdell (2013:6), also presented the disadvantages of the professional sequestration of ‘music therapy’. He reflects on the pressure exerted on the burgeoning specialisation by the legitimisation drive of the 20th-century. The music therapy profession was lured into the pursuit of theoretical and practice schedules founded more on therapy than music. Because its formulations of music and health were chiefly in relation to pathology and exclusive cases the extensive landscape of how music helps the mass of people in most places of the world stayed markedly under-researched and under-theorised

Ansdell (2013:4) writes that the knowledge and practice of musical healing were perennially understood in varied ways and across generations. He holds that musical healing

has and still is so appreciated that its ubiquity carries the risk of being lost in some contexts. The pervasiveness of musical healing in human community places it either at the centre or the peripheries of the community consciousness. The link between music and health is diversely explicated depending on the cultural, religious and social contexts, and the overt function of music in each community (Ansdell, 2013:4).

In *Dancing the Drama*, Stige (2008) weighs in on the debate of music and healing in cultural contexts. He believed that traditional rituals have been studied with only limited comparison to modern health care practices and modern music therapy. He suggests that it is in the interest of music therapy to hold space for the hospitality of knowledge and argues: “While it is obvious that a medical doctor knows many things that a traditional healer does not know, it is not equally obvious that a physician knows *more* than a local healer. They know different things” (Stige, 2008:158). Stige proposes a collaborative approach to musical healing. He acknowledges the contributions of music therapists advocating for working closely with traditional healers (Kenny, 1982, 2006 & Moreno, 1988, 1995). Traditional healing rituals are not at odds with Western medical practices (Stige, 2005). They could, in fact, exist in networks of complex relationships. There is rising clarity around music therapists not being “alone in working with music and health” (Stige, 2008:166). Musical healing rituals as culturally occurring in various traditional communities revolve around social roles and statuses of the chronically possessed, whether these roles identify as mediums, shamans, or prophets (Lewis 1966:2). The growing acknowledgement of the complexity of the spaces music therapist work in has invited exploration into ways of working with community traditional healers. For instance, in South Africa, health authorities recognise the input of traditional healers in health. The traditional healers are increasingly influencing the development of music therapy (Pavlicevic & Ansdell, 2004).

In traditional Africa, music and dance have been used as media of healing. Several authors have documented this, for example, Thram (1999) studied the therapeutic efficacy of Dandanda song and dance; Penniman researched healing through dance over generations (2002); Wilson studied the healing ceremonies of the Ashanti people of Ghana (2004); and Mutunda (2008) wrote *The Healing Narratives: Therapeutic Potential of Traditional Lunda Poetry*. Nzewi (2006) wrote about the primacy of inducing a healthy mind of an African musical arts creation or performance practice. Deliberate musical structures and instrumental

ambience are rationalised to produce desired effects on the mind and, and thereby the body as well, of human persons, and sometimes animals. The healing capacity of musical participation depends in particular or in general, on considered shifts of sound fundamentals within an ambient environment (Nzewi, 2006:1).

Janzen (1995, 1991) writes about the ritual institution of *ngoma* in Central and southern Africa. Ngoma is the term for drum, as well as drumming in particular, and music in general. Janzen, in his explorative work into ngoma, finds that ngoma serves as a misfortune management institution (1995:142). He attempts to understand the unitary and diverse manifestations of the institution of ngoma. He observes and describes the work of two diviners. Janzen (1995:146) points to ngoma working in cases where there are trails of pervasive personal anxieties about work and career, traces of class conflict, the vulnerability of family relationships, the pressures of life in a capitalistic economy, the raw and destructive edges of wage labour. These cases reflect the psychopathologies resulting from external causes, or from endogenous psychodynamic forces. The efficacy of the ritual of ngoma in dealing with these issues is determined by it being situated within its community of practitioners. During ngoma, the complaints would become stories or personal testimonials, repeated through song-dances composed with the sangoma. Ngoma is also done during transitional events. These are events like funerals and various rites of passage. Doing ngoma during transitional events, relevant issues are bolstered through the evocation of dreams, anxieties, prayers and aspirations (Janzen, 1995:147).

Earlier, Janzen (1991) elaborated on ngoma, the therapeutic ritual, and how its setting opened with a declarative statement, prayer, or utterance, followed by a song started by the one who made the statement; as the call was developed, the surrounding individuals responded with clapping and soon singing began *en masse*, and then the instruments joined in. Ngoma, according to Janzen (1991:291), both in content and structure brings together the disparate patterns of an individual's life and weaves them into a meaningful fabric.

Buren (2009) presents a report exploring the use of music in Nairobi, Kenya. He delivers scholarly literature reflecting on the efficacy of music in communicating messages and promoting social change. He focuses on the work of Nairobi-based Ugandan artist Edward Kabuye that exposes Kabuye's approach to life: his creative thinking, his desire to address the problems facing the communities in which he lives, and his resilience amidst myriad challenges.

From Eastern Tajikistan, Koen (2006, 2013) presents the treatment of stress and depression with music. In *Medical Ethnomusicology in the Pamir Mountain: Music and Prayer in healing* (2005), Koen discusses landscapes, soundscapes and lifestyles of the people dwelling in the area. He revealed their aetiology of disease as being rooted in the physical, mental, emotional, or spiritual dimensions of human life. Health and healing, therefore, are influenced by their aetiology of disease. Among the varied suitable remedies for the recovery of health, Koen includes the use of music and prayer for attending to ailments of a metaphysical nature. Music for Pamiris could be used alone or in combination with other methods of healing (Koen, 2013:6).

Tillman (2016) evaluates music and well-being and how music defined humanity and formed community during the European middle ages. Clark, Geurin, and Tedmanso (2011) review literature exploring the contribution of country, spirituality, music and arts to indigenous mental health and well-being in Australia. Engaging in music could lead to employment, and access to economic and social resources that in turn allow the achievement of goals not otherwise attainable. Engaging in music changes the social context. From America, Iyer (2002) presents an analysis of how music functions to elicit responses that are not just restricted to the body. Iyer (2002) explores embodied and situated cognition in music through examining the role of the body in music perception, cognition, and production, and considering the realities of human perceptual systems. There are connections between aspects of musical time *vis á vis* rhythm, timing, meter, phrasing, and the body (Iyer 2002:391).

2.5 Music therapy in Africa

In section 2.3.4 above, I review literature that locates musical healing rituals in general. In this section, I review literature attempting to place music therapy as a developed profession on the continent of Africa. As seen above, musical healing rituals abound in different parts of the world. This section labours to join the debate of whether musical healing rituals could generically be considered music therapy as developed and practised by professionally trained music therapists. I think a good place to start is definitions of music therapy.

Bruscia (2014) painstakingly reviews available definitions of ‘music therapy’, states their shortcomings, and accepts the limited capacity for any definition to capture the full meaning of the term in only a few words. He, however, offers a tentative working definition thus:

Music therapy is a reflexive process wherein the therapist helps the client to optimize the client's health, using various facets of music experience and the relationships formed through them as the impetus for change. As defined here, music therapy is the professional practice component of the discipline, which informs and is informed by theory and research. (p. 36).

This definition is problematic at many levels. Bruscia (2014:11) admits to the problematic reference to 'professional'. The difficulty with the word 'profession' is compounded when considered from an African perspective. The literature I have reviewed in this chapter resonate in certain ways with such processes of music and musical healing, and also depart on the seeming exclusionary dimension of professionalism

Africa is a continent of mixed fortunes. The continent boasts a membership of 54 independent countries. Each of these nations is at its own stage of development and growth. Because colonialism is still a recent experience for most countries, instability and sporadic violence abound. Fanon (1963) warned about violence ensuing liberation movement engendered by unhealed effects imperialist violence on the native. Fanon posits that the colonised person internalised the violence they suffered at the hands of the coloniser who insisted on them having to be restricted to a certain space. The colonised learned to stay in their place, and not to go beyond prescribed limits. According to Fanon (1963:40), "the colonised man (sic) will first manifest the aggressiveness which has been deposited in his (sic) bones against his (sic) own people". In a classical Freirean phenomenon of the oppressed becoming the oppressors (Freire, 1993), Fanon pointed to the oppressed native's permanent dream of becoming the oppressor. The natives were overpowered but not tamed; they were treated as inferior, but they were not convinced of their inferiority (Fanon, 1963). In the context of learned self-loathing, the native's emotional sensibility exhausted itself in dances, which were ecstatic. Fanon proposed that any study of the colonial world should take into consideration the phenomena of dance and possession. Fanon (1963) characterised the native thus:

The native's relaxation takes precisely the form of a muscular orgy in which most acute aggressivity and the most impelling violence are canalised, transformed and conjured away. The circle of the dance is a permissive circle: it protects and permits. At certain time on certain days, men and women come together at a given place, and there, under the solemn eye of the tribe, fling themselves into a seemingly unorganised pantomime, which is in reality extremely systematic, in which by various means-shakes of the head, bending

of the spinal column, throwing of the whole body backwards-may be deciphered as in an open book the huge effort of a community to exorcise itself, to liberate itself, to explain itself. There are no limits-inside the circle. The hillock up which you have toiled as if to be nearer to the moon; the river bank down which you slip as if to show the connection between the dance and ablutions, cleansing and purification. There are no limits-for, in reality, your purpose in coming together is to allow the accumulated libido, the hampered aggressivity to dissolve as in volcanic eruption. Symbolical killings, fantastical rites, imaginary mass murders-all must be brought out. The evil humours are undammed, flow away with a din of molten lava. (p. 44)

This is the context where “music therapy” happens in Africa. This is the Africa that Pavlicevic (2004) worked in and where she wrote:

Post-colonial nations are still reeling from the impacts of having had their indigenous systems of knowledge, wisdom, language and ‘talking’, fragmented, marginalised and – in some instances – annihilated. As a result of these and other complex forces, to do with global economics, modern technology and ever-pervasive media, African traditional life is talked about in words such as ‘pre-modern’, ‘primitive’, ‘pre-industrial’ – and foreign, far away, exotic. Far away from where, and exotic to whom, one might ask. (p. 1)

Working with previously marginalised and oppressed groups demands sensitivity, empathy and reflexivity. Baines (2013), in music therapy, and Burke and Harrison (2002), in social work, proposed anti-oppressive practice, an approach informed by critical theories.

Colonisation as an imperialist function succeeded in silencing the colonised (Houston, 1987; Louis, 2007). The seat of power is centred around the dominant cultures resulting in marginalisation, even making invisible, of a people. The consequences of such muting and ostracisation had intrapsychic, interpersonal, institutional, cultural and social implications (Bivens, 2002:46). The anti-oppressive practice attempts to provide a response to oppression and its effects on people who have experienced it by affording a safe circle; As Fanon (1963:44) wrote, “The circle of the dance is a permissive circle: it protects and permits”. Unreflexively engaging, even with good intentions, with clients from previously marginalised communitive or the communitive, risked re-oppressing clients. Uncritically working with such people could be perceived as a form of Western indoctrination (Dos Santos, 2005:1).

In Africa, music therapy as a profession is still developing, resulting in the literature that appears to be performing the function of framing, naming, defining and revolution. The revolutionary call is heard in the writings of ethnomusicologists Nzewi (2002, 1997, 1999), Kigunda (2003) and Akombo (2009), for example. They suggest that beyond linguistic traps, music therapy has been in communities since the human person existed. Nzewi (2002:2) believes that music in traditional Africa is “the science of being; the art of living with health”.

We have had a professional music training programme in South Africa for just over two decades. Before the training programme was initiated, the few music therapists who practised on the continent trained from outside Africa, which resulted in the consequence of slow growth in numbers of professional and development of scholarship. Music therapy in Africa, therefore, was like thinly planted seeds in a vast field; appeared scattered and continually poses the challenge of finding where the intersection lies between music therapy and traditional healing practices (Dos Santos, 2005:1). That withstanding, there is a growing body of literature for music therapy in opening relevant dialogues among disciplines. Voices include those from Kenya (Kigunda, 2003; Akombo, 2009), Nigeria (Nzewi, 2009, 2013; Aluede, 2012) and South Africa (Pavlicevic, 2003, 2004, 2001; Dos Santos, 2005a, 2005b; Lotter, 2006, 2010; Pavlicevic, Dos Santos & Oosthuizen, 2010). The current research brings a voice from Zambia into the conversation.

2.6 Community music therapy

Community music therapy is an emerging framework of music therapy practice. It sprang from what Baines (2013:1) referred to as frustrations that were growing among music therapists, who were forced to work in clinics and hospitals with the medical model approach. Courageously leading the way towards doing music therapy differently was Kenny (1982, 1985, 1989). Kenny examined the music therapy space and proposed theories of music therapy that addressed the emergent self, supported in a safe space for human growth and development. She critiqued models of the day that purported expectations of the ideal way to be and live. Kenny proposed a more inclusive ecological paradigm. The field of play was a departure from the dominant music therapy theories at the time. Kenny (1985:3) invited music therapy to embrace the whole systems approach. In the whole systems approach, she indicated how “one must consider the relationships between all the dimensions: intrapsychic,

familial, social, national, global, and cosmic” (Kenny, 1985:4). She emphasised the gestalt of music therapy; the whole is greater than the sum of its parts.

The whole systems approach upholds the importance of experience-based-knowledge. The whole systems approach affords an intimate link between theory and practice, stimulating important questions in the philosophy and theory of science about the value of context. Kenny further stated that ‘ecosystems approach’ is interested in model-making. The model is continually in the making: Does the context come out of the model or the model out of the context? Important differences in the practice of creative thinking emerge from each approach. Her evolving approaches; from medical to cultural, to myth and ritual, to play and aesthetics, to systems, offered us new thought on music therapy as well as creative and authentic ways of engaging with individuals, groups and communities.

Aigen (1991, 1999, 1983), Stige (2004, 2010), Ansdell (1992, 1998), Pavlicevic (1999, 2010) and Bonde (2011) began to explore various theoretical approaches to music therapy. Community music therapy arose from explorations in an ecological approach, or whole systems approach (Kenny, 1983) and understands community as both a system and an ecological system, with its contextualised cultures. Community music therapy, as an anti-model of music therapy, has gone through various phases of development (Stige 2003:254). This growth is perhaps yet to reach maturity. Even though community music therapy as a term goes back to 1970, this literature review focuses on new developments. Perhaps Stige’s (2003) definition is a good place to begin from:

Community Music Therapy as an area of professional practice is situated health musicing in a community, as a planned process of collaboration between client and a therapist with a specific focus upon promotion of sociocultural and communal change through a participatory approach where music as an ecology of performed relationships is used in non-clinical and inclusive settings. (p. 254)

Stige (2004:93) explores community as a “context for both healing and musicing”. He posits that there is a shared view among community music therapists that “community is not only a context to work in but also to work with... Community music therapists are concerned with social and cultural change” (Stige 2004:93). Community music therapy is more than just the use of music therapy in community settings (Stige, 2010:11). Music therapy happens in community, and it creates community by creating space for inclusive musical participation. Collective musicing ignites a sense of community. Community music therapy functions as a

tool for community building and development. This view locates music potentially in the centre of the life of the community. Community music therapy becomes both a project and has a function. Stige (2010:11) holds that music, through community music therapy projects, invites practitioners to “make music possible in contexts where the appropriation of music is challenged”. Ansdell (2010:11) states that community happens when people come together to create meaning through musicing.

Pavlicevic (2004:4) presented an encounter that a group of modern music therapy practitioners and students from the University of Pretoria’s music therapy programme had with a traditional African ceremony in October of 2002. She explains that they found different ways of talking about and practising music therapy. She deepens her reflections of her thought in *Groups in Music* (2010), where she stated beautifully that the book emerged from splendid between ‘modern’ and traditional and indigenous understandings of time; music space; person; patterns of privacy and confidentiality; as well as traditional and indigenous embedded social norms and values. She threw the challenge at music therapy theory and practice to reimagine conceptions of music and musicing. Pavlicevic (2010) further called for music therapy theory and practice to offer richness, complexity and inspiration to group musicing across boundaries of healing, teaching, learning, relaxing, performing and living in music.

Pavlicevic’s (2010:9) meditations congruently responded to Aigen’s (1991:4) call in his poetic exploration of music and music therapy theory and practice when he wrote that music therapy must be considered as ritual formation. To do so, it must consider music as the natural voice of the spirit. Aigen’s revelatory and apparent Jungian appreciation of music and music therapy led him to suggest that, “a being deprived of the regenerative and transformative powers of music is being deprived of the ability to survive and draw meaning from life”. This mystical view of humanity expands our understanding of community and our place in it. Community takes a more universal meaning. Music hence embraces shamanic attitudes. The music therapist, acting for and with the client (individual, group or community), involves musically accessing inner sources of wisdom, power and health (Aigen, 1991). Aigen stresses musicality as a product of human ecological interaction. Humans created music; alternately the life force has created music to ensure that humanity retains a connection to the communal life spirit. To lose the music would mean losing the force that connects us to one another. Our connection to one another feeds into our life’s

purposes. Aigen holds that such a loss of music jeopardises spiritual and physical well-being (Aigen 1991:97).

Synchronously, community music therapy, as Stige, Ansdell and Pavlicevic (2010) and Aigen (1991) present it, relates well to an African understanding of personhood and community considering African cultures' primacy of collective identities, communitarian acting and belief in the common. Music therapy as both a space for community and acting is an appealing idea. Whether this is the form music therapy would take among baTonga specifically, or whether another form may be more appropriate, was the subject of this research.

2.7 Conclusion

After surveying the available literature, there seem to be no studies that allude to the existence of clinical music therapy practise (defined according to Bruscia, 2014) or community music therapy practice (as specifically defined in the literature discussed above) in Zambia. Even though there are studies that have evaluated the role of music in traditional rituals, the studies do not discuss music therapy as it has been developed and is practised elsewhere in the world. Therefore, this proposed research offers an opportunity for baTonga to begin to talk about what music therapy means or may mean for them. This may open doors for further interest in researching and studying music therapy in this context. The following chapter presents the research methodology I used to conduct the study.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

In this chapter, I present a description of the research process. I describe the methodology that I used in undertaking this research as well as a justification for the use of this methodology. I also explain the various stages of the research, including the selection of participants, the data collection process and the data analysis. I discuss the role of the researcher in qualitative research in relation to reflexivity. I conclude the chapter with a discussion of the ethical considerations I made during the study.

3.2 Research approach

According to Denzin and Lincoln (2005), a research methodology or strategy is determined by the nature of the research question and the subject being investigated. Consequently, the research format used in an investigation should be seen as a tool to answer the research question. I aimed at exploring and understanding the meanings constructed by the participants. I did not seek to provide the “ultimate truth” about the research topic but rather investigated one particular way of looking at and deriving meaning on the phenomenon under investigation. As mentioned in chapter one, the research was guided by the following questions:

- i. What perceptions do baTonga of Mazabuka have of masabe?
- ii. How could a music therapy process be designed for a group of baTonga people in a manner that is culturally sensitive according to their understandings of music and healing?
- iii. What is their experience of this music therapy process?

I chose an interpretivist, qualitative research approach as the methodology because this values subjective understanding and interpretation of meaning as well as intentions underlying human interaction. I collected the data using focus groups and participant observation. In the next paragraphs, I outline detailed justifications for selecting the specific approaches and methods.

3.3 Justification for using the interpretivist approach

I employed an interpretivist paradigm in this research. Interpretive research is premised on the belief that people create their subjective and intersubjective meanings of the world around them and how they interact with it (Orlikowski & Baroudi, 1991:5). Interpretive researchers

attempt to understand phenomena by accessing the meanings that participants assign to them. People subjectively construct their meanings of reality. Also, the researcher intersubjectively constructs meanings based on interaction with the participants.

The ontology of this paradigm is based on relativism. There are as many realities as there are people. People construct their reality individually (Guba & Lincoln, 1994:110) and, as they interact with the community, they form a collective reality. As discussed, the research explores the attitudes of baTonga towards masabe and music therapy. These attitudes were arrived at through their interaction with masabe and music therapy, and the meanings they individually and collectively deduced from them.

Within interpretivism, epistemology involves attempting to make sense of the participants' experiences by interacting with them, and observing and paying attention to what they are saying (Blanche, Kelly & Durrheim, 2006:274). This is appropriate for the study as I was investigating attitudes, exploring the possibility of designing a culturally sensitive process of music therapy and listening to the participants' experiences of the music therapy process.

Flowing from this ontology and epistemology, the methodology was qualitative. Qualitative research is a form of inquiry that emphasises the study of phenomena as they emerge naturally, adapting enquiry as it comes through and focusing purposefully on the participants and how they make meaning of their experiences (Denzin & Lincoln, 2000:4-9). The thrust of qualitative research is the fluidity with which the researcher and the participants engage to create meaning. The researcher is actively involved and attempts to understand the phenomenon as she or he engages with the participants. By focusing on the dynamics of the process, expressing a deeper understanding of the behaviour of the participants, and demonstrating reflective ability, the researcher acquires the depth of knowledge and meanings. Research in this epistemology is a collaborative and negotiated process (Frith & Gleeson, 2012:58).

Qualitative research was deemed suitable for this research project as the purpose of this study was to explore the views of baTonga of Chitongo village in Mazabuka. I aimed to explore meanings baTonga attach to music and music healing rituals in the case of masabe without presenting the findings as to be the absolute truth. The participants were willing to offer their time generously to engage in the discussion. All the participants were permanent and long-term residents of Chitongo. They subsist for their living. Their lifestyle is reflective

of generational heritage. Most of the participants shared their reliance on local and traditional knowledge. Hard work, defined by yields from the farming fields, was highly valued. Their days were punctuated with spending time at ‘work’, whatever that work might have been. They brought buTonga easiness to the meetings resulting in me settling into the slow tempo of life.

I experienced the privilege of buTonga hospitality as they welcomed me into the community. I was happy to be a guest in the land of my mother and father. As a guest, I considered myself as an outsider, while by ancestry I was considered an insider. As I encountered the people and the land at the levels of insider and outsider, this research took on a new impetus for me. It offered me an opportunity to deepen my sense of being muTonga and to honour with gratitude the unspoken deep wisdom of the people. It appeared to me that the people of the community look for opportunities to dress up. Our meetings were occasions for the participants to dress up, albeit modestly.

This research was ethnographic since it aimed to explore the shared culture of a group of people. Ethnography is a suitable tool for gaining an understanding of the perspectives of the people studied, and the meanings given to and placed on music, musical healing and dance. Two broad types of ethnography can be differentiated, namely applied and non-applied ethnographic research (LeCompte & Schensul, 2010:9). The first type is concerned with using the understandings gained during ethnographic research in order to solve problems or bring about positive change in institutions, communities or groups. Applied research is most commonly found in education, health and other practice-based disciplines that seek to improve the lives of the people studied. It is problem-oriented research that is designed to bring about desired change, the direction of which is guided by the research results. Such research produces better knowledge for better ‘action’—that is, improved services, better education, or changes in policies. The main focus of this study is on the second type of ethnographic research, which seeks to answer questions without reference to solving any problems. I focused, thereby, on studying and understanding, recording and documenting the results of the study.

In ethnography, the researcher is the primary tool for data collection, using methods of cultural participant-observation and open-ended interviewing, while becoming a cultural insider among the people studied. The ethnographic process typically includes the collection of text-based data including field notes, transcribed audio and video recordings and images

during fieldwork, which is an active, interpretative and subjective method that distinguishes ethnography from other approaches. Data collection is usually followed by an inductive and recursive approach to the analysis and interpretation of collected data. The open-ended nature of the ethnographic approach is particularly suitable for active discovery and exploration.

3.4 Selection of participants

I elected to use snowball sampling in this study. This entails the researcher accessing informants through the contact information that is provided by other informants (Matthews & Ross, 2010:166). This process is, by necessity, repetitive: informants refer the researcher to other informants, who are contacted by the researcher and then refer the researcher to yet other informants, and so on. The accumulative (diachronic and dynamic) dimension earns the sampling procedure the name. The participants met the following inclusion criteria:

- MuTonga
- Resident in Chitongo
- Aged 18 years or over
- Willing to participate in focus groups and in a music healing ritual.

Focus groups were used as one of the methods of data collection in this study. This will be discussed in more detail in the following section. Regarding the selection of participants, additional inclusion criteria were as following. For focus groups 1 and 4 participants:

- *basimasabe* (they identify as afflicted)

For focus groups 3 and 6 participants:

- Masabe presider, musician or *mun'ganga* (afflicted healer) or a combination thereof

For this research, I identified two people who met the criteria for inclusion in focus groups two and five. They also happened to be gatekeepers for the community; both holding designated leadership positions in the community. They helped me identify the other participants. After obtaining the names of additional potential participants, I contacted them myself and met them to discuss their willingness to participate in the study and what that participation would entail. The meeting included a discussion on informed consent, as explained below in section 3.8, detailing ethical considerations.

To facilitate high-quality interaction and engagement, I planned to limit the number of participants in each group to six. This was “small enough for all participants to have the opportunity to share insights and large enough to provide a diversity of perceptions” (Schurink, Schurink & Poggenpoel, 1998:314). The numbers did not work out as neatly as hoped for. It is typical for studies such as this one to have plans change as the research process goes on (Dingwall & Smith, 2007).

For natural social representation, I considered age and gender when forming the focus groups. I am aware that the participants were culturally homogeneous. Homogeneity in this case, according to Stewart and Shamdasani (2014:9), allows for dynamic interactions between participants. I planned to have equal gender presence in each of the focus groups, however, the groups with basimasabe (FG1) had five females and one male, while the groups of basingoma (musicians: FG3) had only men. It appeared to me that the gender differential was influenced by role function. FG2 included three men and four women. FG2 was the more gender-balanced group, perhaps because the criteria did not have specialised purposes. There were five women and no men in FG4, while FG5 included three men and five women. In FG6 there was one woman and five men. In summary, the composition of the groups was as follows:

- FG1 and 4:** The group was made up of participants who identified as having masabe.
- FG2 and 5:** The group was formed by participants who declared not to have masabe nor be masabe presiders. They considered themselves ‘unentered’; a term literally translated from ciTonga to mean being not-possessed.
- FG3 and 6:** The group was composed of drummers, song-leaders, and guitarists who happen to be the masabe presiders. This group included those who held peculiar ritual knowledge.

The reason that the focus groups were structured in this way was to emphasise different foci. FGs 1, 2 and 3 revolved around attitudes towards music healing rituals and designing a ritual to be collectively enacted. The FGs 4, 5 and 6 centred on gathering feedback after the ritual was enacted. In the next section, the process of data collection will be discussed in more detail.

3.5 Data collection

I collected data through focus groups and video recordings. The following sections elaborate on each in turn.

3.5.1 Focus groups

Focus groups may be defined as a method that collects data through group interaction on a topic determined by the researcher. Participants are selected for focus groups because they are purposive, although not necessarily representative, sampling of a specific population (Rabiee, 2004:655). Participants in this type of research are selected on the criteria that they would have something to say on the topic, are within the stipulated age-range, have similar socio-characteristics and would be comfortable talking to the moderator and other group members (Rabiee, 2004:656). According to Morgan (1996:128), focus groups have the following three essential components. First, focus groups are a research method devoted to data collection. Second, the interaction in a group discussion is the source of the data. Third, focus groups acknowledge the researcher's active role in creating the group discussion for data collection purposes.

Focus groups could provide information about a range of ideas and feelings that individuals have about certain issues, as well as illuminating the differences in perspective between groups of individuals (Rabiee, 2004:656). In this research, the data derived from the community are distinct and yet cover a range of opinions affecting how the participants conceptualise masabe and musical healing rituals. Focus groups can generate large amounts of data in a relatively short timespan (Rabiee, 2004:657). The use of focus groups is also appropriate in a study underpinned by critical theory. As Dimitriadis and Kamberelis (2013:15) explain:

Focus group research is a key site where pedagogy, politics, and inquiry intersect and interanimate each other. Because of their synergistic potentials, focus groups often produce data that are seldom produced through individual interviewing and observation and thus yield particularly powerful knowledge and insights. Specifically, the synergy and dynamism generated within homogeneous collectives often reveal unarticulated norms and normative assumptions. They also take the interpretive process beyond the bounds of individual memory and expression to mine historically sedimented collective memories and desires.

Research that is informed by critical theory is dialogical, dialectical and collaborative. Focus groups afforded participants the scope to engage as such in the groups.

Focus groups, however, have limitations. For example, when a facilitator lacks skills or is biased, participants feel uncomfortable voicing their true opinions in a group. They demand logistical effort, and that the research findings are not generalisable. Other limitations are that they are time-consuming, expensive (financial and human resources), and complex in terms of data analysis. I could draw on my skills as a trained teacher and facilitator when running the focus groups.

We had had an informational meeting before the beginning of each of the focus groups. It was at this meeting where arrangements for holding the focus group were discussed, including planning the location; arranging the meeting place where groups would be held; planning refreshments for participants; and testing the use of video equipment. Environmental factors like physical location, material space, personal space, and spatial arrangements were considered. Focus groups should be held at a location that is easy for participants to reach (Millward, 1995:426). Malita's homestead was chosen as the location for the focus groups. Malita Choka is the matriarch of the community. I thought that to accord her the opportunity to host us was recognition for her earned stature in the community. She generously accepted the role of host for the length of the study process. All focus groups and the music ritual were to be held outside in the open air. We also discussed groups norms, expectations, consenting procedures and the risks and benefits of the research. I introduced myself and took questions from the participants regarding the research and other related matters.

To facilitate the focus groups, I prepared discussion guide schedules. Discussion schedules consisted of questions that helped to generate data that can address the research questions. I followed Casey and Krueger's (2000:40) proposal that 'good questions' in focus groups must sound conversational, use words participants would use and be easy to understand. I aimed at clear, short, open-ended, and one-dimensional questions. Frith and Gleeson (2011:58) insist that one question must ask for one thing only and ought not to contain topics that may be perceived as different. I developed two interview schedules, one for FGs 1, 2 and 3 (see appendices D.1. for schedules in the English language and D.2. in ciTonga) and another for FGs 4, 5 and 6 (see appendices E.1. for schedules in the English language and E.2. in ciTonga) for the schedules. The schedules were drafted, reviewed and written with the help of my research supervisor. Because the focus groups were facilitated in ciTonga, I translated the schedules from English into ciTonga.

I had planned for the data collection process to be in three stages. In practice, a fourth stage became necessary, as elaborated below. The first stage entailed the facilitation of FGs 1, 2 and 3. These focus groups explored the participants’ attitudes towards musical healing rituals, vis a vis, masabe. Each of the groups tentatively designed a ritual we would enact. Ergo, data from these focus groups would help answer research questions one and aspects of question two. The motivation of the focus groups was to establish the participants’ perceptions of masabe and music healing rituals. Refer to appendices D.1. and D.2. for the focus group schedules.

In the second stage, the three focus groups met together and confirmed the design of the ritual as we would execute it. The form, processes and affordances were a collaborative undertaking. We held the music ritual (masabe) in the open-air. Open-air events are the norm in Chitongo. As the ritual was in public, we were inundated with people who came to join when they heard the music. I reflect in detail on the ethical implications of that in section 3.8 dealing with ethical considerations.

The third stage entailed FGs 4, 5 and 6. The main intention of the focus groups was to reflect on the experience of the masabe ritual that we had just engaged in. These focus groups were guided by the questions on the schedule (appendices E.1. and E.2). The data from these focus groups would help to answer research question number three. Figure 1 illustrates the stages of the study.

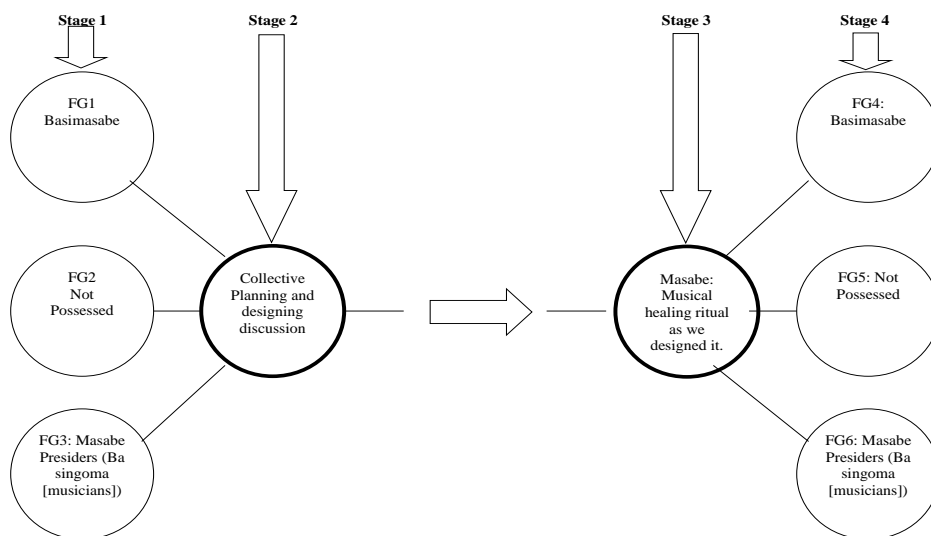


Figure 1: Stages of the study

I found the focus group interviews relaxed and spontaneous, probably because the participants seemed to welcome the research project. During the focus groups, we laughed a lot and I also felt calm and thrilled. I used ciTonga language during the focus groups. The focus groups and the musical ritual were recorded on video.

The following was the tentative timetable; it changed continually for reasons ranging from illness to domestic affairs that affected me or participants.

Event	Date	Time
FG1	19 June 2018	2pm
FG2	19 June 2018	12pm
FG3	20 June 2018	12pm
Masabe	20 June 2018	2 pm
FG4	21 June 2018	11pm
FG5	21 June 2018	12pm
FG6	22 June 2018	3pm

Table 1: Timetable

All focus groups were recorded on video for later transcribing. This choice was discussed, negotiated with and explained to each participant. Even though the focus groups did not necessarily have to be video recorded, the video offered me some way of contextualising the verbalisation during transcribing.

3.5.2 Participant observation

I used participant observation through video recording the music healing ritual. Video recording of sessions is standard practice in music therapy as it provides scope for analysing the therapeutic process. Bottorff (1994:245) discusses the advantages of using video recording for data collection as giving ‘density’ and ‘permanence’ to the collected data. Video recordings have been widely used in social research in recent years (Jewitt, 2012: 2). Video recordings have particularly been used in research focused on practice-based interventions, and those concerned with participation and empowerment, particularly in the spheres of health programmes and marginalised communities (Jewitt, 2012:3). These kinds of studies are considered to be participatory in practice. Jewitt (2012:3) believes that the underlying aim of participatory methods is to reduce the gap between the concepts and

models of researchers and those of individuals and communities by giving participants agency in making their experiences visible.

I had anticipated the challenges of recording data on audio-video devices after reading the writing of Pen-Edwards (2004:272), who explained that care must be taken to mitigate the challenges of video recording from preparation for, during and after the recording process. The focus groups were conducted under a tree, with the winter winds blowing. The wind affected audibility of some of the recordings. The musical healing ritual was also performed open-air. Apart from audibility, I had to deal with staticity. Due to the fact that the ritual involves movement, I needed to have a person managing the camera. The recording device I used had a recording time limit of one hour, resulting in having to reset the device during sessions that lasted over an hour.

After recording the music healing ritual, I selected excerpts and wrote thick⁶ descriptions. This process will be discussed in further detail in the following section.

3.6 Data preparation

This section states the procedures that I followed in preparing the data for analysis. I transcribed the recordings of the pre- and post-ritual focus groups verbatim. Excerpts from the video data of the masabe ritual were selected according to certain criteria (discussed below) and I wrote thick descriptions of the selected video excerpts. The following sections explain this process in more detail.

3.6.1 Verbatim transcription of the focus groups

Because we used ciTonga in the focus group discussions, the initial transcripts were in ciTonga (for further transcriptions see appendices G1 and H1 in ciTonga and G2 and H2 in English). I had to translate them into English before beginning the process of analysing the data. The processes of transcribing and translating offered me opportunities to immerse myself in the data even though it was a particularly daunting task. When I had completed the transcriptions, I spent another 30 hours translating each transcript from ciTonga to English.

⁶ Thick descriptions are a method of unpacking the meanings of the symbols that reside in contexts, texts, and they comprise a culture. Thick descriptions involve understanding the layers, the “multiplicity of complex conceptual structures” that a researcher “must contrive somehow first to grasp and then to render” in writing (Geertz 1973:6).

Translating is a sensitive venture. I chose to use a semantic translation approach as it averts the challenges of conceptual equivalence, translation of metaphors and technical terminology (Al-Amer, Darwish, Glew, Ramjan & Salamonson, 2016; Chee, Im, Kim, Mao, Nishigaki, Tsai & Yeo, 2016). Metaphors emanate from people's experiences of life within a specific culture and physical environment (Im et al., 2016:142). Al-Amer, et al. (2016) recommend that the practice of checking with participants or representatives thereof for the correctness of data.

I continued to communicate with the two gatekeepers to ascertain the meanings of particular expressions. For example, if a participant used a proverb and I translated it literally the meaning would be lost. (An example can be found in FG2 when a participant said, "*ceelo caima musinkiinini!*" The literal translation is: The ghosts stands akimbo. The expression, however, refers to someone who is 'stupefied'.) Being muTonga afforded me tools for managing the complexity of translating between English and ciTonga. I had insights into the social context, cultural beliefs, and linguistic discourse of the people.

3.6.2 Selection of video excerpts and writing thick descriptions

Verbal and non-verbal behaviour can be observed through video recordings and I was able to review significant moments over and over from the video excerpts from the music ritual process (Bottorff, 1994:246). The video excerpts used were naturally occurring data obtained during the musical healing ritual. I selected and analysed video excerpts from the ritual that were relevant and meaningful in relation to the research questions. The selection of video excerpts was based specifically on the following criteria:

- Hot/ripe rhythm (*Capy/cajibilizya*): A hot rhythm occurs when there are a heightened dramatic Melo-rhythms at a fortissimo level, most often with an increase in tempo. A hot rhythm passage constitutes a climactic passage and is usually not sustained for long. As I followed the movement of the ritual, I chose to focus on hot rhythm as such moments reveal unique communicative musicality by the ritual musicians. Hot rhythm is synonymous to a musical life that is produced through concentrated interaction between the musicians and the dancers
- Hot/ripe dance: When accompanied by an increase in tempo in a dance situation, the hot rhythm prompts the dancers to explode into corresponding hot dance demonstrations with climactic dance variations and brisker, more intricate motions of the body, the limbs, and the feet. A hot rhythm occurrence does not necessarily

signify the conclusion of a performance, although it could. It occurs most often as a climactic passage, thus giving a performance a contrasting flavour of temperate and high tension levels. Hot/ripe dance shows participants momentary heightened engagement with the music. *Kujibilizya* is the highest point of performance which, in a ritual, would make a participant *kubukilwa* (enter into a trance state). The musical ritual's success is measured by the moments of *kujibilizya*.

- **Conclusion/resolution:** When hot rhythm leads to the conclusion of a performance, it is either rounded off with a cue-and-cadence figure (which varies from one group of performers to another), or it is resolved to the normal tempo immediately before the final cadential statement. When vocally accompanied, this cadential statement is usually given a *rallentando* treatment with a sustained final note. If this sustained final note is high-pitched, it is, in turn, rounded off with a pitchless voice drop (Nzewi, 1974:28).

I wrote thick descriptions of the musical healing ritual according to Bergman and Coxon's (2005:11) recommendation. From the whole ritual, I selected four excerpts to depict moments of hot rhythm hot dance and resolution. I then wrote thick descriptions of the selected excerpts (Refer to Appendix L).

	Time during Masabe	Length of clip
Excerpt 1 Ngoma Yabukali	The beginning 00 min	8 min 18 sec
Excerpt 2 Ngoma	30 minutes into the ritual	15 min 40 sec
Excerpt 3 Kubukilwa	45 minutes into the ritual	2 min 37 sec
Excerpt 4 Cikambekambe	2hrs The final 30 minutes	10 min 8 sec

Table 2: Excerpts of thick descriptions

3.6.3 Data analysis and interpretation

I used Interpretative Phenomenological Analysis (IPA) to analyse the data. IPA, as an approach to qualitative data analysis, holds a particular psychological interest in how people make sense of their experience (Larkin & Thompson, 2011:8). The researcher is required to

collect detailed, reflective, first-person accounts from research participants. IPA offers an established phenomenologically-focused approach to the interpretation of these accounts.

IPA follows a set process of familiarisation and immersion, inducing developing themes, coding the data, elaboration, interpretation and checking (Blanche, Durrheim & Kelly, 2006:271). Familiarisation and immersion involve reading and re-reading the data (Smith, Flowers & Larkin, 2009:82). I remained engaged with the data throughout the transcribing and translation processes of the focus groups and through the writing of thick descriptions of masabe ritual. Coding the data centres on “mapping interrelationships, connections and patterns between exploratory notes” (Smith, Flowers & Larkin, 2009:91). I then proceeded with making descriptive comments on the content of what the participants said, and the content of the thick descriptions for masabe, making linguistic comments focusing on the specific use of language and symbols and making conceptual comments (Smith, Flowers & Larkin, 2009:84). Elaboration means searching for connections across emergent themes. The focus of this step is to break away from the linear analysis of the data. The final step was interpretation and checking, entailing a written account of the process.

3.7 Ethical considerations

As an ethical researcher, I took care whenever possible to obtain informed consent, prevent participants from being harmed, ensure confidentiality, and be sensitive to power differentials. The details of how I engaged with the research participants follow.

I sought the permission of the local leadership through Chief Sianjalika to carry out this research (refer to Appendixes A.1. and A.2). I received formal written permission from the chief (refer to Appendix F).

The participants in the focus groups expressly willed to enter into ritual music processes. They participated in the therapeutic process based on their own identified needs. Focus group participants were free to withdraw at any time, however. During the music process, there were more than the initial number of participants. The group evolved into an open group of about 100 people. Chitongo is a small close-knit community. It seems common for people in small communities to be sensitive to seeming exclusionary behaviour. I had to negotiate that carefully. However, during the music ritual, it proved impossible to manage the crowd. I was comforted to learn that such dilemmas are usual, hence, some ethnographers consider consent as likely to be negotiated and renegotiated over time as the relationship between the ethnographer and the research hosts develops (Adler & Adler, 2002:6).

Dingwall and Murphy (2007:3) have considered the dilemma of consent in ethnographic studies and hold that consent is a relational and sequential process rather than a contractual agreement and lasts throughout the period of research. They believe that it is based on trust between researcher and participants. Ethnographic consent is a matter over which research hosts exercise ongoing judgement. I held myself to the highest standard of keeping the confidentiality of the participants under the given circumstance. All data collected is archived at the University of Pretoria's music department for 15 years.

People came to the session in response to the sound of music. They spontaneously joined the musicking as they felt called by music. Because of the social structure of the community, I could not restrict participation. Consent to participate in the musicking by the people who came freely (who wondered why they were not informed about the event) was assumed. Participants were free to withdraw at any point. Even though the focus group participants in this research were at least 18 years of age and/or older, some children took part in facilitated music therapy. It seems to be that music brings people together. Whenever music is made in Chitongo, it gathers the community. Music can function to announce significant events. The sound of a drum is hardly ever ignored. People are drawn by the music to gather and participate. It was not possible to keep anyone away.

Due to the fact that the focus groups and the music process were held open-air (under a tree), there were children who ran in and out of the group. They could be seen in the video recordings; their parents were aware of the implications of them being in the videos; they verbally agreed to have the children covered by the adults' consents. I prudently checked with the participants what options we had. The groups agreed to allow everyone who joined, provided they were willing to participate. They had to sign a consent form soon after the session. Everyone who joined the focus group by their own volition signed written consent.

When writing up the thick descriptions of the masabe I described the process of the group as a whole and only made specific reference to individuals who had given consent (still upholding confidentiality and not including any identifying information). The data – the thick descriptions (and transcriptions of the focus groups) – will be stored securely in a password protected electronic format at the music therapy unit of the University of Pretoria, while the video data will be destroyed.

I engaged sensitively with the groups and the community. I respectfully engaged with the participants every step of the way. I entered the community with reverence and openness.

We collaborated in drawing our activity timetable and the menu for the meals and snacks we would share in the course of the focus groups and interventions. I sensitively responded to the participants' questions, concerns and wonderings. I followed the concepts proposed by Suzuki, Ahluwalia, Arora and Mattis (2007:296) of gaining entry, gaining access, and building rapport. These were essential ingredients in carrying out this research successfully.

I researched with the awareness of being an interested party and a member of the ethnic group. I participated in the research as a self-reflective researcher. My thoughts, feelings and impressions form part of the reflexive material in this research report. Suzuki, Ahluwalia, Arora and Mattis (2007:296) affirm data gathering in qualitative research as a reflexive undertaking. Reflexivity requires the researcher to engage in a critical examination of their attitudes, dispositions and linguistic and cultural projections towards the phenomenon being studied.

Ethical permission for the study was granted by the University of Pretoria Ethics committee (GW20180516HS) (see appendix M for ethical clearance certificate).

3.7.1 Informed consent

Research participants were invited to participate in this research of their own volition and freely given consent, without overt or covert coercion. Information was provided to them in written form (refer to appendixes B.1. and B.2.) and I discussed the research with them in person as well answered any further questions that they had. Once they agreed to participate, they were asked to complete the informed consent form. Participants retained their right to withdraw from the research at any stage with no consequences (Refer to appendixes C.1. and C.2).

3.7.2 Power relations

Among baTonga, like many other communities, power is associated with age, gender, marital status, level of education, socioeconomic status, language, the manner of relating to the community and the role one plays in it (Colson, 2006:25;78). In more traditional communities, power also relates to an individual's closeness to ancestral powers, sorcery and spirits. A person who is considered a powerful *mulozi* (wizard) in a community holds much authority (Haller & Merten, 2013:212).

I did recognise that my level of education would influence how the participants see me; how it would be, I could not tell. I was aware of my limited education in buTonga. I was

conscious of the dynamics of moving between being a learner and a knower. I could not assess how the participants experienced me though.

I acknowledged that even though baTonga are matrilineal, males are considered to possess certain special powers in the community. Respectful use of masculine power marked this research process, by challenging, and not permitting, sexist language and I have learned and acquired sensibilities in facilitating that I employed. I acknowledged the authority of each participant and did not devalue any contribution on any grounds of the experiences they shared.

This community weighs marriage heavily. Marital status is related to the role an individual play in the community. Whether one joins the circle of knowledgeable, elders or not, depends on one's marital status. In this case, the community engaged with me with a lot of curiosity. I speculate that they may have looked at me this way because they know me to be the 'son of the soil'; my mother and father originated from the village. My being unmarried is a matter of choice and in my opinion, I can still function as an adult. Marital status is attached to age-role in the community. Seniority is measured by chronological age and the rites of passage one may have gone through (Kenneth, 1986:17; Colson, 2006:79).

In modern economics, I belong to the middle class. Where traditional economics involves the exchange of talents, possessions such as cattle and agricultural tools, as the case is among baTonga, I considered myself as not being particularly wealthy. I have no cattle or agricultural tools of my own. I reckon I presented myself as considerably modest.

I do not possess sorcery powers. I have respect for people who believe in sorcery. I approached this community with the awareness that 'the believer is always right'.

As a show of respect to the power relations in the community and the collective wisdom of the community, I allowed the first recruits to recommend people in the community to me who may have an interest in the subject. I invited the referred individuals in the same way as the first participants. It turned out that all prospective participants were invested in the use of music for healing, and the prospect of having music therapy as an option for recovery of well-being.

During the sessions, I related to the participants with empathic listening, attempting to see what the participants' world was like to them and how they saw themselves. Empathy entails "stepping out of our comfort zones or frames of reference and into the experiential

world of the other, the participant, no matter what this strange world might hold” (Grobler, Schenk & Mbedzi, 2013:56). I attempted to understand the participants verbally and non-verbally. In music therapy, we reflect on the effect of music and musicking on human emotions, intrapersonal and interpersonal interaction. The music therapy becomes the context within which these personal presentations are facilitated, experienced and reflected upon (Wheeler, 2005:730).

I am also aware that I came to this research with my own frame of reference. I engaged reflexively with my projections, beliefs, and cultural understanding of who I am and my worldview. According to Gibson and Swartz (2013:485), to engage reflexively with the research work means to direct the same rigour of critique and awareness projected on the participants on myself as the researcher. I critiqued my own opinions and biases. Finlay (2002:212) unequivocally states that qualitative researchers accept being central figures who influence, even perhaps actively construct, the collection, selection and interpretation of data. Research is co-constituted by researcher and participant. Finlay further writes that researchers understand meanings to be negotiated within particular social contexts. This allows for another researcher to hue out of the same community a different story. Subjectivity, thus, ceases to be a problem but becomes an opportunity (Finlay, 2002:212).

Gibson and Swartz (2013:485) further assert that every researcher holds altruistic and politically progressive motives intertwined with personal investments. This complex nature of humanness is what I considered as I related to the participants in the focus groups and the music therapy process. I am heavily invested in the knowledge that was generated during this research from two perspectives; the first being that I am muTonga and have been alienated from the experience of buTonga. The second is that I am in training to become a music therapist. The research findings here would be useful in establishing ways of thinking about culturally-sensitive practices. These two emotional and intellectual investments had an impact on how I engaged with the participants and how I interpreted the emerging data.

As a facilitator of the focus groups, I adopted attitudes propagated by Gill, Stewart, Treasure and Chadwick (2008:294): participants have valuable views and the ability to respond actively, positively and respectfully. I was prepared for views that may be unpalatably critical of a topic which may be important to me.

3.7.3 Protection of participants from harm

The risks of harm were related to location, the situation of the focus group, travel to and from the location, food and drinks, and violence. I ensured that the places where the focus groups and music therapy processes were conducted were safe. I inspected them and certified that there were no falling roofs, no unsteady trees and buildings, there was access to clean drinking water, and that safe and clean food and beverages were served. Only the music ritual ran into the early evening and a fire was necessary for keeping warm. I made sure that the fire was under control and that no unauthorised person touched the fire.

3.7.4 Confidentiality

Participants were not identified in this research as pseudonyms were used in the transcriptions and written dissertation. No identifying information has been included. I discussed the complexities of confidentiality in ethnographic studies in Chapter 3.7.2 above.

3.8 Delimitation of the study

This research is not a general study of baTonga. It is an explorative study that only opens up the possibility for further research. The sample size was small. The location for the study was geographically limited to the Magoye area of Mazabuka municipality. In line with using focus groups, I acknowledge the difficulty in clearly identifying what was an individual's message, and the focus groups and the masabe ritual were not fully confidential or anonymous, as they were held open-air, and because of the material shared with the others in the group. Consequently, the research does not have generalisable findings. However, parallels may potentially be drawn from the findings of the research in this community with other baTonga communities, as rich contextual information is provided that allows for transferability (Guba, 1981:80).

3.9 Conclusion

In this chapter, I discussed the research methodology employed in this research. Considering the scope and delimitation of this study, the interpretivist paradigm functioned suitably. The focus groups provided a safe space for the participants to make themselves heard. They expressed how delighted they were to have me in their midst. I was grateful for the opportunity to learn, and to affirm buTonga. I felt like my being in the community for those few days, I represented many things. Among them was global interest in a local community. Another was, taking an ambassadorial role for buTonga in general and Chitongo in particular. The participants seemed gratified to know that, through this study, they will be connecting

with the world; that there are people from outside their immediate community interested in their customs and rituals, and participating in them. The following chapter is a presentation of the results of the research.

CHAPTER 4: RESULTS

4.1 Introduction

I would like to introduce this chapter by recapping the aims of the research and the research questions. This study set out to explore the attitudes baTonga of Mazabuka have towards masabe, as a musical healing ritual, and the value they attach to it. Through this study, I also sought to find out whether masabe relates to music therapy as it is defined by Bruscia (2014) and Ansdell (2004). To achieve the aims of the study, I needed to answer the following questions:

- i. What perceptions do baTonga of Mazabuka have of masabe?
- ii. How could a music therapy process be designed for a group of baTonga people in a manner that is culturally sensitive according to their understandings of music and healing?
- iii. What is the participants' experience of the musical healing ritual, which is prepared and executed in the process of the research?

In the previous chapter, I discussed the study's methodology, approach and analysis. In this chapter, I will present the results of the research by way of emerging themes and subthemes from the focus groups and thick descriptions. Firstly, I present a summary of the focus groups, followed by the initial tables of themes.

4.2 Focus groups 1, 2 and 3

Focus Group 1 was held at 11 am on 19 June 2018 at Malita's homestead and seven participants attended. The participants in this group identified themselves as *basimasabe* (plural for *simasabe*). Basimasabe are individuals with possession of affliction herewith called masabe. The basimasabe were enthusiastic about taking part in the focus groups. The focus was one hour and 30 minutes long. The verbatim transcriptions of the focus groups are provided in Appendix G.1. (Appendix G.2. provides the English translation). Participants discussed their experience of living with masabe.

The discussion started with each participant introducing themselves by name, stating how long they have lived in Chitongo, and what they liked about the area. In this group, there were elaborate deliberations about masabe as possession and masabe as a ritual. It was apparent that among baTonga, the word masabe means both possession and the healing musical drama. They narrated the life challenges they faced prior to being diagnosed as

having masabe and then accepting the diagnosis. They expressed the difficulties they experienced in their affliction.

Focus Group 2 was held at Malita's homestead at 1 pm on 20 June 2018 and seven participants attended. This group comprised of some of the oldest participants in all the focus groups. The oldest participant in this group was about 85 years of age. They seemed pleased to have a chance to tell their stories. For the older people in this group, the discussion was an opportunity to teach. They discussed the role of many customary rituals, henceforth called *tunsiyansiya*, that they would have used over their lifetime. The younger participants, myself included, savoured the rare occasion to learn and connect with the history of the people. This group expressed a sense of loss of culture and detachment of modern health systems from how they experience themselves. Appendix G.1. provides the verbatim transcription of the focus group. (Appendix G.2. provides the English translation.)

Focus Group 3 took place at Malita's homestead at 1 pm on 21 June 2018. Six participants attended the focus group. All the participants in this group were the masabe presiders. These were the musicians, drummers, guitarists, percussionists and singers. Most were middle-aged men. They discussed their role in masabe and considered musicianship as a calling. They felt privileged to be called upon to share their talent and help people recover and restore their lives. They talked about how marginalised *tunsiyansiya* have become and yet the same *tunsiyansiya* still have functional value in the community. (Appendix G.1. provides the verbatim transcription and appendix G.2. is the English translation.)

Through the focus groups, the participants explored how they would like to design a therapeutic music process. Apart from the information I provided the participants in my introduction, I did not tell them any more about music therapy to allow them the freedom to adapt masabe in ways they deemed suitable. They decided on the location and the resources they would need for the music process. Malita's homestead was accepted as a suitable location. They also determined which musicians to access and invite from the village (who were well known to the participants) and sourced musical instruments. A communications person was appointed who was to contact the musicians.

The participants were eager to get on with the ritual. I realised that it is ritually appropriate to pay the musicians for their part in the ritual. Under usual circumstances, the community of the afflicted make the monetary contribution. It is not considered a fee for the

musicians' services. Rather, it is part of the ritual protocols. As can be seen from the data, this money is collected from *ba mukowa* (*Maternal relations*) by the therapy management group. Because I convened the gathering, and given the time constraint, I thought it was appropriate for me to assume the payment. Once the amount was decided, I took responsibility for making the contribution.

4.3 Musical healing ritual

Before I describe the ritual as we enacted it, let me indicate that masabe as ritual have an ad hoc nature to them. Each performance is determined by the dictates of the possessing spirit. There is no typical structure for masabe. The constant in the masabe dance ritual is music. Our planning session followed the extemporariness of the group. In part, the ritual as we planned it, reflected the nature of both masabe themselves, and the attitudes of baTonga towards the ritual. The masabe ritual can be seen as having multiple beginnings. As healing-musical-dance-dramas, masabe differ from other musical forms that are purely for entertainment such as cin'gande and kalyaba. Cin'gande and kalyaba pass as folk music. While cin'gande and kalyaba can be stand-alone musical form, they are also employed in the masabe ritual. Masabe bring together the many forms of baTonga music, all depending on the diagnostics performed and the remedies ban'ganga have arrived at for the afflicted person in question. In general, the music used in masabe is folk music. It is thus called because the music is akin to the lore of the people. It is inclusive, not just of people but the whole ecology of the locale. The music tells stories of the people, living and the living-dead or ancestors. The music tells stories of the intimate flora and fauna with which the people share space and time. Nzewi (1980: 1) argues that folk music reflects a communion of the people with not only the living, it equally reflects a "communion between the living and their dead, manifest in the preference for the cryptic potencies of inherited ancient instruments, costumery, symbols and formulae; the reverential deference to traditional modes and rituals, including libation and sacrifice; and in the characterised dance and dramatic representations of ancestral masquerades".

About folk music and its function in ritual, Nzewi (1980) writes that it affords a direct psychical communion between the people and deities/ "spirits who are characterised and who manifest themselves in some dances and masquerades. It is equally a communion between the people and the mythified phenomena of nature: the thunderstorms, the bolts of lightning, tornadoes, the sky, the mother earth, the sun, the moon; the nature spirits. All these are

manifest in the instruments, their performance requirements and implications; in the music types, forms and textures, in the performance rites and language.

Because the music is of the people, for the people and by the people, it could be considered democratic. The music is circular in form and performance. It is folk for the reasons mentioned already and also that the music is an identity with the environment as witnessed in the imitation of animal sounds in it, the characterisation of animal behaviours in mime, masquerade and dance movements; the folk thought that determines choice of material for instrument building with regard for the latent and imbued tone quality, resonance and cryptic potentials; the use of water for toning, resonance and tuning of some instruments; the various dance motifs that are inspired by bird and animal movements; musical worship and laudation of some of these life forms and nature.

Our musical healing ritual was held on the grounds of Malita's home. Even though it was a winter's day, it was warm enough to have people milling around midday. Slowly the musicians arrived each with their instrument of choice. I had a snack ready for each of the arrivals. The session was to start, as agreed, at 2 pm. As this time drew closer, every participant was present. I could see most participants carrying each their preferred attire. Some had colourful, beaded waist-skirts. Others were fetching buckets of water. There were 24 people at this point. Soon enough, the *ngoma yabukali* was sounded. *Ngoma yabukali* is a kind of ferocious drum rhythm. It is named *ngoma yabukali* to mean 'the drum of ferocity'. *Ngoma yabukali* announces the official start of the ritual. It is impossible not to hear it from miles away.

The participants responded to the music by performing the baTonga war dance. *Ngoma yabukali* lasted for four minutes. Then the opening ritual was performed. I was tasked with performing the role of mun'ganga (afflicted healer) here. At the beginning of the ritual, spirits are invoked. The spirits are of the people who have transitioned into the communion of ancestors. The encantation is a ritualistic invitation of their participation in the life of the community. One such action of the community is healing rituals. To appeal to the spirits, the leader of the ritual has to verbally acknowledge the spirits involvement in the community action through a chant. Because I was appointed the leader of the ritual, I had to chant: "We are here to be alive. We have brought ourselves to you. Kindly set us free from whatever holds us bondage in mind, body and spirit". This chant varies at each recitation. The essences

of aliveness and bringing ‘ourselves’ to the ritual are retained every time the chant is pronounced.

What followed was music and dancing. I noticed two overall movements in the musical healing ritual. One was the arch movement of the ritual with a definite beginning, a peaking and a resolution. Two was the individual participants who within the ritual moved in and out of performative prominence. Figure 2 attempts to show this movement pictorially. The larger arch represents the general movement of the ritual. The smaller arches represent participants and how each would become prominent for a while and then fuse back into the larger group. This movement happened highly organically in response to the music. There was an ongoing musical dialogue between the musicians and the dancers.

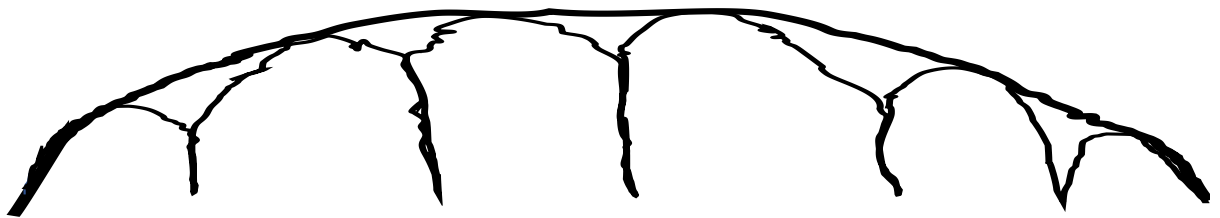


Figure 2: Musical healing ritual movements

4.4 Focus groups 4, 5 and 6

Focus Group 4 was held again at Malita’s homestead on 25 June 2018 at 2 pm. The discussion was one hour long. The session started with songs. This was the group of people who identify as *basimasabe*. The membership of this group parallels Focus Group 1 as described in Chapter 3 (3.5). Four participants attended. The purpose of this focus group was to reflect on each participants’ experience of the music healing ritual we enacted. The session began with a check-in. Each participant was to state how they were feeling or thinking about themselves at that particular moment. It was during the check-in when one of the participants stated that she had been experiencing bodily pains since the music healing ritual. Her sharing led to a discussion about the signs of *masabe* and what a person under such circumstances may have to do.

I took ill on the evening of our ritual and was found to have a bacterial infection at the hospital. During the focus group, the participants spoke about how they interpreted my illness as masabe possession. So, they indicated that I too was afflicted and that I needed to attend masabe as simasabe. The focus groups were initially planned to include six participants. Because the number of participants was initially limited to 18 people, we could not get every community member involved, which was read as discrimination by some members of the community. This was expressed during the current focus group by participants who did not take part in Focus Group 1 and decided to join Focus Group 4. They stated how disappointed they were at not being invited to the earlier discussions. They decided to be part of the focus group when they heard of the music healing ritual that took place. Participants in this focus group indicated how disappointed they were about the limited amount of time that was allocated for masabe. They would have wanted the sessions to have an open-ended structure. (A verbatim transcription is provided in appendix H.1. in ciTonga and appendix H.2. the English translation.)

Focus Group 5 took place on 25 June 2018 at 4 pm at Malita's homestead. Eight participants attended. The initial plan was to have six participants in each group. Because of the communitarian nature of the people in Chitongo, they are inclined to attend events as a collective. To select a small number of people was interpreted as exclusivity. They expressed displeasure at the seeming elitism. In this case, some people decided to join the focus groups voluntarily. They wanted to be part of the discussion of what affected them. I made the decision to open up the group to include people who wanted to be included in the focus group. Hence the number increasing in this group. The focus group was one hour long. Participants reflected on their experience of the musical ritual that they went through. Some participants expressed surprise at how they entered the experience. They discussed how they felt a lightness in body and mind. Some participants came for masabe at hearing the sound of music. Each participant had a chance to share a piece of music they desired during this focus group. It was a light-hearted session with much laughter. (Refer to appendix H.1. for the verbatim transcription and H.2. for the English translation.)

Focus Group 6, conducted at 3 pm on 26 June 2018 at Malita's homestead, had five participants in attendance. The focus group was one hour long. Appendix H.1. provides the verbatim transcription in ciTonga and appendix H.2. the English translation. This was a group of musicians. During the focus group, participants reflected on how we would need to extend

the time provided for the session. They also discussed the need for enough time to prepare so that all necessary ritual implements were available for use during the session. They were happy to be part of this research and hoped that the study would be expanded. The study afforded them an opportunity to talk about buTonga and the place of *tunsiyansiya* they feared would be lost. To the participants in this group, musical healing must continue as they know them to work for the people of the community.

4.5 Video excerpts

The length of the video recording of masabe was two hours and 30 minutes in total. The following excerpts were selected according to the criteria listed in section 3.3.3.1 of the previous chapter.

	The moment during the ritual	Time length	Description
Excerpt 1 Ngoma Yabukali	The beginning 00 min	8 min 18 sec	This excerpt is from the beginning of our designed ritual. A group of musicians, men, is seated to the east with musical instruments that include drums, rattles, shakers and a guitar. The music begins and a women’s group lines up to the west. Three men begin to play the drums. A woman who was part of the scene leaves the group by walking away. There are at least two men dancing with a group of women. Towards the end, I notice two men joining the group, and dancing very vigorously. One of them has a staff in his hand, and as the women stop dancing, he seems to be addressing them with the intention of getting a group going again.
Excerpt 2 Ngoma	30 minutes into the ritual	15 min 40 sec	There seems to be one central figure, a man, in this drama. I see tubs of water being focused on by the dancing. The man who is dancing takes a mug and pours water from one of the buckets. He spends some time dancing around this water. He falls face down and then dances on all fours. A woman pours out a whole bucket of water and rolls around in the mud for

			quite some time. She is attended to by some women. I notice a few of the men glancing at the camera. Eventually, the woman gets up, and the central figure, the man, dances more vigorously than ever. The music intensifies. It rises in tempo and rhythmic complexity. The supporters sing louder. They also increase their clapping.
Excerpt 3 Kubukilwa	45 minutes into the ritual	2 min 37 sec	I see a woman kneeling on all fours on the ground. One of the men is very vigorous in his dancing around her. There are two benches. Two drummers sit on the one in the front. Three women sit on the back bench and seem to take no part at all in the drama. Eventually, the prostrate woman gets up and she starts dancing with the man. The group's members are laughing and moving in and out of the musical circle.
Excerpt 4 Cikambekambe	2hrs The final 30 minutes	10 min 8 sec	This excerpt begins with one man drumming and one woman moving in rhythm with the drumming. People around them are clapping as a part of accompaniment to the music. Eventually one of those clapping joins in the dancing with the first woman. Then a man joins the scene, at first dancing solo, and then draws closer to one of the women in the middle of the musical circle. In the background I notice one child moving with the rhythm, but staying in the background. Then two drummers are involved in providing the beat. Finally, a male dancer seems to dominate the scene as he appears to take control. He is joined by two women as the dance comes to a conclusion.

Table 3: *Video excerpts*

4.6 Interpretive Phenomenological Analysis

I attempted to be sensitive to what the participants felt and said was important to them, to their 'working theories' and to their attributions of meanings. In analysing and interpreting the text, I also strove to be aware of my own cultural biases, 'local knowledge' and conceptual structures. Continual self-reflection and reflexivity on the analytical process and the obligation to observe my own processes helped me in the illumination and reformulation of data (Patton, 2002, in de Vos, et al., 2005). Self-reflection was aided by writing notes

during the whole data collection, preparation and analysis process. Some of the reflexive material influenced my thinking processes throughout the analysis and interpretation of the data.

4.7 Analysis process

Smith, et al. (2009:82) recommend interpretive phenomenological analysis as involving the following steps: (1) looking for themes in each case; (2) connecting the themes; (3) clustering of themes; and (4) proceeding to other cases. I adapted their steps to include reading and rereading of the source data, and initial noting as Figure 4 below shows.

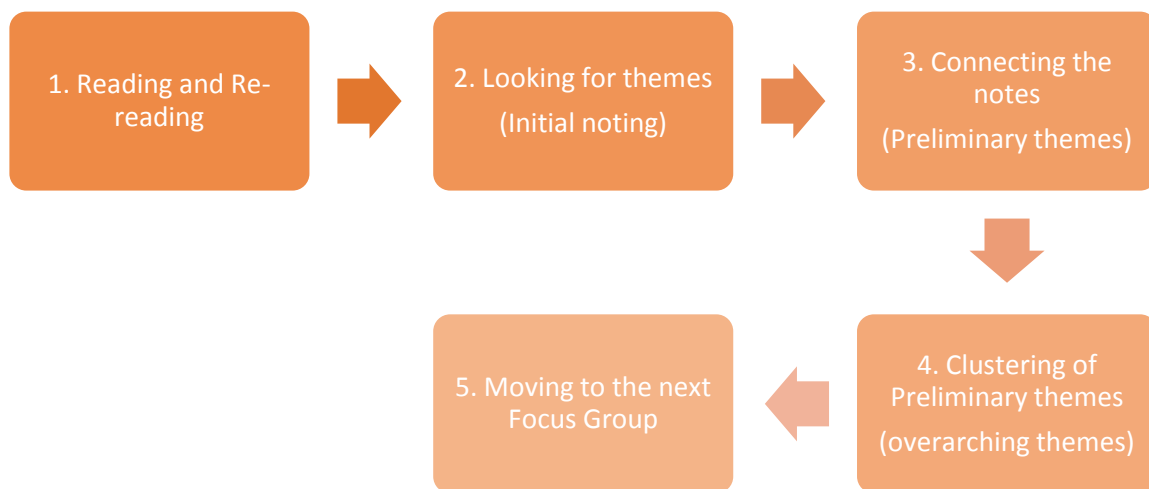


Figure 3: Analysis process

As I collected data from the focus groups at different times and procedurally prepared the data, this incrementally allowed me time to begin to understand and reflect on the data before the subsequent detailed analysis. During this stage, I made notes and comments in a supplementary document while transcribing focus group data. I initially focused on the six focus groups' transcribed data. I started the analysis from FG1 and moved on to FG2, FG3, FG4, FG5 and FG6. I then analysed the thick descriptions of the musical healing ritual. Although I initiated the steps in Figure 4 one after another, I also needed to engage with them continually and concomitantly throughout the data analysis process. In addition, the analysis process also involved constant feedback and comments from my research supervisor. The following sections describe the stages of analysis in more detail.

4.7.1 Reading and rereading, and making notes

Steps 1 and 2 involved getting increasingly familiar with the data from the focus group transcriptions and the thick descriptions. This iterative process enabled the discovery of new information not noted in the initial reading. As Smith, et al. (2009) suggested, these first two steps merged naturally. At this stage, for each focus group transcript, I highlighted the meaning units for ease of access later in the analysis. I then I drew a two-column table: the left column had the participant identifier (F=Female; M=Male) and I put the original data in the right column. I wrote the initial notings in the reviewing pane as the example from FG1 in Table 3 shows (See appendices I & J).

F1	I have lived in Chitongo for about 55 years. There is no bickering in this area. There isn't conflict per se. We are just happy living here. We get along with everyone.
M1	I have been here for 26 years, and I was born here. Life here is good as there are no conflicts. We have white farmers nearby making it easy to find casual jobs.
F2	I only came to Chitongo to settle. Where I stay there is no conflict. Peace is what makes me still be here. I have clocked 20 years of being here. I can attest that I have never heard someone being brought to book for fighting at our local courts. I have been around even as the older people that established these villages were dying. I have been here for a long time. If life was bad, I could have left this place for my home village long ago.
F3	My name is F3. I came to Chitongo to settle after many years we spent working in town. We were welcomed by the chief and the local people. Chitongo is not like any other place. When illness comes, you are assured that it is of natural causes. Of course, we have a bit of conflict as it is expected where more people are settled. But generally, the livelihood here is wonderful. We are even able to do our own farming.

Table 4: Initial noting

I gathered the notes in the review-pane to the right of table 3 and listed them in a table. The list I provide is based on the order in which the initial notes were identified in the transcript of FG1.

Initial Notings

Place

Land

Living with others

Peace

No conflict

Hospitality

Headpersons

Chief

Governance

Leadership

Spirits

Possession

Masabe

Buponi (livelihood)

Work

Food

Ancestry

Clan

Family

Relationships

Ngoma

Drums

Songs

Dance

Stories

Ban'ganga

Church

Hospital (wellness)

Table 5: List of initial notings of FG1

4.7.2 Connecting the initial notes

At this stage, I made connections between the initial notes. I grouped the initial notes in such a way that reflected a natural and sensible connection. For example, I grouped notes that related to place, well-being etc. Some of the notes were overlapping, as can be seen from Table 6.

Groups of Initial Notings

[Place, land, work, ancestry, food, clan]

[Living with others, peace, no conflict, hospitality]

[Headpersons, chief, governance, leadership]

[Spirits, possession, masabe, Ancestry, Ban'ganga, clan Ngoma, drums, songs, dance, stories]

[Buponi (livelihood), work, food, hospital (wellness)]

[Family, relationships, clan, ancestry]

[Church, tunsiyansiya/zilengwa]

Table 6: Groups of initial notings of FG1

I designated a name for each of the groups of initial notes. These names were preliminary themes. In Table 6, the column on the left shows the preliminary themes while the column on the right indicates the cluster of initial notes. I developed seven preliminary themes from the analysis of FG1.

Preliminary themes	Groups of initial notings
Sense of place	[Place, land, work, ancestry, food, clan]
Sense of community	[Living with others, peace, no conflict, hospitality]
Governance	[Headpersons, chief, governance, leadership]
Spirituality	[Spirits, possession, masabe, Ancestry, Ban'ganga, clan Ngoma, drums, songs, dance, stories]
Well-being	[Buponi (livelihood), work, food, hospital (wellness)]
Relationships	[Family, relationships, clan, ancestry]
Ways of knowing	[Church, tunsiyansiya/zilengwa]

Table 7: *Preliminary themes of FG1*

4.7.3 Clustering of preliminary themes

I then clustered the preliminary themes alongside the research question they appear to be responding to. Table 8 shows the research questions in the left column and preliminary themes in the corresponding column to the right for FG1. Again, I noticed that some of the themes seemed to answer more than one research question.

i.	What perceptions do baTonga of Mazabuka have of masabe?	Spirituality Well-being Tunsiyansiya Sense of place Governance
ii.	How could a music therapy process be designed for a group of baTonga people in a manner that is culturally sensitive according to their understandings of music and healing?	Ways of knowing Sense of community Relationships Spirituality Tunsiyansiya
iii.	What is the participants' experience of the musical healing ritual, which is prepared and executed in the process of the research?	Well-being Sense of place Sense of Community

Table 8: *Clusters of preliminary themes*

Through further examining the preliminary themes and considering how they were beginning to address the research questions, I began to develop overarching themes, namely: buTonga cosmology; musical healing ritual; well-being; and ways of knowing. 'BuTonga cosmology' relates research question one. 'Musical healing ritual' relates to research question number two, and 'well-being' relates to research question number three. 'Ways of Knowing' is a response to the participants' desire to have tunsiyansiya incorporated into response programmes in the community.

I re-checked the transcript to make sure there were relevant connections between the overarching themes and the primary source material (the actual words of the participants). To ensure this, I drew a summary table including all the words that supported each preliminary theme. This served as a collection of the participants' phrases that were linked to each related theme. Table 8 shows an example of a portion of such a table that was compiled for FG1 (see appendix K for all the theme summaries).

Themes Tables

Focus Group 1

Theme	Source Data
Cohesion	<p>“There is no bickering in this area.” “There isn’t conflict per se.” “We are just happy living here. We get along with everyone.”</p> <p>‘Life here is good as there are no conflicts.’ ‘Where I stay there is no conflict.’ ‘Peace is what makes me still be here.’ ‘I have clocked 20 years of being here.’ ‘I can attest that I have never heard someone being brought to book for fighting at our local courts.’ ‘Of course, we have a bit of conflict as it is expected where more people are settled.’ ‘There is harmony.’ ‘Of course, where people are gathered, conflicts will be expected.’ ‘If something goes wrong, people correct one another.’ ‘The livelihood in this area is very good as people live in harmony.’ ‘There is just peace and happiness in the community.’</p>
Organisation	<p>‘We were welcomed by the chief and the local people.’ ‘Chitongo is not like any other place.’</p>
Masabe Possession	<p>Sometimes I would sit under a shade. When we get first rains in August if am with someone, just upon seeing they can tell there is something wrong with me. Then I would tell him or her that there is something I need.... this year we shall have plenty of rain. She would ask... Where is the rain? I would say just keep quiet, it is there and coming. It will rain and shall cause havoc maybe just for two months. It will start raining at a certain point. It will rain normally without negatively affecting people. At night basangu would come. Then at night they would take me by a tree and say am getting mentally disturbed. “Put a pot by the fire and let her sit by the tree.</p> <p>I do walk to the river in my sleep. When I reach the river, I find fresh millet by the river. Then I would find a traditional pot and calabash for drinking water, and they would be eating mushrooms. They would then inform me that that’s the water they drink. I would then draw some of that water and drink. Most people are guided by spirits to see the medicines they need to use to treat others.</p> <p>Those are said to be possessed with Masabe, they were shown a vision with the medicine to help another person.</p> <p>Others are possessed and would just end up complaining about swollen feet like any other person. If one is really possessed and gets a vision, you would really be treated. If it means to dance for you to get better, they would do the dancing. Sometimes people just dance and not because they are possessed. Then they would suggest we go to the waters. Upon reaching the waters, those that are possessed would jump into the water. Just as they get into the water, a very dark animal would appear. there was an old man who came from the east. He was half-naked, didn’t have anything on except a black pair of trousers. He would be seated by the gate with all the tools he uses. He would then call me to join him to where he wants to work. When drums are played or guitar.... those that like drums do not like going for witchdoctors. The person doing the possession kind of treatment likes using the guitar. As for me, masabe entered me by causing infertility. I went to the hospital for treatment several times. Nothing happened until we decided to try ban’ganga. they send me for water. When the drums sound, I go there and sit on the side of where the spectacle is happening.</p>

Table 9: Summaries for the preliminary themes

Then I produced a table of themes which captured most strongly the respondents’ concerns on this particular topic. The table lists the overarching themes into which the preliminary themes were grouped. I present the final table of overarching themes (and their corresponding preliminary themes) for FG1 in Table 10.

Overarching themes	Preliminary themes
buTonga cosmology	Ancestry Masabe possession Spirituality Place Organisation
Well-being (bube)	Work Eating Harmony with nature; transitional beings Community cohesion
Ways of knowing	Tunsiyansiya (mun'ganga) Hospital Church
Musical healing ritual	Ngoma, dance, drums, songs, spirits, ban'ganga

Table 10: *Overarching themes with relative preliminary themes of FGI*

I repeated these steps for all the focus groups and the thick descriptions one by one. I provisionally assigned the same overarching themes identified from FG1 for the other five as a guiding framework. Hence, instead of identifying new overarching themes for each focus group, I clustered the preliminary themes of the other five focus groups into the same overarching themes. I organised different focus groups under the same overarching themes to allow each focus group (the part) to be connected with the others, contributing to shaping a united theme structure (the whole). I developed the whole from the parts of each data source (focus groups and thick descriptions) in tandem, while closely interacting with one another.

When I encountered differences between overarching themes and preliminary themes expressed by particular participants, I tracked back to the original data of the overarching theme and reconsidered the theme. Accordingly, throughout the process, I discarded or altered some overarching and preliminary themes that had previously emerged, and sometimes I added new overarching themes from one focus group to the next and the thick descriptions. This was necessary to undertake numerous hermeneutic dialogues, such as between themes and sources, between overarching themes and preliminary themes, between

the data from varying focus groups and the thick descriptions, and between the whole theme structure and a particular focus group and the thick descriptions.

After analysing all the focus groups and the thick descriptions the final themes were identified as follows:

Overarching themes	Preliminary themes
buTonga cosmology	Place Group ancestry Organisation Spirituality
Well-being	Community cohesion Harmony with nature Harmony with transitional beings Physical and mental Eating food Work
Ways of knowing	Hospital Church The school (Education) Tunsiyansiya (customary rituals)
Musical healing ritual	Mun'ganga (Afflicted healer) Therapy management group Ngoma (Music) Basikunjilwa (the afflicted) Time-space Witnesses (supporters)

Table 11: *Overarching themes and the relative preliminary themes for FGs 1, 2, 3, 4, 5 and 6 and the thick descriptions*

4.8 Brief descriptions of overarching themes

In this section, I will provide a summary of each superordinate theme. These will be discussed further – in relation to the research questions and the literature reviewed in Chapter 2, in the following chapter.

4.8.1 BuTonga cosmology

The overarching buTonga cosmology was formed from the preliminary themes of place, ancestry, organisation and spirituality as shown in Figure 5. I decided to group these themes under the main theme of buTonga cosmology because each of them answers the question of origin and nature of the world; humanity and buTonga existence generally.

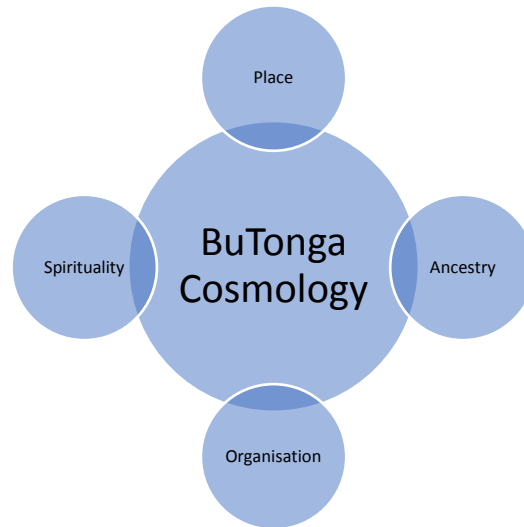


Figure 4: BuTonga cosmology

I use the word cosmology to mean the study of the origin, structure and development of the world or universe in its totality. It can also refer to the study of the meaning and nature of being. The universe is subjectively experienced as an ordered system. Nwala (1985) defines the term ‘cosmology’ as:

A framework of concepts and relations which humans erect in satisfaction of some emotional or intellectual drive, for the purpose of bringing descriptive order into the world as a whole, including humanity as one of its elements. The consequent cosmology suitably reflects the sociological, philosophical, creative and innovative predilections of the individual and their group. Cosmology and myths are related. They both attempt to address through narratives, issues bordering on the origin and nature of the world, humanity and existence generally. Cosmogonic myths offer a treatment of ‘the origin of the world and other phenomena’ contained therein. (p. 7)

If cosmology pervades people’s consciousness and is that which is generally taken for granted, I would argue that the participants revealed buTonga cosmology in their deliberations in the focus groups and during the musical healing ritual. In part, buTonga cosmology is evidenced by the detailed discussions on the nature of ghosts, spirits, ancestors

and how they relate to the ordinary life of the human community and the natural environment.

To speak of buTonga is at once to pronounce both overt and covert beliefs that influence the daily life of baTonga. Such beliefs are taken for granted in ordinary conversations. It is assumed, therefore, that when the word buTonga is used in speech, it refers to the totality of baTonga's existences. There seems to be an interplay of baTonga's lived experience being reflected in a functional cosmology, and the cosmology informing buTonga mythologies and worldview. This implies an agreement with Metuh's intimation (1999:27) that myths reveal certain realities about people's religious truths, their understanding of their environment, geography, history, medicine and their social and political institutions. Metuh further insinuates that myths could be presentations of the outlook of the life of people living in communities, as well as an objective and permanent philosophy of life. Consequently, myths are used to express the views of the referent community. BaTonga speak in dense symbolism, riddles, idioms and figures. An example of such is a discussion on *namacaaca* in focus group 2. Namacaaca is a mythological figure who is sought after by the people. A ritual is performed to elicit the appearance of namacaaca.

4.8.2 Well-being

I decided to name the second overarching theme as 'well-being'. The themes of well-being comprised of the preliminary themes supportive of life and the lifeforce in every individual and the community. When asked to describe a person with good health, participants included harmony; with nature and transitional beings, community cohesion, physical and mental well-being, ability to work, and eat. Figure 6 depicts well-being and relative preliminary themes.



Figure 5: Well-being

The data showed that well-being was perceived by the participants as an individual’s ability to work, eat and relate well with other community members and by so doing participating in the life of the community. To fully participate in the life of the community, an individual must be considered to be of sound mind, body and spirit. The data shows references to *nyama* (flesh) or *mubili* (body), *mizeezo* (rumination) and *muuya* (Spirit). From the group discussions, participants talked of well-being as including an individual’s ability to live in harmony with others in the community. There seems to be a high premium on cohesion in the community. Cohesion was mentioned by most participants as the reason they continue to live in Chitongo. The data also indicate that freedom from harmful interferences by transitional beings is essential. Transitional beings are members of the community who have passed away and are still not ritually considered ancestors.

In the focus groups 1, 2 and 3, there were discussions of how important it is to adhere to the instructions of the spirits and *mizimo* (ancestors) for holistic well-being. The bounty of the land was reflected on as important. That the community is able to grow crops and rear animals on the land was considered. Thus, the subthemes of work, eating, cohesion, harmony with nature and with transitional beings, and physical and mental wellness were grouped within the main theme of well-being. ‘Well-being’ is the closest phrase to what baTonga refer to as *buumi* (life), *bube* (being) or *nseba* (wellness).

4.8.3 Ways of knowing

The preliminary themes of hospital, church, school and tunsiyansiya were grouped together under the overarching theme of ways of knowing, as shown in Figure 7. These preliminary themes relate to the contexts within which health knowledge systems (that the participants depend upon for well-being) operate. I became aware to what extent each of these ways of knowing was relied upon by the participants. There seemed to be moments, however, when these systems were experienced as conflicting.

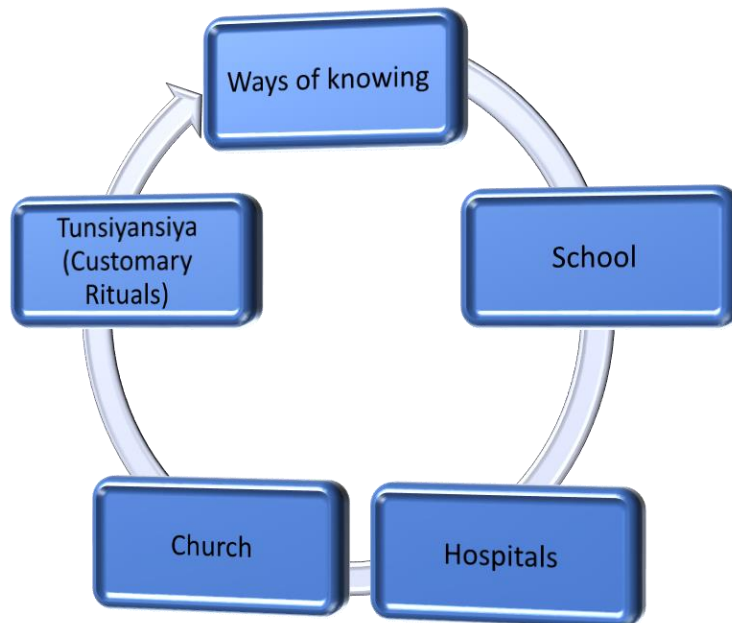


Figure 6: Ways of knowing

4.8.4 Musical healing ritual

The fourth overarching theme, musical healing ritual (refer to Figure 8), was formed from the preliminary themes of *mun'ganga* (afflicted healer), therapy management group, *ngoma* (music), *basikunjilwa* (the afflicted), time-space and witnesses (supporters). Central to this theme are all the components of a musical healing ritual as it exists in masabe and also as we designed ours. In speaking of musical healing rituals, the participants insisted on using the word masabe. Masabe is the word used to speak of spirit possession and the musical healing ritual simultaneously. Masabe as musical healing ritual only happen at the right time and place, when there is mun'ganga, witnesses or supporters, basikunjilwa with the facilitation of the therapy management group and musicians in the context of ritual music.



Figure 7: Musical healing ritual

4.9 Conclusion

In this chapter, I described the procedure for analysing the data produced through the focus groups and the music healing ritual we performed and presented the findings. In the following chapter, I will discuss and interpret the findings in light of the literature reviewed in Chapter 2.

CHAPTER 5: DISCUSSION OF FINDINGS

5.1 Introduction

In this chapter, I recapitulate the purpose of the study and the major findings. I then discuss these further, relating the findings to previous research and demonstrating how the research questions were addressed.

5.2 Recapitulation of purpose and findings

The aim of my study was to explore the place of music therapy in the life of baTonga of Mazabuka. The exploration took the form of examining the already existing musical healing ritual of masabe. To do so, this research was designed to answer the following questions:

- i. What perceptions do baTonga of Mazabuka have of masabe?
- ii. How could a music therapy process be designed for a group of baTonga people in a manner that is culturally sensitive according to their understandings of music and healing?
- iii. What is the participants' experience of the musical healing ritual, which is prepared and executed in the process of the research?

By taking a stance informed by critical theory, I aimed to engage participants in formulating a musical ritual that was sensitive to their cultural context. In Chapter 2 section 2.2, I elaborate on critical theory and why I took its positioning. In the sections below, using the data from the transcriptions of the focus groups and the thick descriptions of the musical healing ritual, I explore how the research questions were addressed. First, I will give a brief description of the context within which the research took place.

5.3 Context: BuTonga cosmology

When I decided to investigate the place of music therapy among baTonga of Mazabuka, I did not realise that I would be reflecting on context as significant. There were aspects of the Chitongo community I took for granted. After all, I have had some contacts with the people of the village over my life-time because my parents originated from Chitongo. I took for granted what it meant to live life as muTonga in Chitongo. I recognised myself as muTonga, yet I did not realise that I evolved as a different kind of muTonga because of the passing of years and diversity of my life experiences. As I entered the community, I noticed how I needed to reorient myself to buTonga through my basic use of the ciTonga language. My re-entry into the community revealed, too, aspects of buTonga existence that I always took for

granted. Doing this study, and interacting with the participants afforded me the time, space and rare intellectual permission to evaluate what has created me. I think it is important for me, a muTonga, who seeks to practice as a music therapist, to have some understanding of myself, albeit in ever-evolving fashion.

In general, this study was a homecoming for me, and an exploration of what muTonga music therapist would bring into the global music therapy community on one hand, and how a muTonga music therapist would facilitate music therapy in buTonga in a context where musical healing rituals exist. Music therapy is for me a way of knowing, being in and participating in the universe. Kenny (2014:4) said it better when she suggested that in the field of play, music therapy is a way of participating in the ecology of being. She recommended that music therapists return to a kind of Aboriginal continuity, being aware of our deep and meaningful ways. In this section, I attempt to reveal the complexity of buTonga as I encountered it through the research participants.

Context means many things to many people. There are as many contexts as there are people because each of our lives happens within a specific internal, external and interwoven space. Rolvjord and Stige (2015:10) reported music therapists indexing of clinical contexts, community contexts, cultural contexts, everyday contexts, health-care contexts, historical contexts and many more. They concluded their literature review by suggesting three important understandings of context: music therapy in context, music therapy as context and music therapy as interacting contexts. In the case of this study, I am using the notion of context to refer to that which, in a situation, may be taken for granted, and yet impacts discourse and meaning. There are rules of inference that an insider may have and yet fail to fully represent in translation. In cultural studies, and especially in ethnographic studies, it is necessary to recognise that there are prevailing intuitive descriptions of some features within the communicative situation that may not be translatable in words (Van Dijk, 1977:191). I recognise that my presentation of buTonga cosmology as I encountered it in this research is not the whole context. I am presenting aspects of buTonga cosmology that were apparent in our interaction. BuTonga (“of being muTonga”) cosmology is the context within which the research was conducted. Context is inseparable from discourse production and interpretation.

In discussing musical healing, the main theme of cosmology was crucial to explore because when the participants described their perceptions of masabe, I found that it was inextricably linked to their understandings of their relational contexts and worldviews. Using the data from the transcriptions of the focus groups and my insider knowledge, I will show

how the participants revealed buTonga cosmology. I defined cosmology and how it relates to myth in Chapter two section 2.3. Myths present a cosmology (Moore, 1992), in other words, an understanding of the cosmos (Kragh, 2007:1). For the ancient Greeks, “cosmos” was a word that carried connotations such as order, regular behaviour and beauty. I further discussed how myths inform ritual. Within this understanding of the interplay between cosmology, mythology and ritual, I thought it imperative to discuss buTonga cosmology as a context of importance in understanding tunsiyansiya of baTonga.

5.3.1 Spirit possession and spirituality

BaTonga have had a particular primal cosmology, as inferred by the narratives in the focus groups and the symbolisms in the musical healing ritual. BuTonga cosmology (see Figure 5 in Chapter 4), as described in the focus groups, relates to clan perpetuation. The spirit narratives affirm the complex conceptual relationships that exist between the living, the living dead (transitional beings), and the more-than-human world. These spirit tales related to place, ancestry, organisation and spiritual possession (masabe). Chilisa (2017:328) refers to the intricacy of relationships such as these, the cosmology of connectedness and spirituality.

Tales of spirit possession intrigued me in two ways. First, by the contents of the stories and second by the impact such possessions have on the ordinary life of the person who is afflicted. The content of the tales had so much imagery and drama as the following narrative from F1 in FG1 exposes her sense of the universe she lives in:

Then at night they would take me by a tree and say I am getting mentally disturbed. “Put a pot by the fire and let her sit by the tree. Then make tattoos on her. When the water in the pot boils, put it on her head then I will take her to the river to immerse her in special water. I will make her pass in between trees as we go to the river. When we get into the water, I will ask her to kneel down and to put the pot down. Then I would instruct that we get back immediately. When we get back, she would be fine after undergoing this ritual. All the ‘madness’ would have remained in the waters.”

There are a lot of things we see; others need the intervention of the sacred shrines. You would find a big snake by the grave and it starts raining. The snakes would make a fence around me then I would start dancing. I treat people on a number of problems.

The images in the stories of possession, such as those offered in F1, seemed somewhat immediate and with sensory expectations of actions. They were mentally rehearsed and perceptually involved inner representations of symbolic visitors. The participants’ rich

perceptual imagination evidently infiltrated our design of the ritual, as would be seen by the music symbolisms that would be employed. The participants transferred their imaginal figures, such as mermaids, ancestral spirits, deities and terrestrial beings into constructive imagery. During our musical healing ritual, I noticed how the participants turned Schaefer's (2017:27) perceptual imagery into constructive imagery. Constructive imagery within the context of a ritual is indeliberate. It is a function of a perceptual organisation supported by the music and musical symbolism.

I also heard unglamorous tales of the affliction the victims of possession had to live with and the impact of such possession on their lives, and by extension, their families and the community. I share the following story as told by M1 from FG1 as an example:

...this condition doesn't give me freedom. Zinjila can close my paths sometimes. If, for instance, I want to go to Munjile for a woman, my back may start to ache. If I want to eat something, and zinjila do not want me to in that week, I will not eat that food. Zinjila choose just what they want. They do not want to be dictated to. They dictate. That's the difficulty I find in zinjila. Even if we decided to work now, you might find that I get a headache. That's the challenge. It is only awesome when it comes to medicines and healing when it accepts you.

In the focus groups, such stories were told sometimes with poetic drama. It was clear to me that the stories, while speaking with a sense of pain, also revealed spiritualism involving the more-than-human world. For example, when the tales of treatment were told. F1 in FG6 said:

When the time to meet your physician has come, the healer boils concoctions in five big clay pots. The moment they finish boiling the concoctions, the spirits that possess you to begin to fight you, resisting to be cast out. The angels' dress code is like this; the right side of the body is red and the left side is black like this hat. If they seize you like this, you are finished. They command you to kneel down. You comply. When the marine spirit starts, it is only about marine affairs. In the water are a small hut, a small hoe and a small clay pot. The small hut is there erected. From there the angels pick you with a white plate. They now say, can you erect houses. We want to work. It must not sink or disappear. I am merely narrating to you.

This story and others like it which I heard in the focus groups suggested to me that there was something in the narrators that related to the more-than-human world. The stories signalled a particular relationship to elements of their natural environment. This is consistent with how most indigenous communities view their place in the world they inhabit. Kritzinger

(2014:2) found that primal people show a close and intimate relationship with the environment as the environment is manifested in the people's tales; of beauty, adventure, aspirations and failure.

The stories are simple and down to earth, and yet contain a deeper reality of communion. These stories mattered as they influenced how the speaker accommodated much of their lifestyle and spirituality, places and rituals. Spirituality is a way of simply acknowledging that beliefs and practices touch on and inform every facet of human life, and cannot be separated from the everyday or mundane. BuTonga cosmology contains within it a sense of the spiritual, elemental and immediate. Let me share another example from F2 in FG1 as she narrates here spirit possession that included visits to rivers and being offered food items like maize or millet:

I do walk to the river in my sleep. When I reach the river, I find fresh millet by the river. Then I would find a traditional pot and calabash for drinking water, and they would be eating mushrooms. They would then inform me that that's the water they drink. I would then draw some of that water and drink. At times they would keep me in the waters to cross the river. When I cross the river, I would meet white doves and people clad in white clothes. They would stop in front of me and start singing. I would also join them in singing. They would then instruct me to go and not to stop. I would oblige and go back.

These narratives compelled me to consider the place of spirituality among baTonga and how I could work with it as a music therapist. The spiritual in this case referred to how the world of the living interacts with the world of the other-worldly. There appears to be congruency between the data from the focus groups and the reflections on African cosmology by Chilisa et al. (2017), Chilisa, Khudu-Petersen and Major (2017), Hartman (1990), Mbembe (2015), Ngugi wa Thiong'o (1991), Smith (1999), Thabede (2008) and Wilson (2001) discussed in chapter two. Chilisa, et al. (2017:328), for example, present how an African cosmology of connectedness and spirituality promotes harmony and balance as well as critical inquiry and 'fearless aspiration for new paradigms', deriving its assumptions from 'we-ness' and 'us-ness' and the I/we relationship.

I am aware that spirituality, in general, is a contentious concept. It is reported to be even more problematic within the context of evidence-based health professions such as psychotherapy (Miller & Thorsen, 1999:3). Increasingly, however, professionals have begun to explore the possibilities of working with clients incorporating spirituality. Miller's (1999) compendium of articles exploring the integration of spirituality into treatment is a good

reference. Spirituality in music therapy has received notable investigation (Aldridge, 1995; Argue and Potvin, 2014; Connolly and Moss, 2019; Magill, 2009; Tsiris, 2018). While spirituality is a difficult concept to deal with, removed from piety and religiosity, and cerebral intellectualism, I like to think of spirituality in the way Tsiris (2018:8) expressed it;

Situated in people's diverse meanings and experiences, spirituality is experienced as part of being and acting in the world and as part of everything that makes this world, including its sociocultural and material aspects. Embodied and enacted within particular space-time contexts, spirituality lives beyond the discursive domain.

De Chardin (1955:266) indicated that there is something in every being that would account for an irresistible instinct that leads us towards unity in whatever direction our passions are stirred; a sense of the universe, a sense of them all, the nostalgia which seizes us when confronted by nature, beauty, music. He argued that we all have an awareness of a Great Presence, whatever name we may use. In primal and elemental communities, it may be experienced as a fundamental vibration, a resonance with the "All". I resonate with De Chardin (1955:284) exclamation that we are not human beings having a spiritual experience, but rather spiritual beings having a human experience. Perhaps, the ecosystems view I presented in Chapter 2 section 2.1, is a suitable reflection of the world contained in the tale. Swimme and Berry's (1992:66) differentiation, subjectivity, and communion are profound concepts for appreciating human participation in our immediate world and the mythical realms. In the ecosystems-view, our experience of being is in relation to other beings. Our experience of self, personhood (*buntu*) is resultingly dialogical. The dialogue occurs between the natural world and the individual, the individual and the collective. Dialogical personhood mirrors Adomaitiené and Zubrickiené's (2010:7) intrapersonal, interpersonal, extrapersonal and transpersonal spheres of personal experience.

5.3.2 Place

BuTonga cosmology is reflected in the stories the participants told that answered the questions: Who are we? Where are we from? Why are we here? and Where are we going? BuTonga is lived out of a relational cosmology. The participants actively referred to the importance of their relationships with place. Place in this study referred to the geographical area of Chitongo. When the participants were asked to describe the area, all of them in different words referred to the geography of Chitongo, social organisation, interpersonal

relationships and how important it is for them to know that the spirits of the land accept them.

For example, F1 in FG2 said:

I live in Chitongo area under chief Sianjalika. I have lived here for the past 40 years. I was actually born here and I have grown up within this same area. Chitongo area, unlike the neighbouring areas, has no record of thieves. We enjoy peace because people are not quarrelsome at the same time. Developmental projects have been implemented and executed very well because the people we choose to represent us are not selfish. They don't steal development funds. They are able to fight poverty. This they do so that even the underprivileged can also emerge; they have been given cattle as well. There are no discrimination cases in terms of social classes as compared to other areas.

In FG1, F1, M1, and F4 all referred to a place in terms of how they live together in harmony with other people, their leaders and the environment that allows them to grow food and raise children. Being able to raise children in an area is an important consideration for anyone to continue living in any place. For example, in 2001, my younger sister Fanny died after three days of illness. My parents had just retired three years prior and decided to resettle in Chibombo, and the area they only knew about through my mother's brother. Fanny died within two weeks of me and her visiting my parents on holidays. Her passing changed my mother's relationship with that place. She insisted that they relocate. She left my father when he did not want to relocate elsewhere, with the promise that she'd only return to him when he was ready to move. She immediately instructed me to leave and not return to the place. Within the following few months, she left my father. My mother's relationship with Chibombo did not recover when my elder sister Susan died in the same place seven years later. She believed that the spirits of the area were hostile to her and the family. Adversarial relationships with place are always avoided. Any perpetual conflict was considered as unhealthy. F2 in FG1 reflects on why she continues to live in Chitongo:

Where I stay there is no conflict. Peace is what makes me still be here. I have clocked 20 years of being here. I can attest that I have never heard someone being brought to book for fighting at our local courts. I have been around even as the older people that established these villages were dying. I have been here for a long time. If life was bad, I could have left this place for my home village long ago.

The participants' contemplations of place are relatable to studies such as those by

Aitken and Campelo (2011), Arora and Khazanchi (2014), Anholt (2003, 2010), Ashworth and Kavaratzis (eds.) (2010), Ashworth and Larkham (2013), Ateljevic, Morgan and Pritchard (eds.) (2013), Buhalis, Leung and Law (2011), Casakin, Hernández and Ruiz (2015), Cresswell (2013), Dripe (2012), Flint (2013), Genco and Sorce (2010), Górný and Toruńczyk-Ruiz (2013), Marzano (2016) and Qazimi (2014), in the findings about human attachment to place and the associated thought, action and affect. Marzano (2015:41) analyses research that explored multiple dimensions related to the notions of place attachment and place identity focusing on their relationship with place branding. Marzano opined that the appeal of a place not only reflected the subjective emotional attachment of an individual, but it was the result of multifarious elements that formed the place perceived identity. According to Marzano (2015:41), place identity is a moot notion, which encompasses a large heterogeneous set of components including personal cherished aspects, physical facets, such as an environmental condition and landscape, social aspects, such as lifestyle, social attribution, social status, and other less precise terms, such as the spirit of place, soul of place and cultural landscape. The identity of a place often presents remarkable and sometimes contradictory discrepancy among groups of individuals and local communities living in the same place. This relates to how the participants spoke of Chitongo as their place. For instance, F4 in FG1 stated:

Just like others have said, I can see the goodness of this place. There is harmony. Of course, where people are gathered, conflicts will be expected. If something goes wrong, people correct one another. We were welcomed very well by the village headman such that even to date, we still feel welcome. The other good thing is that we are given a piece of land to do some farming, be able to feed our families. There is not so much of problems.

Most of the participants were born in Chitongo and so, they considered Chitongo their ancestral home (*balaanyika*). They saw the land as theirs to control and share. A few of the participants described themselves as immigrants (*bamuzwakule*). This kind of self-definition, and relating to place (land) among baTonga is consistent with the Colson's (2006) and O'Brien's (1985) observations baTonga. It is common to hear people describing themselves as *mwanaabulongo* (child of the soil). The participants showed subtle differences and similarities in referring to their sense of place. The difference exists because *balaanyika* have direct authority over the place. Their ancestors lived in the place and on the particular land. They have direct access to the local deities. They can actively manipulate their interaction with the place. While *bamuzwakule* are dependent on the hospitality of *balaanyika* they are

similar because both groups claim to have the place by the inspiration of ancestors even though in different ways. Balaanyika have a natural relationship with the place and bamuzwakule through their interaction with spirits that guided them to this place. This guidance may have been by way of marriage or sheer need for land.

Notice how F3 in FG1 speaks about the place:

I came to Chitongo to settle after many years we spent working in town. We were welcomed by the chief and the local people. Chitongo is not like any other place. When illness comes, you are assured that it is of natural causes. Of course, we have a bit of conflict as it is expected where more people are settled. But generally, the livelihood here is wonderful. We are even able to do our own farming.

She explicitly makes mention of how she acquired the land from the local community leaders. This is absent from the way balaanyika speak about their relationship to the land. For example, F1 in FG2 said:

...I have lived here for the past 40 years. I was actually born here and I have grown up within this same area. Chitongo area, unlike the neighbouring areas, has no record of thieves. We enjoy peace because people are not quarrelsome at the same time.

F2 in FG1 spoke of her sense of place by referring to having and raising children:

... I am 85 years old. I conquer with my friends about the goodness of this place. In the many years, I have lived in this area I have had many children. I am now 85 years old and still healthy and this is what excites me to live under Chief Sianjalika.

There is a large corpus of research such as that by Górny and Toruńczyk-Ruiz (2013), Qazimi (2014) and Marzano (2015) that speak to how different people relate to place. Studies of migrants have suggested how the migrants may sometimes not demonstrate strong attachment to their new places. However, they could tend to be more attached to their neighbourhood than were the natives in certain places. Place attachment is considered strictly interrelated with place identity and is claimed to be both a functional and affective relationship. There are utilitarian and practical bonds to the place, but, at the same time, the relationship to the place goes beyond people's cognition, preference or judgment (Marzano, 2015:42). Marzano is of the view that a place as a holistic entity that is valued as an end in itself no longer makes sense because place identity results from of an interactive process, which involves many actors and is culturally sensitive. A place contains features both

tangible and intangible. Qazimi (2014) opined that place harbours the associations and feelings people have in hearing and seeing a particular place. Sense of place alludes to relationships between humans and the environment. Place identity, according to Qazimi (2014), relates to elements such as memories, values, thoughts, feelings, ideas, and settings such as homes, neighbourhoods and schools. Qazimi depicts five functions of place identity as recognition, meaning, expressive-requirement, mediating change, anxiety and defence. Place identity is a database on which every situation is experienced.

5.3.3 Time

During the planning meeting, we discussed the timetable and agreed on meeting times. At this stage, time to me referred to the clock. Only when we were to meet did I realise that the participants and I were operating out of different concepts of time. For example, on the first day, we were to meet at 9 am. We were only able to meet at 11 am as that is when all the participants arrived. I noticed that no one was upset. Later I learned that they have a method they communicate meeting times that includes walking through homesteads. One person takes up the lead and goes to fetch the next person and then the next until they all would walk to the meeting point together. I recognised the pattern as soon as one participant told me that they were waiting for another participant as they commuted. I saw my mother doing the same when I was a child. There are studies that have investigated the nature of time that suggest that my experience during this study speaks to the assumption that time is experienced linearly by every person or community, and that time is one moment after another (for example, Duncheon and Tierney (2013); Mbiti (2000); Pickering (2004)).

For instance, Duncheon and Tierney (2013) theoretically analysed three temporal perspectives of time that included : (a) clock time, measured in objective, linear units; (b) socially-constructed time, experienced subjectively according to social and cultural context; and (c) virtual time, a new category that synthesizes emergent temporal theory in the digital age. They concluded that while the existing temporal paradigms, clock time and socially constructed time, offer unique contributions, they are not sufficient to understand the multifaceted realities of emergent and virtual time. It took me this experience to face my own assumptions of time and, yet, I intellectually knew before that there were such differences in time concepts. Eventually, a participant suggested that we rather have the meetings when every participant is available, in which case it meant meeting in the afternoons, “so that we can attend to one or two things in the morning,” one said.

Another aspect of the time concept was ritual time. I knew that there was value in paying attention to clock time for practical reasons. Yet, ritual time is its own unique rhythm. Some participants volunteered, albeit, not explicitly their perception of time. I realised through how the participants conceptualised time that it was an understated component of the ritual. For instance, F4 said in FG1, “Please increase time allocation; two hours is too short.”

Only during the ritual did I realise that, while there was necessarily Chronos, ritual time takes a different structure, Kairos. We conceive of time as a continuum, but we perceive it in discretised units—or, rather, *as* discretised units. Just as objective time is dictated by clocks, subjective time (barring external influences) aligns to physiological metronomes. In the course of the ritual, moments that seem to transport some participants, there is a focusing of awareness, and, according to Vaitl, Birbaumer, Gruzelier, Jamieson, Kotchoubey, Kübler, and Sammer (2005:98), there is a possible alteration of states of consciousness. During these moments there may be a shifting perception of time and space; time seems to slow down and space expands. Space appears to be inclusive and accommodating and time becomes less linear. The music may create discrete temporal units but ones that do not typically align with the discrete temporal units in which we measure time. Rather, music embodies (or, rather, *is embodied within*) a separate, quasi-independent concept of time, able to distort or negate ‘clock-time’. This other time creates a parallel temporal world in which we are prone to lose ourselves, or at least to lose all semblance of objective time.

I was not entirely surprised when in focus groups 4, 5 and 6, I heard some of the participants critique our use of time. The participants would have preferred to have had more time-space for the ritual. Healing rituals were not considered to be limited by “clock time”. They needed to last as long as the patient required, as the ritual should proceed until the person received some remedy for the ailment. In FG6, M1 reflected on this in light of masabe, saying, “We cannot say that we start at this time and finish at that time. Sometimes, they take two days. It all depends on what zinjila want. It can rise and set, and again”. To the same effect he further stated, “Firstly, there is barely very little time to perform in the afternoon. We would prefer mornings because that guarantees you a lot of time. We don’t operate like whites who segment programmes in time intervals – we want to go on and on.”

Participants in FG4 indicated that the time we allocated was not enough:

F3: Our desire is, once you have commenced the activity, you carry on until you get full satisfaction that, yes, indeed we have done it!

F1: If you start in the morning, by noon dancers should swap with those clapping, and we incorporate guitarists as well since we are possessed by the same spirits.

F5: Please consider our plea; we are not satisfied with the 1 hour, 1-hour segments. And being ordered to give way for those clapping. You are frustratingly limiting our passion. We really do give it all. We want to work. We do not want abrupt interruptions. You can see for yourself that this activity is quite involving. It is a lot of work!

5.3.4 Ancestry

There appears to be a complex relationship between place and ancestry as explained by the participants. I noticed how the participants' ancestry influenced how they related to the place. Some of the participants considered themselves as belonging to the land (*balaanyika*). There were others who were aware of being immigrants (*bamuzwakule*). *Balaanyika* have direct access to the local deities as they are of the same bloodline, while *bamuzwakule* have to have the intermediary of *balaanyika*. Whether the participants saw themselves as *balaanyika* or *bamuzwakule* impacted how they told their story of belonging. Ancestry is a complex subject to discuss and yet it is a significant part of buTonga cosmology. Ancestry is the backdrop for the definition of relationships within buTonga. As much as ancestry is tied to place, so are relationships. FG2 had considerable discussions of and how participants' sense of place varied.

Spirits of transitional beings are of people who have passed away. Like the Catholic belief in purgatory, buTonga believe that when people pass away (*kuzimina*), they undergo various forms of purification before they finally enter the communion of ancestors. Spirits, in the form of ghosts, manifest in the process. The person who has passed away continues, until such a time when they have a permanent abode in the communion of ancestors, to actively participate in the everyday life of the community through possession. The discussion in FG1 went along the lines of spirit possession before F1 particularly asked the question: Can someone tell me the difference between a ghost and a spirit or even *musangu*? The following dialogue ensued:

M2: A ghost is shade or shadow of a dead person

M1: There are both tall and short shadows: a human being has three shadows. I witnessed my very shadow. The shortest shadow in the spirit that possesses people (the living).

M2: At the same time there are some very small ghosts; if there are always some voices coming from invisible speakers in a home, just know there are spirits. If not, just know that one of you is entered by spirits.

There is a myriad of relationships that together form the identity of individuals and the community. The community is comprised of humans, the natural environment, the built environment, animals, both domestic and wild, ancestors and spirits. According to some participants, all these relationships must be in harmony for individuals and the community to experience wholesome livelihoods. F1, in FG1, exemplified the mythopoetic relationship of all things in her description of her possession when she said:

As for me, I was dwelling in the mountains. I would see different types of snakes; a white one, a black one and you stay put. Again, a spotted one in which one end was black and the other end white and the spirits say, your friend has passed by; there he goes. Stand up right away. This is how my breakthrough to have children come by in my family/home. Before these spiritual beings' past, I never experienced this attack. I would be seated in one position. If it means the sun setting while in that same position, so be it. If it means sleeping over in the mountains, I would do so. This is how these spirits treat you. Some spectators say we prefer dancing and shake our waists to show off our buttocks yet it is not deliberate. We equally have no idea how these attacks come about.

In such a thick tapestry of relationships, personhood is perceived and experienced in proximity to ancestors and place. Identification with ancestors and place defines the strength of a person's entitlements in the community. Between individual relationships with ancestors or transitional beings and place lies the collective identity called a clan. The clan is the communal self. These relationships play an important role in individuals' everyday lives, and in special moments, such as rites of passage and healing rituals. For example, M3 in FG3 described the role of the clan, especially the maternal clan of the person who is afflicted, as baTonga are matrilineal. M3 said:

The afflicted will sit close to the drums in an open space. Then someone from the mother's clan and sometimes someone from the father's clan will intone in a loud voice; "Here we bring the drums. Release our person now". That way zinjila would be appeased. They might say, "The clan of the person we have entered have honoured us."

The complexity of relationships is revealed by the way the participants described possession. It appeared to me that the participants experienced personhood in between the personal and the collective. As a member of *baleya* (goat) clan, I am still participating in the life of the community as an individual. I do not know myself entirely through the collective, nor in isolation. The complex personhood is a departure from the temptation to differentiate

personhood based on popular dichotomies of the individual and the collective. The dichotomy of the collective individual is what Naude (2019:215) labours to dispel, by challenging the uncritical acceptance of ubuntu as defining humanness. Naude (2019:225) engages with the complexity of personhood and concludes that individual personhood and autonomy in sociality are prevalent in all societies. How does this complex personhood play out in musical healing ritual among baTonga?

There seems to be no distinction between the individual who is possessed and the possession of the community with ancestral spirits. Somehow, the individual possession is the possession of the community. One individual is representative of the whole community. When one individual is unwell, it is because the whole community is out of balance with the community of beings. So, one person being ill means the whole community is ill. For instance, in FG3, M2 said:

When it comes to Masabe they are different for each person. It is believed that the possessed person is gifted. Though it is painful for the one possessed, it is a gift given to them by the community. S/he is given that gift so that s/he can help other members of the community when s/he gets possessed.

Consequently, according to the participants, the community must come together through a ritual to bring about healing. That healing is not just for the individual; it is for the whole community. Masabe are community music healing rituals that gather people for such healing.

5.3.5 Organisation

Negotiating complex interpersonal, intrapersonal, extrapersonal and transpersonal relationships require competencies (Adomaitiené & Zurickiené, 2010:1). I think competencies' development requires structure – sociopolitical or otherwise. Structure somehow must be managed and sustained. Through managing structure, we manage our complex relationships. Managing such relationships brings into question the issue of organisation. As already stated in Chapter 2, baTonga are considered a decentralised community. No one individual, except for ritual functions, has power over the people (Colson, 1997, 2006). Colson (1995, 1997, 2006) and O'Brien (1985) suggest that among baTonga, power and control seem to be organised around taboos, rites, and lineage. This, Colson (1985) observed, is because control among baTonga is exercised through spirits. The spirits, according to Colson (1997:49), among baTonga, with control relate to rains *baami*

bamvula (lords of the rain) and other ecologically important items. Spirits impact on the daily lives of the people overtly or covertly. Sorcery, too, is considered a source of power. Exercise of control is influenced by the nature of spirits one carries within them; whether the spiritual power is conceived of nature spirits of unknown origin or the spirits of former other communal leaders (*basangu*) in contradistinction with *mizimo* or spirits responsive to their own living kin (Colson, 1985:202). Colson indicated that baTonga used *mizimo* as an all-purpose spirit.

In Chapter 2, I reviewed literature that established that baTonga traditionally did not live in close proximity to one another and that they forged loose bonds among themselves, having very little to do with one another, except in times of existential threat and calamities (Colson, 1960, 1967, 1971, 1987; Scudder, 1966, 1981, 1993); economic activities (Colson, 1985; Scudder, 1960, 1972a, 1972b); spiritual activities (Colson, 1999). Nonetheless, there are scholars who have argued that baTonga have had underwhelming structures of governance (Colson, 1976, 1995, 1996).

Existing political structures were built around ancestry and practical functions of clans or representatives thereof. For example, community leaders were identified based on what function they performed in the community, such as rainmaking as in the case of Monze, and other forms of divination, as the case is for Mwanachingwala (Colson, 1966, 1969, 1970, 1977, 2000). Monze and Mwanachingwala, like other diviners, with the help of colonial powers, were conferred with prior non-existent titles of chiefs. In modern buTonga, consequently, there are individuals with benign political power over the community's people. During the focus groups, these leaders were referred to as head-persons (*basimabbuku*) or chiefs in other establishments.

In the absence of absolute governors of baTonga, organisation of baTonga is done by way of consensus (Unruh, et al., 2005; Cliggett, 2001a, 2001b, 2002b; Colson, 1963, 1979; Scudder, 1969, 1971, 1983, 1984). The consensus is built through negotiations of appropriate interactions, breeding acceptable responses to disastrous circumstances. I have found it usual for muTonga to treat a mun'ganga with reverence and a political appointee with indifference. Bun'ganga carries with it, respectability. I, for instance, was raised to revere a nurse more than a police officer. As a child, I would join a bunch of children who would chant indecent at a police officer and grab our hair and navel when an ambulance is driving past. While I expected the participants to make reference to *basimabbuku*, I understood when the references were but I passing. For example, F4 in FG1 said, "... We were welcomed very well

by the village headman such that even to date, we still feel welcome.” As a burgeoning music therapist, in the health profession space, it is incumbent on me to practice with critical reflexivity to avert uncritical use of power over clients.

F4 in FG2 also made a rare reference to the leadership when she said, “...there is generally peace because we are law-abiding citizens under the leadership of Chief Sianjalika and his headmen. All is well here”.

5.3.6 Cultural alienation

The discussion of buTonga cosmology was not meant to be exhaustive, but to offer some background for the responses to the research questions. While the intuitive inferential context became clear in the way the participants spoke, there were elements of discomfort that too form part of the context. The discomfort emerged from hearing participants expressing nervousness regarding the potential of the suppression of local knowledge. The strength with which the displeasure of the alienation of customary rituals from ordinary well-being protocols led me to think about the possibility of existing historic cultural trauma and loss. Cultural trauma, also referred to as historical trauma, collective trauma or intergenerational trauma has garnered interest in the helping professions, including music therapists, Baines (2012, 2013); Bruscia (1984); Bruscia and Maranto (1987, 1988); Curtis (1990); Kenny (1982, 1985, 1989) and Ruud (1988).

Music therapists have been challenged to reflexively practice ethical music therapy, committed to working at engendering just and peaceful societies. Anti-oppressive practises, as described in Chapter 2, invites practitioners to reckon with the challenge of effectively and sensitively addressing inequalities of oppression that determine the life chances of clients (Burke & Harrison, 2002:131). The reckoning, I suggest, involves awareness of oppression as it presents in the clients or community. Historical trauma and its many contextualisations have been defined as the cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive groups trauma. Brave-Heart, et al. (2011:283) found that historic trauma presents symptoms akin to Post-Traumatic Stress Disorder (PTSD). The symptoms are associated with emotional distress, especially depression, aggression (passive or active) and anger. Some participants were explicitly expressing their unease with seeming suppression of *tunsiyansiya*. For example, in FG3, M1 expressed his misgivings about foreign influences by saying:

What makes it seem like traditional rituals are being overshadowed could be because people have a tendency of leaning towards one thing in favour of the other, though we acknowledge

the presence and effectiveness of traditional rituals. When we lean so much towards the church, you will find that we shall neglect traditional rituals. It will just remain neglected but we do know we have it among us and it works.

These sentiments were echoed in all focus groups, albeit in different ways and slightly changing the referent matter. For instance, in FG2, M2 referred to the influences of schools and hospitals on the culture. M2 stated, “In those days whenever one fell sick, we sought the services of the traditional healer known as Mun’ganga in ciTonga. These spiritual healers who are possessed by spirits known as Masabe in ciTonga were the best healers.”

The participant’s expressed uneasiness with foreign and domineering knowledge systems and cultures are reflected in the writings of Carmody (1988) and Vickery (1986). According to Carmody (1988) and Vickery (1986), BuTonga cosmology came to be shrunken into paganism. Carmody evaluates the conversions that occurred during the early 20th-century encounters between baTonga and the Jesuits in Monze. The main purposes of the missionaries’ interactions with baTonga in the area were to enlighten the perceived darkness of buTonga heathenism and make Christians of BaTonga (Carmody, 1988). The missionaries used the plough for adults in order to attract them to ‘salvation’ while they educated young people to turn away from their heathen ways. The sense of existential annihilation in the focus groups seemed to be founded on such previous expectations of divorce from buTonga and embracing of Christianity, or ‘whitism’. For example, M1 in FG3 said:

The Church does not allow our traditional methods of treatment. They would rather have that person wait until the Lord comes (death). You will find that those who align themselves to traditions live longer. We do not dispute that the presence of the Church. We have seen a lot of people go through such as you have heard from others. Some go to church. When someone is very sick, anaemic like, and goes to the hospital, the hospital will not diagnose what is wrong.

Carmody (1988) reports how the desire for ‘whitism’ was enhanced through the functionalising of the English language. M1 in FG3 to this effect said:

What makes it seem like traditional rituals are being overshadowed could be because people have a tendency of leaning towards one thing in favour of the other, though we acknowledge the presence and effectiveness of traditional rituals. When we lean so much towards the church, you will find that we shall neglect traditional rituals. It will just remain neglected but we do know we have it among us and it works. What we encourage, to those that possessed,

and you are forced to go to church so that you are prayed, but if you inherited the spirit, the church will not do a thing. My plea is still that we do not neglect this practise because it works.

As muTonga, raised in an ambivalent catholic home, I could relate to the wariness of the participants. I was, as a child, reminded to veer far from any customary events. I was instructed that all customary rituals were evil. Even as a child, I sensed that there was a disconnect between what I was told at church in spaces such as schools and hospitals, and what was happening in the community. I continued to see people who professed the Christian faith on weekends and visited ban'ganga when they were unwell. I have over the years experienced myself living in-between spaces; religious and professional correctness, and being faithful to elemental ritualism consistent with my sense being muTonga. At the risk of stretching the definition of cultural trauma, I fancy thinking that cultural trauma creates existential angst in the victims.

Prohibitions implicit or explicit form part of the machination of domineering systems to oppress vulnerable cultures. Higson-smith, Hudnall, Stamm and Stamm (2004:3) may assign my feelings and those of the participants to symptoms of cultural trauma. Higson-Smith, et al. opine that cultural trauma directly or indirectly attacks what constitutes culture, viz essential and yet vulnerable elements such as body/space practices, religion, histories, language, state organisations, and economics. The attacks included the prohibition of language, spiritual/healing practices, or access to public spaces (Carmody, 1988; Higson-Smith, et al., 2004). The attacks are premised on power. Adichie's (2009:4) principle of *nkali* exposes the imbalances of power. The power relations determine how stories are told, who tells them, when they're told, and how many stories are told.

There was interpersonal violence to destroy families, the elimination of traditional authority figures within a community, or elevation of authority or outside agency to bypass the traditional systems of authority. BaTonga, during the colonial times, found themselves with governing structures that were essentially absent in buTonga social structure. The spiritual leaders were turned into political leaders with the titles of chiefs by the colonial government (Carmody, 1988; Colson, 1985, 2006; Lewis, 1966). I think it is more than just nostalgia that engendered the following dialogue in FG2:

M2: Traditional customs are fast fading away! A long time ago traditions were strictly followed. We believed more in herbs from the forests and customary rituals.

F2: After the destruction of our 'roots', nothing good has been recorded.

M1: True. The church has destroyed our roots (customs).

F1: The government is also not helping the situation. The government is also obstructing us in the name of human rights.

As we worked towards formulating a ritual it became clear that what the participants desired was being included in responsive design. They were not seeking to eliminate from the community any foreign cultures. They instead acknowledged the need for churches, hospitals, and school to acknowledge the value of traditional customs, *tunsiyansiya hold*. The participants acknowledged the dialectical factor in bringing together the well-being systems. A holistic approach is envisaged. M4 in FG3 said, for instance:

We do not dispute that the presence of the Church. We have seen a lot of people go through such as you have heard from others. Some go to church. When someone is very sick, anaemic like, and goes to the hospital, the hospital will not diagnose what is wrong. They would like to keep the person for further blood tests. Now, there are others who choose to go the traditional way despite having been to the Church or the hospital.

When analysing the changing meaning of disease among baTonga, Gausset (1998:43) noted that the confrontation between modern and traditional medical systems did not at any time result in a total breakdown of the traditional systems; not even Christianisation brought traditional beliefs to an end. Gausset (1998:43) found that comparatively, the apparently incompatible worldviews co-existed and complemented each other. There is a desired hybridity of new ideas born out of breeding the best of what every system offers, instead of working adversarially. The focus groups attempted to express the notion of hybridisation as exemplified in the following exchange from FG2:

F1: A person who has spiritual possession should not be taken to the hospital, because once they are given an injection they die. Such a patient is supposed to be treated by traditional healers. Medicine from hospitals is only effective in infants. If a child develops a high fever, they should get leaves of a tree known as *mukunku*. You found these leaves and soak them in a little water. With a piece of cloth, use the same water to rub it on the body. This helps lower body temperature. Do not exceed the stated time for the body temperature may drop considerably and may make the body too cold and may lead to patient fainting. Once you follow instructions correctly, the body responds positively.

M1: And if we put medical attention into perspective, it is surprising they now detect diseases that previously only traditional healers could detect. Clinical officers and medical doctors can even advise you to seek services of a traditional healer. Even

when it is your child, they will advise you as the patient to go to a traditional healer. This illness of *kasita* claimed a lot of lives in the past due to ignorance and infants who ate food prepared by such a lady also died. Never refer such cases to a clinic or hospital.

In this section, I presented buTonga cosmology as a context for the study and how it revealed itself during the focus groups. I have shown how the participants viewed themselves within buTonga and the historical threats they have experienced that leaves them nervous and desiring more inclusive responses to well-being need. As a beginning music therapist seeking to practice in Zambia, I have awakened, through this study, to the need of bringing sensitivity to how different people, see, experience and present themselves. Practising in any social context would mean accepting the context and the related worldview. I suspect that for me to be able to act as a container for others, I need a healthy appreciation of the context in which I practise. While I may not be able to have all of the contexts all the time, I reckon that I could benefit from the willingness to remain ever more open to learning. As I learn more about the context within which I practise, I would find ways of harnessing the elements of the contextual cosmology in general and buTonga cosmology as the case is for this study and use them as material for music therapy rituals. Rolvsjold and Stige (2014:46) hold that the notion of context is of relevance whenever we want to understand a human artefact or activity.

5.4 What perceptions do baTonga of Mazabuka have of masabe?

Masabe, as particular musical healing rituals within the spectra of healing rituals, have a visible place in the life of baTonga (Colson, 2006:57). While masabe are musical healing rituals, there are other healing rituals that do not use music. Even though all rituals involve a mediator, the media are distinct. The essential distinctions between a herbalist and a sangoma are complex as there may be intersections of herbalists and shamanic healers. Shamans go by the name *ban'ganga* among baTonga. Ban'ganga apply inspired healing rituals that are performatively communicative involving individual, social and ecological elements of the persons concerned (Fachner, 2007:181). Lambrecht, (2017:3) suggests that such methods closely parallel contemporary behavioural therapy, chemotherapy, hypnotherapy, milieu therapy, family therapy, and dream interpretation.

During the focus groups, I learnt that masabe refers to both “possession” and the musical healing ritual. This was consistent with Colson’s (2006:57) exposition of masabe as invading power or force that makes victims ill until mollified and that the remedy for the

illness is the performance of the associated ritual dance drama in which the victim acts out the wishes of the invading spirit and comes to terms with it. To employ a psychodynamic framework, ban'ganga can facilitate healing by inducing trance states resulting in lowered tension, restorative emotional experience, enhancing creativity and the release of 'bad objects' through abreaction (Lambrecht, 2017:3).

5.4.1 Masabe as possession

I heard each participant in FG1 narrate their possession with masabe. I present here three stories from FG1 to exemplify the possession narratives. The first by F1, second by F2 and the third from F6:

- F1: Sometimes I would sit under a shade. When we get first rains in August if I am with someone, just upon looking at me, they can tell there is something wrong with me. Then I would tell him or her that there is something I need.... this year we shall have plenty of rain. She would ask...Where is the rain? I would say just keep quiet, it is there and coming.
- F2: I do walk to the river in my sleep. When I reach the river, I find fresh millet by the river. Then I would find a traditional pot and calabash for drinking water, and they would be eating mushrooms. They would then inform me that that's the water they drink. I would then draw some of that water and drink. At times they would keep me in the waters to cross the river. When I cross the river, I would meet white doves and people clad in white clothes. They would stop in front of me and start singing. I would also join them in singing. They would then instruct me to go and not to stop. I would oblige and go back.
- F6: As for me, masabe entered me by causing infertility. I went to the hospital for treatment several times. Nothing happened until we decided to try ban'ganga. As we went from mun'ganga to mun'ganga, we were told that it was masabe. My parents came together to gather resources for my treatment. The treatment involved drumming and dancing. The drums were beaten and I danced, I had my first child. From then on, I had other children.

The participants told these stories with humour, yet they acknowledged the discomfort of living with the possession by masabe. Most of the participants spoke of how masabe possession impacted their daily lives. I present F3's utterance from FG1, as an example of

what having masabe means in the victims' ordinary life. The following is an example from FG1:

You cannot have good health when you are possessed with Masabe. When one problem is sorted, another comes in. From the time I came to Chitongo and with the way various drums are played, one cannot tell when I am possessed. I passed through the process of Masabe. When I go to a witch doctor, he would ask me to buy white attire/clothes. Though my uncle was one who was supposed to buy for me. Masabe need money. Each time one has to be attended to and be treated. One can lose wealth. This life of possession is not good. If not attended to, one can go mad.

There is no glamour in living with masabe possession. When masabe possessions are not attended to accordingly can considerably cause illness and misfortune (Chilivumbo, 1972; Colson, 2006; Gauset, 1998; Lambrecht, 2017). While acknowledging that masabe are burdensome, some participants regarded possession as a blessing in that the victim has received a gift for the community. The following are examples from FG1:

- F3: When a person comes for healing, the person with masabe may be in the house. The spirits would show them that there is a person coming for healing. Once the person seeking treatment arrives, the afflicted healer would immediately know what is afflicting the visitor. Simasabe would know the person's home situation. The afflicted healer at once begins to reveal to the seeker, "This is what has brought you here. This is your illness. This is what may be causing your illness."
- M1: Sometimes they work in some kind of network. The way you have come here, and the way I have come, and let's, for example, say that you are the afflicted healer, our network would connect at once. The afflicted healer would feel exactly what is ailing the other person in themselves. The healer inhabits the illness.
- F3: If the person has pain in their legs, the healer would feel pain in their legs too. Once that happens, the healer knows instantly what the trouble is. Legs.
- F6: If it's something to do with the tummy, the healer will embody the ailment. Whatever the ailment might be, the afflicted healer will experience it in their being. When they are healing, they are treating the person knowing that they are feeling the same in themselves. That's how they heal and treat.

These tales are congruent with Chilivumbo's (1972:6) observations that victims of masabe profess to experience hallucinations, nightmares and physical pain.

Living with masabe may be thought of as a sign of the calling of becoming a healer (mun'ganga). Bun'ganga (being a mun'ganga) means being an afflicted healer. I dare to say that masabe possession is both a burden and a blessing. Here is how M2 in FG3 talked about the intricacy of masabe possession:

When it comes to Masabe they are different for each person. It is believed that the possessed person is gifted. Though it is painful for the one possessed, it is a gift given to them by the community. S/he is given that gift so that s/he can help other members of the community when s/he gets possessed.

Mun'ganga seeks to divine and heal the victim and that healing occurs within the mainly symbolic and holistic nature of masabe ritual. The discussions around spiritual possessions and the kinds of possessions dominated the discussions, for instance, the elaborate descriptions of possessions by F1 in FG1. She narrated how she endured suffering until she was diagnosed with masabe. She said:

Sometimes I would sit under a shade. When we get first rains in August if I am with someone, just upon looking at me, they can tell there is something wrong with me. Then I would tell him or her that there is something I need.... this year we shall have plenty of rain.

She states that under possession, they see many things. "There are a lot of things we see; others need the intervention of the sacred shrines. You would find a big snake by the grave and it starts raining," said F1. These reflections relate to Gausett's (1998) findings when he analysed the changing meaning of disease among baTonga. In Chapter 2, I detail Gausett's (1998:10) characterisation of baTonga's conceptualisation of disease in terms of *malwazi a cintu* and *malwazi a cikuwa*. While *malwazi a cikuwa* are diseases considered to be caused by *Leza* (deities) and that they are natural, with their origins indeterminate, *malwazi a cintu* are distinguished in two categories: diseases that come from a sorcerer (*mulozi*) and diseases that come from possession (*kunjilwa*). I was not surprised when each participant in FG1 told dramatic tales of possession. F5 began her narration thus:

For me the way it started, as I recall seeing... there was an old man who came from the east. He was half-naked, didn't have anything on except a black pair of trousers. He would be seated by the gate with all the tools he uses. He would then call me to join him to where he wants to work. At this time, we would be deep in the river. The river was very big like no other. You would have nowhere to lean on, the path was very small.

Her story ended with her finding the remedy to the discomfort of the masabe. She said that drums would sound. After the drums, she would be taken to the final place where you would be told some things, instructed into her own treatment. F5 concluded, “That’s how I have managed to live this long. It’s a difficult thing to explain.”

In FG3, the participants had extensive discussions on illness and traditional customs. They stated how well-being was lost through misbehaviour and deviation from community norms, and how well-being could be restored by adherence to prescriptions of traditional remedies. M2 described a situation where there were no medical facilities as they present in the modern setting. The community relied on traditional healing systems. M2 further noted how the traditional healing systems continued into the modern-day society. He said:

In those days whenever one fell sick, we sought the services of the traditional healer known as Mun’ganga in ciTonga. These spiritual healers who are possessed by spirits known as Masabe in ciTonga were the best healers. Even these days when somebody falls sick, there are certain illnesses which do not respond positively to medicine obtained from Western medicine. When they take you to hospital, the doctors will tell you we have not seen anything with our X-ray or scan or any form of testing in a laboratory.

In FG2, F1 further contributed saying, “A person who has spiritual possession should not be taken to the hospital, because once they are given an injection they die. Such a patient is supposed to be treated by traditional healers. Medicine from hospitals is only effective in infants.” M2 shared the following story which I think is worth considering here in full:

Bayi (teacher), I am one person who used to beat drums during this event of masabe. I beat it for one of the patients in this very Community. Unfortunately, this late is now late. Her name was Gertrude. Dugan’s mother hosted the event. I came to a point where I was convinced that this affliction is real; I was invited to a certain place: This lady I was helping with drumming to drive out her spiritual possession was married to a Lozi man. She was muTonga. This lady was afflicted for many years; she had become very weak such that she had to be carried on a hammock. Going to bath or toilet, she needed help. But I did go. And when I arrived there, I said, this is the lady who needs help. I examined her hands, and said, I will do my part. We started beating the drums but this patient could not move a single part of her body, we kept on playing till 03 am, still no improvement, forcing us to continue till 04 am. We went on beating the drums with my team members. The hosts gave up on the efficacy of the drumming. They began to prepare the money they were to pay us, and food for breakfast. The

woman could not dance still. She could dance even a little bit. When we aimed for the final round, that patient suddenly made some movements. After some time, the patient who was too weak to stand on her own stood up, leapt and danced with some energy. Suddenly, she fell down heavily. She seemed to have fainted and we had to halt drumming for a while. After the pause while, the woman regained her consciousness. She stood up and walked into the house. This is how she got healed. Imagine a person who could hardly walk or stand on her own is the one who fetches water and prepares meals now.

The participants in FG3 were categorical about what they thought of masabe and musical healing. They expressed conflict between traditional customs and modern living. An example includes M1's comment that it bothered him that modern people were avoiding musical healing and traditional healing rituals. He, as a facilitator of musical healing, testified to seeing people getting healed after taking part in the healing ritualistic musical dance. They were aware of the suppression of traditional customs in general, and musical healing in particular by some people who considered themselves 'civilised'. M1 said they treat people because they knew that masabe worked. M1 further said that conditions got worse because people did not follow the right treatment. "My proposal is that the very way you have come, please continue with your work that such traditions continue. These things are there and they do happen. People get healed," M1 said. "Our wish is that you spread the word so that traditional healing methods do not become a thing of the past or ignored when it is very effective and utilise it," he further stated.

The discussion in FG3 was focused and solid around the efficacy of music in musical healing rituals. The perceived conflict was mentioned throughout the deliberations. They indicated how the church and the hospitals were enemies of traditional customs. For example, M4 said:

What takes away the power to effectively heal such people? You will discover that throughout this conversation, the great enemy we have is the Church. The Church does not allow our traditional methods of treatment. They would rather have that person wait until the Lord comes (death). You will find that those who align themselves to traditions live longer. We do not dispute the presence of the Church.

5.4.2 Masabe as musical healing rituals

To treat masabe possession, masabe ritual has to be organised. In focus groups 1, 2 and 3, the participants explored the question of masabe as a musical healing ritual. The discussions revealed the participants' conceptions of well-being and when that well-being is

compromised. Well-being among baTonga has been well researched chiefly by scholars such as Malungo (1999, 2000, 2001, 2013) and Sikwibele (2013) as referred to in Chapter 2. While these studies have focused on pandemics, they still reveal how baTonga conceptualise well-being. In this study, some of the participants recognised the biochemical or other causes of illness, yet they expressed evident connection of illness to spirits and possession. In FG1, participants related the need for musical healing rituals as a remedy. M1, even though he is not mun'ganga, considered himself to be possessed by healing masabe. He spoke of how the masabe, the musical healing ritual, worked to attend to his affliction:

For me what I need most is drums. When drums are played or guitar.... those that like drums do not like going for witchdoctors. The person doing the possession kind of treatment likes using the guitar. The guitar makes him see a lot of things. When drums play, even if the person has not come for any services, if they are possessed, we shall dance together.

Figure 8 in Chapter 4 shows the components of masabe, the musical healing ritual. Figure 9 depicts the intersection within the ritual of the three groups of participants in the musical healing ritual. The musical healing ritual centred around music.

5.5 How could a music therapy process be designed for a group of baTonga people, in a manner that is culturally sensitive according to their understandings of music and healing?

There were aspects of the ritual that was designed within this study that were highly similar to what would take place during masabe, such as incantations, ritual dancing and use of elements such as water, soil and rattles made of seeds; and aspects that were slightly different, such as time and space boundaries, and deliberate inclusion of the people who were not possessed in the ritual. To discuss the design and execution of our musical healing ritual, I will draw on the data from three sources.

The first source is the transcriptions of Focus Groups 1, 2 and 3 where we spent some time designing the ritual in the groups. The second source was, for the purposes of the ritual we enacted, the preparatory meeting that was necessitated by collective responsibility in that the three focus groups gathered to plan the session. Thick descriptions of the musical healing ritual are my third source of data. I will be sharing excerpts from the thick descriptions to show how the ritual unfolded.

The ubiquity of music in healing rituals for these participants may have been the reason they spoke easily about how we could make the music and gather what we needed to

do for the ritual. M1, in FG3, exposed what he considered would be important components of a musical healing ritual. He said, “Remember masabe have three (3) major elements: the healer, the afflicted and the drummers and guitarists”. On hearing what M1 said, I anticipated two difficulties. The first difficulty was about translation. In attempting to translate the title of this study and the study tools into ciTonga, I faced the difficulty of equivalence. I noticed that I could not find the ciTonga equivalent of the concept of music therapy, apart from relying on the common terms referring to music.

The two words, ‘music’ and ‘therapy’ are not independently translatable into ciTonga, more words are required. ‘Music’, for instance, in ciTonga can only be referred to in terms of specific elements like *ngoma* (drum; dance), *zyimbo* (songs) or *cizyano* (dance). I translated therapy as *busilisi*. Consequently, the title of this study in ciTonga reads: *Kulanganya zyimbo mbozyigwasya kusilika mubukkale bwa muTonga kucooko caku Mazabuka, kumusanza acisi caZambia*. As we continued to use the word *zyimbo* in our focus groups discussions and during the musical healing ritual, I understood how the participants would have kept gravitating towards masabe and conceptually use it to model the design of our ritual.

As a music therapist in training, I have had the privilege of accessing a hoard of literature that has given me insights into what the dominant theoretical frameworks of music therapy are. At a theoretical level, I can see the points of departure from the traditional masabe ritual. By the same token, phenomenologically, knowing what I know, I am at a loss to make an authoritative distinction between music therapy and masabe. A participant indicated to me that what I was exploring was masabe after all, and I could relate to their stance. Both masabe and music therapy rely on active engagement with rhythm, dynamics, melody, harmony, timbre, texture, and form and their interpretations, within musical relationships and with a goal of reaching greater well-being. It made sense, in this context, for me to continue working with masabe as the frame of reference in establishing the participants’ perceptions of musical healing. In the text, I have chosen to use a neutral phrase, ‘musical healing ritual’ to refer to the ritual we performed.

For the participants, music refers to a collective performance led by community musicians. Community musicians are invited to the ritual by a representative of either the community of the afflicted or the therapy management group (see section 5.4 for more on this). I was informed that community musicians would have to be offered a ritual fee (‘ritual

payment' because it is not considered a fee; the payment is part of the ritual prescriptions). I gained clarity of the centrality of music in the ritual through the participants' contributions. For example, M1 stated in FG1:

Most important are drums and guitars. Here we already have the drummers and guitarists. They are not difficult. Did you suggest that we play drums, sing and dance? We will go and invite the drummers. They are here. In fact, they are coming to you for the session, as far as I have heard. So, they will be here. We will just send word for them to come with their instruments.

CiTonga music-making is rarely an isolated occurrence devoid of dance and other dramatic acts. The performance of music is usually accompanied by dance, such that there is little or no distinction between the names given to the dance and its accompanying music. For instance, the music played for the *moba* dance during the ritual is equally referred to as *moba* music. There was no part of the ritual that did not connect music with dance or some form of dramatic performances. Below is an example from the thick description from the opening minutes of the ritual:

A man stands up and begins to beat the drum to a ferocious rhythm called *ngoma yabukali*. It is a rhythm used to announce the formal beginning of gatherings in general. *Ngoma yabukali* is played on a single drum and is being accompanied by a whistle. The women and the man in the middle begin to move to the rhythm. The dance style is like galloping beasts. The movements are not uniform. They are advancing towards the drummer and away from him at different times.

Music is generally organised as a social event; musical activities belong to the community as a whole. According to F3 (from FG1):

The music is not random. The music is dictated by the possession. Some cases, there will be songs and drums and the entered people would just dance from the surface, just because there is music. You only see them entering into a different state when their music plays. The ritual had prescribed affordances too, which depended on the kind of possession. Each person knew what they needed to bring along until such a time when they would be requested to change the script.

Music among baTonga is a psychophysiological experience in that it incorporates functional activities integral to everyday personal, religious, social and economic life. Music offers primal somatic stimulation. The music in the ritual was rich in symbolism. The drums

are made of specially selected trees and choice animal skins. From our ritual, the following excerpt from the thick descriptions explains the formation of our ensemble:

...an ensemble of three drums begins to sound. Here an ensemble of three drums plays; *ngoma mpati* and two *tusunto* (singular: *kasunto*). *Ngoma mpati* is the master drum that provides cross-rhythms to the smaller drums. A hard-percussive stick known as *lukonkoolo* (plural: *nkonkoolo*) can be heard tapping rhythms on the side of a drum. Additionally, a *muyuwu* rattle (a closed tin can with stones inside) or *nsakalala* (a flat, long wild fruit) are sounding, providing a rich texture of the rhythmic pattern. Instantly, the participants begin to clap to the rhythm. Then a woman calls out a song called 'bamoba'. "*Bamoba chililelile, oyaye bama lelo chilile bamoba.*"

Alongside the ubiquity of music in the ritual, the groups spoke of the requirement of afflicted healers (*ban'ganga*). M1, in FG3, declared that *ban'ganga* play a facilitative role in the ritual saying:

It is evident that the convener is the healer. Once a healer is around, even the afflicted will appear. Soon helpers also appear, as well as mere spectators. But in the ritual which we organised, it was hard to tell who was convening and presiding over.

This is consistent with Singh's (2018:1) affirmation of the shamanic traditions. Singh holds that shamanism developed through cultural evolution that adapts to the concerned people's intuitions to convince observers that a practitioner can influence otherwise unpredictable, significant events. Shamans, by whatever names they may be called in different places and cultures ostensibly transforms during initiation and trance, violating folk intuitions of humanness to assure group members that he or she can interact with the invisible forces that control uncertain outcomes.

The discussion about the role of *mun'ganga* gained traction in FG3. In FG3, *mun'ganga* was presented as a collaborator with the musicians. The ritual would hence be a collaborative enterprise. While *ban'ganga* have their own function, they cannot succeed without the musicians. M1 put it this way:

As I have already said, *masabe* do happen. We are the people responsible for their execution. We have seen these things with our own eyes. We are the one who facilitates healing. We know that *mun'ganga* is the one who diagnoses, we have never failed to know how this custom happens. *Mun'ganga* works with us. We work as a team. *Mun'ganga* would just indicate to us what needs to happen. We go ahead and perform as per instructions. We are the

ones to do the task of healing. We are the ones doing the work, the way we are sitting here. We do the work in collaboration with mun'ganga.

In keeping with the need for facilitation of a ritual, the participants in the focus groups requested me to play the role of the convenor. They evidently did not refer to me as mun'ganga as being mun'ganga means a particular role that involves ritual initiation. In the ritual, my function was to call the participants to order and maintain the boundaries we set out for our ritual. In FG1 the group was clear about what I was to do. M1 instructed me thus:

Now that we have no mun'ganga tomorrow, we request that you, the teacher can convene the gathering. You will have to announce and invite the spirits. Once you have done that, us and the drummers will proceed. Just call out the spirits so that they can free us to enter into the ritual. That is all.

I followed through on the instruction as our musical healing ritual began. The following extract from the thick descriptions depicts how I exercised my role:

Ngoma yabukali lasts for two minutes. As ngoma yabukali ends, there is enthusiastic laughter... There is a tiny pause after ngoma yabukali. Then I intone the invocation of the spirits thus: *Twaboola. Twalileta. Kamutwaangulula* (We have come. We bring ourselves to you. Release us from our bondages.) Then a man asks the drummers to begin playing. "Ngoma kazyenda," he said. (Instructing the drummers to get the music going).

The incantation is not a set-piece. Each time it is performed, it takes the life of the moment. Harper (1995:192) shares a beautiful ritual opening invocation when he wrote, "I am here to be aware, to be alive and to practice". The spirit of the incantation is to set the intention of the ritual. Mun'ganga has the responsibility to consequently set the tone of the ritual.

The next component for musical healing ritual is people who identify as the afflicted. Colson (2006:135) suggested that the afflicted form a kind of community of affliction in which they experience shared suffering. It is clear that there would not be any ritual healing without the afflicted. The community of the afflicted are the reason the ritual is organised in the first place. They would have gone through the diagnosis process with mun'anga and mungaá would have provided some kind of prescriptions that include herbs and other ritual affordances as F3 indicated in FG1.

If the person is entered by the healing spirit, when the time comes, they will gather the necessary tools, such as hoes. They'd head out to go and harvest roots for medicine. That time the music relates to such a possession. Some would be entered by the tobacco spirit or marijuana. They will not be freed until they smoke. Such songs abound. Once the song rings, everyone around knows that it's time to give the afflicted their tobacco or marijuana. They would provide the items while the person is dancing. They are various possession spirits.

At the beginning of the ritual, I could see participants who came ready with their unique tools such as in the example from the thick descriptions here:

All the attendees are wearing coats. All the women are wearing wrap-around. One of the women is in wearing, around her waist, 'masaamba', a distinct attire specially used in dance sessions. It is made from seeds and bottle tops.

Music among baTonga is communitarian by default. Healing rituals, in particular, are never performed separately from the community. They happen in the company of witnesses among who are what Janzen (1978, 1987) referred to as the 'therapy management group'. Therapy management groups manage the therapy process which includes diagnosis, selection, and evaluation of treatment, as well as the support of the sufferer. Janzen (1987:68) indicates that the therapy management group have two main functions as selecting the set of actions whose aim is to formulate a diagnosis and evaluate the treatments at the time of a sickness; and involvement in moments in which these actions are at hand, and acting as intermediaries and advocates between the sufferer and the specialists. Among baTonga, the compositions of the therapy management group are largely members of the maternal family and, in the case of married people, the partners. There were several moments when it was necessary for someone to attend to participants within the process of our ritual. Some of the participants embraced the role of music management without designation. Here are two examples from the thick descriptions. The first one is taken thirty minutes into the ritual:

One of the women is dancing heading towards the buckets of water. In a split moment, she pours out a whole bucket of water on herself and rolls around in the mud for quite some time. She is attended to by a woman from the circle. While a man fetches a bucket of water and places it in the middle of the circle, where the man is still dancing on all-fours.

The second extract is from about forty-eight minutes into the ritual shows:

One young lady, in particular, wriggles her waist so explosively that some people ululate in acknowledgement. Gradually, another woman moves into the centre of the drama. She is

wearing masaamba too. She wags her waist in quick movements, in time to the music and suddenly swings out towards the drummers. She looks like she is in a convulsion. One woman goes towards her to make sure that she is safe.

While these excerpts show how some of the witnesses take up functional roles like therapy management, several witnesses participate in music-making. They complexify the texture of the music by adding simple harmonies, and percussive improvisations like clapping and foot-stomping. Others offer supportive dancing. For instance, when:

The man is calling out his songs. We are all singing along with him. At this stage apart from the participants swaying from the circle, while singing and clapping, the man in the middle is the only one actively engaged in the dancing. He once more indicates to the musicians to keep the music going. He leaps into the air and rolls on the ground. Then a band of five women move into the middle. They dance towards the musicians sitting on their instruments.

A large gathering seems important for the success of the treatment. The ritual was collaborative in that every person who attended participated in one form or another.

5.6 What were the participants' experience of the musical healing ritual, which was prepared and executed in the process of the research?

The fourth, fifth and sixth focus groups revolved around the participants' reflections on the experience of the ritual as we enacted it. My impressions from how the participants engaged with the ritual were that they fully entered the exercise. The manner in which they participated in the musicing and employment of their bodies in dancing showed enthusiasm and acceptance of the ritual as it was facilitated. Physical engagement in music through dancing relates to Fechner's (2007:168) biomedical paradigm of therapy. According to Fachner (2007:169), in the biomedical therapy concepts music has an immediate and physically transmitted effect on consciousness. While I could not measure the biochemical stimulation in this study, I did observe the exuberance in the participants to suggest that they were fully engaged in the performance.

I observed how music, musical instruments and modes of music-making in our ritual seemed to focus attention, and incite rhythmical body movements in dancing and drumming, clapping, singing and chanting. The following two excerpts from the first phase of the ritual taken from the descriptions are good examples:

The dancing gets visibly vigorous. Everyone is dancing. I can see people moving in and out of the 'stage'. The dance involves the high cadences in the legs and wiggling of the waists. Bamoba dance lasts for eight minutes. The rhythmic pattern and the song are repetitive. A woman particularly begins to dance more vigorously than others prompting someone in the crowd to shout, "Ndiza zيابuka" (Perhaps her spirits are descending on her).

Later during the ritual:

...we hear the whistle. The music quickens and the dancing follows. The women who were earlier sitting on the ground stand up. They move onto the dancing stage. For five minutes, we are consumed by intense music. Some of the women are ululating. On the outside of the group, a man is beginning to dance on one leg, hopping and swinging energetically. We can only hear the interlocking drum rhythm, the rattles, bukonkoolo and the whistle at this stage.

Fachner's (2007:169) performative paradigm integrates biomedical therapy functions and relational structures seemed to be exemplified by the exposition in the man's theatrics. His visible response to the music began to communicate shifting spatial ambience. The ritual was beginning to evolve gradually into multi-modal intensities.

I experienced this phase that focused on the afflicted as particularly intense. The community of the afflicted took prominence during the larger section of the first half of the ritual. The musical ritual was rich in drama and dance. The following excerpts from the thick descriptions reveal the dramatic acts in response to the music that took place during this phase of the ritual:

Once the music begins, a woman comes with a 20-litre bucket of water. The man who is in the middle goes to the water, and gets water in a cup a few times and pours on himself. Then he moves back to the stage. He begins to dance to the rhythm of the music with both his feet lifting off the ground and landing with a thud. Two women join him in the middle.

Almost immediately, the following happened:

The man is now throwing himself to the ground in what looks like acrobatic moves. He jumps high up and summersaults. He lies on the ground for a moment and soon gets up to take his place in the middle of the circle. Then he falls to his knees. With knees on the ground, on all fours, he crawls in rhythm to the music. Then he goes on to his knees, then throws the beanie he has been wearing towards the circle around him. Then he stands up and stomps the ground

with his dancing. One moment he has arms in the air like about to fly, while he is landing on one leg.

Later during the ritual, the same man:

... thrusts himself, in a tumble to the ground. He lies on the ground for a moment while moving his body to the intensifying rhythm of the music. He gets up on all fours and rocks his body, moving his hands from side to side. A man leaves the circle to go and dance, standing behind the central figure in this dance drama. The music reaches the apex and comes to a momentary pause. The central figure in this drama is still on his knees and arms, on the ground. His body is still rocking. At this moment, I am standing right next to him. I hear him breathing heavily in loud sighs when a man in the group shouts, "Kamutalika cimbi ciimbo nkooko." (Bring on another song). I am equally moving to a continuing internalised rhythm.

I saw a lot of high-intensity dramatic acts such as these throughout the ritual. I saw some of the participants throwing themselves to the ground, laying on the ground motionlessly and emerging from the perceived slumber lethargically. Here are two examples from the thick descriptions of the musical healing ritual:

A woman begins to spin. She swings her body robustly before she falls to the ground and rolls. "Cabuka," a man shout. She lies almost motionless on her back. A woman attends to her, making sure that she is safe and decent. She then rolls and rises to her knees. With her hands and knees on the ground, she rocks her torso upwards and downwards. Around her, a number of men and women are dancing enthusiastically. As the whistle blows, to take the music to its crescendo, we are all swelling into the music. Two drummers move to the middle of the circle. The crowd moves close to the drummers. The circle breaks. We are all dancing to the music in freestyle. In a moment, the woman wabukilwa draws my attention. She is strong, lifting her feet high as she dances. She comes in front of me and beckons me to join her. I move in to dance with her.

A man stands in front of the guitar player and raises his hands in the way a conductor would signal to an orchestra to increase their volume. He then goes on to wear masaamba and return to the stage to dance. He is showing high energy. Lazily, three women stand up and join the man in dancing. A woman holds his hand while he swings his body in rhythm to the music. He pounds the ground hard twirling. Once more the music intensifies, the whistle declaring the hot rhythm. Then, the man begins to make sounds that are linguistic 'nonsense'. He screams loudly, vaults in the air and lands on his knees and arms. From the edge of the circle,

I start to move my body slowly to the music, partly involuntarily and part in support of the man dancing. Four women join him in the centre for a moment and then they move back to the outside of the circle.

I suggest that *kubikilwa* would be the equivalent of trance. Trance is a form of altered states of consciousness. Lambrecht (2017:1) suggests that trance states occur in transitional spaces, just as in the space of art or play. Amongst the shamanic traditions of many indigenous people, mind and space are closely related to transitional spaces. Through masabe ritual, the participant traverses symbolic and social structures.

The intensity seemed to turn playful when the focus of the ritual shifted towards participants who did not identify as afflicted. The songs were in everyday language, making the singing accessible. The music healing ritual transitioned from drums accompanied singing and dance to guitar. The following extract from the thick descriptions depicts the change in the tenor of the ritual. At this juncture, we had just reverted to drums as the main instruments. The ritual transitions from the focus on the community of the afflicted to include all other participants.

A man walks up to the musicians and suggests to them that we would have *ciyayaale* and *cikambe-kambe* now. Each participant has the chance to call out a song and be accompanied by the musicians and the group while they dance. The man starts to sing “*Kaneemaneema mubotu kamulete, kamulalamune*” ... The music is playful, and the mood is happy.

For five minutes the participants took turns to pick out a person from the group and dance with them in the open space we created as we formed a circle. Men and women pick each other out. One man comes towards me. As he got close, the whole group screamed. They egged me to follow his lead and dance. As I danced along to *Kaneemaneema*, the group cheered loudly.

During FGs 4, 5 and 6 some of the participants spoke of how they found the ritual enriching, affirming and pain-relieving. In FG6, M1 expressed his affirmation of the ritual. He was pleased that the ritual took place and said:

We performed the ritual according to how we planned it. It showed that it's not just words. We perform this ritual and it helps a lot. And we did it in accordance with the way we discussed it. I also want to talk about the oppression we experience over some of our customs. We always feel a weight on our shoulders. When we gathered here the other day, I was pleased to learn that there were some of us who are interested in the ways of our people. I was

surprised that there are people in the world who want to learn about our customs. I am happy that you remembered to come to us.

His sentiments were echoed by other participants in the group. I could identify with that feeling too, as I also experienced some release of pent-up emotions during the ritual, related to a form of oppressive religious shame. I have lived with the false dichotomy in my religious experience of ‘right and wrong’, based on cultural determinants, such as ‘dancing is wrong’ and ‘stoicism is right’. I had to deal with the dilemma in the years my mother was ailing. At different times, I have had to choose between sending my mother to a ritual healer or to the hospital. I can relate to the participants’ sense of suppression about traditional customs. (I facilitated for her a visit to whichever system she wanted).

In FG4, the participants reflected on how the ritual was a gift for them. Some of the participants spoke of how they were feeling stronger and fitter after the ritual. For instance, F2 shared, “As for me, I am fit, just like I was that day when we were dancing. My body is generally fit now; previously I was complaining of toothache and pain in the eye...but all is okay now. Even the headache is gone. My appetite is back on track. Previously I never had an appetite. But now I do.”

F1 shared:

As for me, from that day we were dancing, I have had no pain; headache, legs, name it, all is fine now. As soon as I reached home that day, I slept like a baby. The following day I was ready for the routine chores in good spirit. I even worked on more demanding tasks and knocked off at the usual time. I literally worked on all areas to a point where, to this day, there is no single area that is paining. My flesh and muscles are fine.

There was a general feeling that the participants in FG4 found the experience helpful, despite its considered shortcomings. F4 said, “From the day we had that drama, I have been excited, overjoyed. I can’t even sleep. My body is refreshed and energetic. I have a gigantic appetite now. Even porridge with only salt – I do eat.”

There was one participant who, however, experienced body pains that she attributed to the dancing. She suggested that the pain lingered for a while and that she had tried on several occasions to have it attended to. I too took ill after the ritual. My illness was a bacterial infection which had no relationship to the ritual. I can reflect how the ritual offered me the freedom to play, and explore aspects of myself I had not accessed before. I was

energised by the music; the complex rhythms, the authenticity of the sound and the rich symbolism of the lyrics.

In FG5, the participants were equally positive about their experiences. They spoke of what they saw from the community of the afflicted and how they felt themselves. F2 reflected on the ritual, in general, and described how the people who were possessed had their spirits invoked. She discovered that a person could recover their well-being by singing and dancing. She further spoke of the release from the bondage of possession of the afflicted. She also indicated that the healing process of patients possessed by spirits is through dancing, drumming and singing. “This way the spirit is cast out. The medication is dancing to the specific songs that they positively respond to,” she said.

F4 spoke at length about how she, who considers herself not possessed, was afforded mental freedom. She added, “Watching our friends, who are entered, is a lesson to those which are not, that one day it might be them. The relief we have now is a new life”.

Even when the ritual we executed was a collective design, some of the participants had some critiques about the ritual afterwards. They felt that improvements could be made to make the ritual meaningful for the community of participants. The critiques of the ritual included elements such as time boundaries, quality of music (suggesting instrument diversity), and ornamentation of ritual space with dress codes and colour. Even though their critiques surprised me, considering that they were involved in the planning, I could see why they would want to improve the music.

There’s literature that has explored the function and quality of ritual music such as Aldridge (2006), Hess & Rittner (1996b), Rouget (1985) and Strobel (1988). The function of music in rituals is to induce the trance state. Music creates conditions that favour the onset and regulation of trance (kubukilwa). In FG6, M1 spoke about the music:

You can’t be a jack of all trades. The instrument players have to be experienced. The dancers would know if someone with low musical skills is on the drum. Their engagement is intermittent. There’d be poor coordination between these drumming and the singing. Fachner (2007:176) alerts us to the danger of adopting universality in musical definition and provision. While the quality of ritual music is defined by the respective cultural context within which it finds symbolic expression, Fachner (2007:176) suggests that continuous intensifications, mainly of tempo and volume; the deliberate use of *accelerando* and *crescendo*, but also extreme consistent monotone; and long duration (hours); simple forms, minimal variations in many repetitions, *ostinati* (continually repeated musical phrases or

rhythms), no precise motifs, but steps; tonal variations, slow glissandi (continuous slide upwards or downwards between two notes) and a narrow tonal range are prevalent musical characteristics.

Another element that was criticised was mun'ganga. In FG6, while discussing what we did correctly or what we could do differently in the ritual, the absence of mun'ganga came up for criticism. Even though I was appointed to play the role of mun'ganga, I was not considered as one. Mun'ganga is a specific person identified in the community as the afflicted healer. While I could perform this function within the context of our ritual, the participants and I were aware of my ritual role limitation. A healer is identified in such a way as they relate to the ailment and their own initiation in the role.

M1 spoke about how the healer is easily identifiable in a ritual. The healer dresses in a noticeable fashion. M1 said:

May I just say a little more? A real healer is very easy to identify. His code is unique, so is his style of walking. Also, the dancers have a unique way of dressing and walking. Even us that beat drum do not dress anyhow or any colours and design which does not conform with the etiquette of this discussion.

M1's sentiment is echoed by Lambrecht (2017:4) as he elaborates the importance of aesthetics for shamans. Healers use symbolic colours, that may highlight the significance of the healer's ancestral relationships. The dress code expresses, both aesthetically and symbolically, the liminality of the position of the healer between the material and spirit worlds. As a *muleya* (goat totem), I possibly should have used a goat tail as a whisk, to signify ritual dignity. I relate to Lambrecht's statement regarding the significance of symbolic materials during the ritual. Participants in FG4 and FG6 expressed their desire to perform the ritual, albeit more carefully in future. In terms of facilitation, I think the participants may have wanted me to be directive, as it seemed to them that I was expecting a particular kind of performance from them. M1 said, "And concerning performance, our wish is that it will be done again. Just guide us and we shall deliver to your expectation."

As I indicated above, the participants were aware of the constraints of our ritual. Nonetheless, their criticisms may be reflective of them aiming to replicate masabe in designing our ritual. I speculate that the participants may have wanted the ritual to be masabe. I understood them gravitating towards the familiar ritual of masabe. I wonder whether music therapy in this community would be distinguishable from masabe. However, available literature on community music therapy by authors such as Ansdell and Pavlicevic (2004) and

Stige (2008:166) seem to be aware of the ambivalence of the relationships musical healing rituals as culturally occurring in various traditional communities and music therapy as a profession. Musical healing rituals have been used in most traditional societies regardless of what name the rituals may be conferred.

As a novice music therapist, I would be intentional about continuing to learn from music therapists who are awakening to the exploration into ways of working with community traditional healers. The acknowledgement of the influence of traditional healers on healthcare in South Africa (Pavlicevic & Ansdell, 2004), signals what might be possible in Zambia, as there are historical interactions on many levels between the two countries.

Throughout the study, I had a hunch that the participants may have been ‘performing’ for me. I hence continued to remind them that our ritual was not a performance for me. I was as invested in the ritual and learning, as much as they may have been. On the one hand, allaying the propensity for performing to me as the researcher may not have clearly alleviated the temptation to perform to please me, however. On another hand, the participants, aware of the fluidity of the ritual, grasped their freedom to contribute to the design. While, my role, like the role of mun’ganga, would be to guide the ritual, the guidance would be seen within the context of flexible structures governed by ritual.

5.7 Conclusion

In this chapter, I aimed to show how this research responded to the questions I set out to answer. I presented the context within which I conducted this research, and discussed the formulation of the participants’ perceptions of musical healing, relying on their perceptions of masabe. Because this study was an explorative and not a comparative study, I was careful not to infuse music therapy into masabe and the same about interpreting masabe as music therapy. Phenomenologically, however, there are elemental parallels in both masabe and music therapy. I was aware that the participants and I were working within the framework of masabe because it was the familiar conceptualisation of musical healing ritual among baTonga.

Procedurally, I introduced the study as exploring the place of music therapy among baTonga of Mazabuka, however, the translation conjured ideas of masabe to the participants. Firstly, that may have been because the word ‘music’ translates into component parts, such as songs, dances or instruments, depending on the context. Secondly, when the participants spoke of masabe as a concept, they spoke of masabe’s referent points; for some the

predominant reference point is possession and for others, the predominant reference point is the musical healing ritual. Conceptually, designing the ritual presented me with an analytical conundrum. That withstanding, the participants expressed a phenomenal appreciation of our engagements. I think this research engenders opportunities for further ethnographic, grounded theory or comparative research that would deepen understanding of music therapy in peripheral cultural contexts. In the next chapter, I conclude the research by presenting my conclusions, implications and recommendations of the research.

CHAPTER 6: CONCLUSION

In this explorative study, I aimed at establishing, firstly, what perceptions baTonga of Mazabuka have of masabe and, secondly, how a music therapy process could be designed for a group of baTonga people in a manner that was culturally sensitive according to their understandings of music and healing. Finally, I reflected on the participants' experiences of the musical healing ritual, which was prepared and executed in the process of the research. In that consideration, four overarching themes emerged in answer to the research questions: buTonga cosmology; well-being; ways of knowing; and musical healing ritual. I found that buTonga cosmology is a relational cosmology that places emphasis on a complex personhood continuum where personhood is dialogical. A dialogue occurs between individuality and collective identity. BuTonga is a means of participating in the lifeworld; it defined the research participants' sense of place, ancestry spirituality, organisation and relationships. I suspect that buTonga cosmology is a dialectical concept in that it influenced how the participants experienced their lifeworld and, in turn, buTonga cosmology would be influenced by the participants' reflections on their experience of their lifeworld.

Research participants spoke of well-being as a spectrum. When we discussed what it means to have *nseba mbotu* (good health), the participants used the word *bube* to mean well-being. The research established that well-being is the presence of community cohesion, harmony with nature and transitional beings and a sense of physical and mental flourishing. A person with sound well-being can engage in work and sharing in the eating of food. The study found that well-being is facilitated through interaction with four ways of knowing that include hospital, churches, public education and tunsiyansiya.

Ways of knowing included tunsiyansiya (buTonga customs), church, hospitals and schools. The research participants revealed a sense of alienation from tunsiyansiya as they thought the churches, hospitals and schools deliberately disregard the value of tunsiyansiya. I found that the participants shared a disquiet about what they termed suppression of tunsiyansiya by church, hospital and school systems. The participants expressed that they do not want to get rid of the church, hospital and school systems. They recognised the system's contribution to the participants' lives. Rather, the participants would want the consideration and inclusion of tunsiyansiya as valid and valued ways of knowing, doing and being. They expressed delight in my interest in them and that other interested actors could emulate the steps I took to

engage them in attempting to develop a music therapy process sensitive to their cultural setting.

In this study, I also found that the participants have relied on musical healing rituals to attend to their well-being needs. I found that the participants could not conceive musical healing practise in the form of music therapy divorced from their familiar masabe. For that reason, I decided to embrace masabe as the pervasive frame of reference. Masabe are both possession that causes illness in some and considerable discomfort in most victims. Masabe as possession could be used to explain any form of signs of the lack of well-being including such experiences as miscarriages, disharmony in the family and/or community or natural disasters.

Masabe also refers to the musical healing ritual where a musical dance drama is performed to appease the spirits and bring about the healing of the victims personally and by extension, the community and the environment. The research participants revealed how they experience masabe possession as a burden, while they may experience the musical healing ritual of masabe a blessing. Masabe are consequently, experienced simultaneously as blessing and burden. It is a blessing to receive the gift to be a well-being medium for others. The burden is in the discomfort of inhabiting personal and communal ailments. The afflicted consider themselves as healers of one kind or another. The musical healing ritual was considered to have components of *mung'anga* (the afflicted healer), *basimasabe* (the community of the afflicted), *basikulwazyia* (the therapy management group), *basingoma* (the musicians), *baiminzi* (witnesses/supporters) and musicians. The ritual is centred around music.

Finally, the study found that music is ubiquitous among baTonga. The participants revealed how they can make music for music's sake. Yet, they also spoke about the use of special ritual music in healing rituals. The music was accompanied by an ensemble of three drums played with interlocking rhythms and guitar. We had other percussive instruments as suited. I was surprised to learn about the use of a whistle to signal musical and dance transitions in the musical drama. The music was progressive; moving from beginnings through to the hot rhythm and coming to a musical resolution. The music was always comprised of songs and dances. Ritual songs tended to be rich in imagery and symbolism. For that reason, ritual music is restricted for exclusive use in ritual healings appears to have restrictions about what music is used for ritual healings. The dances followed the movement

of the music to include a hot rhythm when the performance reaches high intensity seen by how the performers move. The music has a particular kind of texture, text and symbolism. The cryptic nature of ritual music renders it useless outside the context of ritual.

6.1 Limitations of the research

In this study, I have been primarily concerned with exploring ways of critically engaging with this community in a culturally-sensitive manner. This analysis has concentrated on the attitudes baTonga have towards masabe and how those attitudes inform baTonga's participation in health making and musical healing rituals. The findings of my study are restricted to the opinions of baTonga of the Chitongo village. I have addressed only the role of masabe in the attainment of well-being. I should make clear that I have intentionally not generalised the findings of this research to communities outside the community of Chitongo. A more extensive study would be required for comparative purposes if the findings of this research were to be employed in protocol development in different communities. Even though there is corroborative evidence of buTonga thought, feeling and action that speaks of masabe as a useful musical healing ritual; the findings of my study do not imply that every muTonga would subscribe to such beliefs. The nature of my data does not allow me to determine whether another group of baTonga would share similar attitudes and have related participatory enthusiasm for musical healing.

A few problems affected the study. The first was proficiency in ciTonga as the language of engagement. I acknowledge that I had some trouble related to in-the-moment conversational flow. I surmise that this is the result of many years of absence from buTonga and not having to use the language in my every-day situations. The second was that I took ill on the day we had the musical healing ritual. I was found to have a bacterial infection that took more than four days to clear. That jeopardised our planned meetings. We renegotiated the times for focus groups four, five and six which were scheduled for the day after the ritual.

The third and final challenge I had to surmount was transcription and translation. During the transcription and translation process, I feared to misrepresent the participants. I was conscious of how issues could be lost in representation and translation. I attempted to engage transcribers and translators, for this purpose, who either did not do the job properly or were not efficient. Eventually, I had to transcribe and translate myself.

6.2 Implications of the findings on music therapy in Zambia

I am of the opinion that this study has implications for music therapy in Zambia, particularly, in two broad areas. The first area is music therapy theory and practice and the second is music therapy research. I will elaborate on each of them in the following sections.

6.2.1 Music therapy theory and practice in Zambia

Having established buTonga cosmology as relational, personhood as dialogical, and that the people tended to function communally, I opine that community music therapy (Ansdell, 2002, Pavlicevic and Ansdell, 2004; Stige, 2002) and related approaches such as culture-centred music therapy (Stige, 2016), resource-orientated music therapy (Rolvsjord, 2010), anti-oppressive practice (Baines, 2013), whole-systems approaches (Kenny, 1985), ecological approaches (Kenny, 2014) and holistic models (Amir, 1996) would be a suitable for working within Zambia.

Community music therapy emphasises community engagement in that practices are linked to the local communities in which clients and therapists live and work. The two notions of community music therapy (music therapy happening in a community context, and music therapy for change in a community) also align with the imperative of working within a critical theory framework. Community music therapy requires sensitivity to social and cultural contexts. A music therapist in Zambia would have to embrace complex interactions of mythologies and cultural symbolism in ritual performance. Community music therapy acknowledges that individuals, groups, and communities function in and as systems and those systems form an ecology of being. That means that the music therapist would have to deepen levels of reflection to evaluate power relations, accessing and releasing the inner mun'ganga (afflicted healer).

The findings of this study have encouraged me as a burgeoning music therapist to consider a practice that carefully, deliberately and clearly embraces the context of Zambia. That necessitates remaining ever more open to and curious about local knowledge, perceptions and understandings of well-being and the restoration thereof. Well-being ought to be understood and facilitated according to the terms and frameworks of the clients.

Having considered the place of ban'ganga in buTonga, and the role they play in the restoration of well-being, I have considered the possibility of going into bun'ganga initiation. Because the ritual music is densely imaginal and symbolic, music therapists deep understanding of the symbolism would profoundly transform the music therapy space. I,

however, anticipate challenges in having such an approach certified as ‘professional’ therapy under the prevailing health professions council regulations and statutes.

I believe that as a music therapist, I could benefit from training that incorporates the initiation rites of bun’ganga. There would be a need for ongoing dialogue with the Health Professions Council of Zambia (HPCZ) in this regard. The dialogue would have to be based on sound theoretical understandings informed by rigorous research work. My optimism for community music therapy practice in the manner I propose here is high considering that Zambia has a history of working in concert with countries such as South Africa where the dialogue is underway, albeit slowly.

6.2.2 Music therapy research in Zambia

This research is the first one of its kind to be conducted in Zambia, in general, and among baTonga of Mazabuka, in particular. I think this research is the beginning of what would be deliberate inquiries into the place of music and musical healing rituals in Zambia. Exploring musical healing rituals as they prevail offers insights into what forms music therapy would evolve into in Zambia. I believe that knowledge is not static; it is continually evolving.

Small, regular and persistent research undertakings build bigger research ideas in dynamic environments (Knight, 2002: xii). Although such efforts may require the deployment of resources, such as finance, it is highly possible that well-coordinated efforts also earn benefits that would offset the costs of carrying out research.

I deliberate that the focus groups were a suitable means of collecting data for this research. As I reflected on how the focus groups happened, I realised how I could use them the focus groups as ritual and ritual context simultaneously. The qualitative approach accommodates and complements oral traditions of storytelling (Tuwe, 2016:4). Storytelling is an inherent part of buTonga. Storytelling is essentially a communal participatory experience and phenomena. It is a shared communal event where people congregate together, listening, and participating in accounts and stories of past deeds, beliefs, wisdom, counsel, morals, taboos, and myths (Tuwe, 2016:4).

During FGs 1, 2 and 3, we almost strictly stuck to the interview scripts resulting in the experience being densely discussional. In FGs I deliberately employed music to begin the sessions and we organically interluded our discussions with suitable music which participants liberally introduced. The music added nuanced affectivity to the focus groups experience and

connected us to the core factor of our research, music. As a music therapist, I can intentionally use focus groups as a context for creative art-based qualitative data collection.

6.3 Recommendations

For future research, I recommend a study similar to this one at a larger scale in another context in order to have a sense of what the general Zambian music therapy landscape would look like. Drawing on community music therapy as a theoretical framework may be useful in further examining the relationships between ban'ganga and music therapists in Zambia, and whether there could be value in a music therapist undergoing bun'ganga initiation rites. Another possible area of inquiry might include developing an understanding of buTonga music improvisations and composition. This may skill a music therapist in fashioning buTonga cosmology into music therapy sessions. Future research into community music therapy and community music might focus on analysing the relationships between the music of the world and of baTonga ritual music.

6.4 Conclusion

BaTonga participants in this study desired to be active participants in matters that affected their welfare. Musical healing rituals played an important part in their lives in facilitating well-being. Critical theory was a useful framework with which to engage sensitively with the community. Embracing a dialogical paradigm of many ways of knowing was useful for affirming and acknowledging the contributions of all knowledge systems, including that of tunsiyansiya.

This study is the first of its kind to be conducted in Zambia. A major contribution of the study includes bringing buTonga into the global music therapy conversation and the global music therapy conversation into buTonga. I am of the view that music therapy is in an exciting era when the dominant western narratives are being challenged (Ansdell, 2002; Baines, 2013, 2010; Kenny, 1985, 2014; Ruud, 2014), and more inclusive paradigms are emerging. This study is a contribution to the continual evolution of music therapy theory and practice. As such, I hope that this study also adds to the perennial decolonisation project. I hope that this study begins a well-being-based research approach towards hybridised music therapy. Through this study, I have learned anew that music is in everything and everything is in music. While there may be times when music is sound, most times music is silent movement; the movement of the heart, mind, blood and sweat. There is in all of us a movement of doing and a movement of being. If music is movement, inaudibly silent, and

present in every being, every moment and in every community, the therapist's task is not to make the music (make music when necessary). The therapist's task is to listen; to listen to the music of doing. More importantly, the therapist must listen for the music of being. As a muTonga music therapist, I recognise the diverse kinds of music in buTonga, expressed in song and in tales, in dance and in stillness, in strife and in celebration. BuTonga through this study has afforded me a renewed appreciation of music in multiple affective presentations. I will be the muTonga musician, the shaman, mun'ganga and the healer.

REFERENCES

- Abrams, D. (1997): *The spell of the sensuous*. Vintage Books, New York.
- Adichie, C. N. (2009). The danger of a single story. TED Talk. *Retrieved from*.
- Adler, P. A., & Adler, P. (2002). Do university lawyers and the police define research values. *Walking the tightrope: Ethical issues for qualitative researchers*, 34-42.
- Adomaitienė, J., & Zubrickienė, I. (2010). Learners' reflections from the viewpoint of competence development. *Tiltai*, (2), 85-97.
- Afigbo, A. E. (1997). Nsukka zone: Culture, history and development. *Nsukka: Development Challenges*, 8-24.
- Afigbo, A. E. (1997). *The Poverty of African Historiography*, Lagos.
- Ahmed, S. M., & Palermo, A. G. S. (2010). Community engagement in research: frameworks for education and peer review. *American Journal of Public Health*, 100(8), 1380-1387.
- Aigen, K. "The voice of the forest: A conception of music for music therapy." *Music Therapy* 10, no. 1 (1991): 77-98.
- Aigen, K. (1991). *The Roots of Music Therapy: Towards an Indigenous Research Paradigm*.
- Aitken, R., & Campelo, A. (2011). The four Rs of place branding. *Journal of Marketing Management*, 27(9-10), 913-933.
- Al-Amer, R., Ramjan, L., Glew, P., Darwish, M. & Salamonsen, Y. (2016). Language translation challenges with Arabic speakers participating in qualitative research studies. *International Journal of Nursing Studies*, 54, pp.150-157.
- Aldridge, D. (1995). Spirituality, hope and music therapy in palliative care. *The Arts in Psychotherapy*, 22(2), 103-109.
- Aldridge, D. (2003). Music therapy and spirituality; A transcendental understanding of suffering. *Music Therapy Today*, 4(1), 23-47.
- Alexander, J. C., Eyerman, R., Giesen, B., Smelser, N. J., & Sztompka, P. (2004). *Cultural trauma and collective identity*. Univ of California Press.

- Amable, B., & Petit, P. (2001). The Diversity of Social Systems of Innovation and Production during the 1990s N 2001-15. *Cepremap: Paris, France*.
- Amir, D. (1996). Music therapy—holistic model. *Music Therapy, 14*(1), 44-60.
- Angrosino, M. (2007). *Doing ethnographic and observational research*. Sage.
- Anholt, S. (2003). Branding places and nations. *Brands and branding, 213-226*.
- Anholt, S. (2010). Definitions of place branding—Working towards a resolution.
- Ansdell, G. & Pavlicevic, M. (2004). *Community music therapy*, Jessica Kingsley Publishers.
- Ansdell, G. (1999). *Music therapy as discourse and discipline: a study of music therapist's dilemma* (Doctoral dissertation, City University London).
- Ansdell, G. (2002, March). Community music therapy & the winds of change. In *Voices: A world forum for music therapy* (Vol. 2, No. 2).
- Ansdell, G., & Pavlicevic, M. (2001). *Beginning research in the arts therapies: A Practical Guide*. London: Jessica Kingsley.
- Arora, V., & Khazanchi, D. (2014). Sense of Place in Virtual Learning Environments. In *MWAIS Conference, Iowa State University, USA*.
- Ashworth, G., & Kavaratzis, M. (Eds.). (2010). *Towards effective place brand management: Branding European cities and regions*. Edward Elgar Publishing.
- Ashworth, G., & Larkham, P. (2013). *Building a new heritage (RLE Tourism)*. Routledge.
- Ateljevic, I., Morgan, N., & Pritchard, A. (Eds.). (2013). *The critical turn in tourism studies: Creating an academy of hope* (Vol. 22). Routledge.
- Baines, S. (2013). A Brief Anti-Oppressive Analysis of Music Pedagogy, the Professional Musician, and the Music Business: A Case for Music Therapy. *Music: Social impacts, health benefits and perspectives, 167-182*.
- Baines, S. (2013). Music therapy as an anti-oppressive practice. *The Arts in Psychotherapy, 40*(1), 1-5.
- Baines, S. (2016). The Role of Culture in Music and Medicine: Considerations to Enhance Health. *Music and Medicine, 8*(3), 91-95.

- Baines, S., & Edwards, J. (2015). Considering the ways in which anti-oppressive practice principles can inform health research. *The Arts in Psychotherapy*, 42, 28-34.
- Baron, P. (2007). ECOSYSTEMIC PSYCHOLOGY.
- Baron, P. (2016). Boundaries to cybernetics becoming a conceptual framework and metadiscipline in the psychologies.
- Baron, R. M. (2007). Situating coordination and cooperation between ecological and social psychology. *Ecological Psychology*, 19(2), 179-199.
- Batt-Ravden, K. B. (2006). Empowering musical rituals as a way to promote health. In *Proceedings of the 9th International Conference on Music Perception and Cognition, August* (pp. 22-26).
- Baylies, C., & Bujra, J. (2000). Special issue on AIDS.
- Beer, L. E. (1990). Music therapy: Sounding your myth. *Music Therapy*, 9(1), 35-43.
- Bergman, M. M., & Coxon, A. P. (2005), May. The quality in qualitative methods. In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research* (Vol. 6, No. 2)
- Binson, B. *Music Healing Rituals in Thailand*. *Voices: A World Forum for Music Therapy*, [S.l.], v. 15, n. 3, Nov. 2015. ISSN 1504-1611. Available at: <<https://voices.no/index.php/voices/article/view/839/703>>. Date accessed: 20 Jul. 2017. doi:10.15845/voices.v15i3.839
- Bjotveit, A. (2017). *Expectations in Music Therapy. A Sociocultural Perspective* (Master's thesis, The University of Bergen).
- Blanche, M.T., Blanche, M.J.T., Durrheim, K. & Painter, D. eds., 2006. *Research in practice: Applied methods for the social sciences*. Juta and Company Ltd.
- Blas, E., & Kurup, A. S. (Eds.). (2010). *Equity, social determinants and public health programmes*. World Health Organization.
- Blaxter, M. 2010. *Health* (2nd ed., Key concepts). Cambridge, UK: Polity.
- Bone, J. (2016). Environmental dystopias: Margaret Atwood and the monstrous child. *Discourse: Studies in the cultural politics of education*, 37(5), 627-640.

- Bottorff, J.L. (1994). 'Using video recording in qualitative research', in Morse, J.M. (ed.), *Critical issues in qualitative research methods*, Thousand Oaks, CA: Sage: 224–261.
- Boyce-Tillman, J. 2014. *Music and well-being. TD: The Journal for Transdisciplinary Research in Southern Africa, 1.*
- Brault, A. (2017). *Resource-Oriented Music Therapy in Pediatric Oncology: A Philosophical Inquiry* (Doctoral dissertation, Concordia University).
- Brave Heart, M. Y. H., Chase, J., Elkins, J., & Altschul, D. B. (2011). Historical trauma among indigenous peoples of the Americas: Concepts, research, and clinical considerations. *Journal of psychoactive drugs, 43*(4), 282-290.
- Brenner, A. (2007). *Women's rites of passage: how to embrace change and celebrate life.* Rowman & Littlefield.
- Brenner, B. G. (2007). Resistance and viral subtypes: how important are the differences and why do they occur?. *Current Opinion in HIV and AIDS, 2*(2), 94-102.
- Bruscia, K. E. 1998. *Dynamics of music psychotherapy*, Barcelona publishers.
- Buhalis, D., Leung, D., & Law, R. (2011). eTourism: critical information and communication technologies for tourism destinations. *Destination marketing and management: Theories and applications, 2011*, 205-224.
- Bujra, A. (2002). African conflicts: Their causes and their political and social environment. Development Policy Management Forum.
- Bunt, L. (2003). *Music therapy: An art beyond words.* Routledge.
- Burke, B., & Harrison, P. (1998). Anti-oppressive practice. In *Social Work* (pp. 229-239). Palgrave, London.
- Campbell, J. (2008). *The hero with a thousand faces (Vol. 17).* New World Library.
- Campbell, J. (Ed.). (1970). *Myths, dreams, and religion.* New York: EP Dutton.
- Campbell, J., & Moyers, B. (2011). *The power of myth.* Anchor.
- Carcary, M. (2009). The Research Audit Trial--Enhancing Trustworthiness in Qualitative Inquiry. *Electronic Journal of Business Research Methods, 7*(1).

- Carmody, B. (1988). Conversion and school at Chikuni, 1905–39. *Africa*, 58(2), 193-209.
- Carmody, B. (1991). Secular and Sacred at Chikuni: 1905-1940. *Journal of Religion in Africa/Religion en Afrique*, 21, 130.
- Carmody, B. (2007). The nature and role of Christian conversion in Zambia. *International Journal for the Study of the Christian Church*, 7(2), 109-133.
- Carmody, B. P. (1992). *Conversion and Jesuit schooling in Zambia* (Vol. 4). Brill.
- Casakin, H., Hernández, B., & Ruiz, C. (2015). Place attachment and place identity in Israeli cities: The influence of city size. *Cities*, 42, 224-230.
- Cea, J. L., & Rimington, J. (2017). Creating breakout innovation. *Stanford Social Innovation Review*, 15(3).
- Cea, J., & Rimington, J. (2017). Designing with the Beneficiary: An Essential Strategy to Optimize Impact. *Innovations: Technology, Governance, Globalization*, 11(3-4),
- Chilisa, B. (2011). *Indigenous research methodologies*. Sage Publications.
- Chilisa, B., Major, T. E., & Khudu-Petersen, K. (2017). Community engagement with a postcolonial, African-based relational paradigm. *Qualitative Research*, 17(3), 326-339.
- Chilivumbo, A. 1972. *Vimbuza or Mashawe: Mystic Therapy*. *African Music*, 5(2), 6-9.
Retrieved from <http://www.jstor.org/stable/30249701>
- Clark, S., Colson, E., Lee, J., & Scudder, T. (1995). Ten thousand Tonga: a longitudinal anthropological study from southern Zambia, 1956–1991. *Population Studies*, 49(1), 91-109.
- Clayton, M. (2013). *The cultural study of music: A critical introduction*. Routledge.
- Cliggett, L., & Bond, V. (Eds.). (2013). *Tonga Timeline: Appraising Sixty Years of Multidisciplinary Research in Zambia and Zimbabwe*. The Lembani Trust.
- Cliggett, L., Colson, E., Hay, R., Scudder, T., & Unruh, J. (2007). Chronic uncertainty and momentary opportunity: A half century of adaptation among Zambia's Gwembe Tonga. *Human Ecology*, 35(1), 19-31.
- Collins, J. (2013). *Uncommon cultures: Popular culture and post-modernism*. Routledge.

- Colson, E. (1948). Rain-shrines of the plateau Tonga of Northern Rhodesia. *Africa*, 18(4), 272-283.
- Colson, E. (1953). Social control and vengeance in Plateau Tonga society. *Africa*, 23(3), 199-212.
- Colson, E. (1958). *Marriage & the family among the plateau Tonga of Northern Rhodesia*. Manchester University Press.
- Colson, E. (1960). *Kariba studies; The Social Organization of the Gwembe Tonga*. Manchester University Press.
- Colson, E. (1962). *The plateau tonga*. Manchester University Press.
- Colson, E. (1969). *Spirit possession among the Tonga of Zambia*. Routledge & K. Paul.
- Colson, E. (1971). The impact of the colonial period on the definition of land rights. *Colonialism in Africa*, 3, 193-215.
- Colson, E. (2006). *Tonga Religious Life in the Twentieth Century*. Bookworld Publishers. Lusaka.
- Colson, E., & Gluckman, M. (Eds.). (1961). *Seven Tribes of British Central Africa*. Manchester University Press.
- Colson, E., & Scudder, T. (1988). *For prayer and profit: The ritual, economic, and social importance of beer in Gwembe District, Zambia, 1950-1982*. Stanford University Press.
- Connolly, L., & Moss, H. (2019). Music, spirituality and dementia: Exploring joint working between pastoral care professionals and music therapists to improve person-centred care for people with dementia (Innovative Practice). *Dementia*, 1471301219885560.
- Crenshaw, K. (1989). W. (1994). Mapping the margins: intersectionality, identity politics, and violence against women of colour. *The public nature of violence: the discovery of domestic abuse*, 93-117.
- Crenshaw, K. (1990). Mapping the margins: Intersectionality, identity politics, and violence against women of colour. *Stan. L. Rev.*, 43, 1241.
- Cresswell, T. (2013). Citizenship in worlds of mobility. *Critical mobilities*, 105-124.

- Creswell, J. W., & Miller, D. L. 2000. *Determining Validity in Qualitative Inquiry. Theory Into Practice*, 39(3), 124-130. doi:10.1207/s15430421tip3903_2
- Creswell, W.J. 2013. *Qualitative Inquiry and Research Design*. Sage Publications. California.
- Cromdal, J., Osvaldsson, K., & Persson-Thunqvist, D. (2008). Context that matters: Producing “thick-enough descriptions” in initial emergency reports. *Journal of pragmatics*, 40(5), 927-959.
- Danzer, G., Rieger, S. M., Schubmehl, S., & Cort, D. (2016). White psychologists and African Americans’ historical trauma: Implications for practice. *Journal of Aggression, Maltreatment & Trauma*, 25(4), 351-370.
- Davies, D. (1994). Introduction: raising the issues. *Rites of passage*, 1-9.
- Davison, J. R. 1899. *Music in Medicine*. The Lancet, 154(3974), 1159-1162.
- De Vos, A.S., Strydom, H., Fouche, C.B. and Delport, C.S.L. (1998). Research at the grassroots level. *A premier for caring professionals*, 1.
- De Vos, A.S., Strydom, H., Fouché, C.B., & Delport, C.L.S. (Eds.). (2005). *Research at grassroots: For the social sciences and human service professions* (2nd ed.). Pretoria: Van Schaik.
- DeNora, T. (2000). *Music in everyday life*. Cambridge University Press.
- DeNora, T., & Ansdell, G. (2017). Music in action: Tinkering, testing and tracing over time. *Qualitative Research*, 17(2), 231-245.
- Denzin, N. K., & Lincoln, Y. 2000. *Qualitative research*. Thousand Oaks ua, 413-427.
- Dirth, T. P., & Adams, G. A. (2019). Decolonial Theory and Disability Studies: On the Modernity/Coloniality of Ability. *Journal of Social and Political Psychology*, 7(1), 260-289.
- Dos Santos, A. 2005, July. The role of culture in group music therapy in South Africa. In *Voices: A World Forum for Music Therapy* (Vol. 5, No. 2).
- Dos Santos, A. 2005, March. Music therapy in Africa: Seeds and songs. In *Voices: A World Forum for Music Therapy* (Vol. 5, No. 1).
- Dripe, J. (2012). *Latvijas arhitektura 1991-2011*. Jumava.

- Duncan, G. (2015). Celtic spirituality and contemporary environmental issues. *HTS Theological Studies*, 71(3), 01-10.
- Duncheon, J. C., & Tierney, W. G. (2013). Changing conceptions of time: Implications for educational research and practice. *Review of educational research*, 83(2), 236-272.
- Duran, E., Duran, B., Heart, M. Y. H. B., & Horse-Davis, S. Y. (1998). Healing the American Indian soul wound. In *International handbook of multigenerational legacies of trauma* (pp. 341-354). Springer, Boston, MA.
- Duran, E., Duran, B., Heart, M. Y. H. B., & Horse-Davis, S. Y. (1998). Healing the American Indian soul wound. In *International handbook of multigenerational legacies of trauma* (pp. 341-354). Springer, Boston, MA.
- Eagle, G. T. (2005). Therapy at the cultural interface: Implications of African cosmology for traumatic stress intervention. *Journal of Contemporary Psychotherapy*, 35(2), 199-209. *Education and Research*, 1(1), 306-310.
- Edwards, J. (Ed). 2016. *The Oxford handbook of music therapy*. Oxford University Press.
- Elefant, C. (2016). Multicultural Considerations in Music Therapy Research.
- Eyerman, R. (2004). Cultural Trauma. *Cultural trauma and collective identity*, 60-111.
- Fachner, J. (2007). Wanderer between worlds—Anthropological perspectives on healing rituals and music. *Music Therapy Today*, 8(2), 166-195.
- Fachner, J. (2017). Music, Moments, and Healing Process: Music Therapy. In *The Routledge Companion to Music Cognition* (pp. 89-99). Routledge.
- Falola, T., & Heaton, M. M. (Eds.). (2008). *Health knowledge and belief systems in Africa*. Carolina Academic Press.
- Fanon, F. (1963/2007). *The wretched of the earth*. Grove/Atlantic, Inc.
- Feierman, S., & Janzen, J. M. (Eds.). (1992). *The social basis of health and healing in Africa* (No. 30). Univ of California Press.
- Finlay, L. (2002). “Outing” the researcher: The provenance, process, and practice of reflexivity. *Qualitative health research*, 12(4), 531-545.
- Finlay, L. (2002). Negotiating the swamp: the opportunity and challenge of reflexivity in research practice. *Qualitative research*, 2(2), 209-230.

- Flint, C. (2013). Introduction: spaces of hate: geographies of discrimination and intolerance in the USA. In *Spaces of Hate* (pp. 13-32). Routledge.
- Freire, P. (1972). *Pedagogy of the Oppressed*. 1968. *Trans. Myra Bergman Ramos*. New York: Herder
- Frye, M. (1983). *Oppression* (pp. 1-16). na.
- Gallagher, J.J. 2012. A Distinction between Emic Research and Etic Research. *Gifted and Talented International*, 27(1), pp.71-72.
- Gausset, Q. (1998). The Changing Meaning of Disease Among The Tonga Of Zambia (1). *Paideusis*, 1, 43-52.
- Geertz, C. [1972] (1973). *Deep play: Notes on the Balinese cockfight*. Pp. 412–453 in Geertz, *The interpretation of cultures*. New York: Basic Books.
- Geertz, Clifford. (1973). Thick description: Toward an interpretive theory of culture. Pp.3-30 in Geertz, *The interpretation of cultures*. New York: Basic Books.
- Geertz, Clifford. (1988). *Works and lives*. Stanford, CA: Stanford University Press.
- Genco, A., & Sorce, S. (2010). *Pervasive systems and ubiquitous computing*. Wit Press.
- Gibson, K. & Swartz, L. (2004). Emotional processes in political subjects. *Critical psychology*, pp.467-486.
- Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collection in qualitative research: interviews and focus groups. *British dental journal*, 204(6), 291.
- Golden, S. D., & Earp, J. A. L. (2012). Social-ecological approaches to individuals and their contexts: twenty years of health education & behaviour health promotion interventions. *Health Education & Behavior*, 39(3), 364-372.
- Górny, A., & Toruńczyk-Ruiz, S. (2014). Neighbourhood attachment in ethnically diverse areas: The role of interethnic ties. *Urban Studies*, 51(5), 1000-1018.
- Graham, M. J. (1999). The African-centered worldview: Toward a paradigm for social work. *Journal of Black Studies*, 30(1), 103-122.

- Grobler, H. D., Schenck, C. J., & Mbedzi, R. P. (2013). *Person-centred facilitation: process, theory and practice*. Oxford University Press Southern Africa.
- Guba, E.G. & Lincoln, Y.S. (1994). Competing paradigms in qualitative research. *Handbook of qualitative research*, 2(163-194), p.105.
- Hadley, S. (2013). Dominant narratives: Complicity and the need for vigilance in the creative arts therapies. *The arts in psychotherapy*, 40(4), 373-381.
- Hadley, S., & Thomas, N. (2018). Critical Humanism in Music Therapy: Imagining the Possibilities. *Music Therapy Perspectives*, 36(2), 168-174.
- Haller, T. & Merten, S. (2013). *Losing the Commons-Fighting with Magic*. In L, Gligget & V. Bond (eds), *Tonga Timeline: Appraising Sixty Years of Multi-disciplinary Research in Zambia and Zimbabwe*. Lembani Trust. Lusaka.
- Hammond-Tooke, W. D. (1972). The Journal of William Shaw. *Cape Town: AA Bal-kema*, 181-182.
- Hammond-Tooke, W. D. (1972). *The Structuring of Chaos: Anthropological Approaches to the Human Mind: Inaugural Lecture*. Witwatersrand University Press.
- Harper, S. (1995). The way of wilderness. *Ecopsychology: Restoring the earth, healing the mind*, 183-200.
- Hartman, A. (1990). Many ways of knowing.
- Hartman, A., & Laird, J. (1983). *Family-centred social work practice*. Free Press.
- Hassanein, Z. (2018). *Critical Theory, Conflict Transformation and Community Music Therapy: A Critical Review of the Literature* (Doctoral dissertation, Drexel University).
- Heart, B., & Horse, M. Y. (1998). The return to the sacred path: Healing the historical trauma and historical unresolved grief response among the Lakota through a psychoeducational group intervention. *Smith College Studies in Social Work*, 68(3), 287-305.
- Heart, B., & Horse, M. Y. (2000). Wakiksuyapi: Carrying the historical trauma of the Lakota. *Tulane Studies in Social Welfare*, 21(22), 245-266.

- Heart, M. Y. H. B. (1999). Oyate Ptayela: Rebuilding the Lakota Nation through addressing historical trauma among Lakota parents. *Journal of Human Behavior in the Social Environment*, 2(1-2), 109-126.
- Heart, M. Y. H. B. (2003). The historical trauma response among natives and its relationship with substance abuse: A Lakota illustration. *Journal of psychoactive drugs*, 35(1), 7-13.
- Hess, P., & Rittner, S. (1996). Trance. *Decker-Voigt, Hans-Helmug/Knill, Paolo J./Weymann, Eckhard (1996). Lexikon Musik-therapie. Hogrefe: Göttingen, Bern, Toronto, Seattle. S, 395-398.*
- Holland, R. (1999), "Reflexivity", *Human Relations*, vol. 52, no. 4, pp. 463-484.
<https://www.fda.gov/ohrms/dockets/ac/00/slides/3591s1a/tsld016.htm>
- Hook, D. (2004). Critical psychology.
- Hook, D. (2012). *A critical psychology of the postcolonial: The mind of apartheid*. Routledge.
- Hook, D. (2013). *(Post) apartheid conditions: Psychoanalysis and social formation*. Springer.
- Hopkins, N., & Dixon, J. (2006). Space, place, and identity: Issues for political psychology. *Political Psychology*, 27(2), 173-185.
- Hulko, W. (2009). The time-and context-contingent nature of intersectionality and interlocking oppressions. *Affilia*, 24(1), 44-55.
- Idowu, E. B. (1973). *African traditional religion: A definition*. Orbis Books.
- Im, E.O., Kim, S., Tsai, H.M., Nishigaki, M., Yeo, S.A., Chee, W., Chee, E. & Mao, J.J. (2016). Practical issues in multi-lingual research. *International journal of nursing studies*, 54, pp.141-149.
- Imber-Black, E. & Roberts, J. (1998). *Rituals for our times: Celebrating, Healing, and changing our lives and our relationships*, Jason Aronson.
- Imber-Black, E. (1992). *Families and larger systems: A family therapist's guide through the labyrinth*. Guilford Press.
- Imber-Black, E. (1993). *Secrets in families and family therapy*. New York: Norton.

- Imber-Black, E., (1999). Creating meaningful rituals for new life cycle transitions. *The expanded family life cycle: Individual, family, and social perspectives*, pp.202-214. in *Biology and Medicine*, 13(2), 131-154.
- in music therapy. *British Journal of Music Therapy*, 20(1), 5-12.
- Inquiry*, 18(1), 29-39.
- Jackson, H. (2002). *AIDS Africa: Continent in crisis* (pp. 211-256). Harare: SAfAIDS.
- Janzen, J. M. (1995). Self-Presentation and Common Cultural Structures in" Ngoma" Rituals of Southern Africa. *Journal of Religion in Africa/Religion en Afrique*, 25, 141.
- Janzen, J. M. (2017). Theories of music in African ngoma healing. In *Musical healing in cultural contexts* (pp. 46-66). Routledge.
- Jewitt, C. (2012). An introduction to using video for research.
- Jones, C., Baker, F., & Day, T. (2004). From healing rituals to music therapy: Bridging the cultural divide between therapist and young Sudanese refugees. *The Arts in Psychotherapy*, 31(2), 89-100. *Journal of Business Research Methods Volume 7 Issue 1 2009*, (pp.11 - 24), available online at www.ejbrm.com
- Jung, C.G. & Jaffé, A. (1963). Memories, dreams. *Reflections*, 84.
- Keener, C.S. (2010). Spirit possession as a cross-cultural experience. *Bulletin for Biblical Research*, 20(2), pp.215-236.
- Kelly, K. (2006). *From Encounter to Text: Collecting Data in Qualitative Research*. (From Research in Practice Edited by Blanche, T. M, Durrheim, K. and Painter, D.) University of Cape Town Press. Cape Town.
- Kemper, R. V., & Royce, A. P. (Eds.). (2002). *Chronicling cultures: Long-term field research in anthropology*. Rowman Altamira.
- Kenny, B. C., (1989). *The Field of Play: A Guide for the Theory and Practice of Music Therapy*. Ridgeview Publishing Company. California.
- Kenny, C. (2014, March). The field of play: An ecology of being in music therapy. In *Voices: A World Forum for Music Therapy* (Vol. 14, No. 1).
- Kenny, C. B. (1982). *The Mythic Artery: The Magic of Music Therapy*. Atascadero: Ridgeview.

- Kenny, C. B. (1985). Music: A whole systems approach. *Music Therapy*, 5(1), 3-11.
- Kenny, C. B. (1999). Beyond this point there be dragons: Developing general theory in music therapy. *Nordic Journal of Music Therapy*, 8(2), 127-136.
- Kleinman, A. (1980). *Patients and healers in the context of culture: An exploration of the borderland between anthropology, medicine, and psychiatry*, Univ of California Press.
- Knight, P. (2002). A systemic approach to professional development: learning as practice. *Teaching and teacher education*, 18(3), 229-241.
- Koestler, A. (1970). Beyond atomism and holism—the concept of the holon. *Perspectives in Biology and Medicine*, 13(2), 131-154.
- Kragh, H. S. (2007). *Conceptions of cosmos: from myths to the accelerating universe: a history of cosmology*. Oxford University Press.
- Kritzinger, J. J. (2014). The Celtic connection with southern Africa: Tracing a genealogy of missionary spirituality. *Verbum et Ecclesia*, 35(1), 1-8.
- Lambrecht, I. (2014). *Sangoma trance states*. AM Publishing New Zealand.
- Lambrecht, I. (2017). *Aesthetics in the Healing Space of Sangoma Trance States*.
<https://artafricamagazine.org/aesthetics-healing-space-sangoma-trance-states/>
- Larkin, M & Thompson, A. (2012). Interpretative phenomenological analysis. In A. Thompson & D Harper (Eds), *Qualitative research methods in mental health and psychotherapy: a guide for students and practitioners*. pp. 99-116. John Wiley & Sons, Oxford.
- Lee, J., & McFerran, K. S. (2015). Applying interpretative phenomenological analysis to video data in music therapy. *Qualitative Research in Psychology*, 12(4), 367-381.
- Lewis, I. M. (1966). Spirit possession and deprivation cults. *Man*, 1(3), 307-329.
- Lewis, M. (2004). 14/. M. Lewis A Structural Approach to Witchcraft and Spirit-possession. *Witchcraft confessions and accusations*, 2, 293.
- Lincoln, Y. S. & Guba, E. G. (1985). Establishing trustworthiness. *Naturalistic inquiry*, 289, 331.

- Lotter, C. (2004). *A Music Therapy Story from Eersterust, South Africa*. *Voices: A World Forum for Music Therapy*, 4(2). doi:10.15845/voices.v4i2.179
- Louis, R. P. (2007). Can you hear us now? Voices from the margin: Using indigenous methodologies in geographic research. *Geographical research*, 45(2), 130-139.
- MacLaren, G. (2014). *Music and medicine*. *Intensive Care Medicine*, 40(5), 738-739.
- Macleod, C. (2013). Writing into action: The critical research endeavour. *Critical psychology*, 523-539.
- Magill, L. (2002). Music therapy and spirituality. *Music Therapy Today*.
- Malungo, J. R. (2001). Sexual cleansing (Kusalazya) and levirate marriage (Kunjilila mung'anda) in the era of AIDS: changes in perceptions and practices in Zambia. *Social science & medicine*, 53, 371-382.
- Manyena, S. B. (2013). *Ethnic Identity, Agency and Development: The Case of the Zimbabwean Tonga*. In L. Cliggett, & V. Bond. 2013. *Tonga Timeline: Appraising Sixty Years of Multidisciplinary Research in Zambia and Zimbabwe*, p25. The Lembani Trust. Lusaka.
- Marzano, G. (2015). Using Resource Description Framework (RDF) for description and modelling place identity. *Procedia Computer Science*, 77, 135-140.
- Matthews, B. and Ross, L. (2010). *Research Methods*. Pearson Education Limited. Essex
- Mbiti, J. (2000). The encounter of Christian faith and African religion. *Christian Century*, 97(27), 817-820.
- Meier, B., Igreja, V., & Steinforth, A. (2013). Power and healing in African politics: an introduction. *Spirits in Politics: Uncertainties of Power and Healing in African Societies*, 15-36.
- Mensah, F. A. (2008). The spiritual basis of health and illness in Africa. *Health knowledge and belief systems in Africa*, 171-180.
- Messenger, D. (2008). *Ceremonies & celebrations: Vows, tributes and readings*. Sydney: Hachette Livre.
- Metuh, E. I. (1999). *God and Man in African Religion: a case study of the Igbo of Nigeria*. Snaap.

- Miller, W. R. (1999). *Integrating spirituality into treatment: Resources for practitioners*. American Psychological Association.
- Miller, W. R., & Thoresen, C. E. (1999). Spirituality and health.
- Miller, W.R. & Thoresen, C.E. (1999). Spirituality and Health. In: Miller, W.R., Ed., *Integrating Spirituality into Treatment*, American Psychological Association, Washington DC, 3-18. <http://dx.doi.org/10.1037/10327-001>
- Millward, L. J. (1995). Focus groups. *Research methods in psychology*, 2, 274-292.
- Mkhize, N. (2014). Psychology: an African perspective. *Self, community and psychology*, 4-1.
- Moore, T. (1992). *Care of the Soul*. Harper Collins Publishers. New York.
- Morgan, D. L. (1996). Focus groups. *Annual review of sociology*, 22(1), 129-152.
- Morris, D. (2010). Music Therapy and Culture: An Essential Relationship? *Approaches: Music Therapy Special Music Education*, 2 (1), 6-11.
- Mutunda, S. (2008). The Healing Narratives: Therapeutic Potential of Traditional Lunda Poetry. *The International Journal of Language, Society, and Culture*, 25, pp.58-66.
- National Institutes of Health. (2011). Clinical and translational science awards consortium community engagement key function committee task force on the principles of community engagement. *Principles of community engagement. 2nd ed. Bethesda (MD): National Institutes of Health*.
- Naudé, P. (2019). Decolonising Knowledge: Can Ubuntu Ethics Save Us from Coloniality? (Ex Africa Semper Aliquid Novi?). *Decolonisation in Universities: The politics of knowledge*, 217.
- Nutton, J., & Fast, E. (2015). Historical trauma, substance use, and indigenous peoples: seven generations of harm from a “big event”. *Substance use & misuse*, 50(7), 839-847.
- Nwala, T. U. (1985). *Igbo Philosophy*. Lagos.
- Nzewi, M. (1980). Folk music in Nigeria: A communion. *African Music: Journal of the International Library of African Music*, 6(1), 6-21.
- Nzewi, M. (1997). *African Music: Theoretical Content and Creative Continuum*. Oldershausen: Institut fur Didaktik populärer Musick.

- Nzewi, M. (1999). *The Music of Staged Emotions - The Coordinates of Movement and Emotions in African Music Performance*. pp. 192-252. Musikunterricht Heute.
- Nzewi, M. (2002, March). The backcloth to music and healing in traditional African society. In *Voices: A world forum for music therapy* (Vol. 2, No. 2).
- O'Grady, L., & McFerran, K. (2007). Community music therapy and its relationship to community music: Where does it end?. *Nordic Journal of Music Therapy*, 16(1), 14-26.
- Okpewho, I. (1983). *Myth in Africa*. CUP Archive.
- oppressions: incorporating an intersectionality paradigm into nursing. *Nursing*
- Orlikowski, W. J. & Baroudi, J. J. (1991). Studying information technology in organizations: Research approaches and assumptions. *Information systems research*, 2, 1-28.
- Oruka, H. O. (1972). Mythologies as African philosophy. *East Africa Journal*, 9(10), 5-11.
- Patterson, K. D. (1995). John M. Janzen." Ngoma: Discourses of Healing in Central and Southern Africa"(Book Review). *Bulletin of the History of Medicine*, 69(3), 500.
- Patterson, K. D. (1995). Ngoma: Discourses of Healing in Central and Southern Africa. *Comparative Studies of Health Systems and Medical Care*.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods*. Thousand Oakes.
- Patton, M. Q. (2002). Two decades of developments in qualitative inquiry: A personal, experiential perspective. *Qualitative social work*, 1(3), 261-283.
- Pavlicevic, M. (2004). *Music Therapy and the Polyphony of Near and Far*. *Voices: A World Forum for Music Therapy*, [S.l.], v. 4, n. 1, mar. 2004. ISSN 1504-1611. Available at: <<https://voices.no/index.php/voices/article/view/143/119>>. Date accessed: 16 Apr. 2018. doi:10.15845/voices.v4i1.143.
- Pavlicevic, M. (2006). Worksongs, playsongs: Communication, collaboration, culture, and community. *Australian Journal of Music Therapy*, 17, 85.
- Pavlicevic, M., & Ansdell, G. (2004). *Community music therapy*. Jessica Kingsley Publishers.

- Pavlicevic, M., & Impey, A. (2013). Deep listening: towards an imaginative reframing of health and well-being practices in international development. *Arts & Health, 5*(3), 238-252.
- Pavlicevic, M., Dos Santos, A. & Oosthuizen, H. (2010). *Taking music seriously: Stories from South African music therapy*, Music Therapy Community Clinic.
- Penn-Edwards, S. (2004). Visual evidence in qualitative research: The role of videorecording. *The Qualitative Report, 9*(2), 266-277.
- Penniman, N. (2002). Rhythm and movement in Ghana: Healing through dance through generations. *African Diaspora ISPs, 47*.
- Perkins, D. D., & Zimmerman, M. A. (1995). Empowerment theory, research, and application. *American journal of community psychology, 23*(5), 569-579.
- Petit, C., Scudder, T., & Lambin, E. (2001). Quantifying processes of land-cover change by remote sensing: resettlement and rapid land-cover changes in south-eastern Zambia. *International Journal of Remote Sensing, 22*(17), 3435-3456.
- Pickering, K. (2004). Decolonizing time regimes: Lakota conceptions of work, economy, and society. *American Anthropologist, 106*(1), 85-97.
- Potapchuk, M., Leiderman, S., Bivens, D., & Major, B. (2005). Flipping the script: White privilege and community building. *Silver Springs, Md.: MP Associates, Inc., and the Center for Assessment and Policy Development (CAPD)*.
- Potvin, N., & Argue, J. (2014). Theoretical considerations of spirit and spirituality in music therapy. *Music Therapy Perspectives, 32*(2), 118-128.
- Pritchard, A., & Morgan, N. (2013). Hopeful tourism: A transformational perspective. *Transformational tourism: Tourist perspectives, 3-14*.
- pseudo-problem? *Discourse & Society, 19*(6), 821-828.
- Qazimi, S. (2014). Sense of place and place identity. *European Journal of Social Science Education and Research, 1*(1), 306-310.
- Quinn, P. J. (1973). Ritual and the Definition of Space. *The Roots of Ritual. Ed. James D. Shaughnessy. Grand Rapids: William B. Eerdmans, 103-19*.
- recording. *The Qualitative Report, 9*(2), 266-277.

- Roberts, J. (1988a). Rituals and trainees. In E. Imber-Black, J. Roberts, & R. Whiting (Eds.), *Rituals in families and family therapy* (pp. 387-401). New York: Norton.
- Roberts, J. (1988b). Setting the frame: Definition, functions, and typology of rituals. In E. Imber-Black, J. Roberts, & R. Whiting (Eds.), *Rituals in families and family therapy* (pp. 1-46). New York: Norton.
- Roberts, J. (1999). Beyond words: The power of rituals. In Wiener, Daniel J. (Ed.) (1999). *Beyond talk therapy: Using movement and expressive techniques in clinical practice*, (pp. 55-78). Washington, DC, US: American Psychological Association, xix, 309 pp.
- Rolvjord, R. (2004). Therapy as empowerment: Clinical and political implications of empowerment philosophy in mental health practises of music therapy. *Nordic Journal of Music Therapy*, 13(2), 99-111.
- Rolvjord, R. (2006). Whose power of music? A discussion on music and power-relations in music therapy. *British Journal of Music Therapy*, 20(1), 5-12.
- Rolvjord, R. (2010). *Resource-oriented music therapy in mental health care*. Gilsum, NH: Barcelona publishers.
- Rolvjord, R., & Stige, B. (2015). Concepts of context in music therapy. *Nordic Journal of Music Therapy*, 24(1), 44-66.
- Roszak, T. (2001). *The voice of the earth: An exploration of ecopsychology*. Red Wheel/Weiser.
- Roszak, T. E., Gomes, M. E., & Kanner, A. D. (1995). *Ecopsychology: Restoring the earth, healing the mind*. Sierra Club Books.
- Rouget, G. (1985). *Music and trance: A theory of the relations between music and possession*. University of Chicago Press.
- Ruud, E. (2008). Music in therapy: Increasing possibilities for action.
- Sajnani, N., Marxen, E., & Zarate, R. (2017). Critical perspectives in the arts therapies: Response/ability across a continuum of practice. *The Arts in Psychotherapy*, 54, 28-37.

- Salzman, M. B., & Halloran, M. J. (2004). Cultural trauma and recovery: Cultural meaning, self-esteem, and the reconstruction of the cultural anxiety buffer. *Handbook of experimental existential psychology*, 231-246.
- Schaefer, R. S. (2017). Music in the brain: Imagery and Memory. In *the Routledge Companion to Music Cognition* (pp. 25-35). Routledge.
- Schwarz, J., Gibson, S., & Lewis-Arévalo, C. (2017). Sexual assault on college campuses: Substance use, victim status awareness, and barriers to reporting. *Building Healthy Academic Communities Journal*, 1(2), 45-60.
- Scudder, T. (1962). *The ecology of the Gwembe Tonga* (Vol. 2). Manchester University Press.
- Scudder, T. (1968). Social anthropology, man-made lakes and population relocation in Africa. *Anthropological Quarterly*, 41, 168.
- Scudder, T. (1973). The human ecology of big projects: River basin development and resettlement. *Annual Review of Anthropology*, 2, 45-55.
- Scudder, T. (1993). Development-induced relocation and refugee studies: 37 years of change and continuity among Zambia's Gwembe Tonga. *Journal of Refugee Studies*, 6(2), 123-152.
- Scudder, T., & Colson, E. (1980). *Secondary Education and the Formation of an Elite: the impact of education on Gwembe District, Zambia*. Academic Pr.
- Scudder, T., & Colson, E. (2002). Long-term research in Gwembe Valley, Zambia. *Chronicling cultures: long-term research in anthropology*. Walnut Creek, CA: Altamira Press. p, 197-238.
- Scudder, T., & Wenner-Gren Foundation for Anthropological Research (New York). Symposium (1975: Burg-Wartenstein). (1979). *Long-term field research in social anthropology* (p. 165). G. M. Foster (Ed.). New York: Academic Press.
- Sheldrake, R. (1998). Experimenter effects in scientific research: How widely are they neglected. *Journal of Scientific Exploration*, 12(1), 73-78.
- Sikwibele, K. (2013). *The right to adequate housing: the need for its justiciability in the Zambian constitution* (Doctoral dissertation, University of Cape Town).

- Simon, H. B. (2015). *Music as medicine. American Journal of Medicine, 128(2), 208-210.*
- Singh, M. (2018). The cultural evolution of shamanism. *Behavioural and Brain Sciences, 41.*
- Skånland, M. S. (2013). Music, health, and well-being. *International Journal of Qualitative Studies on Health and Well-being, 8.*
- Smith, J. A. (Ed.). (2007). *Qualitative psychology: A practical guide to research methods.* Sage.
- Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research.* Sage.
- Smith, L. T. (2013). *Decolonizing methodologies: Research and indigenous peoples.* Zed Books Ltd.
- Solar, O., & Irwin, A. (2010). A conceptual framework for action on the social determinants of health.
- Solorzano, D., Ceja, M., & Yosso, T. (2000). Critical race theory, racial microaggressions, and campus racial climate: The experiences of African American college students. *Journal of Negro Education, 60-73.*
- Sotero, M. (2006). A conceptual model of historical trauma: Implications for public health practice and research. *Journal of Health Disparities Research and Practice, 1(1), 93-108.*
- Squires, A. (2009). Methodological challenges in cross-language qualitative research: a research review. *International journal of nursing studies, 46(2), 277-287.*
- Stamm, B. H., Stamm, H. E., Hudnall, A. C., & Higson-Smith, C. (2004). Considering a theory of cultural trauma and loss. *Journal of Loss and Trauma, 9(1), 89-111.*
- Standley, J. M. (1986). *Music research in medical/dental treatment: a meta-analysis and clinical applications. Journal of Music Therapy, 23(2), 56-122.*
- Stewart, D. W. & Shamdasani, P. N. (2014). *Focus groups: Theory and practice (Vol. 20).* Sage Publications.
- Stewart, D. W., & Shamdasani, P. N. (2014). *Focus groups: Theory and practice (Vol. 20).* Sage publications.

- Stige, B. (2002). Culture-centred music therapy. In *The Oxford Handbook of Music Therapy*.
- Stige, B. (2002, November). The relentless roots of community music therapy. In *Voices: a world forum for music therapy* (Vol. 2, No. 3).
- Stige, B. (2003). *Elaborations toward a Notion of Community Music Therapy*. Oslo: Unipub.
- Stige, B. (2004a). *Performance of Community* [online]. *Voices: A World Forum for Music Therapy*. Retrieved December 30, 2004, from <http://www.voices.no/columnist/colstige160204.html>
- Stige, B. (2004b). *On Defining Community Music Therapy* [online]. *Voices: A World Forum for Music Therapy*. Retrieved December 30, 2004, from http://www.voices.no/discussions/discm4_05.html
- Stige, B. (2006). On a notion of participation in music therapy. *Nordic Journal of Music Therapy*, 15(2), 121-138.
- Stige, B. (2008). Dancing the Drama and Singing for Life: On Ethnomusicology and Music Therapy: An Essay Inspired by a Reading of: Barz, Gregory (2006). *Singing for Life. HIV/AIDS and Music in Uganda*. New York: Routledge. *Nordic Journal of music therapy*, 17(2), 155-171.
- Stige, B. (2017). *Where music helps: Community music therapy in action and reflection*. Routledge.
- Still, J. (2017). Music Asylums: Well-being Through Music in Everyday Life. *Current Musicology*, (101), 145-153.
- Stokols, D. (1996). Translating social ecological theory into guidelines for community health promotion. *American Journal of Health Promotion*, 10(4), 282-298.
- Stokols, D., Allen, J., & Bellingham, R. L. (1996). The social ecology of health promotion: implications for research and practice. *American Journal of Health Promotion*, 10(4), 247-251.
- Strobel, W. (1988). Sound-Trance-Healing. *Musiktherapeutische Umschau*, 9, 119-139.
- Suzuki, L. A., Ahluwalia, M. K., Arora, A. K., & Mattis, J. S. (2007). *The Pond You Fish In Determines the Fish You Catch*. *The Counseling Psychologist*, 35(2), 295-327. doi:10.1177/001

- Swimme, B. (1987). Berry's cosmology. *CrossCurrents*, 37(2/3), 218-224.
- Talwar, S. (2010). An intersectional framework for race, class, gender, and sexuality in art therapy. *Art Therapy*, 27(1), 11-17.
- Teilhard de Chardin, P. (1959). The phenomenon of man.
- Terre Blanche, M., Durrheim, K., & Kelly, K. E. V. I. N. (2006). *First steps in qualitative data analysis*. In M. Terre Blanche, K. Durrheim, & D. Painter. (2006). *Research in Practice: Applied methods for the social sciences*, 320-344. Cape Town. University of Cape Town Press.
- Terre Blanche, M., Kelly, K., Durrheim, K., & Painter, D. (2006). *Why qualitative research*. *Research in practice: Applied methods for the social sciences*, 2, In M. Terre Blanche, K. Durrheim, & D. Painter. (2006). *Research in Practice: Applied methods for the social sciences*, 271-284. Cape Town. University of Cape Town Press.
- Thabede, D. (2008). The African worldview as the basis of practice in the helping professions. *Social Work/Maatskaplike Werk*, 44(3).
- Theron, T. (2006). *Music therapy in South Africa: music therapists' perceptions of training needs for current practice*. [Publisher not identified], Pretoria: Retrieved from <http://upetd.up.ac.za/thesis/available/etd-09182008-114636/> WorldCat database.
- Thomashow, M. (1995). *Ecological identity: Becoming a reflective environmentalist*. MIT Press.
- Thram, D.J., (2000). Performance as ritual-performance as art: Therapeutic efficacy of Dandanda song and dance in Zimbabwe.
- Tomkins, L., & Eatough, V. (2010). Reflecting on the use of IPA with focus groups: Pitfalls and potentials. *Qualitative Research in Psychology*, 7(3), 244-262.
- Tsiris, G. (2017). Music therapy and spirituality: an international survey of music therapists' perceptions. *Nordic Journal of Music Therapy*, 26(4), 293-319.
- Tsiris, G. (2018). *Performing spirituality in music therapy: Towards action, context and the everyday* (Doctoral dissertation, Goldsmiths, University of London).

- Tuwe, K. (2016). The African oral tradition paradigm of storytelling as a methodological framework: Employment experiences for African communities in New Zealand. In *African Studies Association of Australasia and the Pacific (AFSAAP) Proceedings of the 38th AFSAAP Conference: 21st-century Tensions and Transformation in Africa*.
- Umezina, E. C. (2017). Music and Healing. *African Psychologist: An International Journal of Psychology and Allied Professions*, 3(1).
- University of Ibadan. Faculty of Arts. (1981). *Ibadan Journal of Humanistic Studies* (No. 1 3). Faculty of Arts, University of Ibadan.
- Unruh, J., Cligget, L., & Hay, R. (2005, August). Migrant land rights reception and 'clearing to claim' in sub-Saharan Africa: A deforestation example from southern Zambia. In *Natural Resources Forum* (Vol. 29, No. 3, pp. 190-198). Oxford, UK: Blackwell Publishing, Ltd.
- Vaillancourt, G. (2007). Multicultural music therapy as an instrument for leadership: Listening–vision–process. In *Voices: A World Forum for Music Therapy* (Vol. 7, No.2).
- Vaitl, D., Birbaumer, N., Gruzelier, J., Jamieson, G. A., Kotchoubey, B., Kübler, A., ... & Sammer, G. (2005). Psychobiology of altered states of consciousness. *Psychological bulletin*, 131(1), 98.
- Van der Merwe, J. C. (2008). The relevance of worldview interpretation to health care in South Africa. *Health knowledge and belief systems in Africa*, 55-66.
- Van Dijk, T. A. (1999). Critical discourse analysis and conversation analysis.
- Van Dijk, T. A. (2008). Critical discourse analysis and nominalization: Problem or
- Van Dyk, P. J., & Van Dyk, A. C. (2015). Religious coping strategies and perceived causes of sickness and health in South Africa. *Verbum et Ecclesia*, 36(1), 1-7.
- Van Gennep, A. (2013). *The rites of passage*. Routledge.
- Van Herk, K. A., Smith, D., & Andrew, C. (2011). Examining our privileges and oppressions: incorporating an intersectionality paradigm into nursing. *Nursing inquiry*, 18(1), 29-39.
- Van Herk, K. A., Smith, D., & Andrew, C. (2011). Examining our privileges and

- Van Kemper, R., & Royce, A. (2002). *Chronicling Cultures: Long-Term Field Research in Anthropology*.
- Vanisa, J. (1965). *Oral Tradition as History*. Chicago.
- Vickery, K. (1976). Aspects of Plateau Tonga economic history. In *Zambian Land and Labour Studies, III* (pp. 55-67). National Archives of Zambia.
- Vickery, K. P. (1978). *The making of a peasantry: imperialism and the Tonga plateau economy* (Doctoral dissertation, Yale University New Haven, CT).
- Vickery, K. P. (1986). *Black and White in Southern Zambia: the Tonga plateau economy and British imperialism, 1890-1939* (Vol. 21). Greenwood Publishing Group.
- Vickery, K. P. (1986). *Black and White in Southern Zambia: the Tonga plateau economy and British imperialism, 1890-1939* (Vol. 21). Greenwood Publishing Group.
- Viriri, A., & Mungwini, P. (2010). African cosmology and the duality of Western Hegemony: The search for an African identity. *The Journal of Pan African Studies*, 3(6), 24-42.
- wa Thiong'o, N. (1998). Decolonising the mind. *Diogenes*, 46(184), 101-104.
- Walsham, G. (2006). *Doing interpretive research*. *European Journal of Information Systems*, 15(3), 320-330. doi:10.1057/palgrave.ejis.3000589
- Wheeler, B. (2008, November). 1st International Music Therapy Congress, Paris 1974: Edith Lecourt interviewed by Barbara Wheeler. In *Voices: A World Forum for Music Therapy* (Vol. 8, No. 3).
- Wheeler, B.L. (2005). Music therapy research. In *The Oxford Handbook of Music Therapy*.
- Wilber, K. (2000). Integral psychology: Consciousness, spirit, psychology. *Therapy*, 61.
- Wilson, B. (2006). The drumming of traditional Ashanti healing ceremonies. *Pacific Review of Ethnomusicology*, 11, pp.1-17.
- Wilson, M. S. (2001). Cultural considerations in online instruction and learning. *Distance Education*, 22(1), 52-64.
- World Health Organization. (2010). A conceptual framework for action on the social determinants of health.

Young, L. (2016). Multicultural musical competence in music therapy. *Music Therapy Perspectives*, 34(2), 127-128.

Zharinova-Sanderson, O. (2004). *Promoting integration and sociocultural change: Community music therapy with traumatised refugees in Berlin*. In M. Pavlicevic & G. Ansdell, (Eds.). *Community Music Therapy*. London: Jessica Kingsley Publishers.

Zimmerman, M. A. (2000). Empowerment Theory: Psychological, Organizational and Community Levels of Analysis. *Handbook of Community Psychology*. Dordrecht, Netherlands (NL).

Zimmerman, M. A. (2013). Resiliency theory: A strengths-based approach to research and practice for adolescent health. 98-111.

APPENDIX A.1



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Music

Date:

Dear Chief Sianjalika,

REQUEST FOR PERMISSION TO CARRY OUT ACADEMIC RESEARCH IN YOUR AREA

The above caption refers.

My name is Moonga U. Nsamu. I am a student at the University of Pretoria, and I am currently enrolled for a Masters degree. I am conducting a research study entitled **Exploring Music Therapy in the Life of baTonga of Mazabuka, Southern Zambia.**

The study aims to understand the attitudes of the people in this community towards music and healing. I want to start by exploring the already existing ritual of masabe. The information we shall gather through the group discussions will be used to create a music therapy intervention, which participants are welcome to participate in. Other people who the focus group participants think could benefit from the music therapy will be invited to take part in it. When the music therapy session is conducted, further group discussions will be facilitated.

What will be expected of you? I would be grateful if you permitted me to carry out this research. This research involves focus groups that will take about an hour and a half. We will choose a time and venue that is most convenient for everyone involved. I will be video recording this discussion. The information shared in the discussion will be treated with confidentiality. No-one other than myself and my supervisor will see the video. In the dissertation that I write, I will not use anyone's real name.

Risks and benefits: Participation in the study is completely voluntary and participants are free to withdraw at any time. There are no risks or direct benefits in participating in this project. If

a participant decides to withdraw there will be no negative consequences to them, nor will they need to explain their reason. Participants are encouraged to ask any questions they might have about the study.

If difficult material emerges in the sessions that will need further attention, the concerned participant/s will be referred to the community social worker or and the local Catholic Church pastoral counsellor.

Who will have access to the results of the study? The research will be conducted by myself as principal researcher, and my supervisor. It will be used for academic purposes only. The data will be archived at the department of music for 15 years. If any other researchers would like to use this data during this time they may only do so with the participants' consent.

Please feel free to contact me or my supervisor if you require more information about the study.

Kinds regards

(Signature of student required)

(Signature of supervisor)

Moonga U. Nsamu

Researcher name

Name of supervisor

email: mwendandende@gmail.com

email:

Tel.: +27634461193

Fakulteit Geesteswetenskappe
Departement Musiek
Lefapha la Bomotheo
Kgoro ya Mmino

APPENDIX A.2.



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Music

Date:

Balemekwa Ba Mwamwi Sianjalika,

KULOMBA KUZUMIZYIGWA KUMVWENTAUZYA TWAAMBO TWALWIILYO MUCOOKO CANU

Kaambo kalaatala nkakatobezezyegwa

Mebo ndime Moonga U. Nsamu. Ndili sicikolo ku University of Pretoria. Aawa ndili mukwiiya kubezwa Masters Degree. Mulwiiyo oolu ndili mukumvwetanzya bukkale bwamu Tonga kucooko caku Mazabuka mukulanganya azyiimbo mbozyigwasya kusilika. Mucikuwa categwa **Exploring Music Therapy in the Life of baTonga of Mazabuka, Southern Zambia.**

Oolu lwiiyo lulangila kugwasya kuzyiba ciimo cabantu mukulanganya zyiimbo abusilisi. Ndilatalika kulanga tumsiya-nsiya tuliko kale twa Masabe. Twaambo tutiibwezegwe mukukanana kwakabunga aaka, tuyakubelesyegwa kubamba ntaamu yakubelesya zyiimbo mubusilisi. Mulitambudwe kutola lubazu. Ibantu bambi mbomuyeeyela kuti inga bajana bulumbu kuntaamu eeyi bayakutambwa kutola lubazu. Twaakumana ntaamu yakubelesya zyiimbo mukusilika, tuyakuzumana kwiizya mutubunga.

Ncini cilangilwa kulindinywe? Ndilaba akulumba kapati kuti nyoonse mwatola lubazu mukwiizya ooku kwa woola lyomwe. Tuyakusala ciindi acooko cinakuli kabotu kuli boonse batola lubazu. Ooku kwiizya kuya kuyobolwa muli namacaaca (video). Twaambo toonse tutiikabandikwe tuyakweendelezyegwa amaseseke aayeledede. Kunze lyangu abaiyi bangu, kunyina uumbi uutikeebelele namacaaca (video) ooyu. Mubulembo bwatwaambo ootu toonse, tandikabelesyi mazyina aanu aancobeni.

Intenda Abulumbu: Kutola lubazu mukwiizya ooku ncakulyaaba. Mulaangulukide kuleka kufwumbwa ciindi. Kunyina ntenda antela bulumbu bujanya mukutola lubazu mukwiizya ooku. Kutu mwayeeye kuzwa mukwiizya ooku, taakwe cibi citiikatobele alimwi kwiina

bupanduluzi buyandika kuntaamu njomutiikabweze. Mwakulwaizyigwa kubuzya mibuzyo njomunakujisi kutobelanya alwiiyo oolu lwabuvwuntaunzyi.

Kuti kukavwumbuke twaambo tuyumu twalo tuyandika kulanganyizyigwa, aabo banakujisi buyumu-yumu bayakulaililwa kubona beendelezya bukkale mucooko cesu nikuba kuli basikulailizya kucikombelo ca Katolika.

Mbaani banakujisi nguzu zyakubona buvwuntaizyi mbobutiikazwe? Ikuvwuntauzya ooku kuyakweendelezywa andime lwangu, alimwi abaiyi bangu. Kuyakubelesyegwa buyo mukusumpula lwiiyo. Twaambo toonse tuyakuyobolwa kwamyaka kkumi amusanu. Kuti naa kuli bambi basikuvwuntauzya batikayande kubelesya twaambo ntumwaabanya andime, beelede kuya kumulomba buya nywebo alimwi.

Amwaanguluke kukanana andime antela baiyi bangu kuti kakuli twaambo tumbi ntomuyanda kuzyiba mukumvwuntauzya ooku.

Bulumbu kulindinywe,

(Kusimba kwasikikolo)

(Kusimba kwaBaiyi)

Moonga U. Nsamu

Zyina Lyasicikolo

Zyina Lyabaiyi:

email: mwendandende@gmail.com

email:

Tel.: +27634461193

Fakulteit Geesteswetenskappe
Departement Musiek
Lefapha la Bomo
Kgoro ya Mmino

APPENDIX B.1

Date:

Dear _____

REQUEST FOR PERMISSION TO CARRY OUT ACADEMIC RESEARCH IN YOUR AREA

My name is Moonga U. Nsamu. I am a student at the University of Pretoria, and I am currently enrolled for a Masters degree. I am conducting a research study entitled **Exploring Music Therapy in the Life of baTonga of Mazabuka, Southern Zambia**.

The study aims to understand the attitudes of the people in this community towards music and healing. I want to start by exploring the already existing ritual of masabe. The information we shall gather through the group discussions will be used to create a music therapy intervention which you are welcome to participate in. Other people who you think may benefit from the music therapy will be invited to take part in it. When the music therapy session is conducted, further group discussions will be facilitated.

What will be expected of you? I would be grateful if you could take part in a group discussion that will take about an hour. We will choose a time and venue that is most convenient for everyone involved. I will be video recording this discussion. The information shared in the discussion will be treated with confidentiality. No-one other than myself and my supervisor will see the video. In the dissertation that I write, I will not use anyone's real name.

Risks and benefits: Participation in the study is completely voluntary and you are free to withdraw at any time. There are no risks or direct benefits in participating in this project. If you decide to withdraw there will be no negative consequences to you, nor will you need to explain your reason. You are encouraged to ask any questions you might have about the study.

If difficult material emerges in the sessions that will need further attention, the concerned may be referred to the local Catholic parish priest who has accepted to attend to such matters. The parish priest is a trained counsellor. He is the most qualified person in this rural community. Referring the concerned participants to him the most culturally and practically reasonable action.

Who will have access to the results of the study? The research will be conducted by myself as principal researcher, under the guidance of my research supervisor and clinical supervisor. It will be used for academic purposes only. The data will be archived at the department of music for 15 years. If any other researchers would like to use this data during this time they may only do so with your consent.

Please feel free to contact me or my supervisor if you require more information about the study.

Kinds regards

(Signature of student required)

(Signature of supervisor)

Moonga U. Nsamu

Researcher name

Name of supervisor

email: mwendandende@gmail.com

email:

Tel.: +27634461193

Fakulteit Geesteswetenskappe
Departement Musiek
Lefapha la Bomo
Kgoro ya Mmino

APPENDIX B.2.



Faculty of Humanities
Department of Music

Date:

Nomuyandwa _____

Mebo ndime Moonga U. Nsamu. Ndili sicikolo ku University of Pretoria. Aawa ndili mukwiiya kubezwa Masters Degree. Mulwiiyo oolu ndili mukumvwetanzya bukkale bwamu Tonga kucooko caku Mazabuka mukulanganya azyiimbo mbozyigwasya kusilika. Mucikuwa categwa **Exploring Music Therapy in the Life of baTonga of Mazabuka, Southern Zambia.**

Oolu lwiiyo lulangila kugwasya kuzyiba ciimo cabantu mukulanganya zyiimbo abusilisi. Ndilatalika kulanga tumsiya-nsiya tuliko kale twa Masabe. Twaambo tutiibwezegwe mukukanana kwakabunga aaka, tuyakubelesyegwa kubamba ntaamu yakubelesya zyiimbo mubusilisi. Mulitambudwe kutola lubazu. Ibanu bambi mbomuyeeyela kuti inga bajana bulumbu kuntaamu eeyi bayakutambwa kutola lubazu. Twaakumana ntaamu yakubelesya zyiimbo mukusilika, tuyakuzumana kwiizya mutubunga.

Ncinzi cilangilwa kulindinywe? Ndilaba akulumba kapati kuti nyoonse mwatola lubazu mukwiizya ooku kwa woola lyomwe. Tuyakusala ciindi acooko cinakuli kabotu kuli boonse batola lubazu. Ooku kwiizya kuya kuyobolwa muli namacaaca (video). Twaambo toonse tutiikabandikwe tuyakweendelezyegwa amaseseke aayeledede. Kunze lyangu abaiyi bangu, kunyina uumbi uutikeebelele namacaaca (video) ooyu. Mubulembo bwatwaambo ootu toonse, tandikabelesyi mazyina aanu aancobeni.

Intenda Abulumbu: Kutola lubazu mukwiizya ooku ncakulyaaba. Mulaangulukide kuleka kufwumbwa ciindi. Kunyina ntenda antela bulumbu bujanya mukutola lubazu mukwiizya ooku. Kutu mwayeeye kuzwa mukwiizya ooku, taakwe cibi citiikatobele alimwi kwiina bupanduluzi buyandika kuntaamu njomutiikabweze. Mwakulwaizyigwa kubuzya mibuzyo njomunakujisi kutobelanya alwiiyo oolu lwabuvwuntaunzyi.

Kuti kukavwumbuke twaambo tuyumu twalo tuyandika kulanganyizyigwa, aabo banakujisi buyumu-yumu bayakulaililwa kubona beendelezya bukkale mucooko cesu nikuba kuli basikulailizya kucikombelo ca Katolika.

Mbaani banakujisi nguzu zyakubona buvwuntaizyi mbobutiikazwe? Ikuvwuntauzya ooku kuyakweendelezywa andime lwangu, alimwi abaiyi bangu. Kuyakubelesyegwa buyo mukusumpula lwiiyo. Twaambo toonse tuyakuyobolwa kwamyaka kkumi amusanu. Kuti naa kuli bambi basikuvwuntauzya batikayande kubelesya twaambo ntumwaabanya andime, beelede kuya kumulomba buya nywebo alimwi.

Amwaanguluke kukanana andime antela baiyi bangu kuti kakuli twaambo tumbi ntomuyanda kuzyiba mukumvwuntauzya ooku.

Bulumbu kulindinywe,

(Kusimba kwasikikolo)

(Kusimba kwaBaiyi)

Moonga U. Nsamu

Zyina Lyasicikolo

Zyina Lyabaiyi

email: mwendandende@gmail.com

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Tel.: +27634461193

APPENDIX C.1



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Music

LETTER OF INFORMED CONSENT: REPLY SLIP

FULL NAME: _____

**RESEARCH TOPIC: Exploring music therapy in the life of baTonga of Mazabuka,
Southern Zambia**

I hereby give my consent to participate in the aforementioned research project and acknowledge that the data may be used in current and future research. I confirm that I understand what is required of me in the research project. I am aware of the video recording of the focus group and the music therapy sessions, and consent to being on the recordings. I am also aware that I may withdraw from the study at any time, should I wish to do so.

Signature of participant

Date

Signature of student/principal researcher

Signature of the research supervisor

Fakulteit Geesteswetenskappe
Departement Musiek
Lefapha la Bomotheo
Kgoro ya Mmino

APPENDIX C.2



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Music

Lugwalo Lwakuzumina: **REPLY SLIP**

MAZYINA: _____

MUTWE WAKUMVWENTAUZYA: Bukkale bwamu Tonga kucooko caku Mazabuka mukulanganya azyiimbo mbozyigwasya kusilika

(Exploring music therapy in the life of baTonga of Mazabuka, Southern Zambia)

Mebo ndazumina kutola lubazu mukumvwentauzya kwaambwa atala alimwi ndatolelezya kwaamba kuti twaambo tuzwa kuli ndime inga twabelesyegwa luno lweendo akumvwentauzya kumbele aamazuba. Ndazuzikizya kuti ndamvwa cilangilwa kuzwa kuli ndime mukumvwentauzya ooku. Ndilizyi kuti kuna kuli namacaaca uunikubweza twaambo twakwiizya mukabunga, alimwi ndilizumizyide kufotolwa. Ndilizyi alimwi kwaamba kuti inga ndazwa mukumvwentauzya ooku kufwumbwa ciindi, kuti naa ndayanda.

Kusimba kwa sikutola lubazu

Buzuba

Kusimba Kwasicikolo

Kusimba kwa Baiyi

Fakulteit Geesteswetenskappe
Departement Musiek
Lefapha la Bomotho
Kgoro ya Mmino

APPENDIX D.1



Faculty of Humanities
Department of Music

FOCUS GROUPS 1, 2 AND 3 SCHEDULE

Introduction: I thank you for coming along. This focus group will take about an hour and a half. Within this time or any other time during the focus group processes, if you have to leave or withdraw, you are at liberty to do so. Anything you say here will be confidential. You will not be identified in any report about the meeting and I ask you to respect other people's confidentiality when you leave the group. I am also working with other people in Chitongo to find out what people think about masabe and music therapy. I am talking to a number of groups like this and the findings from the groups will be used to formulate a music therapy process which you are welcome to participate in. When the music therapy process is designed and conducted, we shall have group discussions such as this one.

I would like to start by asking each of you to introduce yourself by just saying your name and saying about how long you have lived in Chitongo and something that you like about living here.

1. I would like us to begin by talking about what masabe mean to you.
 - The healing?
 - The dance?
 - The music?
 - What do other people you live with say masabe mean to them?
2. Let's talk about what being healthy means for you.
 - Physical wellbeing?
 - Spiritual wellbeing?
 - Mental wellbeing?
 - Free of illness?
 - Social wellbeing?
 - What do other people who live with you say being healthy means?
3. Let's talk about music and its place in your wellbeing.

What is music for you?

Sound

Dance

- What do other people who live with you say music is for them?

4. What sort of music do you play or hear at masabe?

The sound

The drums

Other instruments

Songs and words

- What does this music mean to you?

5. What structural elements of masabe would you recommend being considered in planning for the ritual/ceremony?

Time of day?

Who attends?

Who is invited?

6. Can you suggest one thing that would improve your experience of masabe?

Music

Tools/instruments

7. Can you suggest a music ritual process which could attend to your needs?

Elements (music, instruments, songs, place of ritual etc)

8. Anything else you would like to add?

Conclusion: Thank you for taking part in this discussion. I am holding a few more discussions like this one. When these conversations are over, we shall have a music therapy process designed with what you have suggested and have similar meetings as these after that. For now, please help yourself to the refreshments.

APPENDIX D.2



Faculty of Humanities
Department of Music

FOCUS GROUPS 1, 2 AND 3 SCHEDULE

Mutwe wakwiizya: **bukkale bwamu Tonga kucooko caku Mazabuka mukulanganya azyiimbo mbozyigwasya kusilika**

Ntalisyo: Ndapa kulumba kupati kuti mwaboola. Ooku kwiizya kulatola buyo woola lyomwe. Muciindi eeci, antela mukuyaciindi, kuti naa mwayanda kuleka, mulaangulukidwe. Zyoonse zyikananwa momuno zyileendelezyegwa mumaseseke. Tamukayubululwi pe kuti mwaatola lubazu mukwiizya ooku. Kuli ceeci ndipa kulomba kupati kuti anywebo maseseke mwaalemeke aakwiizya ooku, nokuba kuti mukayande kuzwa. Ndili mukubeleka abamwi bantu ku Chitongo kumvwentauzya twaambo twa Masabe azyiimbo mbozyigwasya busilisi. Ndili mukwaambaula abamwi bantu mbuli mpoona twaambo tuyakujanwa twakugwasya kubamba nzila yakubelesya zyiimbo mubusilisi kembele aamazuba.

Ndilatalikizya kulomba umwi aumwi kuti alipandulule kwiinda mukubanda buyo zyina lyanu alimwi amyaaka njimwakkala muno mu Chitongo. Inga mwaamba acimukkomanisya kukkala kokuno.

1. Ndilombozya kuti tutalike kuzyiba ncaamba Masabe kuli ndinywe.

Ibusilisi

Icizyano

Ilwiiyo

- Ino ku bantu mbomukkala aamwi?

2. Atukanane ncocaambo kuli ndinywe kuba aanseba iili kabotu.

Mubili Uuli kabotu

Muza uuli kaboti (Spiritual)

Kubakabotu mumizeezo (Mental wellbeing)

Kubula Malwazi

- Ino kubantu mbomukkala amwi?
3. Ncinzi cimwaambya kuti Masabe mabotu kunseba yanu?
Muzuzumino
Cizyano
- Ino kubantu mbomukkala amwi?
4. Zyiimbo zyabuti zynomulizya antela kuteelela lya Masabe?
Muzuzumino
Ngoma
Zyibelesyo zyimwi
Zyiimbo amabala
- Zyiimbo eezyi zyaamba nzi kuli ndinywe?
 - Ino kubantu mbomukkala amwi?
5. Kuli ndunywe, zyintu zyeendela kabotu Masabe?
Ciindi cabuzuba?
Aabo Baboola?
Aabo Batambe-tambe?
- Ino kubantu mbomukkala amwi?
6. Amulombozye cintu combwe ncomunga mwayungizya kusumpula Masabe?
Nyimbo
Zyibelesyo
(Yobola apepa lipati)
7. Amulombo mbaakani zyazyiimbo njomunga mwatola lubazu?
Zyijanika (Zyiimbo, zyibelesyo, lwiimbo, cooko kucitakilwa mbaakani, azyimwi etc)
(Mubeleke nyobilo-nyobilo kamutana abana kumbunga yoonse)
8. Hena kuli cimbi ncomuyanda kuyungizya?

Kumaninizya: Ndalumba kapati nkumwatola lubazu mukwiizya ooku. Ndicizumana kwiizya abamwi munzila njoona eeyi. Twaakumana kwiizya ooku, tuyakubamba mbaakani yakubelesya zyiimbi mubusilisi kutobelanya akulombozya kwanu kwiinda mukwiizya ooku akooko kuboola kumbele. Bwaino ndati, amulitesye amoyo.

APPENDIX E.1



Faculty of Humanities
Department of Music

FOCUS GROUPS 4, 5 AND 6 SCHEDULE

Introduction: I thank you for coming along. This focus group will take about an hour and a half. Within this time or any other time during the focus group processes, if you have to leave or withdraw, you are at liberty to do so. Anything you say here will be confidential. You will not be identified in any report about the meeting and I ask you to respect other people's confidentiality when you leave the group.

Seeing that some of you may be in this groups for the first time, I would like to start by asking each of you to introduce yourself by just saying your name and saying about how long you have lived in Chitongo.

1. Can we talk about your experience of the music therapy session?
General thoughts?
What are your feelings about the process?
2. How would you describe your experience of the music therapy process? What did you feel/think/sense?
3. What element/s of the music therapy process did you connect with most/least?
Music?
Space?
Participation?
Facilitation?
What did you not connect with?
4. What would you add to the process?
What would you take out?

5. What did it mean for you to participate in this process?
6. What would you say to others who live with you about this experience?
7. Anything else you would like to add?

Conclusion: Thank you for taking part in this discussion.

APPENDIX E.2



Faculty of Humanities
Department of Music

FOCUS GROUPS 4, 5 AND 6 SCHEDULE

Mutwe wakwiizya: **bukkale bwamu Tonga kucooko caku Mazabuka mukulanganya azyiimbo mbozyigwasya kusilika**

Ntalisyo: Ndapa kulumba kupati kuti mwaboola. Ooku kwiizya kulatola buyo woola lyomwe. Muciindi eeci, antela mukuyaciindi, kuti naa mwayanda kuleka, mulaangulukidwe. Zyoonse zyikananwa momuno zyileendeleyegwa mumaseseke. Tamukayubululwi pe kuti mwaatola lubazu mukwiizya ooku. Kuli ceeci ndipa kulomba kupati kuti anywebo maseseke mwaalemeke aakwiizya ooku, nokuba kuti mukayande kuzwa. Ndili mukubeleka abamwi bantu ku Chitongo kumvwentauzya twaambo twa Masabe azyiimbo mbozyigwasya busilisi. Ndili mukwaambaula abamwi bantu mbuli mpoona twaambo tuyakujanwa twakugwasya kubamba nzila yakubelesya zyiimbo mubusilisi kembele aamazuba.

Mukubona kuti nobamwi nkaakusaanguna kuba mukabunga kaboobu, ndilatalikizya kulomba umwi aumwi kuti alipandulule kwiinda mukubanda buyo zyina lyanu alimwi amyaaka njimwakkala muno mu Chitongo. Inga mwaamba acimukkomanisya kukkala kokuno.

1. Atwaambaule luzyiba lwanu kulanganya mbaakani yazyiimbo mubusilisi?
Mizeezo yaandene buyo?
Mulimvwa buti kumbaakani eeyi?
2. Ncinzi ncimwajana cagwasya kapati kumbaakani eeyi?
Zyiimbo?
Cilawo?
Kutola Lubazu?
Bweendelezi?

3. Ncinzi ncomunga mwayungizya kumbaakani eeyi?
Inga mwazwisya nzi?

4. Caamba nzi kuli ndinywe kutola lubazu mumbaakani eeyi?
Hena kuli lwiindano mubube bwanu?
Mizeezo?
Kulimvwa?

5. Inga mwabaambila buti aabo mbomukkala amwi kumbaakani eeyi?

6. Hena kuli cimbi ncomuyanda kuyungizya?

Kumanizya: Ndalumba kapati nkumwatola lubazu mukwiizya ooku. Ndicizumana kwiizya abamwi munzila njoona eeyi. Twaakumana kwiizya ooku, tuyakubamba mbaakani yakubelesya zyiimbi mubusilisi kutobelanya akulombozoya kwanu kwiinda mukwiizya ooku akooko kuboola kumbele. Bwaino ndati, amulitesye amoyo.

APPENDIX F

PERMIT FORM

HANJALIKA ROYAL ESTABLISHMENT
HANJALIKA CHIEFDOM
P.O.BOX 670463
MAZABUKA

Date: 31/02/2017

PERMIT FORM

MR/MRS/MISS: NSAMU MOONGA OF: PRETORIA (SOUTH AFRICA).
VILLAGE: BUUMBA CHIEF: HANJALIKA
DISTRICT: MAZABUKA N.R.C: 342651/74/1

BUSINESS/REASONS
1. KUZUMIZYISWA KUMYUNTAUZA TWAAMBO
IYALIYO MUCISI MWA HANJALIKA.
2. OOLU LWIISO LUJATIKIYA ZYIMBO ZYA
CHIONGA IBOBOTU BULIKA ANCOOZYAMBWA
3. ALWIISO LUJANIKA MUNDIMBO ZYANTUNSIYA-NSIYA.

DURATION OF STAY:
ZONE/VILLAGE: THE ENTIRE CHIEFDOM "IF POSSIBLE"
RECOMMENDATION: I DO RECOMMEND HIM.

AUTHORISED BY: GEOBRINE M.C. "THE NGAMBELA"
FOR / H.R.H. CHIEF HANJALIKA

REPUBLIC OF ZAMBIA
HIS ROYAL HIGHNESS
CHIEF HANJALIKA
31/02/2017
HANJALIKA'S PALACE
P.O. BOX 463
MAZABUKA, ZAMBIA.

APPENDIX G.1

TRANSCRIPTS OF FOCUS GROUPS 1, 2 AND 3

FOCUS GROUP 1

Date: 19 June 2018

Location: Ali ba Malita

Duration: 1 hour

Moderator: Nsamu Moonga (M)

Participants: Seven- F1, F2, F3, F4, F5, F6, M1

Age range: 18 and over

Mutwe wakwiizya: **bukkale bwamu Tonga kucooko caku Mazabuka mukulanganya azyiimbo mbozyigwasya kusilika**

M: Ndapa kulumba kupati kuti mwaboola. Ooku kwiizya kulatola buyo woola lyomwe. Muciindi eeci, antela mukuyaciindi, kuti naa mwayanda kuleka, mulaangulukidwe. Zyoonse zyikananwa momuno zyileendezyegwa mumaseseke. Tamukayubululwi pe kuti mwaatola lubazu mukwiizya ooku. Kuli ceeci ndipa kulomba kupati kuti anywebo maseseke mwaalemeke aakwiizya ooku, nokuba kuti mukayande kuzwa. Ndili mukubeleka abamwi bantu ku Chitongo kumvwentauzya twaambo twa Masabe azyiimbo mbozyigwasya busilisi. Ndili mukwaambaula abamwi bantu mbuli mpoona twaambo tuyakujanwa twakugwasya kubamba nzila yakubelesya zyiimbo mubusilisi kembele aamazuba.

Ndilatalikizya kulomba umwi aumwi kuti alipandulule kwiinda mukubanda buyo zyina lyanu alimwi amyaaka njimwakkala muno mu Chitongo. Inga mwaamba acimukkomanisa kukkala kokuno.

F1: Omuno mu Chitongo ndakkala kwamyaka iili 55. Ibukkale bwakokuno mbubotu maningi katuti kunyina aciwawa camunyonyono, kwiimpana. Kuli buyo lukkomano akumvwana abantu maningi.

- M1:** Ndaamyaka, 26, mpoona nkweekazyililwa kuno. Zyiintu zyeenda kabotu, taku bunjaka. Bamakuwa bali aafwaafwi, mpoona tuncito-ncito tulajana.
- F2:** Okuno ku Chitongo ndakaaboola buyo kukkala. Aalya mpondikkede taku bunjaka. Ncecindipede kuti kandikkede kuno. Ino ndakkwanisya myaka iili 20. Ino basa kuno ndakubona kuti nkubontu nkaambo bung'unung'unu bwakulwana kuzwa ciindi nindakaboola, tandimvide kuti baite muntu azyikubetekwe. Nobafwa bamadaala bakautalika munzi ooyu ndakaliko. Nkaindi nindakasika kuno. Nkaambo nikwali kunga buumi mbubi kuno, nindakaunka kale kwesu.
- F3:** Mebo ndime F3. Okuno ndakasika kaindi nitwakazyila mundeke. Ndiza myaka ilikwene 15. Bubotu buli okuno, bakatutambula basibuku akutupa nyika. Takeele aakumanyika amwi akuti kuti uzbuke uunke, andiza inga waakusika mwana wafwa kokuti ukkale kabotu. Mbula tulalya. Okuno takweelene mbuli manyika aamwi. Caboola cicisa, ncicisa buyo cakuti Mwami Leza mbwaaciyanda. Inga mang'unung'unu buyo akwiimpana abantu kayi aakkede banji ooto tulalangilwa. Pesi bukkale bwini buliluzi. Tulakonzya kuli limina
- F4:** Mbweena mbuli bwaamba bamwi, ndikubwene kuti kuno nkubotu. Nkaambo mbuli mbotukkede luumuno nkoluli. Bakati matako aali bubili taabuli kucumbaana. Naa kuli canyongana, bantu balabambululana. Basibbuku bakatutambula kabotu kusikila cino ciindi. Bubotu bumwi mbwakuti mweena mubatupa kanyika tulalima, wajana mboona oobu, tulalya abana besu mbotwakaletelezya. Tulakkwanisya kulima twansaizi kuti tulye. Taku bubu buliko.
- F5:** Ndaamyaka yobilo kuno. Kunyina kwaambaula-ambaula. Bunjaka bwini tabuko pe.
- M:** Mebo ndakakkala myaka 4 pesi inga ndaboola kwaciindi aciindi.
Ino ndilombozya kuti tutalike kuzyiba ncaamba Masabe kuli ndinywe.
- F1:** Ndiza ndakkala mucimvwiide, yaboola mvula muma August, naakuli ngotuli limwi andibona buyo kuti nselikabotu. Mpoona ndamwaambila kuti kuli nceyanda kumwaambila...uuno mwaka mvwula nkoili alimwi iyakuwa

kabotu. Ati ino njili? Ndati njiilya kouwine buyo. Inakuwa buya kabotu kabotu, naa iyakukatazya iyakukatazya buyo myezi iili boobu. Amana mwezi uuli so iyakutalika. Iyakuwa kabotu kutali kunyonganya bantu pe. Amana masiku inga kulaboola baya bafulungana. Balanditola acisamu balaamba ooyu muntu ugauka buya. Kosibika cibiya ukkale acisamu aawa. Wamana umuyasaule aawa. Wamana ciya cibiya cibila...eeyi nkata ndilazyizingaila so...ndamana ndamutola mumeenda aabbilwa. Ndilamwiinzya akati kazyisamu kuyakumusisya kumulonga. Ndakusika ndamusisya mumeenda mwaasika moomu, kofwugama, kocitula cibiya eeci. Ono katujoka katuya so ono. Ajoka kwamana waba kabotu nkaambo kakucita boobu mbwindamucita. Zyacaala eezyi zyoonse mumeenda. Nzyinji zytubona buya, ndiza aabona mwatola kumalende. Nkujana kuli nzoka kucuumbwe amana yatalika kuwa mvwula. Inzoka zyangamba lukwakwa mpoona mebo ndazyana akati. Ndilabasilika buya malwazi manji, tufwungo, musana...naa walilede...nkwali buya musyoonto wangu wakapona alimwi ulalembalemba kucikolo Wakali pilingene, kwanza nkukwaandaalila pesi mauu akoololoka. Kuti nozyilila aalya ngoma, ndilazyana inga zyilandipa musamu. Ndasilika bantu balapona amana balaboola kulumba kuli ndime. Ndamana kuzyana ndilapona. Olo mauu alizimbide alazimbuluka.... Kwaboola baciswa kuboola (zyiimbo) zyakusilika. Kwaboola bamvwula kuboola zyamvwula mbweena oobo...naa mbapaale kuboola zyacipaale.

F2: Mebo naa ndoona inga ndilaunka kumulonga. Mpoona ndasika kumulonga inga ndijana maila matete alisyangidwe. Amana kuli kabiya akafwulu munsi amulonga nkobanwysisya meenda, mpoona balya bowa. Amana balaamba swebo ngameenda ngotunywa. Kwamana ambe ndilaunka ndaateka meenda aalya ndaanywa. Aabona inga bandinyika mumeenda ndazabuka. Ndazabuka inga kujanika kuti kuli nkwilimba zytuba abasamide zytuba, basika baima kumpela angu batalika kwiimba. Ambe ndatalika kwiimba mpoona bamana balaamba utaimi kojokela koya. Ndamana ndajoka.

F3: Masabe kwaazyiba kuti ncaamba nsyekonzyi nkaambo notukomena twaakaajana. Bamakapa bakali kwaamba kuti kuli masabe. So kujanika kuti bwiinguzi bwini bulakatazya. Inga bunji bwabantu atondezyegwa musamu

uulya kuti asilike bantu bamwi. Mbobwiinguzi mbwejisi oobo. Baya bategwa banjilwa masabe, inga atondezya ‘vision’ yamisamu yakutegwa ndigwasyilile muntu. Anjilwa muntu kuyandika kuti agwasyilile yuulya uuciswa.

M: So masabe ncipego cakugwasyilizya kusilikwa....

F3: ...Inzya ino tabali boonse pe. Bamwi bajilwa buyo mboona mbotunga tulatongooka kuti mauu. Kuti kakube zyenzyizyo ncobeni balakusilika mboceeledede. Naankuzyana balazyana kutegwa upone, mauu oololeke. Bamwi inga nkuzyana buyo mbweena oobu taaku akuti kuli mizimo yaamunjila pe. Taku a ‘vision’ iboola. Banjidwe zyakuzyana buyo.

M: So zyiliindene...bamwi inga bapegwa musamu, bamwi inga ncicisa kuti baponezyegwa, bamwi inga ni vision yakuti ndiza kunikuli mvwula.

M1: Ino aawo mwasalazya.

F3: Mboona mbuli basimalende baya, twakali kunga kuti nitwakakkede ku Mazabuka twaali kuunka ku Nakabwe. Casiaka ciindi camvwula, yawa mane yainka. Mpoona balaamba tukakambile. Twaakusika ku Nakabwe twanjila mulitwaanda, mulitwaanda twakamba-twakamba mane kwiimvwa buya nyika njeeyo ankwilimba nzyeezyo. Mane balaamba katuya kuzyiba. Baya banjidwe mbutwasikila baliwaala muzyiba. Kuliwaala buyo muzyiba cazwa cinyama cisiya mbi. Tacili bonyi abusyu. Ino swebo twaacili baniini, kuyoowa kwalo. Kuyakujoka ookuya kuti tujoke kukaanda kaya kujana coonde nцитwakaindinde kujana bowa butuba buya bu imvwula iitawi, balaamba mutabubwezi kamubuleka. Kuli bakambila buyo mvwula, kuli bazyana kuli bamwi bapa buyo bantu misamu; tasondi, taciti buti pesi bupanduluzi buyo.

F2: Mebo cakatalika kuti, mbwindakacibona buya...kwakaboola imudaala wakazwa kujwe ooku. Ooku kucamba tasamide mpoona usamide buluke busiya ooku usamide mabbusu aatuba. Ulijisi azyibelesyo zyakwe zyoonse ulikkede a gate so. Ino waita ulaamba koboola kuno nkweyanda kubelekela. Ooku nkoyanda kubelekela takusyi nkonkuko pe. Ino ciindi eco tuli mukati mumulonga. Lwizyi lutali lwakusobanina kunga ooku majeleelo so. Taku amponga wasiminina, kazila nkaniini kaliko. Ino aawa atala ameenda kuli ci Nanja cisiya mbi, meenda alikunsi. Ino aawa ndanjila, ndainda mukazila

kaniini, hena tandikokunyikila? Ulaamba taaku kamwiinda. Imvwula ilawa ino kamwiinda oomu momweelede kwiinda mpaka mukasike kuya nkomubede. Ino aawo nkutalika nkweenda mukazila kaniini boobu. Moonse oomu meenda asiya buya mbi. Nkweenda kuyakusikila kokuya kutala. Tusike kuya kutala, waita ulookuya ulaamba kamweenda. Ndaunka. Kuya kusika balaamba ino ooyo ulaayoyu Nguni. Balaamba ndime kuno. Balaamba kamweenda kuno mumutole kumilimo yakwe kuya nkwabelekela. Nkuyakujana okuya basikkila kale matalo (zyibiya zyakaindi) aalya akufwumbwa, waima aalya alainda aawa pesi koimvwi mukati. Aumwi mpabelekela citalo. Ino kumane kuzwa waawo twainka kooko kung'anda ooko kubelekelwa. Balaamba webo mulimo wako mpaawa mbuubede. Yebo kozya kooku, yebo kozya kooku. Twazwisyigwa waawo nobantu tuya kukutolwa ku Malende. Twaakusika kumalende, kuli masamu aalya mapati kukomena mbuli masanta. Nkujana ino kusiya buya mbi mwani kwiinda kudunta buya. Muyakujana tubiya tunji tuliyakidwe mukati oomo. Ino yawa kwiicita boobo mukati. Mwazwisyigwa kooko mutolwa kooko nkomuyakunjila. Zyalila zyalila. Mwazwa kooko ono muya kooko kumamanino nkomuya kupegwa zyezyo zynomuya kupegwa. Eeci aceeco kobwezya. Mpoona mwasika alimwi mwazyikwiinda ku gate nkoona nkumwakanjilila. Ndiza aabona mbokali kunjilila buya kwamana buya kuca aakuca bamwi noboona yebo tokonzyi akoona. Nkubucesya buya ulalanga. Pesi masakati bantu balaamba yebo wali koono, ani taoni. Inga aabona waamba buya kuti hena ndaalogwa buya? Balaamba taaku. Mebo ndakali kufwumbwa kandili moomu, inga oomu bakkiya koonse. Ooyu mutwe nkwaanga kooye buya. Taku kulya pe. Mebo ndakali kuti ndaloogwa limwi baandizumizya kuunka kubasilisi ooko. Kuyakusika kuya balaamba webo mboobo aboobu. Mpoona batalika kundisilika. Nkokuti mebo ndicikonzye kuti ndiza inga wasika camazuba ano kuti ndiza ccita ooko. Basa zyilasyupa.

M1: Mebo kulubazu lwangu inga ndapandulula kuti izyangu cintu cipati ncendiyanda ningoma. Kutu ndaumya ngoma naa ma guitar...nkaambo muntu uyandisya kapati ngoma nguulya muntu utayandi kusonda. Pesi uulya sikusonda usilika zyinjala uyanda kapati guitar. Njiimupa kuti kabona zyintu nzyinjanji. Kutu zyalila ngoma nikuba kuti tabasondi, kuti kabalaazyinjila, tulazyana antoomwe. Kwaamana olo mebo kandisona twazyana abaaba,

kunyina bubu, pesi kuti kazyitali zyezyizya zysisilikwa tabakonzyi kuyakwa twaanda twakusilikilwa. Pesi mebo neesonda ndijisi kaanda kakusilikila, misamu azyoonse. Alimwi inga kuli azyimwi zyintu nzyotutakonzyi kuleta abuleya ziyandika kuti kojisi omusilisi.

M: Ndiza inga twazumunana kuya kumpela. Ino kubaanseba zyili kabotu, caamba nzi mubuumi bwanu. Atukanane ncocaamba kuli ndinywe kuba aanseba iili kabotu.

F3: Kuba abuumi bubotu kuti kola a Masabe tabuko nkambo masabe alatundulula. Bacibamba eeci...mbuli ndime lwangu mbwindakaboola ku Chitongo nkaambo ka ngoma mbozyivwelenganya, inga muntu tanaandibona kuti ndinjilidwe. Mebo ndakacita mbweena oobo makani aamasabe. Kuciswa kucita buti. Ndaunka mumang'anga. Cintu ncikazyikunditondezya ncakuti "kamuula cisani cituba." Ino baelede kuula mba Acisya nyoko. Kuya kuti kuli ba acisya ategwa tabajisi mali. Masabe ayanda mali. Coonse ciindi nckubambwa bamwa akusilikwa silikwa. Kutu muntu akaakukkale kabotu, inga alubono lwaunka lunji. Buumi bwazinjila taubli kabotu. Kutu tonozyibamba kabotu inga wagauka.

M1: Kulindime, zyingjila tazyipi 'free'. Zyingjila zilasinka nzila abona awo. Kutu na ndaamba kutu, ndeezyeka buyo, ndiye kwa Munjile ku musimbi, mulajana musana watalika kuciswa. Na ndayanda kutu ndilye cimwi cintu, calo mu mvwiki eeyo tacyandi, taaku kucilya. Calo cisala nociyanda kucita, kutali kweendelezegwa. Mbobubi mbondijanide muzyinjila. Olo katuli antoomwe twaamba kutu tukabeleke, mebo kujana ndciswa mutwe. Mbobubi bwazyinjila. Kocilicibotu kumisamu na cakuzuminina.

F3: Kulya koonse zyimwi nkukasyigwa. Na mapoka ngeenya aaya kutu caamba kutu ciyanda busu bwakutwa, olo utole ku cigayo cilaka. Mpaka kwaitwa mapoka, kutu mulye busu bwakutwa. Ino cino ciindi kwiina bacitwa. Mpoona aawo anjila mapenzi.

F6: Imebo mbwaakandinjila masabe, akandiimika ku zyala. Ndakasola kusilikwa-silikwa omu moonse amuzibbadela. Limwi twakati tusole buyo mubana'ganga. Tuunke mubanga'nga, kufumbwa putwainda, balaamba

masabe. Limwi bazyali baswangana kuti bayandaule mali kuti ndikasilikwe. Ikusilikwa oku bakaamba kuti ndiliziyilwe ngoma. Mbubaandilizila ngoma,ndakazyala amwana wakuwaka. Kuzwa waawo ndakazumana akuzyala bana bacilila. Ino basa cilatundulula kuti kotana cisilika. Kutu caamba kuti tolyi, totiilye buya. Na caamba kuti tokokulya, nekuba ku bweenzu, mbuli mbumwasaya waawa, kukkede anzala. Cilakasya kuti uye mpaka kun'ganda. Alatundulula. Ino kuzyana ndazyana. Sisiliki bantu. Pesi ilwangu ndalisilika. Inga zyilandambila, abona inga ndalota kuti ndikasye musamu uli boobu. Na mwida inga, zyanditondezya kuti uunke abusena buli boobu ukasye musamu. Inga mbundaunwida musamu, amwida mwaumuna. Ino kuti ndisilike muntu, taaku. Zyinjala zyiliindene. Kuli zyakuti nkusilika. Zyimwi zyakuzyana. Zyalila buyo ngoma, nkuzyana. Inga tulazyana buya.

- F1:** Ime inga na bandituma naa nkumeenda, naa zyilalila ngoma, ndasika aalila ngoma, ndakkala ambali. Na balibikkide zyakulya, inga ndati kulya kamulya buyo. Caangu kamucaanga,ndilacilya aakale. Kuli ncimwabika mucakulya cangu. Kulincimwabika nentalyi. Mwamana mwalikundaamba boobu aboobu. Balangana kumeso, baseka. Balagambwa. Balacaamba mbweena mbundacibona akucaamba. Inga boonse balaamba, kaazyibweza zyinjala zyanganyina aaka. Aabona aawo na kuboola beenzu, inga kandisyite. Naa ku Church siunki. Zylindaambila accindi ncebasika. Balaboola ncomvo aciindi ncezyaamba.
- M:** Zyinjala nkokuti zyiliindene. Kuli bapegwa busilisi, kuli bazyana buyo, amana abapegwa musamu wakulisilikwa lwabo bene. Bamwi tazyibapi kupona kabotu. Kulibamwi zyibapakupona kabotu.
- M1:** Mbuli mbumwaamba, kuli muuya akuzyiba awakusilika. Zyilaantoomwe.
- F3:** Inga kuti katukede awa muntu wabola kuzikusilikwa. Walo inga si masabe unikukede munga'nda. Cilamutondezya kuti kuli muntu uboola kuzyikusilikwa. Kusika buyo, si masabe ulainda kuzyiba kuti muntu sikusilika nakede, cimucisa cili boobu akunga'da nkwaazyila kuliboobu. Mbwalamwitile kuti kokkala aawa, kotalika kumuoanduluda, "Iwe cakweeta nceeci. Cikucisa nceeci. Cikupa kuciswa nceeci a ceeci."

- M1:** Nkkambo zyimwi, mbuli mbumwaaboola aawa, anime mbundasika, inwe Kamuli basilisi, mutwakkalila buyo, zylajatana ‘network’. Zyinda akuzyiba kuti aba ncebaciswa nceeci. Cicisa uulya usonda.
- F3:** Na maulu aacisa, si masabe awalo alamujata mbweena buya. Wiinda akuzyiba kuti anu ooyu muntu cimusa maulu.
- F6:** Na mwida, uulya ngwena si masabe nguuciswa. Kufumbwa cicisa cilimumibili wasikusilikwa caunka mumubili wa sikusilika. Nasilika, usilika kaambo kakuti awalo ulicimvide mbocicisa. Mbombubo mbobasonda oobo.
- M:** Zyiimbo zya buti zyumulizya antela kuteelela lya Masabe? Zyiimbo eezyi zyaamba nzi kuli ndinywe?
- F3:** Zyimbo zylindine kucilila azyinjila. Bamwi zyamvula. Na casika eeco ciindi camvula, nkukamba mbwena mbokukambwa.
- F1:** Nokuba kuti boonse balinjidwe, abamwi zyiimbo zyabo zyasika balabukilwa. Banjidwe zyamvula, casika ciindi ca mvula, boonse banjidwe zyamvula balabukilwa.
- F3:** Na mbasilisi bamisamu, casika ciindi, ulabweza akaamba kakwe. Wakulika alweezo kwakusya misamu. Aawo ciimbo ncimbi. Bamwi inga ulinjidwe, ufweba tombwe wakaindi na ndubanje. Mpaka kusangila, kumupa kuti afwebe. Na ngwamumpemo, casika ciindi, mbweena oobo, nkumupa. Amaimbo nkwaali. Mbaacanguda ciimbo, bazyiba kuti casika ciindi cakuti apegwe tombwe. Nkuunka kumupa tomwe. Kumwi ulazyana. Inga zyinji mbwena oobo.
- M1:** Acalo cakusonda ncimbi. Pesi inga zyajatana akumisamu zyakusonda.
- F3:** Kwiindana kwazyinjila, azyiimbo mbozyiindana. Bani kwiimba aawa bbamwi bani kuzyana buyo akaambo kakuti ngoma zylalila. Ncita zyalila ngoma zyibanjide nebaya kuti babukilwe.
- M:** Kuli ndunywe, zyintu zyeendela kabotu Masabe?
- M1:** Twaambe buyo kuti masabe alatola ciindi. Anyina kuti tulatalika ciindi ciliboobu, akumana ciindi cilibobu. Ciya buyo mbuli mbozyiyanda zyalo

zyinjila. Abona cilatola 'two days.' Bulaca. Lyaakubbila alimwi bwaca. Amulombozye cintu combwe ncomunga mwayungizya kusumpula Masabe? Cintu cipati ningoma ama guitar. Mbuli kokuno, tulijisi kale absingoma. Tabbakatazyi. Te mwaamba kuti tukalizye ngoma? Tulaunka kwakubatamba basi ngoma. Nkobali mumunzi mweeno oomu.

F2: Swebo tuzyana biya. Cabota kale buya ino awa. Basingoma kobali. Kwali Gifu ookuya. Takaki pe. Inga twakutalika a 14:00hrs. Kutegwa kuseni twajata-jata tulimo. Inga tulababadal kammali kasyoonto. Tabaaduli.

Boonse: Inzya. 14:00hrs ilibiyo kabotu.

F6: Aumwi ulaboola abuselengende bwakwe basa. Kulaba kantu.

M1: Ino mbokuli kuti kunyina munga'nga juunza, tulumba kuti bayi mukaambilizye akutalika. Basingoma antoomwe anduswe tuyakuzumanana kuzwa waawo. Kwiita buyo mizimo kuti tutalike kabotu. Kwamana

M: Mbubo. Ndalumba. Ino ba M1 baamba kuti bayakutamba basingoma ama guitar. Inga mwamvwana mali amana tuzikubandika.

Kokuti mbaakani yeso kwasunu mupuyasimpila aano. Ndalumba kapati nkumwatola lubazu mukwiizya ooku. Ndicizumana kwiizya abamwi munzila njoona eeyi. Twaakumana kwiizya ooku, tuyakubamba mbaakani yakubelesya zyiimbi mubusilisi kutobelanya akulombozya kwanu kwiinda mukwiizya ooku akooko kuboola kumbele. Bwaino ndati, amulitesye amoyo.

FOCUS GROUP 2

Date: 20 June 2018

Location: Ali ba Malita

Duration: 2 hours

Participants: Six – F1, F2, M1, M2, F3, F4

Moderator: Nsamu Moonga (M)

Age range: 35 and over

Mutwe wakwiizya: **bukkale bwamu Tonga kucooko caku Mazabuka mukulanganya azyiimbo mbozyigwasya kusilika**

M: Ndapa kulumba kupati kuti mwaboola. Ooku kwiiizya kulatola buyo woola lyomwe. Muciindi eeci, antela mukuyaciindi, kuti naa mwayanda kuleka, mulaangulukidwe. Zyoonse zyikananwa momuno zyileendelezyegwa mumaseseke. Tamukayubululwi pe kuti mwaatola lubazu mukwiizya ooku. Kuli ceeci ndipa kulomba kupati kuti anywebo maseseke mwaalemeke aakwiizya ooku, nokuba kuti mukayande kuzwa. Ndili mukubeleka abamwi bantu ku Chitongo kumvwentauzya twaambo twa Masabe azyiimbo mbozyigwasya busilisi. Ndili mukwaambaula abamwi bantu mbuli mpoona twaambo tuyakujanwa twakugwasya kubamba nzila yakubelesya zyiimbo mubusilisi kembele aamazuba.

Ndilalalikizya kulomba umwi aumwi kuti alipandulule kwiinda mukubanda buyo zyina lyanu alimwi amyaaka njimwakkala muno mu Chitongo. Inga mwaamba acimukkomanisya kukkala kokuno.

M1: Mebo ndime Robson Mweemba. Ndikkala okuno ku Chitongo. Ndakkala kuno ku Chitongo kwa myaka isika ku 33. Ndili amyaka isika ku 65. Cindikomanishide kukkala omuno, moonse omu mundakali kukkal mumwi, bukkale tiibwakali kundikkomanishya mbuli ookuno ku Chitongo. Bukkale bondikkede ookuno ku Chitongo buli ndikkomanishide. Alimwi kuzwa nindaakkala omuno mucitongo ndakajana kuti zyimwi zintu inga ndazyijana. Ngómbe tindakijisi. Ino ngombe njeeyi ndiijisi. Mpongo tiindakijisi. Mpongo

jeeyi ayalo ndijisi, ndakiiivuba nokuba kuti zyakamana nibakaciswa makaintu bakandisiya. Ino inga bukkale bwaboobu bulandikkomanishya kwiinda bukkale mbundakkele moonse oomu mundakali kukkala kkala.

F1: Mebo zyina lyangu ndime Winnie Chooka. Ndikkala okuno ku Chitongo kuli ba Mwami Siyanjalika. Ndakkala myaka ikkwana ku 40. Kundakazyalilwa kkwenana kuno. Alimwi kundakomenena kweena kuno. Bubotu mbundajana kuno ku Chitongo, inga tulamvwa mbuli mu ma neighbours ikuti bukabwalala mbunji. Ino swe kuno bu kabwalala mbushyoonto cakuti inga tulakkala biya cakulikwaya, muluumuno. Alimwi manjaka biya manji taajaniki pe. Inga tulakkala mulumuno. Alimwi azyalusumpuko zyasika, zyilenda muciiimo cili kabotu. Inga bantu basalwa kuti beendelezye makani alusumpuko, tabali ba syacivule mwangu. Balacikonzya ikwaabana mapenzi aumwi aumwi. Ikucita kuti awalo uulya upengede mweenzinyina acikonzye kupasuluka mbuli bwaamba kale bamwi awa ikuti tiitwakajisi ngómbe, bamwi bakajana ngómbe kwiinda mukugwashyigwa. Oolo ndukamantano. Cakunga ku Chitongo buumi mbubotu. Cakunga oomu mumwi tulamvwa kuti balatundululwa. Okuno biya taaku. Tuliliibide. Kutundululwa takunasika.

...giggles and laughter (someone shouts "Come on! Gender.")

M2: Mebo ndime Luyando John Haampongo. Ndili amyaka 53. Okuno ku Chitongo ndakaboola mu 1988. Kwaino ndakwanisya myaka 30. Ndakali muntu wakali kuyandishya kukkala mutown. Ino bazyali bangu nindabbola okuno, ndakajana kuti kulima nkubotu. Mbundakazyikukkalila okuno.

F2: *(Laughter)* Me myaka yangu njingayi? *(Someone suggests 85. More laughter)* Mebozyina lyangu ndime Malita Moonga. Ndili amyaka 85 (Mebo yaangu ilayinda awo). *(Laughter)*

F3: Mebo zyina lyangu ndime Eneless Mutinta. Kuno ndakkala kuzwa mu 1946. Ndili amyaka yongaye ino?

Moderator: Myaka 76

M1: Mulibapati kulindime nywebo?

- F3:** Twakali kwiile kupegwa biyo myaka. Kufumbwa njibakupundila kkulemba. Baya bapati bangu baama twaaleelene myaka.
- M1:** Mbubo amuunke kumpela. Cimupede kukkala okuno ku Chitongo mbubotu nzyi mbomubwene?
- F3:** Kuno ku Chitongo twakabola aba Giffu, twakalikukkala ku town. Nibaamana, bandisiya boonse kuno. Twacaala abapati bangu. Twakkala kauknyina abubi. Mwaka omana ooyu, mwami Leza watyani, wandinyanga bapati bangu. Psei kusika eecino cindi ncetukkede, tukkele biyo kabotu. Abatulela balatubamba kabotu. (Female: kamuti ndamana we.) Ndamana mpoona awa. Kamwiile kugwasyilila. Tobamwi tuli biyo babasongo baambaula.
- F2:** Me ndime Malita Moonga. Twweena twaambo twasoka beenzuma kubandika ambeyo tweena totuliko kuno ku Chitongo. Kuzwa ciindi chindakakkala kuzyala bana banji, ndakakubona kuti nkubotu kusikila ciidndi cino. Aino ndili kabotu paawa ndili shite. Myaka yangu 84. Ndilapona. Nchicakandiininizya kuti ndikkale kuno kwa Siyanjalika. Ndamana ndime Malita Moonga. (*Group claps in appreciation with light laughter.*)
- F4:** Mebo ndime Hildah Chooka. Ndakazyalwa mu mwaka wa 1972. Ndili a myaka 45. Ono myaka njindakkala mu Chitongo cita na ili yongaye. Ndakazyalilwa ku Mazabuka. Nindakakomena ndakaboola kuno ku Chitongo kuzyikotalika cikolo. Ndakayiya kusikila mu Grade 7. Mpoona ndaima cikolo. Ndajana cikwati. Bubotu mbundajana okuno ku Chitongo ndwakuti kuli luumuno. Tulalima. Tulapona kabotu abamaleli besu batulela aba bamasimabbuku aba Mwami. Zyoonse zyintu zyeenda kabotu. So, kujana inga cilandikkomansiya kukkala okuno.
- M:** Twalumba. Ino moonse mwakkal kwa myaka Minji muno mucitongo. Antoomwe myaka ilainda ku 40 anntoomwe. Atubandike makani anseba. Muntu uli anseba ilikabotu inga ulibuti? Ba John!
- M2:** Muntu uli anseba ilikabotu muntu ulikkalila kabotu kakunyina ku dandaula kuti awa alacisa. Alimwi muntu uunyina bunjaka abasimukobo nyina. Muntu uulaazyilongwe zyikomanisya ciindi coonse. Ngomuntu uli anseba ilikabotu.

- F1:** Muntu uli anseba ilikabotu nguulya muntu uulilela. Nkaambo kuti kolelwa, zyintu zyoonse weendeleyegwa biya. Apotayandi kuti ucicite ciya cintu, balo bakulela balaamba koya ukacite caso. Ino kuti kolilela omwini, koleendeleya kumilimo yako omuka mwini, amubili wako inga uli free ikucita zyintu zyoonse. Ulaangulukide biya, natonoyanda kubeleka buzuba oobo kukkede. Buzuba mbooyanda kuti ulibeleshye ulabeleka. Mpoolemena ulakotoka. Ocileka. Ndalema. Nkokuti mubili wako unikuli kabotu. Coonse cinndi tuuni kuddinwi. Nkkambo inga tuuli mbuli kuti ulimubuzike.
- M:** *(conversational)* Toli mubuzike. Kokuti mubili wako inga... *(someone else completes the sentence)*: ulakomana.
- F1:** *(Continues)* Mizeezo yoonse biya inga ilakkomana. Taaki colibilika taaku. Akuneneya inga ulaneneya olo kolya zyitasumbuli, amubili inga ulaboneka kabotu. Nkaambo mizeezo taku. Taaku ncholibilika kuti ndiza ndacita boobu, ndiza ndacita boobu bandaange. Ndiza ndacita boobu banduume.
- M:** Kulikkalila. mm...mmm
- F3:** Mweena bwaamba baaba. Muntu kacikonzya kulibelekela. Mumunzi wako kunyina bunjaka. Muntu kacikonzya kulinanamuna. Mbomukkede abana olo mwenzu kacinkonzya kukkomana. Ngomunzi uulikabotu. Olo ulikkede olikke, ndaambe mbuli ndime, mbondikkede endikke amwana musyoonto mbuli boobu, ndaona ansi, cati canditi kobuka ino, ndajana anguzu zyibotu. Ndaunka mumuunda, ndajana tukuni, ndayashya kalilo, ndajika, ndaita abana: nobana katulya. Kwamana. Bwaca kubona baunka mobayanda mukusobana.
- M:** Muntu kuti kalikkalila, kakkala kabout abantu, kakuli bantu bamugwashyilizya, kwiina bunjaka pokkala. Kwiina kulibilika. Lyoonse uliliibide. Kwiina bakulwana. Kokuti muntu ooyo uli anseba iili kabotu. Ino bamwi?
- F4:** Mbweena mbuli mbubaamba kale bamwi ikuti muntu ulikkalilide uli ansba ilikabotu pakkala aalya inga kakuli kukkomana amukwashyi wakwe. Kakunyina bunjaka. Kakunyina matongoosi aaliko pakkede. Mpoona inga muntu uulya nseba zyili kabotu. Olo kakunyina calya ciluzi, pesi kukkomana

kuti kakkomana, moyo wakwe coonse ciindi kauli 'free', muntu uulya kkokuti nseba yakwe ilinzyi, ili kabotu.

- F3:** Alimwi kuyungizya biyo waalya; ulikkede olike. Nguzu ulijisi; kubeleka ulayanda. Zyibelesyo zyakuwayawaya. Yaboola mvula. Casika ciindi ceelede kuti ubike cakulya ansi kucita kuti ayebo ukatyani, ukaakujane, cilakutolela ciindi akaambo kauti tocisi cakulimya. Inga kuti cakubola eelyo kujana kuti mapoka aalo...checitupa penzi.
- M:** So, kuli mapenzi aboola akuti kulubazi lumwi kukkala abantu bakonzya kukugwasya. Kuti wabula zyeeyo, kkokuti penzi lyanjila.
- M1:** Ino cacaalila ndime. Ndalikumvwa mbumwali kwaamba. Mubwini, bwiinguzi kaambo kapati baingula kale...kuba abukkale bubotu, naa nseba mbotu, mbuli mbubaingula kale. Kuti pokkede alya, amunzi wako kakunyina ncocebaseba, kakunyina coyeeya kuti eeci cilandinyonganya. Kokkede biya kufumbwa wanyamuka, kwamana fumbwa cooyanda kujata amunzi wako aalya. *Number* 2; kuti kokkede, muntu ukkede alunvwano abantu mbocibambene boonse so. Kkambo ulya muntu olo akajane penzi, baya bantu mbocibambeyi taaku nebaya kumulekelela pe. Bayakubalika lubilo kuti simukoboma watyani, wapenga. Bayakumubwezya akumutola kucibbadela. Nokkede ulinzyi kwaamba kuti niini ulandiyanda, batumbu balandiyanda. Taaku biya. Kwiile kutwanga twanga boo. Iiyi. Baingula kale biya. Ndibayabaya biyo mubalikwiinda benzuma mebo.
- F4:** Inga ulaneneya akuneneya.
- All:** Iiyi
- M1:** Amubili biya inga luwo loonse lwaboola lwabuumi, lwindilila boo kabaya kabotu kabotu amubili okwaako so.
- F2:** Mbuli bwaamba kale...inga okkala kuti kuli penzi njojisi. Cita penzi lyakunga ulanyangwa bana taku uuliko. Ino inga pookkala kale awo olo koli aacyanze abeenzyoko, ulaungumana. Olo olaacyanze, taciko nkaambo benzyoko taaku uliko. Ino penzi taaku nelityani mucamba, taaku nelimana.

- M1:** So, mbuli boobo, kweendelani akuti mulamvswana abama ‘neighbour’ nyoko, bay aba ma neighbour mbomubanene, basimukobonyoko, mu Chitonga, lakusikila penzi lyamusyobo ooyo mbuli mbomwaamba, baya mbeena basimukobonyoko, akaambo kakuti mulangana kabotu ambabo, balakonzya kulimana penzi. Aanda balakusongola kabotu-kabotu kwaamba kuti aa, ndaba, eeli penzi lyanjila maningi mungánda mwako. Kofwambaana kucita boobu aboobu. “Basa nsijisi mali”. Aaaba balaamba ulonde mali kwangu.
- M:** Toonse tulinzyi bukkale buli kabotu twabupandulula. Lyoonse tulayandaula busislisi. Amupandaulule busislisi.
- M1:** Twaambe kaindi nitwaalikukomena, zyibaddela tizyaaliko. Zyalikujanika buyo mu town. Muciindi eeco, kwaalikunga kuti na muntu waciswa, tuunka kumungánga kwaakusilikwa. Ndiza, basi masabe aabo banzyi misamu baakukusilika. Ambuli sunu, munt una kuti ociswa, kulizicisa zyimwi zyita zumini kucibaddela. Inga mwatola kucibaddela biya baalamba taponi ooyu, taku cilwazi chitwabona. Pesi mwaunka ku mungánga, ulacibona cilwazi akucisilika, camana. Checeeco inga zyimwi zyilwazi tulazyibalisya kutola kubangánga kwaakusilikwa. Kkambo ziya zya tu nsiya-nsiya. Izyimwi zyilwazi zyamucibaddela. Izilwazi zitolwa kucibbadeela, tazyitolwa kumun’ganga. Cilamwaalila. Ino zyatunsiya-nsiya, mwatola kumungánga, ulacikwanisya. Mboboobo mbwendikonzya kupandulula.
- M2:** Alimwi buzuba boobo, mbuli bwaamba kale bainguzi balikubandika awa, macisa aakali nitwaakomena-komena, ngitwakazyi kujana. Njanda kwaamba mbuli kale-kale, kaindi mazuba amunsi. Kuli bulwazi butegwa kayanga. Ikayanga aako kali kuboola mukwiinda (*Interrupted by a child looking for its father*) ...So kuli bulwazi butegwa kayanga. Kakweekwe bama. Ngamaziyina akalwazi aako. Nkaynga na kakweekwe. Aako kalwazi ciindi eeco, kakali kusilikwa. Mbukakali kusilikwa. Kakalikusilikwa kwiinda, mbuli bwaamba bakusaanguna, akumungánga uuzyi musamu. Na mbuli baaba ba maama tabali bangánga pe. Balakonzya kucisilika cilwazi eeco kwiinda mumiyanda, ba. Taaku piluzi liliko aawo pe. Miyanda. Kwakanyina ma piluzi akuti uunke kucibbaddela ucitwe buti. Mbubwakali kuboola bulwazi oobo kuti bucise, bwakali kuboola boobu: muntu waba aada. Limane da lilya lyazwa. Ulya

mwana wazwa. Azwa mwana uulya bamubamba bamba oobu. Alimwi tiibakali kubamba buyo misela yamusyobo ooyu, mbuli baaba bamuka ba John,no! bamacembele aaba mbuli baaba, aaba inga banjila ciindi eeco, mukubamba ceeco asowa muntu.

F2: Caalikwaambwa kuti cisowe.

M1: Ee cakalikwaambwa kuti cisowe. Camana uulya mukaintu/ musimbi uula da lyazwa; ojisi da ulya, tazumizyidwe kuti olomeenda nyaanya, kuunka kumeenda tazumikizyidwe. Olo ikuzwa anze mbuli baaba batumbu kabajisi cabana aawa alubuwa, tazumizyidwe kwaamba kuti asangane abana baya mbeena mbocikkala limwi alubuwa. Kalwazi kaya kakweekwe, fumbwa kuti obweza na ka 'drink' aka kuli oomusomba, aka ookasiya amana wapa mwan umwi so, awalo kaya ka drink wakanwa, kwamana kanjila kakweekwe. Kakweekwe aako kali a niini, kali abusungu alimwi kali ambokakkala kufumbwa mpokakkala takasali kalo pe. Kayanda kalakonzya kukkala kufumbwa mbuli waawa (munsingo). Kalakonzya kubbwaluka oomu. Kuti wabbwaluka oomu, nyama eeyi ilaligwa inga a menyo oonse aya alacaala biyo atuba bu, zyoonse zyifuwa eezyi. Kwamana ninshyi muntu awo watyani, wafwa. Alimwi camana, ee..ndama ino awa. Katwiingula mibuzyo.

M: So, mbuli kaako kakweekwe cambilizya kuti olo waunka kucibbaddela muntu taponi. Kkalwazi kaponi kwiinda mutunsiya-nsiya.

M1: Mutunsiya-nsiya.

M2: Mubufwafwi, munt una ukkala mu town wasowa da, antela kuya baakumusanzya. Amana mpoona-mpoona wakucita cimambe amusankwa uumwi. Mpeena-mpeena, wamusiila kakweekwe ulya muntu. Ino olo bamutole kucibbaddela, tabakamusiliki uulya muntu.

M: Tabakamujani bulwazi.

M2: Andaambe ndiza inga ndakonzyanisya kuti ngo AIDS.

M2: (*Laughter.*) Ndaleka buyo oobo kwaamba.

F4: Taaku kutegwa yebo ozwisya da uyakupa uumbi kayanga kaya. Ndomunya iwe, olo balikukkazyikide munganda, kkambo bakaindi tulabamvwa

nobapandulula kuti, kusombwa tee kwiile kutegwaa, obweza aalya. Mpoona tacyandiki kuti ciya cakulya cibakusombede alimwi wacijokelela. Mpoona kayanga okabweza.

Chorus: Tailigwi. Ncooleka ciya cakulya kusowa.

F4: Alimwi cakulya taaku kuti kulibwezela, kupegwa biya.

F2: Aboola tatambiki kuti mmm. Kkubukka biya ansi awa.

M1: Nazyimbale zyilasyontoontwa. Zyakuzikwa ansi. Tacijatwi muntu eecyo.

F1: Mbuli bwaamba kale beenzuma bamwi. Kuli zyicisa zyisiyeni-siyeni. Mbuli muntu kuti waciswa zyinjala, olo bamutola kucibbaddela, tabakabuboni nulwazi. Eciya cicisa camuntu uulya onjilwa masabe, utolwa kumungánga. Mungánga nguuti kasilike masabe aalya. Alimwi nguuti kamupe malailile aakuti akaule zisani zisiya, akaule zisani zituba, akaule zisani zisalala, naa tulungu tuya. Tabaile kulyaanga biyo pe. Baambilwa abangánga kuti ooku bakakwaange kalungu kasiya, ooku bakakwange kalungu katuba.

F2: Ooku kasalala.

F1: Ino kucibbaddela kuti oociswa masabe, taaku nebaya kukwaambila zyoonse ezyi. Uyakwiile kuboola biyo. Bakupa Panadol. Bakupa nzyi. Kujana bulwazi bulatyani...

Chorus: Bulazumanana.

F1: Inseba zyabo tazyini kuli nzyii...

Chorus: Tazyini kuli kabotu.

F1: Mpaka ukaunke kumungánga. Ino mungánga aakukusilika zyezyo zyoonse, akukubamba kuti kakuli zyinjala, kujana mbubaakukulizyila boo ngoma eezyo zyakakunjila na ngumwenda njangula, mama-mamamama. Kkuzyana. Mazuba oobilo otyani...

Chorus: Wapona.

- F1:** Kkaambo kakuti, ceendelana aatunsiya-nsiya. Ino kuti wazumanana biyo kuunka kucibbaddela, ulafwa. Kkambo azyalo zyilasika mpobbamba kuti ati zyadingama. Zyanyema. Zyagauka ino, osondoka akusondoka.
- F3:** Alimwi mbutwaasondokede tobamwi.
- All:** *(Laughter.)*
- F1:** Ati zyakadingama zyinjala.
- F3:** Catii konyamuka ino aawa amasiku taata. Ndiza kkuya koono musyokwe. Balema kuyandaula. Baboola bamunika ama torch. Bakubusya. Katuya. Mbweena oobo mbukwaali kuponwa. Ino aano mazuba mbubo. Nokuba atti ambeyo mukukola kwaangu, nindaatalika, ndakali kukola nidnakamana kuumpa malashya, nitwasikasika liya, kugonka zysisamu. Kkotalika kukola. Inga wati ‘Kko’ kujani acamisyo yoonse ‘Kko’. Yakali pimpa. Tiindakalibona. Naa bakazyikundibona buti. Bapopa cikochi. Baakulomba. Banditola kwa...kandizwa ggovu kumulomo. Baakundiyasa ciindi comwe nyeleti. Ulaamba ngupimpa ooyu. Alimwi ulamba, ‘Aaba bacembele bandeetezya. Bamana tabali kabotu mumubili. Olo kamutako mali cifumo mukaboole’. Baazyikunditola. Ndakazyikupona. Bweende bweende, alimwi ndakazyikuciswa, ikukola, liya lyakafwa bina Mutinta, baya ba cizyi ba ba Peter, kkaambo ciya ciindi cita na ndakizyikupona buti. Cita mwami leza kuti katan ciyanzya inga tofwi. Ndakeelede kuunkka buzuba bomwe abina Mutinta. Bafwa bina Mutinta. Mbubwaaceda banditola ku Monze. Ndakaakukkala kuya kuzwa na mu Okutoba kwakuzwa mu November, kujana kampelya nkkaka. Ino ndakakoka. Amana kacitamani cicisa. Ndakatontomana biyo ashyoonto. Bandilete ndakakkala aalya naa ngu 3 days, ndaazyikutalikwa kulikwama makwa mbuli naluntaambwe buya. Mubili oonse kutuba buu. Bantu balamba, ‘Nzyi, ino nobatumbu mwabaanzyi?’ Kwaakuti. Mamamamama! “Amundilange kufule”. Kujana makwa aile kuwa. Ndababuzya bantu, ndaamba, “Ino ino eeci caamba nzyi?” Bamwi balaamba ategwa ne TB mbwiizwa. Ino bakalindikasyize. Muteezi koteekulya. Kapenta utanikulya. Lwidi utanikulya. Ino mebo, ndakeenda keunkka ooko kumung’anga kucinga misamu eeyo. Ino alimwi ndikkale-kkale, ndakazumanana alimwi round 2. Banditola. Alimwi bandibalila

myezi...kweenda kweenda kweeta ma piluzi. Inga ndaakubweza amagoye. Ndabweza zyipepa ndaunkka ku Monze. Ndakkala. Pesi kukola takutyani, takumani. Kulazumana. Apondibedde aano ndakola. Olo ndilikkede kentakoli maningi, ndakola iggoni lilemu lemu so. Eliya lilemulemu lisalala-salala inga liile kuzwa. Masiku oonse.Limwi ndayndaula kaggabba. Ino inga bana kucibbaddela baalikucita kuti ndatalika kukola, aikona kuswa aansii. Kkaambo kuti kocita ciswaa-swe kuti kociswa bulwazi oobu inga watambukizya bantu boonse. Balaamba koswida mutugabba. Ino ndakazyi kubona kuti ndiza checita manini,nkaambo muteezi taata ndakuulya. Mulinzyi buyo tobamakaintu amuteezi tulakatazya...

M1: Ino musamu ngumwakayaswa nywebo; ngwamunyeleti na ngwacisi. Kkambo ino awa tuli mubuTonga.

M: Ino kutazyiba kuti eeci cintu cicisa cendede buti? Chacintu? Ciyakupona buti? Muli munzila yakuyandaula kuti muk kale kabotu?

F3: Bamwi inga balaamba kokwama musekese; kocita matu amushyobo ooyu wakasaazyi, wanwa. Mbweena oobo. Kukola takumani. Alimwi ndamana mbokuli mpeyo boobu, kalapenzya maningi amakani aakutontola. Ndafundilila.

M2: Alimwi kuyungizya waawa amubandi ngotujisi ooyu, iswebo to baTonga, makamaka munseba zyesu to baTonga, na mumaumi eesu, tulijisi ibulowa buuba-uba. Kwakunga ati ndiza uleenda masiku, wakuyaanya aibaka aamwi aataluzi so, ulanjilwa zyeelo. Amane onjila zyeelo, tazyisilikiki kucibbaddela pe. Mpaka bakutole kubantu basiya, ibanzyi misamu, naa mbangánga. Na mbaasimakobonyoko baluunzyi. Naa mbasimasabe bakuumpilizya. Ulabona zyalibanda. Zyakubalisya. Wakusika ampela wawa 'gwala'. Zyazwa akuzwa. Ngomusamu biya ngotunzyi mutunsiya-nsiya uugusya zyeelo.

M: So kuli zyeelo, amana kuli a masabe. Amalwazi aambi mbuli kayanga akuti akucibbaddela taakonzyi kusilikwa.

Chorus: Amuntu uufwa maafwa. Kasita.

F1: Muntu uufwa maafwa; uulya muntu uwa, awalo tatolwi kucibbaddela. Fumbwa kuti baakumuyasa nyeleti, (Male: Kwamana) ulafwa. Ulya muntu

usilikwa kubantu. Olo katali mungánga; kumuntu uuzyi musamu wacakuwa. Namubili ulapya, inga tulabeleshya kapati, kubana bashyoonto aaba ba lesi-lesi. In kuti obona mwana mubili opya maningi, tulacela mukuunku. Mwautwa-twa matuvwu alya, mwabikka atumeenda tushyoonto. Kupukuta mubili oonse. Mpoona ulatontola mubili. Kuti umwindilizye kumubikka mumeenda muya kuti mubili utontole, kwamana lino nati fente. Kocita biyo ceena eeco, ulabona mubili uni buyaabuya boo ashyoonto-shyoonto limwi watontola.

M2: Alimwi kuti twalanga muzyibbaddela oomu mazuba aano, aano ngotukkede aano, batalika akuzyibona zyilwazi basilisi bamuzyibbaddela zyiteelede kusilikwa muzyibbadela. Balakwaambila kwaamba kuti, eeci cicisa kotola kubangánga. Kotolakubangánga ooko kumunzi. Naa mwanako, balakwambila kuti, “Badaala, kamumutola kubangánga, kubasongo-songo”. Ibasongo mbangánga. Bacilangisyishya nkkambo akale-aakale, mbuli buulwazi bwalikubandika batumbu aaba bwamaafwa (Kasita), kalikujaya maningi nibataninga zyiba kabotu bantu; kubana kalikujaya. Acita oobuya ndiza batola kucibbaddela. Kucibbaddela takajoki. Mwakusikila kuya balo basibusongo kuleta...

F1: Mbobaakusikila kuya balo kujana temperature 40, balo munyeleti. In otaku basaulula.

Boonse: Mmmm

M1: Ino tabusilikiki. Tabuyandi nyeleti.

F1: Buyanda musamu oo ciTonga.

M1: Muyanda ulya kuusya, kupalapala so. Kuunyika. Mpoona menzi aalya kunwa. Kwamana ngugwalyagwalya, maweee! Ino inga oti kakali kufwa jilo aaka? Bacu. Kujana nguubalika nguulya.

F1: Tabuli bulwazi bwakuti muntu inga kalede kabasandula bantu. Mbwaamana kufenta-fenta aalya oona n’gonzi. Asinsimuka biyo, ounka kukusobana. Alimwi mpaka cimuboolele.

- M1:** Ino mbubi, bafundisi, bulwazi oobo. Mbundakbubona mebo bulwazi oobo. Kuti naa tasilikidwe, kabumujisi, taelede koono amuntunyina pe. Nkaambo kulibamwi, kamujata, asunutuka liya, ulasuba akusuba. Asuba aalya, uulya musyo taweelede kuuma kumuntu nyina uutajisi bulwazi buya. Fumbwa kuti mwabaleka, kwamana awalo uulya ulayambukilwa.
- F2:** Kwakali ntomba. Ntomba yakali kukatazya. Yali kuboneka. Inga muntu ulacaala amabata-bata. Taamani.
- M1:** Eeyo ntomba, bafundisi, balikunga kuti mwanmvwa kuti yatalika ooku, bamadaala balayndaula nongo isiya ili boobu. Bamana babika misamu. Ino ooyo musamu inga bana boonse balamunzi kutola kwakusnzya. Boonse basankwa abamakaintu bakweetwe abamwi balaacilawo cabo nchoboona. Kufumbwa kulubizya, ntomba yanjila mucilawo. Mulamana pu! Taku cibbadela. Ticalikubala acibbadela eeco pe. Kumana pucainda, bafundisi, kasime kujala maanda.
- F2:** Kwakali ntomba basa. Mukabalange boonse bakalekwa notmba ooku kumeso muyakubona tuddobwi-dobwi, tudobwi-dobwi tusiya.
- M2:** Yaalikucita mbuli cifumu. Kaboshyoka kaya, kasiya kalinda-lindi.
- M:** Ino masabe, atubandike amasabe.
- M1:** Mebo bafundisi, ndalimuntu uumwi waali kuuma ngoma. Ndakamumina uumi mwana muno mumunzi, mutumbu ooyu wakatusiya, Getu. Ngoma zyakakulila kuli bina Dugan. Ino ndakacibona kuti eciya cintu ani masimpe. Bakandiita kumwi ku saiti. Oyu muntu ngundaali kuumina ngomawakali muka muLozi. Mulumi muLozi. Mukaintu muTonga. Wakaciswa. Kabatamba buya. Kutola kusowa maanzi, kutemba. Ino ndakaunkka. Nindakaakusika! Ooyu utembwa! Ndaalnga manza, ndati mbubo. Twakazyitalika ngomakuzyuuma, mukaintu katasoli kunyanyaalamungand olo one taaku. Ilimwi, yakakwana 03:00am. Limwi 04:00. Limwi tulaya biya tuyakweend abasankwa bangu baali kundisuntila. Mpoona, kumvwa, tulajata ngoma so. Kababamba mali mboona balaamunzi kuti batupe. Taazyana ulya muntu. Cakaka. Katuyanda kunyamuka, inga kwaakuti ngoma yamamino, kubona muntu watalika kunyanyaala buya so. Ulanyanyaala buya. Limwi twatalika alimwii kulizya

ngoma ashyoonto-syoonto kutobezezya mbwanyanyaala. Inga kwiinde kaindi, muntu walikutembwa buya wanyamuka. Ngooyo watalika kujintauka. Usotauka buya. Amane wakuwa kazinga kuti di. Waumanina akuminaina. Angoma zyaumuna. Kwiinde kaindi, kujana mukaintu watontoman. Wanyamuka akunjilamunganda. Mbwakapona akupona mukaintu. Kujana muntu wakalikutembwa buya nguteka ameenda akujika.

F3: Ino me basa ndilaamubuzyo. Kuzwa naakandisiya mukwesu ndakaligaukide. Kuli zyindiita. Inga nebamubamba akumuyobola kwiina ancebwene. Kobaanga twaelele kweendelalimwi. Kunyina nceekabwne nebamuyobola. Nekuba bakajaya kumulizya tandibanzyi. Amunzi oonse inga ndibuzya biya kuti nkuku zyamukwesu zyili kuli. Kkaambo bakali ankuku. Nekuba waano mpoona mpekedde ndili zyimvwide. Zyiile kuti, “Konyamuka. Wakalidde kaba kaindi awa. Mutyani. Ebo uli mukaintu eesu. Kokkala kabotu mabelo ayo utani kutondezya bantu.’ Ina ino zyinjila eezyo.

M2: Peepe. Zyeelo ezyo. Kaambo zyeelo zyila liminina zyeni.

F2: Bakaimba kale kuti; “Ceelo caima musinkiinini. Ceelo, caima musinkiinini”.

M2: Nyebo munjidwe zyeelo amusangu. Musangu nguubandika. Musangu numwaambila zyakucita.

F1: Ceelo amusannu zyiliindene. Ceelo muntu wakafwa. Ino muya nguunjila. Ngomusangu.

M2: Aaaba cibeendelzya mbasangu akaambo kakuti zyoonse zyibandikwa balazimvwa.

F1: Ino notukanana waaya, ceelo, musangu aluwo zyiindana buti?

M2: Ceelo cizimweemwe.

M1: Kuli zyizimweemwe zyilamfu. Amana ulajana tumwi tufwaafwi. Muntu uli azyizimweemwe zyotatwe. Ndakalibona ali lwangu biya. Ino tuya tufwaafwi totweelo tunjila bantu.

M2: Amana kuli kusoweelwa. Kutu wabona amunzi lyoonse wasika kuli zyibandika, nkokuti kuli bakakusowelela. Na pee, kuli munyoko uumwi uula

milimo eeyo ino walemenwa. Ino kuti alyaambilile cakaka. Amana kuli bana machaacha.

M1: Nobacembele sena tamunsondedde?

M: Ino kuti twapiluka ku zyinjala, inga zyiimbo nzi zyiimbwa?

F3: Inga zyila lyaambililia zyeene. Imebo inga ndizyana ‘dance’, bamoba. Zyilaimba. Ingandabukilwa kale ‘ndime namugoma’.

M: Ndiyeeya kuti kutola makani kumpela inga ndabandiika andinwe kunze awaano kuti ndiza inga twajana muzeezo. Ino tupiluke ku zyiimbo zyamasabe.

Batalika zyiimbo antoomwe

1. *Mwiinguzi: Mangoma alila taata*

Boonse: Mangoma lubilo. Mangoma ali kwacifumpu, manngoma lubilo

2. *Mwiinguzi: Cuungu ngali meenda aako*

Boonse: Ngali meenda x2

Boonse: Taata twaabomba, taata munamazula nyika, twaambile cabija munyika, twangululee, twabile meenda x2

3. *Mwiinguzi: Bamoba cilile lile*

Boonse: Oyiya bama lelo, bamoba cilile lile bamoba

4. *Mwiinguzi: Kulilayi tukanwe meenda; kulilayi tukanwe meenda basaa*

Boonse: Kulilayi tukanwe malowa

5. *Mwiinguzi: Ndecilombwana camba cangu baama cilacisa ndecilombwana x2*

Boonse: Njokele kumungánga, Njokele kumungánga, Njokele kumungánga

M: Kuli bati bandike amakani a namachaacha.

F2: Namachaacha cizyano ca myooye. Inga mooye wajalilwa kwa myezi mungánda. Mungaa’nda muli cinkuli cipati cibbwaludwe. Eeco cinkuli cilaumwa mbbuli ngoma kabaimba kuti:

Banamachaacha tababoni zuba nkolibbiliila [kwiinduluka]

Mwiinguzi: Usunkuta talindwa,

Boonse: talindwa

Kusaanguna mwasinka tupulo toonse twamunganda. Kwiina ayinda mumuni pee. Mungánda mulasiya mbii. Namuya kotalika kwiimbaakulizya cinkuli. Inga kwaba kaindi mulabona namachaacha ngooyo wasika ankoli yakwe.

M: Ndalumba. Ino mazuba aano ootu tunsiya-nsiya tu cibelega naa?

Boonse: Bamwi bacicita oobo.

M2: Tunsiya-nsiya tuyaabufwa. Kaindi tunsiya nsiya twakali kubelega akaambo kakuti ziybbadela zyakali zisyoonto. Twaalikusyoma misamu yamusokwe, misamu yacintu. Ino mazuba aano, a modern culture njoobaamba eeyi, ukuzyike mwana sicikolo, balaamba ooyu mwana ngookuzyika izoona ulakwatwa. Bakuzyikolo balakasya bana kuti kabakula. Zinjaya tunsiya-nsiya. Kucibbadella ncimwi akwalo. Baakujana mwana ulisamide mpimpi, balaamba kamuzwisya. Twabona bajaya tunsiya-nsiya zibaddela, zykolo azyikombelo. Zizyadyaaminina tunsiya-nsiya eezi.

F2: Bamane kujaya tunsiya-nsiya ootu, kwabula cibweza busena.

M1: Inzya. Ino bantu bacaala buyo. Kayi inga twacita buti kayi cikombelo cazunda. Cibaddela cazunda. Acikolo cazunda.

F1: Amana aba mfulumende bene kumakani abana, batulekelezya. Tunsiya-nsiya twesu balakasya. Ibana twiile kulanga mazuba aano akaambo ka ba ma ‘human rights’ abo.

M1: Ino bafundisi, tee twaamba makani atunsya-nsiya. Ino tunji. Inga lyaakubbila zuba. Kuli makani a ggobelo a bweende bwa munzi. Munzi taunjilwi biyo. Pesi ndaima mpoona awa. Ndiza Luyando inga wakabweza aako.

M: Atubambe mbotutiikasobane juunza.

- M1:** Aawo bayi kunyina bubu. Kuyandika biyo ngoma aba ma gita. Aabo tabakombelezygwi biya. Balaitwa biyo.
- Boonse:** Taaku abo mbammunzi. Balaanzyi kale makani. Batuminwa biyo muntu.
- F2:** Aabo baakusika batalika biyo lulizya ngoma. Kufumbwa zyatalika kulila ngoma mulajana aumwi mpakedde watalika kunyanyaala. Kaindi buyo kasyoonto kuni kuzwide bantu aano. Tabatambwi biya. Ingoma zyene zilabatamba.
- Boonse:** Masabe alaleendelzya ene. Aumwi ulanjila kufumbwa mbwaabukilwa. Aumwi yalila ngoma yakwe inga wazyana mwayimvwa.
- M:** Ino inga twalibambila buti?
- M1:** Kulibambila kuliko nkwakwiita basingoma. Zyiimbo aumwi ulijisi. Nkozyili kale.
- F1:** Swebo inga twakulizya cikambe-kambe. Tuyakwiimba zyiimbo zyankolola, kayi baya bamwi baya kwiimba zya masabe. Tuyakwiimba:
Mukazyima waiya, waiya
Mukazyima waiya, waiya
Tuye tumusondela, waiya
- M2:** Ino kuyandika miyuwa abuknkoolo. Tuyakuzyanina ookuya kubacenmbele. Aano ali zifumpu. Inga ndasola kulizya ngoma.
- M:** Andime inga ndaakusola kuuma ngoma.
- Boonse:** Inzya. Aumwi kunjila accimbo cakwe. Kufumbwa ncayanda kwangula.
- M:** Ndipa kulumba kupati ambaakani eeyi. Kokuti mbaakani yeso kwasunu mupuyasimpila aano. Ndalumba kapati nkumwatola lubazu mukwiizya ooku. Ndicizumana kwiizya abamwi munzila njoona eeyi. Twaakumana kwiizya ooku, tuyakubamba mbaakani yakubelesya zyiimbi mubusilisi kutobelanya akulombozya kwanu kwiinda mukwiizya ooku akooko kuboola kumbele. Bwaino ndati, amulitesye amoyo.

FOCUS GROUP 3

Group One (Basi ngoma) before Masabe- ciTonga

Date: 20 June 2018

Location: Ali ba Malita

Duration: 1 hour

Moderator: Nsamu Moonga (M)

Participants: Five – M1, M2, M3, M4, M5

Age range: 18 and over

Mutwe wakwiizya: bukkale bwamu Tonga kucooko caku Mazabuka mukulanganya azyiimbo mbozyigwasya kusilika

Moderator: Ndapa kulumba kupati kuti mwaboola. Ooku kwiizya kulatola buyo woola lyomwe. Muciindi eeci, antela mukuyaciindi, kuti naa mwayanda kuleka, mulaangulukidwe. Zyoonse zyikananwa momuno zyileendelezyegwa mumaseseke. Tamukayubululwi pe kuti mwaatola lubazu mukwiizya ooku. Kuli ceeci ndipa kulomba kupati kuti anywebo maseseke mwaalemeke aakwiizya ooku, nokuba kuti mukayande kuzwa. Ndili mukubeleka abamwi bantu ku Chitongo kumvwentauzya twaambo twa Masabe azyiimbo mbozyigwasya busilisi. Ndili mukwaambaula abamwi bantu mbuli mpoona twaambo tuyakujanwa twakugwasya kubamba nzila yakubelesya zyiimbo mubusilisi kembele aamazuba.

Ndilatalikizya kulomba umwi aumwi kuti alipandulule kwiinda mukubanda buyo zyina lyanu alimwi amyaaka njimwakkala muno mu Chitongo. Inga mwaamba acimukkomanisya kukkala kokuno.

M1: Mebo ndakomenena mu Chitongo mweenna muno. Ndaimba akulizya guitar. Ndakaliisya endike.

M2: Andime ndakomenena momuno mweena. Ndili singoma.

M4: Mebo ndakaboola myaka yobilo yainda. Ndilaimba akuuma ngoma.

M3: Mebo ndili sikwiimba. Ndalizya amiyuwa, angoma.

- M5:** Ndakazyalilwa ookuno mebo. Ndauma ngoma kapatii. Inga tulazunguluka mumenzi kuyabunlizya ngoma abenzuma bamwi mboona aba.
- M:** Ino ndili amulimo wakuvuntausya bukkale bwamu Tonga kucooko caku Mazabuka mukulanganya azyiimbo mbozyigwasya kusilika. Atutalike kusiilizya mizeezo njomujisi ku makani a masabe.
- M1:** Inga nkuti buyo bunji bwanduswe to bantu tuvwula kuceeleba. Tulaeleba akaambo kakuti. Ino swebo notubeleka buya mulimo, tuzyibona aameso buya kuti nkocili ncobeni. Tulabasilisi akaambo kakuti mulimo tuluuzyi. Bamwi bantu mbotusilika akujana mapenzi amwi, inga twamucitila eeco kakunyina akuceeleba. Inga mapenzi manji ncaavwula nkaambo kakuti tabaciboni kakuli nkozyili.
- Kulombozya nkwakuti mboona mbumwaaboola, amunjile maningi kutegwa twazyi kuzyikubulusya, kutegwa kuti zyizumanane. Nkozyili amana zyilabeleka alimwi zyilacitika. Bantu balapona.
- Zyimwi zyiindi mwaunka kuli baaba basilikia bategwa mbaama dokota, bamang'anda, mulajana ngooyu muntu ulasilikwa, tasami...ndiza wakaunka tasami. Wiinka buyo amantanda mbweena oobu. Mwaswaangana adokota andinywe nomubeleka mulimo ooyu, mwamucitila ooyu muntu, kwamana alimwi ulajoka ulaba kabotu.
- Tulombozya kuti mboona mbumwaboola oobu, amuumwaye mulumbe kutegwa ticaba cintu cizundwa mucisi naa cintu ciyabaila calekwa buyo, kakuli cilabeleka, tulacibelesya.
- M:** Eeci cintu nkocili kwamyaka amyaka, caambilizya kuti mwakacijana cilabeleka. Ikuti naa twakacija swebo notulaamyaka naa ngu 40, caamba kuti kuzwa lili nkocili. Ino tucileke sunu?
- M1:** Peepe tatweelede kucileka, katuzumanana buya kutegwa kuti bantu bali muciiimo camusyobo ooyu bwagwasyigwe. Tutaile kubaleka buyo. Kayi bamwi mujana kuti ulaancico, mpoona ku Church takonzyi kuunka akaambo kakuti asika kuya kuli batiikamusale. Kwaunka bantu bali muciiimo eeci ku Church baamba kuti nkooti mumulete apaililwe. Pesi bamutola kuya kupaililwa, taciko kumana akaambo kakuti ceenda mumukowa. Cikozyene

buyo mbuli Malende cakuti bakambila. Malende aakale... balakambilwa
mvwula balacita buti... twakazyijana... eeeye.

M: Atwaambe mbuli masabe, tee kwiina bakaalemba kuti abeleka boobu,
ncozyiyaabumana akaambo kakuti ooku kumpela kuli Church, kuli
Zyibbadela. Batunsiyansiya babula nguzu kakubee tunsiyansiya tulabeleka.

M1: Inga cipa kuti kaciboneka kuti tulakonzya kuzundwa kakunyina malembo
tulibonya kuti tuyaamina kucintu comwe mpoona calo twaci paking' a buyo.
Pesi calo kaciliko alimwi kacibeleka. Twayaama mbuli zya Church mulajana
kuti eeci tatukoocibikkila maano, cilaile kucaala buyo mbomuna oobu. Pesi
kakuli nkocili alimwi cilabeleka. Ncotukulwazya kuti... kayi kuli
balaazyo... ulajana bamwi balaunka ku Church but nkocili. Mpoona
bakusinikizya kuti waunka ku Church eciya cintu bacigusye mumubili wako
kutegwa cileke kubeleka, pesi kakuli ulajana ndiza mizimo, nakuzyalwa
aancico. Ino kulombozya nkwakuti tutaciyabaliki boobu katuzumanana kayi
cilabeleka.

M: Alimwi kuli Masyabe, mbuli mbwindakamvwa jilo, aliindene. Cipati ceni cili
mumasyabe muntu uunjidwe ujana cipego. Nokuba kuti walo ulacimvwa
kucisa, pesi ncipego ncaapegwa naamumunzi naa mucisi, cakuponya bantu.
Nkokuti wapegwa cipego cakuti aalya masyabe aamunjila acikonzye
kugwasya bantu bamwi.

M1: Ncotuti kayi nkocili ono ciba buyo aakudyaamininwa. Ino kudyaamininwa
ooku nkututayanda, tuyanda kuti kaciliko acalo. Kayi ulajana kwaamba kuti
mwaunka ku Church, bamwi mulajana olo waakucitwa kuti anjile mu laini ya
Church, cilaala. Aboola kumung'anga uulaaceco ciliko mumibili nkaambo
kakuti muntu uusilika, ulaja wamugwasya muntu wapona. Pesi ku Church
kakuli cakaakwaala. Ncotusola kulanganya kuti mbociliko aano, atucibelesye,
tutacileke kuti cifwidilile. Nkokulombozya ooku.

M: Kamwiinda kooku kayi mulikunze ooku.

M4: Ooyu musalo ngotujisi waano mubotu... tweelede kuti twaabane muzeezo
wakuti tunakubasilika buti? Ino citunyanga nguzu kuti tusilike bantu ncinzi?
Mujana kwaamba kuti mumubandi mbuli yooyu, cintu cipati ncotulangisya

catunyanga kuti bantu banji batabubwezi buTonga ndi Church...Church lilakaka kwaamba kuti muntu asilikwe caboobu mane mwami Leza akaakumucinge. Cijanika kwaamba kuti kumuntu wayaama ku Citonga, mbambabo mbomubona kuti baloongolwa kwamyaka. Tatukaki kuti Church nkolili...alimwi mbanji mbutwabona mbweena bwalikubandika kale bamwi aawa. Bamwi balunka muzyikombelo. Aciswa buya kuti ngooyu watubuluka aunka ku cibbadela...Cibbadela calo cilanganya buyo kuti aabona ategwa taku nciwajana...cacita boobu...kacikkede kuno...tupime bulowa pesi katubuluka muntu. Pele casika kuciimo cakuti bantu bamwi bati tusole kubelesya CiTonga, mulajana kwaamba kuti mwaunka kuti mucibelesye CiTonga, kakuli ku Church mwakaliko, kucibbadela mwakaliko pele mwazumina kuti mubelesye CiTonga, mujana kuti muntu uulya wapona kwamyaka mbuli mboibede. Cintu cakuti tulizyi kuli zyibbadela, kuli zyikombelo, pesi kansiyansiya tutakosowi. Ncotutakasoweli nkaambo baneene bakaindi mizimo bakainijana. Nkaambo nzi mwajana mwana waciswa tabamutoli kucikombelo nokuba kucibbadela ategwa ooyu mwana uyandika kuvwumwa. Nkooti baamba kuti katuya kukansiyansiya. Muyakujana kuti mbobaya kujokela buyo kumung'anda, bakatobela kansiyansiya mulajana kuti uulya mwana watyani...naaa wali kulila, naataali koono kabotu, mulajani uulya muntu wapupuluka waba kabotu. Ntotwaambo mbotubede nobapati. Ncotwaamba ncakuti kansiyansiya katukabikka kumbele. Naa cilakonzyeka cikombele kacitobela buya muni.

M: Ino kuti zyintu zyeendeela antoomwe ma. Zyabelekela antoomwe, muciiindi cakuti zyasiyana. Ba Church bacita ncobakonzya, bantunsiyansiya bacita ncobacikonzya abalo. Aawo zyeendela antoomwe. Tee muciTonga bati *Zyeembela beelene*. Kayi ino aawa mbuli mbutwakkala waawa, tobanji ndalanga ciimo aawa tuli bana-bana...Ino bakubusi beendela aali mazuba aano kumakakani ngotubandika aawa?

M1: Cintu ciinda kutuzunda, twatobela cabakuwa. Bacibamba kuzwa kookwabo ooko, basika kuno batuwaalila swebo tobanu basiya. Ino akaambo kakuti twiile kutambula muciiindi cakulanga bubotu naa bubi nzi, twiile kutambula. Mukuli boobo twasoweka. Cakookwesu twacileka twatobela ceeco. Abwalo

buponi kubugama twanyongana akaambo kakuti ncootuletelwa twiile kutobela katutana zyiba kuti naa cibelega buti..citutola kuli. Cokookwesu nkulekezya.

M: Kayi kuti koyanda kutambula buyo, nkokuti ncojisi ciya kuti utambule kabotu nkulekezya

M1: Iyi, ino aabona uyakulekezya ciya cili kabotu. Wajata maanka maanka...muyanda ngooleka nguwali sulwe. Mukuli boobo ncootwanyongana. Nkaambo kuti walanga ncobeni mbuli mucisi cokookwesu, nkolola yaima. Pesi kuzwa lili twakajana nkolola kailiko. Nkokuti cakapata swebo mumusyobo wesu nkololo kiitegwa kiiliko nkooti kuli ntubakalanganya. Ino mpoona mukucilanga kuti ciya cileelede cizumanane kaciya kumbele, akaambo kazyintu zyoetuletelwa, twatalika kucilekezya cakaindi. Mpoona mukuli boobo bana banji baniini, ooyu musela kuyaansi kuzwa mpotubede ino, wanyongana akaambo kakutobela ciyanza cabantu. Kayi ulakomena tazyi kuti hena ndaakukwatwa ng'anda ibambwa buti, tacizyi. Pesi nikwakali kansiyansiya kaya ka Nkolola kakali kupa kuti azyibe mbwayelele kuti ing'anda yakwe uyakwiibamba boobu. Pesi bakuwa balo batuletela kwaamba kuti muntu kumuvwundika mung'anda nkooti cilaamba kwaamba nciyanza cakuti muntu afwambaane kukwatwa, pesi lwakali lulayo. Cakali cokookwesu. Tiibaali kukwatwa, baali kulindila ciindi eeco nkaambo kwakali lwiiyo mukati ciindi nali mung'anda. Bakali kukwatwa kabali bapati. Ooyu cilatondwa ngotwaamba sunu, twakamuka kuuzyiba..twaambe aaba bakakomena ciindi eeco nibaali kunjizyigwa munkolola, bakali cizyi cibi acibotu. Alimwi bakali cizyi kutobelezya cintu kucicita kweendelana aciimo mpayendela. Ino sunu aano mazuba akaambo kakuti kwaaboola *gender* ci gender gender eeci, catunyonganya. Mukuli boobo bana ncabaide kucinta zyintu zyiteelede muciiimo nataninga elela. Ulajana kuti mwana ulaa 14 years wanjila mucikwati, tanaakaiya kuti atondezyegwe. Kaindi kwaalikunga mwana mbuli yooyu woona kunze lyabanyina, ino aano mazuba ulajana two to three years ategwa kazwa, kalyoonenena alike. Tee mwacibona, so ciya ciyanze camusyobo uula cipa kwaamba inzila zyibyaabi katufwambaana kuzyitobela, kweendela aciimo mbutwaba mazuba aano. Ino kukulwaizya nkwakuti, eezyi zyoona zyooyaabucita eezyi kulombozya nkwakuti kacizumanana kutegwa

cibe aanka twajokela mumazuba akainda ndiza tulacikonzya kupona kabotu. Tutatobeli cianza cabantu, nkokulombozya ooku.

- M:** Ino bamwi ooku kulubazu, ndiza kuli batiitwaambile nseba zyesu zyibotu zyilibonya buti. Twababona bantu waciswa tayendi, mubili wanyana...baakumulizyila buyo ngoma ngooyo wapupuluka. Ino nseba zyesu kuti waamba kuti ulaanseba zyili kabotu, uboneka buti...kumubili, kumuuya naa muubuponi...Masabe alabeleka na pe, kunseba?
- M2:** Masabe alagwasilizya. Tulizyi kuti kwacilizya, kuti baabamba kabotu, muntu nekuba kuti mubili walimushyoonto, inga wavunguluka. Naa tazicilizya, mulamvwa kuti uulya muntu wakabbalika. Naa mwamulanga buyo muntu utabambidwe, kajisi masabe, anyama yakwe taili kabotu. Kufumbwa kuti bazyibamba kabotu, inga mpoona anyama yaanguluka.
- M:** Ino atubandike zyiimbo zyeendelana abusilisi mu masabe. Na kwimba buyo?
- M2:** Nomuciyandaula kwaamba kuti muntu ooyu unjidwe masabe nzi, inga kusolasola zyiimbo kusika limwi imwi izikujata. Mpoona inga mwaziba kuti ooyu muntu unjidwe zyeendelana a zyiimbo eezyo. Zyileendelana angoma. Na ni guitar, mbweena obo. Na zyamumeenda azyiimbo mbozyeenda.
- M:** Ndaabona makani. Alindiindide awao akuti na muzyiba buti kuti muntu unjidwe masabe nzi.
- M2:** Inga tulazuuziyana. Inga nkusolasola. Awo mwanjila mu 'programme' ya mumeenda. Bambi inga mwatalika kuuma ngoma, kaambo kakuti zimunjide tazyili zyangoma maningi, inga mulajana ulawayawaya kuzyana. Mbobati umine guitar, kujana ngooyo wazyana. Bamwi balajatikizya kungoma aku ma guitar. kIno baya tabashyupi maningi. Inga kuti mauma mwauma, mwamana macinca ku ma guitar.
- M1:** Mpoona masabe eeni kwaagama, baya basilica antoomwe abasikuuma, cintu cizwidilide maningi mukukonzya kugwasilizya uulya muntu, ni guitar. Bunij bwazyiindi ndelijalula kuti muntu azyibe ncaelele kucita. Kutegwa kuti acikonzye kugwasilizya uulya uciswa. Ndelipa kuti muntu andelezye mbwatisilike, ambweelele kuti asilikwe muntu.

- M:** Oyu mubandi mupati. Tusnsiyansiya tatulembedwe. Ino pesi twelede kuti ezyi zintu zykajanwe mumalembe. Atutulembe tunsiyansiya ootu. BuTonga bweenda boobu...Ino mebo ndili mumulawo kwiimba zyiimbo zya masabe?
- M1:** Mbuli mbweeamba kale, masabe alacitika. Alimwi tulacibona ameso. Notucicita nduswe. Mpoona notuponya nduswe. Inga tiitwakakilwa ikuzyiba ceeci ciyanza mbociba. Mun'ganga usilika inga katuli limwi. Tubeleka antoomwe. Nokuba kuti mungánga nguuzumba kuti oyu muntu uyanda kucitila boobu. Notuyakubeleka mulimo ndiswe; oobu mbomunya mbotukkede.. Ngomulimo ngotubelaka awalo mungaánga kaliko.
- M:** Ino masabe aendelzegwa munzila nzi?
- M1:** Twaambe uuciswa usika kumusilisi. Mpoona asika kumungaánga, mun'ganga nguutalika kubeleka mulimo wakwe wakubona sikusilikwa kuti hena ncinzi cayanda kuti acitilwe. Mpoona Zumba, acijana eece cintu, ulamwaambila sikusilikwa kwammba kuti, “Yebo musa uciswa cili boobu. Eeco cintu ncociswa, uyandika kuti ugwasyyigwe muciiimo cabobu. Kooti twiite bauma ngoma kutegwa ucitilwe boobo.” Mpoona kooti, lulatalika lwoondo oolo. Balaita ndiswe bauma ngoma ama guitar. Tulasangana abasilisi. Tulabamba cakuta kayi inga ciindi coonse tubelekela antoomwe. Inga balinzyi kale kuti bauma babaddelwa boobu. Nkokuti awalo mun'ganga kuli acbadalwa caakwe cimweelede. Twasangwana, nkokuti azumbe kuti azyibe na ningoma nzyi njaelele kuti auminwe muntu ooyo. Ncinzyi cizulidwe mumubili waakwe kweendelena abasilisi mbubamvutaunzya.
- M:** Ino casika ciindi cakulizya ngoma, inga mweendelezya buti?
- M3:** Abaya bauminwa balakkala munsi angoma. Bamana bamukowa abamausyi balambilila kuti, “Zyeezi ngoma. Komwaangulula.” Kutegwa zyinjala zyikomane. Zyiilamba, “Batuyanda bana muntu ngotunjide ooyu.”
- M1:** Kunze kwaboobo, ikutalika kwangoma, inga mupalo tatusiyi kunze. Mun'nganga ulamuhoomeka kwaamba kuti casika ciindi. Bunji bwazyiindi tusannguna kukaamba; kuhobela. Twamana kuhobela, twapaila. Twamana kupaila, balaitwa bbasilikwa. Balakkala mboona mbotukele waano. Mppona

twatalika kuyabuzimbbuzya, kucincacinca kwazyiimbo mboona mbuli mbubaamba kale aba kusikila limwi ‘answer’ tuujana antoomwe.

M: Andiza kuli cimwi ca kwaamba.

M1: Mebo ndikulwaizya biyo kuti, mwajokela, eeci cintu mutakacilekele munzila. Oobu mbuzyabucitobezya, kamucitolelelzya. Olo tukajanike tatuko, masimpe eeni, bana mbobbayaa buzyalwa, kabana kubona kuti mumalembo nkocili. Akucebebelelela kabacibona. Kabati eena ngamasabe ngobaamba kuti masabe mbwaacitwa buya. Kabacibona aameso. Kacizummanana. Citaliboni mbulikuti cadyaamininwa mumusyobo wancicyo. Kacitolelela.

M: Aayo masimpe. Nkaambo ambeyo mbondiiya bukomena, ndajana kuti aswebo tuliatusiynsiya. Kokuti atubeleke.

Kokuti mbaakani yeso kwasunu mupuyasimpila aano. Ndalumba kapati nkumwatola lubazu mukwiizya ooku. Ndicizumana kwiizya abamwi munzila njoona eeyi. Twaakumana kwiizya ooku, tuyakubamba mbaakani yakubelesya zyiimbi mubusilisi kutobelanya akulombozya kwanu kwiinda mukwiizya ooku akooko kuboola kumbele. Bwaino ndati, amulitesye amoyo.

APPENDIX G.2

TRANSCRIPTS OF FOCUS GROUPS 1, 2 AND 3 IN ENGLISH

FOCUS GROUP 1

Date: 19 June 2018

Location: Malita's homestead

Duration: One hour 30 minutes

The focus group was initially planned to last for one hour. We ended up 30 minutes longer as the interaction demanded more time. I asked the group during the session for permission to go for another 30 minutes. They consented to the extension.

Participants: This focus group is comprised of participants who identify as basimasabe. They are known to be the afflicted. Most participants are aware of how they experience masabe as the spirit of possession. They shared varying levels of awareness of the affliction and what they have had to endure over the years. Apart from one prospective participant who withdrew before the session, all the initially contacted participants were present, plus a few more. I had to decide about negotiating the exclusion process. It was a difficult undertaking as collectivism is a strong factor in the individual identities in this community. Together, we decided to open the group to whoever wanted to be a part of. All the participants were 26 years of age and over.

In honour of our commitment to confidentiality, participants will not be identified by their names. Identifiers F1, F2 and so on for females and M1 ascending for males are used. I use M to represent myself as the moderator.

M: I thank you for coming along. This focus group will take about an hour and a half. Within this time or any other time during the focus group processes, if you must leave or withdraw, you are at liberty to do so. Anything you say here will be confidential. You will not be identified in any report about the meeting and I ask you to respect other people's confidentiality when you leave the group. I am also

working with other people in Chitongo to find out what people think about masabe and music therapy. I am talking to several groups like this and the findings from the groups will be used to formulate a music therapy process, which you are welcome to participate in. When the music therapy process is designed and conducted, we shall have group discussions such as this one. Our meeting will last for one hour. If you need to leave before then, you are at liberty to do so.

I would like to start by asking each of you to introduce yourselves by just saying your names and stating how long you have lived in Chitongo and something that you like about living here.

- F1:** I have lived in Chitongo for about 55 years. There is no bickering in this area. There isn't conflict *per se*. We are just happy living here. We get along with everyone.
- M1:** I have been here for 26 years, and I was born here. Life here is good as there are no conflicts. We have white farmers nearby making it easy to find casual jobs.
- F2:** I only came to Chitongo to settle. Where I stay there is no conflict. Peace is what makes me still be here. I have clocked 20 years of being here. I can attest that I have never heard someone being brought to book for fighting at our local courts. I have been around even as the older people that established these villages were dying. I have been here for a long time. If life was bad, I could have left this place for my home village long ago.
- F3:** My name is [F3]. I came to Chitongo to settle after many years we spent working in town. We were welcomed by the chief and the local people. Chitongo is not like any other place. When illness comes, you are assured that it is of natural causes. Of course, we have a bit of conflict as it is expected where more people are settled. But generally, the livelihood here is wonderful. We are even able to do our own farming.
- F4:** Just like others have said, I can see the goodness of this place. There is harmony. Of course, where people are gathered, conflicts will be expected. If something goes wrong, people correct one another. We were welcomed very well by the village headman such that even to date, we still feel welcome. The other good

thing is that we are given a piece of land to do some farming, to be able to feed our families. There is not [so much of] problems.

F5: I have been in Chitongo for 45 years. The livelihood in this area is very good as people live in harmony. There is just peace and happiness in the community.

M: I would like us to begin talking about what masabe mean to you.

F1: Sometimes I would sit [under] a shade. When we get first rains in August if am with someone, just upon seeing they can tell there is something wrong with me. Then I would tell him or her that there is something I need.... this year we shall have plenty of rain. She would ask...Where is the rain? I would say just keep quiet, it is there and coming. It will rain and shall cause havoc maybe just for two months. It will start raining at a certain point. It will rain normally without negatively affecting people. At night the mentally disturbed would come. Then at night they would take me [by] a tree and say I am getting mentally disturbed. "Put a pot by the fire and let her sit by the tree. Then make tattoos on her. When the water in the pot boils, put it on her head then I will take her to the river to immerse her in special water. I will make her pass in between trees as we go to the river. When we get into the water, I will ask her to kneel down and to put the pot down. Then I would instruct that we get back immediately. When we get back, she would be fine after undergoing this ritual. All the 'madness' would have remained in the waters".

There are a lot of things we see; others need the intervention of the sacred shrines. You would find a big snake by the grave and it starts raining. The snakes would make a fence around me then I would start dancing. I treat people on a number of problems. Even for people that are bedridden, I treat them. I have a young sibling who had a problem. She would always be shaking as she was writing. I managed to fix the legs though I failed to fix the arms. When the drums are playing and am dancing, I get to be 'given' the right medicines to use. The people I treat really get cured and they come back to show their gratitude. Even if the feet are swollen, they would be normalised. The dances are different, when someone is sick comes by, the songs will be on how to use the right medication. If it is rain that is needed, songs will be for rain. If they are classy people, then classic songs would be heard and so on and so forth.

- F2:** I do walk to the river in my sleep. When I reach the river, I find fresh millet by the river. Then I would find a traditional pot and calabash for drinking water, and they would be eating mushrooms. They would then inform me that that's the water they drink. I would then draw some of that water and drink. At times they would keep me in the waters to cross the river. When I cross the river, I would meet white doves and people clad in white clothes. They would stop in front of me and start singing. I would also join them in singing. They would then instruct me to go and not to stop. I would oblige and go back.
- F3:** I would not really know what Masabe are because even as we were growing up, we found it. Our grandparents used to tell us that there is Masabe. It is difficult to find the right answer to define Masabe. Most people are guided by spirits to see the medicines they need to use to treat others. That's the definition I can give. Those are said to be possessed with Masabe, they were shown a vision with the medicine to help another person. When someone is possessed with Masabe, that person needs to help another person.
- M:** Our time is running out. Is it ok if we went on for another 30 minutes? I hope to have our discussion finished then. As such, would you say Masabe is a gift to help others get treated....
- All:** We are here for this. Not a problem.
- F3:** ... Yes, though it is not all of them. Others are possessed and would just end up complaining about swollen feet like any other person. If one is really possessed and gets a vision, you would really be treated. If it means to dance for you to get better, they would do the dancing. Sometimes people just dance and not because they are possessed.
- M:** So, there is a difference.... others get a vision to treat others while some need the treatment, while others get visions of, for example, rain?
- M1:** Now there you have clarified it.
- F3:** Just like those that go to sacred shrines, when we stayed in Mazabuka, we would go to Nakabwe. Rains would pour and go. Then they would say we go summon the rain. When we reach Nakabwe we would enter small huts, we would summon the rains until we hear the downpour and the doves would be heard too. Then they

would suggest we go to the waters. Upon reaching the waters, those that are possessed would jump into the water. Just as they get into the water, a very dark animal would appear. You cannot see its face. We were still young and dead scared. When it was time to get back, we would find a bush with white mushrooms and we would be warned against collecting them. There are people that only summon the rain, there are those that dance, others just give people medicine. He is not a witchdoctor but knows how to treat.

F5: For me the way it started, as I recall seeing... there was an old man who came from the east. He was half-naked – didn't have anything on except a black pair of trousers. He would be seated by the gate with all the tools he uses. He would then call me to join him to where he wants to work. At this time, we would be deep in the river. The river was very big like no other. You would have nowhere to lean on, the path was very small. You would wonder if you won't drown. On top of the river, there would be a black Wildebeest, with water under it. I thinking to myself if I will not drown when I use this small path. He would assure me that I would not drown. It's raining and you need to move on, on the same path till you cross. You then start walking on this small path. The water would be very dark throughout. We would walk until we reach the other side of the river. Once we cross over, a person would call, urging me to go ahead. I would oblige. When I reach there, they would ask who is with me. A voice would claim it is them. Then they would be asked to come to get to go where I was supposed to work from. Going there I would find extremely big pots (*Zyibiya*) which reach around your torso when standing. There would be a big pot where each one was working from. From there we would go to a house where the actual work was done. They would show me my working place. They would also take others where they supposed to work from. Once we are done, we would be taken to the Sacred Shrines. When we reach the shrines, we would find very big trees. It would be so dark that you would need to stop as you walk. You will find a few traditional pots laid down inside. From there, you would be taken to another room. Drums would sound. After this, you would be taken to the final place where you would do things as instructed. You would be instructed to get this and that. You would then use the same gate you came in by. Sometimes you would spend the whole night, while others are sleeping you are forced awake. Even as the sun rises, you would be

awake still. Though during the day people would say you were sleeping when it was not the case. Sometimes you would even ask if you have been bewitched. They would assure me that I have not. My fear of being bewitched grew and finally they agreed that I seek medication. Upon getting there, they would explain to me what had happened. They would then start the treatment. That's how I have managed to live this long. It's a difficult thing to explain.

M1: For me, what I need most are the drums. When drums are played or guitar.... those that like drums do not like going for witchdoctors. The person doing the possession kind of treatment likes using the guitar. The guitar makes him see a lot of things. When drums play, even if the person has not come for any services, if they are possessed, we shall dance together. I can greet anyone without a problem. Though if they are possessed with the spirits that are not being treated, you cannot put them in a special house. As for me who does the treatment, I would have a special small hut for my work. There are a lot of other things, which cannot be shared in public that a healer needs.

M: We may proceed. Let's talk about what being healthy means for you. What is good health for you? What does it mean?

F3: You cannot have good health when you are possessed with Masabe. When one problem is sorted, another comes in. From the time I came to Chitongo and with the way various drums are played, one cannot tell when am possessed. I passed through the process of Masabe. When I go to a witch doctor, he would ask me to buy white attire/clothes. Though my uncle was one who was supposed to buy for me. Masabe need money. Each time one must be attended to and be treated. One can lose wealth. This life of possession is not good. If not attended to, one can go mad.

M1: On my part, this condition doesn't give me freedom. *Zinjila (spirits)* can close my paths sometimes. If, for instance, I want to go to Munjile for a woman, my back may start to ache. If I want to eat something, and *zinjila* do not want me to in that week, I will not eat that food. *Zinjila* choose just what they want. They do not want to be dictated to. They dictate. That's the difficulty I find in *zinjila*. Even if we decided to work now, you might find that I get a headache. That's the

challenge. It is only awesome when it comes to medicines and healing when it accepts you.

F3: They stop you from eating certain things. When they want mealie-meal made by pounding, you must obey. They will not accept mealie-meal from the hammermill. You must pound the maize. Yet nowadays no one pounds. That brings complications then.

F6: As for me, Masabe entered me by causing infertility. I went to the hospital for treatment several times. Nothing happened until we decided to try ban'ganga. As we went from mun'ganga to mun'ganga, we were told that it was masabe. My parents came together to gather resources for my treatment. The treatment involved drumming and dancing. The drums were beaten, and I danced, I had my first child. From then on, I had other children.

Folks, I tell you that this thing oppresses if you are not attended to. If it says you will not eat, you will not eat. If you are visiting somewhere and they do not want you to eat, the way you are visiting now, you'd stay hungry. They'd prevent you from eating until you get back home. They are punishing. But I dance. I do not heal others. Yet I heal myself. They instruct me, sometimes through dreams, to dig up certain roots, or collect leaves. If I have a tummy upset, they will tell me the exact spot to find the medicine. Once I get that medicine and I take it accordingly, the tummy settles. But I cannot treat another person. Zinjila differ. Some are for healing self and others. Others are just for dancing. Once the drums are beaten, dance. We dance.

F1: For me, they send me for water. When the drums sound, I go there and sit on the side of where the spectacle is happening. Even when they have served food, I'd tell them to go on and eat. I'd ask them to put mine away, I'd eat it at another time. I'd sense that something in the food is not right. Sometimes I'd know that they were gossiping about me. They would glance at each other and confess to having had the exact discussion as I stated to them. They would all say that I have zinjila from my mother. Sometimes, when there are visitors coming, I would be seated, I'd not even go to Church. They would tell me what time the visitor would be arriving. The visitor would arrive at exactly the time they indicated.

- M:** So, zinjila vary. Some are entered for the purposes of healing, others for dancing, while still others for medicines. It sounds like for some people, they cause serious difficulties; while for others, they offer opportunities for an improved lifestyle.
- M1:** Exactly as you have said, they just manifest differently. They are the same though.
- F3:** When a person comes for healing, the person with masabe may be in the house. The spirits would show them that there is a person coming for healing. Once the person seeking treatment arrives, the afflicted healer would immediately know what is afflicting the visitor. Simasabe would know the person's home situation. The afflicted healer at once begins to reveal to the seeker, "This is what has brought you here. This is your illness. This is what may be causing your illness."
- M1:** Sometimes they work in some kind of network. The way you have come here, and the way I have come, and let's, for example, say that you are the afflicted healer, our network would connect at once. The afflicted healer would feel exactly what is ailing the other person in themselves. The healer inhabits the illness.
- F3:** If the person has pain in their legs, the healer would feel pain in their legs too. Once that happens, the healer knows instantly what the trouble is. Legs.
- F6:** If it's something to do with the tummy, the healer will embody the ailment. Whatever the ailment might be, the afflicted healer will experience it in their being. When they are healing, they are treating the person knowing that they are feeling the same in themselves. That's how they heal and treat.
- M:** Thank you. Perhaps we could now talk about the music. What kind of music; drums and song do you use? What is their significance to you?
- F3:** The music differs accordingly. The music follows the kind of possession. For some, the music relates to rain. They perform the rain dance when the need arises.
- F1:** During masabe, the ritual, each person responds to their music. Even when everyone at the ritual may be possessed, each responds uniquely to their kind of music. The songs differ. Those with rain spirits will respond to rain songs. Each to their own music.

- F3:** If the person is entered by the healing spirit, when the time comes, they will gather the necessary tools, such as hoes. They'd head out to go and harvest roots for medicine. That time the music relates to such a possession. Some would be entered by the tobacco spirit or marijuana. They will not be freed until they smoke. Such songs abound. Once the song rings, everyone around knows that it's time to give the afflicted their tobacco or marijuana. They would provide the items while the person is dancing. They are various possession spirits.
- M1:** There is also the possession of seeing. We might suggest that this one relates to healing as well.
- F3:** The music is not random. The music is dictated by the possession. Some cases, there will be songs and drums and the entered people would just dance from the surface, just because there is music. You only see them entering a different state when their music plays.
- M:** I am glad to hear all this. Now, could we talk about what makes up successful masabe on your part?
- M1:** Let's just say that masabe takes a lot of time. We cannot say that we start at this time and finish at that time. Sometimes, they take two days. It all depends on what zinjila want. It can rise and set, and again.
- M:** What would you say makes for successful masabe?
- M1:** Most important are drums and guitars. Here we already have the drummers and guitarists. They are not difficult. Did you suggest that we play drums, sing and dance? We will go and invite the drummers. They are here. In fact, they are coming to you for the session, as far as I have heard. So, they will be here. We will just send word for them to come with their instruments.
- F2:** For us, we shall dance. It's already awesome. The drummers are around. Giffie is available. He never refuses. Let's perhaps start at 14:00 pm so that we may attend to our chores in the morning. We need to pay them a small amount of money. They are not expensive.
- All:** Yes. 14:00 pm is okay.

F6: Each one of us is to come with their instruments. Things will happen tomorrow.
(*Giggles*).

M1: Now that we have no mun'ganga tomorrow, we request that you, the teacher can convene the gathering. You will have to announce and invite the spirits. Once you have done that, us and the drummers will proceed. Just call out the spirits so that they can free us to enter into the ritual. That is all.

M: Thank you. I think I will do as you suggest. Kindly let me know how much money is involved when you speak to the drummers.

The time we agreed upon for the discussion is over. Before we go, is there anyone with something to talk about. Anything burning inside you?

In the case that there is nothing more to talk about, for now, I would like to thank you for taking part in this discussion. I am holding a few more discussions like this one. When these conversations are over, we shall have a music therapy process designed with what you have suggested and have similar meetings as these after that. For now, please help yourself to the refreshments.

FOCUS GROUP 2

Date: 20 June 2018

Location: Malita's homestead

Moderator: Nsamu Moonga (M)

Participants: This focus group was made up of participants who were neither members of the community of the afflicted nor masabe presiders. This group had some of the oldest participants. Six participants attended this focus group. The group was quite dynamic. They engaged with the material and each other with freedom and respect. There was much laughter. They seemed delighted to share with each other and to educate me on what knowledge they hold. In keeping with our agreed confidentiality, the participants shall be identified as follows. M for males and F for females. M1 for Male 1, M2 for Male 2 etc. F1 will be for Female 1, F2 for Female 2 and so on.

M: I thank you for coming along. This focus group will take about an hour and a half. Within this time or any other time during the focus group processes, if you must leave or withdraw, you are at liberty to do so. Anything you say here will be confidential. You will not be identified in any report about the meeting and I ask you to respect other people's confidentiality when you leave the group. I am also working with other people in Chitongo to find out what people think about masabe and music therapy. I am talking to several groups like this and the findings from the groups will be used to formulate a music therapy process, which you are welcome to participate in. When the music therapy process is designed and conducted, we shall have group discussions such as this one. I would like to start by asking each of you to introduce yourself by just saying your name and saying about how long you have lived in Chitongo and something that you like about living here.

M1: I am [M1] I live in Chitongo area. I have lived in this area for the past 33 years. I am now 65 years old. What excites me about this area more than any other area I have lived before, is the unique lifestyle of this place called Chitongo. I now own a lot of cattle and goats. The goats have gone down because I sold a lot of them

the time my wife in the hospital. Unfortunately, she passed away. But all the same, life here is better off than any other place I have ever lived.

F1: My name is [F1]. I live in Chitongo area under Chief Sianjalika. I have lived here for the past 40 years. I was born here, and I have grown up within this same area. Chitongo area, unlike the neighbouring areas, has no record of thieves. We enjoy peace because people are not quarrelsome at the same time. Developmental projects have been implemented and executed very well because the people we choose to represent us are not selfish. They don't steal development funds. They can fight poverty. This they do so that the even the underprivileged can also emerge; they have been given cattle as well. There are no discrimination cases in terms of social classes as compared to other areas.

M2: My name is [M2] I am 53 years old. I came to Chitongo area in 1988 (this is my 30th year being here). I was one person who loved living in town but when my parents retired, they came here and that's how I found myself here.

F2: Can someone guess how old I am? Someone suggests 85 years old. My name is [F2]. I am 85 years old. I concur with my friends about the goodness of this place. In the many years, I have lived in this area I have had many children. I am now 85 years old and am still healthy and this is what excites me to live under Chief Sianjalika.

F3: My name is [F3]. I have lived in this Chitongo area since 1946. (*She asked the group as to how old she is.*)

M: If you say you were born in 1946, you may be 76 years old now.

M1: No way! How could it be that we are of the same age? You must be younger than me. I am 76 years old now.

F3: We from the illiterate generation and were merely given ages by government officials. Whatever age the person was ascribed to you became the official age. You can imagine my elder sibling is the same age as me.

M1: You may proceed now with the topic at hand. Tell us what you like about Chitongo?

- F3:** I came to this place with Mr Gift but before that, we used to live in town. But then Mr Gift left me here and went back and left me with my elder sibling. We have lived here without any difficulties up to this time.
- F2:** You may conclude now.
- F4:** My name is [F4]. I was born in 1972. I am 45 years old now. I was born in the town of Mazabuka. When I became slightly older, I came to this place to start school. That is how I came to this place. I went as far as Grade 7 and got married. We have commercial farmers in the area, and there is generally peace because we are law-abiding citizens under the leadership of Chief Sianjalika and his headmen. All is well here.
- M:** Many thanks to all of you. From your submissions, you have all lived in this Chitongo area for many years. On average you have all lived here for 40 years. But now let us talk about issues of your wellbeing. How do you describe someone with good health?
- M2:** A person with wellbeing is self-reliant and generally enjoys good health and is a person who is in good terms with his neighbours.
- F1:** A person with wellbeing or health is a person who is self-reliant because when you are a dependant, you can't make your own decisions.
- M:** That means you are not a slave and that makes you enjoy good health.
- F1:** All your thoughts are free; you are not worried about anything. You even become fat and your body generally looks good because you are not stressed. You do not worry about somebody arresting you or harassing you or having done this or that.
- M:** It sounds like being self-reliant and living in peace with others are important, mm?
- F3:** Just like the others have said, we are talking about someone who is an entrepreneur. You manage your own home and your own affairs, and you can develop.
- M:** In my view, being self-reliant also means living well with others and being helped by others and without quarrels around you and therefore no worries or anxiety.

You have peace of mind, no fighting and that means that a person is a good person. What do others think?

F4: Just as others have said, a good person with sound health is a person with a well-developed agenda about life. To start with, his family is a happy one.

F3: Just, in addition, it means living alone and you have more powers. You can eat however you desire. You can serve your food in any way you want.

M: Along with self-reliance is the reliance on others? Or else you may find yourself stuck.

M1: I am not the last person to make a submission; I have been listening attentively to what you have been saying... in reality, most of the points have been covered to lead an exemplary lifestyle means the environment in which you live is generally a peaceful one. Second, living well with neighbours.

F4: You even become fat.

ALL: Yes.

M1: Indeed, your body enjoys the fresh air.

F2: The only worry is when one child goes missing. Even if you are a quarrelsome man, if you live alone there is no one to nudge.

M1: So indeed, like that, we should be mindful of the importance of neighbours because these can come to your aid when the need arises.

M: We all know what it takes to live a good life but now let us talk about seeking medical attention.

M2: To begin with, when we were growing up, there were no medical facilities in rural areas except in urban areas. In those days whenever one fell sick, we sought the services of the traditional healer known as Mun'ganga in ciTonga. These spiritual healers who are possessed by spirits known as Masabe in ciTonga were the best healers. Even these days when somebody falls sick, there are certain illnesses which do not respond positively to medicine obtained from Western medicine. When they take you to hospital, the doctors will tell you we have not seen anything with our X-ray or scan or any form of testing in a laboratory. But

when you seek the services of a traditional healer, they are able to detect the cause of the illness and effectively treat it and that's it! That's why we hasten to rush certain cases to healers for treatment and not a hospital. An illness that can be handled by a clinic cannot be referred to as a traditional healer. That's what I can say for now.

M1: In addition to what other participants have said, ailments that were common during our childhood, there was an illness called *ikayanga*, which is related to having sexual intercourse with a woman who has had a miscarriage, which causes irritating and persistent coughing as if one has TB or *ikakweekwe* in ciTonga. These were the common diseases; *ikayanga* or *ikakweekwe* was treated as earlier highlighted – that is getting herbs from a traditional herbalist. There is no tablet involved or taken, but just roots. This disease was caused by having sexual intercourse with a woman who has had a miscarriage before being cleansed using a traditional gynaecological medicine obtained from a traditional healer administered by female midwives.

F2: It was called *icisowe* (something that is thrown away or discarded).

M1: Yes, it was called *icisowe*. After the woman has had a miscarriage, she is not allowed to prepare food for others or add salt to food or serve water. Whoever takes what she serves, or steps were the foetus was buried contracted *ikayanga* or *ikakweekwe*. The woman was not allowed to leave her domiciliary and interact with others until at such a time she is fully cleansed. *Ikayanga* attacks like a boil which can attack any part of the body and the victim dies unless the medicine is obtained from a traditional healer.

M: So, in other words, this illness can only be healed using traditional medicine.

M2: In short, a lady who has had a miscarriage and happens to be a prostitute, any man she indulges in sex with her before she is cleansed, is attacked by *ikayanga* or *ikakweekwe*. If they happen to take you to hospital and not traditional healer you will die.

M: Tell us more about how the disease may not be detectable through hospital tests.

M2: I can relate it to the HIV virus nowadays.

- M1:** Wow! I just didn't want to say that.
- F4:** There is nothing like the one who has had a miscarriage that can make another man contract it; just yourself even if you are restricted to your home because we hear elders narrating that when you have offered food, you should eat just there. You are not allowed to carry the food you have been offered. If you do so, you risk contracting ikayanga or ikakweekwe upon your return to your homestead.
- ALL:** From the food you have been offered, you should not eat the leftovers.
- F4:** Further, you don't pick the food you have been served yourself, somebody has to serve you.
- F2:** And when this disease attacks you, it does not raise its hands or announce that "here I come". It just manifests.
- M1:** The place from which the lady who has had a miscarriage was using should not be handled by another person. The same lady should dispose of them by burying them.
- F1:** Like what my other friends have said; there are so many various diseases like spiritual attacks even if you are referred to the clinic, they won't detect the disease. This can only be treated by mun'ganga or traditional healer and he will give you a full prescription and on the attire part, you will be advised to buy black, white and red veils as well as some beads of different colours. The people you see with bracelets of beads do not do so for fashion but as instructed by a traditional healer.
- F2:** It's true.
- F1:** When you have masabe, at the clinic they cannot tell you; you just come back the same way you went with a pack of Panadol.
- ALL:** And the doctors persist that you should be taking Panadol.
- F1:** Until you finally visit a traditional healer who will clean you of all this and they subject you to drumming to cast out the spirit caused by the unclean spirit of ikayanga. Sometimes up to two days.
- ALL:** And you get healed.

F1: This confirms that such attacks are only addressed by traditional rituals (*tunsiyansiya*) and if you persist using Western medicine, you will die. Because such spiritual attacks reach a point of no return; the spirits get more aggressive, uncontrollable and you can even run mad.

F3: And this is how mentally deranged we were.

ALL: (*Laughter.*)

F1: You declare that the spiritual attacks are after me.

F3: When the spirit says “stand up now”, you have to comply even if it is in the middle of the night – even if it means going into the forest and then your relatives will be tired of looking for you as they can see you even if they come using a torch. The spirits wake you up and say let us go; that was our way of life. But nowadays we are better off than then.

Even if my upbringing and in my earliest days in the village, I used to cough after charcoal burning when we just came to the village cutting down trees. I used to cough each time an axe cut the tree. When I fell sick, they used an ox-cart to take me to hospital, and this was actually a hired ox-cart. I was given one injection. I was suspected to have lymph nodes. The clinical officer also said I was made to cover a very long distance on the uncomfortable mode of transport, which could have contributed to this condition. I was discharged but told to come back the following day again, even if I didn't have the user fees. I was foaming around my mouth.

Finally, I was healed but I developed a cough again during the funeral of Mutinta's mother (that lady who was Peter's sister) because that time I was living a careless life. My conviction is that unless God has permitted it, you cannot die otherwise I would have died on the same day Mutinta's mother died. As Mutinta's mother died, the following day I was rushed to Monze where I was admitted from October to November. They found a small bird called *pelya*. I had become extremely thin, yet the illness persisted. I only relaxed a little bit. When I was discharged, I stayed for three days but I had a rash as if it was the skin of a chameleon; my whole body had developed dandruff. Other people were surprised and wondered what had attacked me. On my back, dandruff flakes were just

falling off. I asked the people around us what this was. Others suggested that it was TB symptoms. I was advised not to be eating okra, *kapenta* and *lwidi* (roots of a certain herb that baTonga eat). And I kept going to the traditional healer to collect those medicines. But after some time, I went back again to Monze Hospital as I was given an appointment for two months after I was given some tablets. My collection point was Magoye. I would pick my medical file and go to Monze and stay there yet coughing never ended. Up to this day am still coughing. Even if am seated I don't cough so much but the saliva is heavy and a bit of blood and throughout the night until I find a small container to spit the saliva into. At the clinic whenever I coughed, youngsters advised me not to spit on the ground because if I spit anyhow, the saliva can affect a lot of other people. They advised I continue using a small tin when coughing. I thought I continued coughing because I ate a lot of okra as you know ladies have craving for okra.

M1: What kind of medicine was administered upon you? Was it an injection from the hospital or from mun'ganga because this topic is centred on ciTonga traditional way of treating patients?

F3: Others advise that you should chew leaves of a *Musekese* tree or boil the leaves and take the contents just like that, yet the coughing doesn't stop. And just after coughing, I experience coldness. I have a lot of difficulties in breathing.

M2: As a contribution as baTonga, especially the belief of baTonga concerning our lives, our blood is susceptible to diseases or spiritual attacks such that even if you are walking in the night. You come to a sacred place, the ghosts will possess you and these ghosts are not treatable in hospitals until you are taken to a traditional healer and that is the only solution to deal with someone who is haunted by ghosts.

M: So, there are ghosts as well as spiritual possession as well as the ikayanga attacks and all these cannot be treated by medical doctors?

ALL: Each person has their own fate.

F1: A person who has spiritual possession should not be taken to the hospital, because once they are given an injection they die. Such a patient is supposed to be treated by traditional healers. Medicine from hospitals is only effective in infants.

If a child develops a high fever, they should get leaves of a tree known as *mukunku*. You find these leaves and soak them in a little water. With a piece of cloth, use the same water to rub it on the body. This helps lower body temperature. Do not exceed the stated time for the body temperature may drop considerably and may make the body too cold and may lead to the patient fainting. Once you follow instructions correctly, the body responds positively.

M1: And if we put medical attention into perspective, it is surprising they now detect diseases that previously only traditional healers could detect. Clinical officers and medical doctors can even advise you to seek services of a traditional healer. Even when it is your child, they will advise you as the patient to go to a traditional healer. This illness of *kasita* claimed a lot of lives in the past due to ignorance and infants who ate food prepared by such a lady also died. Never refer to such cases to a clinic or hospital.

F1: When my temperature was taken, it was found to be at 40⁰C, then I was given an injection. Y

et this was like the final nail in the coffin.

All: Mm.

M1: True, this kind of illness does not respond positively to clinical medicine. Avoid an injection.

F1: It only responds positively to customary medicine.

M1: When you extract that root, you remove the scales on it and then soak it in water. Then you take that water, you take in a few huge gulps and relief comes immediately. You stand there and imagine the patient would have died the previous day. What a relief when you see the child playing and running around soon after.

F1: His is an illness where one is bed-ridden; once he regains consciousness, the child goes to play with the other kids.

M1: But this illness is deadly, Mr Facilitator; that is my view. If the patient has not sought medical attention, such a patient must never bed with others; because these are some that once they are attached, they faint, they even urinate in their

clothes or on the bed and at that stage, that urine must not make contact with the other person who is not a patient. If it does, the other person gets infected.

F2: There was smallpox. This was a deadly disease. It left indelible scars on the body and face of the victim.

M1: That smallpox injection, Mr Facilitator, once its outbreak news went around, elders organized *Zyibiya* (clay pots) in which certain herbs were soaked. This medicine was immunisation medicine for all the children in the village. All the kin in that village would be treated by washing and drinking from that *cibiya* (*clay pot*). That'd be the immunisation against the disease. If not, you all got wiped out. There was no hospital then. In fact, smallpox does not matter whether there is a hospital or not. It left a terrible trail in its way. It wiped out the whole household. You had to shut doors permanently.

F2: Smallpox is real. Just look at all those that once had smallpox attack; they have indelible spots on their faces.

M2: It had characteristics of measles; that illness leaves small holes on your face.

M: How about masabe? Let us discuss the topic of masabe.

M1: Bayi, I am one person who used to beat drums during this event of masabe. I beat it for one of the patients in this very community. Unfortunately, this lady is now late. Her name was Gertrude. Dugan's mother hosted the event. I came to a point where I was convinced that this affliction is real; I was invited to a certain place: This lady I was helping with drumming to drive out her spiritual possession was married to a Lozi man. She was muTonga. This lady was afflicted for many years; she had become very weak such that she had to be carried on a hammock. Going to bath or toilet, she needed help. But I did go. And when I arrived there, I said, this is the lady who needs help. I examined her hands, and said, I will do my part. We started beating the drums, but this patient could not move a single part of her body, we kept on playing till 03 am, still no improvement, forcing us to continue till 04 am. We went on beating the drums with my team members. The hosts gave up on the efficacy of the drumming. They began to prepare the money they had to pay us, and food for breakfast. The woman could not dance still. She could not dance even a little bit. When we aimed for the final round, that patient

suddenly made some movements. After some time, the patient who was too weak to stand on her own stood up, leapt and danced with some energy. Suddenly, she fell heavily. She seemed to have fainted and we had to halt drumming for a while. After the pause, while the woman regained her consciousness. She stood up and walked into the house. This is how she got healed. Imagine a person who could hardly walk or stand on her own is the one who fetches water and prepares meals now.

F3: Attention folks! I have a question: from the time I lost my sibling, I had become mentally deranged. There are some spirits that call my name; even the time other people were burying my sibling, I wasn't aware (I was unconscious) It is like we should have died at the same time. I was totally devastated by her death. I don't know who is responsible for her death. Even at her farm, I must ask about the poultry she left behind. As I speak there are some spirits instructing me to stand up and go. I am not in the ordinary human sense. "Stand up. You last ate some days ago now. You are our wife, sit in a better position without exposing your thighs. Those thighs are ours." It is the spirits saying that!

M2: No, no. Those are ghosts. Because ghosts represent themselves.

F2: There is an old song which says, "A ghost is standing upright."

M2: Madam F3, you are possessed. It is a ghost that speaks like that. It is a ghost commanding you.

F1: A ghost and a demon are different; a ghost is a dead person whose image appears to the living whereas a demon is a spirit that possesses you.

M2: No, F1, this lady (F3) is possessed because what she experiences has all the characteristics of *zinjila* (spirits).

F1: Can someone tell me the difference between a ghost and a spirit or even musangu?

M2: A ghost is shade or shadow of a dead person

M1: There are both tall and short shadows: a human being has three shadows. I witnessed my very shadow. The shortest shadow is the spirit that possesses people (the living).

- M2:** At the same time there are some very small ghosts; if there are always some voices coming from invisible speakers in a home, just know there are spirits. If not, just know that one of you is entered by spirits.
- M:** Now let's look at the aspect of spiritual possession. What kind of songs are employed?
- F3:** The spirits themselves suggest what song to sing. I, for one, dance to the spirits of bamooba. The spirits sing and immediately I get in gear.
- M:** There are some of you who started speaking about *Namacaaca*.
- F2:** *Namacaaca* is a dance of a young girl who is being initiated. The young lady is locked up in her own room. A calabash with an opening is placed in her room. That calabash is beaten like a drum while the mentors and instructors sing:
- ALL:** *Banamacaaca tababoni zuba nkolibbilila* (Banamacaaca never see where the sun sets X2)
- Song leader: *Uusunkuta talindwa* (Never wait for a limping colleague)
- The rest: *Talindwa* (is never waited for)
- F2:** The first task is to seal off the walls of the house so that all holes and openings in the wall are sealed to prevent any form of light from getting in. the rooms are in total darkness. The day selected female instructors want to beat *namacaaca*, you get into the house and wait in the sitting room, and after some time, you see the young lady coming from her bedroom with the guide of a walking stick since the room is totally dark.
- M:** Many thanks. Are such customs still observed nowadays?
- ALL:** Some still do!
- M2:** Traditional customs are fast fading away! A long time ago traditions were strictly followed. We believed more in herbs from the forests and customary rituals.
- F2:** After the destruction of our 'roots', nothing good has been recorded.
- M1:** True. The church has destroyed our roots/ customs.

F1: The government is also not helping the situation. The government is also obstructing us in the name of human rights.

M1: The topic of roots is quite wide.

M: How can we prepare for tomorrow's masabe ritual. How could we proceed?

M1: That is welcome. All we need is a drum and a guitar.

ALL: All residents of the community are well aware of this programme.

F2: On arrival, no need to seek permission, they should just start beating drums.

ALL: During this activity, there are no restrictions.

M: How do we prepare ourselves?

M1: All we need to do is to inform the men that beat drums and those that play the guitars. I do not think we will have any difficulties getting everything we need. The drummers are not difficult to get. We can send for them. Or we can play the drums and sing along by ourselves.

F1: We shall perform *cikambe-kambe*. We can do initiation music and dance because the other group will do masabe. We shall do:

Mukazyima waiya, waiya, Mukazyima waiya, waiya

Tuye tumusondele, waiya

M2: We also need instruments like *miyuwa* and *bukonkoolo*. We shall perform the dance from the old woman's homestead. Here there are too many stumps. I can play the drums too.

M: I too can play the drums, if I am permitted to. Is that in line with the customs?

ALL: (*Laugh*) Yes. Each one of us will come in with their own piece of music. Whatever you want to share.

M: Thank you so much. Is there anything else someone wants to talk about our subject matter before we close for the day? In the case that there is nothing more to talk about, I would like to express my gratitude to all of you for taking part in this discussion. I am holding a few more discussions like this one. When these

conversations are over, we shall have a music therapy process designed with what you have suggested and have similar meetings as these after that. For now, please help yourself to the refreshments.

FOCUS GROUP 3

Date: 20 June 2018

Location: Ali ba Malita

Duration: One hour

Moderator: Nsamu Moonga (M)

Participants: This focus groups happened just before the masabe session. The group was made up of the musicians. They are the community troubadours. They traverse the villages offering their musical skills. They speak of their musicianship as a special gift they have for the community. All the participants in this group were young to middle-aged men. I wonder how this is so. I did not explore the apparent genderisation of instrument playing. It was interesting that there was no reference to gender in the discussion. This may be because the ciTonga language has no gender specifiers.

Seven people attended the focus group. One person did not speak during the whole session. He later told me that he did not speak because he had already been part of another discussion. To honour confidentiality, the real identities of the participants will not be used here. Instead, I elect to use M1 in ascending order to represent the participants. I use M to represent myself as the moderator.

M: I thank you for coming along. This focus group will take about an hour and a half. Within this time or any other time during the focus group processes, if you must leave or withdraw, you are at liberty to do so. Anything you say here will be confidential. You will not be identified in any report about the meeting and I ask you to respect other people's confidentiality when you leave the group. I am also working with other people in Chitongo to find out what people think about masabe and music therapy. I am talking to several groups like this and the findings from the groups will be used to formulate a music therapy process, which you are welcome to participate in. When the music therapy process is designed and conducted, we shall have group discussions such as this one. This meeting will take one hour. Should there be a reason we may need to extend the

time, I will ask your permission. If you need to leave before the end of the session, you are at liberty to do so.

I would like to start by asking each of you to introduce yourself by just saying your name and saying about how long you have lived in Chitongo and something that you like about living here.

M1: I was born and raised here in Chitongo. I have nothing bad to say about the place. I relate well to everyone. The elders of the people are humble. Let me also mention that I am a singer and a guitar player. I taught myself by watching others and being interested in the instrument and how it helps others.

M2: I have also been raised here. I am a drummer.

M3: As for me, I only came here about two years ago. I sing and beat drums.

M4: For me, I rarely play the drums. I do play the drums when I have to. Otherwise, I sing and play *miyuwa* (rattles).

M5: I was born in this place. I play drums a lot. We go from homestead to homestead to play the drums with my mates. These ones here.

M: Thank you for the introductions. I am here with a task of exploring the place of music therapy in the life of muTonga. Perhaps we may begin to hear your thoughts about masabe.

M1: It's only that a number of us avoid such things. We avoid them because...those of us who do such works...we actually see visually that they are there. We treat people because we know what we do. For some people, we treat them fully without having to avoid anything at all. Conditions become worse because people do not see what they are treating.

My proposal is that the very way you have come, please continue with your work that such traditions continue. These things are there and they do happen. People get healed.

Sometimes when you go to so-called doctors, be it traditional ones, you will find someone being treated and moves around naked. One moves around naked just

like that. When you combine your treating methods, you will find that someone gets better.

Our wish is that you spread the word so that traditional healing methods do not become a thing of the past or ignored when it is very effective and utilise it.

M: This trend has been going on for years, meaning you find it effective. If at our age, around 40, we found it, it means it has been around for many more years. Should I stop it today?

M1: No, we are not supposed to neglect it at all, so that those people who themselves in such conditions can be helped. Let's not neglect them. You find others would want to go for healing at Church but because of stigma, they cannot do so. When such people go to Church, they would call for special prayers for them. Since it is something that is hereditary, no matter the prayers, this person will not get better. I would equate it to shrines where rituals are performed. Shrines are ancient and people still go, we found these rituals.

M: When it comes to Masabe, there is no recorded literature on how they are to be performed hence you find that Churches and hospitals are now overshadowing it. Traditionalist has reduced powers despite such rituals being effective.

M1: What makes it seem like traditional rituals are being overshadowed could be because people have a tendency of leaning towards one thing in favour of the other, though we acknowledge the presence and effectiveness of traditional rituals. When we lean so much towards the church, you will find that we shall neglect traditional rituals. It will just remain neglected but we do know we have it among us and it works. What we encourage, to those that possessed, and you are forced to go to church so that you are prayed, but if you inherited the spirit, the church will not do a thing. My plea is still that we do not neglect this practise because it works.

M2: When it comes to masabe they are different for each person. It is believed that the possessed person is gifted. Though it is painful for the one possessed, it is a gift given to them by the community. S/he is given that gift so that s/he can help other members of the community when s/he gets possessed.

- M1:** That is why we say it is there only that it is suppressed. This suppression is what we do not like, we want to be recognised. You will find that even when you take someone to church, nothing works. But when you take them to a traditional healer, that person will be healed despite the church failing. What we are saying is, since it is among us, let us utilise it. Let's not let it die out. That's our cry.
- M:** Please pass this side you join us....(welcoming a participant in mid-session)
- M4:** This conversation we are having is very interesting. We need to share ideas on how we shall be treating them. What takes away the power to effectively heal such people? You will discover that throughout this conversation, the great enemy we have is the church. The church does not allow our traditional methods of treatment. They would rather have that person wait until the Lord comes (death). You will find that those who align themselves to traditions live longer. We do not dispute that the presence of the church. We have seen a lot of people go through such as you have heard from others. Some go to church. When someone is very sick, anaemic like, and goes to the hospital, the hospital will not diagnose what is wrong. They would like to keep the person for further blood tests. Now, there are others who choose to go the traditional way despite having been to the church or the hospital. When they go the traditional way, they will get better and live for many more years. We acknowledge the church and the hospitals, let's now neglect traditions. We do not throw away such traditions because our ancestors had them. You will find that when a baby is sick, they do not want to go to the hospital saying such a child needs traditional steaming. They are simply saying, let's go the traditional way. You will find that as soon as they return from the traditional healer, even though that baby was 'crying' if the child was not sleeping well, this child will be relieved.... will get better. What we are saying is we should spearhead traditional rituals. If possible, let the church come second.
- M:** For things to work well, let traditions do their part, let the church also do theirs. Those who believe in the church should play their part, those who believe in traditions should play their part too. Working together more can be achieved. When you look at the people gathered here, most of us are still youthful. Now, where do youths put the issue?

- M1:** Following Western cultures is our greatest enemy. They come with their own ideas and dump them on us. Now, we just accept things without considering benefits or effects. And because of that, we have lost our identity. We have thrown away what is ours and embraced a foreign thing. Even our livelihoods are affected because we do not analyse what is brought to us, we just accept. What is ours we let go!
- M:** Though, when you want to embrace something, for you to receive it fully, you have to let go of the other...
- M1:** Yes, though you will let go of what is good for you. You will be in a dilemma. A bird in hand is better than two in the bush. And that is why are lost in our own tradition. When you critically look around, even initiation ceremonies are no longer there. Such initiation ceremonies were brought for a good reason. We need such things to be revived, instead of letting go of such ceremonies. You will find that because of such, young ones, especially those young than us gathered here, have gone astray following western cultures. You will find such a child has no idea how to handle a marriage. The Nkolola initiation ceremony helped them understand how to run a home. The Western world is now bringing issues that Nkolola encourages early marriages when in actual fact it was a good teaching platform. It was our heritage, our pride. They were never married off at a young age, they waited and were being prepared for marriage. They got married at the right age. This sexual of today, for us it came only when we were adults. Those that underwent Nkolola were taught the bad from the good in marriages. And they knew age-appropriate things they had to do. This thing called Gender has destroyed us a lot. That is why you now find children doing things they are not supposed to be doing. Today you will find even 14-year-olds getting into marriage. She has no idea how to handle a marriage. Such children in those days would still on the parents' bed, but today when a child reaches two to three years, s/he is already said to need to sleep on own bed. You see now, that trend has made us accept bad ways faster, in the so-called modern times. My word of encouragement let us continue trying to revive our old ways because they will indeed come handy.

- M:** Can someone else speak about what living a healthy life or being healthy means? What does a healthy person look like? What happens when we see a person looking so ill that they may not be able to walk? Then the drums are beaten, and they come alive?
- M5:** Masabe do help. We know that when we follow the instruction properly, even when the person had a withered body, the body regains its life. If the instructions are not followed, you will hear that the person has escaped, run away. It is easy to tell which person with masabe has not been attended to. The flesh looks shrivelled. Once the person is attended to, the flesh comes alive again.
- M:** Now, let us talk about music. What kind of music is used for masabe? Or is it any kind of music that goes with masabe?
- M2:** We know the general masabe music. But when we have a new person with affliction, we do not know what music works for them. When we are still searching what particular spirit have entered such a person, we randomly play general music until we see a response from the afflicted person. From then we would know that it is this or that kind of music that goes with the possession in that person. The same goes for the drum or guitar. If the possession is water-related, the music follows.
- M:** I see. I missed that random search part. I have learnt about the different possessions, but I did not know how you get to know the actual spirit.
- M6:** We heuristically explore. We keep trying different pieces. Here we might play music for water (river) spirits. The drums will follow. We keep exploring until the person responds. Sometimes, we may play the drums and yet the person is not possessed by spirits that need drums, the person will not react to the drums. Some people just desire guitars. Until the guitar plays. However, others respond to both drums and guitars. Such people are not difficult to attend to. We can interchange between drums and guitars as necessary.
- M1:** In my opinion, masabe tend to come alive when the guitar is employed. The healers and the players prefer to use the guitar to treat the suffering person. The guitar opens up options for the healer. Mun'ganga would then begin to find solutions for the ailing person.

- M3:** This topic is massive. Our customs are not written down. We need to find a way of putting such material in books. Let's write these customs down. It is necessary for others in the world to know that buTonga means this or that.
- M:** Now, I would like to know whether a person like myself is within there to perform masabe? Are there guidelines?
- M1:** As I have already said, masabe do happen. We are the people responsible for their execution. We have seen these things with our own eyes. We are the one who facilitates healing. We know that mun'ganga is the one who diagnoses, we have never failed to know how this custom happens. Mun'ganga works with us. We work as a team. Mun'ganga would just indicate to us what needs to happen. We go ahead and perform as per instructions. We are the ones to do the task of healing. We are the ones doing the work, the way we are sitting here. We do the work in collaboration with mun'ganga.
- M:** How then do you go about facilitating masabe?
- M1:** Let's put it this way. The afflicted reaches out to the healer. The healer then begins to do their thing. They find out what protocols need to be followed for the afflicted person to find wellbeing. Once the healer has found what is ailing the person, the healer will communicate the findings to the person afflicted, "This is what is affecting your wellbeing, my friend. We can help you with this or that way. We possibly need to call the drummers so that your healing ritual can begin." At that moment, the journey towards the recovery of the person's wellbeing begins. They will summon us. From then, it becomes our collaborative engagement. Since we have always worked together, such things as how much money to pay us are already known. The healer is paid an amount too. The process goes on. We work out what is missing in the person's body.
- M:** How about when the session begins, how do you go about it?
- M3:** The afflicted will sit close to the drums in an open space. Then someone from the mother's clan and sometimes someone from the father's clan will intone in a loud voice; "Here we bring the drums. Release our person now". That way zinjila would be appeased. They might say, "The clan of the person we have entered have honoured us."

M1: Besides that, we offer a prayer. Mun'ganga will gather everyone, announcing that it is time for the ritual. Most times, we begin with ritual clapping. Once that is done, a prayer is offered. Then the afflicted are summoned. They will sit like the way we are sitting. Like it has already been said. We then begin our musical speculations until we find the answer, we are looking for together.

M: Thank you for your honest responses. We are drawing close to the end of our discussion. Perhaps there is still something to be said.

M5: I want to encourage you. When you return to wherever you live, do not let this project die before it reaches its destination. The way you are following up on such a custom, please continue. Follow it wherever it leads you. It is important that even when we shall not be around, the next generation will find such rich customs available in the literature. They will marvel at the wealth in the customs. They will be pleased to learn that baTonga have always had ritual healing called masabe. They will see it in action too. They too will see it with their own eyes, as we have. Let it continue. We do not want it to continue being suppressed. Let it go on.

M: That's true. I am also learning as I grow older. It is pleasing me to know that we have customs that define us. Customs that have been a part of our daily lives from generation to generation.

As you know already, we shall be performing masabe today. What do we need to do? Who is going to do what?

M2: As we have already said, under normal circumstances, there would be mun'ganga. In this case, we shall work like you are mun'ganga. You will open the gathering. The rest will follow as we have discussed. I think the people dancing will come with their clans. They will call them out.

M4: We came ready. My mother told me to come. Even though this is not original, we will do what we know. We want you to record the correct thing. You are the first person to come and ask us about our customs. Our children will learn from this.

M: Right. Is there anything else we need? In the case that there is nothing more to talk about, for now, I would like to thank you for taking part in this discussion. After masabe today, we shall agree when the next meeting to reflect on the ritual

would be. The conversation is still ongoing. From here we may just take a small break and share some refreshment before we begin our ritual. Thank you very much.

APPENDIX H.1

FOCUS GROUPS 4, 5 AND 6 (IN CiTONGA)

Date: 25 June 2018

Location: Ali ba Malita

Duration: One hour

Moderator: Nsamu Moonga (M)

Participants: Five - F1, F2, F3, F4, F5

Age range: 18 and over

Mutwe wakwiizya: **bukkale bwamu Tonga kucooko caku Mazabuka mukulanganya azyiimbo mbozyigwasya kusilika**

Moderator: Ndapa kulumba kupati kuti mwaboola. Ooku kwiizya kulatola buyo woola lyomwe. Muciindi eeci, antela mukuyaciindi, kuti naa mwayanda kuleka, mulaangulukidwe. Zyoonse zyikananwa momuno zyileendelezyegwa mumaseseke. Tamukayubululwi pe kuti mwaatola lubazu mukwiizya ooku. Kuli ceeci ndipa kulomba kupati kuti anywebo maseseke mwaalemeke aakwiizya ooku, nokuba kuti mukayande kuzwa. Ndili mukubeleka abamwi bantu ku Chitongo kumvwentauzya twaambo twa Masabe azyiimbo mbozyigwasya busilisi. Ndili mukwaambaula abamwi bantu mbuli mpoona twaambo tuyakujanwa twakugwasya kubamba nzila yakubelesya zyiimbo mubusilisi kembele aamazuba.

Ndasyoma aawa nobanji nkakusaanguna kuswaangana, ndilalomba mulipandulule kwiinda kwaamba zyina lyanu alimwi amyaka njimwakkala mumunzi muno, Inga mwaamba acimukkomanisya kukkala oomuno. Akaamba kakuti tulakkopa namacaaca ooyu, twalomba kuti mwabandika, mubandikisye kutegwa namacaaca acikonzye kumukwaba kabotu

F1: Ime ndiime Judith. Ndakkala myaka 42 mu Chitongo. Bullandikonda bumi mbuli mbobubede. Nkaambokakuti nkotuzwa, ndakazwa kaindi kuzwa muma farm. Ni twaaleka kubeleka nkokuboolakuzikukkala ookuno.

M: Ino tobamwi tuliteelela buti.

- F2:** imebo kuzwa buzuba buya mbutwakali kuzyana ndili biyo kabotu. Mubili wangu biya, moonse mundaali kumvwa liso, linyo, taaku ndili boo kabotu. Mutwe oonse wakali kucisa. Ino kuzwa nindakamana kuzyana ndili gurantee. Azyakulya ndaziyanda. Tikwaali appetite yakulya. Humbwa ndabona cakulya kwaali kwiima kumoyo. Ino sunu biya, Kubota kwiile kulya. Eebiya ndasalalalilwa. Zyoonse zyabota.
- F1:** Imebo kuzwa buzuba buya mbutwaali kuzyana, taku apundakatongela kuti aawa alicisa; mutwe na maulu, na nzyi, taku. Mbundakaakusika buyo kungánda kwamana kukosoka buyo kooná. Nibwakaca biya nchito ndakaibeleka alimwi njumu, iitali yakusobanina. Limwi ndakotoka. Eeci ndajata, aceeci ndajata. Akusikila kwacecino ciindi, taku apondinga ndaamba biya kuti aawa alacisa. Nyama yangu yoonse ili biyo kabotu.
- F3:** Mma, ime nobantu, nyama yangu tiiluzi. Na nkwiimaima kundali kwiimaima alya. Nyama ilinyongeni; maulu. Maulu biya alo biya kwaagama; maulu kungsi ooku; oomu...omu...mmmhh. Maulu alacisa.
- M:** Ino mwakapimwa.
- F3:** ino aawa nindaaliko biya kukupimwa. Kujana sugar taaku. Ino kokuunka kuma Chinese. Ino kuma Chinese bandaambila kuti Mafuta mumubili. Amana nsa yomwe taipompi kabotu. Amana abulowa. Amana ati bumwi busani mbushyoonto mumubili. Baalindipede zima piiluzi zilamfulamfu. Maulu. Ooku kungsi kunjila mumabbusu oobu mbobasamide aaba, mbuli kuti uyanikide buya.
- F1:** Zinjila.
- F4:** Taaku awakamulowa.
- F1:** Ime tiindaali Kusama amabbusu. Maulu nkubikka mumeenda. Ino nizyakalila ngoma, bakanditalika icimwi ciindi, kuzwa kuseeni. Bantu nabalya...
- F2:** Bakazityokezya.
- F1:** Ino nicakasika kuma 8 ndakalimvwa kuti, mwati nyama yangu eeyi ndalikulimvwa kuti ndili muntu? Mebo nkaambo nicakanditalika, ndakali kunya mun'ganda. Kutali mushyokwe pe. Abbuka muntu ndilamuyuba. Toilet

mun'ganda. Mulozi abbuka ulajana ndilalanga. Mwandimvwa. Kondili mazuba aano, nindakatalika kuya mubantu, ndiya abululama. Zinjila. Taku awakakulowa. Bakusilika balakuunina. Tabacizyi.

F4: Ino mbaani bamusilika?

F3: Taku aundisilika.

Boonse: Nkoko we.Mwalilowa nobeni.

F4: Mutanikwaambi kuti alandishyupa maulu. Muzitobezeze. Kuti muzitobezeze, alimwi muyakwaamba kuti mbulikuti mbubakacijisi aaba cicisa aaba banene aaba.

F1: Eeci cintu cilijisi imaulu, imutwe, impeyo, kuvundauka kumoyo, akucija bantu, akupanga toilet mun'ganda. Zyyonse ezyo ino zyakaliko kuli ndime.

F4: Oonse awa mpoliwaawa..[musana]

F1: Ooyu musana oonse kube unyamude njanji.

Ino buzuba mbozilila ngoma mulombwana, ulajana balaboola ooku 5 akooku 5. Antoomwe 10. Balaamba katutalika lino katuya mumangoma. Kauma ncomvo alimwi kutasobana.Kauma. Amanizya ngoma,02:00 banjila ba ma guitar. Inga walimvwa biya kuti ndili muntu.

F4: Taaku biya aawa cita mukazinjizye ooko. No mutii kabe kabotu biya maulu.Mulabeja biya munikupya.

F1: Taku abulowe.

F4: Mebo ndakali kufumbwa nkusamunununa, nkusamununa mbubona mbundakazyalwa. Olo ka bamba buya taaku. Kusowa mun'ganda.Catii ino ciindi, tuyanda kuya mumeenda, tuyanda kusamba, kkweenda amantanda mbuli mbukuli boobu. Kuta livumba olo janza kutii. Kuyakusika kuya ku meenda kkusamba. Ino bati ino bamana kusamba, bakatala.Nkutalika alimwi kweenda kuzya kun'ganda alimwi kuno, amantanda mbundakazyalwa. Mwati nyebo eezyi zintu zyipenzy nkusobana.

F1: Ime ndakali kukkala mumulundu. Einda nzoka ituba,mbuli bulungu oobu. Einda isiya. Kukkede. Yainda emabala, ooku ilasiya amana ooku ilasalala,

balaamba konyamuka wainda mweenzinyoko nguulya. Nkonyamuka lino. Nkokuya kuti ndibone kuti ndilaabana kungánda. Kabatana inda aabo bantu, tandisunkwi. Nkukkede. Na libbila biya, lilabbila. Na nkoona mumulundu, ndoona. Eezyi zintu mbozicita. Ino bamwi balaamba balazyana, basunkumya matako kutegwa bababone kuti balaa matako. Ani kuti tubeezyina tatuciti caali. Ciya cintu nkucakzyila tatucinzyi.

F4: Balaamba bacita caali.

F1: Iyi. Ati ccaali. Bacita kuti kababonwa kubasankwa kuti bali amatako.

F2: Ati taaku, tabakwene biya.

Boonse: Ati tabakweni.

F4: Cilasubula ndimwaambila biya na tebula. Aaya mauulu munikujiseni. Alimwi kamunyina nchito iluzi. Nyebo kamuti , “Kucibbadela; kucibbadela”.

F1: Casika ciindi cakuyanda kusilikwa, ooyo mungánga wako, ulakujika kwa mbiya zili 5. Mbwaamana kukujika, camamanino ulababona bangeli bako, bakujisi, bakulwana. Kululyo ulaboola usamide cisalala. Kucimweshyi ulaboola usamide zisiya, mbuli heete eyi. Balikujisi so, kwamana. Amana balaamba kofugama. Wafugama. Watalika wamumeenda. Mumeendanda, mumeenda kukaanda, kajamba akabiya. Kaanda nkokali kalibikkidwe. Ozwa muya bakubwezya bangeli ambale ituba. Balaamba ino kamuyaka maanda tuyanda kubeleka. Itabili. Ndimupanduluda biya.

F4: Hezyumpa biya eezi kuti mutazyitobezezyi, cita. Ino swebo twaminwa. Ni twakazwa kokuno, twakaakuya musikili. Twakaakubeleka 2 days eeyi. Ikuzwa munsabata kusikila jilo. Mbuliino tuluujisi. Ino aano olo kkunditola kumuunda biya kwaakulima inga ndaakulima. Ukkede inga ndamusiya.

F1: Insoka iyakukwiinda kusule isiya. Mboya kubweza kasako kuti, uyakubona yaasamuka. Yaman yalazika mutw ansi.

F2: Ino eeco coamba nzka mebo yakaboola nzoka yyima aawa so. Tulaambaula abacembele bamwi kuya kuka shop. Kube iliimvwi. Ndati, “Ino cinzi cibee cileendeenda kamaulu ooku?” Yazamba kamaulu ooku. Amane

mbutwainmzwi limwi bacembele bayoowa.Me tindaayowa. Ndati, “Ninzoka biya eeyi. Iilekuti cisamu.” Muyaaseluka. Yaunka.

F1: Mbaako.

F2: Iisalala.

M: Mmmm... Ndiza tuswe ciya aashe. Natutana zumanana, ndilombozoya kuti tusangune kwimba antoomwe. Aumwi inga waangula ciimbo cili mumoyo wakwe kwacecino ciindi. Ndasanguna mebo.

Mwiinguzi: *Icilayi ncimwakatola kumuunda nobana*

Boonse: *Eeee x2*

Boonse: *Eee, cilalema cilayi ncimwaatola kumuunda*

Aboola shaamilimo ulacikwela [Kwiinduluka]

Mwiinguzi: *Icilayi ncimwaatola kumuunda nobana*

Boonse: *Eee*

Boonse: *Eee cilalema cilayi tamukonzya kucinyamuna,*

Aboola shaamilimo ulacikwela

Mwiinguzi: *Kacey a kaabo kitwaakabanina aleza*

Boonse: *Maili maili, kacey a kaabo nkitwakaabanina a leza, maili maili*

Mwiinguzi: *Putwa swaangana tula a muka mambo*

Boonse: *Acizabukilo*

Mwiinguzi: *Putwaabonanina tualaa muka mambo*

Boonse: *Acizabukilo*

Boonse: *Kacey a kaabo kitwaakabanina aleza*

Maili maili, kaceya kaabo nkitwakaabanina a leza, maili maili

F5: *Mwiinguzi: Moses Kalumba [Kukamba]*

Boonse: Twaka bomba twakatandabala

Mwiinguzi: Tubombebele

Boonse: Twakabomba, twakatandabala.

F4: *Mwiinguzi: Ayooma kayooma*

Boonse: Alayooma

Mwiinguzi: Kayooma

Boonse: Alayooma matala kujwe [kwiinduluka]

Mwiinguzi: Ayooma mukabulongo

Boonse: Alayooma

Mwiinguzi: Mukabulongo

Boonse: Alayooma matala kujwe

F2: *Mwiinguzi: Bakkomana bakalima cimwali [Mapoka azimwi]*

Boonse: Leza oo twabomba

Mwiinguzi: Bakomana bakalima cimwali

Boonse: Leza oo twabomba [kwiinduluka akukamba]

M: **Ncinzi nciimwaajana kugwashya kapati kumbaakani njitwaajisi ya masabe?**

F1: Iswe tuciyanda kuunka mukati oomu nkaambo twacijanina akatikati.
Tucilaanyota ancico kutegwa kuti andiswe tuzibwe kuti tulaalubazu kumakani aaya.

F2: Imebo ndabona kuti nindakamanizya kusobana cisobano eeci, ndakalimvwa kabotu mbuli kuti ndazyalwa iino. Taku akacisa kaciliko mumubili.

- F4:** Ikuzwa buzuba mbutwakali kuzyana, kunyina ani ndakalede. Ndilimvwa kukkomana munyama yangu. Kufumba ncindaayanda na nceele casautu, kkulya. Ndakkuta.
- F5:** Ime kuzwa buzuba buya mbutwakali kuzyana, mazuba oonse amunsi nyama yokwaangu yalikwiile kube yangidwe biya. Nyama yalikucisa. Imutwe walikucisa. Limwi ndati kaka nobacaangu, ndiza ndaloogwa biya, kuli mpundakainda. Ino kuzwa buzuba buya nizyakalila, nimwaatujisi momuno mumunzi, nindakaakusika kunganda nadakaakoonatuku ampundakatongooka kuti aliboobu, aliboobu pe. Kusikila kwacecino ciindi inga ndakonzya kubeleka mulimo muyumu, olo lino mpolili waalya zuba, ndiceledwe buya ino nilyali kuti nkulikwela lyaya kooku [kuseeni]. Ndatalika alimwi kubeleka mulimo. Inga lyakubbila zuba hebeleka milimo. Nkkambo nya yokwaangu ano ninjumu.
- F1:** Ciimbo: Kowa
- Mwiinguzi:** Mwamubona Kowa, kowa mwamubona kowa ulalila,
kowa ubweni meenda, kowa ubweni miyoba*
- Boonse:** Mwamubona kowa ulalila,
kowa ubweni meenda, kowa ubweni miyoba [[kwiinduluka]*
- M:** **Antela kuli ncomuyanda ubandika azyiimbo na ngoma zitwakabelesya.**
- F1:** Ino mebo ndilaimba kayi mebo zyookwaangu nkaambo tiindakkaliko.
- Boonse:** Koimba we.
- F1:** ***Mwiinguzi:** Bamwi baseka, bamwi balalila, ani cindipenzya
biya, haamayuwe boola*
- Boonse:** Haamayuwe, haamayuwe, haamayuwe ee ee haamayuwe boola
[Kwiinduluka]*
- Mwiinguzi:** Nyika eba Kaunda, Nyika eba Nkumbula, haamayuwe ee ee
haamayuwe boola*

Boonse: *Haamayuwe, haamayuwe, haamayuwe ee ee haamayuwe boola*
[kwiinduluka]

Mwiinguzi: *Bamwi baseka, bamwi balalila, ani cindipenzya*
biya, haamayuwe boola

Boonse: *Haamayuwe, haamayuwe, haamayuwe ee ee haamayuwe boola*
[Kwiinduluka]

Ndiimbe alimwi we:

Mwiinguzi: *Mwakabona kayowela*

Boonse: *Kalu mungoma, mwakabona kayowela, kali mungoma*
[Kwiinduluka]

M: Twalumba we.

F1: Ndiimbe alimwi?

Boonse: *(Laughs)* Zyseluka ooyu.

F1: Alimwi ndilicimidwe nkundakaindwa. Zyoonse zyimwaalikwiimba buzuba buya, ambey ndaali kwiimba kunga'nda.

F5: Ooku nkutwakabede kwakali milimo. Mazhandu ulauma ngoma.

M: Ino inga kuli ncomunga mwayungizya nankuzwisya kumbaakani yesu njitwaajisi.

Boonse: Ciindi.

F4: Kuyungizya ciindi. Kutali kuti twatalika ategwa two hours.

Boonse: Ee

F5: Kuyandika kuti mwatalika mwabeleka biya kuzyiba kuti mwabeleka.

F1: Kuti mwatalika kuseeni. Kusika akati aawa, twacincana abakamba. Kwanjila ama guitar. Kayi koonse tulinjidwe swebo.

F5: Tatuyandi ategwa one hour, one hour. Ati kamuleka ino kunjile bacikambekambe. Munakutujaya oobo. Tuyanda kuti katubeleka biya. Tatuyandi kutyokezegwa pe. Mulange biya kuti ani milimo eeyi mipati.

- M:** Nkaambo citole ciindi.
- Boonse:** Eeee...
- F4:** Olo buya buzuba bakatukosokezya buya.
- F3:** Bayakwiile kuwa bayi.
- Boonse:** *(Laugh)*
- F4:** Twaalikwaamba kuti bayi besu ino ninzyi? Nitwakamvwa kuti bayi besu baciswa, twati babatyani kayi bayi besu?
- M:** So, kuyandika kupa ciindi. Ndakabona buya buzuba, akusanguna twakali buyo 6. Ino buzuba mbutwakalikuzyana kujana bantu mbanji. Nkokuti mbociba lyoonse buya naa; kuti kufumbwa uuyanda ulaboola?
- Boonse:** Eee
- F1:** Zilamwiita ngoma zyalikke.Nceenya ncajisi ncecimwiita.
- F4:** Kkaambo bantu baliciyandide.
- F1:** Kayi ino mebo kuti ndajala kwiimba, wanjila mwaangu, waali kusunta ngoma, taaku catanzyi.
- F5:** Uulya okali kwangula musankwa mulamfu waasamide cisalala, mwana ababa.
- M:** Okay. Ndabubona busyu kukonzyana.
- F5:** Ulalizya ngoma akwiimba maningi. Kunyina ambwabede biya taaku.
- M:** Nkokuti eeci cintu cabanjide buyo na.
- Boonse:** Peepe
- F3:** Abatanjidwe boonse inga baboola kutola lubazu.
- M:** Hena kuli kwiindana mubube bwenu, na mumizeezo kuzwa buzuba mbutwakazyana?
- F1:** Mizezzo mpoikatazyila, kuti kwabula ukubamba, inga waggauka. Nkaambo inga nweenda zyilalila mumatwi. Ino batii bakuumina inga waba kabotu.

- F4:** Ino mbuli ndime neentako mukowa, nindakamanizya, inga ndiliayeeya zyoonse. Kuti batata niba liko nindali ponede. Nindatali boobu. Ndiza Nibali kundigwalila mu milimo yoonse iili boobu. Ino uunga ondibbelekela ngwani? Ino nindazikujana kuti kwasika mulimo uuli boobo, ndati mba batata mbamunya aaba.ndajatisya amanza obilo. Kaambo balakonzya kundiponya. Nyama yangu ilaba kabotu.
- F3:** Izyiimbo, ngoma akuzyana zyeendela aantoomwe. Zyotatwe eezyi.
- F2:** Kukkazyika moyo.
- F3:** Inga kuliciimbo biya casika eeco cilakugama biya.
- F5:** Inga mbucaizyi kwiimbilwa biya, cinda akukuyasa.
- F1:** Olo uli munganda muya, kktalika Kusama bulukwe; cisani kucamba. Abona amutuku. Kotalika biya kkweenda. Baya kwiile kukubona mungoma. “Wazyili ooyu”, batalika kubuzya balaamba balaa yooyu bali kuli? Balaamba, “Basa oboola alike. Ino tucite buti?” Balaamba amukabaambile kuti oyu muntu wabo limwi uyakusondoka mbuli kuti oloogwa. Tana loogwa. Satani kayi ulijisi nguzu awalo. Cilakatazya. Kayi cilagaula biya, inga wabula maano. Wacinkuka. Kkwile kunga wabona bantu, nkuyuba musokwe. Cilajaya biya. Bamwi cisinkilalila biya. Kwakujana wakafwa kaindi. Zyila katazya ztinutu eezyi. Bama balaamba ati ulicengeezya biya. Tacili caali. Nkucaazyila tatucinzyi.
- M:** Kayi ndakabona buya buzuba, kucinca buyo ciimbo, kwaalabana uumbi.
- F3:** Inzya. Bamwii baimba zyikambekambe, baalabana ooku.
- F4:** Na Given cakamuleta. Na wakaboola uzyaa bubalika.
- F5:** Nkubalika biya olo mbuli waano akucikolo kuya. Eey ng’anda inga wainda aawa. Kuti yati, kotalika kweenda. Inga bakwiile kukubonena mungoma. Kayi inga oonse mauu akumoyo cilabweza. Taku acobona. Inga ncecuulusya buya cakukusisya ookuya. Ino mbookusikila kuya, kwamana, iciimbo eeco, kulaanguda akwaangula. Kwwangula ooku ilalila.
- F1:** Ulamvwa biya oonse mubili, na mauu gweee.

- F5:** Inga wakubeleka kabotu.
- F1:** Kayi cilaanga. Olo kulya cipa kasese. Tacyandiki biya, olo nalya muntu mbuli kuti ulya mamvu. Mbuli kuti taciligwi. Ino zyalila ngoma, bakubamba, inga wajana kumoyo kwako kwaba kabotu kwatuba buu. Na z ziyanda kuti zyibeleke, mbubamana kukulizyila ngoma, imasiku balaboola baya mbamunya baako baya mbumwalikuzyana limwi, balaamba “Kobweza kajamba, katuya musokwe. Koshya aceeci, aceeci.” Mbozicita kuti zyayanda kuti zibeleke kulindiwe. Zilakutola musokwe. Abauka mbaba nabainda mumukosi, kwile kupuna abalo mbaaba. Ino masiku uloona, balikujisi.

- M:** Ciimbo: *Nkwilimba*
- Mwiinguzi: *Nkwilimba nkwilimba yabama*
- Boonse: *Kumulonga*
- Mwiinguzi: *Ilasamba*
- Boonse: *Nkwilimba yabama, kumulonga*
- Nkwilimba eee, nkwilimba, ilasamba, nkwilimba yabama*
kumulonga ilasamba

Ciimbo cimwi: Cihubwe

- M:** *Cihubwe ee, cihubwe boola, cihubwe ee x2*
- Cihubwe ukkala mumeenda*
- B:** *Cihubwe ee, cihubwe boola, cihubwe ee*
- M:** *Munyama ukkala mumeenda*
- B:** *Cihubwe ee, cihubwe boola, cihubwe ee*
- M:** *Munyama ee, munyama boola, munyama ee*
- Munyama ukkala mumeenda*
- B:** *Munyama ee, munyama boola, munyama ee x2*
- M:** Atmunizye mbaakani yesu kwasunu mpoona wa. Ino notutana andana akwaabana twakunwa akulya, kokuti inga twamanizya akwiimba cikambe-

kambe. Ndalumba kapati nkumwatola lubazu mukwiizya ooku. Ndicizumana kwiizya abamwi munzila njoona eeyi. Twaakumana kwiizya ooku,

F3: Ndime ejala aciimbo.

M: *Hamisoni wayi, wabula cakatayila, amutayile mooye*

B: *Muwaale biyo kanimba*

M: *Baama muwaale, baama muwaale, mumuwalile mooye*

B: *Muwaale biyo kanimba [Kwiinduluka]*

FOCUS GROUP 5

Date: 25 June 2018

Location: Ali ba Malita

Duration: One hour

Moderator: Nsamu Moonga (M)

Participants: Eight - M1, M2, M3, F1, F2, F3, F4, F5

Age range: 18 and over

Ndasyoma aawa nobanji nkakusaanguna kuswaangana, ndilalomba mulipandulule kwiinda kwaamba zyina lyanu alimwi amyaka njimwakkala mumunzi muno, Inga mwaamba acimukkomanisya kukkala oomuno. Akaamba kakuti tulakkopa namacaaca ooyu, twalomba kuti mwabandika, mubandikisye kutegwa namacaaca acikonzye kumukwaba kabotu

M1: Ndikkede kokuno ku Chitongo, ndakkwanisya 10 years. Ndilakkomana ndikkede abamukowa wangu, alimwi kucikolo afwaafwi. Kuyeeya kuti bana bangu boonse ababeleka, abalo kabatumizya bana babo abazyukulu bangu, mpoona kabaiya acikolo ambe kandilanganya bataata, baciliko nkobali. Eeco cilaluma alimwi ndabona beenzu ambe ndilakkomana kuti ino bayanda kuti bandiyiisye cili buti. Mpoona ndilalumbaizya. Ndaboola amweenzuma walo ngwindaazyala wa number 4, mwanaangu buya kutali mweenzuma wakuyaabubwezelela buya. Kuli boobo awalo ulapandulula mbuli mbokubede.

M2: Mebo ndaaboola kukkala kuli bataata, Izyina ndime Tobius Jabala ndikkede buyo two months muno mu Chitongo

F1: Kuno ku Chitonga ndilaamyaka iili 12. Ndilakkomana kukkala kuno ku Chitongo nkaambo cikolo cilaafwafwi. Taku azyisyupa maningi pe.

M: Ino kwasunu muliteelela buti?

M1: Mebo ndilaliteelela mumubili wangu kumnvwa lukondo kuzwa nindakamvwa kuti kuli baliboobu baboola a programme yabo. Mpoona ndakayandaula kuti andicimvwe ncobayandaula ndiza calikuba mulugwasyo ncondipatide mebo. Ino ndilimvwide buyo kabotu mulindime nceyanda kuti nketelelela kuti ino

bapandulula cili buti? Ino swebo tukkede buti? Ino buumi muno buli buti
kuzwa kumatalikilo nitwaakkala

F2: Imebo kuliteelela kwangu mubuzuba bunu, ndilimvwide kabotu kuzwa ciindi
nitwakatalika kuswaangana mukabunga aaka kubumvwuntaizyi bwabusilisi
azyiimbo. Ikweendelana a programme mbuli mbutwakaitalika ndakalimvwa
kwaanguluka alimwi akukkomana akuba aabulangizi mukati mubuumi
bwangu. Ndakayeeya kuti ani cintu eecu nciyandisi kuti muntu watola lubazu
kuli ncico kutegwa waba alwiiyo. Wazyiba mbwayelede kupona nkaambo
kumatalikilo tindakalizi kuti Masabe ino caamba nzi. Ino kwiinda mulwiiyo
ndakatola lubazu kuzyiba kuti Masabe cijatikizya buumi bwamuntu.
Twalumba.

M: Atujane kwiimba.

Ndatalika kwaangula aman aumwi ualangula kufumbwa lwiimbo ndwayanda.

M: Mwiinguzi: *Cakali cakusobana, mbuboo sunu camana,*

Boonse: *Cakali cakusobana, mbubo akaka sunu camana (kwiinduluka)*

F3: Mwiinguzi: *Wamaniina mukowa angu nocaangu takuvulwi anyika*

Boonse: *Wamaniina mukowa angu nobacaangu takuvulwi anyika.
(Kukamba)*

M1: [Cigome] *Ndaacili kule, ndaacili kule, ndacili kule bama me ndacili kule
Ndikkala kule...*

F4: Mwiinguzi: *Kaneema neema, mubotu kamulete, kamulalamule, sala mubotu
ngooyanda*

Boonse: *Kaneema neema, mubotu kamulete, kamulalamule, sala mubotu
ngooyanda [kukamba]*

F2: Mwiinguzi: *Sunu mpeeluke, sunu mpeeluke*

Boonse: *Aina maila,*

Mwiinguzi: *Sunu mpeeluke, mpeeluke baama*

Boonse: *Aina maila, sunu mpeeluke.*

M3: Mwiinguzi: *Baniina baloongo eeee, baniina baloongo nobacaangu, bamaniina baloongo kwacaala bungoyongoyo, omuya mukazyiba motuteka meenda*

Boonse: *Baniina baloongo eeee, baniina baloongo nobacaangu, bamaniina baloongo kwacaala bungoyongoyo*

M2: Mwiinguzi: *Mooye waangu, weebelwa nzokamubwina; mooye wangu*

Boonse: *Weebelzwa nzoka mubwina*

F1: Mwiinguzi: *Candityoola, cantyoola mauulu angu, candityoola*

Boonse: *Candityoola, cantyola mauulu angu, candityoola*

M: Ndiza ono inga twalanganya ali ncomuzi kuzyimbo abusilisi.

M1: ...mebo nindakazyalwa ndakajanika ndijisi mapenzi aakabona bazyali (bamaama abataata). Mpoona ndakaba ansondo nkezyedwe nsyndakali kunyonka. Ncinzi eeci mwaaneesu ncinzeeci. Mukukombelela-kombelela kayi bapati bakalizyi cakucita. Bakapandulula-pandulula limwi bakazyi kuyeeya kuti banditole ku Chikuni kumung'anga, kuli Chibwe. Mukaintu Chibwe, ngwamasabe tali mung'anga wazyebasaulwa misamu pe. Mpoona nibakasika a gate, mbobakali kupandulula, taaku a gate yakaliko ino kufwumbwa zyoona eezyo zyaasimpidwe ndegeedi... Wakanyamuka kuya Chibwe. Wakasika akundikwempa, wandikkusya mungubo. Wandijata kumaulu. Wandisulamika akundileleezya ino uyaabundibbeelula ulaamba ino kalafwido lyo katanyonki aaka. Wandibbeelusya mulubuwa ngooyo weenda kukkalila bantu, kutwaanda, ngooyo waakupilinganya waakupilinganya. Uyabweenda, mane nkokutuma bantu kuti kamuya mubajalude mubaambile kakaboola bakkale aawa. Mboobo mbwaakandeeta naakamana kundipiila meenda kutwaanda twakwe. Wabatondezya milonga mbwiibede abantu bapati bamilonga, mnbababede ambotucitene...kalipandulula kuti ooyu ngomunyokwe, mwandeetela munyokwe kuno, ndamulumba ndalumbaizya. Banamavwe boonse, bahimatantala boonse, banji basaini boonse kubapandulula boonse bene bamilonga amalende. Ino naakamanizya buya, bakakkala mazuba otatwe,

wakabapa musamu wakusamba limwi ndatalika kunyonka. Lino akwalo kung'anda ndakakkala limwi bandikomezya baciyeeya kuti bandijosye kuya, ndatalika akwiiya cikolo ku Kataba. Kukataba nindali kwiiya, kwazyikusika baali ba Head acikolo. Lino mpoona ndakazyi kuciswa mebo. Bakazyi kundibweza bataata balaamba nee mwana ndamutola. Baanditola ku Mazabuka. Akwalo kuya tindakaakwiiya, ndakakkala two years nketasami zysisani amubili. Kwakakula basimbo botatwe mung'anda pesi mebo kandikkede kanditazwi. Okuya Chibwe wafwa, tabananditola kuli Chibwe. Mpoona lyakaba penzi lyakabajata kuti ooyu mwana ino ninzi. Mane alimwi kwakazyikuboola mu Nkoya, nguwakazyi kundizwisya mung'anda. Nguwakandidadula kundikkwisya mung'anda kuti nditalike Kusama zysisani. Kubapandulwida ambubatakainka kuli yooyo mutaanzi akutamizya kuti ooyu muntu ngwamalende. Malende aangu....nkulamfwu kuli malende, pesi mpafwaafwi alweendwa kusika amaulu, kwa Sinadambwe. Mpoona ndakapenga mebo. Ani naakapandulula ulaamba *ooyu walikumutondezya bukkale bwakwe mung'anda oomu akule nywebo imutupa wanu, imalende aano mulakula. Basankwa balakula, wamutondezya kuti balakula. Bali kukula basimbi mukati oomu, awalo walikujanika kutegwa awalo mukajaile pobwe lyakwe ooyu. Ndakukula. Ibuzuba mbwafwa, zyoonse ziomuya kujaya kumalende nkokuti ngamalila aakwe mbwaatikabe.* Kumalende kulayoosya mbokuboneka alimwi mbokucitika. Ino kulanganya malende mbwaali mazuba aano, ibasimbi bategwa bamangambela bamalende, baaba banamakkweenkwe. Zyidooli zyobasama kukozya mutwe wa Honda cilasyupa, walilanga bbwaya muciyaadi nebasamba baaboola kuzyila kumalende kuya.... munyokwabo ulaamba ndaakubwene kaindi. Balakkala one-week kumalende kuya nkobaiya zyakucita, ino kuti ajokele kung'anda nkaakusondele bana...munyokwabo mbwayakukuuma kumatako ulamvwa ndacimvwa koono eendikke nywebo mukkala musyokwe. Mpeena tajoki kuya. Kayi taaku bulembo bulembdwe kusule ulacikonzya kujoka bayakumaninizya. Ino malembo alikatazyide. Ino eeci cacitika bayakumana bantu nkaambo kakuti balasisa. Cisyupide, ibukkale kwasunu bulinyongene.

M: Atusike kuzyiimbo zyabusilisi....

- M1:** Ndalonga kuya...ndaboola kuzyiimbo, ndalikwiimba zyiiimbo zyakumalende mbubonya, aino ndilaimba. Busilisi bwaaliko bwaalikubatondezya bapati nkaambo ndalikunywisya meenda kumwana ooyu mupati ndaalikunga ndaunka ndanyamuka nindalo kukkala ambabo. Ndaakusika ndati kamundipa nkapu nywe meenda, bandipa nkapu ndamupa wanywa. Mpoonya kulaba aabe ndime ndamupa. Naa kumujata buyo kumaanza ulapona. Ndamana ndajokela ndaunka kung'anda. Ndaakusika kuya zyandikazyza kale ndasamununa. Lino ndali kwiimba azyiimbo ayino ndilaimba.
- M:** Mulimvwa buti mbuli mputwasika aano kweendelana akuzyana akwiimba nkutwali kucita?
- F4:** Ino kwaciindi cino buya kuzwa programme eeyi niyaatalika, mebo ndakabon kuti bantu banji basyimasabe bakali ciswide. Ino mpoona ndakabona kwaamba kuti ulapona mukutanywa musamu pele kwiinda mukuzyana. Nibakamana kuzyana boonse zyizyanwa kufwumbwa, nibwakaca, ulaamba mebo ndapona. Lino lyalikucisa, wee nsingo yalikucisa...umwi wakali kutongooka kakutongooka ulaamba sunu taaku mebo ng'onzi ndazyibona. Anu ndasyomba kuti muntu ulakonzya kupona kwiinda mukwiimba kakunyina kusilikwa, ikunywa mapiilusi. Ino kuliceeco ndaajana ikuti cakandikkomanisya kubona kuti ani muntu ulakonzya kupona kwiinda mulwiimbo, wazyana, amana wapona. Waba anseba mbotu akutaunka kucibbadela. Ndamana.
- F2:** Kuyungizya waawo biya kuzwa nitwakatalika programme eeyi kweendalana abuzuba mbutwakali kuzyana buya, bantu bakalimvwa kwaanguluka. Ikapati mbuli babaya banjidwe Masabe, kwakaba kubasilika. Nkaambo balo kusilikwa kwabo nkuzyana kwiinda munyimbo. Ikucita kuti zyizyibanjide zyaangulukwe, zyuubulukwe, nkaambo misamu yabo balo nkuzyana nyimbo eezyo zyobazyana. Ino kweendelana a programme nitwakaitalika, kuya kutalika kubaumina ngoma anyimbo zyabo bakali kulyiimbila aumwi mwini ncayanda cili mumoyo wakwe. Mpeena bakatalika kuzyana, bakalimvwa kupona. Mpoona bakatalika kwiitana abamwi. Mpoona munzi aano mazuba uzwide buya fuulu aumwi ulaamba nkapone. Kayi kwiinda munyimbo zyeena eezyi inga baya bauma badelwa mali, mpoona baya bantu bakalimvwa

kwaanguluka alimwi cakabaubila kuti nkaakuzyane cintu ca free, citabbadelwi mali, Nkaakube kabotu kutegwa cindipenzya cindaandulule.

- F3:** Twakalimvwa kabotu nkaambo beenzuma boonse nibakamvwa kuti mboobu, bakakondwa nkaambo musankwa ooyu ncaacita watugwasya. Taku ampubakatongooka buya, alimwi bamwi baali kwiile kujoka kuyanda kuti bazyikuzyane. Olo zoono bakali kwiile kujoka musankwa akaambo kabantu balaazyinjila. Twaabona kuti cintu eeci caakkomanisya maningi.
- F2:** Kuyungizya mbuli ndiswe notutanjidwe, aswebo buya cakatugusya mizeezo. Ciindi notulangilila beenzuma liya zyobacita, nkobapilingana, nkoobaalabana...tulaiya ikuti bumwi buzuba ciyakuba alindime. Kanji kanji cakatuyiisya kuti eeci cintu tacili caali. Abaya bantu ncinjila buya. Ino aswebo kulizyeziya zytwakazyana cilatunoneezya inga wajana walimvwa kuubulilwa ayebo mumubili notanjidwe. Noimba kaimbo ulamvwa amoyo woonse waanguluka. Amizeezo yoonse njojisi yakuti ndiza kuli ncoyeeya cimwi, ilasakana kwiinda mukaimbo kaya nkooimba, kakuleta mumsi mumsi mbuli kuti waba aabuumi bupya
- M:** MuciTonga baamba kuti kuli zyiimbo zyimana nceya. Nkaambo nikuba kuti kuli kakunyongana, aabona lwiimbo lwalo ulaanguluka...Ina kuddilwe? Kusilikwa buti...
- F2:** Nkusilika kayi inga moyo...yoonse mizeezo njaajisi yakusowekelwa yuulya ngwalila, yasakana nacilangilila babaya baimba. Nkooti ulajana kwaangula aalya beenzyinyina nobaciimba. Bazyi kumusiya liya, inga niiboola iilya mizeezo yakuyeeya muyandwa wakwe uulya wakamusiya. Cilakulwaizya kapati, ncibotu. Olo kutali kudilwe, ulikkede buya ndiza kuli kantu kakucima, abana bakulubizyila cimwi cintu, ino wacimwa. Ino ulaimba kaimbo kamwi kufwumbwa kakuselemukila kumoyo wako kuzimaazya mizeezo ilya kutegwa uulya mwana utamucisi. Waimba kaimbo kaya bukali buyaabuceya, limwi wamulekelela
- M:** Nkaambo naa mulayeeya nkutwaatalikila katwaamba zya nseba twakaamba kuti nseba zyili munzila zyinji...kuli zyaamubili, mbomukkala abantu....ono

mbwindakabona aalya nitwaalikwiimba buya buzuba, kwakaboola bantu banji banji baataliko amu programme. Ino mwacipandulula buti eeco?

- M1:** Bakacikkomanina nibakamvwa kuti mboobu mbocibede. Ino atuunke tukaakumuteelele. Ino balabwezelezya aboonse kufwambwa uula a Masabe, inga bantu balavwula baboola hopu kuzyikunoneezya babaya ncobacita
- F4:** Abalo lwabo kuli bukwelelezi lubakwela kuti ndeende kuya nkaubululwe. Kutegwa nseba yangu ibe kabotu
- F3:** Inga azyikuyeeya kuti nsijisi male aakuti nkaakweete syingoma, ino saa ooko kulikkika buya, nkwiile kuya, akunywa ma dilinki...nkujana taaku, lubilo.
- M3:** Atwaambe boobu, muntu amuntu uupona ulijisi bulwazi bwamizeezo. Bwalo bulwazi bumana kwiinda mukumwiimbila, ndiza alikke waliimbila kaimbo. Ndiza mbweena oobu waunka aalya mpobasobana, mpobaimbaimba, walisilika. Bamwi tulababona aabe mbeena banjidwe Masabe, ikuti nyimbo kiitanasika iimusilika, inga balema buya kubbantaula ngoma kaile kukkede ansi. Ino mboitisike nyimbo iilya mulabona nkwatiinyamuke watalika kuzyana. Kuya kuunka cifwuno kuya kumwaanzya kuti mwabuka buti ulamvwa taaku tuli kabotu. Yaamusilika.
- M:** Ndaalimvwa kusilikwa andime nokuba kuti tandinjidwe...
Mulimvwa buti kuti mwaimba ciimbo cenu mpoona toonse twasangana?
- F2:** Tulakondwa toonse
- M:** Ncinzi caagwasya kapati kuti cizyano ceende kabotu?
- M3:** Kuyeeya kwanga cakagwasya kuti ceende kabotu, 1 ndukamantano, 2 kuyandisyisya kuti aumwi abone citola busena mpoona 3, bamwi kuli bakunga ati neenda uli minidwe ino ulaamba ndaakusika nkaakusangane abeenzuma nzyobaya kucita ambe nkacite. Banji ncibaali kuboolela
- M:** Ino bamwi?
- F3:** Caatukkomanisya nkuba amweenzu waatuletela kwaanguluko, twakazyi kumvwa kabotu. Nkujana bantu boonse bakakondwa. Aswebo notuli ang'anda caatukonda, caatubaubila

- F2:** Kulubazu lwangu cakandikkomanisya, ndakabona kuti kuli luyando akati kesu kotalikila kulindinywe ba bbulaza. Mulijisi luyando kulindiswe tobantu bana Haanjalika. Ikuti mulete programme iilu mbuli bwayeeyi, kutegwa tujane ibusilisi mucooko cesu, nkaambo mapenzi ngotujisi kokuno, andinywe mwakaabikka kuti mapenzi aanu. Ikapati buya inga mubufwaafwi ndacibikka kuti mwakaba aluyando kulindiswe kutegwa tuubulukwe alimwi twiye. Tube aaluziyibo kuli ceeci cakali kucitika
- M:** Mbuli mbumwakaamba kuti cikatazya Zyikolo, ma church azibbadela....
Ncinzi ncomunga mwayungizya kutegwa eeci cibote?
- F2:** Aawa mebo kuyeeya buyo kwangu, ndalikulombozya kuti kubosya eeyi programme yataima, yazumanana kuya kumpela ikutegwa igwasyilizye bantu mubusilisi amubukkale bwabo. Itaimi izumanane kuya kumbele kutegwa tugwasyilizyane kwiinda mutunsiyansiya.
- M:** Ngoma ilaswanganya bantu. Ngoma njiyaali kutondezya kukkomana....
- M1:** Ngoma zyilalila kutegwa aumwi aubuluke. Ciya cintu cilabota. Pele olo wabululwa, walulama, kulacaala alimwi cintu comwe ncotunga alimwi twatalikwa kwaamba kuti ino pesi ooyu ono walibonya kabotu. Hena ngoma zyaabikka meenda. Ino ngoma zyabubikka bulowa...mpotwaambila kuti akwalo kucibbadela Kubota baakusondela kutegwa kwaba lugwasyo akooku akooku. Zyoonse zyintu zyilayandika.
- M:** Ino nywebo nomwaatola lubazu hena kuli kulimvwa kwiindene.
- F2:** Kwiindana nkokuli nkaambo twakaiya ncotwatakazyi. Twakaiya kuti inyimbo ilakonzya kusilika muntu nkaambo twali kubalikila buyo muzyibbadela amubang'anga. Ino twakaiya kwiinda my programme eeyi.
- F3** Nceciya acikaambe-kaambe bantu bakali kusotoka, ikupalaya. Twakabona kuti nceciya cilabeleka. Twakaiya kuti acala cikaambe-kaambe cilanjila bantu. Canonenzya camunjila.
- M3:** Kayi mbuli ndiswe notunyina zyinjala, tulasilikwa mumeso amatwi. Wajana mpobazyana bantu aalya, meso azyikubona, mubili nkobuli mbuube wacinca obuya. Amana matwi atalika kuswiilila, ulamvwa alimwi mubili wacinca,

waambulukwa. Naa noozwa kung'anda kuli bali kubwekana, wasika kokuya ulajana waubuluka. Mapenzi oonse alaba Ambala, wacinca mumizeezo amumubili.

- M:** Twasika kumamanino, hena kuli cimbi ncomuyanda kuyungizya.
- F2:** Kuyungizya nkwakuti eeci citabi biyo cabasi Masabe balikke, aswebo lwesu tobeni, ezyiya zyatusiya-nsiya tutalizyileki katuzumanana nkaambo zyakali kugwasya kaindi. Ikaindi kwakali kunga kwaboola mwiika na ncifwumu, batola kuli yuulya uunjidwe bakanyika musamu. Mpoona bana baniini boonse aaba twaalikutola kusanzya. Cakali kutugwasya nkaambo cifwumu neciboola, ticakali kuboola aanguzu. Tiitwaali kubalikila buyo kuti cibbadela cilatugwasya. Ino atwalo tunsiya-nsiya katuzumanana.
- M3:** Nkaambo kasimpe buTonga buyaabumana. Tunsiya-nsiya tuya ansi. Bakali kukubulusya tunsiya-nsiya bakamana. Ino kuti mbuli programme eeyi yazumanana, ndisyoma kuti munzi a munzi inga watalika kwiiya tunsiya-nsiya...ikutukubulusya. Nkaambo ndaambide kuti mbuli bama ngambela bamalende batalika kupanga cipaale. Ino mukupanga cipaale amankolola atalika kufwa, batalika kwiile kusyabwa basimbi baniini. Nkwiile kukwatwa tanakula ankolola kuti akaiye. Na baponede buti sunu mumaanda, cifwumo buyo wajoka kale kung'anda...eh banduuma...nkaambo tibakamulaya. Ndiza twazyikubulusya kulaba kabotu kuli baabo balaamvwe. Bamwi nkaambo tabakokumvwa.
- F2:** Mboona mbuli mbotuzumanana iciyanze cakuya ku Gonde, atwalo tunsiya-nsiya tuya tumwi ntutwavwukkila kunze ooku, atujokele katuyaabukubulusya, ikucita kuti tucikonzye kupona kabotu. Aano mazuba malwazi ncaavwulila nkaambo kakuti itunsiya-nsiya twatusowa. Muntu wasowa, naa ndida lyazwa, tawwundikwi. Kaindi bakali kuvwundikwa mwezi mung'anda tazwi kutegwa akkale alike kusikila ciindi ncatikaanguluke kuti akatalike kusangana abantu. Sunu mbwaamana kusowa nkuunka nkuyabwaanzyana abantu. Ciletela malwazi. Amana malwazi aalya aanga waunka kucibbadela balaamba titwacibona. Catalika kutukatazya. Ino twali kulombozya kuti tuya tunsiya-nsiya atuzumanane kucitika.

M2: Twakaleka kusyoma ziyanza zyesu. Twakatalika kusyoma zyabazwa kule.

M: Ndipa kulumba kupati kulindinwe noonse. Kokuti mbaakani yesu kwasunu mupuyasimpila aano. Ndalumba kapati nkumwatola lubazu mukwiizya ooku. Ndicizumana kwiizya abamwi munzila njoona eeyi. Twaakumana kwiizya ooku, tuyakubamba mbaakani yakubelesya zyiimbi mubusilisi kutobelanya akulombozya kwanu kwiinda mukwiizya ooku akooko kuboola kumbele. Bwaino ndati, amulitesye amoyo.

FOCUS GROUP 6-

Date: 26 June 2018

Location: Ali ba Malita

Duration: One hour

Moderator: Nsamu Moonga (M)

Participants: Five – M1, M2, M3, M4, F1

Age range: 18 and over

Mutwe wakwiizya: **bukkale bwamu Tonga kucooko caku Mazabuka mukulanganya azyiimbo mbozyigwasya kusilika**

Moderator: Ndapa kulumba kupati kuti mwaboola. Ooku kwiiizya kulatola buyo woola lyomwe. Muciindi eeci, antela mukuyaciindi, kuti naa mwayanda kuleka, mulaangulukidwe. Zyoonse zyikananwa momuno zyileendelezyegwa mumaseseke. Tamukayubululwi pe kuti mwaatola lubazu mukwiizya ooku. Kuli ceeci ndipa kulomba kupati kuti anywebo maseseke mwaalemeke aakwiizya ooku, nokuba kuti mukayande kuzwa. Ndili mukubeleka abamwi bantu ku Chitongo kumvwentauzya twaambo twa Masabe azyiimbo mbozyigwasya busilisi. Ndili mukwaambaula abamwi bantu mbuli mpoona twaambo tuyakujanwa twakugwasya kubamba nzila yakubelesya zyiimbo mubusilisi kembele aamazuba.

Ndasyoma aawa nobanji nkakusaanguna kuswaangana, ndilalomba mulipandulule kwiinda kwaamba zyina lyanu alimwi amyaka njimwakkala mumunzi muno, Inga mwaamba acimukkomanisya kukkala oomuno. Akaamba kakuti tulakkopa namacaaca ooyu, twalomba kuti mwabandika, mubandikisye kutegwa namacaaca acikonzye kumukwaba kabotu.

Ndilombozya kuti tusangune kwimba antoomwe. Aumwi inga waangula ciimbo cili mumoyo wakwe kwacecino ciindi. Ndasanguna mebo.

Mwiinguzi: *Ndacilimba cikwama*

Boonse: *Kaciiba, kaciba buyo, kaciba [kwiinduluka mpaka camana]*

Uumwi...?

Ndiza inga twazumanana amubandi wesu wasunu. Ndila mibuzyo biyo misyonto itiitugwasye kubandika. Kuciliila a mbaakani njitwacisi buzuba buya, kakuli ndinwe mwakali kweendelezya, ncinzi comunga wati cakagwashayy kapati kumbaakani yesu njitwaajisi?

M1: Atwaambe kusanguna inga twalanganya bube bwa ciiyo mbucaboola. Ciiyo ceni kucigama cijisi kwiibalusya, naanka kutasowa cianza cesu. Mbuli boobo, inga twalanganya kwiiya nkutwakayia, akucicita cintu, twakaizya kusanguna, mpoona twakabona zyintu mbozicitika. Zicitika ncobeni. Mpoona mbutwakayeeya kuti, tutacaambuli buyo kumulomo, atucicite. Poona twakacicita kweendelanya ambutwakali kwaambaula. Nkokkuti cakaba citondezyo cakuti tatwaambauli buyo. Tulacicita amana zyilagwashya.

Ino kuboola mbuli kuciiyo, naanka kuboola mbuli mbumwakaboola, kusola kuyandaula kuti eeci cintu mpali mpondinga ndacijana, ino cakajanika. Mizeezo yesu, kubaanga nitwalikuzyicita zintu, kwalikuboneka kubaanka kuli kudyamininwa. Ono nitwakazyikuswangana waano acilawo akutalika kucaambaula akucicita, akuciiya, twabona kuti, mubuntu bwesu, nkobali bazyiyeeya zintu eezyi kuti nkozyili mucisi amana, zyilacitika. Mwati nywebo, “Ino nkuli nkotukonzya kuzijana.” Mwaboola kucooko cesu kuno. Mpoona twaciiya akucicita. Nkokuti, knozyili alimwi zilacitika. Ino kukulwazya buyo nkwakuti, twalikulombozya kuti kacikwazamuka. Ciyandilile buya cakuti naa kuli balikuyeeya kuti eeci cianza cinikuya ansi, swebo notuunka mujulu. Nkokwaambaula kwangu ooku.

M: Mmm...mwamba zinji aawa we. Nkaambo awa ndimvwa zintu zyobilo. Mwaamba makani akudaymininwa. Alimwi kuli basibusongo naa bahaabupampu mbuli ndiswe baiya ‘Music therapy’ mucikuwa, ino inga mwalaya buti bahaabupampu bazwa kule. Mbokuli kudyamininwa a church, cibbadela, a cikolo, ino swebo notubeleshya zyiimbo inga twatola buti lubazu kufutula bamwi akubapa nseba zyibotu. Kooko bamwi we?

M2: Ino mbuli ndime mwabona ndiile kumwine awa. Kutu buyo tindakaliko kumatalikilo. Ndajanika buyo akatikati. Inga ndaamba kuti muzeezo uli

kabotu. Nkkambo swebo kayi tucilibana. Eeci ciyanza twakacijana. Twakacimvwa kabacaamba. Kayi ino swebo kwajanika kuti tuli bana. Ino titwayanda boo kuti cinde buyo kucaamba. Cakacitwa antangalala. Bakalikumvwa buyo kuti eeci cintu cilacitika, balibonena ameso kuti anu eeci cintu nkocili ncobeni. Balapona bantu. Balasilikwa mumasabe. Alimwi inga ndaamba kuti kacizumanana kuya kumbele kutegwa baciceede mumsi batacaali. Kwaali malwazi amwi ngotujana atakonzyi kupona kucibbadela. Pesi aunka kucintu cisiya, balaamba muntu wapon. Ncitondezyo cakwaamba kuti cilieelede acalo kucitika. Nkokwaamba kwangu ooko. Kacizumanana. Kaciya kumpela.

M3: Kuyungizya abandikila musankwa ooyu, twaambe kuti muma ‘age’ esu aaya, mbuli ngitwakazyalwa, twakajanika kwaali muntu ngubaali kwamba kuti ‘Bbala Ngómbe”. Ooyo wakali kucikonzya kwiimika zytima zyobilo. Twakamvwa ‘history’. Ino mbuli programme eeyi yaboola, iyanda kuyaaminzya tunsiyansiya twabutonga, ilakonzya kutugwasilizya. Olo ban abaya batiikaboole mumsi lyesu, bayakuzyiba kuti eezyi zintu mbozicitika mbuboobu. Bayakujana kuti kuli bulembo buliko. Abana bacikolo bayakujana bubotu mukwiiya tunsiyansiya twabasikale. Mboona mbuli mbutakalaililwa amuntu wa Bbala Ngómbe. Balo inga bajana kuliisya zyatunsiyansiya. Nkoukuyungizya ooko.

M: Atumvwe mizeezo yangoma na ma guitar?

M2: Kumbali kwa ngoma, inga ndaamba kuti na kwaboola muntu uuyanda kusilikwa, turlanga ma type obilo. Ngoma mbozyuumwa kutliindeni. Kuli baTonga bakokuno. Kuli baLenje. Abalo baLenje balazyana masabe. Abalo bali a type yangoma njobabesya mbozyeendelana anyimbo zyabo. Twaboola kookwesu kuno, tulenzi kuti tulabaumina ngoma zyamusyobo uli boobu. Tulalanga kubona kuti muntu ooyu bulwazi bwakwe, ngoma zyakwe zyabuti. Kaambo tusalamuhsyobo ngwakonzy kumvwa mpakede. Twalanga mushyobo okwaakwe. Naku baLenje, twazyiimba zyiimbo zya baLenje. Kayi swebo yiimbo zya baLenje tatuzyinzyi. Kooti ba ‘family’ yakwe, aibanda nyimbo balamuvwiila kwamana. Tulakonzya kunjila kuuma ngoma.

- M1:** Iguitar, chimwi cintu ceendelana amun'ganga. Mpoona, mungánga naajan muntu uusilikwa, ulamuzumba akweendelanya abungánga bwakwe. Ulazyiba kuti ooyu muntu uyandikana kuti agwasyigwe ceeci. Mpoona ulaita ngoma, ualita ma guitar. Nkokuti casika ciindi ca maguitar eeni, kuli zyiimbo walo zyanzi mubusilisi bwakwe, kuti ndaita ciimbo cili so, munduumine ngoma...akusilika kwamuntu ooyu. Mpoona ulainda akuzyiba icilubide muli yooyo usilikwa mukwiinda a muguitar. Ibelekela antoomwe amungánga. Kuli zyiimbo buya. Takuli kuti zyiimbo zyoonse. Zyimwi zyilabeleka, ino kuli zyimwi zyeendelana a mizimo, kutegwa kuti bacikonzye kusilika muntu uuya.
- M:** So, muntu a muntu ulaazyiimbo zyakwe zimugama.
- All:** Anha...
- M1:** Zyakonzya kuti aciimba ecco ciimbo, ulaanguluka. Alimwi cilakonzya kumutolela ciindi kuti azikuzyibe cilubide ku muntu uuya. Kweendelana a zyiimbo mbwaaita, ulakonzya kuzyiba cilubide. Mpoona abona ndiza mulaita boo 'first chorus', 'second chorus', ulamwiimika. Ulatalika kupandulula luwo lwaoyo. Mbulubede. Mbolweenda. Kweendelana aciimbo ciya ncaita. Mwamwaangulula kutegwa ajane cilubene.
- M:** Na twalanganya mbaakani eeyi, kuti natwalanga mbuli mutwaceendelezya mucine, ncinzyi ncomunga mwayungizya, nankuzwisya.
- M1:** Twaambe kuti mwabuzya kabotu maningi. Twalikulangila kuti aako kaambo inga tulakaamba kufumbwa buna ciindi twabonana andinwe. Kusaanguna, kusola kubamba cizyano eeci, kusanguna, cijatikizya ciindi. Ciindi cakumazuba ncisyoonto. Kuyandika buya kuti ciindi kaciliko kuseeni kutegwa mbomuyabuya, mwacita bweelede. Tobantu basiya, bamakuwa bakatunyanga ma hours amwi. Mpoona, kuboola kucibeela cacizyano eeci kucigama, ceelela kuti...mbweena mbuli mbumwabuzya kuni ndiza inga twaakucicita alimwi kumazuba aboola, caakucitika ino, amukatutondezye buyo kuti cilayandika kuti cicitike. Mpoona tukacicite mboceelede. Alimwi bayakulanga bakabone kuti, ncobeni eeci ncobacita, ceelela ncobeni kweendelana amubacicita. Tukamuletele bantu beelede. Mpoona akucicita kutondezya kuti olo ulanga kakoznya kubona kuti ncobeni ncobacita, cileendelene acicita ooyu.

Nkaambo cijisi bantu botatwe eeci cintu. Kuli mungánga, kuli uuciswa a bassikuuma ngoma ama guitar. Ino inga kucicita kuti ceelele boobo mbotucaambaula, nkokuti amukatulkele kuti tu kacicite organise, mpoona mwakuboola mukajane kuti mwalanga buya anwebo, mwalanga ncobeni kuti eeci ncotwaambaula nceeci mbociboneka alimwi mbocicitika mbweena oobo. Oobu mbutwalikucicita, twalijisi buyumuyumu. Kaindi mbutwalikucicita. Kaambo twalijisi magatagata. Kaambo tacitondezyi uuciswa. Cakalikonzya buyo kudondezya bazyana abauma ma guitar. Pes, hena mukamwini ikuciiyaka eeco kuti kulibonye kuti caba boobu, kunyina. Taaku waalikulitondezya. Nkaambo kweelele kuti kakuli muntu wazi kucita organise kuti cibe boobu mbucaboneka. Wakuswanganya bantu aaba kubabngika. Silutwe kalibonya kuti nguyooyu.

M: Ndalikuyeeeya cibaka cibweza muntu weendelezya. Nguni weendelezya masabe?

All: Mungánga.

M1: Imunga'nga ngu eendelezya. Kalibonya buya. Walibonya munganga. Kwalibonya ucisawa, mpoona kwalibonya babeleka mulimo ooyo kuti bagwasye ooyo uuciswa. A bantu buyo bazuulizya. Sikucicita kalibonya. Kutali oobuya mbutwaalikucita. Pesi akali kuboneka kuti inzya masabe ino Nguni aalya uulibonya kuti nguwaciyaka ciya cintu. Tako. Taaku nakalikutondezya.

M: Ino bamwi.

M1: Mpoona awa kandicili waa. Mungánga weni kumugama ulalitondezya kuti ooyu mungaánga. Nsimino yalo abweendelezi bwakwe bulalitondezya kuti ooyu mungánga. Abalo basikuzyana balo nsamino kuli mbwabaambila kuti kamusama boobu, kutegwa muboneke boobu. Aswebo tobasingoma, inga tacili cisamesame buyo ati nkaambo ndiya kuku bantaula ngoma. Kolibonya kuti uuya muntu uuyanda kucita eeciya ulamucanka.

M: Kkokuti kuyakumpela, natwaakutalika kubeleshay zyiimbo angoma mubusilisi, kulayandika kuzyibambulula kuti zyeende mbozyeelede.

All: Inzyaaa.

- M1:** Mpoona inga twacitola amuntu uuteywa munga'nga. Mpoona kwalibonya atwaanda azyili buti. Izibeshyo zya mung'nga kazitondezwa kuti aalya mpobacitila eeciya, paa mung'anga. Kutali kwiicel kucita buyo. Kayi bantu inga baakuziminwa kuti ino mpaali pocitalikila cintu cako. Kuli muka mwini weendelezwa. Kayi munga'nga mpakede kuli twaanda-aanda. Kuli mwabelekela. Kuli mwacita buti. Zyoonse ezyo ziyandika kuti kazilibonya. Insamino yakwe, zisani zyoabebesya, cilibuti, malungu, kaalibonya kuti azyibwe kuti mun'ganga. Teelele kukonzanyanya abantu baitwa kukusilikwa. Kakuli kwaandana. Pondimanina awa.
- M:** Ino mebo kuti ndaba mun'ganga, kuli kuyeeyela kuti ndiboneke buti? Na ndibe buti?
- M2:** Mun'ganga ciindi nebanjila kuba ban'gnanga, balijisi ma uniform aindene-indene. Baunka baakunjila ciliboobu, ndiza nci dress cilasalala, kaambo cuunka muma type. Aabona abbasama ca white. Inga ncobasamina oobuya nkucita kuti, casika ciindi cakuti bajane muzeezo ookuti kuboole musamu wakumanizya ma programme okwaakwe, ulacincacina ikusama. Mboilaa kuba oobo.
- M3:** Ino olo nataninga sama zisani eezyo kuti muntu aboneke kuti mun'ganga, amuntu alanga kuti ino uulya muntu uuli walya, 1. Atalika kwaamba kuti muntu ategwa waba mun'ganga, inga wakinda kale kumuntu umwi wakaba kale mun'ganga. Kweendelana aciciswa ncaciswa uulya muntu. Mpoona nakamubona kwaamba kuti uulya muntu weelela kuti abe mun'anga, atalike kusilika awalo, balasamika. Kuli bulungu mbobasamika. Ikujana olanga buya, te Mashombe wakaimba kale ciimbo kuti, "Mbaani baya beenda waalya?" Kajisi Baibele ulamba, "Mbaa Pastor baya". Kayi muntu omubona buyo kajisi bulungulungu, kwiinda akuzyiba kuti ngomuntu uusilika. Inga buya bulungu tabusamigwi buyo. Notuya kuboole ku ma uuniform aayo ngapandulula, inga nkobuli bubonezwa kwaamba kuti uuya muntu mun'ganga. Alimwi kuli zimwi zyacita acicisa cakwe cajisi cakuyaabusilika.
- M:** Atulanganye kulubazu lwanu. Caamba nzi ikutola lubazu ku mbaakani eeyi?

M2: Ikutola lubazu kumbaakani eeyi mbuli ndiswe notubaumina ngoma, twakalikupegwa talent. Taaku kuti muntu mbaabola kuti ndiyanda ceeci, catakonzya kukwanisya. Zyipecto ziya zyakugwasya. Mbuli buponi mputupona, talent njitwakapegwa swebo, njauktegwa patakapingani bantu. Kumana boobo, kulajanika, twatalika kusobana, mbweena mbotusobana, kujanika kwaamba kuti, mukosobana muya, cimwi ciindi capindamuka. Wabaa a zyingjila, pesi ndiwe uubaumina ngoma. Zyakuyanzanya zyingjila. Alimwi baa azyinjila. So, ciya chipecto. Kanjaanji, aumwi mwami leza kuli paakamubika kuti yebo kolisyaminizya waawa. Ino twabagwasyilila baya bantu, nkaambo twakapegwa cipego, kwaamba kuti kamuya nobana bangu ansi awo mugwasilishye baaba bali ama penzi muli zeezyo zyeena. Mutwaacitambula eeci cintu.

M1: Mpoona kukwazamuna muzeezo, ikuba mwwimbi bunji bwaziindi, ni talent mpoona akuyandisya. Kutu noocibona kumweenzinyoko, mpoona caba mumizeezo yako. Nkaambo eeco cintu cakukkomanisya, ulajana nzila yakwaamba kuti ube aancico. Ulajana muzeezo wakutu cinjile naa ucizyibe.

Mpoona kuboola kuzinjila, kwiina kuti unjilwa buyo kakunyina uwaako, musule oomu mumzyalanwa. Olo koli mwiimbi, uyakujana kuti ndiza uyakucileka akucileka ouma ndiza ngu ten olo fifteen years jtaku notikategwe wakanjilwa. Kaambo kakutu mubulowa bwako taciko. Izyinjila buya mazyalanwa. Kutu obona muntu ulauma ngoma poona watalika kunjilwa, muzyibe kuti mumazyalanwankocili aakale. Ino inga tanaazyi biyo kuti mumubili wakwe nkocili. Mozyivwula kuba. Bunjibunji ma talent aaya, kwaayandisiya alapa limwi ucikonzye buya mbweena mbuli lwiiyo ndomwiiya mu kilasi. Kutu wayandisya kale ciidni nobaisya bayi, mukuyandisya kwako lyoonse toni kuzwi munsu a mwiiyi kutegwa kuti koya abuziyiba muya motanzyi. Muya moyabuswena munsu amwiiyi, alimwi akuyandisya kuziyiba aalo mano aya kumpela, usumpuka biya. Mbobwiimbi abwalo mbobubede.

M: Ino kumbali lyanu nobasi ngoma, mulajana bube naa?

M1: Bube mbuli notucita, mboona mbuli mundaamba kale kuti kuyandisya, cikkomansya mubili. Kaambo nociyandisya ciya cintu, cakunjila

mumizeezo, wayanda kuti kandicicita. Ono akaambo kazyina lyakuti uulya muntu ucita cili boobo, waba ampuwo, izina lipati, alimwi akuunvwa mubili wako kuti eeci cintu liya notucicita, nkokuli mbotumvwa free. Kukonzya kukkomana buya. Ino mundacia boobu, kooti amubili wakkomana. Mizeezo yoonse yabeleka buyo mulimo wakucita comwe. Uni kuli free. Alimwi kufumbwa kuti kuli notacicita aawo, kubaanga kuli calubila. Kufumbwa aniini buya kuti wacigumaguma, inga taaku biya, wakkala moyo.

M: Ino kuli ciindi cebanga bantu baba anga wanjilamucibbaka caakwe alike.

M1: Enhe...candeene buya. Na ulimucete, tulabusowa bucete. Na ulimuhubi, twabubikka ambali buhubi, kubona ceciya ncocita, kuboneka kuti buponi boonse buli kabotu akaambo kaceciya ncocita. Cakupa ‘mindset’ ilya, ziya zimwi kuhikushya. gTaku cokonzya kuyeeya kunze kwaceciya ncocita pe. Ino waakuleka kubeleka notikayeeye kuti anu kuli kaliboobu akaliboobu nkeelede kucita. Kwaciindi eeciya, ulanganya buyo ceciya ncoolikucita. Yoonse mizeezo antoomwe, amubili antoomwe. Antoomwe abulowa. Bube bwamubili mbuuyanda.

M: Ino nywe badaala.

M3: Mbubapandulula kale bamwi mbaaba awa. Mbotulimvwa, ku side kwangu, ciya mukuciyanda mbuli mbubaamba kale. Zimwi zintu inga tatuziciti buyo pe. So, izintu kuti ni twayanda kuzicita eezi, yakaba talent buya kuzwa kuli leza. Mbutwazitalika kuzyuuma. Mbuli ndime, tiikakkwani one week syuumi ngoma. Ime inga ndiba penzi buya. Sometimes olo masiku so, inga ndabuka, ndalikke ndatalika kuuma ngoma. Ndilakuuma ngoma, balamvwa boonse kuno kambo ndakaciyandisya maningi. Maano akamaniina kuli ceci cintu ncendicita. Tulalimvwa kabotu kuti muntu wati, “Basa amuboole municitile ca so cintu”. Inga nguzu twadabuluka kale kayi inga aswebo twajanika ciya cintu twakaciyansyisya. Kutu tindauma ngoma, nkulimvwa kucengama. Inga bulanyongana buumi.

M: Ambey inga mbondimvwa kuti na tindaimba. Mpaka ku kaangula kaimbo.

All: Inzya. Mpaka buya kukaangula.

- M3:** Olo ngoma yalo kuyuma buya inga wakkala moyo. Ime inga ilasika buya kuno. Kufumbwa kuti caamba kale, inga ilalila buya kasimpe mebo. Bakazyibila biya bantu mazuba aano. Zylalila buya kufumbwa kuti caamba kale.
- M1:** Mbocibele oobo. Inga abona ulikkede, ndiza three days olo four days, kuli baboola, inga mubili weni kuli mbuulitondezya. Kwiinda akuzyiba kuti kuli baboola bakonzya kundibweza any time awakuti mukaakubeleke mulimo ooyo. Mubili inga nkubuli mbuuba. Mbokubede oobo. Mbokubelekwa muzizyano zyesu eezyi. Cilakwelelezya. Cili mbuli magnet.
- M:** Nkokuti aawa mbuli mbumwaamba, muntu takonzyi kwaamba kuti mebo nduuma buyo ngoma, nsiko kuli zyimwi eezyi.
- Boonse:** Peepe.
- M1:** Tokkonzi kwaamba boobo pe. Olo mbeena bazyana baya kuti naa capehama, inga mwabona bacita slow down. Nkokwaamba kuti kuli mbucaimpana. Kutu Kamuli mu line antoomwe, mulacibona buya abubelesi. Mulalibonena kuti aba bantu balijiseni alya. Olo oboola umbi buyo, mbwaboola wazyikupanga cimbi, notutanamanizya kuli ceciya nncotucita, tatukonzya akuciteelela ciya ncakonzya kwaamba ulya muntu. Until swebo mizeezo yesu yaambe kuti atucite boobu ino awa. Kutu tiibanzyi kuti kulicicitika. Inga mbubeslesi bwantoomwe.
- M:** Atubandike kumakani abatanjidwe. Kaambo kuli banjidwe, pesi abatanjidwe balazyana.
- M1:** Kufumbwa muntu, naa uteelezya buyo, ulacinjila eeci cintu. Nkugama kuntu komwe. Olo walikweebela buyo, apiluka kungaanda uyakwaamba kuti okuya nkundabede ndakujana kulicicitika, mpoona ndaakubasangana baya bantu kucicita eeco cintu. Cilamupa bube bumbi. Cilamupa kuba butali mbwaasikide.
- F1:** Ba, kuti zyalila biya kamuliko olo nemweebelela, inga zyamukwelelezya. Kwiile kotalika kuzyana. Inga mizeezo andinywe maunkilila kuli babaya banjidwe. Komusanizya meso, andinywe camukulwaizya, kotalika kuzyana.

- M1:** Inga mwajana muntu kalilila lila musana, inga mbwajintaunkila buyo, nekuba kuti tanaawa, buce, ati waba kabotu.
- M:** Kuli milimo.
- Boonse:** Inzya. Kuli milimo.
- M:** Kuti naa kwasika muntu uunyina ncaznyi kumakani aa masabe. Asike waamba kuti kamucileka eeci cintu ncomucita, tacibeleki. Inga mwamupanduluda buti.
- M2:** Ooyu muntu kumuvwiila nkondikonzya kumuvwiila: tulikwete malende. Aayo malende, bapima mvula, banjila mucilinga eeci nceena camasabe aaliko. Banjidwe, balaunka kumalende, mwaunka mwaakukambila, imvula ia showinga, na kwaamba kuti imvula nkoyili. Ila ba showinga abaya bantu. Mpoona, ndiza mvula yaunka, taiwi, mulanvwa ati katuya tukaa kukambile. Mwaunka mwakukamba. Cimwi ciindi, ndiza nkomucikamba, imvula mulabona yawa. Ino inga tiimwamubuzya kuti ino malende ciimpeni buti amasabe. Nkkambo baya bantu mbaasikunjilwa. Zyezikontololama programme alya oonse.
- M1:** Ikucita cintu tulaandeene bube mbotubede tobanu. Alimwi ankotuletezya. Muntu uuletezya kumukowa uutaciswi, inga ka kakanyana buya kakaka nkaambo tabunzyi bube mbociboola alimwi ambocicisa. Ibalanzyizyi, nkobuli mbotucilemeka. Nkaambo inga tulinzyi kale kuti ncicesu, nkocili mumubili. Mpoona, kulibabaya banga aboola waamba kuti ino eeci mucita nzi? Inga bubi bwazyiindi tatuvuli kubatobela nkaambo inga bamwi uyanda buyo kumunyonganya ali ceciya cintu. Ikuvula kucita eeciya, mboonya mbuli mbutwaamba, cilaboola mumukowa, mpoona tulacicita kweendelanya ambociboola. Mpoona umwi naayanda kumunjila kakuli mumukowa wabo tabaciciswi, a-a. tatutobeli. Nkaambo tulabona kuti ulanyonganya buumi bwamuntu ooyu.
- M3:** Alimwi ulajana balazzyezyiya zyintu inga balazyiba kuti ooyu muntu uboola ngusikweena. Tali muntu wakuti tuli antoomwe mumucito ngotucita.
- M1:** Olo kumulwana buya.

- M3:** Inga mwalibonena buya kuti ino awa cakatazuya.
- M1:** Mpoona awo inga mwatalika kwiintamuka buya kuti, “Ino waamba nzi, waamba nzi?” Akaambo kakuti mizimo nncimwi cintu cijisi networ ikonekita. Kufumbwa buyo kuti kuli calubila, ilafwambaana kuzyiba kuti eeci calubila caletezya waawa. Oopa kuti cibe boobu ngu cite. Mulabona buya kuti balamunyonganya. Naanka kumuuma topu. Ngwakuvuna buya. Nkaambo ulacinjila bunji bwazyiindi, muntu ubaanga usondokede buya. Mpoona nacita cintu, ulacita anguzu buya, nkobuli mbozyiindilila buya.
- M:** Ikumaniizya kwwiizya kwesu kwasunu, antela kulu bacijisi cakwaamba.
- M1:** Ikuyungizya kapati inga kuboola kuli ndinywe imwaibaluka kuti eeci cintu nkocili mucisi cakookwesu. Inga tulombozya kuti, mbokunga mwacitobela alimwi mulayanda kuti kacilimvisya mumibandi alimwi kaciboneka mumicito, citabi cintu cakwiile kulekezya. Kacibe kubaanga cilayandilila. Tucikomezye. Kutegwa kuti, banji banikuyaabulanga, mpoona tunikuba amizeezo yakubaanjiyo kuti ino cigwasya buti? Ino cijisi bubotu buti kuli uumwi aumwi uciciswa. Nkaambo twacicita kuli uumwi, mpoona wapona. Watalika kulibelekela milimo njaatali kubeleka. Nkooti twaamba kuti, cilijisi bubotu. Ino bubotu buya tuyanda kuti, oomu mulwiiyo motuyabwiiya, nkooti atukwazamune kutegwa kuti tugwasye bbamwi bantu. Kutegwa kuti bacikonzye kupona maumi aelede.
- M:** Nitwaalikubandika akusaanguna, kwakali kwaambwa kuti ibanjilwa banjililwa kugwasya cisi coonse.
- Boonse:** Enhe...
- M3:** Banjidwe baiminina bantu boonse. Nkokuti mu masabe aaya, bantu boonse balakonzya kujana bubotu kwinda muli babaya banjidwe.
- M2:** Nkkamobo olo mumasabe, abatanjidwe boonse inga balatembelela ikutundezya kuti aaba banjidwe balikwabililwe.
- F1:** Ikusilika kulainda muli babaya banjidwe kuya amuli batanjidwe boonse.

M3: Nekuba bamwi batanjidwe kabataciyandi, casika mpocisika, inga waakumuyanzanya uunjidwe limwi waakumubamba. Atu cijate aanguzu eeci cintu. Cintu citeelede kuleka pe.

M: Kokuti mbaakani yeso kwasunu mupuyasimpila aano. Ndalumba kapati nkumwatola lubazu mukwiizya ooku. Ndicizumana kwiizya abamwi munzila njoona eeyi. Twaakumana kwiizya ooku, tuyakubamba mbaakani yakubelesya zyiimbi mubusilisi kutobelanya akulombozya kwanu kwiinda mukwiizya ooku akooko kuboola kumbele. Bwaino ndati, amulitesye amoyo.

APPENDIX H.2

TRANSCRIPTS OF FOCUS GROUPS 4, 5 AND 6 (IN ENGLISH)

- Date:** 25 June 2018
- Location:** Malita's homestead
- Duration:** One hour
- Moderator:** Nsamu Moonga (M)
- Participants:** Four – F1, F2, F3, F4

This is the focus group comprising the people who identify as basimasabe. These were the people with the affliction. This focus group took place five days after the masabe ritual we had because I was unable to follow up sooner, as I was recovering from an illness. The fact that I took ill on the evening of our masabe session made the focus group participants believe I too was afflicted. They suggested that I pay attention to the internal invitations and respond accordingly. Four participants attended the focus group. In honouring confidentiality, I here identify the participants as F1 for Female 1, F2 for Female 2 etc. All participants in this focus group on this day were female.

- M:** First of all, let me express my sincere gratitude to all of you for coming to the focus group. As regards the duration of our discussion, we shall only take one hour. At this point in time or as the discussion progresses by, you may end the discussion as you may wish. Whatever is discussed is confidential. Never disclose to anyone else that you participated in this exercise. For this I wish to urge you to keep this confidential even at the time you will leave this group. I am also working with other people from this same area regarding masabe and how the musical healing ritual works. Through our discussions, we find ways of using musical healing to heal people in the main in future.

I see that there may be someone who was not part of the first meeting we had before masabe here. Is it necessary for each one to introduce ourselves again? I will introduce myself and then let the one person who was not here previously

introduce herself. You may tell us your name, your age and how long you have lived in this area. You may also want to tell us what pleases you to live here. To all of us, because we are using video recording, may I encourage you to speak loudly and clearly so that the recording shall be clear.

My name is Nsamu Moonga. I am a music therapy student at the University of Pretoria in South Africa. I am here on a study to explore music therapy among baTonga of this area. You may know my parents as from this area. My roots are traced back to here.

F1: My name is [F1]. I have lived in this Chitongo area for 42 years now. So far, I can say I am pleased with the lifestyle of this area. The thing is, we left our original home village a long time ago. When we retired, we came to settle in this area.

M: Thank you. Shall we proceed with the focus of today's discussion? The focus of our discussion today to reflect on our experience of masabe from a few days ago. I have a few questions to help our discussion. To start, can someone tell us how they are feeling after our musical ritual?

F2: As for me, I am fit, just like I was that day when we were dancing. My body is generally fit now; previously I was complaining of toothache and pain in the eye...but all is okay now. Even the headache is gone. My appetite is back on track. Previously I never had an appetite. But now I do.

F1: As for me from that day we were dancing, I have no pain; headache, legs, name it, all is fine now. As soon as I reached home that day, I slept like a baby. The following day I was ready for the routine chores in good spirit. I even worked on more demanding tasks and knocked off at the usual time. I literally worked on all areas to a point where, to this day, there is no single area which is paining. My flesh and muscles are fine.

F3: Ma, as for me it is a different story; my flesh (body) is unwell. Maybe it is due to the fact that I was kept busy standing over there all the time. My legs, especially my soles and feet are aching.

M: Have you been for tests anywhere?

F3: I am just coming from there in fact. There is no sugar in my blood. That is how I went to a Chinese-run clinic. There I have been told that I have too much fat in my body. It has been diagnosed that one kidney doesn't function very well. I am also anaemic. I was also told I lack certain valuable vitamins as our diet is poor. I was given some long tablets. I cannot wear my shoes the way my friends are seen comfortable. As, for me, my soles are paining and feel hot as if I am stepping on fire.

F1: Spirits entered you.

F4: No one bewitched you?

F2: You did not complete the ritual cycle.

F1: As for me, I never used to wear shoes. I normally used to soak my feet in the water. But when the masabe drum was beaten, one time this started early in the morning, it went on and on even when others were served with meals.

F2: No one has bewitched you. Your spirits are speaking to you.

F1: As the time approached 8 am, I felt so strange! My body felt strange. I couldn't recognise myself as human again. I would ask myself, "am I human or what?" During my earliest days of these attacks of spiritual possessions, I used to relieve myself within the house (bedroom) and not in the thicket (rural toilets). Whenever another person appeared, I would hide from their face. The toilet was in the house itself. When a wizard/witch comes, they would find me awake. Do you get me? I am now well, and I am able to mix and mingle with the masses. I am slowly forgetting my very tormenting past. These spiritual possessions are not inflictions from wizards' attacks. If they try to heal you using other people, they will worsen the infliction. They are not experts or gifted in this area.

F4: But who are your healers?

F3: I have no personal physician.

All: You see, F3? You have bewitched yourself!

- F4:** Never just say my legs are aching without taking medical advice and medication. Follow the doctor's advice very well. If you follow the instructions closely, you will get well. You might even say this witch is the one that had bewitched me.
- F1:** When this attack had seized someone; headache, legs, fever, nausea, and avoiding other people by making the toilet within the house. All this I experienced.
- F4:** All this area of my back is paining!
- F1:** There is so much discomfort in the backbone that it feels as if one is carrying a piece of a rail line. Now, it so happens that the day drums are beaten my dear friends, you find that angels come in two groups of fives, altogether ten. Then they urge you, saying, "Let's now step into the arena, to dance". There is one really good drum player. He is really good. Around 02:00 hours, drums are replaced by a guitarist. You enjoy and get real relief. A feeling that indeed you are fit.
- F4:** No ways my dear, unless you go through masabe, you will not get better. The pain in your legs will persist.
- F1:** Besides there is little blood.
- F4:** I was in the habit of taking off all my clothes; remaining the way I was born. I used to abandon my clothes within the house no matter how they tried to restrict me. And then the time came when I needed to go and bath, I would go out naked in broad daylight like this very time. Not even covering my privacy with my hand. I would walk all the way up to the water place (stream) while naked. And after bathing, I would get very tired again, yet I was required to walk back home, still naked the way I was born. Do you think these spiritual afflictions are a simple issue?
- F1:** As for me I was dwelling in the mountains. I would see different types of snakes; a white one, a black one and you stay put. Again, a spotted one in which one end was black and the other end white and the spirits say, your friend has passed by; there he goes. Stand up right away. This is how my breakthrough to have children come by in my family/home. Before these spiritual beings' past, I never experienced this attack. I would be seated in one position. If it means the sun setting while in that same position, so be it. If it means sleeping over in the

mountains, I would so. This is how these spirits treat you. Some spectators say we prefer dancing and shake our waists to show off our buttocks, yet it is not deliberate. We equally have no idea how these attacks come about.

F4: Yes, they say it is our own making.

F2: Some people may think that we are mentally deranged.

All: Indeed, there are people who claim we are abnormal.

F4: This experience is really painful; if it is not stomach pains, it is the legs that pound you. At this juncture, you have no decent work. And yet here you are saying we should be going to the hospital; hospital!!

F1: When the time to meet your physician has come, the healer boils concoctions in five big clay pots. The moment they finish boiling the concoctions, the spirits that possess you to begin to fight you, resisting to be cast out. The angels' dress code is like this; the right side of the body is red, and the left side is black like this hat. If they seize you like this, you are finished. They command you to kneel. You comply. When the marine spirit starts, it is only about marine affairs. In the water are a small hut, a small hoe and a small clay pot. The small hut is there erected. From there the angels pick you with a white plate. They now say, can you erect houses. We want to work. It must not sink or disappear. I am merely narrating to you.

F4: These are the same things that burn you if not followed to the letter. We are in distress. When we left this place, we went to for masabe at Musikili. We worked there for two full days; from Saturday till yesterday. In fact, up to now, we are still at it. I am fired up. Even if we are now told to go to cultivate in the garden, I can do so. I can leave behind the ones not willing to go.

F1: When a black snake passes behind you, and you pick a stick to strike it, you will discover it opens its mouth like this. After that, it lowers and puts its head on the ground.

F2: Talking of snakes, in my case it approached me and stood right in front of me like this. At that time, I was busy chatting with a certain lady at that small shop. While it had raised its head, I said, "What is this coiling around my legs?" It had coiled

around my legs. And the person who was standing next to me got frightened. But I wasn't. And then I said, this is just an ordinary snake. It had mistaken me for a tree trunk. That is how it dropped down and left.

F1: Those are yours!

F2: A red one in colour.

M: Mm... Is it okay if we proceed by singing together? We can take turns in leading a song of your choice. I will begin and then someone else may come after. And there we go with mine....

Song leader (mwaanguzi): *The sledge that you youngsters took to the crop field.*

All: *eee x2*

All: *eee, heavy is the sledge that you dragged to the crop field. When the workaholic man comes, he will pull it (repeat).*

Song leader: *little is the portion we shared with God.*

All: *Maili-maili (heaps upon heaps) little is the portion we shared with God, maili-maili.*

Song leader: *little is the portion we shared with God.*

All: *Maili-maili (heaps upon heaps) little is the portion we shared with God, maili-maili.*

Song leader: *at the place we met with MukaMaambo*

All: *at the crossing point (is where we met with MukaMaambo).*

All: *Maili-maili (heaps upon heaps) little is the portion we shared with God, maili-maili.*

F5: Song leader: *Moses Kalumba* (accompanied by clapping)

All: *We are your humble servants*

Song leader: *We are pleading*

All: *We are your humble servants*

F4: Song leader: *Thunderstorms are rumbling and rumbling*

All: *the clouds are rumbling*

Song leader: *Thunderstorms are rumbling and rumbling*

All: *the clouds are rumbling across the river in the east* (referring Zimbabwe, the area of Chegutu) (repeated).

Song leader: *Thunderstorms are rumbling. Haven't you heard that Your Majesty MukaBulongo* (wife of God of the earth)?

All: *the clouds are rumbling across the river in the east* (repeated).

F2: Song leader: *Excited/proud are the farmers who planted sweet potatoes, including all other crops.*

All: *God we bow before you.*

Song leader: *Proud are the farmers who planted sweet potatoes, including all other crops.*

All: *O god we bow before you* (repeat)

M: We may proceed with our discussion now. What did you find to have worked well in our masabe?

F1: Some of us found you midway. So, we still want to talk and participate. We still want some more so that we can contribute more, thereby we shall also be known to have a part in this aspect of life.

F2: In my view, my observation is that from that day when we started this drama, I feel rejuvenated, like a young child. There is no more pain in my whole body.

F4: From the day we had that drama, I have been excited, overjoyed. I can't even sleep. My body is refreshed and energetic. I have a gigantic appetite now. Even porridge with only salt, I do it.

F5: As for me, before that day we danced, I had been fatigued. I felt as if my flesh was tied; general body pains and headache. The pain was so much. I even suspected a wizard's activities on me or maybe I stepped on a spot where a spell had been cast. But since the dance, I feel strong and intact. My nerves and

muscular movements have improved, and I sleep very well. I never complained of anything since that day. I am okay. I can even perform hard tasks. Even where the sun is now, I'd wish it to be in the morning, so I can just work. I can work from sunrise till sunset.

F1: I have a song called *Kowa*

Song leader: *Mwamubona Kowa, kowa mwamubona kowa ulalila,
kowa ubweni meenda, kowa ubweni miyoba*

All: *Mwamubona kowa ulalila,
kowa ubweni meenda, kowa ubweni miyoba*

[Repeat]

M: What have you to say about the music, the drums and the songs we used and the way we used them on the days for the dance?

F1: Unfortunately, I didn't have a chance to sing my songs I was not available.

All: The floor is all yours. Give us one song.

F1: Song leader: *Bamwi baseka, bamwi balalila, ani cindipenzya
biya, haamayuwe boola*

All: *Haamayuwe, haamayuwe, haamayuwe ee ee haamayuwe boola* [Repeat]

Song leader: *Nyika eba Kaunda, Nyika eba Nkumbula, haamayuwe ee ee
haamayuwe boola*

All: *Haamayuwe, haamayuwe, haamayuwe ee haamayuwe boola* [Repeat]

Song leader: *Bamwi baseka, bamwi balalila, ani cindipenzya
biya, haamayuwe boola*

All: *Haamayuwe, haamayuwe, haamayuwe ee ee haamayuwe boola* [Repeat]

F1: Allow me to sing again please:

Song leader: *Mwakabona kayowela*

All: *Kalu mungoma, mwakabona kayowela, kali mungoma* [Repeat]

- M:** We appreciate you sharing your music.
- F1:** Can I give you another song?
- All:** (*Laugh*) ...The spirits have broken loose on this one now.
- F1:** Yes. I am still unhappy for the portion of the workshop that I missed. Surprisingly enough, all the songs you were singing on that particular day, I was also singing them, yet I was at home. I could hear them from home.
- F5:** There was a great spectacle where we went. The man called Mazhandu is an excellent drumming man.
- M:** What would you add to the ritual as we had it? Or perhaps subtract from it?
- All:** It is the duration allocated. It was too short.
- F4:** Please increase time allocation. Two hours are too short.
- All:** Yes.
- F3:** Our desire is, once you have commenced the activity, you carry on until you get full satisfaction that, yes, indeed we have done it!
- F1:** If you start in the morning, by noon dancers should swap with those clapping, and we incorporate guitarists as well since we are possessed by the same spirits.
- F5:** Please consider our plea; we are not satisfied with the one hour, one-hour segments. And being ordered to give way for those clapping. You are frustratingly limiting our passion. We really do give it all. We want to work. We do not abrupt interruptions. You can see for yourself that this activity is quite involving. It is a lot of work!
- M:** So, you want time to be increased?
- All:** Oh, yes. It should!
- F4:** Remember even that day it was prematurely discontinued.
- F3:** It would be too exhausting for the moderator. The moderator will end up collapsing!

- All:** *(Laugh)*
- F4:** We asked as to what was wrong with the moderator. When we learnt that the moderator was unwell, we got very worried and wondered as to what could have gone wrong and who could have been responsible for his illness.
- F3:** *Bayi (teacher)* is also entered. He just could not dance the way he did.
- M:** Perhaps I am entered too.
- I noticed that day, at first, we only had 18 participants adding all the groups. But the day we were dancing, I realised the number in attendance was overwhelmingly big. Is it the case always that anyone is free to attend?
- All:** Oh, yes. That is the norm.
- F1:** Just the sound of the drums is irresistible. Also, the very spirit possessing you will stir the urge to oblige and rush to the venue and step into the arena.
- F4:** And the masses are great fans of this event.
- F5:** And whenever I discontinued song-leading, you stepped in and took over because the gentleman who was beating the drum is so good. He knows all the songs.
- F4:** That tall young man who was song-leading that day is the son of this lady.
- M:** Wow! Oh yes. I have seen facial resemblances.
- F5:** He is capable of drumming and singing at the same time. He just enjoys it!
- M:** Does it mean this activity is only for the possessed?
- All:** No, no!
- F3:** Even non-possessed members of the public are free to come, witness and take part. They are the ones that sing, clap and beat drums!
- F1:** The problem with the mood is that if there is no one to take care of you, when possessing spirits are active, you can end up running mad; because the sound of the drum keeps playing in your mind (ears). And when they decide to beat drums for you, you get relief.

F4: As for me who has no close family or clan member, when I ended the dancing, I can vividly recall everything. If my father lived to this day, I would be fit by now. I would not have been like this. Maybe he would have been assisting to arrange such rituals. But now who can do that for me? And upon discovering that there is such a beneficial activity, I had to grab it with both hands as this is like my father now. I am confident this activity will heal me. My body, my flesh shall be fit again.

F3: Spiritual possessions, drums and singing are done at the same time. These three are one!

F2: It is a great reliever indeed!

F3: Each person is spiritually visited by a specific song.

F5: All that the spirit appreciates is to be played a song. Or else, it afflicts more.

F1: Even if you are in the house, you start dressing up your pair of trousers and the top. Sometimes with your illness, you start to walk. They will just be surprised to see you in the arena. The audience in total dismay begin to ask, 'But where has this one emerged from?' Hey, who has accompanied or escorted this patient? Again, they say, this person has come all by himself or herself. What can we do now? Can someone volunteer to rush to her relatives and inform them that one of them is here? We need their permission because he/she might end running mad as she has been bewitched. Yet that is not the case. Remember evil spirits exist also and have powers. It is a tedious situation...because it leads to being mentally deranged and you become mad. You become abnormal. Next, all you do is to hide in the bush whenever you see other people. This spirit does kill if not well managed as necessary. Some are restricted from leaving their homes. By the time your relatives discover you, you are long gone. These challenges are hard to manage. Mum had alleged that I fake this illness, but I challenge her that it is never deliberate. I have no idea how it all started.

M: That clarifies what I observed during the drama. I was surprised that day. Whenever we changed a song, a new patient appeared on the scene.

F3: Some who play the role of clapping have children in the other section.

- F4:** Was Given's mother driven by the spirit to this place? I say so because she came running.
- F5:** That is not even surprising. You are forced to run from here up to that school over there, non-stop. You can even pass through the gaps of the poles of this very house. If it [the spirit] says, "Go!" You must do so at once. You just pop up from nowhere in the arena, much to the surprise of the spectators. That is because the urge is too strong; your legs itch to go and the heart/mind is overzealous too. You don't notice or realise all that happens around you. It is the one responsible for your 'flight' to the arena. The moment you step into the arena, the very spirit song-leads you. While song-leading, the drummers pick your tune.
- F1:** And at that juncture, all the pain in the legs and the whole body is suddenly gone. Oh, what a relief!
- F5:** You even enjoy work the following day.
- F1:** Yes, because it [the spirit] binds your whole body. Even eating is not as enjoyable as it makes you nauseous. Your relief comes when it is cast out during the drumming, clapping and singing. It takes away all the desire. Even seeing another person eating is like they are eating sand. As if the food is not edible. But when the drums are beaten and it is cast out, only when do you regain your appetite and nausea goes away. However, when the spirits that possess you to want to work, just after beating the drums and having cast them out, they do return to you in the night and say, "Get your small hoe". Let us go into the forest to dig up medicinal roots or gather herbal leaves. The spirits would say, "Dig this and that". This is what spirits that afflict some patients function when they want to work in you. They push you into the forest. Ants also move around your neck, but no matter how irritating on the skin [this may feel] there is no scratching or fighting. You rest and sleep in the night, but the spirits are on you.
- M:** Wow. This is a wide-ranging phenomenon, I see. Perhaps we can draw close to finishing our discussion. Is there anyone who is dying to say something regarding our sessions?

Seeing that we all sound satisfied; we could conclude our topic for today just here. Let me state that I am so grateful for your participation and dedication in this exercise. But before we depart please join in sharing some refreshments and some snacks. Some music to finish with, please!

F5: Here is a song.

Song leader: *Nkwilimba nkwilimba yabama*

All: *Kumulonga*

Song leader: *Ilasamba*

All: *Nkwilimba yabama, kumulonga*

Nkwilimba eee, nkwilimba, ilasamba, nkwilimba yabama kumulonga ilasamba

Another song:

Song leader: *Cihubwe*

Song Leader *Cihubwe ee, cihubwe boola, cihubwe ee (x2)*

Cihubwe ukkala mumeenda

All: *Cihubwe ee, cihubwe boola, cihubwe ee*

M: Munyama ukkala mumeenda

All: *Cihubwe ee, cihubwe boola, cihubwe ee*

Song Leader: *Munyama ee, munyama boola, munyama ee*

Munyama ukkala mumeenda

All: *Munyama ee, munyama boola, munyama ee (x2)*

F3: It is me closing with a song.

Song leader: *Hamisoni wayi, wabula cakutayila, amutayile mooye*

All: *Muwaale biyo kanimba*

Song leader: *Baama muwaale, baama muwaale, mumuwaalile mooye*

All: *Muwaale biyo kanimba [Repeat]*

FOCUS GROUP 5

Date: 25 June 2019

Location: Malita's homestead

Duration: One hour

Moderator: Nsamu Moonga (M)

Participants: This focus group was made up of people identified as the none-possessed. They were not presiders either. The group expanded slightly from the planned six participants, as there were people who were not in the initial group, who came after hearing about the sessions. Some participants in this group expressed sadness at not being informed ahead of the focus groups. They nonetheless indicated how pleased they were to be part of the session even at this late stage. Eight participants attended this focus group. I will use F1, F2 and ascending to identify female participants. I use M1 ascending as male identifiers. M represents me, as moderator.

M: First of all, let me express my sincere gratitude to all of you in attendance. As regards the duration of our discussion, we shall only take one hour. Let me alert you to the guiding rules of the discussion. You are free to leave the discussion at any point you wish. There will be no punishment you will suffer for doing so. Also, take note that whatever is discussed here shall be treated as confidential. Never disclose to anyone else that you participated in this exercise. For this I wish to urge you to keep this confidential even at the time you will leave this group. I want you to know too that I am in discussions with other people in the area as I explore the place of music therapy among baTonga of the area. The information we gather here will be used in formulating how we use music for healing in future.

I have noticed that some of you were not at the meeting we had before. For that reason, I will ask those that were not here to introduce yourselves. This is especially for me to know you. I will also introduce myself to you to start with. I think you know yourselves as members of this community. In the interest of time, I will not ask others to introduce themselves again. And also, please, because we

are video recording the session, I encourage you to speak loudly and clearly so that the recording shall be clear.

My name is Nsamu Moonga. I am a music therapy student at the University of Pretoria in South Africa. I am here as a learner among you. I want to let you know that my parents are of Chitongo decent. I am not a total stranger here. Who follows me?

M1: I live in this Chitongo Community. I have been here for 10 years now. I am glad to be here as most of the kin also live here. School is also within a walkable distance.

M2: My name is M2 am only two months old here. I came to join my father.

F1: I have now clocked 12 years in this area. I love this place is because school is near.

M: Thank you for the introductions. I would like us to proceed to the focus of our discussion today. We are here to reflect on our experience of our masabe. I want you to know that there are no expected responses. I have a few questions to help us reflect on our experience. I encourage you to share freely and honestly. Is it okay for us to start with some music? We can interspace our discussion with music and song as suitable. Each one of us will have a chance to lead us into a song. I see we have guitars and drums. We can make use of them too. I will take the first turn and then someone else will take it up from me at the next interval.

M: Here we are...

Song leader: *Cakali cakusobana, mbuboo sunu camana,*

All: *Cakali cakusobana, mbubo akaka sunu camana* [Repeat]

F2: It's me now.

Song leader: *Wamaniina mukowa angu nobacaangu takuvulwi anyika*

All: *Wamaniina mukowa angu nobacaangu takuvulwi anyika.* (With special clapping)

M1: [Cigome] (a type of playing guitar unique to baTonga)

Ndaacili kule, ndaacili kule, ndacili kule bama me ndacili kule

Ndikkala kule...

F3: Song leader: *Kaneemaneema, mubotu kamulete, kamulalamule, sala mubotu ngooyanda*

All: *Kaneemaneema, mubotu kamulete, kamulalamule, sala mubotu ngooyanda [Clapping]*

F4: Song leader: *Sunu mpeeluke, sunu mpeeluke*

All: *Aina maila,*

Song leader: *Sunu mpeeluke, mpeeluke baama*

All: *Aina maila, sunu mpeeluke.*

M3: Song leader: *Bamaniina baloongo eeee, bamaniina baloongo nobacaangu, bamaniina baloongo kwacaala bungoyongoyo, omuya mukazyiba motuteka meenda*

All: *Bamaniina baloongo eeee, bamaniina baloongo nobacaangu, bamaniina baloongo kwacaala bungoyongoyo*

M2: Song leader: *Mooye angu, weebelwa nzoka mubwina; mooye angu*

All: *Weebelwa nzoka mubwina*

F1: Song leader: *Candityoola, candityoola maulu angu, candityoola*

All: *Candityoola, candityoola maulu angu, candityoola*

M: I am grateful for your sharing of the music. It feels like the right time to proceed with our discussion. If you have not had a chance to lead us into your song, you will get an opportunity as we move on. I would like us to begin from where we are today. How are you today?

M1: I am still impressed by this program from the word go! I am of the hope that this programme shall be beneficial to me and the rest. My childhood and upbringing faced a lot of challenges that my parents had to endure: A week after I was born, I never sucked my mother's breasts. They sought the services

of a female witchdoctor in Chikuni by the name of Chibwe. She is not a typical witchdoctor by a divine practitioner. But she did not succeed. It was not until a witchdoctor who was Nkoya by tribe came that I was healed.

M: Right. Perhaps we could focus for a while on the songs of healing.

M1: I am now moving to the discussion. I used to sing songs sung at the shrine (*Malende*). This kind of divinity treatment used to give our forebears visions. You spend a week at the shrine where you mentored as well. But you can take leave so that you can go back to your home to check the children.

M: Perhaps I need to clarify my question. If you reflect on how you felt before our masabe, and how you are feeling after, what could you tell us has happened? How are you experiencing yourself?

F2: In my view, from the time this program started, those with profession spirits that had like gone dormant, saw them being invoked and the patients suffered fresh attacks. This is how I discovered that you recover your health through dancing than taking medication (hospital). After all was done with dancing, around dawn, the patient said I am now fit and fine, she had a toothache and also neck-pain. I am convinced a patient can get better just by drums even without taking any medications or taking tablets. As a result of that, I was delighted to see a patient being healed through songs and drums, dancing and healing take place. It is better than frequenting hospitals or clinic.

F4: Just as an addition over this program, starting the day we were dancing, participants particularly those who were possessed by spirits, were freed from that bondage; it was indeed healing! The healing process of patients possessed by spirits is through dancing, drumming and singing. This way this spirit is cast out. This medication is dancing to the specific songs that they positively respond to.

F3: We all got very relieved from the day this program started. We owe all to the facilitator. We have not found anything negative about this facilitator. Some patients had wished to come back and dance.

- F4:** In addition, for us who are not possessed, this programme has afforded us mental freedom. Watching our friends who are entered is a lesson to those that are not that one day it might be them. The relief we have now is a new life.
- M:** One ciTonga adage speaks of songs that heal. And even if there are some differences, usually just a song is able to heal a person. How are people at a funeral comforted?
- F4:** What is comforted is the heart (mind). All the thoughts over the loss of a beloved are comforted by the touching songs sung during the funeral. But when the music stopped, your thoughts are reminded, and you feel sad again and begin to sob. Some of the songs during masabe remind me of such times. These songs also help you to forgive offenders.
- M:** May I take you back to the conversation we had in the first gathering, we talked about how a person ought to live. We discussed that there are so many facets to wholesome living: body health, living in a community. The element of the community seemed to be revealed by the attendance of people who were not initially part of the study. Can someone speak to that?
- M1:** They also received the news positively. So, they had a strong urge to come and listen from the horse's mouth, and they end up carrying along with all others who are spiritually possessed. Some, the multitude of attendants can get large.
- F2:** The truth of the matter is that even those who just come along are pulled by a certain magnetic spirit that they cannot resist, and they come to get the same relief.
- F3:** But they realise they have no money to hire someone to beat drums. So how can one miss this one which is free of charge? Plus, drinks and snacks are provided – they come at the speed of light.
- M2:** Let's put it this way; each human being has their own challenges. Some diseases are healed by singing. Others get better by singing by themselves. Just by stepping into the arena where they are beating drums and singing, you get your breakthrough.

- M:** I felt a certain way too even if I do not consider myself as possessed. How do you feel when the rest of the patrons join you in the arena when your song is sung?
- F4:** It pleases and delights us too.
- M:** What factors do you attribute to the success of this programme?
- M2:** In my view, what has really helped are the following reasons: unity, curiosity by each patron and participant. Some people got interested after word went around. That is how they came.
- M:** How about others?
- F3:** What has delighted me is to receive a visitor who has brought solution and relief in my life. We all relieved.
- F4:** For me, what delights me is the unity in our midst starting with you, dear brother. You have a lot of love and compassion for us. Imagine you chose our community to receive this programme for us to receive help. You have inherited our challenges, and therefore you are passionate about our plight.
- M:** In the previous discussion, you suggested to me that you have challenges with schools, hospitals and churches and how they discourage us from maintaining our customs. What should be done to address this?
- F4:** My wish is that your programme should have carried on and on; this can really help us in livelihood and health matters.
- M:** The drum is a unifying factor and it also makes people very happy.
- M1:** Drums are beaten so that each one is relieved: that melody is sweet but even if one is healed and made whole, there remain some challenges the person must overcome. Have the drums poured coldness or blood on this person? This is why it is important to visit the clinic as well to seek help from many angles.
- M:** How would you describe the effect the ritual has had on you? Has it made any difference in how you are feeling?

- F4:** I feel different. I am pleased to have interacted with you. I have learned many things. We were used to rushing to traditional healers and clinics not knowing that there is healing in songs too. I have learnt all this through this programme.
- F3:** I have learnt that *cikambe-kambe* (a particular kind of music accompanied with clapping and drumming. One person calls the song while the rest join in the singing in support of the one.) also works. I have seen people entering a trance with *cikambe-kambe*. So, there is a spirit for *cikambe-kambe*.
- M3:** For us not possessed by spirits do receive medicine by hearing and seeing. We witness with our eyes. Where you find people dancing, you see, and the ears hear. Some people quarrel in their homes due to unprocessed masabe. They get relief once they get here.
- M:** We are now approaching the end of our programme for today. Do you still have something to say as an addition?
- F4:** My contribution is an observation and an appeal that this programme should not be for these possessed only. We must not abandon our traditions.
- M3:** It is true. BuTonga culture and language are on a decline. Most of the people who passionately drove our culture are no more. Imagine that custodians of our shrines are now shunning their rules, seeing them as uncivilised! Each village must revive our culture. Due to abandoning our culture, we see the proliferation of teenage pregnancies and marriages. Getting married without undergoing *Nkolola* (*initiation ritual for girls coming of age*). All these uncontrollable sex activities have led to increased STI infections.
- F4:** Just like we continue annual pilgrimage to the Gonde shrine in Monze, let us maintain our culture as well. The prevalence of diseases, especially STIs, is as a result of abandoning our traditional ways of living.
- M2:** We no longer respect our own culture. We now have respect and faith in foreign cultures – projects which only seek to demean and demonise us.
- M:** I owe you a great debt of gratitude. This brings us to the end of our programme for the day. I pay gratitude to all those that took part in this programme to make it a success. I wish to share this same experience with

other participants. After all that, we shall agree to use songs as another method of healing as you have suggested and wish in the future.

End of this session with the singing of comforting children with lullabies

FOCUS GROUP 6

Date: 26 June 2018

Location: Malita's homestead

Duration: One hour

Moderator: Nsamu Moonga (M)

Participants: This group was formed by the musicians. The musicians are the functional presiders of masabe ritual. This group was predominantly of males. I am curious about how that happened. They were an enthusiastic group of participants. They were candid in their submission during the focus groups. A few of them needed prompting to speak. When they did, they were direct. Five participants attended the meeting. The age range was between 21 and 50 years of age. I use F1 and M1 in ascending figures for females and males participating respectively. M represents me as the moderator.

M: I thank you for having turned up for the meeting. This discussion will take only one hour. Within this time or as the topic progresses, if you wish to discontinue, you are free to do so. Whatever is discussed here is confidential. Please pledge to keep it that way. We shall talk about masabe, singing and drumming as well as dancing in so far as we experienced it here.

Is it okay for us to start our discussion with each of us sharing in leading the rest of us in song? I will lead and someone else could take it up from me. Do not feel compelled to lead. You are allowed not to do so.

Song leader: *Ndacilimba cikwama*

All: *Kaciiba, kaciba buyo, kaciba* [Repeat a reasonable number of times]

M: If there is anyone else who would like to lead us into a song of their choice?
...Okay. Shall we then proceed to discuss the matter at hand? What reflections do you have to share with the rest of the group?

M1: In the first place, let's look at how this programme came to be. It has come to us at the right time to remind us of our essential cultural practices. We gathered to

discuss and later planned the ritual we participated in. I can testify that masabe happen and that we have seen how healing happens. We performed the ritual according to how we planned it. It showed that it's not just words. We perform this ritual and it helps a lot. And we did it in accordance with the way we discussed it. I also want to talk about the oppression we experience over some of our customs. We always feel a weight on our shoulders. When we gathered here the other day, I was pleased to learn that there some of us who are interested in the ways of our people. I was surprised that there are people in the world who want to learn about our customs. I am happy that you remembered to come to us. You have found us. You have had an experience of masabe. These things work. They happen all the time. I want to encourage you to continue on this quest. We would like this project to expand and include more people. We are here to testify to the truth that masabe work for us.

M: You have covered a lot of issues already there. Let's hold out for others. We will get back to some of the issues you are raising in a moment. Let's hear from others for now as a way of opening our discussion today.

M2: As you can see, I am just listening as I missed the beginning of your programmes. But all I can say is that this programme is beneficial though, us the young people, do not understand this culture very well. But as I was growing up, I found many diseases, some can be treated in hospitals others needs herbs. So, both ways are recommendable.

M3: In addition to [M2's] comments, we found a very powerful man nicknamed *Bbala-ng'ombe*. He was so powerful that he could carry a cow on his back. He could push one passenger train with one hand and another train with the other hand. The story of Bbala-ng'ombe reminds us of the stories of our people. Our forebears told us these stories for clan perpetuation and teaching. We want to keep such traditions and customs.

M: Let's now talk about drums and guitars.

M4: Concerning drums, we have many types for possession spirits that are cast out using drums; baTonga have other subgroups – the baLenje. BaLenje have their

own way. Each patient responds to a particular tune and song and is unique in that respect.

M1: A guitar is one instrument which is inseparable from masabe and mun'ganga. When a healer is approached by a patient, he performs a divination ritual to determine the type of spirit behind it. This kind of screening helps the healer to know the medication to prescribe. He asks for drums and guitar. Guitars are accompanied by songs meant for guitars and so on and so forth.

M: So, each person participant has their own unique songs that they respond to?

All: Yes.

M1: The song you are familiar with is easier for you to lead. If not, you may labour to get into the groove. Leading a song, you are not familiar with can cause embarrassment as you may struggle to establish chorus one, chorus two. You may be ordered to discontinue. Each song helps the healer to interpret the spirit that entered the person concerned.

M: Looking at the ritual we had the other day, are there elements you would like to add or subtract from what we experienced?

M1: This is a good question. We also envisaged tackling that issue with you. Firstly, there is very little time to perform in the afternoon. We would prefer mornings because that guarantees you a lot of time. We don't operate like whites who segment programmes in time intervals – we want to go on and on.

And concerning performance, our wish is that it will be done again. Just guide us and we shall deliver to your expectation. Remember masabe have three major elements: the healer, the afflicted and the drummers and guitarists.

M: So, can we talk about each of the elements as you have raised then. What is the role of the healer?

M1: It is evident that the convener is the healer. Once a healer is around, even the afflicted will appear. Soon helpers also appear, as well as mere spectators. But in the ritual, we organised, it was hard to tell who was convening and presiding over it.

- M:** What do some of you have to say about this?
- M1:** May I just say a little more? A real healer is very easy to identify. His code is unique, so is his style of walking. Also, the dancers have a unique way of dressing and walking. Even us that beat drum do not dress anyhow or any colours and design which does not conform with the etiquette of this discussion.
- M:** It sounds like a lot of care must be taken to make sure that the right processes and are followed before we can say that the ritual was successful.
- All:** Yes!
- M1:** The healer presents to the divination centres called *twaanda* (little huts). The attire of the healer and his site are all too clear to tell that you are in a different environment. You don't do masabe anyhow. We all have different dress code connected to the functions.
- M:** If I were to be a healer, how should my looks and general conduct be?
- M4:** When someone is being initiated *busilisi* (afflicted healer), they are given different uniforms. They have many designs and colours such as red, black or white.
- M3:** The truth of the matter is that all healers are mentored by senior healers before the general public notices that someone is a healer. Their contact with senior healers happens when the apprentice is first a patient and the healer is their doctor. Uniforms come later.
- M:** Let us hear from the silent ones here, too. What have you got to say around masabe?
- M4:** For us who beat drums, it is a talent. No one just comes here as a patron and then demand that I want to perform this. No. Each talent is meant to meet every need.
- M1:** And to open one's mouth widely to sing is also a talent. It's passion and desire. If you observe your friends doing it and it impresses you, then you also start. And coming to the topic of spiritual affliction, this is hereditary: there is always someone in the family who might have had it. Even singers may quit the trade and get afflicted too, and this could be after 15 years.

- M:** Coming to those who beat drums; how do you feel or become after beating drums?
- M1:** Your love for this kind of music or sound is addictive, to say the least. you always want to be involved and always want to beat the drum and hear that sound. After that you also become relieved.
- M:** What is to be said about socio-economic differences?
- M1:** No, it is different. If you are poor or rich, you have to ignore all this when you come here.
- M:** How about you [M2]?
- M2:** I have the same feelings towards masabe, as expressed by my colleagues. There are certain things that happen to us unknowingly; sometimes I do wake up in the middle of the night and start to beat the drum. Barely a week elapses without me beating a drum. Everyone here says I have too much passion for it.
- M:** I have the same urge for singing. If I have not sung, I feel unhappy. Our physical powers are ever ready for this. I just have to sing.
- All:** That is correct. You are compelled to sing.
- M2:** That is correct. The same with drumming. You are restless until you beat the drum. Once you beat it, you are relieved.
- M1:** That is the nature of a strong desire for something. You can go on and on even up to four days. I have been asked by the afflicted even at the shortest notice and I am excitedly willing to play with them.
- M:** It appears none of you is only good at one thing; you can beat a drum and still sing. Is that correct?
- All:** No, not correct!
- M1:** You can't be a jack of all trades. The instrument players must be experienced. The dancers would know if someone with low musical skills is on the drum. Their engagement is intermittent. There'd be poor coordination between these drumming and the singing.

- M:** Let's look at those not possessed; they also do the dance!
- M1:** It is open to everyone. Even mere spectators eventually can't do without this. They simply join the afflicted too. And as you go back to your home, the urge to dance grows stronger.
- F1:** When the drums are beaten as long as you are present, you are also hooked, and you join them in singing and dancing.
- M1:** You find that a healer and the afflicted take part in a little dance and they get better.
- M:** Wow, that is quite involving. If a person who has never ever heard about masabe and says this is irrelevant. Please abandon it! How would you react and what would you say to such a person?
- M4:** My response would be that we, baTonga have holy shrines. These shrines measure rain. The shrine custodians are also part of this masabe activity. People possessed by masabe are also selected to go to the shrine to pray for rain and they see visions that indicate that rain is available or not! Now, why can't you ask how is the holy shrine activity different from any flippant activity?
- M1:** By nature, we all do things differently. There will always be someone with a different view on anything. We see things differently. Some patrons may come to a masabe event with a relative who is not afflicted. This affliction is only appreciated by those who have suffered before.
- M2:** Those possessed can tell who amongst the patrons is entered and who is not. Those people possessed are not like any other ordinary person; They have a different nature.
- M1:** They'd even fight you!
- M2:** You can labour to contain him.
- M1:** At that stage, they will ask, "What are you saying?" This is because the possessed speak in tongues using a network connected to spirits. Whatever goes wrong, a possessed person quickly notices it.

May this programme be extended to other regions so that many can benefit. We have seen how many have been helped by this programme already.

M: When we started this programme, there was a general view that those possessed are possessed for the sake of the community.

All: Yes, that is true!

M2: Those possessed serve the people. This dance of masabe, many are helped by those possessed.

M4: In the masabe category, even those not possessed play an important role for they help in handling the possessed so that they don't get hurt when they are tossed down heavily by spirits.

F1: Healing transmits from the possessed to those not possessed.

M2: Even if some people are not possessed, not approved of masabe, there comes a time when they render a helping hand. Let's preserve masabe for the benefit of all.

M: Well, I wish to declare that today's topic ends here. I am grateful for having taken part in this exercise. I am however still engaging other people on this very topic. After all that we shall make a programme of using songs in healing patients as this is the wish, you have all expressed during this discussion as well as future programmes. As I end, let me say, may your hearts be at peace.

APPENDIX I

FOCUS GROUPS INDEXED TRANSCRIPTIONS

FOCUS GROUP 1

Date: 19 June 2018

Location: Malita's homestead

Duration: One hour 30 minutes

Participants: The focus group was initially planned to last for an hour. We ended up 30 minutes longer as the interaction demanded more time. I asked the group during the session for permission to go for another 30 minutes. They consented to the extension.

This focus group is comprised of participants who identify as basimasabe. They are known to be the afflicted. Most participants are aware of how they experience masabe as the spirit of possession. They shared varying levels of awareness of the affliction and what they have had to endure over the years. Apart from one prospective participant who withdrew before the session, all the initially contacted participants showed up, plus a few more. I had to decide about negotiating the exclusion process. It was a difficult undertaking as collectivism is a strong factor in the individual identities in this community. Together, we decided to open the group to whoever wanted to be a part of. All the participants were 26 years of age and over.

In honour of our commitment to confidentiality, participants will not be identified by their names. Identifiers F1, F2, and so on, for females and M1 ascending for males are used. I use M to represent myself as the moderator.

M: I thank you for coming along. This focus group will take about an hour and a half. Within this time or any other time during the focus group processes, if you must leave or withdraw, you are at liberty to do so. Anything you say here will be confidential. You will not be identified in any report about the meeting and I ask you to respect other people's confidentiality when you leave the group. I am also

working with other people in Chitongo to find out what people think about masabe and music therapy. I am talking to several groups like this and the findings from the groups will be used to formulate a music therapy process, which you are welcome to participate in. When the music therapy process is designed and conducted, we shall have group discussions such as this one. Our meeting will last for one hour. If you need to leave before then, you are at liberty to do so.

I would like to start by asking each of you to introduce yourselves by just saying your names and stating how long you have lived in Chitongo and something that you like about living here.

- F1:** I have lived in Chitongo for about 55 years. There is no bickering in this area. There isn't conflict per se. We are just happy living here. We get along with everyone.
- M1:** I have been here for 26 years, and I was born here. Life here is good as there are no conflicts. We have white farmers nearby making it easy to find casual jobs.
- F2:** I only came to Chitongo to settle. Where I stay there is no conflict. Peace is what makes me still be here. I have clocked 20 years of being here. I can attest that I have never heard someone being brought to book for fighting at our local courts. I have been around even as the older people that established these villages were dying. I have been here for a long time. If life was bad, I could have left this place for my home village long ago.
- F3:** My name is [F3]. I came to Chitongo to settle after many years we spent working in town. We were welcomed by the chief and the local people. Chitongo is not like any other place. When illness comes, you are assured that it is of natural causes. Of course, we have a bit of conflict as it is expected where more people are settled. But generally, the livelihood here is wonderful. We are even able to do our own farming.
- F4:** Just like others have said, I can see the goodness of this place. There is harmony. Of course, where people are gathered, conflicts will be expected. If something goes wrong, people correct one another. We were welcomed very well by the village headman such that even to date, we still feel welcome. The other good

thing is that we are given a piece of land to do some farming, be able to feed our families. There is not so much of problems.

F5: I have been in Chitongo for 45 years. The livelihood in this area is very good as people live in harmony. There is just peace and happiness in the community.

M: I would like us to begin talking about what masabe mean to you.

F1: Sometimes I would sit under a shade. When we get first rains in August if am with someone, just upon seeing they can tell there is something wrong with me. Then I would tell him or her that there is something I need... this year we shall have plenty of rain. She would ask... Where is the rain? I would say just keep quiet, it is there and coming. It will rain and shall cause havoc maybe just for two months. It will start raining at a certain point. It will rain normally without negatively affecting people. At night the mentally disturbed would come. Then at night they would take me by a tree and say am getting mentally disturbed. "Put a pot by the fire and let her sit by the tree. Then make tattoos on her. When the water in the pot boils, put it on her head then I will take her to the river to immerse her in special water. I will make her pass in between trees as we go to the river. When we get into the water, I will ask her to kneel down and to put the pot down. Then I would instruct that we get back immediately. When we get back, she would be fine after undergoing this ritual. All the 'madness' would have remained in the waters".

There are a lot of things we see; others need the intervention of the sacred shrines. You would find a big snake by the grave and it starts raining. The snakes would make a fence around me then I would start dancing. I treat people on a number of problems. Even for people that are bedridden, I treat them. I have a young sibling who had a problem. She would always be shaking as she was writing. I managed to fix the legs though I failed to fix the arms. When the drums are playing and am dancing, I get to be 'given' the right medicines to use. The people I treat really get cured and they come back to show their gratitude. Even if the feet are swollen, they would be normalized. The dances are different, when someone is sick comes by, the songs will be on how to use the right medication. If it is rain that is needed, songs will be for rain. If they are class people, then classic songs would be heard and so on and so forth.

- F2:** I walk to the river in my sleep. When I reach the river, I find fresh millet by the river. Then I would find a traditional pot and calabash for drinking water, and they would be eating mushrooms. They would then inform me that that's the water they drink. I would then draw some of that water and drink. At times they would keep me in the waters to cross the river. **When I cross the river, I would meet white doves and people clad in white clothes. They would stop in front of me and start singing. I would also join them in singing. They would then instruct me to go and not to stop. I would oblige and go back.**
- F3:** I would not really know what Masabe are because even as we were growing up, we found it. **Our grandparents used to tell us that there is Masabe. It is difficult to find the right answer to define Masabe. Most people are guided by spirits to see the medicines they need to use to treat others.** That's the definition I can give. **Those are said to be possessed with Masabe, they were shown a vision with the medicine to help another person. When someone is possessed with Masabe, that person needs to help another person.**
- M:** Our time is running out. Is it okay if we went on for another 30 minutes? I hope to have our discussion finished then. As such, would you say Masabe is a gift to help others get treated?
- All:** We are here for this. Not a problem.
- F3:** ... **Yes, though it is not all of them. Others are possessed and would just end up complaining about swollen feet like any other person. If one is really possessed and gets a vision, you would really be treated. If it means to dance for you to get better, they would do the dancing. Sometimes people just dance and not because they are possessed.**
- M:** So, there is a difference. Others get a vision to treat others while some need the treatment, while others get visions of, e.g., rain?
- M1:** Now there you have clarified it.
- F3:** Just like those that go to sacred shrines, when we stayed in Mazabuka, we would to Nakabwe. Rains would pour and go. Then they would say we go summon the rain. When we reach Nakabwe we would enter into small hats, we would summon the rains until we hear the downpour and the doves would be heard too.

Then they would suggest we go to the waters. Upon reaching the waters, those that are possessed would jump into the water. Just as they get into the water, a very dark animal would appear. You cannot see its face. We were still young and dead scared. When it was time to get back, we would find a bush with white mushrooms and we would be warned against collecting them. There are people that only summon the rain, there are those that dance, others just give people medicine. He is not a witchdoctor but knows how to treat.

F5: For me the way it started, as I recall seeing... there was an old man who came from the east. He was half-naked, didn't have anything on except a black pair of trousers. He would be seated by the gate with all the tools he uses. He would then call me to join him to where he wants to work. At this time, we would be deep in the river. The river was very big like no other. You would have nowhere to lean on, the path was very small. You would wonder if you won't drown. On top of the river, there would be a black Wildebeest, with water under it. I thinking to myself if I will not drown when I use this small path. He would assure me that I would not drown. It's raining and you need to move on, on the same path till you cross. You then start walking on this small path. The water would be very dark throughout. We would walk until we reach the other side of the river. Once we cross over, a person would call urging me to go ahead. I would oblige. When I reach there, they would ask who is with me. A voice would claim it is them. Then they would be asked to come to get to go where I was supposed to work from. Going there I would find extremely big pots (*Zyibiya*), which reach around your torso when standing. There would be a big pot where each one was working from. From there we would go to a house where the actual work was done. They would show me my working place. They would also take others where they supposed to work from. Once we are done, we would be taken to the Sacred Shrines. When we reach the shrines, we would find very big trees. It would be so dark that you would need to stop as you walk. You will find a number of traditional pots laid down inside. From there, you would be taken to another room. Drums would sound. After this, you would be taken to the final place where you would be some things. You would be instructed to get this and that. You would then use the same gate you came in by. Sometimes you would spend the whole night, while others are sleeping you are forced awake. Even as the sun rises, you would be awake

still. Though during the day people would say you were sleeping when it was not the case. Sometimes you would even ask if you have been bewitched. They would assure me that I have not. My fear of being bewitched grew and finally they agreed that I seek medication. Upon getting there, they would explain to me what had happened. They would then start the treatment. That's how I have managed to live this long. It's a difficult thing to explain.

M1: For me, what I need most are the drums. When drums are played or guitar... those that like drums do not like going for witchdoctors. The person doing the possession kind of treatment likes using the guitar. The guitar makes him see a lot of things. When drums play, even if the person has not come for any services, if they are possessed, we shall dance together. I can greet anyone without a problem. Though if they are possessed with the spirits that are not being treated, you cannot put them in a special house. As for me who does the treatment, I would have a special small hat for my work. There are a lot of other things which cannot be shared in public which a healer needs.

M: We may proceed. Let's talk about what being healthy means for you. What is good health for you? What does it mean?

F3: You cannot have good health when you are possessed with Masabe. When one problem is sorted, another comes in. From the time I came to Chitongo and with the way various drums are played, one cannot tell when am possessed. I passed through the process of Masabe. When I go to a witch doctor, he would ask me to buy white attire/clothes. Though my uncle was one who was supposed to buy for me. Masabe need money. Each time one has to be attended to and be treated. One can lose wealth. This life of possession is not good. If not attended to, one can go mad.

M1: On my part, this condition doesn't give me freedom. *Zinjila* can close my paths sometimes. If, for instance, I want to go to *Munjile* for a woman, my back may start to ache. If I want to eat something, and *zinjila* do not want me to in that week, I will not eat that food. *Zinjila* choose just what they want. They do not want to be dictated to. They dictate. That's the difficulty I find in *zinjila*. Even if we decided to work now, you might find that I get a headache. That's the

challenge. It is only awesome when it comes to medicines and healing when it accepts you.

F3: They stop you from eating certain things. When they want mealie-meal made by pounding, you have to obey. They will not accept mealie-meal from the hammermill. You have to pound the maize. Yet nowadays no one pounds. That brings complications then.

F6: As for me, masabe entered me by causing infertility. I went to the hospital for treatment several times. Nothing happened until we decided to try ban'ganga. As we went from mun'ganga to mun'ganga, we were told that it was masabe. My parents came together to gather resources for my treatment. The treatment involved drumming and dancing. The drums were beaten and I danced, I had my first child. From then on, I had other children.

Folks, I tell you that this thing oppresses if you are not attended to. If it says you will not eat, you will not eat. If you are visiting somewhere and they do not want you to eat, the way you are visiting now, you'd stay hungry. They'd prevent you from eating until you get back home. They are punishing. But I dance. I do not heal others. Yet I heal myself. They instruct me, sometimes through dreams, to dig up certain roots, or collect particular leaves. If I have a tummy upset, they will tell me the exact spot to find the medicine. Once I get that medicine and I take it accordingly, the tummy settles. But I cannot treat another person. Zinjila differ. Some are for healing self and others. Others are just for dancing. Once the drums are beaten, dance. We dance.

F1: For me, they send me for water. When the drums sound, I go there and sit on the side of where the spectacle is happening. Even when they have served food, I'd tell them to go on and eat. I'd ask them to put mine away, I'd eat it at another time. I'd sense that something in the food is not right. Sometimes I'd know that they were gossiping about me. They would glance at each other and confess to having had the exact discussion as I stated to them. They would all say that I have zinjila from my mother. Sometimes, when there are visitors coming, I would be seated, I'd not even go to Church. They would tell me what time the visitor would be arriving. The visitor would arrive at exactly the time they indicated.

M: So, *zinjila* vary. Some are entered for the purposes of healing, others for dancing, while still others for medicines. It sounds like for some people, they cause serious difficulties while for others, they offer opportunities for an improved lifestyle.

M1: Exactly as you have said, they just manifest differently. They are the same though.

F3: When a person comes for healing, the person with masabe may be in the house. The spirits would show them that there is a person coming for healing. Once the person seeking treatment arrives, the afflicted healer would immediately know what is afflicting the visitor. Simasabe would know the person's home situation. The afflicted healer at once begins to reveal to the seeker, "This is what has brought you here. This is your illness. This is what may be causing your illness".

M1: Sometimes they work in some kind of network. The way you have come here, and the way I have come, and let's, for example, say that you are the afflicted healer, our network would connect at once. The afflicted healer would feel exactly what is ailing the other person in themselves. The healer inhabits the illness.

F3: If the person has pain in their legs, the healer would feel pain in their legs too. Once that happens, the healer knows instantly what the trouble is. Legs.

F6: If it's something to do with the tummy, the healer will embody the ailment. Whatever the ailment might be, the afflicted healer will experience it in their being. When they are healing, they are treating the person knowing that they are feeling the same in themselves. That's how they heal and treat.

M: Thank you. Perhaps we could now talk about the music. What kind of music; drums and song do you use? What is their significance to you?

F3: The music differs accordingly. The music follows the kind of possession. For some, the music relates to rain. They perform the rain dance when the need arises.

F1: During masabe, the ritual, each person responds to their music. Even when everyone at the ritual may be possessed, each responds uniquely to their kind of music. The songs differ. Those with rain spirits will respond to rain songs. Each to their own music.

- F3:** If the person is entered by the healing spirit, when the time comes, they will gather the necessary tools, such as hoes. They'd head out to go and harvest roots for medicine. That time the music relates to such a possession. Some would be entered by the tobacco spirit or marijuana. They will not be freed until they smoke. Such songs abound. Once the song rings, everyone around knows that it's time to give the afflicted their tobacco or marijuana. They would provide the items while the person is dancing. They are various possession spirits.
- M1:** There is also the possession of seeing. We might suggest that this one relates to healing as well.
- F3:** The music is not random. The music is dictated by the possession. Some cases, there will be songs and drums and the entered people would just dance from the surface, just because there is music. You only see them entering into a different state when their music plays.
- M:** I am glad to hear all this. Now, could we talk about what makes up successful masabe on your part?
- M1:** Let's just say that masabe take a lot of time. We cannot say that we start at this time and finish at that time. Sometimes, they take two days. It all depends on what *zinjila* want. It can rise and set, and again.
- M:** What would you say makes for successful masabe?
- M1:** Most important are drums and guitars. Here we already have the drummers and guitarists. They are not difficult. Did you suggest that we play the drums, sing and dance? We will go and invite the drummers. They are here. In fact, they are coming to you for the session, as far as I have heard. So, they will be here. We will just send word for them to come with their instruments.
- F2:** For us, we shall dance. It's already awesome. The drummers are around. Giffie is available. He never refuses. Let's perhaps start at 14:00 pm so that we may attend to our chores in the morning. We need to pay them a small amount of money. They are not expensive.
- All:** Yes. 14:00 pm is okay.

F6: Each one of us to come with their instruments. Things will happen tomorrow.
(*Laugh.*)

M1: Now that we have no mun'ganga tomorrow, we request that you, the teacher can convene the gathering. You will have to announce and invite the spirits. Once you have done that, us and the drummers will proceed. Just call out the spirits so that they can free us to enter into the ritual. That is all.

M: Thank you. I think I will do as you suggest. Kindly let me know how much money is involved when you speak to the drummers.

The time we agreed upon for the discussion is over. Before we go, is there anyone with something to ta about. Anything burning inside you?

In the case that there is nothing more to talk about, for now, I would like to thank you for taking part in this discussion. I am holding a few more discussions like this one. When these conversations are over, we shall have a music therapy process designed with what you have suggested and have similar meetings as these after that. For now, please help yourself to the refreshments.

FOCUS GROUP 2

Date: 20 June 2018

Location: Malita's homestead

Moderator: Nsamu Moonga (M)

Participants: This focus group was made up of participants who were neither members of the community of the afflicted nor masabe presiders. This group had some of the oldest participants. Six participants attended this focus group. The group was quite dynamic. They engaged with the material and each other with freedom and respect. There was much laughter. They seemed delighted to share with each other and to educate me on what knowledge they hold. In keeping with our agreed confidentiality, the participants shall be identified as follows. M for males and F for females. M1 for Male 1, M2 for Male 2 etc. F1 will be for Female 1, F2 for Female 2 and so on.

M: I thank you for coming along. This focus group will take about an hour and a half. Within this time or any other time during the focus group processes, if you must leave or withdraw, you are at liberty to do so. Anything you say here will be confidential. You will not be identified in any report about the meeting and I ask you to respect other people's confidentiality when you leave the group. I am also working with other people in Chitongo to find out what people think about masabe and music therapy. I am talking to several groups like this and the findings from the groups will be used to formulate a music therapy process which you are welcome to participate in. When the music therapy process is designed and conducted, we shall have group discussions such as this one. I would like to start by asking each of you to introduce yourself by just saying your name and saying about how long you have lived in Chitongo and something that you like about living here.

M1: I am [M1]. I live in Chitongo area. I have lived in this area for the past 33 years. I am now 65 years old. What excites me about this area more than any other area I have lived before, is the unique lifestyle of this place called Chitongo. I now own a lot of cattle and goats. The goats have gone down because I sold a lot of them

the time my wife in the hospital. Unfortunately, she passed away. But all the same, life here is better off than any other place I have ever lived.

- F1:** My name is [F1]. I live in Chitongo area under chief Sianjalika. I have lived here for the past 40 years. I was actually born here and I have grown up within this same area. Chitongo area, unlike the neighbouring areas, has no record of thieves. We enjoy peace because people are not quarrelsome at the same time. Developmental projects have been implemented and executed very well because the people we choose to represent us are not selfish. They don't steal development funds. They are able to fight poverty. This they do so that the even the underprivileged can also emerge; they have been given cattle as well. There are no discrimination cases in terms of social classes as compared to other areas.
- M2:** My name is M2. I am 53 years old. I came to Chitongo area in 1988 (this is my 30th year being here). I was one person who loved living in town but when my parents retired, they came here and that's how I found myself here.
- F2:** Can someone guess how old I am? (*Someone suggests 85 years old.*) My name is... I am 85 years old. I conquer with my friends about the goodness of this place. In the many years, I have lived in this area I have had many children. I am now 85 years old and still healthy and this is what excites me to live under Chief Sianjalika.
- F3:** My name is [F3]. I have lived in this Chitongo area since 1946. (*She asked the group as to how old she is.*)
- M:** If you say you were born in 1946, you may be 76 years old now.
- M1:** No way! How could it be that we are of the same age? You must be younger than me. I am 76 years old now.
- F3:** We from the illiterate generation were merely given ages by government officials. Whatever age the person was ascribed to you became the official age. You can imagine my elder sibling is the same age as me.
- M1:** You may proceed now with the topic at hand. Tell us what you like about Chitongo.

- F3:** I came to this place with Mr Gift but before that, we used to live in town. But then Mr Gift left me here and went back and left me with my elder sibling. **We have lived here without any difficulties up to this time.**
- F2:** You may conclude now.
- F4:** My name is [F4]. I was born in 1972. I am 45 years old now. I was born in the town of Mazabuka. When I became slightly older, I came to this place to start school. That is how I came to this place. I went as far as Grade 7 and got married. **We have commercial farmers in the area, and there is generally peace because we are law-abiding citizens under the leadership of Chief Sianjalika and his headmen. All is well here.**
- M:** Many thanks to all of you. From your submissions, you have all lived in this Chitongo area for many years. On average you have all lived here for 40 years. But now let us talk about issues of your wellbeing. How do you describe someone with good health?
- M2:** **A person with wellbeing is self-reliant and generally enjoys good health and is a person who is in good terms with his neighbours.**
- F1:** **A person with wellbeing or health is a person who is self-reliant because when you are a dependant, you can't make your own decisions.**
- M:** That means you are not a slave and that makes you enjoy good health.
- F1:** **All your thoughts are free; you are not worried about anything. You even become fat and your body looks generally looks good because you are not stressed. You worry nothing about somebody arresting you or harassing you or having done this or that.**
- M:** It sounds like being self-reliant and living in peace with others are important, mm.
- F3:** Just like others have said, **we are talking about someone who is an entrepreneur. You manage your own home and your own affairs and you are able to develop.**

- M: In my view, being self-reliant also means living well with others and being helped by others and without quarrels around you and therefore no worries or anxiety. You have peace of mind, no fighting and that means that a person is a good person. What do others think?
- F4: Just as others have said, a good person with sound health is a person with a well-developed agenda about life. To start with, his family is a happy one.
- F3: Just, in addition, it means living alone and you have more powers. You can eat however you desire. You can serve your food in any way you want.
- M: Along with self-reliance is the reliance on others? Or else you may find yourself stuck.
- M1: I am not the last person to make a submission; I have been listening attentively to what you have been saying... in reality, most of the points have been covered to lead an exemplary lifestyle means the environment in which you live is generally peaceful one. Second, living well with neighbours.
- F4: You even become fat.
- ALL: Yes.
- M1: Indeed, your body enjoys the fresh air.
- F2: The only worry is when one child goes missing. Even if you are a quarrelsome man, if you live alone there is no one to nudge.
- M1: So indeed, like that, we should be mindful of the importance of neighbours because these can come to your aid when the need arises.
- M: We all know what it takes to live a good life but now let us talk about seeking medical attention.
- M2: To begin with, when we were growing up, there were no medical facilities in rural areas except in urban areas. In those days whenever one fell sick, we sought the services of the traditional healer known as Mun'ganga in ciTonga. These spiritual healers who are possessed by spirits known as Masabe in ciTonga were the best healers. Even these days when somebody falls sick, there are certain illnesses which do not respond positively to medicine obtained from Western

medicine. When they take you to hospital, the doctors will tell you we have not seen anything with our X-ray or scan or any form of testing in a laboratory. But when you seek the services of a traditional healer, they are able to detect the cause of the illness and effectively treat it and that's it! That's why we hasten to rush certain cases to healers for treatment and not a hospital. An illness that can be handled by a clinic cannot be referred to as a traditional healer. That's what I can say for now.

M1: In addition to what other participants have said, ailments that were common during our childhood, there was an illness called *ikayanga*, which is related to having sexual intercourse with a woman who has had a miscarriage, which causes irritating and persistent coughing as if one has TB or *ikakweekwe* in ciTonga. These were the common diseases; *ikayanga* or *ikakweekwe* was treated as earlier highlighted that is getting herbs from a traditional herbalist. There is no tablet involved or taken but just roots. This disease was caused by having sexual intercourse with a woman who has had a miscarriage before being cleansed using a traditional gynaecological medicine obtained from a traditional healer administered by female midwives.

F2: It was called *icisowe* (something that is thrown away or discarded)

M1: Yes, it was called *icisowe*. After the woman who has had a miscarriage, she is not allowed to prepare food for others or add salt to food or serve water. Whoever takes what she serves or steps were the foetus was buried contracted *ikayanga* or *ikakweekwe*. The woman was not allowed to leave her domiciliary and interact with others until at such a time she is fully cleansed. *Ikayanga* attacks like a boil which can attack any part of the body and the victim die unless the medicine is obtained from a traditional healer.

M: So, in other words, this illness can only be healed using traditional medicine.

M2: In short, a lady who has had a miscarriage and happens to be a prostitute, any man she indulges in sex with her before she is cleansed, is attacked by *ikayanga* or *ikakweekwe* if they happen to take you to hospital and not traditional healer you will die.

- M: Tell us more about how the disease may not be detectable through hospital tests.
- M2: I can relate it to the HIV virus nowadays.
- M1: Wow! I just didn't want to say that.
- F4: **There is nothing like the one who has had a miscarriage can make another man contract it; just yourself even if you are restricted to your home because we hear elders narrating that when you have offered food, you should eat just there. You are not allowed to carry the food you have been offered. If you do so, you risk contracting ikayanga or ikakweekwe upon your return to your homestead.**
- ALL: From the food you have been offered, you should not eat the leftovers.
- F4: Further, you don't pick the food you have been served yourself, somebody has to serve you.
- F2: And when this disease attacks you, it does not raise its hands or announce that here I come. It just manifests.
- M1: The place from which the lady who has had a miscarriage was using should not be handled by another person. The same lady should dispose of them by burying them.
- F1: Like what my other friends have said; **there are so many various diseases like spiritual attacks even if you are referred to the clinic, they won't detect the disease. This can only be treated by mun'ganga or traditional healer and he will give you a full prescription and on the attire part, you will be advised to buy black, white and red veils as well as some beads of different colours. The people you see with bracelets of beads do not do so for fashion but as instructed by a traditional healer.**
- F2: It's true.
- F1: When you have masabe, at the clinic they cannot tell you; you just come back the same way you went with a pack of Panadol.
- ALL: And the doctors persist that you should be taking Panadol.

F1: Until you finally visit a traditional healer who will clean you of all this and they subject you to drumming to cast out the spirit caused by the unclean spirit of ikayanga. Sometimes up to two (2) days.

ALL: And you get healed.

F1: This confirms that such attacks are only addressed by traditional rituals (*tunsiyansiya*) and if you persist using Western medicine, you will die. Because such spiritual attacks reach a point of no return; the spirits get more aggressive, uncontrollable and you can even run mad.

F3: And this is how mentally deranged we were.

ALL: Hahaha

F1: You declare that the spiritual attacks are after me.

F3: When the spirit says “stand up now”, you have to comply even if it is in the middle of the night even if it means going into the forest and then your relatives will be tired of looking for you as they can see you even if they come using a torch. The spirits wake you up and say let us go; that way our way of life. But nowadays we are better off than then.

Even if my upbringing and in my earliest days in the village, I used to cough after charcoal burning when we just came to the village cutting down trees, I used to cough each time an axe cut the tree. When I fell sick, they used an ox-cart to take me to hospital, and this was actually a hired ox-cart. I was given one (1) injection. I was suspected to have lymph nodes. The clinical officer also said I was made to cover a very long distance on the uncomfortable mode of transport which could have contributed to this condition. I was discharged but told to come back the following day again, even if I didn't have the user fees. I was forming around my mouth.

Finally, I was healed but I developed a cough again during the funeral of Mutinta's mother (that lady who was Peter's sister) because that time I was living a careless life. My conviction is that unless God has permitted it, you cannot die otherwise I would have died on the same day Mutinta's mother died. As Mutinta's mother died, the following day I was rushed to Monze where I was

admitted from October to November. They found a small bird called *pelya*. I had become extremely thin, yet the illness persisted. I only relaxed a little bit. When I was discharged, I stayed for three days but I had rash as if it was the skin of a chameleon; my whole body had developed dandruff. Other people were surprised and wondered what had attacked me. On my back, dandruff flakes were just falling off. I asked the people around as what this was. Others suggested that it was TB symptoms. I was advised not to be eating okra, *kapenta* and *lwidi* (roots of a certain herb that baTonga eat). And I kept going to the traditional healer to collect those medicines. But after some time, I went back again to Monze Hospital was I was given an appointment for two (2) months after I was given some tablets. My collection point was Magoye. I would pick my medical file and go to Monze and stay there yet coughing never ended up to this day am still coughing. Even if am seated I don't cough so much but the saliva is heavy and a bit of blood and throughout the night until I find a small container to spit the saliva into. At the clinic whenever I coughed, youngsters advised me not to spit on the ground because if I spit anyhow, the saliva can affect a lot of other people. They advised I continue using a small tin when coughing. I thought I continued coughing because I ate a lot of okra as you know ladies have craving for okra.

M1: What kind of medicine was administered upon you.... Was it an injection from the hospital or from mun'ganga because this topic is centred on ciTonga traditional way of treating patients?

F3: Others advise that you should chew leaves of a *Musekese* tree or boil the leaves take the contents just like that yet coughing doesn't end. And just after coughing I experience coldness. Am under a lot of difficulties in breathing.

M2: As a contribution as baTonga, especially the belief of baTonga concerning our lives, our blood is susceptible to diseases or spiritual attacks such that even if you are walking in the night. You come to a sacred place, the ghosts will possess you and these ghosts are not treatable in hospitals until you are taken to a traditional healer and that is the only solution to deal with someone who is haunted by ghosts.

M: So, there are ghosts as well as spiritual possession as well as the ikayanga attacks and all these cannot be treated by medical doctors.

ALL: Every person has their own fate.

F1: A person who has spiritual possession should not be taken to the hospital, because once they are given an injection they die. Such a patient is supposed to be treated by traditional healers. Medicine from hospitals is only effective in infants. If a child develops a high fever, they should get leaves of a tree known as *mukunku*. You found these leaves and soak them in a little water. With a piece of cloth, use the same water to rub it on the body. This helps lower body temperature. Do not exceed the stated time for the body temperature may drop considerably and may make the body too cold and may lead to patient fainting. Once you follow instructions correctly, the body responds positively.

M1: And if we put medical attention into perspective, it is surprising they now detect diseases that previously only traditional healers could detect. Clinical officers and medical doctors can even advise you to seek services of a traditional healer. Even when it is your child, they will advise you as the patient to go to a traditional healer. This illness of *kasita* claimed a lot of lives in the past due to ignorance and infants who ate food prepared by such a lady also died. Never refer to such cases to a clinic or hospital.

F1: When my temperature was measured, it was found to be at 40°C, then I was given an injection. Yet this was like the final nail in the coffin.

All: Mm.

M1: True, this kind of illness does not respond positively to clinical medicine. Avoid an injection.

F1: It only responds positively to customary medicine.

M1: When you extract that root, you remove the scales on it and then soak it in water. Then you take that water, you take in a few huge gulps and relief comes immediately. You stand there and imagine the patient would have died the previous day. Whoops, what a relief when you see the child playing and running around soon after

F1: This is an illness where one is bed-ridden; once he regains consciousness, the child goes to play with the other kids.

M1: But this illness is deadly, Mr Facilitator; that is my view. If the patient has not sought medical attention, such a patient must never bed with others; because these are some that once they are attached, they faint, they even urinate in their clothes or on the bed and at that stage, that urine must not make contact with the other person who is not a patient- if it does, even the other person gets infected.

F2: There was smallpox. This was a deadly disease. It left indelible scars on the body and face of the victim.

M1: That smallpox injection Mr Facilitator, once its outbreak news went around, elders organized *Zyibiya* (clay pots) in which certain herbs were soaked. This medicine was immunization medicine for all the children in the village. All the kin in that village would be treated by washing and drinking from that *cibiya*. That'd be the immunization against the disease. If not, you all got wiped out. There was no hospital then. In fact, smallpox does not matter whether there is a hospital or not. It left a terrible trail in its way. It wiped out the whole household. You had to shut doors permanently.

F2: Smallpox is real. Just look at all those that once had smallpox attack; they have indelible spots on their faces.

M2: It had characteristics of measles; that illness leaves small holes on your face.

M: How about Masabe? Let us discuss the topic of masabe.

M1: Bayi, I am one person who used to beat drums during this event of masabe. I beat it for one of the patients in this very and Community. Unfortunately, this late is now late. Her name was Gertrude. Dugan's mother hosted the event. I came to a point where I was convinced that this affliction is real; I was invited to a certain place: This lady I was helping with drumming to drive out her spiritual possession was married to a Lozi man. She was muTonga. This lady was afflicted for many years; she had become very weak such that she had to be carried on a hammock. Going to bath or toilet, she needed help. But I did go. And when I arrived there, I said, this is the lady who needs help. I examined her hands, and said, I will do my part. We started beating the drums but this patient could not move a single part of her body, we kept on playing till 03 am, still no improvement, forcing us to continue till 04 am. We went on beating the drums

with my team members. The hosts gave up on the efficacy of the drumming. They began to prepare the money they were to pay us, and food for breakfast. The woman could not dance still. She could dance even a little bit. When we aimed for the final round, that patient suddenly made some movements. After some time, the patient who was too weak to stand on her own stood up, leapt and danced with some energy. Suddenly, she fell down heavily. She seemed to have fainted and we had to halt drumming for a while. After the pause while, the woman regained her consciousness. She stood up and walked into the house. This is how she got healed. Imagine a person who could hardly walk or stand on her own is the one who fetches water and prepares meals now.

F3: Attention folks! I have a question: from the time I lost my sibling, I had become mentally deranged. There are some spirits that call my name; even the time other people were burying my sibling, I wasn't aware (I was unconscious) It is like we should have died at the same time. I was totally devastated by her death. I don't know who is responsible for her death. Even at her former, I have to ask about the poultry she left behind. As I speak there are some spirits instructing me to stand up and go. I am not in the ordinary human sense. "Stand up. You last ate some days now. You are our wife," sit in a better position without exposing your thighs. Those thighs are ours." It is the spirits saying that!

M2: No, no. Those are ghosts. Because ghosts represent themselves.

F2: There is an old song which says, "A ghost is standing upright."

M2: Madam F3, you are possessed. It is a ghost that speaks like that. It is a ghost commanding you.

F1: A ghost and a demon are different; a ghost is a dead person whose image appears to the living whereas a demon is a spirit that possesses you.

M2: No, F1, this lady (F3) is possessed because what she experiences has all the characteristics of zinjila.

F1: Can someone tell me the difference between a ghost and a spirit or even musangu?

M2: A ghost is shade or shadow of a dead person

M1: There are both tall and short shadows: a human being has 3 shadows. I witnessed my very shadow. The shortest shadow in the spirit that possesses people (the living).

M2: At the same time there are some very small ghosts; if there are always some voices coming from invisible speakers in a home, just know there are spirits. If not, just know that one of you is entered by spirits.

M: Now let's look at the aspect of spiritual possession. What kind of songs are employed?

F3: The spirits themselves suggest what song to sing. I for one dance to the spirits of bamooba. The spirits sing and immediately I get in gear.

M: There are some of you who started speaking about Namacaaca.

F2: Namacaaca is a dance of a young girl who is being initiated. The young lady is locked up in her own room. A calabash with an opening is placed in her room. That calabash is beaten like a drum while the mentors and instructors sing:

All: *Banamacaaca tababoni zuba nkolibbilila (Banamacaaca never see where the sun sets X2)*

Song leader: Uusunkuta talindwa (Never wait for a limping colleague).

The rest: Talindwa (is never waited for)

F2: The first task is to seal off the walls of the house so that all holes and openings in the wall are sealed to prevent any form of light from getting in. the rooms are in total darkness. The day selected female instructors want to beat namacaaca, you get into the house and wait in the sitting room, and after some time, you see the young lady coming from her bedroom with the guide of a walking stick since the room is totally dark.

M: Many thanks. Are such customs still observed nowadays?

All: Some still do!

M2: Traditional customs are fast fading away! A long time ago traditions were strictly followed. We believed more in herbs from the forests and customary rituals.

- F2: After the destruction of our 'roots', nothing good has been recorded.
- M1: True. The church has destroyed our roots/ customs.
- F1: The government is also not helping the situation. The government is also obstructing us in the name of human rights.
- M1: The topic of roots is quite wide.
- M: How can we prepare for tomorrow's masabe ritual. How could we proceed?
- M1: That is welcome. All we need is a drum and a guitar.
- The rest:** All residents of the community are well aware of this programme.
- F2: When these arrive, no need to seek permission, they should just start beating the drums.
- All: During this activity, there are no restrictions.
- M: How do we prepare ourselves?
- M1: All we need to do is to inform the men that beat drums and those that play the guitars. I do not think we will have any difficulties getting everything we need. The drummers are not difficult to get. We can send for them. Or even ourselves can play the drums and sing along.
- F1: We shall perform *cikambe-kambe*. We can do initiation music and dance because the other group will do masabe. We shall do:
- Mukazyima waiya, waiya, Mukazyima waiya, waiya*
- Tuye tumusondele, waiya*
- M2: We also need instruments like *miyuwa* and *bukonkoolo*. We shall perform the dance from the old woman's homestead. Here there are too many stumps. I can play the drums too.
- M: I too can play the drums, if I am permitted to. Is that in line with the customs?
- All: Hahaha... Yes... Each one of us will come in with their own piece of music. Whatever you want to share.

M: Thank you so much. Is there anything else someone wants to talk about our subject matter before we close for the day? In the case that there is nothing more to talk about, I would like to express my gratitude to all of you for taking part in this discussion. I am holding a few more discussions like this one. When these conversations are over, we shall have a music therapy process designed with what you have suggested and have similar meetings as these after that. For now, please help yourself to the refreshments.

FOCUS GROUP 3

Date: 20th June 2018

Location: Ali ba Malita

Duration: 1hour

Moderator: Nsamu Moonga

Participants: This focus groups happened just before masabe session. The group was made up of the musicians. They are the community troubadours. They traverse the villages offering their musical skills. They speak of their musicianship as a special gift they have for the community. All the participants in this group were young to middle-aged men. I wonder how this is so. I did not explore the apparent genderisation of instrument playing. It was interesting that there was no reference to gender in the discussion. This may be because the ciTonga language has no gender specifiers.

Seven people attended the focus group. One person did not speak during the whole session. He later told me that he did not speak because he had already been part of another discussion. To honour confidentiality, the real identities of the participants will not be used here. Instead, I elect to use M1 in ascending order to represent the participants. I use M to represent myself as the moderator.

M: I thank you for coming along. This focus group will take about an hour and a half. Within this time or any other time during the focus group processes, if you have to leave or withdraw, you are at liberty to do so. Anything you say here will be confidential. You will not be identified in any report about the meeting and I ask you to respect other people's confidentiality when you leave the group. I am also working with other people in Chitongo to find out what people think about masabe and music therapy. I am talking to a number of groups like this and the findings from the groups will be used to formulate a music therapy process which you are welcome to participate in. When the music therapy process is designed and conducted, we shall have group discussions such as this one. This meeting will take 1 hour. Should there be a reason we may need to extend the time, I will ask your permission. If you need to leave before the end of the session, you are at liberty to do so.

I would like to start by asking each of you to introduce yourself by just saying your name and saying about how long you have lived in Chitongo and something that you like about living here.

M1: I was born and raised here in Chitongo. I have nothing bad to say about the place. I relate well to everyone. The elders of the people are humble. Let me also mention that I am a singer and a guitar player. I taught myself by watching others and being interested in the instrument and how it helps others.

M2: I have also been raised here. I am a drummer.

M3: As for me, I only came here about two years ago. I sing and beat drums.

M4: For me, I rarely play the drums. I do play the drums when I have to. Otherwise, I sing and play miyuwa (rattles).

M5: I was born in this place. I play the drums a lot. We go from homestead to homestead to play the drums with my mates. These ones here.

M: Thank you for the introductions. I am here with a task of exploring the place of music therapy in the life of muTonga. Perhaps we may begin to hear your thoughts about masabe.

M1: It's only that a number of us avoid such things. We avoid them because...those of us who do such works...we actually see visually that they are there. We treat people because we know what we do. For some people, we treat them fully without having to avoid anything at all. Conditions become worse because people do not see what they are treating.

My proposal is that the very way you have come, please continue with your work that such traditions continue. These things are there and they do happen. People get healed.

Sometimes when you go to so-called doctors, be it traditional ones, you will find someone being treated and moves around naked. One moves around naked just like that. When you combine your treating methods, you will find that someone gets better.

Our wish is that you spread the word so that traditional healing methods do not become a thing of the past or ignored when it is very effective and utilize it.

M: This trend has been going on for years, meaning you find it effective. If at our age, around 40, we found it, it means it has been around for many more years. Should stop it today?

M1: No, we are not supposed to neglect it at all, so that those people who themselves in such conditions can be helped. Let's not neglect them. You find others would want to go for healing at Church but because of stigma, they cannot do so. When such people go to Church, they would call for special prayers for them. Since it is something that is hereditary, no matter the prayers, this person will not get better. I would equate it to shrines where rituals are performed. Shrines are ancient and people still go, we found these rituals.

M: When it comes to Masabe, there is no recorded literature on how they are to be performed hence you find that Churches and hospitals are now overshadowing it. Traditionalist has reduced powers despite such rituals being effective.

M1: What makes it seem like traditional rituals are being overshadowed could be because people have a tendency of leaning towards one thing in favour of the other, though we acknowledge the presence and effectiveness of traditional rituals. When we lean so much towards the church, you will find that we shall neglect traditional rituals. It will just remain neglected but we do know we have it among us and it works. What we encourage, to those that possessed, and you are forced to go to church so that you are prayed, but if you inherited the spirit, the church will not do a thing. My plea is still that we do not neglect this practise because it works.

M2: When it comes to Masabe they are different for each person. It is believed that the possessed person is gifted. Though it is painful for the one possessed, it is a gift given to them by the community. S/he is given that gift so that s/he can help other members of the community when s/he gets possessed.

M1: That is why we say it is there only that it is suppressed. This suppression is what we do not like, we want to be recognized. You will find that even when you take someone to church, nothing works. But when you take them to a traditional

healer, that person will be healed despite the church failing. What we are saying is, since it is among us, let us utilize it. Let's not let it die out. That's our cry.

M: Please pass this side you join us....

M4: This conversation we are having is very interesting. We need to share ideas on how we shall be treating them. What takes away the power to effectively heal such people? You will discover that throughout this conversation, the great enemy we have is the Church. The Church does not allow our traditional methods of treatment. They would rather have that person wait until the Lord comes (death). You will find that those who align themselves to traditions live longer. We do not dispute that the presence of the Church. We have seen a lot of people go through such as you have heard from others. Some go to church. When someone is very sick, anaemic like, and goes to the hospital, the hospital will not diagnose what is wrong. They would like to keep the person for further blood tests. Now, there are others who choose to go the traditional way despite having been to the Church or the hospital. When they go the traditional way, they will get better and live for many more years. We acknowledge the church and the hospitals, let's now neglect traditions. We do not throw away such traditions because our ancestors had them. You will find that when a baby is sick, they do not want to go to the hospital saying such a child needs traditional steaming. They are simply saying, let's go the traditional way. You will find that as soon as they return from the traditional healer, even though that baby was 'crying' if the child was not sleeping well, this child will be relieved... will get better. What we are saying is we should spearhead traditional rituals. If possible, let the church come second.

M: For things to work well, let traditions do their part, let the church also do theirs. Those who believe in the church should play their part, those who believe in traditions should play their part too. Working together more can be achieved. When you look at the people gathered here, most of us are still youthful. Now, where do youths put the issue?

M1: Following western cultures is our greatest enemy. They come with their own ideas and dump them on us. Now, we just accept things without considering benefits or effects. And because of that, we have lost our identity. We have

thrown away what is ours and embraced a foreign thing. Even our livelihoods are affected because we do not analyse what is brought to us, we just accept. What is ours we let go!

M: Though when you want to embrace something, for you to receive it fully, you have to let go of the other...

M1: Yes, though you will let go of what is good for you. You will be in a dilemma. A bird in hand is better than two in the bush. And that is why are lost in our own tradition. When you critically look around, even initiation ceremonies are no longer there. Such initiation ceremonies were brought for a good reason. We need such things to be revived, instead of letting go of such ceremonies. You will find that because of such, young ones, especially those young than us gathered here, have gone astray following western cultures. You will find such a child has no idea how to handle a marriage. The Nkolola initiation ceremony helped them understand how to run a home. The western world is now bringing issues that Nkolola encourages early marriages when in actual fact it was a good teaching platform. It was our heritage, our pride. They were never married off at a young age, they waited and were being prepared for marriage. They got married at the right age. This sexual of today, for us it came only when we were adults. Those that underwent Nkolola were taught the bad from the good in marriages. And they knew age-appropriate things they had to do. This thing called Gender has destroyed us a lot. That is why you now find children doing things they are not supposed to be doing. Today you will find even 14year olds getting into marriage. She has no idea how to handle a marriage. Such children in those days would still on the parents' bed, but today when a child reaches 2 to 3 years, s/he is already said to need to sleep on own bed. You see now, that trend has made us accept bad ways faster, in the so-called modern times. My word of encouragement let us continue trying to revive our old ways because they will indeed come handy.

M: Can someone else speak about what living a healthy life or being healthy means? What does a healthy person look like? What happens when we see a person looking so ill that they may not be able to walk. Then the drums are beaten and they come alive.

- M5: Masabe do help. We know that when we follow the instruction properly, even when the person had a withered body, the body regains its life. If the instructions are not followed, you will hear that the person has escaped, run away. It is easy to tell which person with masabe has not been attended to. The flesh looks shrivelled. Once the person is attended to, the flesh comes alive again.
- M: Now, let us talk about music. What kind of music is used for masabe? Or is it any kind of music that goes with masabe?
- M2: We know the general masabe music. But when we have a new person with affliction, we do not know what music works for them. When we are still searching what particular spirit have entered such a person, we randomly play general music until we see a response from the afflicted person. From then we would know that it is this or that kind of music that goes with the possession in that person. The same goes for the drum or guitar. If the possession is water-related, the music follows.
- M: I see. I missed that random search part. I have learnt about the different possessions but I did not know how you get to know the actual spirit.
- M6: We heuristically explore. We keep trying different pieces. Here we might play music for water (river) spirits. The drums will follow. We keep exploring until the person responds. Sometime, we may play the drums and yet the person is not possessed by spirits that need drums, the person will not react to the drums. Some people just desire guitars. Until the guitar plays. However, others respond to both drums and guitars. Such people are not difficult to attend to. We can interchange between drums and guitars as necessary.
- M1: In my opinion, masabe tend to come alive when the guitar is employed. The healers and the players prefer to use the guitar to treat the suffering person. The guitar opens up options for the healer. Mun'ganga would then begin to find solutions for the ailing person.
- M3: This topic is massive. Our customs are not written down. We need to find a way of putting such material in books. Let's write these customs down. It is necessary for others in the world to know that buTonga means this or that.

M: Now, I would like to know whether a person like myself is within there to perform masabe? Are there guidelines?

M1: As I have already said, masabe do happen. We are the people responsible for their execution. We have seen these things with our own eyes. We are the one who facilitates healing. We know that mun'ganga is the one who diagnoses, we have never failed to know how this custom happens. Mun'ganga works with us. We work as a team. Mun'ganga would just indicate to us what needs to happen. We go ahead and perform as per instructions. We are the ones to do the task of healing. We are the ones doing the work, the way we are sitting here. We do the work in collaboration with mun'ganga.

M: How then do you go about facilitating masabe?

M1: Let's put it this way. The afflicted reaches out to the healer. The healer then begins to do their thing. They find out what protocols need to be followed for the afflicted person to find wellbeing. Once the healer has found what is ailing the person, the healer will communicate the findings to the person afflicted, "This is what is affecting your wellbeing, my friend. We can help you with this or that way. We possibly need to call the drummers so that your healing ritual can begin." At that moment, the journey towards the recovery of the person's wellbeing begins. They will summon us. From then, it becomes our collaborative engagement. Since we have always worked together, such things as how much money to pay us are already known. The healer is paid an amount too. The process goes on. We work out what is missing in the person's body.

M: How about when the session begins, how do you go about it?

M3: The afflicted will sit close to the drums in an open space. Then someone from the mother's clan and sometimes someone from the father's clan will intone in a loud voice; "Here we bring the drums. Release our person now". That way zinjila would be appeased. They might say, "The clan of the person we have entered have honoured us."

M1: Besides that, we offer a prayer. Mun'ganga will gather everyone, announcing that it is time for the ritual. Most times, we begin with ritual clapping. Once that is done, a prayer is offered. Then the afflicted are summoned. They will sit like

the way we are sitting. Like it has already been said. We then begin our musical speculations until we find the answer, we are looking for together.

M: Thank you for your honest responses. We are drawing close to the end of our discussion. Perhaps there is still something to be said.

M5: I want to encourage you. When you return to wherever you live, do not let this project die before it reaches its destination. The way you are following up on such a custom, please continue. Follow it wherever it leads you. It is important that even when we shall not be around, the next generation will find such rich customs available in the literature. They will marvel at the wealth in the customs. They will be pleased to learn that baTonga have always had ritual healing called masabe. They will see it in action too. They too will see it with their own eyes, as we have. Let it continue. We do not want it to continue being suppressed. Let it go on.

M: That's true. I am also learning as I grow older. It is pleasing me to know that we have customs that define us. Customs that have been a part of our daily lives from generation to generation.

As you know already, we shall be performing masabe today. What do we need to do? Who is going to do what?

M2: As we have already said, under normal circumstances, there would be mun'ganga. In this case, we shall work like you are mun'ganga. You will open the gathering. The rest will follow as we have discussed. I think the people dancing will come with their clans. They will call them out.

M4: We came ready. My mother told me to come. Even though this is not original, we will do what we know. We want you to record the correct thing. You are the first person to come and ask us about our customs. Our children will learn from this.

M: Right. Is there anything else we need? In the case that there is nothing more to talk about, for now, I would like to thank you for taking part in this discussion. After masabe today, we shall agree when the next meeting to reflect on the ritual would be. The conversation is still ongoing. From here we may just take a small

break and share some refreshment before we begin our ritual. Thank you very much.

FOCUS GROUP 4

Date: 25th June 2018

Location: Malita's homestead

Duration: 1 hour

Moderator: Nsamu Moonga

Participants: This is the focus group comprising the people who identify as basimasabe. These were the people with the affliction. This focus group took place five days after the masabe ritual we had because I was unable to follow up sooner as I was recovering from an illness. The fact that I took ill on the evening of our masabe session made the focus group participants believe I too was afflicted. They suggested that I pay attention to the internal invitations and respond accordingly. Four participants attended the focus group. In honouring confidentiality, I here identify the participants as F1 for female 1, F2 for female 2 etc. All participants in this focus group on this day were female.

M: First of all, let me express my sincere gratitude to all of you for coming to the focus group. As regards the duration of our discussion, we shall only take 1 hour. At this point in time or as the discussion progresses by, you may end the discussion as you may wish. Whatever is discussed is confidential. Never disclose to anyone else that you participated in this exercise. For this I wish to urge you to keep this confidential even at the time you will leave this group. I am also working with other people from this same area regarding masabe and how the musical healing ritual works. Through our discussions, we find ways of using musical healing to heal people in the main in future.

I see that there may be someone who was not part of the first meeting we had before masabe here. Is it necessary for each one to introduce ourselves again? I will introduce myself and then let the one person who was not here previously introduce herself. You may tell us your name, your age and how long you have lived in this area. You may also want to tell us what pleases you to live here. To all of us, because we are using video recording, may I encourage you to speak loudly and clearly so that the recording shall be clear.

My name is Nsamu Moonga. I am a music therapy student at the University of Pretoria in South Africa. I am here on a study to explore music therapy among baTonga of this area. You may know my parents as from this area. My roots are traced back to here.

F1: My name is... I have lived in this Chitongo area for 42 years now. So far, I can say I am pleased with the lifestyle of this area. The thing is, we left our original home village a long time ago. When we retired, we came to settle in this area.

M: Thank you. Shall we proceed with the focus of today's discussion? The focus of our discussion today to reflect on our experience of masabe from a few days ago. I have a few questions to help our discussion. To start, can someone tell us how they are feeling after our musical ritual?

F2: As for me, I am fit, just like I was that day when we were dancing. My body is generally fit now; previously I was complaining of toothache and pain in the eye...but all is ok now. Even the headache is gone. My appetite is back on track. Previously I never had an appetite. But now I do.

F1: As for me from that day we were dancing, I have no pain; headache, legs, name it, all is fine now. As soon as I reached home that day, I slept like a baby. The following I was ready for the routine chores in good spirit. I even worked on more demanding tasks and knocked off at the usual time. I literally worked on all areas to a point where, to this day, there is no single area which is paining. My flesh and muscles are fine.

F3: Ma, as for me it is a different story; my flesh (body) is unwell. Maybe it is due to the fact that I was kept busy standing over there all the time. My legs, especially my soles and feet are aching.

M: Have you been for tests anywhere?

F3: I am just coming from there in fact. There is no sugar in my blood. That is how I went to a Chinese-run clinic. There I have been told that I have too much fat in my body. It has been diagnosed that one kidney doesn't function very well. I am also anaemic. I was also told I lack certain valuable vitamins as our diet is poor. I was given some long tablets. I cannot wear my shoes the way my friends

are seen comfortable. As, for me, my soles are paining and feel hot as if I am stepping on fire.

F1: Spirits entered you.

F4: No one bewitched you?

F2: You did not complete the ritual cycle.

F1: As for me, I never used to wear shoes. I normally used to soak my feet in the water. But when masabe drum was beaten, one time this started early in the morning, it went on and on even when others were served with meals.

F2: No one has bewitched you. Your spirits are speaking to you.

F1: As the time approached 8 am, I felt so strange! My body felt strange. I couldn't recognize myself as human again. I would ask myself, "am I human or what?" During my earliest days of these attacks of spiritual possessions, I used to relieve myself within the house (bedroom) and not in the thicket (rural toilets). Whenever another person appeared, I would hide from their face. The toilet was in the house itself. When a wizard/witch comes, they would find me awake. Do you get me? I am now well and I am able to mix and mingle with the masses. I am slowly forgetting my very tormenting past. These spiritual possessions are not inflictions from wizards' attacks. If they try to heal you using other people, they will worsen the infliction. They are not experts or gifted in this area.

F4: But who are your healers?

F3: I have no personal physician.

All: You see, F3? You have bewitched yourself!

F4: Never just say my legs are aching without taking medical advice and medication. Follow the doctor's advice very well. If you follow the instructions closely, you will get well. You might even say this witch is the one that had bewitched me.

F1: When this attack had seized someone; headache, legs, fever, nausea, and avoiding other people by making the toilet within the house. All this I experienced.

- F4: All this area of my back is paining!
- F1: There is so much discomfort in the backbone that it feels as if one is carrying a piece of a rail line. Now, it so happens that the day drums are beaten my dear friends, you find that angels come in two groups of fives, altogether ten. Then they urge you, saying, "Let's now step into the arena, to dance". There is one really good drum player. He is really good. Around 02:00 hours, drums are replaced by a guitarist. You enjoy and get real relief. A feeling that indeed you are fit.
- F4: No ways my dear, unless you go through masabe, you will not get better. The pain in your legs will persist.
- F1: Besides there is little blood.
- F4: I was in the habit of taking off all my clothes; remaining the way I was born. I used to abandon my clothes within the house no matter how they tried to restrict me. And then the time came when I needed to go and bath, I would go out naked in broad daylight like this very time. Not even covering my privacy with my hand. I would walk all the way up to the water place (stream) while naked. And after bathing, I would get very tired again yet I was required to walk back home, still naked the way I was born. Do you think these spiritual inflictions are a simple issue?
- F1: As for me I was dwelling in the mountains. I would see different types of snakes; a white one, a black one and you stay put. Again, a spotted one in which one end was black and the other end white and the spirits say, your friend has passed by; there he goes. Stand up right away. This is how my breakthrough to have children come by in my family/home. Before these spiritual beings' past, I never experienced this attack. I would be seated in one position. If it means the sun setting while in that same position, so be it. If it means sleeping over in the mountains, I would so. This is how these spirits treat you. Some spectators say we prefer dancing and shake our waists to show off our buttocks yet it is not deliberate. We equally have no idea how these attacks come about.
- F4: Yes, they say it is our own making.
- F2: Some people may think that we are mentally deranged.

- All: Indeed, there are people who claim we are abnormal.
- F4: This experience is really painful; if it is not stomach pains, it is the legs that pound you. At this juncture, you have no decent work. And yet here you are saying we should be going to the hospital; hospital!!
- F1: When the time to meet your physician has come, the healer boils concoctions in five big clay pots. The moment they finish boiling the concoctions, the spirits that possess you to begin to fight you, resisting to be cast out. The angels' dress code is like this; the right side of the body is red and the left side is black like this hat. If they seize you like this, you are finished. They command you to kneel down. You comply. When the marine spirit starts, it is only about marine affairs. In the water are a small hut, a small hoe and a small clay pot. The small hut is there erected. From there the angels pick you with a white plate. They now say, can you erect houses. We want to work. It must not sink or disappear. I am merely narrating to you.
- F4: These are the same things that burn you if not followed to the letter. We are in distress. When we left this place, we went to for masabe at Musikili. We worked there for two full days; from Saturday till yesterday. In fact, up to now, we are still at it. I am fired up. Even if we are now told to go to cultivate in the garden, I can do so. I can leave behind the ones not willing to go.
- F1: When a black snake passes behind you, and you pick a stick to strike it, you will discover it opens its mouth like this. After that, it lowers and puts its head on the ground.
- F2: Talking of snakes, hey, in my case it approached me and stood right in front of me like this. At that time, I was busy chatting with a certain lady at that small shop. While it had raised its head, I said, "What is this coiling around my legs?" It had coiled around my legs. And the person who was standing next to me got frightened. But I wasn't. And then I said, this is just an ordinary snake. It had mistaken me for a tree trunk. That is how it dropped down and left.
- F1: Those are yours!
- F2: A red one in colour.

M: Mm... Is it ok if we proceeded by singing together? We can take turns in leading a song of your choice. I will begin and then someone else may come after. And there we go with mine....

The song leader (mwaanguzi): the sledge that you youngsters took to the crop field.

All of them: eee x2

All of them: eee, heavy is the sledge that you dragged to the crop field. When the workaholic man comes, he will pull it (repeat).

The song leader: little is the portion we shared with God.

All of them: maili-maili (heaps upon heaps) little is the portion we shared with God, maili-maili.

The song leader: little is the portion we shared with God.

All of them: maili-maili (heaps upon heaps) little is the portion we shared with God, maili-maili.

The song leader: at the place we met with MukaMaambo

All of them: at the crossing point (is where we met with MukaMaambo).

All of them: maili-maili (heaps upon heaps) little is the portion we shared with God, maili-maili.

F5:

The song leader: Moses Kalumba (accompanied by clapping)

All of them: We are your humble servants

The song leader: We are pleading

All of them: We are your humble servants

F4:

Song Leader: Thunderstorms are rumbling and rumbling

All of them: the clouds are rumbling

Song Leader: Thunderstorms are rumbling and rumbling

All of them: the clouds are rumbling across the river in the east (referring to Zimbabwe, the area of Chegutu) (repeated).

Song Leader: Thunderstorms are rumbling. Haven't you heard that Your Majesty MukaBulongo (wife of God of the earth)?

All of them: the clouds are rumbling across the river in the east (repeated).

F2:

Song leader: Excited/Proud are the farmers who planted sweet potatoes, including all other crops.

All of them: God we bow before you.

Song leader: Proud are the farmers who planted sweet potatoes, including all other crops.

All of them: O god we bow before you (repeat)

M: We may proceed with our discussion now. What did you find to have worked well in our masabe?

F1: Some of us found you midway. So, we actually still want to talk and participate. We still want some more so that we can contribute more, thereby we shall also be known to have a part in this aspect of life.

F2: **In my view, my observation is that from that day when we started this drama, I feel rejuvenated, like a young child. There is no more pain in my whole body.**

F4: **From the day we had that drama, I have been excited, overjoyed. I can't even sleep. My body is refreshed and energetic. I have a gigantic appetite now. Even porridge with only salt, I do it.**

F5: As for me before that day we danced, I had been fatigued. I felt as if my flesh was tied; general body pains and headache. The pain was so much. I even suspected a wizard's activities on me or maybe I stepped on a spot where a spell had been cast. **But since the dance, I feel strong and intact. Generally speaking, my nerves and muscular movements have improved and I sleep very well. I never**

complained of anything since that day. I am ok. I can even perform hard tasks.
Even where the sun is now, I'd wish it to be in the morning so I can just work. I
can work from sunrise till sunset.

F1: I have a song called 'kowa'

*Song Leader: Mwamubona Kowa, kowa mwamubona kowa ulalila,
kowa ubweni meenda, kowa ubweni miyoba*

All: Mwamubona kowa ulalila,

kowa ubweni meenda, kowa ubweni miyoba [Repeat]

M: What have you to say about the music, the drums and the songs we used and
the way we used them on the days for the dance?

F1: Unfortunately, I didn't have a chance to sing my songs I was not available.

Other Participants together: The floor is all yours. Give us one song.

F1: *(song leader): Bamwi baseka, bamwi balalila, ani cindipenzya
biya, haamayuwe boola*

*All: Haamayuwe, haamayuwe, haamayuwe ee ee haamayuwe
boola [Repeat]*

*Song Leader: Nyika eba Kaunda, Nyika eba Nkumbula, haamayuwe ee ee
haamayuwe boola*

All: Haamayuwe, haamayuwe, haamayuwe ee haamayuwe boola [Repeat]

*Song Leader: Bamwi baseka, bamwi balalila, ani cindipenzya
biya, haamayuwe boola*

*All: Haamayuwe, haamayuwe, haamayuwe ee ee haamayuwe boola
[Repeat]*

F1: Allow me to sing again please:

Song Leader: Mwakabona kayowela

All: *Kalu mungoma, mwakabona kayowela, kali mungoma [Repeat]*

M: We appreciate you sharing your music.

F1: Can I give you another song?

The Rest of the Participants: Hahaha...the spirits have broken loose on this one now.

F1: Yes. I am still unhappy for the portion of the workshop that I missed. Surprisingly enough, all the songs you were singing on that particular day, I was also singing them yet I was at home. I could hear them from home.

F5: There was a great spectacle where we went. The man called Mazhandu is an excellent drumming man.

M: What would you add to the ritual as we had it? Or perhaps subtract from it.

All: It is the duration allocated. It was too short.

F4: Please increase time allocation. 2 hours is too short.

All: Yes

F3: Our desire is, once you have commenced the activity, you carry on until you get full satisfaction that, yes, indeed we have done it!

F1: If you start in the morning, by noon dancers should swap with those clapping, and we incorporate guitarists as well since we are possessed by the same spirits.

F5: Please consider our plea; we are not satisfied with the 1 hour, 1-hour segments. And being ordered to give way for those clapping. You are frustratingly limiting our passion. We really do give it all. We want to work. We do not abrupt interruptions. You can see for yourself that this activity is quite involving. It is a lot of work!

M: So, you want time to be increased?

All: Oh, yes. It should!

F4: Remember even that day it was prematurely discontinued.

F3: It would be too exhausting for the moderator. The moderator will end up collapsing!

The Rest: Ha-ha

F4: We asked as to what was wrong with the moderator. When we learnt that the moderator was unwell, we got very worried and wondered as to what could have gone wrong and who could have been responsible for his illness.

F3: Bayi is also entered. He just could not dance the way he did.

M: Perhaps I am entered too.

I noticed that day, at first, we only had 18 participants adding all the groups. But the day we were dancing I realized the number in attendance was overwhelmingly big. Is it the case always that anyone is free to attend?

All: Oh, yes. That is the norm.

F1: Just the sound of the drums is irresistible. Also, the very spirit possessing you will stir the urge to oblige and rush to the venue and step into the arena.

F4: And the masses are great fans of this event.

F5: And whenever I discontinued song-leading, you stepped in and took over because the gentleman who was beating the drum is so good. He knows all the songs.

F4: That tall young man who was song-leading that day is the son of this lady.

M: Wow! Oh yes. I have seen facial resemblances.

F5: He is capable of drumming and singing at the same time. He just enjoys it!

M: Does it mean this activity is only for the possessed?

All: No, no!

F3: Even non-possessed members of the public are free to come, witness and take part. They are the ones that sing, clap and beat drums!

F1: The problem with the mood is that if there is no one to take care of you, when possessing spirits are active, you can end up running mad; because the sound of the drum keeps playing in your mind (ears). And when they decide to beat drums for you, you get relief.

F4: As for me who has no close family or clan member, when I ended the dancing, I am able to vividly recall everything. If my father lived to this day, I would be fit by now. I would not have been like this. Maybe he would have been assisting to arrange such rituals. But now who can do that for me? And upon discovering that there is such a beneficial activity, I had to grab it with both hands as this is like my father now. I am confident this activity will heal me. My body, my flesh shall be fit again.

F3: Spiritual possessions, drums and singing are done at the same time. These three are one!

F2: It is a great reliever indeed!

F3: Each person is spiritually visited by a specific song.

F5: All that the spirit appreciates is to be played a song. Or else, it afflicts more.

F1: Even if you are in the house, you start dressing up your pair of trousers and the top. Sometimes with your illness, you start to walk. They will just be surprised to see you in the arena. The audience in total dismay begin to ask, "But where has this one emerged from?" Hey, who has accompanied or escorted this patient? Again, they say, this person has come all by himself or herself. What can we do now? Can someone volunteer to rush to her relatives and inform them that one of them is here? We need their permission because he/she might end running mad as she has been bewitched. Yet that is not the case. Remember evil spirits exist also and have powers. It is a tedious situation...because it leads to being mentally deranged and you become mad. You become abnormal. Next, all you do is to hide in the bush whenever you see other people. This spirit does kill if not well managed as necessary. Some are restricted from leaving their homes. By the time your relatives discover you, you are long gone. These challenges are hard to manage. Mum had alleged that I fake this illness but I challenge her that it is never deliberate. I have no idea how it all started.

M: That clarifies what I observed during the drama. I was surprised that day. Whenever we changed a song, a new patient appeared on the scene.

F3: Some who play the role of clapping have children in the other section.

F4: Was Given's mother driven by the spirit to this place? I say so because she came running.

F5: That is not even surprising. You are forced to run from here up to that school over there, non-stop. You can even pass through the gaps of the poles of this very house. If it [the spirit] says, "Go!" You have to do so at once. You just pop up from nowhere in the arena, much to the surprise of the spectators. That is because the urge is too strong; your legs itch to go and the heart/mind is overzealous too. You don't notice or realise all that happens around you. It is the one responsible for your 'flight' to the arena. The moment you step into the arena, the very spirit song-leads you. While song-leading, the drummers pick your tune.

F1: And at that juncture, all the pain in the legs and the whole body is suddenly gone. Oh, what a relief!

F5: You even enjoy work the following day.

F1: Yes, because it (the spirit) binds your whole body. Even eating is not as enjoyable as it makes you nauseous. Your relief comes when it is cast out during the drumming, clapping and singing. It takes away all the desire. Even seeing another person eating is like they are eating sand. As if the food is not edible. But when the drums are beaten and it is cast out, only when do you regain your appetite and nausea goes away. However, when the spirits that possess you to want to work, just after beating the drums and having cast them out, they do return to you in the night and say, "Get your small hoe. Let us go into the forest to dig up medicinal roots or gather herbal leaves. The spirits would say, "Dig this and that". This is what spirits that afflict some patients function when they want to work in you. They push you into the forest. Ants also move around your neck, but no matter how irritating on the skin this may feel] there is no scratching or fighting. You rest and sleep in the night but the spirits are on you.

M: Wow. This is a wide-ranging phenomenon, I see. Perhaps we can draw close to finishing our discussion. Is there anyone who is dying to say something regarding our sessions?

Seeing that we all sound satisfied; we could conclude our topic for today just here. Let me state that I am so grateful for your participation and dedication

in this exercise. But before we depart please join in sharing some refreshments and some snacks. Some music to finish with, please!

F5: Here is a song.

Song Leader: Nkwilimba nkwilimba yabama

All: Kumulonga

Song Leader: Ilasamba

All: Nkwilimba yabama, kumulonga

Nkwilimba eee, nkwilimba, ilasamba, nkwilimba yabama kumulonga ilasamba

Another song: Cihubwe

M: Cihubwe ee, cihubwe boola, cihubwe ee x2

Cihubwe ukkala mumeenda

B: Cihubwe ee, cihubwe boola, cihubwe ee

M: Munyama ukkala mumeenda

B: Cihubwe ee, cihubwe boola, cihubwe ee

M: Munyama ee, munyama boola, munyama ee

Munyama ukkala mumeenda

B: Munyama ee, munyama boola, munyama ee x2

F3: It is me closing with a song.

Song Leader: Hamisoni wayi, wabula cakutayila, amutayile mooye

All: Muwaale biyo kanimba

SL: Baama muwaale, baama muwaale, mumuwalile mooye

All: Muwaale biyo kanimba [Repeat]

FOCUS GROUP 5

Date: 25th June 2019

Location: Malita's Homestead

Duration: 1 hour

Moderator: Nsamu Moonga

Participants: This focus group was made up of people identified as the none-possessed. They were not presiders either. The group expanded slightly from the planned 6 participants as there were people who were not in the initial group who came after hearing about the sessions. Some participants in this group expressed sadness at not being informed ahead of the focus groups. They nonetheless indicated how pleased they were to be part of the session even at this late stage. Eight participants attended this focus group. I will use F1, F2 and ascending to identify female participants. I use M1 ascending as male identifiers. M represents me, as moderator.

M: First of all, let me express my sincere gratitude to all of you in attendance. As regards the duration of our discussion, we shall only take 1 hour. Let me alert you to the guiding rules of the discussion. You are free to leave the discussion at any point you wish. There will be no punishment you will suffer for doing so. Also, take note that whatever is discussed here shall be treated as confidential. Never disclose to anyone else that you participated in this exercise. For this I wish to urge you to keep this confidential even at the time you will leave this group. I want you to know too that I am in discussions with other people in the area as I explore the place of music therapy among baTonga of the area. The information we gather here will be used in formulating how we use music for healing in future.

I have noticed that some of you were not at the meeting we had before. For that reason, I will ask those that were not here to introduce yourselves. This is especially for me to know you. I will also introduce myself to you to start with. I think you know yourselves as members of this community. In the interest of time, I will not ask others to introduce themselves again. And also, please, because we

are video recording the session, I encourage you to speak loudly and clearly so that the recording shall be clear.

My name is Nsamu Moonga. I am a music therapy student at the University of Pretoria in South Africa. I am here as a learner among you. I want to let you know that my parents are of Chitongo decent. I am not a total stranger here. Who follows me?

M1: I live in this Chitongo Community. I have been here for 10 years now. I am glad to be here as most of the kin also live here. School is also within a walkable distance.

M2: My name is Tobias Jabulani. I am only 2 months old here. I came to join my father.

F1: I have now clocked 12 years in this area. I love this place is because school is near.

M: Thank you for the introductions. I would like us to proceed to the focus of our discussion today. We are here to reflect on our experience of our masabe. I want you to know that there are no expected responses. I have a few questions to help us reflect on our experience. I encourage you to share freely and honestly. Is it ok for us to start with some music? We can interspace our discussion with music and song as suitable. Each one of us will have a chance to lead us into a song. I see we have guitars and drums. We can make use of them too. I will take the first turn and then someone else will take it up from me at the next interval.

M: Here we are...

Song Leader: Cakali cakusobana, mbuboo sunu camana,

All: Cakali cakusobana, mbubo akaka sunu camana [Repeat]

F2: It's me now.

Song Leader: Wamaniina mukowa angu nobacaangu takuvulwi anyika

All: Wamaniina mukowa angu nobacaangu takuvulwi anyika. (With special clapping)

M1: [Cigome]

Ndaacili kule, ndaacili kule, ndacili kule bama me ndacili kule

Ndikkala kule...

F3:

*Song Leader: Kaneemaneema, mubotu kamulete, kamulalamule, sala mubotu
ngooyanda*

*All: Kaneemaneema, mubotu kamulete, kamulalamule, sala mubotu
ngooyanda [Clapping]*

F4:

Song Leader: Sunu mpeeluke, sunu mpeeluke

All: Aina maila,

SL: Sunu mpeeluke, mpeeluke baama

All: Aina maila, sunu mpeeluke.

M3:

*Song Leader: Bamaniina baloongo eeee, bamaniina baloongo nobacaangu,
bamaniina baloongo kwacaala bungoyongoyo, omuya mukazyiba motuteka
meenda*

*All: Bamaniina baloongo eeee, bamaniina baloongo nobacaangu,
bamaniina baloongo kwacaala bungoyongoyo*

M2:

Song Leader: Mooye angu, weebelwa nzoka mubwina; mooye angu

All: Weebelwa nzoka mubwina

F1:

Song Leader: Candityoola, candityoola maulu angu, candityoola

All: Candityoola, candityoola maulu angu, candityoola

M: I am grateful for your sharing of the music. It feels like the right time to proceed with our discussion. If you have not had a chance to lead us into your

song, you will get an opportunity as we move on. I would like us to begin from where we are today. How are you today?

M1: I am still impressed by this program from the word go! I am of the hope that this programme shall be beneficial to me and the rest. My childhood and upbringing faced a lot of challenges that my parents had to endure: A week after I was born, I never sucked my mother's breasts. They sought the services of a female witchdoctor in Chikuni by the name of Chibwe. She is not a typical witchdoctor by a divine practitioner. But she did not succeed. It was not until a witchdoctor who was Nkoya by tribe came that I was healed.

M: Right. Perhaps we could focus for a while on the songs of healing.

M1: I am now moving to the discussion. I used to sing songs sung at the shrine (*Malende*). This kind of divinity treatment used to give our forebears visions. You spend a week at the shrine where you mentored as well. But you are allowed to take leave so that you can go back to your home to check the children.

M: Perhaps I need to clarify my question. If you reflect on how you felt before our masabe, and how you are feeling after, what could you tell us has happened? How are you experiencing yourself?

F2: In my view, from the time this program started, those with profession spirits that had like gone dormant, saw them being invoked and the patients suffered fresh attacks. This is how I discovered that you recover your health through dancing than taking medication (hospital). After all was done with dancing, around dawn, the patient said I am now fit and fine, she had a toothache and also neck-pain. I am convinced a patient can get better just by drums even without taking any medications or taking tablets. As a result of that, I was delighted to see a patient being healed through songs and drums, dancing and healing take place. It is better than frequenting hospitals or clinic.

F4: Just as an addition over this program, starting the day we were dancing, participants particularly those who were possessed by spirits, were freed from that bondage; it was indeed healing! The healing process of patients possessed by spirits is through dancing, drumming and singing. This way this spirit is cast out. This medication is dancing to the specific songs that they positively respond to.

- F3: We all got very relieved from the day this program started. We owe all to the facilitator. We have not found anything negative about this facilitator. Some patients had wished to come back and dance.
- F4: In addition, for us who are not possessed, this programme has afforded us mental freedom. Watching our friends who are entered is a lesson to those that are not that one day it might be them. The relief we have now is a new life.
- M: One ciTonga adage speaks of songs that heal. And even if there are some differences, usually just a song is able to heal a person. How are people at a funeral comforted?
- F4: What is comforted is the heart (mind). All the thoughts over the loss of a beloved are comforted by the touching songs sung during the funeral. But when the music stopped, your thoughts are reminded and you feel sad again and begin to sob. Some of the songs during masabe remind me of such times. These songs also help you to forgive offenders.
- M: May I take you back to the conversation we had in the first gathering, we talked about how a person ought to live. We discussed that there are so many facets to wholesome living: body health, living in a community. The element of the community seemed to be revealed by the attendance of people who were not initially part of the study. Can someone speak to that?
- M1: They also received the news positively. So, they had a strong urge to come and listen from the horse's mouth, and they end up carrying along with all others who are spiritually possessed. Some, the multitude of attendants can get really large.
- F2: The truth of the matter is that even those who just come along are pulled by a certain magnetic spirit that they cannot resist, and they come to get the same relief.
- F3: But they realize they have no money to hire someone to beat drums. So how can one miss this one which is free of charge? Plus, drinks and snacks are provided- they come at the speed of light.
- M2: Let's put it this way; each human being has their own challenges. Some diseases are healed by singing. Others get better by singing by themselves. Just

by stepping into the arena where they are beating drums and singing, you get your breakthrough.

M: I felt a certain way too even if I do not consider myself as possessed. How do you feel when the rest of the patrons join you in the arena when your song is sung?

F4 It pleases and delights us too.

M: What factors do you attribute to the success of this programme?

M2: In my view, what has really helped are the following reasons: unity, curiosity by each patron and participant. Some people got interested after word went around. That is how they came.

M: How about others?

F3: What has delighted me is to receive a visitor who has brought solution and relief in my life. We all relieved.

F4: For me, what delights me is the unity in our midst starting with you dear brother. You have a lot of love and compassion for us. Imagine you chose our community to receive this programme for us to receive help. You have inherited our challenges and this is why you are passionate about our plight.

M: In the previous discussion, you suggested to me that you have challenges with schools, hospitals and churches and how they discourage us from maintaining our customs. What should be done to address this?

F4: My wish is that your programme should have carried on and on; this can really help us in livelihood and health matters.

M: The drum is a unifying factor and it also makes people very happy.

M1: Drums are beaten so that each one is relieved: that melody is sweet but even if one is healed and made whole, there still remains some challenges the person has to overcome. Have the drums poured coldness or blood on this person? This is why it is important to visit the clinic as well to seek help from many angles.

M: How would you describe the effect the ritual has had on you? Has it made any difference in how you are feeling?

- F4: I feel different. I am pleased to have interacted with you. I have learned many things. We were used to rushing to traditional healers and clinics not knowing that there is healing in songs too. I have learnt all this through this programme.
- F3: I have learnt that cikambe-kambe also works. I have seen people entering a trance with cikambe-kambe. So, there is a spirit for cikambe-kambe.
- M3: For us not possessed by spirits do receive medicine by hearing and seeing. We witness with our eyes. Where you find people dancing, you see and the ears hear. Some people quarrel in their homes due to unprocessed masabe. They get relief once they get here.
- M: We are now approaching the end of our programme for today. Do you still have something to say as an addition?
- F4: My contribution is an observation and an appeal that this programme should not be for these possessed only. We must not abandon our traditions.
- M3: It is true. BuTonga culture and language are on a decline. Most of the people who passionately drove our culture are no more. Imagine that custodians of our shrines are now shunning their rules, seeing them as uncivilized! Each village must revive our culture. Due to abandoning our culture, we see the proliferation of teenage pregnancies and marriages. Getting married without undergoing Nkolola. All these uncontrollable sex activities have led to increased STI infections.
- F4: Just like we continue annual pilgrimage to the Gonde shrine in Monze, let us maintain our culture as well. The prevalence of diseases, especially STIs, is as a result of abandoning our traditional ways of living.
- M2: We no longer respect our own culture. We now have respect and faith in foreign cultures- projects which only seek to demean and demonise us.
- M: I owe you a great debt of gratitude. This brings us to the end of our programme for the day. I pay particular gratitude to all those that took part in this programme to make it a success. I wish to share this same experience with other participants. After all that, we shall agree to use songs as another method of healing as you have suggested and wish in the future.

End of this session with the singing of comforting children with lullabies

FOCUS GROUP 6

Date: 26th June 2018

Location: Malita's Homestead

Duration: 1 hour

Moderator: Nsamu Moonga

Participants:

This group was formed by the musicians. The musicians are the functional presiders of masabe ritual. This group was predominantly of males. I am curious about how that happened. They were an enthusiastic group of participants. They were candid in their submission during the focus groups. A few of them needed prompting to speak. When they did, they were direct. Five participants attended the meeting. The age range was between 21 and 50 years of age. I use F1 and M1 in ascending figures for females and males participating respectively. M represents me as the moderator.

M: I thank you for having turned up for the meeting. This discussion will take only 1 hour. Within this time or as the topic progresses, if you wish to discontinue, you are free to do so. Whatever is discussed here is confidential. Please pledge to keep it that way. We shall talk about masabe, singing and drumming as well as dancing in so far as we experienced it here.

Is it ok for us to start our discussion with each of us sharing in leading the rest of us in song? I will lead and someone else could take it up from me. Do not feel compelled to lead. You are allowed not to do so.

Song Leader: Ndacilimba cikwama

All: Kaciiba, kaciba buyo, kaciba [Repeat a reasonable number of times]

M: If there is anyone else who would like to lead us into a song of their choice? ...Ok. Shall we then proceed to discuss the matter at hand? What reflections do you have to share with the rest of the group?

M1: In the first place, let's look at how this programme came to be. It has come to us at the right time to remind us of our essential cultural practices. We gathered to discuss and later planned the ritual we participated in. I can testify that masabe happen and that we have seen how healing happens. We performed the ritual according to how we planned it. It showed that it's not just words. We perform this ritual and it helps a lot. And we did it in accordance with the way we discussed it. I also want to talk about the oppression we experience over some of our customs. We always feel a weight on our shoulders. When we gathered here the other day, I was pleased to learn that there some of us who are interested in the ways of our people. I was surprised that there are people in the world who want to learn about our customs. I am happy that you remembered to come to us. You have found us. You have had an experience of masabe. These things work. They happen all the time. I want to encourage you to continue on this quest. We would like this project to expand and include more people. We are here to testify to the truth that masabe work for us.

M: You have covered a lot of issues already there; Let's hold out for others. We will get back to some of the issues you are raising in a moment. Let's hear from others for now as a way of opening our discussion today.

M2: As you can see, I am just listening as I missed the beginning of your programmes. But all I can say is that this programme is beneficial though, us the young people, do not understand this culture very well. But as I was growing up, I found many diseases, some can be treated in hospitals others needs herbs. So, both ways are recommendable.

M3: In addition to M2's comments, we found a very powerful man nicknamed "Bbala-ng'ombe". He was so powerful that he could carry a cow on his back. He could push one passenger train with one hand and another train with the other hand. The story of Bbala-ng'ombe reminds us of the stories of our people. Our forebears told us these stories for clan perpetuation and teaching. We want to keep such traditions and customs.

M: Let's now talk about drums and guitars.

M4: Concerning drums, we have many types for possession spirits that are cast out using drums; baTonga have other subgroups the baLenje. BaLenje have their own way. Each patient responds to a particular tune and song and is unique in that respect.

M1: A guitar is one instrument which is inseparable from masabe and mun'ganga. When a healer is approached by a patient, he performs a divination ritual to determine the type of spirit behind it. This kind of screening helps the healer to know the medication to prescribe. He asks drums and guitar. Guitars are accompanied by songs meant for guitars and so on and so forth.

M: So, each person participant has their own unique songs that they respond to?

All: Yes.

M1: The song you are familiar with is easier for you to lead. If not, you may labour to get into the groove. Leading a song, you are not familiar with can cause embarrassment as you may struggle to establish chorus 1, chorus 2. You may be ordered to discontinue. Each song helps the healer to interpret the spirit that entered the person concerned.

M: Looking at the ritual we had the other day, are there elements you would like to add or subtract from what we experienced?

M1: This is a good question. We also envisaged tackling that issue with you. Firstly, there is barely very little time to perform in the afternoon. We would prefer mornings because that guarantees you a lot of time. We don't operate like whites who segment programmes in time intervals – we want to go on and on.

And concerning performance, our wish is that it will be done again. Just guide us and we shall deliver to your expectation. Remember masabe have three (3) major elements: the healer, the afflicted and the drummers and guitarists.

M: So, can we talk about each of the elements as you have raised then. What is the role of the healer?

M1: It is evident that the convener is the healer. Once a healer is around, even the afflicted will appear. Soon helpers also appear, as well as mere spectators. But in

the ritual, we organised, it was hard to tell who was convening and presiding over it.

M: Mm. What do some of you have to say about this?

M1: May I just say a little more. A real healer is very easy to identify. His code is unique, so is his style of walking. Also, the dancers have a unique way of dressing and walking. Even us that beat drum do not dress anyhow or any colours and design which does not conform with the etiquette of this discussion.

M: It sounds like a lot of care must be taken to make sure that the right processes and are followed before we can say that the ritual was successful.

All: Yes!

M1: The healer presents to the divination centres called twaanda (little huts). The attire of the healer and his site are all too clear to tell that you are in a different environment. You don't do masabe anyhow. We all have different dress code connected to the functions.

M: If I were to be a healer, how should my looks and general conduct be?

M4: When someone is being initiated busilisi (afflicted healer), they are given different uniforms. They have many designs and colours such as red, black or white.

M3: The truth of the matter is that all healers are mentored by senior healers before the general public notices that someone is a healer. Their contact with senior healers happens when the apprentice is first a patient and the healer is their doctor. Uniforms come later.

M: Let us hear from the silent ones here too. What have you got to say around masabe?

M4: For us who beat drums, it is a talent. No one just comes here as a patron and then demand that I want to perform this, no. each talent is meant to meet every need.

M1: And to open one's mouth widely to sing is also a talent. It's passion and desire. If you observe your friends doing it and it impresses you, then you also start.

And coming to the topic of spiritual affliction, this is hereditary: there is always someone in the family who might have had it. Even singers may quit the trade and get afflicted too, and this could be after 15 years.

M: Coming to those who beat drums; how do you feel or become after beating drums?

M1: Your love for this kind of music or sound is addictive, to say the least. you always want to be involved and always want to beat the drum and hear that sound. After that you also become relieved.

M: What is to be said about socio-economic differences?

M1: No, it is different. If you are poor or rich, you have to ignore all this when you come here.

M: How about you M2?

M2: I have the same feelings towards masabe as expressed by my colleagues. There are certain things that happen to us unknowingly; sometimes I do wake up in the middle of the night and start to beat the drum. Barely a week elapses without me beating a drum. Everyone here says I have too much passion for it.

M: I have the same urge for singing. If I have not sung, I feel unhappy. Our physical powers are ever ready for this. I just have to sing.

All: That is correct. You are compelled to sing.

M2: That is correct. The same with drumming. You are restless until you beat the drum. Once you beat it, you are relieved.

M1: That is the nature of a strong desire for something. You can go on and on even up to 4 days. I have been asked by the afflicted even at the shortest notice and I am excitedly willing to play with them.

M: It appears none of you is only good at one thing; you can beat a drum and still sing. Is that correct?

All: No, not correct!

- M1: You can't be a jack of all trades. The instrument players have to be experienced. The dancers would know if someone with low musical skills is on the drum. Their engagement is intermittent. There'd be poor coordination between these drumming and the singing.
- M: Let's look at those not possessed; they also do the dance!
- M1: It is open to everyone. Even mere spectators eventually can't do without this. They simply join the afflicted too. And as you go back to your home, the urge to dance grows stronger.
- F1: When the drums are beaten as long as you are present, you are also hooked and you join them in singing and dancing.
- M1: You find that a healer and the afflicted take part in a little dance and they get better.
- M: Wow, that is quite involving. If a person who has never ever heard about masabe, and says this is irrelevant. Please abandon it! How would you react and what would you say to such a person?
- M4: My response would be that we, baTonga have holy shrines. These shrines measure rain. The shrine custodians are also part of this masabe activity. People possessed by masabe are also selected to go to the shrine to pray for rain and they see visions that indicate that rain is available or not! Now, why can't you ask how is the holy shrine activity different from any flippant activity?
- M1: By nature, we all do things differently. There will always be someone with a different view on anything. We see things differently. Some patrons may come to a masabe event with a relative who is not afflicted. This affliction is only appreciated by those who have suffered before.
- M2: Those possessed are able to tell who amongst the patrons is entered and who is not. Those people possessed are not like any other ordinary person; They have a different nature.
- M1: They'd even fight you!
- M2: You can labour to contain him.

M1: At that stage, they will ask, “What are you saying?” This is because the possessed speak in tongues using a network connected to spirits. Whatever goes wrong, a possessed person quickly notices it.

May this programme be extended to other regions so that many can benefit. We have seen how many have been helped by this programme already.

M: When we started this programme, there was a general view that those possessed are possessed for the sake of the community.

All: Yes, that is true!

M2: Those possessed serve the people. This dance of masabe, many are helped by those possessed.

M4: In the masabe category, even those not possessed play an important role for they help in handling the possessed so that they don't get hurt when they are tossed down heavily by spirits.

F1: Healing transmits from the possessed to those not possessed.

M2: Even if some people are not possessed, not approved of masabe, there comes a time when they render a helping hand.

Let's preserve masabe for the benefit of all.

M: Well, I wish to declare that today's topic ends here. I am really grateful for having taken part in this exercise. I am however still engaging other people on this very topic. After all that we shall make a programme of using songs in healing patients as this is the wish, you have all expressed during this discussion as well as future programmes. As I end, let me say, “may your hearts be at peace”.

APPENDIX J

FOCUS GROUPS TRANSCRIPTS WITH PRELIMINARY THEMES

Preliminary theme

Code Name	Definition
Cohesion [C]	Mention of cohesion as the reason for living in Chitongo
Organisation [O]	Mention of social organisation as influencing their lives
Masabe Possession [MP]	Mention of manifestation of masabe possession
Masabe Ritual [MR]	Mention of masabe as a remedy for healing; music and design
Hospital [H]	Mention of the hospital as a health system
School [S]	Mention of school and how it influences ordinary life
Mun'ganga [M]	Mention of mun'ganga's role in ordinary life and healing rituals
Wellbeing [WB]	Mention of wellbeing/health
Work [W]	Mention of work as indicative of wellbeing
Food/ Eating [F]	Mention of eating as indicative of wellbeing
Ancestry [A]	Mention of ancestors and forebears
Attitudes [AT]	Mentions of attitudes towards masabe
Church [Ch]	Mentions of church and how it relates to ordinary life

FOCUS GROUP 1

Date: 19th June 2018

Location: Malita's Homestead

Duration: 1hour 30 minutes

Participants: The focus group was initially planned to last for an hour. We ended up 30 minutes longer as the interaction demanded more time. I asked the group during the session for permission to go for another 30 minutes. They consented to the extension.

This focus group is comprised of participants who identify as basimasabe. They are known to be the afflicted. Most participants are aware of how they experience masabe as the spirit of possession. They shared varying levels of awareness of the affliction and what they have had to endure over the years. Apart from one prospective participant who withdrew before the session, all the initially contacted participants showed up, plus a few more. I had to make a decision about negotiating the exclusion process. It was a difficult undertaking as collectivism is a strong factor in the individual identities in this community. Together, we decided to open up the group to whoever wanted to be a part of. All the participants were 26 years of age and over.

In honour of our commitment to confidentiality, participants will not be identified by their names. Identifiers F1, F2 and so on for females and M1 ascending for males are used. I use M to represent myself as the moderator.

M: I thank you for coming along. This focus group will take about an hour and a half. Within this time or any other time during the focus group processes, if you have to leave or withdraw, you are at liberty to do so. Anything you say here will be confidential. You will not be identified in any report about the meeting and I ask you to respect other people's confidentiality when you leave the group. I am also working with other people in Chitongo to find out what people think about masabe and music therapy. I am talking to a number of groups like this and the

findings from the groups will be used to formulate a music therapy process which you are welcome to participate in. When the music therapy process is designed and conducted, we shall have group discussions such as this one. Our meeting will last for 1hour. If you need to leave before then, you are at liberty to do so.

I would like to start by asking each of you to introduce yourselves by just saying your names and stating how long you have lived in Chitongo and something that you like about living here.

F1: I have lived in Chitongo for about 55 years. There is no bickering in this area. There isn't conflict per se. We are just happy living here. We get along with everyone.

M1: I have been here for 26 years, and I was born here. Life here is good as there are no conflicts. We have white farmers nearby making it easy to find casual jobs.

F2: I only came to Chitongo to settle. Where I stay there is no conflict. Peace is what makes me still be here. I have clocked 20 years of being here. I can attest that I have never heard someone being brought to book for fighting at our local courts. I have been around even as the older people that established these villages were dying. I have been here for a long time. If life was bad, I could have left this place for my home village long ago.

F3: My name is F3. I came to Chitongo to settle after many years we spent working in town. We were welcomed by the chief and the local people. Chitongo is not like any other place. When illness comes, you are assured that it is of natural causes. Of course, we have a bit of conflict as it is expected where more people are settled. But generally, the livelihood here is wonderful. We are even able to do our own farming.

F4: Just like others have said, I can see the goodness of this place. There is harmony. Of course, where people are gathered, conflicts will be expected. If something goes wrong, people correct one another. We were welcomed very well by the village headman such that even to date, we still feel welcome. The other good thing is that we are given a piece of land to do some farming, be able to feed our families. There is not so much of problems.

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F5: I have been in Chitongo for 45 years. The livelihood in this area is very good as people live in harmony. There is just peace and happiness in the community.

M: I would like us to begin talking about what masabe mean to you.

F1: Sometimes I would sit under a shade. When we get first rains in August if am with someone, just upon seeing they can tell there is something wrong with me. Then I would tell him or her that there is something I need... this year we shall have plenty of rain. She would ask... Where is the rain? I would say just keep quiet, it is there and coming. It will rain and shall cause havoc maybe just for two months. It will start raining at a certain point. It will rain normally without negatively affecting people. At night basangu would come. Then at night they would take me by a tree and say am getting mentally disturbed. "Put a pot by the fire and let her sit by the tree. Then make tattoos on her. When the water in the pot boils, put it on her head then I will take her to the river to immerse her in special water. I will make her pass in between trees as we go to the river. When we get into the water, I will ask her to kneel down and to put the pot down. Then I would instruct that we get back immediately. When we get back, she would be fine after undergoing this ritual. All the 'madness' would have remained in the waters".

There are a lot of things we see; others need the intervention of the sacred shrines. You would find a big snake by the grave and it starts raining. The snakes would make a fence around me then I would start dancing. I treat people on a number of problems. Even for people that are bedridden, I treat them. I have a young sibling who had a problem. She would always be shaking as she was writing. I managed to fix the legs though I failed to fix the arms. When the drums are playing and am dancing, I get to be 'given' the right medicines to use. The people I treat really get cured and they come back to show their gratitude. Even if the feet are swollen, they would be normalized. The dances are different, when someone is sick comes by, the songs will be on how to use the right medication. If it is rain that is needed, songs will be for rain. If they are classy people, then classic songs would be heard and so on and so forth.

F2: I do walk to the river in my sleep. When I reach the river, I find fresh millet by the river. Then I would find a traditional pot and calabash for drinking

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water, and they would be eating mushrooms. They would then inform me that that's the water they drink. I would then draw some of that water and drink. At times they would keep me in the waters to cross the river. When I cross the river, I would meet white doves and people clad in white clothes. They would stop in front of me and start singing. I would also join them in singing. They would then instruct me to go and not to stop. I would oblige and go back.

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F3: I would not really know what Masabe are because even as we were growing up, we found it. Our grandparents used to tell us that there is Masabe. It is difficult to find the right answer to define Masabe. Most people are guided by spirits to see the medicines they need to use to treat others. That's the definition I can give. Those are said to be possessed with Masabe, they were shown a vision with the medicine to help another person. When someone is possessed with Masabe, that person needs to help another person.

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M: Our time is running out. Is it ok if we went on for another 30 minutes? I hope to have our discussion finished then. As such, would you say Masabe is a gift to help others get treated....

All: We are here for this. Not a problem.

F3: ... Yes, though it is not all of them. Others are possessed and would just end up complaining about swollen feet like any other person. If one is really possessed and gets a vision, you would really be treated. If it means to dance for you to get better, they would do the dancing. Sometimes people just dance and not because they are possessed.

MR

M: So, there is a difference.... others get a vision to treat others while some need the treatment, while others get visions of, e.g., rain?

M1: Now there you have clarified it.

F3: Just like those that go to sacred shrines, when we stayed in Mazabuka, we would go to Nakabwe. Rains would pour and go. Then they would say we go to summon the rain. When we reach Nakabwe we would enter into small huts, we would summon the rains until we hear the downpour and the doves would be heard too. Then they would suggest we go to the waters. Upon reaching the waters, those that are possessed would jump into the water. Just as they get into

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the water, a very dark animal would appear. You cannot see its face. We were still young and dead scared. When it was time to get back, we would find a bush with white mushrooms and we would be warned against collecting them. There are people that only summon the rain, there are those that dance, others just give people medicine. He is not a witchdoctor but knows how to treat.

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F5: For me the way it started, as I recall seeing... there was an old man who came from the east. He was half-naked, didn't have anything on except a black pair of trousers. He would be seated by the gate with all the tools he uses. He would then call me to join him to where he wants to work. At this time, we would be deep in the river. The river was very big like no other. You would have nowhere to lean on, the path was very small. You would wonder if you won't drown. On top of the river, there would be a black Wildebeest, with water under it. I thinking to myself if I will not drown when I use this small path. He would assure me that I would not drown. It's raining and you need to move on, on the same path till you cross. You then start walking on this small path. The water would be very dark throughout. We would walk until we reach the other side of the river. Once we cross over, a person would call urging me to go ahead. I would oblige. When I reach there, they would ask who is with me. A voice would claim it is them. Then they would be asked to come to get to go where I was supposed to work from. Going there I would find extremely big pots (Zyibiya) which reach around your torso when standing. There would be a big pot where each one was working from. From there we would go to a house where the actual work was done. They would show me my working place. They would also take others where they supposed to work from. Once we are done, we would be taken to the Sacred Shrines. When we reach the shrines, we would find very big trees. It would be so dark that you would need to stop as you walk. You will find a number of traditional pots laid down inside. From there, you would be taken to another room. Drums would sound. After this, you would be taken to the final place where you would be some things. You would be instructed to get this and that. You would then use the same gate you came in by. Sometimes you would spend the whole night, while others are sleeping you are forced to stay awake. Even as the sun rises, you would be awake still. Though during the day people would say you were sleeping when it was not the case. Sometimes you would even ask if you have been bewitched.

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	They would assure me that I have not. My fear of being bewitched grew and finally they agreed that I seek medication. Upon getting there, they would explain to me what had happened. They would then start the treatment. That's how I have managed to live this long. It's a difficult thing to explain.	MP
		MP
M1:	For me what I need most are the are drums. When drums are played or guitar.... those that like drums do not like going for witchdoctors. The person doing the possession kind of treatment likes using the guitar. The guitar makes him see a lot of things. When drums play, even if the person has not come for any services, if they are possessed, we shall dance together. I can greet anyone without a problem. Though if they are possessed with the spirits that are not being treated, you cannot put them in a special house. As for me who does the treatment, I would have a special small hat for my work. There are a lot of other things which cannot be shared in public which a healer need.	MR
M:	We may proceed. Let's talk about what being healthy means for you. What is good health for you? What does it mean?	MP
F3:	You cannot have good health when you are possessed with Masabe. When one problem is sorted, another comes in. From the time I came to Chitongo and with the way various drums are played, one cannot tell that I am possessed. I passed through the process of Masabe. When I go to a witch doctor, he would ask me to buy white attire/clothes. Though my uncle was one who was supposed to buy for me. Masabe need money. Each time one has to be attended to and be treated. One can lose wealth. This life of possession is not good. If not attended to, one can go mad.	MR
		WB
M1:	On my part, this condition doesn't give me freedom. Zinjila can close my paths sometimes. If, for instance, I want to go to Munjile for a woman, my back may start to ache. If I want to eat something, and zinjila do not want me to in that week, I will not eat that food. Zinjila choose just what they want. They do not want to be dictated to. They dictate. That's the difficulty I find in zinjila. Even if we decided to work now, you might find that I get a headache. That's the challenge. It is only awesome when it comes to medicines and healing when it accepts you.	F WB

F3: They stop you from eating certain things. When they want mealie-meal made by pounding, you have to obey. They will not accept mealie-meal from the hammermill. You have to pound the maize. Yet nowadays no one pounds. That brings complications then.

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F6: As for me, masabe entered me by causing infertility. I went to the hospital for treatment several times. Nothing happened until we decided to try ban'ganga. As we went from mun'ganga to mun'ganga, we were told that it was masabe. My parents came together to gather resources for my treatment. The treatment involved drumming and dancing. The drums were beaten and I danced, I had my first child. From then on, I had other children.

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Folks, I tell you that this thing oppresses if you are not attended to. If it says you will not eat, you will not eat. If you are visiting somewhere and they do not want you to eat, the way you are visiting now, you'd stay hungry. They'd prevent you from eating until you get back home. They are punishing. But I dance. I do not heal others. Yet I heal myself. They instruct me, sometimes through dreams, to dig up certain roots, or collect particular leaves. If I have a tummy upset, they will tell me the exact spot to find the medicine. Once I get that medicine and I take it accordingly, the tummy settles. But I cannot treat another person. Zinjila differ. Some are for healing self and others. Others are just for dancing. Once the drums are beaten, dance. We dance.

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F1: For me, they send me for water. When the drums sound, I go there and sit on the side of where the spectacle is happening. Even when they have served food, I'd tell them to go on and eat. I'd ask them to put mine away, I'd eat it at another time. I'd sense that something in the food is not right. Sometimes I'd know that they were gossiping about me. They would glance at each other and confess to having had the exact discussion as I stated to them. They would all say that I have zinjila from my mother. Sometimes, when there are visitors coming, I would be seated, I'd not even go to Church. They would tell me what time the visitor would be arriving. The visitor would arrive at exactly the time they indicated.

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M: So, zinjila vary. Some are entered for the purposes of healing, others for dancing, while still others for medicines. It sounds like for some people, they

cause serious difficulties while for others, they offer opportunities for an improved lifestyle.

M1: Exactly as you have said, they just manifest differently. They are the same though.

F3: When a person comes for healing, the person with masabe may be in the house. The spirits would show them that there is a person coming for healing. Once the person seeking treatment arrives, the afflicted healer would immediately know what is afflicting the visitor. Simasabe would know the person's home situation. The afflicted healer at once begins to reveal to the seeker, "This is what has brought you here. This is your illness. This is what may be causing your illness."

M1: Sometimes they work in some kind of network. The way you have come here, and the way I have come, and let's, for example, say that you are the afflicted healer, our network would connect at once. The afflicted healer would feel exactly what is ailing the other person in themselves. The healer inhabits the illness.

F3: If the person has pain in their legs, the healer would feel pain in their legs too. Once that happens, the healer knows instantly what the trouble is. Legs.

F6: If it's something to do with the tummy, the healer will embody the ailment. Whatever the ailment might be, the afflicted healer will experience it in their being. When they are healing, they are treating the person knowing that they are feeling the same in themselves. That's how they heal and treat.

M: Thank you. Perhaps we could now talk about the music. What kind of music; drums and song do you use? What is their significance to you?

F3: The music differs accordingly. The music follows the kind of possession. For some, the music relates to rain. They perform the rain dance when the need arises.

F1: During masabe, the ritual, each person responds to their music. Even when everyone at the ritual may be possessed, each responds uniquely to their kind of music. The songs differ. Those with rain spirits will respond to rain songs. Each to their own music.

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F3:	<p>If the person is entered by the healing spirit, when the time comes, they will gather the necessary tools, such as hoes. They'd head out to go and harvest roots for medicine. That time the music relates to such a possession. Some would be entered by the tobacco spirit or marijuana. They will not be freed until they smoke. Such songs abound. Once the song rings, everyone around knows that it's time to give the afflicted their tobacco or marijuana. They would provide the items while the person is dancing. They are various possession spirits.</p>	MR Music
M1:	<p>There is also the possession of seeing. We might suggest that this one relates to healing as well.</p>	MP
F3:	<p>The music is not random. The music is dictated by the possession. Some cases, there will be songs and drums and the entered people would just dance from the surface, just because there is music. You only see them entering into a different state when their music plays.</p>	MR Music
M:	<p>I am glad to hear all this. Now, could we talk about what makes up successful masabe on your part?</p>	MR Time
M1:	<p>Let's just say that masabe take a lot of time. We cannot say that we start at this time and finish at that time. Sometimes, they take two days. It all depends on what zinjila want. It can rise and set, and again.</p>	MR Music
M:	<p>What would you say makes for successful masabe?</p>	
M1:	<p>Most important are drums and guitars. Here we already have the drummers and guitarists. They are not difficult. Did you suggest that we play the drums, sing and dance? We will go and invite the drummers. They are here. In fact, they are coming to you for the session, as far as I have heard. So, they will be here. We will just send word for them to come with their instruments.</p>	MR
F2:	<p>For us, we shall dance. It's already awesome. The drummers are around. Giffie is available. He never refuses. Let's perhaps start at 14:00hrs so that we may attend to our chores in the morning. We need to pay them a small amount of money. They are not expensive.</p>	
All:	<p>Yes. 14:00hrs is ok.</p>	

F6: Each one of us to come with their instruments. Things will happen tomorrow.
ha-ha.

M1: Now that we have no mun'ganga tomorrow, we request that you, the teacher can convene the gathering. You will have to announce and invite the spirits. Once you have done that, us and the drummers will proceed. Just call out the spirits so that they can free us to enter into the ritual. That is all.

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M: Thank you. I think I will do as you suggest. Kindly let me know how much money is involved when you speak to the drummers.

The time we agreed upon for the discussion is over. Before we go, is there anyone with something to ta about. Anything burning inside you?

In the case that there is nothing more to talk about, for now, I would like to thank you for taking part in this discussion. I am holding a few more discussions like this one. When these conversations are over, we shall have a music therapy process designed with what you have suggested and have similar meetings as these after that. For now, please help yourself to the refreshments.

FOCUS GROUP 2

Date: 20th June 2018

Location: Malita's Homestead

Facilitator: Nsamu Moonga

Participants: This focus group was made up of participants who were neither members of the community of the afflicted nor masabe presiders. This group had some of the oldest participants. Six participants attended this focus group. The group was quite dynamic. They engaged with the material and each other with freedom and respect. There was much laughter. They seemed delighted to share with each other and to educate me on what knowledge they hold. In keeping with our agreed confidentiality, the participants shall be identified as follows. M for males and F for females. M1 for Male 1, M2 for male 2 etc. F1 will be for female 1, F2 for female 2 and so on.

M: I thank you for coming along. This focus group will take about an hour and a half. Within this time or any other time during the focus group processes, if you have to leave or withdraw, you are at liberty to do so. Anything you say here will be confidential. You will not be identified in any report about the meeting and I ask you to respect other people's confidentiality when you leave the group. I am also working with other people in Chitongo to find out what people think about masabe and music therapy. I am talking to a number of groups like this and the findings from the groups will be used to formulate a music therapy process which you are welcome to participate in. When the music therapy process is designed and conducted, we shall have group discussions such as this one. I would like to start by asking each of you to introduce yourself by just saying your name and saying about how long you have lived in Chitongo and something that you like about living here.

M1: I am... I live in Chitongo area. I have lived in this area for the past 33 years. I am now 65 years old. What excites me about this area more than any other area I

have lived before, is the unique lifestyle of this place called Chitongo. I now own a lot of cattle and goats. The goats have gone down because I sold a lot of them the time my wife in the hospital. Unfortunately, she passed away. But all the same, life here is better off than any other place I have ever lived.

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F1: My name is... I live in Chitongo area under chief Sianjalika. I have lived here for the past 40 years. I was actually born here and I have grown up within this same area. Chitongo area, unlike the neighbouring areas, has no record of thieves. We enjoy peace because people are not quarrelsome at the same time. Developmental projects have been implemented and executed very well because the people we choose to represent us are not selfish. They don't steal development funds. They are able to fight poverty. This they do so that the even the underprivileged can also emerge; they have been given cattle as well. There are no discrimination cases in terms of social classes as compared to other areas.

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M2: My name is... I am 53 years old. I came to Chitongo area in 1988. This is my 30th year being here. I was one person who loved living in town but when my parents retired, they came here and that's how I found myself here.

F2: Can someone guess how old I am? Someone suggests 85 years old. My name is... I am 85 years old. I conquer with my friends about the goodness of this place. In the many years, I have lived in this area I have had many children. I am now 85 years old and still healthy and this is what excites me to live under Chief Sianjalika.

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Prosperity

F3: My name is... I have lived in this Chitongo area since 1946. How old am I now?

M: If you say you were born in 1946, you may be 76 years old now.

M1: No way! How could it be that we are of the same age? You must be younger than me. I am 76 years old now.

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F3: We from the illiterate generation were merely given ages by government officials. Whatever age the person was ascribed to you became the official age. You can imagine my elder sibling is the same age as me.

- M1: You may proceed now with the topic at hand. Tell us what you like about Chitongo?
- F3: I came to this place with Mr Gift but before that, we used to live in town. But then Mr Gift left me here and went back and left me with my elder sibling. **We have lived here without any difficulties up to this time.**
- F2: You may conclude now.
- F4: My name is... I was born in 1972. I am 45 years old now. I was born in the town of Mazabuka. When I became slightly older, I came to this place to start school. That is how I came to this place. I went as far as Grade 7 and got married. **We have commercial farmers in the area, and there is generally peace because we are law-abiding citizens under the leadership of Chief Sianjalika and his headmen. All is well here.**
- M: Many thanks to all of you. From your submissions, you have all lived in this Chitongo area for many years. On average you have all lived here for 40 years. But now let us talk about issues of your wellbeing. How do you describe someone with good health?
- M2: **A person with wellbeing is self-reliant and generally enjoys good health and is a person who is in good terms with his neighbours.**
- F1: **A person with wellbeing or health is a person who is self-reliant because when you are a dependant, you can't make your own decisions.**
- M: That means you are not a slave and that makes you enjoy good health.
- F1: **All your thoughts are free; you are not worried about anything. You even become fat and your body looks generally looks good because you are not stressed. You worry nothing about somebody arresting you or harassing you or having done this or that.**
- M: It sounds like being self-reliant and living in peace with others are important, mm.

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F3: Just like others have said, we are talking about someone who is an entrepreneur. You manage your own home and your own affairs and you are able to develop.

M: In my view, being self-reliant also means living well with others and being helped by others and without quarrels around you and therefore no worries or anxiety. You have peace of mind, no fighting and that means that a person is a good person. What do others think?

F4: Just as others have said, a person with sound health is a person with a well-developed agenda about life. To start with, his family is a happy one.

F3: Just, in addition, it means living alone and you have more powers. You can eat however you desire. You can serve your food in any way you want.

M: Along with self-reliance is the reliance on others? Or else you may find yourself stuck.

M1: I am not the last person to make a submission; I have been listening attentively to what you have been saying... in reality, most of the points have been covered to lead an exemplary lifestyle means the environment in which you live is generally peaceful one. Second, living well with neighbours.

F4: You even become fat.

ALL: Yes.

M1: Indeed, your body enjoys the fresh air.

F2: The only worry is when one child goes missing. Even if you are a quarrelsome man, if you live alone there is no one to nudge.

M1: So indeed, like that, we should be mindful of the importance of neighbours because these can come to your aid when the need arises.

M: We all know what it takes to live a good life but now let us talk about seeking medical attention.

M2: To begin with, when we were growing up, there were no medical facilities in rural areas except in urban areas. In those days whenever one fell sick, we sought the services of the traditional healer known as Mun'ganga in ciTonga. These

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spiritual healers who are possessed by spirits known as Masabe in ciTonga were the best healers. Even these days when somebody falls sick, there are certain illnesses which do not respond positively to medicine obtained from Western medicine. When they take you to hospital, the doctors will tell you we have not seen anything with our X-ray or scan or any form of testing in a laboratory. But when you seek the services of a traditional healer, they are able to detect the cause of the illness and effectively treat it and that's it! That's why we hasten to rush certain cases to healers for treatment and not a hospital. An illness that can be handled by a clinic cannot be referred to as a traditional healer. That's what I can say for now.

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M1: In addition to what other participants have said, ailments that were common during our childhood, there was an illness called *ikayanga*, which is related to having sexual intercourse with a woman who has had a miscarriage, which causes irritating and persistent coughing as if one has TB or *ikakweekwe* in ciTonga. These were the common diseases; *ikayanga* or *ikakweekwe* was treated as earlier highlighted that is getting herbs from a traditional herbalist. There is no tablet involved or taken but just roots. This disease was caused by having sexual intercourse with a woman who has had a miscarriage before being cleansed using a traditional gynaecological medicine obtained from a traditional healer administered by female midwives.

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F2: It was called *icisowe* (something that is thrown away or discarded)

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M1: Yes, it was called *icisowe*. After the woman who has had a miscarriage, she is not allowed to prepare food for others or add salt to food or serve water. Whoever takes what she serves or steps were the foetus was buried contracted *ikayanga* or *ikakweekwe*. The woman was not allowed to leave her domiciliary and interact with others until at such a time she is fully cleansed. *Ikayanga* attacks like a boil which can attack any part of the body and the victim die unless the medicine is obtained from a traditional healer.

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M: So, in other words, this illness can only be healed using traditional medicine.

M2: In short, a lady who has had a miscarriage and happens to be a prostitute, any man she indulges in sex with her before she is cleansed, is attacked by *ikayanga*

or ikakweekwe if they happen to take you to hospital and not traditional healer you will die.

M: Tell us more about how the disease may not be detectable through hospital tests.

M2: I can relate it to the HIV virus nowadays.

M1: Wow! I just didn't want to say that.

F4: There is nothing like the one who has had a miscarriage can make another man contract it; just yourself even if you are restricted to your home because we hear elders narrating that when you have offered food, you should eat just there. You are not allowed to carry the food you have been offered. If you do so, you risk contracting ikayanga or ikakweekwe upon your return to your homestead.

ALL: From the food you have been offered, you should not eat the leftovers.

F4: Further, you don't pick the food you have been served yourself, somebody has to serve you.

F2: And when you contract the disease, it does not raise its hands or announce that here I come. It just manifests.

M1: The place from which the lady who has had a miscarriage was using should not be handled by another person. The same lady should dispose of them by burying them.

F1: Like what my other friends have said; there are so many various diseases like spiritual attacks even if you are referred to the clinic, they won't detect the disease. This can only be treated by mun'ganga and he will give you a full prescription and on the attire part, you will be advised to buy black, white and red veils as well as some beads of different colours. The people you see with bracelets of beads do not do so for fashion but as instructed by a traditional healer.

F2: It's true.

F1: When you have masabe, at the clinic they cannot tell you; you just come back the same way you went with a pack of Panadol.

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ALL: And the doctors persist that you should be taking Panadol.

F1: Until you finally visit a traditional healer who will clean you of all this and they subject you to drumming to cast out the spirit caused by the unclean spirit of ikayanga. Sometimes up to two (2) days.

ALL: And you get healed.

F1: This confirms that such attacks are only addressed by traditional rituals (*tunsiyansiya*) and if you persist using Western medicine, you will die. Because such spiritual attacks reach a point of no return; the spirits get more aggressive, uncontrollable and you can even run mad.

F3: And this is how mentally deranged we were.

ALL: Hahaha

F1: You declare that the spiritual attacks are after me.

F3: When the spirit says “stand up now”, you have to comply even if it is in the middle of the night even if it means going into the forest and then your relatives will be tired of looking for you as they can see you even if they come using a torch. The spirits wake you up and say let us go; that way our way of life. But nowadays we are better off than then.

Even if my upbringing and in my earliest days in the village, I used to cough after charcoal burning when we just came to the village cutting down trees, I used to cough each time an axe cut the tree. When I fell sick, they used an ox-cart to take me to hospital, and this was actually a hired ox-cart. I was given one (1) injection. I was suspected to have lymph nodes. The clinical officer also said I was made to cover a very long distance on the uncomfortable mode of transport which could have contributed to this condition. I was discharged but told to come back the following day again, even if I didn’t have the user fees. I was forming around my mouth.

Finally, I was healed but I developed a cough again during the funeral of Mutinta’s mother (that lady who was Peter’s sister) because that time I was living a careless life. My conviction is that unless God has permitted it, you cannot die otherwise I would have died on the same day Mutinta’s mother died. As

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Mutinta's mother died, the following day I was rushed to Monze were I was admitted from October to November. They found a small bird called *peya*. I had become extremely thin, yet the illness persisted. I only relaxed a little bit. When I was discharged, I stayed for three days but I had rash as if it was the skin of a chameleon; my whole body had developed dandruff. Other people were surprised and wondered what had attacked me. On my back, dandruff flakes were just falling off. I asked the people around as what this was. Others suggested that it was TB symptoms. I was advised not to be eating okra, *kapenta* and *lwidi* (roots of a certain herb that baTonga eat). And I kept going to the traditional healer to collect those medicines. But after some time, I went back again to Monze Hospital was I was given an appointment for two (2) months after I was given some tablets. My collection point was Magoye. I would pick my medical file and go to Monze and stay there yet coughing never ended up to this day am still coughing. Even if am seated I don't cough so much but the saliva is heavy and a bit of blood and throughout the night until I find a small container to spit the saliva into. At the clinic whenever I coughed, youngsters advised me not to spit on the ground because if I spit anyhow, the saliva can affect a lot of other people. They advised I continue using a small tin when coughing. I thought I continued coughing because I ate a lot of okra as you know ladies have craving for okra.

M1: What kind of medicine was administered upon you.... Was it an injection from the hospital or from mun'ganga because this topic is centred on ciTonga traditional way of treating patients?

F3: Others advise that you should chew leaves of a *Musekese* tree or boil the leaves take the contents just like that yet coughing doesn't end. And just after coughing I experience coldness. Am under a lot of difficulties in breathing.

M2: As a contribution as baTonga, especially the belief of baTonga concerning our lives, our blood is susceptible to diseases or spiritual attacks such that even if you are walking in the night. You come to a sacred place, the ghosts will possess you and these ghosts are not treatable in hospitals until you are taken to a traditional healer and that is the only solution to deal with someone who is haunted by ghosts.

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M: So, there are ghosts as well as spiritual possession as well as the ikayanga attacks and all these cannot be treated by medical doctors.

ALL: Every person has their own fate.

F1: A person who has spiritual possession should not be taken to the hospital, because once they are given an injection they die. Such a patient is supposed to be treated by traditional healers. Medicine from hospitals is only effective in infants. If a child develops a high fever, they should get leaves of a tree known as *mukunku*. You found these leaves and soak them in a little water. With a piece of cloth, use the same water to rub it on the body. This helps lower body temperature. Do not exceed the stated time for the body temperature may drop considerably and may make the body too cold and may lead to patient fainting. Once you follow instructions correctly, the body responds positively.

M1: And if we put medical attention into perspective, it is surprising they now detect diseases that previously only traditional healers could detect. Clinical officers and medical doctors can even advise you to seek services of a traditional healer. Even when it is your child, they will advise you as the patient to go to a traditional healer. This illness of *kasita* claimed a lot of lives in the past due to ignorance and infants who ate food prepared by such a lady also died. Never refer to such cases to a clinic or hospital.

F1: When my temperature was measured, it was found to be at 40°C, then I was given an injection. Yet this was like the final nail in the coffin.

All: Mm.

M1: True, this kind of illness does not respond positively to clinical medicine. Avoid an injection.

F1: It only responds positively to customary medicine.

M1: When you extract that root, you remove the scales on it and then soak it in water. Then you take that water, you take in a few huge gulps and relief comes immediately. You stand there and imagine the patient would have died the previous day. Whoops, what a relief when you see the child playing and running around soon after

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F1: This is an illness where one is bed-ridden; once he regains consciousness, the child goes to play with the other kids.

M1: But this illness is deadly, Mr Facilitator; that is my view. If the patient has not sought medical attention, such a patient must never bed with others; because these are some that once they are attacked, they faint, they even urinate in their clothes or on the bed and at that stage, that urine must not make contact with the other person who is not a patient- if it does, even the other person gets infected.

F2: There was smallpox. This was a deadly disease. It left indelible scars on the body and face of the victim.

M1: That smallpox injection Mr Facilitator, once its outbreak news went around, elders organized *Zyibiya* (clay pots) in which certain herbs were soaked. This medicine was immunization medicine for all the children in the village. All the kin in that village would be treated by washing and drinking from that *cibiya*. That'd be the immunization against the disease. If not, you all got wiped out. There was no hospital then. In fact, smallpox does not matter whether there is a hospital or not. It left a terrible trail in its way. It wiped out the whole household. You had to shut doors permanently.

F2: Smallpox is real. Just look at all those that once had smallpox attack; they have indelible spots on their faces.

M2: It had characteristics of measles; that illness leaves small holes on your face.

M: How about Masabe? Let us discuss the topic of masabe.

M1: Bayi, I am one person who used to beat drums during this event of masabe. I beat it for one of the patients in this very and Community. Unfortunately, this lady is now late. Her name was Gertrude. Dugan's mother hosted the event. I came to a point where I was convinced that this affliction is real; I was invited to a certain place: This lady I was helping with drumming to drive out her spiritual possession was married to a Lozi man. She was muTonga. This lady was afflicted for many years; she had become very weak such that she had to be carried on a hammock. Going to bath or toilet, she needed help. But I did go. And when I arrived there, I said, this is the lady who needs help. I examined her hands, and said, I will do my part. We started beating the drums but this patient could not

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Music

move a single part of her body, we kept on playing till 03 am, still no improvement, forcing us to continue till 04 am. We went on beating the drums with my team members. The hosts gave up on the efficacy of the drumming. They began to prepare the money they were to pay us, and food for breakfast. The woman could not dance still. She could dance even a little bit. When we aimed for the final round, that patient suddenly made some movements. After some time, the patient who was too weak to stand on her own stood up, leapt and danced with some energy. Suddenly, she fell down heavily. She seemed to have fainted and we had to halt drumming for a while. After the pause while, the woman regained her consciousness. She stood up and walked into the house. This is how she got healed. Imagine a person who could hardly walk or stand on her own is the one who fetches water and prepares meals now.

MR

MP

F3: Attention folks! I have a question: from the time I lost my sibling, I had become mentally deranged. There are some spirits that call my name; even the time other people were burying my sibling, I wasn't aware (I was unconscious) It is like we should have died at the same time. I was totally devastated by her death. I don't know who is responsible for her death. Even at her former, I have to ask about the poultry she left behind. As I speak there are some spirits instructing me to stand up and go. I am not in the ordinary human sense. "Stand up. You last ate some days now. You are our wife," sit in a better position without exposing your thighs. Those thighs are ours." It is the spirits saying that!

Spirits

M2: No, no. Those are ghosts. Because ghosts represent themselves.

F2: There is an old song which says, "A ghost is standing upright."

M2: Madam F3, you are possessed. It is a ghost that speaks like that. It is a ghost commanding you.

F1: A ghost and a demon are different; a ghost is a dead person whose image appears to the living whereas a demon is a spirit that possesses you.

M2: No, F1, this lady (F3) is possessed because what she experiences has all the characteristics of zinjila.

AT

F1: Can someone tell me the difference between a ghost and a spirit or even musangu?

- M2: A ghost is shade or shadow of a dead person
- M1: There are both tall and short shadows: a human being has 3 shadows. I witnessed my very shadow. The shortest shadow in the spirit that possesses people (the living).
- M2: At the same time there are some very small ghosts; if there are always some voices coming from invisible speakers in a home, just know there are spirits. If not, just know that one of you is entered by spirits.
- M: Now let's look at the aspect of spiritual possession. What kind of songs are employed?
- F3: The spirits themselves suggest what song to sing. I for one dance to the spirits of bamooba. The spirits sing and immediately I get in gear.
- M: There are some of you who started speaking about Namacaaca.
- F2: Namacaaca is a dance of a young girl who is being initiated. The young lady is locked up in her own room. A calabash with an opening is placed in her room. That calabash is beaten like a drum while the mentors and instructors sing:
- All: *Banamacaaca tababoni zuba nkolibbilila (Banamacaaca never see where the sun sets X2)*
- Song leader: Uusunkuta talindwa (Never wait for a limping colleague).*
- The rest: Talindwa (is never waited for)*
- F2: The first task is to seal off the walls of the house so that all holes and openings in the wall are sealed to prevent any form of light from getting in. the rooms are in total darkness. The day selected female instructors want to beat namacaaca, you get into the house and wait in the sitting room, and after some time, you see the young lady coming from her bedroom with the guide of a walking stick since the room is totally dark.
- M: Many thanks. Are such customs still observed nowadays?
- All: Some still do!

MR
Music

Customs

MR

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- M2: Traditional customs are fast fading away! A long time ago traditions were strictly followed. We believed more in herbs from the forests and customary rituals.
- F2: After the destruction of our 'roots', nothing good has been recorded.
- M1: True. The church has destroyed our roots/ customs.
- F1: The government is also not helping the situation. The government is also obstructing us in the name of human rights.
- M1: The topic of roots is quite wide.
- M: How can we prepare for tomorrow's masabe ritual. How could we proceed?
- M1: That is welcome. All we need is a drum and a guitar.
- The rest:** All residents of the community are well aware of this programme.
- F2: When these arrive, no need to seek permission, they should just start beating the drums.
- All: During this activity, there are no restrictions.
- M: How do we prepare ourselves?
- M1: All we need to do is to inform the men that beat drums and those that play the guitars. I do not think we will have any difficulties getting everything we need. The drummers are not difficult to get. We can send for them. Or even ourselves can play the drums and sing along.
- F1: We shall perform *cikambe-kambe*. We can do initiation music and dance because the other group will do masabe. We shall do:
- Mukazyima waiya, waiya, Mukazyima waiya, waiya*
- Tuye tumusondele, waiya*
- M2: We also need instruments like *miyuwa* and *bukonkoolo*. We shall perform the dance from the old woman's homestead. Here there are too many stumps. I can play the drums too.
- M: I too can play the drums, if I am permitted to. Is that in line with the customs?

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All: Hahaha... Yes... Each one of us will come in with their own piece of music.
Whatever you want to share.

M: Thank you so much. Is there anything else someone wants to talk about our subject matter before we close for the day? In the case that there is nothing more to talk about, I would like to express my gratitude to all of you for taking part in this discussion. I am holding a few more discussions like this one. When these conversations are over, we shall have a music therapy process designed with what you have suggested and have similar meetings as these after that. For now, please help yourself to the refreshments.

FOCUS GROUP 3

Date: 20th June 2018

Location: Ali ba Malita

Duration: 1hour

Moderator: Nsamu Moonga

Participants: This focus groups happened just before masabe session. The group was made up of the musicians. They are the community troubadours. They traverse the villages offering their musical skills. They speak of their musicianship as a special gift they have for the community. All the participants in this group were young to middle-aged men. I wonder how this is so. I did not explore the apparent genderisation of instrument playing. It was interesting that there was no reference to gender in the discussion. This may be because the ciTonga language has no gender specifiers.

Seven people attended the focus group. One person did not speak during the whole session. He later told me that he did not speak because he had already been part of another discussion. To honour confidentiality, the real identities of the participants will not be used here. Instead, I elect to use M1 in ascending order to represent the participants. I use M to represent myself as the moderator.

M: I thank you for coming along. This focus group will take about an hour and a half. Within this time or any other time during the focus group processes, if you have to leave or withdraw, you are at liberty to do so. Anything you say here will be confidential. You will not be identified in any report about the meeting and I ask you to respect other people's confidentiality when you leave the group. I am also working with other people in Chitongo to find out what people think about masabe and music therapy. I am talking to a number of groups like this and the findings from the groups will be used to formulate a music therapy process which you are welcome to participate in. When the music therapy process is designed and conducted, we shall have group discussions such as this one. This meeting

will take 1 hour. Should there be a reason we may need to extend the time, I will ask your permission. If you need to leave before the end of the session, you are at liberty to do so.

I would like to start by asking each of you to introduce yourself by just saying your name and saying about how long you have lived in Chitongo and something that you like about living here.

M1: I was born and raised here in Chitongo. I have nothing bad to say about the place. I relate well to everyone. The elders of the people are humble. Let me also mention that I am a singer and a guitar player. I taught myself by watching others and being interested in the instrument and how it helps others.

M2: I have also been raised here. I am a drummer.

M3: As for me, I only came here about two years ago. I sing and beat drums.

M4: For me, I rarely play the drums. I do play the drums when I have to. Otherwise, I sing and play miyuwa (rattles).

M5: I was born in this place. I play the drums a lot. We go from homestead to homestead to play the drums with my mates. These ones here.

M: Thank you for the introductions. I am here with a task of exploring the place of music therapy in the life of muTonga. Perhaps we may begin to hear your thoughts about masabe.

M1: It's only that a number of us avoid such things. We avoid them because...those of us who do such works...we actually see visually that they are there. We treat people because we know what we do. For some people, we treat them fully without having to avoid anything at all. Conditions become worse because people do not see what they are treating.

My proposal is that the very way you have come, please continue with your work that such traditions continue. These things are there and they do happen. People get healed.

Sometimes when you go to so-called doctors, be it traditional ones, you will find someone being treated and moves around naked. One moves around naked

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just like that. When you combine your treating methods, you will find that someone gets better.

Our wish is that you spread the word so that traditional healing methods do not become a thing of the past or ignored when it is very effective and utilize it.

M: This trend has been going on for years, meaning you find it effective. If at our age, around 40, we found it, it means it has been around for many more years. Should stop it today?

M1: No, we are not supposed to neglect it at all, so that those people who themselves in such conditions can be helped. Let's not neglect them. You find others would want to go for healing at Church but because of stigma, they cannot do so. When such people go to Church, they would call for special prayers for them. Since it is something that is hereditary, no matter the prayers, this person will not get better. I would equate it to shrines where rituals are performed. Shrines are ancient and people still go, we found these rituals.

M: When it comes to Masabe, there is no recorded literature on how they are to be performed hence you find that Churches and hospitals are now overshadowing it. Traditionalist has reduced powers despite such rituals being effective.

M1: What makes it seem like traditional rituals are being overshadowed could be because people have a tendency of leaning towards one thing in favour of the other, though we acknowledge the presence and effectiveness of traditional rituals. When we lean so much towards the church, you will find that we shall neglect traditional rituals. It will just remain neglected but we do know we have it among us and it works. What we encourage, to those that possessed, and you are forced to go to church so that you are prayed, but if you inherited the spirit, the church will not do a thing. My plea is still that we do not neglect this practise because it works.

M2: When it comes to Masabe they are different for each person. It is believed that the possessed person is gifted. Though it is painful for the one possessed, it is a gift given to them by the community. S/he is given that gift so that s/he can help other members of the community when s/he gets possessed.

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M1: That is why we say it is there only that it is suppressed. This suppression is what we do not like, we want to be recognized. You will find that even when you take someone to church, nothing works. But when you take them to a traditional healer, that person will be healed despite the church failing. What we are saying is, since it is among us, let us utilize it. Let's not let it die out. That's our cry.

M: Please pass this side you join us....

M4: This conversation we are having is very interesting. We need to share ideas on how we shall be treating them. What takes away the power to effectively heal such people? You will discover that throughout this conversation, the great enemy we have is the Church. The Church does not allow our traditional methods of treatment. They would rather have that person wait until the Lord comes (death). You will find that those who align themselves to traditions live longer. We do not dispute that the presence of the Church. We have seen a lot of people go through such as you have heard from others. Some go to church. When someone is very sick, anaemic like, and goes to the hospital, the hospital will not diagnose what is wrong. They would like to keep the person for further blood tests. Now, there are others who choose to go the traditional way despite having been to the Church or the hospital. When they go the traditional way, they will get better and live for many more years. We acknowledge the church and the hospitals, let's now neglect traditions. We do not throw away such traditions because our ancestors had them. You will find that when a baby is sick, they do not want to go to the hospital saying such a child needs traditional steaming. They are simply saying, let's go the traditional way. You will find that as soon as they return from the traditional healer, even though that baby was 'crying' if the child was not sleeping well, this child will be relieved... will get better. What we are saying is we should spearhead traditional rituals. If possible, let the church come second.

M: For things to work well, let traditions do their part, let the church also do theirs. Those who believe in the church should play their part, those who believe in traditions should play their part too. Working together more can be achieved. When you look at the people gathered here, most of us are still youthful. Now, where do youths put the issue?

AT

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M1: Following western cultures is our greatest enemy. They come with their own ideas and dump them on us. Now, we just accept things without considering benefits or effects. And because of that, we have lost our identity. We have thrown away what is ours and embraced a foreign thing. Even our livelihoods are affected because we do not analyse what is brought to us, we just accept. What is ours we let go!

AT

M: Though when you want to embrace something, for you to receive it fully, you have to let go of the other...

Customs

M1: Yes, though you will let go of what is good for you. You will be in a dilemma. A bird in hand is better than two in the bush. And that is why we are lost from our own tradition. When you critically look around, even initiation ceremonies are no longer there. Such initiation ceremonies were brought for a good reason. We need such things to be revived, instead of letting go of such ceremonies. You will find that because of such, young ones, especially those younger than us gathered here, have gone astray following western cultures. You will find such a child has no idea how to handle a marriage. The Nkolola initiation ceremony helped them understand how to run a home. The western world is now bringing issues that Nkolola encourages early marriages when in actual fact it was a good teaching platform. It was our heritage, our pride. They were never married off at a young age, they waited and were being prepared for marriage. They got married at the right age. This sex today, for us it came only when we were adults. Those that underwent Nkolola were taught the bad from the good in marriages. And they knew age-appropriate things they had to do. This thing called Gender has destroyed us a lot. That is why you now find children doing things they are not supposed to be doing. Today you will find even 14year olds getting into marriage. She has no idea how to handle a marriage. Such children in those days would still on the parents' bed, but today when a child reaches 2 to 3 years, s/he is already said to need to sleep on own bed. You see now, that trend has made us accept bad ways faster, in the so-called modern times. My word of encouragement let us continue trying to revive our old ways because they will indeed come handy.

M: Can someone else speak about what living a healthy life or being healthy means? What does a healthy person look like? What happens when we see a

MR

AT

person looking so ill that they may not be able to walk. Then the drums are beaten and they come alive.

M5: Masabe do help. We know that when we follow the instruction properly, even when the person had a withered body, the body regains its life. If the instructions are not followed, you will hear that the person has escaped, run away. It is easy to tell which person with masabe has not been attended to. The flesh looks shrivelled. Once the person is attended to, the flesh comes alive again.

M: Now, let us talk about music. What kind of music is used for masabe? Or is it any kind of music that goes with masabe?

M2: We know the general masabe music. But when we have a new person with affliction, we do not know what music works for them. When we are still searching what particular spirit have entered such a person, we randomly play general music until we see a response from the afflicted person. From then we would know that it is this or that kind of music that goes with the possession in that person. The same goes for the drum or guitar. If the possession is water-related, the music follows.

M: I see. I missed that random search part. I have learnt about the different possessions but I did not know how you get to know the actual spirit.

M6: We heuristically explore. We keep trying different pieces. Here we might play music for water (river) spirits. The drums will follow. We keep exploring until the person responds. Sometime, we may play the drums and yet the person is not possessed by spirits that need drums, the person will not react to the drums. Some people just desire guitars. Until the guitar plays. However, others respond to both drums and guitars. Such people are not difficult to attend to. We can interchange between drums and guitars as necessary.

M1: In my opinion, masabe tend to come alive when the guitar is employed. The healers and the players prefer to use the guitar to treat the suffering person. The guitar opens up options for the healer. Mun'ganga would then begin to find solutions for the ailing person.

MR
Music

MR
Music

Music

Customs

M3: This topic is massive. Our customs are not written down. We need to find a way of putting such material in books. Let's write these customs down. It is necessary for others in the world to know that buTonga means this or that.

M: Now, I would like to know whether a person like myself is within there to perform masabe? Are there guidelines?

M1: As I have already said, masabe do happen. We are the people responsible for their execution. We have seen these things with our own eyes. We are the one who facilitates healing. We know that mun'ganga is the one who diagnoses, we have never failed to know how this custom happens. Mun'ganga works with us. We work as a team. Mun'ganga would just indicate to us what needs to happen. We go ahead and perform as per instructions. We are the ones to do the task of healing. We are the ones doing the work, the way we are sitting here. We do the work in collaboration with mun'ganga.

M: How then do you go about facilitating masabe?

M1: Let's put it this way. The afflicted reaches out to the healer. The healer then begins to do their thing. They find out what protocols need to be followed for the afflicted person to find wellbeing. Once the healer has found what is ailing the person, the healer will communicate the findings to the person afflicted, "This is what is affecting your wellbeing, my friend. We can help you with this or that way. We possibly need to call the drummers so that your healing ritual can begin." At that moment, the journey towards the recovery of the person's wellbeing begins. They will summon us. From then, it becomes our collaborative engagement. Since we have always worked together, such things as how much money to pay us are already known. The healer is paid an amount too. The process goes on. We work out what is missing in the person's body.

M: How about when the session begins, how do you go about it?

M3: The afflicted will sit close to the drums in an open space. Then someone from the mother's clan and sometimes someone from the father's clan will intone in a loud voice; "Here we bring the drums. Release our person now". That way zinjila would be appeased. They might say, "The clan of the person we have entered have honoured us."

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Music

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M1: Besides that, we offer a prayer. Mun'ganga will gather everyone, announcing that it is time for the ritual. Most times, we begin with ritual clapping. Once that is done, a prayer is offered. Then the afflicted are summoned. They will sit like the way we are sitting. Like it has already been said. We then begin our musical speculations until we find the answer, we are looking for together.

M: Thank you for your honest responses. We are drawing close to the end of our discussion. Perhaps there is still something to be said.

M5: I want to encourage you. When you return to wherever you live, do not let this project die before it reaches its destination. The way you are following up on such a custom, please continue. Follow it wherever it leads you. It is important that even when we shall not be around, the next generation will find such rich customs available in the literature. They will marvel at the wealth in the customs. They will be pleased to learn that baTonga have always had ritual healing called masabe. They will see it in action too. They too will see it with their own eyes, as we have. Let it continue. We do not want it to continue being suppressed. Let it go on.

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MR

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M: That's true. I am also learning as I grow older. It is pleasing me to know that we have customs that define us. Customs that have been a part of our daily lives from generation to generation.

As you know already, we shall be performing masabe today. What do we need to do? Who is going to do what?

M2: As we have already said, under normal circumstances, there would be mun'ganga. In this case, we shall work like you are mun'ganga. You will open the gathering. The rest will follow as we have discussed. I think the people dancing will come with their clans. They will call them out.

MR

M

M4: We came ready. My mother told me to come. Even though this is not original, we will do what we know. We want you to record the correct thing. You are the first person to come and ask us about our customs. Our children will learn from this.

MR

M: Right. Is there anything else we need? In the case that there is nothing more to talk about, for now, I would like to thank you for taking part in this discussion.

After masabe today, we shall agree when the next meeting to reflect on the ritual would be. The conversation is still ongoing. From here we may just take a small break and share some refreshment before we begin our ritual. Thank you very much.

FOCUS GROUP 4

Date: 25th June 2018

Location: Malita's homestead

Duration: 1 hour

Moderator: Nsamu Moonga

Participants: This is the focus group comprising the people who identify as basimasabe. These were the people with the affliction. This focus group took place five days after the masabe ritual we had because I was unable to follow up sooner as I was recovering from an illness. The fact that I took ill on the evening of our masabe session made the focus group participants believe I too was afflicted. They suggested that I pay attention to the internal invitations and respond accordingly. Four participants attended the focus group. In honouring confidentiality, I here identify the participants as F1 for female 1, F2 for female 2 etc. All participants in this focus group on this day were female.

M: First of all, let me express my sincere gratitude to all of you for coming to the focus group. As regards the duration of our discussion, we shall only take 1 hour. At this point in time or as the discussion progresses by, you may end the discussion as you may wish. Whatever is discussed is confidential. Never disclose to anyone else that you participated in this exercise. For this I wish to urge you to keep this confidential even at the time you will leave this group. I am also working with other people from this same area regarding masabe and how the musical healing ritual works. Through our discussions, we find ways of using musical healing to heal people in the main in future.

I see that there may be someone who was not part of the first meeting we had before masabe here. Is it necessary for each one to introduce ourselves again? I will introduce myself and then let the one person who was not here previously introduce herself. You may tell us your name, your age and how long you have lived in this area. You may also want to tell us what pleases you to live here. To

all of us, because we are using video recording, may I encourage you to speak loudly and clearly so that the recording shall be clear.

My name is Nsamu Moonga. I am a music therapy student at the University of Pretoria in South Africa. I am here on a study to explore music therapy among baTonga of this area. You may know my parents as from this area. My roots are traced back to here.

F1: My name is... I have lived in this Chitongo area for 42 years now. So far, I can say I am pleased with the lifestyle of this area. The thing is, we left our original home village a long time ago. When we retired, we came to settle in this area.

M: Thank you. Shall we proceed with the focus of today's discussion? The focus of our discussion today to reflect on our experience of masabe from a few days ago. I have a few questions to help our discussion. To start, can someone tell us how they are feeling after our musical ritual?

F2 As for me, I am fit, just like I was that day when we were dancing. My body is generally fit now. Previously I was complaining of toothache and pain in the eye...but all is ok now. Even the headache is gone. My appetite is back on track. Previously I never had an appetite. But now I do.

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F1: As for me from that day we were dancing, I have no pain; headache, legs, name it, all is fine now. As soon as I reached home that day, I slept like a baby. The following day I was ready for the routine chores in good spirit. I even worked on more demanding tasks and knocked off at the usual time. I literally worked on all areas to a point where, to this day, there is no single area which is paining. My flesh and muscles are fine.

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F3: Ma, as for me it is a different story; my flesh (body) is unwell. Maybe it is due to the fact that I was kept busy standing over there all the time. My legs, especially my soles and feet are aching.

WB

M: Have you been for tests anywhere?

F3: I am just coming from there in fact. There is no sugar in my blood. That is how I went to a Chinese-run clinic. There I have been told that I have too much fat in my body. It has been diagnosed that one kidney doesn't function very well.

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	I am also anaemic. I was also told I lack certain valuable vitamins as our diet is poor. I was given some long tablets. I cannot wear my shoes the way my friends are seen comfortable. As, for me, my soles are paining and feel hot as if I am stepping on fire.	AT
F1:	Spirits entered you.	
F4:	No one bewitched you?	
F2:	You did not complete the ritual cycle.	WB
F1:	As for me, I never used to wear shoes. I normally used to soak my feet in the water. But when masabe drum was beaten, one time this started early in the morning, it went on and on even when others were served with meals.	MP
F2:	No one has bewitched you. Your spirits are speaking to you.	AT
F1:	As the time approached 8 am, I felt so strange! My body felt strange. I couldn't recognize myself as human again. I would ask myself, "am I human or what?" During my earliest days of these attacks of spiritual possessions, I used to relieve myself within the house (bedroom) and not in the thicket (rural toilets). Whenever another person appeared, I would hide from their face. The toilet was in the house itself. When a wizard/witch comes, they would find me awake. Do you get me? I am now well and I am able to mix and mingle with the masses. I am slowly forgetting my very tormenting past. These spiritual possessions are not inflictions from wizards' attacks. If they try to heal you using other people, they will worsen the infliction. They are not experts or gifted in this area.	MP
F4:	But who are your healers?	
F3:	I have no personal physician.	AT
All:	You see, F3? You have bewitched yourself!	
F4:	Never just say my legs are aching without taking medical advice and medication. Follow the doctor's advice very well. If you follow the instructions closely, you will get well. You might even say this witch is the one that had bewitched me.	MP

- F1: When this attack had seized someone; headache, legs, fever, nausea, and avoiding other people by making the toilet within the house. All this I experienced.
- F4: All this area of my back is paining!
- F1: There is so much discomfort in the backbone that it feels as if one is carrying a piece of a rail line. Now, it so happens that the day drums are beaten my dear friends, you find that angels come in two groups of fives, altogether ten. Then they urge you, saying, "Let's now step into the arena, to dance". There is one really good drum player. He is really good. Around 02:00 hours, drums are replaced by a guitarist. You enjoy and get real relief. A feeling that indeed you are fit.
- F4: No ways my dear, unless you go through masabe, you will not get better. The pain in your legs will persist.
- F1: Besides there is little blood.
- F4: I was in the habit of taking off all my clothes; remaining the way I was born. I used to abandon my clothes within the house no matter how they tried to restrict me. And then the time came when I needed to go and bath, I would go out naked in broad daylight like this very time. Not even covering my private parts with my hand. I would walk all the way up to the water place (stream) while naked. And after bathing, I would get very tired again yet I was required to walk back home, still naked the way I was born. Do you think these spiritual inflictions are a simple issue?
- F1: As for me I was dwelling in the mountains. I would see different types of snakes; a white one, a black one and you stay put. Again, a spotted one in which one end was black and the other end white and the spirits say, your friend has passed by; there he goes. Stand up right away. This is how my breakthrough to have children come by in my family/home. Before these spiritual beings' past, I never experienced this attack. I would be seated in one position. If it means the sun setting while in that same position, so be it. If it means sleeping over in the mountains, I would so. This is how these spirits treat you. Some spectators say we

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prefer dancing and shake our waists to show off our buttocks yet it is not deliberate. We equally have no idea how these attacks come about.

F4: Yes, they say it is our own making.

F2: Some people may think that we are mentally deranged.

All: Indeed, there are people who claim we are abnormal.

F4: This experience is really painful; if it is not stomach pains, it is the legs that pound you. At this juncture, you have no decent work. And yet here you are saying we should be going to the hospital; hospital!!

F1: When the time to meet your physician has come, the healer boils concoctions in five big clay pots. The moment they finish boiling the concoctions, the spirits that possess you to begin to fight you, resisting to be cast out. The angels' dress code is like this; the right side of the body is red and the left side is black like this hat. If they seize you like this, you are finished. They command you to kneel down. You comply. When the marine spirit starts, it is only about marine affairs. In the water are a small hut, a small hoe and a small clay pot. The small hut is there erected. From there the angels pick you with a white plate. They now say, can you erect houses. We want to work. It must not sink or disappear. I am merely narrating to you.

F4: These are the same things that burn you if not followed to the letter. We are in distress. When we left this place, we went to for masabe at Musikili. We worked there for two full days; from Saturday till yesterday. In fact, up to now, we are still at it. I am fired up. Even if we are now told to go to cultivate in the garden, I can do so. I can leave behind the ones not willing to go.

F1: When a black snake passes behind you, and you pick a stick to strike it, you will discover it opens its mouth like this. After that, it lowers and puts its head on the ground.

F2: Talking of snakes, hey, in my case it approached me and stood right in front of me like this. At that time, I was busy chatting with a certain lady at that small shop. While it had raised its head, I said, "What is this coiling around my legs?" It had coiled around my legs. And the person who was standing next to me got

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frightened. But I wasn't. And then I said, this is just an ordinary snake. It had mistaken me for a tree trunk. That is how it dropped down and left.

F1: **Those are yours!**

F2: A red one in colour.

M: Mm... Is it ok if we proceeded by singing together? We can take turns in leading a song of your choice. I will begin and then someone else may come after. And there we go with mine....

The song leader (mwaanguzi): the sledge that you youngsters took to the crop field.

All of them: eee x2

All of them: eee, heavy is the sledge that you dragged to the crop field. When the workaholic man comes, he will pull it (repeat).

The song leader: little is the portion we shared with God.

All of them: maili-maili (heaps upon heaps) little is the portion we shared with God, maili-maili.

The song leader: little is the portion we shared with God.

All of them: maili-maili (heaps upon heaps) little is the portion we shared with God, maili-maili.

The song leader: at the place we met with MukaMaambo

All of them: at the crossing point (is where we met with MukaMaambo).

All of them: maili-maili (heaps upon heaps) little is the portion we shared with God, maili-maili.

F5:

The song leader: Moses Kalumba (accompanied by clapping)

All of them: We are your humble servants

The song leader: We are pleading

All of them: We are your humble servants

F4:

Song Leader: Thunderstorms are rumbling and rumbling

All of them: the clouds are rumbling

Song Leader: Thunderstorms are rumbling and rumbling

All of them: the clouds are rumbling across the river in the east (referring to Zimbabwe, the area of Chegutu) (repeated).

Song Leader: Thunderstorms are rumbling. Haven't you heard that Your Majesty MukaBulongo (wife of God of the earth)?

All of them: the clouds are rumbling across the river in the east (repeated).

F2:

Song leader: Excited/Proud are the farmers who planted sweet potatoes, including all other crops.

All of them: God we bow before you.

Song leader: Proud are the farmers who planted sweet potatoes, including all other crops.

All of them: O god we bow before you (repeat)

M: We may proceed with our discussion now. What did you find to have worked well in our masabe?

F1: Some of us found you midway. So, we actually still want to talk and participate. We still want some more so that we can contribute more, thereby we shall also be known to have a part in this aspect of life.

F2: **In my view, my observation is that from that day when we started this drama, I feel rejuvenated, like a young child. There is no more pain in my whole body.**

F4: **From the day we had that drama, I have been excited, overjoyed. I can't even sleep. My body is refreshed and energetic. I have a gigantic appetite now. Even porridge with only salt, I do it.**

F5: As for me before that day we danced, I had been fatigued. I felt as if my flesh was tied; general body pains and headache. The pain was so much. I even suspected a wizard's activities on me or maybe I stepped on a spot where a spell had been cast. **But since the dance, I feel strong and intact. Generally speaking, my nerves and muscular movements have improved and I sleep very well. I never complained of anything since that day. I am ok. I can even perform hard tasks. Even where the sun is now, I'd wish it to be in the morning so I can just work. I can work from sunrise till sunset.**

F1: I have a song called 'kowa'

*Song Leader: Mwamubona Kowa, kowa mwamubona kowa ulalila,
kowa ubweni meenda, kowa ubweni miyoba*

All: Mwamubona kowa ulalila,

kowa ubweni meenda, kowa ubweni miyoba [Repeat]

M: What have you to say about the music, the drums and the songs we used and the way we used them on the days for the dance?

F1: Unfortunately, I didn't have a chance to sing my songs I was not available.

Other Participants together: The floor is all yours. Give us one song.

F1: *(song leader): Bamwi baseka, bamwi balalila, ani cindipenzya
biya, haamayuwe boola*

*All: Haamayuwe, haamayuwe, haamayuwe ee ee haamayuwe
boola [Repeat]*

*Song Leader: Nyika eba Kaunda, Nyika eba Nkumbula, haamayuwe ee ee
haamayuwe boola*

All: Haamayuwe, haamayuwe, haamayuwe ee haamayuwe boola [Repeat]

*Song Leader: Bamwi baseka, bamwi balalila, ani cindipenzya
biya, haamayuwe boola*

*All: Haamayuwe, haamayuwe, haamayuwe ee ee haamayuwe boola
[Repeat]*

F1: Allow me to sing again please:

Song Leader: Mwakabona kayowela

All: Kalu mungoma, mwakabona kayowela, kali mungoma [Repeat]

M: We appreciate you sharing your music.

F1: Can I give you another song?

The Rest of the Participants: Hahaha...the spirits have broken loose on this one now.

F1: Yes. I am still unhappy for the portion of the workshop that I missed. Surprisingly enough, all the songs you were singing on that particular day, I was also singing them yet I was at home. I could hear them from home.

F5: There was a great spectacle where we went. The man called Mazhandu is an excellent drumming man.

M: What would you add to the ritual as we had it? Or perhaps subtract from it.

All: It is the duration allocated. It was too short.

F4: Please increase time allocation. 2 hours is too short.

All: Yes

F3: Our desire is, once you have commenced the activity, you carry on until you get full satisfaction that, yes, indeed we have done it!

F1: If you start in the morning, by noon dancers should swap with those clapping, and we incorporate guitarists as well since we are possessed by the same spirits.

F5: Please consider our plea; we are not satisfied with the 1 hour, 1-hour segments. And being ordered to give way for those clapping. You are frustratingly limiting our passion. We really do give it all. We want to work. We do not abrupt interruptions. You can see for yourself that this activity is quite involving. It is a lot of work!

M: So, you want time to be increased?

All: Oh, yes. It should!

AT

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F4: Remember even that day it was prematurely discontinued.

F3: It would be too exhausting for the moderator. The moderator will end up collapsing!

The Rest: Ha-ha

F4: We asked as to what was wrong with the moderator. When we learnt that the moderator was unwell, we got very worried and wondered as to what could have gone wrong and who could have been responsible for his illness.

F3: Bayi is also entered. He just could not dance the way he did.

M: Perhaps I am entered too.

I noticed that day, at first, we only had 18 participants adding all the groups. But the day we were dancing I realized the number in attendance was overwhelmingly big. Is it the case always that anyone is free to attend?

All: Oh, yes. That is the norm.

F1: Just the sound of the drums is irresistible. Also, the very spirit possessing you will stir the urge to oblige and rush to the venue and step into the arena.

F4: And the masses are great fans of this event.

F5: And whenever I discontinued song-leading, you stepped in and took over because the gentleman who was beating the drum is so good. He knows all the songs.

F4: That tall young man who was song-leading that day is the son of this lady.

M: Wow! Oh yes. I have seen facial resemblances.

F5: He is capable of drumming and singing at the same time. He just enjoys it!

M: Does it mean this activity is only for the possessed?

All: No, no!

F3: Even non-possessed members of the public are free to come, witness and take part. They are the ones that sing, clap and beat drums!

AT

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F1: The problem with the mood is that if there is no one to take care of you, when possessing spirits are active, you can end up running mad; because the sound of the drum keeps playing in your mind (ears). And when they decide to beat drums for you, you get relief.

F4: As for me who has no close family or clan member, when I ended the dancing, I am able to vividly recall everything. If my father lived to this day, I would be fit by now. I would not have been like this. Maybe he would have been assisting to arrange such rituals. But now who can do that for me? And upon discovering that there is such a beneficial activity, I had to grab it with both hands as this is like my father now. I am confident this activity will heal me. My body, my flesh shall be fit again.

F3: Spiritual possessions, drums and singing are done at the same time. These three are one!

F2: It is a great reliever indeed!

F3: Each person is spiritually visited by a specific song.

F5: All that the spirit appreciates is to be played a song. Or else, it afflicts more.

F1: Even if you are in the house, you start dressing up your pair of trousers and the top. Sometimes with your illness, you start to walk. They will just be surprised to see you in the arena. The audience in total dismay begin to ask, "But where has this one emerged from?" Hey, who has accompanied or escorted this patient? Again, they say, this person has come all by himself or herself. What can we do now? Can someone volunteer to rush to her relatives and inform them that one of them is here? We need their permission because he/she might end running mad as she has been bewitched. Yet that is not the case. Remember evil spirits exist also and have powers. It is a tedious situation...because it leads to being mentally deranged and you become mad. You become abnormal. Next, all you do is to hide in the bush whenever you see other people. This spirit does kill if not well managed as necessary. Some are restricted from leaving their homes. By the time your relatives discover you, you are long gone. These challenges are hard to manage. Mum had alleged that I fake this illness but I challenge her that it is never deliberate. I have no idea how it all started.

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M: That clarifies what I observed during the drama. I was surprised that day. Whenever we changed a song, a new patient appeared on the scene.

F3: Some who play the role of clapping have children in the other section.

F4: Was Given's mother driven by the spirit to this place? I say so because she came running.

F5: That is not even surprising. You are forced to run from here up to that school over there, non-stop. You can even pass through the gaps of the poles of this very house. If it [the spirit] says, "Go!" You have to do so at once. You just pop up from nowhere in the arena, much to the surprise of the spectators. That is because the urge is too strong; your legs itch to go and the heart/mind is overzealous too. You don't notice or realise all that happens around you. It is the one responsible for your 'flight' to the arena. The moment you step into the arena, the very spirit song-leads you. While song-leading, the drummers pick your tune.

F1: And at that juncture, all the pain in the legs and the whole body is suddenly gone. Oh, what a relief!

F5: You even enjoy work the following day.

F1: Yes, because it (the spirit) binds your whole body. Even eating is not as enjoyable as it makes you nauseous. Your relief comes when it is cast out during the drumming, clapping and singing. It takes away all the desire for food. Even seeing another person eating is like they are eating sand. As if the food is not edible. But when the drums are beaten and it is cast out, only when do you regain your appetite and nausea goes away. However, when the spirits that possess you to want to work, just after beating the drums and having cast them out, they do return to you in the night and say, "Get your small hoe. Let us go into the forest to dig up medicinal roots or gather herbal leaves. The spirits would say, "Dig this and that". This is what spirits that afflict some patients function when they want to work in you. They push you into the forest. Ants also move around your neck, but no matter how irritating on the skin this may feel] there is no scratching or fighting. You rest and sleep in the night but the spirits are on you.

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M: Wow. This is a wide-ranging phenomenon, I see. Perhaps we can draw close to finishing our discussion. Is there anyone who is dying to say something regarding our sessions?

Seeing that we all sound satisfied; we could conclude our topic for today just here. Let me state that I am so grateful for your participation and dedication in this exercise. But before we depart please join in sharing some refreshments and some snacks. Some music to finish with, please!

F5: Here is a song.

Song Leader: Nkwilimba nkwilimba yabama

All: Kumulonga

Song Leader: Ilasamba

All: Nkwilimba yabama, kumulonga

Nkwilimba eee, nkwilimba, ilasamba, nkwilimba yabama kumulonga ilasamba

Another song: Cihubwe

M: Cihubwe ee, cihubwe boola, cihubwe ee x2

Cihubwe ukkala mumeenda

B: Cihubwe ee, cihubwe boola, cihubwe ee

M: Munyama ukkala mumeenda

B: Cihubwe ee, cihubwe boola, cihubwe ee

M: Munyama ee, munyama boola, munyama ee

Munyama ukkala mumeenda

B: Munyama ee, munyama boola, munyama ee x2

F3: It is me closing with a song.

Song Leader: Hamisoni wayi, wabula cakutayila, amutayile mooye

All: Muwaale biyo kanimba

SL: Baama muwaale, baama muwaale, mumuwalile mooye

All: Muwaale biyo kanimba [Repeat]

FOCUS GROUP 5

Date: 25th June 2019

Location: Malita's Homestead

Duration: 1 hour

Moderator: Nsamu Moonga

Participants: This focus group was made up of people identified as the none-possessed. They were not presiders either. The group expanded slightly from the planned 6 participants as there were people who were not in the initial group who came after hearing about the sessions. Some participants in this group expressed sadness at not being informed ahead of the focus groups. They nonetheless indicated how pleased they were to be part of the session even at this late stage. Eight participants attended this focus group. I will use F1, F2 and ascending to identify female participants. I use M1 ascending as male identifiers. M represents me, as moderator.

M: First of all, let me express my sincere gratitude to all of you in attendance. As regards the duration of our discussion, we shall only take 1 hour. Let me alert you to the guiding rules of the discussion. You are free to leave the discussion at any point you wish. There will be no punishment you will suffer for doing so. Also, take note that whatever is discussed here shall be treated as confidential. Never disclose to anyone else that you participated in this exercise. For this I wish to urge you to keep this confidential even at the time you will leave this group. I want you to know too that I am in discussions with other people in the area as I explore the place of music therapy among baTonga of the area. The information we gather here will be used in formulating how we use music for healing in future.

I have noticed that some of you were not at the meeting we had before. For that reason, I will ask those that were not here to introduce yourselves. This is especially for me to know you. I will also introduce myself to you to start with. I think you know yourselves as members of this community. In the interest of time, I will not ask others to introduce themselves again. And also, please, because we are video recording the session, I encourage you to speak loudly and clearly so that the recording shall be clear.

My name is Nsamu Moonga. I am a music therapy student at the University of Pretoria in South Africa. I am here as a learner among you. I want to let you know that my parents are of Chitongo descent. I am not a total stranger here. Who follows me?

M1: I live in this Chitongo Community. I have been here for 10 years now. I am happy to live here as most of the kin also live here. School is also within a walkable distance.

M2: My name is Tobias Jabulani. I am only 2 months old here. I came to join my father.

F1: I have now clocked 12 years in this area. I love this place because school is near.

M: Thank you for the introductions. I would like us to proceed to the focus of our discussion today. We are here to reflect on our experience of our masabe. I want you to know that there are no expected responses. I have a few questions to help us reflect on our experience. I encourage you to share freely and honestly. Is it ok for us to start with some music? We can interspace our discussion with music and song as suitable. Each one of us will have a chance to lead us into a song. I see we have guitars and drums. We can make use of them too. I will take the first turn and then someone else will take it up from me at the next interval.

M: Here we are...

Song Leader: Cakali cakusobana, mbuboo sunu camana,

All: Cakali cakusobana, mbubo akaka sunu camana [Repeat]

F2: It's me now.

Song Leader: Wamaniina mukowa angu nobacaangu takuvulwi anyika

All: Wamaniina mukowa angu nobacaangu takuvulwi anyika. (With special clapping)

M1: [Cigome]

Ndaacili kule, ndaacili kule, ndacili kule bama me ndacili kule

Ndikkala kule...

F3:

Song Leader: Kaneemaneema, mubotu kamulete, kamulalamule, sala mubotu ngooyanda

All: Kaneemaneema, mubotu kamulete, kamulalamule, sala mubotu ngooyanda [Clapping]

F4:

Song Leader: Sunu mpeeluke, sunu mpeeluke

All: Aina maila,

SL: Sunu mpeeluke, mpeeluke baama

All: Aina maila, sunu mpeeluke.

M3:

Song Leader: Bamaniina baloongo eeee, bamaniina baloongo nobacaangu, bamaniina baloongo kwacaala bungoyongoyo, omuya mukazyiba motuteka meenda

All: Bamaniina baloongo eeee, bamaniina baloongo nobacaangu, bamaniina baloongo kwacaala bungoyongoyo

M2:

Song Leader: Mooye angu, weebelwa nzoka mubwina; mooye angu

All: Weebelwa nzoka mubwina

F1:

Song Leader: Candityoola, candityoola mau lu angu, candityoola

All: Candityoola, candityoola mau lu angu, candityoola

M: I am grateful for your sharing of the music. It feels like the right time to proceed with our discussion. If you have not had a chance to lead us into your song, you will get an opportunity as we move on. I would like us to begin from where we are today. How are you today?

M1: I am still impressed by this program from the word go! I am of the hope that this programme shall be beneficial to me and the rest. My childhood and upbringing faced a lot of challenges that my parents had to endure: A week after I was born, I never sucked my mother's breasts. They sought the services of a female witchdoctor in Chikuni by the name of Chibwe. She is not a typical witchdoctor by a divine practitioner. But she did not succeed. It was not until a witchdoctor who was Nkoya by tribe came that I was healed.

M: Right. Perhaps we could focus for a while on the songs of healing.

M1: I am now moving to the discussion. I used to sing songs sung at the shrine (*Malende*). This kind of divinity treatment used to give our forebears visions. You spend a week at the shrine where you mentored as well. But you are allowed to take leave so that you can go back to your home to check the children.

M: Perhaps I need to clarify my question. If you reflect on how you felt before our masabe, and how you are feeling after, what could you tell us has happened? How are you experiencing yourself?

F2: In my view, from the time this program started, I saw those with spiritual possession that had gone dormant being invoked and the patients suffered fresh attacks. This is how I discovered that you recover your health through dancing than taking medication (hospital). After all was done with dancing, around dawn, the patient said I am now fit and fine, she had a toothache and also neck-pain. I am convinced a patient can get better just by drums even without taking any medications or taking tablets. As a result of that, I was delighted to see a patient being healed through songs and drums, dancing and healing take place. It is better than frequenting hospitals or clinic.

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Music

- F4: Just as an addition over this program, starting the day we were dancing, participants particularly those who were possessed by spirits, were freed from that bondage. It was indeed healing! The healing process of patients possessed by spirits is through dancing, drumming and singing. This way this spirit is cast out. This medication is dancing to the specific songs that they positively respond to.
- F3: We all got very relieved from the day this program started. We owe all to the facilitator. We have not found anything negative about this facilitator. Some patients had wished to come back and dance.
- F4: In addition, for us who are not possessed, this programme has afforded us mental freedom. Watching our friends who are entered is a lesson to those that are not that one day it might be them. The relief we have now is a new life.
- M: One ciTonga adage speaks of songs that heal. And even if there are some differences, usually just a song is able to heal a person. How are people at a funeral comforted?
- F4: What is comforted is the heart (mind). All the thoughts over the loss of a beloved are comforted by the touching songs sung during the funeral. But when the music stopped, your thoughts are reminded and you feel sad again and begin to sob. Some of the songs during masabe remind me of such times. These songs also help you to forgive offenders.
- M: May I take you back to the conversation we had in the first gathering, we talked about how a person ought to live. We discussed that there are so many facets to wholesome living: body health, living in a community. The element of the community seemed to be revealed by the attendance of people who were not initially part of the study. Can someone speak to that?
- M1: They also received the news positively. So, they had a strong urge to come and listen from the horse's mouth, and they end up carrying along with all others who are spiritually possessed. Some, the multitude of attendants can get really large.
- F2: The truth of the matter is that even those who just come along are pulled by a certain magnetic spirit that they cannot resist, and they come to get the same relief.

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MR

- F3: But they realize they have no money to hire someone to beat drums. So how can one miss this one which is free of charge? Plus, drinks and snacks are provided- they come at the speed of light.
- M2: Let's put it this way; each human being has their own challenges. Some diseases are healed by singing. Others get better by singing by themselves. Just by stepping into the arena where they are beating drums and singing, you get your breakthrough.
- M: I felt a certain way too even if I do not consider myself as possessed. How do you feel when the rest of the patrons join you in the arena when your song is sung?
- F4 It pleases and delights us too.
- M: What factors do you attribute to the success of this programme?
- M2: In my view, what has really helped are the following reasons: unity, curiosity by each patron and participant. Some people got interested after word went around. That is how they came.
- M: How about others?
- F3: What has delighted me is to receive a visitor who has brought solution and relief in my life. We all relieved.
- F4: For me, what delights me is the unity in our midst starting with you dear brother. You have a lot of love and compassion for us. Imagine you chose our community to receive this programme for us to receive help. You have inherited our challenges and this is why you are passionate about our plight.
- M: In the previous discussion, you suggested to me that you have challenges with schools, hospitals and churches and how they discourage us from maintaining our customs. What should be done to address this?
- F4: My wish is that your programme should have carried on and on; this can really help us in livelihood and health matters.
- M: The drum is a unifying factor and it also makes people very happy.

AT

- M1: Drums are beaten so that each one is relieved: that melody is sweet but even if one is healed and made whole, there still remains some challenges the person has to overcome. Have the drums poured coldness or blood on this person? This is why it is important to visit the clinic as well to seek help from many angles.
- M: How would you describe the effect the ritual has had on you? Has it made any difference in how you are feeling?
- F4: I feel different. I am pleased to have interacted with you. I have learned many things. We were used to rushing to traditional healers and clinics not knowing that there is healing in songs too. I have learnt all this through this programme.
- F3: I have learnt that cikambe-kambe also works. I have seen people entering a trance with cikambe-kambe. So, there is a spirit for cikambe-kambe.
- M3: For us not possessed by spirits do receive medicine by hearing and seeing. We witness with our eyes. Where you find people dancing, you see and the ears hear. Some people quarrel in their homes due to unprocessed masabe. They get relief once they get here.
- M: We are now approaching the end of our programme for today. Do you still have something to say as an addition?
- F4: My contribution is an observation and an appeal that this programme should not be for these possessed only. We must not abandon our traditions.
- M3: It is true. BuTonga culture and language are on a decline. Most of the people who passionately drove our culture are no more. Imagine that custodians of our shrines are now shunning their rules, seeing them as uncivilized! Each village must revive our culture. Due to abandoning our culture, we see the proliferation of teenage pregnancies and marriages. Getting married without undergoing Nkolola. All these uncontrollable sex activities have led to increased STI infections.
- F4: Just like we continue annual pilgrimage to the Gonde shrine in Monze, let us maintain our culture as well. The prevalence of diseases, especially STIs, is as a result of abandoning our traditional ways of living.

WB

AT

AT

AT

AT

AT

AT

M2: We no longer respect our own culture. We now have respect and faith in foreign cultures- projects which only seek to demean and demonise us.

M: I owe you a great debt of gratitude. This brings us to the end of our programme for the day. I pay particular gratitude to all those that took part in this programme to make it a success. I wish to share this same experience with other participants. After all that, we shall agree to use songs as another method of healing as you have suggested and wish in the future.

End of this session with the singing of comforting children with lullabies.

FOCUS GROUP 6

Date: 26th June 2018

Location: Malita's Homestead

Duration: 1 hour

Moderator: Nsamu Moonga

Participants:

This group was formed by the musicians. The musicians are the functional presiders of masabe ritual. This group was predominantly of males. I am curious about how that happened. They were an enthusiastic group of participants. They were candid in their submission during the focus groups. A few of them needed prompting to speak. When they did, they were direct. Five participants attended the meeting. The age range was between 21 and 50 years of age. I use F1 and M1 in ascending figures for females and males participating respectively. M represents me as the moderator.

M: I thank you for having turned up for the meeting. This discussion will take only 1 hour. Within this time or as the topic progresses, if you wish to discontinue, you are free to do so. Whatever is discussed here is confidential. Please pledge to keep it that way. We shall talk about masabe, singing and drumming as well as dancing in so far as we experienced it here.

Is it ok for us to start our discussion with each of us sharing in leading the rest of us in song? I will lead and someone else could take it up from me. Do not feel compelled to lead. You are allowed not to do so.

Song Leader: Ndacilimba cikwama

All: Kaciiba, kaciba buyo, kaciba [Repeat a reasonable number of times]

M: If there is anyone else who would like to lead us into a song of their choice?
...Ok. Shall we then proceed to discuss the matter at hand? What reflections do you have to share with the rest of the group?

M1: In the first place, let's look at how this programme came to be. It has come to us at the right time to remind us of our essential cultural practices. We gathered to discuss and later planned the ritual we participated in. I can testify that masabe happen and that we have seen how healing happens. We performed the ritual according to how we planned it. It showed that it's not just words. We perform this ritual and it helps a lot. And we did it in accordance with the way we discussed it. I also want to talk about the oppression we experience over some of our customs. We always feel a weight on our shoulders. When we gathered here the other day, I was pleased to learn that there some of us who are interested in the ways of our people. I was surprised that there are people in the world who want to learn about our customs. I am happy that you remembered to come to us. You have found us. You have had an experience of masabe. These things work. They happen all the time. I want to encourage you to continue on this quest. We would like this project to expand and include more people. We are here to testify to the truth that masabe work for us.

M: You have covered a lot of issues already there; Let's hold out for others. We will get back to some of the issues you are raising in a moment. Let's hear from others for now as a way of opening our discussion today.

M2: As you can see, I am just listening as I missed the beginning of your programmes. But all I can say is that this programme is beneficial though, us the young people, do not understand this culture very well. But as I was growing up, I found many diseases, some can be treated in hospitals others needs herbs. So, both ways are recommendable.

M3: In addition to M2's comments, we found a very powerful man nicknamed "Bbala-ng'ombe". He was so powerful that he could carry a cow on his back. He could push one passenger train with one hand and another train with the other

AT

MR

Customs

MR

hand. The story of Bbala-ng'ombe reminds us of the stories of our people. Our forebears told us these stories for clan perpetuation and teaching. We want to keep such traditions and customs.

M: Let's now talk about drums and guitars.

M4: Concerning drums, we have many types for possession spirits that are cast out using drums; baTonga have other subgroups the baLenje. BaLenje have their own way. Each patient responds to a particular tune and song and is unique in that respect.

M1: A guitar is one instrument which is inseparable from masabe and mun'ganga. When a healer is approached by a patient, he performs a divination ritual to determine the type of spirit behind it. This kind of screening helps the healer to know the medication to prescribe. He asks drums and guitar. Guitars are accompanied by songs meant for guitars and so on and so forth.

M: So, each person participant has their own unique songs that they respond to?

All: Yes.

M1: The song you are familiar with is easier for you to lead. If not, you may labour to get into the groove. Leading a song, you are not familiar with can cause embarrassment as you may struggle to establish chorus 1, chorus 2. You may be ordered to discontinue. Each song helps the healer to interpret the spirit that entered the person concerned.

M: Looking at the ritual we had the other day, are there elements you would like to add or subtract from what we experienced?

M1: This is a good question. We also envisaged tackling that issue with you. Firstly, there is barely very little time to perform in the afternoon. We would prefer mornings because that guarantees you a lot of time. We don't operate like whites who segment programmes in time intervals – we want to go on and on.

And concerning performance, our wish is that it will be done again. Just guide us and we shall deliver to your expectation. Remember masabe have three (3) major elements: the healer, the afflicted and the drummers and guitarists.

Music

Music

MR
Design

AT

M: So, can we talk about each of the elements as you have raised then. What is the role of the healer?

M1: It is evident that the convener is the healer. Once a healer is around, even the afflicted will appear. Soon helpers also appear, as well as mere spectators. But in the ritual, we organised, it was hard to tell who was convening and presiding over it.

M: Mm. What do some of you have to say about this?

M1: May I just say a little more. A real healer is very easy to identify. His code is unique, so is his style of walking. Also, the dancers have a unique way of dressing and walking. Even us that beat drum do not dress anyhow or any colours and design which does not conform with the etiquette of this discussion.

M: It sounds like a lot of care must be taken to make sure that the right processes and are followed before we can say that the ritual was successful.

All: Yes!

M1: The healer presents to the divination centres called twaanda (little huts). The attire of the healer and his site are all too clear to tell that you are in a different environment. You don't do masabe anyhow. We all have different dress code connected to the functions.

M: If I were to be a healer, how should my looks and general conduct be?

M4: When someone is being initiated into busilisi (afflicted healer), they are given different uniforms. They have many designs and colours such as red, black or white.

M3: The truth of the matter is that all healers are mentored by senior healers before the general public notices that someone is a healer. Their contact with senior healers happens when the apprentice is first a patient and the healer is their doctor. Uniforms come later.

M: Let us hear from the silent ones here too. What have you got to say around masabe?

M

M

M

Music

- M4: For us who beat drums, it is a talent. No one just comes here as a patron and then demand that I want to perform this, no. each talent is meant to meet every need.
- M1: And to open one's mouth widely to sing is also a talent. It's passion and desire. If you observe your friends doing it and it impresses you, then you also start.
- And coming to the topic of spiritual affliction, this is hereditary: there is always someone in the family who might have had it. Even singers may quit the trade and get afflicted too, and this could be after 15 years.
- M: Coming to those who beat drums; how do you feel or become after beating drums?
- M1: Your love for this kind of music or sound is addictive, to say the least. you always want to be involved and always want to beat the drum and hear that sound. After that you also become relieved.
- M: What is to be said about socio-economic differences?
- M1: No, it is different. If you are poor or rich, you have to ignore all this when you come here.
- M: How about you M2?
- M2: I have the same feelings towards masabe as expressed by my colleagues. There are certain things that happen to us unknowingly; sometimes I do wake up in the middle of the night and start to beat the drum. Barely a week elapses without me beating a drum. Everyone here says I have too much passion for it.
- M: I have the same urge for singing. If I have not sung, I feel unhappy. Our physical powers are ever ready for this. I just have to sing.
- All: That is correct. You are compelled to sing.
- M2: That is correct. The same with drumming. You are restless until you beat the drum. Once you beat it, you are relieved.
- M1: That is the nature of a strong desire for something. You can go on and on even up to 4 days. I have been asked by the afflicted even at the shortest notice and I am excitedly willing to play with them.

MR
Music

AT

AT
Music

M: It appears none of you is only good at one thing; you can beat a drum and still sing. Is that correct?

All: No, not correct!

M1: You can't be a jack of all trades. The instrument players have to be experienced. The dancers would know if someone with low musical skills is on the drum. Their engagement is intermittent. There'd be poor coordination between these drumming and the singing.

M: Let's look at those not possessed; they also do the dance!

M1: The instrument players have to be experienced. The dancers would know if someone with low musical skills is on the drum. Their engagement is intermittent. There'd be poor coordination between these drumming and the singing.

F1: When the drums are beaten as long as you are present, you are also hooked and you join them in singing and dancing.

M1: You find that a healer and the afflicted take part in a little dance and they get better.

M: Wow, that is quite involving. If a person who has never ever heard about masabe, and says this is irrelevant. Please abandon it! How would you react and what would you say to such a person?

M4: My response would be that we, baTonga have holy shrines. These shrines measure rain. The shrine custodians are also part of this masabe activity. People possessed by masabe are also selected to go to the shrine to pray for rain and they see visions that indicate that rain is available or not! Now, why can't you ask how is the holy shrine activity different from any flippant activity?

M1: By nature, we all do things differently. There will always be someone with a different view on anything. We see things differently. Some patrons may come to a masabe event with a relative who is not afflicted. This affliction is only appreciated by those who have suffered before.

MR
Design

MR

M

AT

AT
MR

M2: Those possessed are able to tell who amongst the patrons is entered and who is not. Those people possessed are not like any other ordinary person. They have a different nature.

M1: They'd even fight you!

M2: You can labour to contain him.

M1: At that stage, they will ask, "What are you saying?" This is because the possessed speak in tongues using a network connected to spirits. Whatever goes wrong, a possessed person quickly notices it.

May this programme be extended to other regions so that many can benefit. We have seen how many have been helped by this programme already.

M: When we started this programme, there was a general view that those possessed are possessed for the sake of the community.

All: Yes, that is true!

M2: Those possessed serve the people. This dance of masabe, many are helped by those possessed.

M4: In the masabe category, even those not possessed play an important role for they help in handling the possessed so that they don't get hurt when they are tossed down heavily by spirits.

F1: Healing transmits from the possessed to those not possessed.

M2: Even if some people are not possessed, not approved of masabe, there comes a time when they render a helping hand.

Let's preserve masabe for the benefit of all.

M: Well, I wish to declare that today's topic ends here. I am really grateful for having taken part in this exercise. I am however still engaging other people on this very topic. After all that we shall make a programme of using songs in healing patients as this is the wish, you have all expressed during this discussion as well as future programmes. As I end, let me say, "may your hearts be at peace".

MR

O

APPENDIX K

TABLE OF SUMMARIES WITH THE THEMES

FOCUS GROUP 1

Theme	Source Data
Cohesion	<p>“There is no bickering in this area.” ‘There isn’t conflict per se.’ ‘We are just happy living here. We get along with everyone.’ ‘Life here is good as there are no conflicts.’ ‘Where I stay there is no conflict.’ ‘Peace is what makes me still be here.’ ‘I have clocked 20 years of being here.’ ‘I can attest that I have never heard someone being brought to book for fighting at our local courts.’ ‘Of course, we have a bit of conflict as it is expected where more people are settled.’ ‘There is harmony.’ ‘Of course, where people are gathered, conflicts will be expected.’ ‘If something goes wrong, people correct one another.’ ‘The livelihood in this area is very good as people live in harmony.’ ‘There is just peace and happiness in the community.’</p>
Organisation	<p>‘We were welcomed by the chief and the local people.’ ‘Chitongo is not like any other place.’</p>
Masabe Possession	<p>Sometimes I would sit under a shade. When we get first rains in August if am with someone, just upon seeing they can tell there is something wrong with me. Then I would tell him or her that there is something I need.... this year we shall have plenty of rain. She would ask...Where is the rain? I would say just keep quiet, it is there and coming. It will rain and shall cause havoc maybe just for two months. It will start raining at a certain point. It will rain normally without negatively affecting people. At night basangu would come. Then at night they would take me by a tree and say am getting mentally disturbed. “Put a pot by the fire and let her sit by the tree.</p> <p>I do walk to the river in my sleep. When I reach the river, I find fresh millet by the river. Then I would find a traditional pot and calabash for drinking water, and they would be eating mushrooms. They would then inform me that that’s the water they drink. I would then draw some of that water and drink. Most people are guided by spirits to see the medicines they need to use to treat others.</p> <p>Those are said to be possessed with Masabe, they were shown a vision with the medicine to help another person. Others are possessed and would just end up complaining about swollen feet like any other person. If one is really possessed and gets a vision, you would really be treated. If it means to dance for you to get better, they would do the dancing. Sometimes people just dance and not because they are possessed. Then they would suggest we go to the waters. Upon reaching the waters, those that are possessed would jump into the water. Just as they get into the water, a very dark animal would appear. there was an old man who came from the east. He was half-naked, didn’t have anything on except a black pair of trousers. He would be seated by the gate with all the tools he uses. He would then call me to join him to where he</p>

	wants to work. When drums are played or guitar... those that like drums do not like going for witchdoctors. The person doing the possession kind of treatment likes using the guitar. As for me, masabe entered me by causing infertility. I went to the hospital for treatment several times. Nothing happened until we decided to try ban'ganga. they send me for water. When the drums sound, I go there and sit on the side of where the spectacle is happening.
Masabe Ritual	The guitar makes him see a lot of things. When drums play, even if the person has not come for any services, if they are possessed, we shall dance together. I can greet anyone without a problem. Though if they are possessed with the spirits that are not being treated, you cannot put them in a special house. As for me who does the treatment, I would have a special small hat for my work. There are a lot of other things which cannot be shared in public which a healer need. But I dance. I do not heal others. Yet I heal myself. During masabe, the ritual, each person responds to their music. Even when everyone at the ritual may be possessed, each responds uniquely to their kind of music. The songs differ. Those with rain spirits will respond to rain songs. Each to their own music. they will gather the necessary tools, such as hoes. That time the music relates to such a possession. Some would be entered by the tobacco spirit or marijuana. They will not be freed until they smoke. Such songs abound. Once the song rings, everyone around knows that it's time to give the afflicted their tobacco or marijuana. They would provide the items while the person is dancing. They are various possession spirits. The music is dictated by the possession. masabe take a lot of time. We cannot say that we start at this time and finish at that time. Sometimes, they take two days. It all depends on what zinjila want. It can rise and set, and again. Most important are drums and guitars.
Hospital	
School	
Church	Sometimes, when there are visitors coming, I would be seated, I'd not even go to Church.
Mun'ganga	the afflicted healer would immediately know what is afflicting the visitor. Simasabe would know the person's home situation. The afflicted healer at once begins to reveal to the seeker, "This is what has brought you here. This is your illness. This is what may be causing your illness." The afflicted healer would feel exactly what is ailing the other person in themselves. The healer inhabits the illness. If the person has pain in their legs, the healer would feel pain in their legs too. Once that happens, the healer knows instantly what the trouble is. Legs. the healer will embody the ailment.
Wellbeing/Health	You cannot have good health when you are possessed with Masabe. When one problem is sorted, another comes in. this condition doesn't give me freedom. Zinjila can close my paths sometimes. If, for instance, I want to go to Munjile for a woman, my back may start to ache. I tell you that this thing oppresses if you are not attended to.
Work	We have white farmers nearby making it easy to find casual jobs. We are even able to do our own farming. The other good thing is that we are given a piece of land to do some farming

Eating/Food	<p>be able to feed our families.</p> <p>They stop you from eating certain things. When they want mealie-meal made by pounding, you have to obey.</p> <p>If it says you will not eat, you will not eat. If you are visiting somewhere and they do not want you to eat, the way you are visiting now, you'd stay hungry.</p> <p>Even when they have served food, I'd tell them to go on and eat. I'd ask them to put mine away, I'd eat it at another time.</p>
Ancestry	<p>I have been around even as the older people that established these villages were dying. I have been here for a long time. If life was bad, I could have left this place for my home village long ago.</p> <p>Our grandparents used to tell us that there is Masabe.</p>
Attitudes	It's already awesome.
Place	

FOCUS GROUP 2

Theme	Source Data
Cohesion	no record of thieves. there is generally peace. After all, we are law-abiding citizens mindful of the importance of neighbours because these can come to your aid when the need arises.
Organisation	The government is also not helping the situation.
Masabe Possession	
Masabe Ritual	<p>Until you finally visit a traditional healer who will clean you of all this and they subject you to drumming to cast out the spirit caused by the unclean spirit of ikayanga. Sometimes up to two (2) days.</p> <p>This confirms that such attacks are only addressed by traditional rituals (tunsiyansiya) and if you persist using Western medicine, you will die. Because such spiritual attacks reach a point of no return; the spirits get more aggressive, uncontrollable and you can even run mad. This lady was afflicted for many years; she had become very weak such that she</p>

	<p>had to be carried on a hammock. Going to bath or toilet, she needed help. But I did go. And when I arrived there, I said, this is the lady who needs help. I examined her hands, and said, I will do my part. We started beating the drums but this patient could not move a single part of her body, we kept on playing till 03 am, still no improvement, forcing us to continue till 04 am. We went on beating the drums with my team members. The hosts gave up on the efficacy of the drumming. They began to prepare the money they were to pay us, and food for breakfast. The woman could not dance still. She could dance even a little bit. When we aimed</p> <p>When these arrive, no need to seek permission, they should just start beating the drums.</p> <p>During this activity, there are no restrictions.</p> <p>All we need to do is to inform the men that beat drums and those that play the guitars. I do not think we will have any difficulties getting everything we need. The drummers are not difficult to get. We can send for them. Or even ourselves can play the drums and sing along. We also need instruments like miyuwa and bukonkoolo. We shall perform the dance from the old woman's homestead. Here there are too many stumps. I can play the drums too</p> <p>Each one of us will come in with their own piece of music. Whatever you want to share.</p>
Hospital	<p>there are certain illnesses which do not respond positively to medicine obtained from Western medicine. When they take you to hospital, the doctors will tell you we have not seen anything with our X-ray or scan or any form of testing in a laboratory.</p> <p>An illness that can be handled by a clinic cannot be referred to as a traditional healer.</p> <p>Clinical officers and medical doctors can even advise you to seek services of a traditional healer.</p> <p>this kind of illness does not respond positively to clinical medicine. Avoid an injection.</p>
School	
Church	The church has destroyed our roots/ customs.
Mun'ganga	<p>In those days whenever one fell sick, we sought the services of the traditional healer known as Mun'ganga when you seek the services of a traditional healer, they are able to detect the cause of the illness and effectively treat it and that's it!</p> <p>This can only be treated by mun'ganga and he will give you a full prescription and on the attire part, you will be advised to buy black, white and red veils as well as some beads of different colours.</p>
Wellbeing/Health	<p>A person with wellbeing is self-reliant ...generally enjoys good health...is a person who is in good terms with his neighbours.</p> <p>All your thoughts are free; you are not worried about anything. You even become fat and your body looks generally looks good because you are not stressed. You worry nothing about somebody arresting you or harassing you or having done this or that.</p>

	You manage your own home and your own affairs and you are able to develop...his family is a happy one...living well with neighbours...be mindful of the importance of neighbours because these can come to your aid when the need arises. our blood is susceptible to diseases or spiritual attacks such that even if you are walking in the night. You come to a sacred place, the ghosts will possess you and these ghosts are not treatable in hospitals until you are taken to a traditional healer and that is the only solution to deal with someone who is haunted by ghosts.
Work	We have commercial farmers in the area...
Eating/Food	
Ancestry	
Attitudes	<p>The woman was not allowed to leave her domiciliary and interact with others until at such a time she is fully cleansed. a lady who has had a miscarriage and happens to be a prostitute,</p> <p>our blood is susceptible to diseases or spiritual attacks such that even if you are walking in the night. You come to a sacred place, the ghosts will possess you and these ghosts are not treatable in hospitals until you are taken to a traditional healer and that is the only solution to deal with someone who is haunted by ghosts.</p> <p>A person who has spiritual possession should not be taken to the hospital, because once they are given an injection they die. Such a patient is supposed to be treated by traditional healers.</p> <p>this kind of illness does not respond positively to clinical medicine. Avoid an injection.</p> <p>When you extract that root, you remove the scales on it and then soak it in water. Then you take that water, you take in a few huge gulps and relief comes immediately.</p> <p>once its outbreak news went around, elders organized Zyibiya (clay pots) in which certain herbs were soaked. This medicine was immunization medicine for all the children in the village...Traditional customs are fast fading away!</p> <p>After the destruction of our 'roots', nothing good has been recorded.</p>
Place	I now own a lot of cattle and goats. ...life here is better off than any other place I have ever lived...We have lived here without any difficulties up to this time. ...means the environment in which you live is a generally peaceful one

FOCUS GROUP 3

Theme	Source Data
Cohesion	I have nothing bad to say about the place. I relate well to everyone. We go from homestead to homestead to play the drums with my mates.
Organisation	The elders of the people are humble
Masabe Possession	When it comes to Masabe they are different for each person.
Masabe Ritual	We know the general masabe music. But when we have a new person with affliction, we do not know what music works for them. When we are still searching what particular spirit have entered such a person, we randomly play general music

	<p>until we see a response from the afflicted person. From then we would know that it is this or that kind of music that goes with the possession in that person. The same goes for the drum or guitar. If the possession is water-related, the music follows.</p> <p>We heuristically explore. We keep trying different pieces. Here we might play music for water (river) spirits. The drums will follow. We keep exploring until the person responds. Sometime, we may play the drums and yet the person is not possessed by spirits that need drums, the person will not react to the drums. Some people just desire guitars. Until the guitar plays. However, others respond to both drums and guitars. Such people are not difficult to attend to. We can interchange between drums and guitars as necessary.</p> <p>masabe tend to come alive when the guitar is employed. The healers and the players prefer to use the guitar to treat the suffering person. The guitar opens up options for the healer. Mun'ganga would then begin to find solutions for the ailing person.</p> <p>We possibly need to call the drummers so that your healing ritual can begin.” At that moment, the journey towards the recovery of the person’s wellbeing begins. They will summon us. From then, it becomes our collaborative engagement. Since we have always worked together, such things as how much money to pay us are already known. The healer is paid an amount too. The process goes on. We work out what is missing in the person’s body...The afflicted will sit close to the drums in an open space. Then someone from the mother’s clan and sometimes someone from the father’s clan will intone in a loud voice; “Here we bring the drums. Release our person now”. That way zinjila would be appeased. They might say, “The clan of the person we have entered have honoured us.”</p> <p>we offer a prayer. Mun'ganga will gather everyone, announcing that it is time for the ritual. Most times, we begin with ritual clapping. Once that is done, a prayer is offered. Then the afflicted are summoned. They will sit like the way we are sitting. Like it has already been said. We then begin our musical speculations until we find the answer, we are looking for together.</p> <p>under normal circumstances, there would be mun'ganga. In this case, we shall work like you are mun'ganga. You will open the gathering....I think the people dancing will come with their clans. They will call them out</p> <p>When the time to meet your physician has come, the healer boils concoctions in five big clay pots. The moment they finish boiling the concoctions, the spirits that possess you to begin to fight you, resisting to be cast out. The angels' dress code is like this; the right side of the body is red and the left side is black like this hat. If they seize you like this, you are finished. They command you to kneel down. You comply. When the marine spirit starts, it is only about marine affairs. In the water are a small hut, a small hoe and a small clay pot. The small hut is there erected. From there the angels pick you with a white plate. They now say, can you erect houses. We want to work. It must not sink or disappear. I am merely narrating to you.</p>
Hospital	

School	
Church	<p>What we encourage, to those that possessed, and you are forced to go to church so that you are prayed, but if you inherited the spirit, the church will not do a thing. My plea is still that we do not neglect this practise because it works... You find others would want to go for healing at Church but because of stigma, they cannot do so. When such people go to Church, they would call for special prayers for them... What we encourage, to those that possessed, and you are forced to go to church so that you are prayed, but if you inherited the spirit, the church will not do a thing. My plea is still that we do not neglect this practise because it works... You will find that even when you take someone to church, nothing works. But when you take them to a traditional healer, that person will be healed despite the church failing... You will discover that throughout this conversation, the great enemy we have is the Church. The Church does not allow our traditional methods of treatment. They would rather have that person wait until the Lord comes (death)... We do not dispute that the presence of the Church. We have seen a lot of people go through such as you have heard from others. Some go to church. When someone is very sick, anaemic like, and goes to the hospital, the hospital will not diagnose what is wrong. They would like to keep the person for further blood tests... Now, there are others who choose to go the traditional way despite having been to the Church or the hospital... We acknowledge the church and the hospitals, let's now neglect traditions.</p>
Mun'ganga	<p>We know that mun'ganga is the one who diagnoses, we have never failed to know how this custom happens. Mun'ganga works with us. We work as a team. Mun'ganga would just indicate to us what needs to happen. We go ahead and perform as per instructions. We are the ones to do the task of healing. We are the ones doing the work, the way we are sitting here. We do the work in collaboration with mun'ganga... The afflicted reaches out to the healer. The healer then begins to do their thing. They find out what protocols need to be followed for the afflicted person to find wellbeing. Once the healer has found what is ailing the person, the healer will communicate the findings to the person afflicted, "This is what is affecting your wellbeing, my friend. We can help you with this or that way.</p>
Wellbeing/Health	<p>Sometimes when you go to so-called doctors, be it traditional ones, you will find someone being treated and moves around naked. One moves around naked just like that. When you combine your treating methods, you will find that someone gets better... Masabe do help. We know that when we follow the instruction properly, even when the person had a withered body, the body regains its life. If the instructions are not followed, you will hear that the person has escaped, run away. It is easy to tell which person with masabe has not been attended to. The flesh looks shrivelled. Once the person is attended to, the flesh comes alive again.</p>
Work	
Eating/Food	
Ancestry	
Attitudes	<p>Let me also mention that I am a singer and a guitar player. I taught myself by watching others and being interested in the instrument and how it helps others... It's only that a number of us avoid such things. We avoid them because... those of us</p>

who do such works...we actually see visually that they are there. We treat people because we know what we do. For some people, we treat them fully without having to avoid anything at all. Conditions become worse because people do not see what they are treating.

My proposal is that the very way you have come, please continue with your work that such traditions continue. These things are there and they do happen. People get healed...Our wish is that you spread the word so that traditional healing methods do not become a thing of the past or ignored when it is very effective and utilize it...No, we are not supposed to neglect it at all, so that those people who themselves in such conditions can be helped. Let's not neglect them...You find others would want to go for healing at Church but because of stigma, they cannot do so. When such people go to Church, they would call for special prayers for them. Since it is something that is hereditary, no matter the prayers, this person will not get better...I would equate it to shrines where rituals are performed. Shrines are ancient and people still go, we found these rituals...What makes it seem like traditional rituals are being overshadowed could be because people have a tendency of leaning towards one thing in favour of the other, though we acknowledge the presence and effectiveness of traditional rituals...When we lean so much towards the church, you will find that we shall neglect traditional rituals. It will just remain neglected but we do know we have it among us and it works...What we encourage, to those that possessed, and you are forced to go to church so that you are prayed, but if you inherited the spirit, the church will not do a thing. My plea is still that we do not neglect this practise because it works...It is believed that the possessed person is gifted. Though it is painful for the one possessed, it is a gift given to them by the community. S/he is given that gift so that s/he can help other members of the community when s/he gets possessed...That is why we say it is there only that it is suppressed. This suppression is what we do not like, we want to be recognized...What we are saying is, since it is among us, let us utilize it. Let's not let it die out. That's our cry.

When they go the traditional way, they will get better and live for many more years...We do not throw away such traditions because our ancestors had them...You will find that when a baby is sick, they do not want to go to the hospital saying such a child needs traditional steaming. They are simply saying, let's go the traditional way. You will find that as soon as they return from the traditional healer, even though that baby was 'crying' if the child was not sleeping well, this child will be relieved... will get better...What we are saying is we should spearhead traditional rituals. If possible, let the church come second...Following western cultures is our greatest enemy. They come with their own ideas and dump them on us. Now, we just accept things without considering benefits or effects...And because of that, we have lost our identity. We have thrown away what is ours and embraced a foreign thing. Even our livelihoods are affected because we do not analyse what is brought to us, we just accept. What is ours we let go! ..though you will let go of what is good for you. You will be in a dilemma. A bird in hand is better than two in the bush. And that is why we are lost from our own tradition

You see now, that trend has made us accept bad ways faster, in the so-called modern times. My word of encouragement let us continue trying to revive our old ways because they will indeed come handy...Our customs are not written down.

	<p>We need to find a way of putting such material in books. Let's write these customs down. It is necessary for others in the world to know that buTonga means this or that...masabe do happen. We are the people responsible for their execution. We have seen these things with our own eyes. We are the one who facilitates healing...I want to encourage you. When you return to wherever you live, do not let this project die before it reaches its destination. The way you are following up on such a custom, please continue. Follow it wherever it leads you. It is important that even when we shall not be around, the next generation will find such rich customs available in the literature. They will marvel at the wealth in the customs. They will be pleased to learn that baTonga have always had ritual healing called masabe. They will see it in action too. They too will see it with their own eyes, as we have. Let it continue. We do not want it to continue being suppressed. Let it go on...You are the first person to come and ask us about our customs. Our children will learn from this.</p>
Place	

FOCUS GROUP 4

Theme	Source Data
Cohesion	<p>the masses are great fans of this event...Even non-possessed members of the public are free to come, witness and take part. They are the ones that sing, clap and beat drums!... The problem with the mood is that if there is no one to take care of you, when possessing spirits are active, you can end up running mad; because the sound of the drum keeps playing in your mind (ears). And when they decide to beat drums for you, you get relief.</p>
Organisation	
Masabe Possession	<p>As the time approached 8 am, I felt so strange! My body felt strange. I couldn't recognize myself as human again. I would ask myself, "am I human or what?" During my earliest days of these attacks of spiritual possessions, I used to relieve myself within the house (bedroom) and not in the thicket (rural toilets). Whenever another person appeared, I would hide from their face. The toilet was in the house itself. When a wizard/witch comes, they would find me awake. Do you get me? I am now well and I am able to mix and mingle with the masses. I am slowly forgetting my very tormenting past. These spiritual possessions are not inflictions from wizards' attacks. If they try to heal you using other people, they will worsen the infliction. They are not experts or gifted in this area.</p> <p>When this attack had seized someone; headache, legs, fever, nausea, and avoiding other people by making the toilet within the house. All this I experienced...I was in the habit of taking off all my clothes; remaining the way I was born. I used to abandon my clothes within the house no matter how they tried to restrict me. And then the time came when I needed to go and bath, I would go out naked in broad daylight like this very time. Not even covering my private parts with my hand. I</p>

	<p>would walk all the way up to the water place (stream) while naked. And after bathing, I would get very tired again yet I was required to walk back home, still naked the way I was born. Do you think these spiritual afflictions are a simple issue...As for me, I was dwelling in the mountains... I would see different types of snakes; a white one, a black one and you stay put. Again, a spotted one in which one end was black and the other end white and the spirits say, your friend has passed by; there he goes. Stand up right away. This is how my breakthrough to have children come by in my family/home. Before these spiritual beings' past, I never experienced this attack. I would be seated in one position. If it means the sun setting while in that same position, so be it. If it means sleeping over in the mountains, I would so. This is how these spirits treat you. Some spectators say we prefer dancing and shake our waists to show off our buttocks yet it is not deliberate. We equally have no idea how these attacks come about... This experience is really painful; if it is not stomach pains, it is the legs that pound you. At this juncture, you have no decent work. And yet here you are saying we should be going to the hospital; hospital!!.. Talking of snakes, hey, in my case it approached me and stood right in front of me like this. At that time, I was busy chatting with a certain lady at that small shop. While it had raised its head, I said, "What is this coiling around my legs?" It had coiled around my legs. And the person who was standing next to me got frightened. But I wasn't. And then I said, this is just an ordinary snake. It had mistaken me for a tree trunk. That is how it dropped down and left... Each person is spiritually visited by a specific song... when the spirits that possess you to want to work, just after beating the drums and having cast them out, they do return to you in the night and say, "Get your small hoe. Let us go into the forest to dig up medicinal roots or gather herbal leaves. The spirits would say, "Dig this and that".</p>
Masabe Ritual	<p>Now, it so happens that the day drums are beaten my dear friends, you find that angels come in two groups of fives, altogether ten. Then they urge you, saying, "Let's now step into the arena, to dance". There is one really good drum player. He is really good. Around 02:00 hours, drums are replaced by a guitarist. You enjoy and get real relief. A feeling that indeed you are fit... When we left this place, we went to for masabe at Musikili. We worked there for two full days; from Saturday till yesterday. In fact, up to now, we are still at it</p> <p>the songs you were singing on that particular day, I was also singing them yet I was at home. I could hear them from home. It is the duration allocated. It was too short... Please increase the time allocation. 2 hours is too short... Our desire is, once you have commenced the activity, you carry on until you get full satisfaction that, yes, indeed we have done it!... If you start in the morning, by noon dancers should swap with those clapping, and we incorporate guitarists as well since we are possessed by the same spirits.</p> <p>Please consider our plea; we are not satisfied with the 1 hour, 1-hour segments. And being ordered to give way for those clapping. You are frustratingly limiting our passion. We really do give it all. We want to work. We do not abrupt interruptions. You can see for yourself that this activity is quite involving. It is a lot of work... Remember even that day it was prematurely discontinued.</p>

	<p>Just the sound of the drums is irresistible. Also, the very spirit possessing you will stir the urge to oblige and rush to the venue and step into the arena... whenever I discontinued song-leading, you stepped in and took over because the gentleman who was beating the drum is so good. He knows all the songs... Spiritual possessions, drums and singing are done at the same time. These three are one!</p> <p>It is a great reliever indeed!... All that the spirit appreciates is to be played a song. Or else, it afflicts more.</p>
Hospital	<p>There is no sugar in my blood. That is how I went to a Chinese-run clinic. There I have been told that I have too much fat in my body. It has been diagnosed that one kidney doesn't function very well. I am also anaemic. I was also told I lack certain valuable vitamins as our diet is poor. I was given some long tablets. I cannot wear my shoes the way my friends are seen comfortable. As, for me, my soles are paining and feel hot as if I am stepping on fire... And yet here you are saying we should be going to the hospital; hospital!!</p>
School	
Church	
Mun'ganga	
Wellbeing/Health	<p>I am fit, just like I was that day when we were dancing. My body is generally fit now. Previously I was complaining of toothache and pain in the eye... but all is ok now. Even the headache is gone... As for me from that day we were dancing, I have no pain; headache, legs, name it, all is fine now. As soon as I reached home that day, I slept like a baby... Ma, as for me it is a different story; my flesh (body) is unwell. Maybe it is due to the fact that I was kept busy standing over there all the time. My legs, especially my soles and feet are aching... from that day when we started this drama, I feel rejuvenated, like a young child. There is no more pain in my whole body.</p> <p>From the day we had that drama, I have been excited, overjoyed. I can't even sleep. My body is refreshed and energetic. I have a gigantic appetite now. Even porridge with only salt, I do it... But since the dance, I feel strong and intact. Generally speaking, my nerves and muscular movements have improved and I sleep very well. I never complained of anything since that day. I am ok... at that juncture, all the pain in the legs and the whole body is suddenly gone. Oh, what a relief!..because it (the spirit) binds your whole body. Even eating is not as enjoyable as it makes you nauseous. Your relief comes when it is cast out during the drumming, clapping and singing.</p>
Work	<p>The following day I was ready for the routine chores in good spirit. I even worked on more demanding tasks and knocked off at the usual time. I literally worked on all areas to a point where, to this day, there is no single area which is paining. My flesh and muscles are fine... At this juncture, you have no decent work... I am fired up. Even if we are now told to go to cultivate in the garden, I can do so. I can leave behind the ones not willing to go... I am ok. I can even perform hard tasks... Even where the sun is now, I'd wish it to be in the morning so I can just work. I can work from sunrise till sunset.</p>

Eating/Food	My appetite is back on track. Previously I never had an appetite. But now I do...It takes away all the desire for food. Even seeing another person eating is like they are eating sand. As if the food is not edible. But when the drums are beaten and it is cast out, only when do you regain your appetite and nausea goes away.
Ancestry	
Attitudes	I normally used to soak my feet in the water. But when masabe drum was beaten, one time this started early in the morning, it went on and on even when others were served with meals...You have bewitched yourself...Follow the doctor's advice very well. If you follow the instructions closely, you will get well. You might even say this witch is the one that had bewitched me...unless you go through masabe, you will not get better. The pain in your legs will persist...Some people may think that we are mentally deranged...Those are yours! When we learnt that the moderator was unwell, we got very worried and wondered as to what could have gone wrong and who could have been responsible for his illness...Bayi is also entered. He just could not dance the way he did...
Place	

FOCUS GROUP 5

Theme	Source Data
Cohesion	I am happy to live here as most of the kin also live here...the multitude of attendants can get really large...
Organisation	
Masabe Possession	Some diseases are healed by singing. Others get better by singing by themselves. Just by stepping into the arena where they are beating drums and singing, you get your breakthrough...
Masabe Ritual	In my view, from the time this program started, I saw those with spiritual possession that had gone dormant being invoked and the patients suffered fresh attacks. This is how I discovered that you recover your health through dancing than taking medication (hospital). starting the day we were dancing, participants particularly those who were possessed by spirits, were freed from that bondage. It was indeed healing! The healing process of patients possessed by spirits is through dancing, drumming and singing. This way this spirit is cast out. This medication is dancing to the specific songs that they positively respond to...for us who are not possessed, this programme has afforded us mental freedom. Watching our friends who are entered is a lesson to those that are not that one day it might be them. The relief we have now is a new life...the multitude of attendants can get really large...The truth of the matter is that even those who just come along are pulled by a certain magnetic spirit that they cannot resist, and they come to get the same relief...But they realize they have no money to hire someone to beat drums. So how can one miss this one which is free of charge? Plus, drinks and snacks are provided- they come at the speed of light...For us not possessed by spirits do receive medicine by hearing and seeing. We witness with our eyes. Where you

	find people dancing, you see and the ears hear. Some people quarrel in their homes due to unprocessed masabe. They get relief once they get here.
Hospital	This is why it is important to visit the clinic as well to seek help from many angles.
School	School is also within a walkable distance.
Church	
Mun'ganga	
Wellbeing/Health	I feel different. I am pleased to have interacted with you. I have learned many things...What is comforted is the heart (mind). All the thoughts over the loss of a beloved are comforted by the touching songs sung during the funeral. But when the music stopped, your thoughts are reminded and you feel sad again and begin to sob. Some of the songs during masabe remind me of such times. These songs also help you to forgive offenders.
Work	
Eating/Food	
Ancestry	I came to join my father...This kind of divinity treatment used to give our forebears visions. You spend a week at the shrine where you mentored as well
Attitudes	I am still impressed by this program from the word go! I am of the hope that this programme shall be beneficial to me and the rest. starting the day, we were dancing, participants particularly those who were possessed by spirits, were freed from that bondage. It was indeed healing! The healing process of patients possessed by spirits is through dancing, drumming and singing. This way this spirit is cast out. This medication is dancing to the specific songs that they positively respond to...for us who are not possessed, this programme has afforded us mental freedom. Watching our friends who are entered is a lesson to those that are not that one day it might be them. The relief we have now is a new life...Some of the songs during masabe remind me of such times. These songs also help you to forgive offenders...what has really helped are the following reasons: unity, curiosity by each patron and participant. Some people got interested after word went around. That is how they came...to receive a visitor who has brought solution and relief in my life. We are all relieved...For me, what delights me is the unity in our midst starting with you dear brother. You have a lot of love and compassion for us. Imagine you chose our community to receive this programme for us to receive help. You have inherited our challenges and this is why you are passionate about our plight...My wish is that your programme should have carried on and on; this can really help us in livelihood and health matters...Drums are beaten so that each one is relieved: that melody is sweet but even if one is healed and made whole, there still remains some challenges the person has to overcome. Have the drums poured coldness or blood on this person...We were used to rushing to traditional healers and clinics not knowing that there is healing in songs too...I have learnt that cikambe-kambe also works. I have seen people entering a trance with cikambe-kambe. So, there is a spirit for cikambe-kambe...My contribution is an observation and an appeal that this programme should not be

	for these possessed only. We must not abandon our traditions...It is true. BuTonga culture and language are on a decline. Most of the people who passionately drove our culture are no more. Imagine that custodians of our shrines are now shunning their rules, seeing them as uncivilized! Each village must revive our culture. Due to abandoning our culture, we see the proliferation of teenage pregnancies and marriages. Getting married without undergoing Nkolola. All these uncontrollable sex activities have led to increased STI infections...Just like we continue annual pilgrimage to the Gonde shrine in Monze, let us maintain our culture as well. The prevalence of diseases, especially STIs, is as a result of abandoning our traditional ways of living...We no longer respect our own culture. We now have respect and faith in foreign cultures-projects which only seek to demean and demonise us.
Place	

FOCUS GROUP 6

Theme	Source Data
Cohesion	
Organisation	<p>The truth of the matter is that all healers are mentored by senior healers before the general public notices that someone is a healer. Their contact with senior healers happens when the apprentice is first a patient and the healer is their doctor. Uniforms come later...For us who beat drums, it is a talent. No one just comes here as a patron and then demand that I want to perform this, no. each talent is meant to meet every need...It's passion and desire. If you observe your friends doing it and it impresses you, then you also start.</p> <p>If you are poor or rich, you have to ignore all this when you come here...You can go on and on even up to 4 days. I have been asked by the afflicted even at the shortest notice and I am excitedly willing to play with them...The instrument players have to be experienced. The dancers would know if someone with low musical skills is on the drum. Their engagement is intermittent. There'd be poor coordination between these drumming and the singing...When the drums are beaten as long as you are present, you are also hooked and you join them in singing and dancing...Those possessed are able to tell who amongst the patrons is entered and who is not. Those people possessed are not like any other ordinary person; They have a different nature...In the masabe category, even those not possessed play an important role for they help in handling the possessed so that they don't get hurt when they are tossed down heavily by spirits...Even if some people are not possessed, not approved of masabe, there comes a time when they render a helping hand.</p>
Masabe Possession	coming to the topic of spiritual affliction, this is hereditary: there is always someone in the family who might have had it. Even singers may quit the trade and get afflicted too, and this could be after 15 years...This affliction is only appreciated by those who have suffered before.
Masabe Ritual	We performed the ritual according to how we planned it. It showed that it's not just words. We perform this ritual and it helps a lot. And we did it in accordance with the way we discussed it...Concerning drums, we have many types for

	<p>possession spirits that are cast out using drums; baTonga have other subgroups the baLenje. BaLenje have their own way. Each patient responds to a particular tune and song and is unique in that respect...A guitar is one instrument which is inseparable from masabe and mun'ganga. When a healer is approached by a patient, he performs a divination ritual to determine the type of spirit behind it. This kind of screening helps the healer to know the medication to prescribe. He asks drums and guitar. Guitars are accompanied by songs meant for guitars and so on and so forth...The song you are familiar with is easier for you to lead. If not, you may labour to get into the groove. Leading a song, you are not familiar with can cause embarrassment as you may struggle to establish chorus 1, chorus 2. You may be ordered to discontinue. Each song helps the healer to interpret the spirit that entered the person concerned...there is barely very little time to perform in the afternoon. We would prefer mornings because that guarantees you a lot of time. We don't operate like whites who segment programmes in time intervals – we want to go on and on...concerning performance, our wish is that it will be done again. Just guide us and we shall deliver to your expectation...masabe have three (3) major elements: the healer, the afflicted and the drummers and guitarists...the dancers have a unique way of dressing and walking. Even us that beat drum do not dress anyhow or any colours and design which does not conform with the etiquette of this discussion...Your love for this kind of music or sound is addictive, to say the least. you always want to be involved and always want to beat the drum and hear that sound. After that you also become relieved...The instrument players have to be experienced. The dancers would know if someone with low musical skills is on the drum. Their engagement is intermittent. There'd be poor coordination between these drumming and the singing...You find that a healer and the afflicted take part in a little dance and they get better.</p>
Hospital	
School	
Church	
Mun'ganga	<p>It is evident that the convener is the healer. Once a healer is around, even the afflicted will appear. Soon helpers also appear, as well as mere spectators. But in the ritual, we organised, it was hard to tell who was convening and presiding over it...A real healer is very easy to identify. His code is unique, so is his style of walking...The healer presents to the divination centres called twaanda (little huts). The attire of the healer and his site are all too clear to tell that you are in a different environment. You don't do masabe anyhow. We all have different dress code connected to the functions...When someone is being initiated into busilisi (afflicted healer), they are given different uniforms. They have many designs and colours such as red, black or white...The truth of the matter is that all healers are mentored by senior healers before the general public notices that someone is a healer. Their contact with senior healers happens when the apprentice is first a patient and the healer is their doctor. Uniforms come later</p>
Wellbeing/Health	
Work	
Eating/Food	

Ancestry	<p>But all I can say is that this programme is beneficial though, us the young people, do not understand this culture very well. But as I was growing up, I found many diseases, some can be treated in hospitals others needs herbs. So, both ways are recommendable.</p> <p>The story of Bbala-ng'ombe reminds us of the stories of our people. Our forebears told us these stories for clan perpetuation and teaching. We want to keep such traditions and customs.</p>
Attitudes	<p>It has come to us at the right time to remind us of our essential cultural practices...I also want to talk about the oppression we experience over some of our customs. We always feel a weight on our shoulders. When we gathered here the other day, I was pleased to learn that there some of us who are interested in the ways of our people. I was surprised that there are people in the world who want to learn about our customs. I am happy that you remembered to come to us...You have had an experience of masabe. These things work. They happen all the time. I want to encourage you to continue on this quest. We would like this project to expand and include more people. We are here to testify to the truth that masabe work for us...I have the same feelings towards masabe as expressed by my colleagues. There are certain things that happen to us unknowingly; sometimes I do wake up in the middle of the night and start to beat the drum. Barely a week elapses without me beating a drum. Everyone here says I have too much passion for it...The same with drumming. You are restless until you beat the drum. Once you beat it, you are relieved...baTonga have holy shrines. These shrines measure rain. The shrine custodians are also part of this masabe activity. People possessed by masabe are also selected to go to the shrine to pray for rain and they see visions that indicate that rain is available or not...May this programme be extended to other regions so that many can benefit. We have seen how many have been helped by this programme already...Those possessed serve the people. This dance of masabe, many are helped by those possessed...Let's preserve masabe for the benefit of all.</p>
Place	

APPENDIX L

Thick Description of the Musical Healing Ritual

TIME IN MINUTES	DESCRIPTION
00m-08s	<p>The ritual is set to take place outdoors on this overcast winter afternoon. I can see musangu and palm trees as well as shrubs spread out against the background landscape. The musangu trees are shed of leaves. The savannah undergrowth and grass in the surrounding area are in various shades of brown and grey. A large, shady tree seems to act as a physical boundary to the west, beneath which there is a log which some participants are sitting on. To the east, a line of benches is laid. There are drums and a guitar set leaning against the benches. Between the tree and the seats is an open space with bare ground, just brown soil. The earth is cracked and dusty from the dry winter. The open space is the stage for ritual dancing.</p> <p>Away from the stage stands, to the left is an elephant-grass-thatched hut and an iron-sheet-roofed house to the right. In evidence are a couple of tin-roofed houses about 200 metres west. Within 500 metres to the east are three homesteads; homes to Malita's extended kin. At the end of that stretch of homes stands the local Catholic outstation. Malita's homestead is one among many within the area of <i>sibbuku Buumba</i>. Within earshot in the middle of what appear to be bushes and forests exists residences, belonging to various families and even <i>basimabbuku</i> (head-persons; literary translates as 'bookkeepers').</p> <p>The musical ritual starts with four men sitting on the provided benches around which are drums, a guitar, cowbells, hand rattles and other percussive instruments. To the west, under a tree, a group of men, women and children are standing. In the middle, eight women and one man are standing. All the attendees are wearing coats. All the women are wearing wrap-around <i>masaamba</i> (a distinct attire, made from seeds and bottle tops, especially used in dance sessions). One of the women is wearing hers around her waist.</p> <p>A man stands up and begins to beat the drum to a ferocious rhythm called <i>ngoma yabukali</i>. This rhythm is used to announce the formal beginning of gatherings, in general. <i>Ngoma yabukali</i> is played on a</p>

single drum and is being accompanied by a whistle. The women and the man in the centre begin to move to the rhythm. The dance style is like galloping beasts. The movements are not uniform. They are advancing towards the drummer and away from him sporadically. *Ngoma yabukali* lasts for two minutes. As *ngoma yabukali* ends, enthusiastic laughter is heard.

There is a tiny pause after *ngoma yabukali*. After which I intone the invocation of the spirits, thus: *Twaboola. Twalileta. Kamutwaangulula* (We have come. We bring ourselves to you. Release us from our bondages.) Then a man asks the drummers to begin playing. “*Ngoma kazyenda*,” he said. (Instructing the drummers to get the music going.) Immediately, an ensemble of three drums begins to sound. Here an ensemble of three drums plays; *ngoma mpati* and two *tusunto* (singular: *kasunto*). *Ngoma mpati* is the master drum that provides cross-rhythms to the smaller drums.

A hard-percussive stick known as *lukonkoolo* (plural: *nkonkoolo*) can be heard tapping rhythms on the side of a drum. Additionally, a *muyuwa* rattle (a closed tin can with stones inside) or *nsakalala* (a flat, long wild fruit) are sounding, providing a rich texture of the rhythmic pattern. Instantly, the participants begin to clap to the rhythm. Then a woman calls out a song called ‘bamoba’. “*Bamoba chililelile, oyaye bama lelo chilile bamoba.*”

All the participants simultaneously begin to dance forming a dance drama. The music has the form of call and response. One person calls, the rest of the groups of participants responds in a chorus; singing in tandem with dancing and clapping. The music has narrow melodic simple pitch contours. *Bamoba* dance gets the participants to begin taking off their coats and other layers of clothing. The stage is filled with dancing bodies. I am attracted to the dance and so I join in.

	<p>The whistle begins to sound. The whistle signals the arrival of a musical climax. During this musical period, the singing ceases, the drums get louder and the rhythm quickens. The whistle is emphasising the ‘hot rhythm’. The dancing gets visibly vigorous. Everyone is dancing. I can see people moving in and out of the ‘stage’. The dance involves the high cadences in the legs and wriggling of the waists.</p> <p><i>Bamoba</i> dance lasts for eight minutes. The rhythmic pattern and the song are repetitive. One woman begins to dance more vigorously than the others; prompting someone in the crowd to shout, “<i>Ndiza zyabuka</i>”. (Perhaps she feels the spirits are descending on her.) At this point, the whole group forms a circle, and the woman who is dancing more energetically takes centre stage. There are ululations and sounds of chanting. Then suddenly the music comes to a stop.</p> <p>During this phase, I can see more people arriving. Some of the people joining us were just passing by. Once they saw there was a ritual in progress, they decided to stay and join. There were others who came following the sound of music. They expressed disappointment that they did not know beforehand that there would be a musical ritual. “Why did you not tell us before?” one man questioned me. I explained the ethical considerations and agreement of the study. He did not engage with me further. He walked away from me and joined the group of men that was playing the drums.</p>
<p>08m:01s – 38m:10s</p>	<p>A new song is introduced accompanied by the drum rhythm called cin’gande. A man calls the song: “<i>Maili maili, mun’ganda baama,maili maili, mun’ganda baama matala alanyongana</i>”. We all respond, “<i>Maili maili mun’ganda baama,maili maili</i>”. Every participant seems to be concentrating on making the music. Four women are sitting on the ground, with legs outstretched, clapping with rounded palms to produce a deep pulsating sound. The sound of the singing intensifies.</p>

We are enveloped by a huge wall of sound. A group of ten women, one other man and myself take to the dance stage. One woman looks like she is concentrated on her dancing. There is a lot of laughter. A woman shouts, “Maili maili ngaayo mwaamvwa”. She is encouraging participants to join in the music by singing, clapping or dancing. We are all dancing in freestyle at this stage. Each of us moves in and out of what looks like a deformed circle. Soon we hear the whistle. The music quickens and that dancing follows. The women who were earlier sitting on the ground, stand up. They move onto the dancing stage. For five minutes, we are consumed by intense music. Some of the women are ululating.

On the outside of the group, a man is beginning to dance on one leg, hopping and swinging energetically. We can only hear the interlocking drum rhythm, the rattles, *bukonkoolo* and the whistle at this stage. Almost as the music reaches a crescendo, it comes to a sudden stop. I am learning that the ritual music builds slowly in tempo, volume and complexity to such a climax and ends with a high cadence. I am wondering whether the music is structured that way to indicate that while the song has ended, the ritual continues.

Then we have a short pause when one woman intones a song. A man in the group encourages all joining the woman in the song she has called, “*Mweena mwainda oomu*” (“let’s follow wherever she goes”). The drummers and other musicians connect with the woman, leading all of us to start singing along. At this point, one man becomes a prominent song leader. He has a strong voice, sounding above the strong sounds of the ensemble. “*Waboola jeremani ee,*” he calls. We all respond, “*Waboola jeremani ee...waboola jeremani ee...waboola jeremani ee*”.

The man dancing on one leg begins to take prominence. We slowly begin to form a circle around him. The music begins to centre around

him. For a moment, he moves out of the middle of the circle. Three women each dancing almost out of control to the rhythm move into the middle of the circle. They are moving in a zigzag fashion to the music, prompting one participant to hold one of them in support. The music reaches a climax with the introduction of the whistle. I am absorbed by the music. I am intrigued by the dancing body of people. The master drummer moves towards the dancing women while directing the music with his cross-rhythms. We cease to sing and the song leader over the sound of the ensemble cantors improvised sounds; “*waala mulombe waala*”. These sounds, I learn, serve to signal a musical cadential point. It sends a message to all of us that the music is inviting all of us to engage with it intensely. The hot rhythm lasts for seven minutes. I can only hear the drums and the dancing feet pounding the ground. Then comes a short pause in the music.

The master drummer then moves to join the band of drummers. The man who was dancing on one leg draws towards the drummers. He is signalling to them, making hand motions like the ones some people make to signal a continuation of an exercise. While the music is paused for a moment, his body continues to move in the same rhythm as the earlier piece of music.

The rest of us move out of the circle. Almost immediately, the song leader begins to sing; *Gule...* the music is repetitive. Once the music begins, a woman comes with a 20-litre bucket of water. The man who is in the middle goes to the water and gets water in a cup a few times, which he pours on himself. Then he moves back to the stage. He begins to dance to the rhythm of the music with both his feet lifting off the ground and landing with a thud. Two women join him in the middle. The rest of us continue to sing and clap. We are swaying to the rhythm of the music gently while standing in a circle.

The man is now throwing himself to the ground in what looks like acrobatic moves. He jumps high up and somersaults. He lies on the ground for a moment and soon gets up to take his place in the middle of the circle. Then he falls to his knees. With his knees on the ground, on all fours, he crawls in rhythm to the music. Then he goes on to his knees, then throws the beanie (hat) he has been wearing towards the circle around him. Then he stands up and stomps the ground with his dancing. One moment he has arms are in the air as if he is about to fly, while he is landing on one leg. He looks wet from both the water he is pouring on himself and perspiration. I see that there is a small working group gathering water. They continue to supply water.

I am beginning to feel a slight dizziness. I am not sure whether it is from watching the man in the middle dancing, or it is the repetitive nature of the music and the strong drum rhythms. I make a conscious note to surrender to my organic response to whatever might be happening at the moment. I give myself permission to let go of any inhibitions that would keep me on the peripheries of this musical experience. I start to freely move slowly to the music. I do not want to be caught up my thinking mind.

Meanwhile, the man who is dancing gets on to his feet. He is moving his whole body, rising into the air and tramping the ground on both legs. He then thrusts himself, in a tumble to the ground. He lies on the ground for a moment while moving his body to the intensifying rhythm of the music. He gets up on all fours and rocks his body, moving his hands from side to side. A man leaves the circle to go and dance, standing behind the central figure in this dance drama. The music reaches the apex and comes to a momentary pause. The central figure in this drama is still on his knees and arms, on the ground. His body is still rocking. At this moment, I am standing right next to him. I hear him breathing heavily in loud sighs when a man in the groups shouts,

“*Kamutalika cimbi ciimbo nkooko*” (Bring on another song). I am equally moving to a continuing internalised rhythm.

Soon, the drums start to play in a slightly different rhythm called *kalyaba*. The master drummer comes into the centre of the circle and the man who has been dancing rises and goes to the buckets of water provided. He takes a mug and pours some more water from one of the buckets on himself. As the ensemble strengthens, the song leader intones, “*Waboola muzoka wamumeenda*”. This is a slow song that mimics the movement of a water snake. The man who has been dancing spends some time dancing around the buckets of water.

From the circle, a woman begins to move towards the drummers in rhythm to the music. Another woman follows gently and slowly. The first woman then heads towards the water, where the man has been dancing around. He then walks away from the water, towards the centre of the circle and keeps on swinging his body in time with the music. He is joined by two women. He falls to his knees again, face down, he dances on all fours.

One of the women is dancing heading towards the buckets of water. In a split moment, she pours out a whole bucket of water on herself and rolls around in the mud for quite some time. She is attended to by a woman from the circle. A man fetches a bucket of water and places it in the middle of the circle, where the man is still dancing on all fours. He is roaming the ground around the circumference of the circle. The music intensifies. It rises in tempo and rhythmic complexity. The supporters sing louder. They also increase their clapping. The man dances more vigorously than ever. I notice a few of the men glancing at the camera.

Eventually, the woman who has been rolling in the mud gets up and moves to dance from the centre of the circle. “*Babukilwa*,” a man

	<p>shouts (<i>Kubukilwa</i> is a trance-like state when the dancers' spirits have visited them). She hurls herself to the ground again, prompting another supporting woman to attend to her, making sure that her dress is in place. She twirls for what seems like a long time. Meanwhile, another woman dashes to the buckets of water. She hefts one of the buckets and pours all the water on herself, placing her head into the plastic bucket. She dances robustly with her head into the bucket. Almost suddenly she hurls the bucket off her head, and energetically follows the trio dancing in the middle of the circle. Her <i>masaamba</i> are rattling and swinging with the vigour of her dancing. The rest of us seem to be spectator-participants. "<i>Kamuteka meenda ambi, aceya aaya</i>" (Fetch some more water, it's not enough). One more, the music crescendos and pauses. Immediately, the man <i>wabukilwa</i> intones a song which the rest of us respond to. "<i>Waya kupenga baama.</i>" He hurls himself around the arena. The drumming and the singing quicken almost immediately. The man floors himself heavily and convulsively dances.</p>
<p>38m:11s – 88m:11s</p>	<p>While the session is going on, the number of people keeps increasing. The circle is getting bigger. I can see close to one hundred people participating. A small group of people are sitting around the musicians, singing along, while others seat themselves, as they wish, on the log under the tree. It appears to me that this phase of the ritual is concentrated on the people who identify as the possessed. Without any overt instructions, the rest of us know when to move in and out of the circle, be supportive and let the dancers be. The music is energetic. The tempo is high.</p> <p>Then the circle breaks for a while. The stage opens to everyone. I see a group of young people taking to the centre of the dance. One young lady, in particular, wriggles her waist so explosively that some people ululates in acknowledgement. Gradually, another woman moves into the centre of the drama. She is wearing <i>masaamba</i> too. She sways her waist in quick movements, in time to the music and suddenly swings out towards the drummers. She looks like she is in a convulsion. One</p>

woman goes towards her to make sure that she is safe. In a flash, she is back at the temporary drama dais. She is joined by a hold of eight women and myself. "*Bayi babukilwa abalo,*" someone in the circle shouts, referring to me, that I was also transported into the spirit world.

Another song is introduced. The drums hold a strong pulse. The now-central figure woman is surrounded by the rest of us. I can feel the concentration of energy and support for the woman. The whistle announces the hot rhythm. The hot rhythm goes on for ten minutes. At the height of the hot rhythm, the song leader introduces another song, bringing the intensity of the music slightly lower but the woman continues to dance rhythmically and enthusiastically before the whistle blows again. The three drums combine well. Then again, the circle collapses. Except for one woman sitting close to the drummers, all of us start dancing. We fill up the stage; space is pulsed for another fifteen minutes before the music pauses.

There seems to be a transitional pause. Some of the people that were at the centre of the dancing are lying on the ground, almost in a trance-like state. Most of the participants sit down. I feel like this is a natural pause to take a breather. The pause only lasts for three minutes when I hear the sound of a guitar. The guitar player is readying himself to take over from the drummers. He is dialoguing with one of the men who has been dancing, almost like they are sharing what needs to happen next. Meanwhile, there are still more people arriving. "*Ndati cinzyi cili koo Mbeelu basa,*" a woman says (I wondered what would be happening at Mbeelu's home, my friends). There is a buzz in the groups as they sit down after more than an hour of high intensity musicing and dancing.

The 'break' ends when the guitar begins to capture the gathering. The guitar is played in a Chigome pattern. It is a peculiar way of playing that includes knocking on the soundbox of the guitar to produce a

strong pulse. The guitar is accompanied by hand shakers and cowbells. A man stands in front of the guitar player and raises his hands in the way a conductor would signal to an orchestra to increase their volume. He then goes on to wear masaamba and return to the stage to dance. He is showing high energy. Lazily, three women stand up and join the man in dancing. A woman holds his hand while he swings his body in rhythm to the music. He pounds the ground hard twirling. Once more, the music intensifies; the whistle declaring the hot rhythm. Then, the man begins to make sounds that are linguistical ‘nonsense’. He screams loudly, vaults in the air and lands on his knees and arms.

From the edge of the circle, I start to move my body slowly to the music, partly involuntary and part in support of the man dancing. Four women join him in the centre for a moment and then they move back to the outside of the circle. They are clapping, singing along and dancing. He then introduces another song that all of us join in singing. *“Bamulowa baama. Bamulowa mwana. Kulimilimo baama...”*

A woman brings in a bucket of water. The man is calling out his songs. We are all singing along with him. At this stage, apart from the participants swaying from the circle while singing and clapping, the man in the middle is the only one actively engaged in the dancing. He once more indicates to the musicians to keep the music going. He leaps into the air and rolls on the ground. Then a band of five women move into the middle. They dance towards the musicians sitting on their instruments. He goes on dancing for another fifteen minutes before the song changes to introduce another dancer. This time the song, *“Catoola maulu angu”* draws the mass of the participants into a collective dance. Almost unannounced, two women dressed in azure work suits join us. One of the women comes running into the middle of the crowd. She falls heavily to the ground. I get a fright. Then the musicians stop playing. *“Aikona kuleka. Nicabota biya ino nomuleka,”* a woman says, suggesting that the ritual is only beginning now and we

	<p>must not stop. Then another one says that we must start <i>cikambe-kambe</i>.</p>
<p>88m:11s – 113m:11s</p>	<p>This phase of the ritual transitions from the focus on the community of the afflicted to include all other participants. We return to drums as main instruments. A man walks up to the musicians and suggests to them that we would have <i>ciyayaale</i> and <i>cikambe-kambe</i> now. Each participant has the chance to call out a song and be accompanied by the musicians and the group while they dance. The man starts to sing “<i>Kaneemaneema mubotu kamulete, kamulalamune</i>”. For five minutes the participants take turns to pick out a person from the groups and dance with them in the centre of the circle. Men and women pick each other out. One man comes towards me. As he got close, the whole group screamed. They egged me to follow his lead in the dance. I danced along to <i>Kaneemaneema</i>. The groups cheered loudly.</p> <p>Then another song referring to <i>njebeebe</i> is intoned. The same pattern continues for ten minutes. The music is playful and the mood is happy. Freely, the participants take their turns dancing in the middle. One of the women who joined halfway through the ritual, one of the two that were dressed in work suits began to spin. She swings her body robustly before she falls to the ground and rolls. “<i>Cabuka,</i>” a man shouts. The woman lies almost motionless on her back. Another woman attends to her, making sure that she is safe and decent. She then rolls and rises to her knees.</p> <p>With her hands and knees on the ground, she rocks her torso upwards and downwards. Around her, a number of men and women are dancing enthusiastically. As the whistle blows, to take the music to its crescendo, we are all swelling into the music. Two drummers move to the middle of the circle. The crowd moves close to the drummers. The circle breaks. We are all dancing to the music in freestyle. In a moment, the woman <i>wabukilwa</i> draws my attention. She is strong, lifting her feet high as she dances. She comes in front of me and</p>

	beckons me to join her. I move in to dance with her. Everyone is dancing at this stage. The music is consistent and firm. This phase lasts another ten minutes before the music stops.
<p>113m:11s – 130m</p>	<p>This phase of the ritual excerpt begins with one man drumming and one woman moving in rhythm with the drumming. People around them are clapping as a part of accompaniment to the music. Eventually one of those clapping joins in the dancing with the first woman. Then a man joins the scene, at first dancing solo, and then draws closer to one of the women in the middle of the musical circle. In the background I notice one child moving with the rhythm, but staying in the background. Then two drummers are involved in providing the beat.</p> <p>I took my turn in the middle. My song was a celebration of community. <i>“Nkoko atumugwasye. Mucizyi ulazyana yebo wajoka kale,”</i> a man shouts. He is telling someone in the crowd to keep me company in the middle. <i>Cikambekambe</i> is a self-praise form of music. It’s in the tradition of baTonga to sing praises to oneself. Each person tells a story of how they experience themselves. Finally, a male takes a turn. He dominates the scene as he appears to take control. He is joined by two women as the dance comes to a conclusion. There is lots of laughter as the ritual comes to a close. A man brings the ritual to its closure as he prays that the spirits have heard our supplication.</p> <p><i>“Makani akulizya ngoma mpaasimpila sunu awa.”</i></p>

APPENDIX M: Ethical clearance certificate



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Ethics Committee

31 May 2018

Dear Mr Moonga

Project: Exploring music therapy in the life of baTonga of Mazabuka, Southern Zambia
Researcher: N Moonga
Supervisor: Ms A Dos Santos
Department: Music
Reference number: 16369174 (GW20180516HS)

Thank you for the application that was submitted for ethical consideration.

I am pleased to inform you that the above application was **approved** by the Research Ethics Committee at the meeting held on 31 May 2018. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should your actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely

Prof Maxi Schoeman
Deputy Dean: Postgraduate and Research Ethics
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: PGHumanities@up.ac.za

cc: Ms A Dos Santos (Supervisor)
Prof A Johnson

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo

Research Ethics Committee Members: Prof MME Schoeman (Deputy Dean); Prof KL Harris; Mr A Bizos; Dr L Blokland; Dr K Booyens; Dr A-M de Beer; Ms A dos Santos; Dr R Fasselt; Ms KT Govinder Andrew; Dr E Johnson; Dr W Kelleher; Mr A Mohamed; Dr C Puttergill; Dr D Reyburn; Dr M Soer; Prof E Taljard; Prof V Thebe; Ms B Tsebe; Ms D Mokalapa