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B I T U M A :

PRELIMINARY NOTES ON A HEALING MOVEMENT AMONG  
THE NKOYA OF KAOMA DISTRICT AND OF LUSAKA, ZAMBIA

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## Introduction.

The ink of the fieldnotes on which this paper is based, is scarcely dry, there are still enormous gaps in my knowledge and understanding of the phenomena to be described here, and a balanced description and analysis is still impossible at this stage. That I yet try to present a preliminary account here, is for two reasons: I am confident that discussion of this paper will help me in the subsequent stages of the research; and at present we know very little indeed of the two topics of which this paper is an intersection: the history and social organization of the Nkoya (one of the "subject" tribes of Barotseland, Western Province, Zambia), and Zambian possession cults, especially in the urban areas. For the latter reason others might benefit even from what little I have to offer in this paper.

## The Nkoya.

Nkoya speaking groups (including Nkoya proper, Mashasha, Lushange and Lukolwe) presently occupy an continuous area stretching from circa 100 km. N.W. to circa 100 km. S.E of the town of Kaoma (previously Mankoya); a few smaller clusters of Nkoya are found in other parts of Western Province (see diagram I; cf. Brelsford, n.d.; Fortune, 1959, 1963). In the literature the estimates of the numerical strength of the Nkoya group vary considerably; relatively recent figures are (Annual Report of African Affairs, Gov. N. Rhodesia, cited in Brelsford n.d.):

Nkoya	20,717
Mashasha	5,876
Lukolwe	322
Lushange	730

Publications dealing specifically with this area are very few (Clay 1945; Symon 1959; Jones 1959), but disconnected details on the ecology, economy, social and political organization, and religion, can be found throughout the literature on Barotseland and Western Zambia in general; some relevant publications are listed in the bibliography. It would be possible to build up, from these fragmentary data, an outline of Nkoya society; however, lack of space and time prevent this here. I will confine myself to a few remarks.

Incorporation into one administrative unit (Mankoya, now Kaoma, district) has stimulated the use of the designation "Nkoya" for a much wider group of people than the original Mankoya tribe under chief Mwene Mutondo. Nkoya in this paper will particularly include the Mashasha, on whom my research of urban Nkoya in fact concentrated. In contrast with the Nkoya proper, the rural Mashasha are presently almost entirely confined to the Southern part of Kaoma district, into which they immigrated in the middle of the last century, from the Kasempa area. They have their own chief, Mwene Kahari.

Intermarriage between Nkoya and neighbouring groups (Mbunda, Kaonde) is not exceptional. Since about 1920 (Clay 1945:20f) the area has seen an enormous influx of immigrants, Wiko (Westerners) both from other parts of Barotseland and from Angola. On the other hand, a considerable portion of the male Nkoya is absent from the area as labour migrants; as in other parts of Barotseland, pre-Independence Nkoya labour migration used to be directed towards Zimbabwe and S.Africa, rather than towards other parts of Zambia.

Kaoma district had its share of several of the almost epidemic, "modern" possession afflictions that swept over large parts of Zambia since the onset of this century. (Kuntz 1932; White 1949, 1961; McCulloch 1951; Turner 1952; Colson 1969; Gluckman 1951; Symon 1959:60f; Reynolds 1963). It remains a topic for future research to determine in how far those afflictions (called by the names songo, watsjowa, mowa, vindele, viyaya etc.) coincide with actual endemic or epidemic diseases, such as smallpox and syphilis (Spring Hansen 1972; Evans 1950). Symon's identification of one such affliction (manyanga, locally interpreted as possession caused by dead hunters) as syphilis (1959:55, 76) suggests such a relation.

#### History of Bituma in Kaoma district.

In the early 1930's, according to my Lusaka informants, the Kaoma district went through a locust plague and subsequent famine. I could not yet check this against documentary evidence. Certainly by that time the Wiko flooded the area and created uncomfortable conditions for the inhabitants - who compared them to locusts (Clay 1945:20; Peters 1960:46. Diseases, old and new, swept over the country. Existing local (African) medicine proved insufficient but no modern medical care had yet been established. Christian missions, if any, were in their very first stage - though many Wkoya men must have been exposed to mission or independent forms of Christianity while working as labour migrants. Ila and Kaonde prophets, vaguely influenced by Christianity (Smith & Dale 1921; Schlosser 1949; Chibanza 1961) were close enough to have exercised some influence in Kaoma district - though such influence is not yet explicitly documented in my material.(1)

It was in this historical setting that a man called Simbinga established a healing movement that after some years would be known by the Wkoya name Bituma.

Simbinga was a Mbunda, probably of Angolan extraction, who lived in the Kabilamwandi area, 80 km. W. of Kaoma. He had completed a spell of migrant labour in Johannesburg. Either there, or in Kaoma district (where the South Africa General Mission started Luampa Mission in about 1924, 60 km.S.E. of Kabilamwandi; Clay 1945:21) he had become a member of a Christian church. He was married to a Mbunda woman.

He fell ill to a new disease that local healers were unable to cure - and for all we know he died in 1933. Having given orders not to be buried too quickly, he rose from the death after four days. (2) Upon regaining consciousness, his first deed was smoking, and next he gave orders to prepare a medicine in a hitherto unknown fashion - revealed to him while he was in heaven. The bark of the mutondo tree, extremely common in the area (3), was soaked in two bowls, one with hot and one with cold water, and subsequently squeezed onto the body of those in the village who were ill. Simbinga killed all his ten head of cattle, and organized a great feast, where he advocated the new way of healing. He vigorously denounced the local healers, who, with their divining methods and concoctions, were unable to cure the people.

However, for a start the prophet was not honoured in his own country, and people regarded him as a madman. A new, strong disease developed inside him, and God (Nyanbi)(4) told him to go on a long journey, to the N.West (Zambezi-Balovale region). From this journey he returned with:

- water from three rivers: the Zambezi, the Kabompo and the Lungwebungu);
- a heavy round grey stone, circa 10 cm. diameter;

- a flat, spiral-shaped shell (5);  
- a leather-bound book with texts and musical script as used by the Europeans (6). He claimed that the Book had been given to him by an angel (mangerco), and that he had found the other objects as well under God's guidance.

All these objects are presently kept by Simbinga's second (gashasha)-wife and widow. She also keeps a few other relics from Simbinga: a buffalo switch, to which normally only chiefs are entitled (cf. Gluckman 1943:78), and which allegedly was given to Simbinga by Mwene Kahari; a few small, white, nut-shaped shells; a circular ornament, made of parts of the white water-lily, sown into strings of white beads; a small copper bell (as used by local diviners); and the skin of a wild cat (mbomba; commonly used in the healing of a possession affliction called mowa). (7)

Recovered from his illness, Simbinga presented himself once again as a healer in Kaoma district (this time the S.E. part, of the Mashasha), and from 1936 onward he met with great success. Until his death in 1960 he cured many hundreds of people, and incorporated them into the movement.

On the basis of the notion (almost certainly Christian-inspired) of the individual guardian angel (8), he developed a new (?) theory of disease. Depending on certain influences (which are not yet clear to me, but which seemed to have included heredity, according to Simbinga) one's individual angel could be in a good or in a bad state, corresponding with health and illness. The angel could manifest itself through dreams, inner voices, compulsive actions, and disease. If disease is imminent, or even present, the angel would indicate the person certain treatments which could be entirely individual and totally unexpected in the light of previous local medicine (e.g. a match stick cracked over someone's head could be a medicine for this particular person on this particular moment). However, certain forms of treatment, introduced by Simbinga, were supposed to be most appropriate, and generally applicable, for the Disease of the Angel: the collective praying and singing (9) of the texts (most of them in Mbunda and Chokwe, a few in Sinkoya) that Simbinga, when in trance, could read from the Book; dancing in a sitting fashion; the medicines Simbinga himself distributed (10); laying on of hands; ablutions with cold water; and the building and attendance of new shrines.

The water from the three rivers (kept in three differently coloured bottles that someone else, or allegedly secular purposes entirely unrelated to the movement- had brought from Johannesburg) were used for diagnosis. Only the person who was able to identify which water came from which river, could rightfully claim, according to Simbinga, to have the Disease of the Angel.

Simbinga built his first shrine (a small thatched round hut, about 50 cm. diameter, with white cloth inside) on the top of a hill, and called it kareki. (11) Prayer and healing concentrated at first around this shrine. In these days, Simbinga opposed not only the pre-Bituma healers, but also the mission churches that were being established in the area. "Those who have faith in the Angel" were not supposed to go to any Christian church; for now they had their own kareki.

The apparent efficacy of Simbinga's treatments, and the lack of modern dispensaries, seem to have made his movement a great success in Kaoma district. Though I have not yet solid figures to substantiate this. The movement was

rapidly Mkoya-ized. The Chokwe and Abunda texts were supplanted by texts in the, unrelated (cf. Fortune 1959, 1963), Sinkoya language. And whereas the founder's ideas concentrated on the notion of the mapereq, the movement's spread under the name which it still has today: bituma, i.e. message, commission, calling, power derived from someone else (Nyambi; Simbinga?). (12) Simbinga appointed seven officials (seniors, kuwakulwane) in Kaoma district, and had each of them erect a local kareki. I have not yet details about the territorial organization of the movement. However, about the officials themselves the following tentative generalizations can be made:

- With one exception (Simbinga's first cousin, and successor, the previous diviner Kapata), all of them are women.
- Most seniors are Mashasha, mainly of the Spungu clan, and are recruited along various kinship lines (cf. diagram 2).
- Several, if not all, officials were very closely related to pre-Bituma local healers and/or had a more or less successful healing practice themselves, before embracing the movement.
- The few cases about which I have somewhat detailed information show that some officials (including Kapata), before joining the movement went through a long, intense mental crisis locally known as kalongo. (13)

If these observations are essentially correct, they imply that Simbinga's movement had to accommodate, as leaders, people who had experience both with the suffering and with the treatment of the afflictions he tried to cure; who (in line with the general pattern of possession cult organization in Zambia, as described by such authors as Colson (1969), Turner (1957, 1960), Reynolds (1963), White (1949, 1961)) already were members of the cult organizations that specifically dealt with their particular diseases; and who had vested interests, in terms of prestige, wealth, professional pride and perhaps psychological security, in their own pre-Bituma healing practices.

The solution was that Simbinga's vision was not only Mkoya-ized, but also diversified and amended.

### Modern Bituma.

The varied cultic background of the seniors stimulated, within the movement, a variety of ritual and of doctrine. Some performances, which still pass for Bituma, seem rather remote from Simbinga's vision, and are in fact a continuation of the pre-Bituma cults (especially manyanga). Some Bituma sessions are being held without the opening prayer to Nyambi, previously so essential. Bituma becomes object of strange rancure, reminiscent of gorcery, like the assertion that an official, upon taking office and establishing her own kareki, causes the death of one of her children. Some seniors now more or less choose, or make, their own paraphernalia, and these may be directly those of the pre-Bituma cult (e.g. the white bead headgear, white bead scapular, leg rattles, ritual wooden miniature hoe and axe, of manyanga). Although explicit identification with Bituma may give a senior healer extra credit (especially among Mkoya clients), it is possible to establish an individual clientele (especially among non-Mkoya) on the strength of one's personal fame rather than on the basis of a senior position in the Bituma movement. Whereas Simbinga (at least in the early years of his office) had always refused money in exchange for healing, Bituma gradually adopted a fee system very similar to that in use by ordinary healers. Ideally, the money thus received would be

kept in the senior's shrine, and could only be borrowed for personal purposes after a respectful, spiritual dialogue with the angel (supposed to dwell, among other places, in the shrine). Yearly the money would then be sent to the cult centre, where it would be used for a mass festival, with large-scale sacrifices of cattle and white chicken. However, in recent years the officials tend to use the money for themselves.

Presently, the cult distinguished three different degrees of involvement:

- The more or less incidental laying on of hands, and giving of medicine. This procedure does not create a special relation with the movement. Present fees are about K2.

- The initiation into being a full member of the movement. Whether the patient will take this step is said to depend on the strength of his bituma (which has the ambivalent meaning of "a strong calling" and "a very serious disease"). The patient's close relatives (typically her husband) (14) provide the money necessary for the organization of a session at the official's house: beer, hire of musical instruments, purchase of fire-wood (this only in the urban situation). Stimulated by the official and of her, already initiated, female assistants, the patient, dressed in white, goes through an exhausting night of dancing, singing, trembling, whispered therapeutic conversations, unconsciousness, medicinal vaporisation, cold ablutions - to end, at dawn, with the squeezing of boiled-out herbs over arms, shoulders, back and legs, by all persons present. The patient is then a member of the movement, the angel is appeased, and the ailments are supposed to subside. When the patient feels totally cured, she pays the official a large sum of money (K20; in the village K10). The adept can now assist in the initiation of new members, and can even start a healing practice.

- The appointment as a senior. For this one must have been a member of the movement for some years, and have a fairly successful healing practice. Some hold that in order to become a senior one should have successfully cured 100 people. Appointment is by the council of seniors, who meet at least annually in Kaoma District. A fully white outfit (garment, pointed hood, shoes) are the outward sign of office. The first seven seniors of the movement, among them Kapata, were appointed by Simbinga before he died definitively in 1960. In later years a second generation of seniors came into existence, and their recognition depends on those already holding the office. Like inheritance of other statuses among the Ekoya, seniorship passed from the deceased to a rather close relative, who (according to a system common in many parts of Central Africa; cf. Munday 1948; Stefaniszyn 1954) takes the deceased's name, social person, and position. Sometimes the established seniors refuse recognition to an aspiring heir, and when this occurs it forms an extra reason for the/ to blend Bituma with pre-Bituma forms of healing. /rejected

It appears that in Bituma Simbinga's vision (the Bituma orthodoxy, if you like) will soon be partially revived, as Simbinga's widow, who still fosters his ideas and relics, is about to inherit the social person of her elder sister, a recently died senior.

The accommodation of pre-Bituma cults within Bituma is by no means an unnoticed, or purposely hidden, phenomenon. In fact, people are still aware of the many different types of pre-Bituma

affliction, and without questioning their allegiance to Bituma, they clearly perceive themselves as adepts of any of those cults that Bituma tries to accommodate within its folds. A rather forced attempt of my informants to reconcile Bituma with the pre-Bituma interpretation of illness presents the Angel as the basic entity both of illness and of health - an entity from which all the other forms are just specific manifestations, shapes, in different parts of the human body. With the old names (songo, nyanya, mayimbe etc.) the old interpretations survive: interpretations in terms of angry recently died, of famous diviners and healers among one's ancestors etc. - and then neither the Angel, nor Nyambi seem very relevant anymore.

The pre-Bituma cults survive not only in ideas and words, but also in actions. It is not uncommon to play, in a Bituma session, the music peculiar to one or more of these pre-Bituma cults - whereupon those present who are adepts of the cult whose music is being played, cannot help to make the movements (trembling, tossing the head, dancing etc.) that belong to that cult.

Many contrasting, even contradictory notions can be discerned within the use of the basic concept of mangereco: now the emphasis is on impersonal force, then on a personal Angel (15); now the Angel is in the shrine, then in the body as an inseparable individual guardian, then only temporarily in the body as a kind of fluidum that leaves the body through the finger tips; now the Angel cares for the person and advises towards his healing, then it displays remarkable sadism in keeping him from being cured, and forcing him into difficult and ridiculous exploits.

Whereas the concept of the mangereco is a not wholly convincing attempt to describe the mechanism of the illness, the concept of bituma itself is both more consistent, and more existentially interesting. Bituma is presented as : the state of being afflicted ; the cause of this state; the process by which to get healed; the state of being healed. Often, it seems to designate the intensity of experience (both of suffering and of subsequent healing) more than anything else. Therefore, a senior becomes , particularly, whose bituma ("plight") is so strong that she goes through an extremely serious disease, even to the point of dying (Simbinga is not the only example cited by my informants) and who, once recovered (but still in bituma) has, therefore, the power and the commission (bituma) to see other people through the same existential process. Even through my, close to ignorant, distorted representation there is enough in this, I feel, to fascinate the deep-psychologist, the poet and the theologian.

If the emphasis is on intensity rather than on concrete manifestation, then it is less difficult to understand why in Bituma so little attention is paid to formal conventions, why it can actually, ungrudgingly, accommodate (not just within one movement but in fact within one session!) old and new, personal innovation and faithful copying, laughing and love songs (as is the case) as well as whispered clinical interviews between senior and patient, and the latter's desperate exhaustion.

From a more comprehensive, centralized, religious movement with strong emphasis on healing, Bituma seems to have developed into a rather loosely organized, diversified healing movement which serves as an umbrella under which several previous cults, without Christian inspiration, survive and flourish. One aspect of this development is that the initial exclusiveness vis-à-vis other forms of organized religion has diminished; Bituma adepts now feel rather free to join Christian churches, and a few actually do.

Bituma among the Nkoya in Lusaka.

The discussion, in the preceding section, of modern Bituma seems to apply both to the rural and to the urban situation. However, now I want to concentrate on the Nkoya in Lusaka, and their participation within the movement.

I did not yet carry out a systematic survey of Lusaka Nkoya. My impression is that the group comprises some 700 people (men, women and children), mainly concentrated in the following suburbs: Matero, Kalingalinga, Old Kanyama, New Kanyama, Chawama, Chilenje. Although it is at this stage difficult to generalize (residence in different suburbs suggests different socio-economic status and different interaction patterns) the following tentative statements seem rather valid. (16)

Nkoya in Lusaka (except perhaps in the first few weeks of their stay in town) are not entirely encapsulated by their home-ties. Close friendship, and economic partnership, with non-Nkoya does occur, and so do inter-tribal marriages (especially, but not exclusively, with Western and E. Western Province groups with whom intermarriage is practiced also in Kaoma district; marriages with Bemba and Soli are found). The housing situation in Lusaka is such that only in some uncontrolled suburbs (Kalingalinga, Chawama) people can actually choose their close neighbours on the basis of home-ties; thus we can occasionally find a ward that nearly entirely consists of Nkoya. But generally the urban Nkoya live dispersed over the town, and tend to establish good relations with their non-Nkoya neighbours. The most obvious, and significant, urban situation in which Nkoya cannot refrain from mixing with non-Nkoya is of course the work situation; this mainly applies to the men: few Nkoya women seem to have gainful employment, though some may have a small business.

Nkoya participation in urban voluntary associations (of economic, political or religious nature) is generally low. Yet, a few dozen of Lusaka Nkoya attend the church services of the Evangelical Church of Zambia (where Nkoya is being used, among other languages, in Matero, Kanyama and Chawama suburbs; Binsbergen, forthcoming) (17) Some may attend other church services, including Roman Catholic.

Institutionalized visiting of the sick, funeral arrangements (cf. Boswell 1969), birthday parties, and occasional family councils in cases of severe affinal disputes, constitute other activities in which urban Nkoya mainly (though never exclusively) follow home-ties. This emphasis is also manifest in the mass attendance on girl's initiation ceremonies (nyoye) in town, which - at two recent occasions which I witnessed - mobilize about a hundred adults each, few of whom are not from Kaoma district.

There is a very frequent traffic of kinsmen, goods, money, spouses and information between the town and the rural home. Information about illness, death, nyoye and marriages rarely takes more than a week to percolate from the town to the village, or vice versa, and it is not uncommon for urban and rural kinsmen to attend one another's life crisis ceremonies.

A final factor that makes for frequent interaction and mutual identification between town Nkoya mutually, and between town and rural Nkoya, is the Bituma movement.



/Moreover,

I do not yet know when Bituma was first introduced in Lusaka. Nearly all first generation seniors have visited Lusaka for shorter periods. One of them came to Lusaka in 1963 and still lives there, whereas another stayed in the town from 1955 to 1969, and only returned to Kaoma district to die there. In addition to this, four second generation seniors live in Lusaka - besides Simbinga's widow. All of these are Mashasha.

Bituma sessions are rather frequently held. Yet Bituma is not resorted to indiscriminately: in the urban Bituma cases I could collect so far, the patients had failed to receive satisfactory treatment from a. Modern medical services and b. From herbalists, before the diagnosis of Bituma was accepted. In view of the huge expenses involved in the initiation into Bituma this needs hardly surprise us.

In the Bituma sessions, Nkoya form the bulk of the participants, and Sinkoya is the main language spoken. Although they do not object to the treatment of non-Nkoya (on the contrary, they are proud of it), the Nkoya clearly perceive Bituma as part of their Nkoya heritage, and have a deep affection towards it.

Yet they complain about the urban seniors. The fees are considered too high; the seniors are accused of turning Bituma into big business. The urban seniors are resented for not attending the annual sessions of seniors in Kaoma district. Often it will occur that an urban senior, as a kinswoman, is involved in family disputes in such a way that, from the specific network position of an urban Nkoya seeking treatment, she is no longer eligible as a healer. For these reasons serious, chronic cases of affliction are often a reason to visit the home area and seek treatment there. On the other hand the participation of non-Nkoya in the urban Bituma deserves close attention. (18)

The absence, so far, of reliable case material about rural Bituma precludes a comparison between the urban and the rural forms. Yet I have the impression that Bituma plays a specific role in the town not only in that it provides a sense of ethnic identity in a complex, multi-tribal urban setting, but also in that it caters for typical urban "afflictions": those that are directly related to the strained first stages of adaptation to urban life. These "urban afflictions" (psychosomatic conditions, neurasthenia) seem to affect women more than men, for a variety of reasons. In town women can hardly apply the ecological skills which are, in the village, their major asset, around which the rural live continued to be centred and from which it derives much of its intrinsic meaning and satisfaction. In town, again, the relations between husband and wife are less regulated by the embedding of the family in a wider system of reciprocity, with complex and subtle means of control, which is still operative in the rural situation. In the town, finally, much more than in the village, a woman depends on her men for her livelihood.

Most urban cases of Bituma so far encountered concern women. Though men participate (as plain visitors, drummers, and occasionally as adepts) in the Bituma sessions, under the energetic control of the senior and her female assistants, Bituma is very much a women's affair. As something with which they have been profoundly familiar throughout their lives (small children witness Bituma sessions as a matter of course), in which they can express themselves, effectively

claim their manfolk's attention and money, and be among themselves as women, Bituma appears to contribute greatly towards the accommodation of rural women in a basically inimical urban environment.

### Conclusion.

As an extremely preliminary account, this paper leaves us with many more questions than it answers. To finish, let me sum up a few crucial problems that further research will have to look into:

White (1949, 1961) claims that the "modern possession cults (songo etc.) are reinterpretations, under altered conditions, of ancient ancestral cults. Along these lines, we might regard Bituma as a secondary reinterpretation. The same symptoms are given new explanations again, that - though a-moral (in that they do not resort to sin as a cause of misfortune) - are more comprehensive and take the human, existential situation more into account, than the first reinterpretations (that concentrated on mere contagion of harmful powers from newly introduced entities such as European, songo immigrant, airplane etc.). In this respect it is interesting to compare Bituma with another Western province secondary interpretation (of vindelo, specifically): the "Twelve Society" (later called Uzila, path), founded in 1944 by a merchant Rice Kamanga (later Chana I) in Mongu, and which spread widely over Western and Southern Zambia (Reynolds 1963; Muntamba 1972).

The development, within Bituma, away from Simbinga's secondary interpretation seems largely due to the intake of existing healers as officials in the movement. Why did they join? White again (1949) describes the predicament of the Balovale healers faced with the problem that their ancestral interpretations, and according treatments, did not work anymore; he leaves us with the impression of peoples desperately devising new interpretations, which they cunningly sell to the credulous and equally desperate patients. Where the Ekoya healers in the 1930's in a similar situation? Or, alternately, did Simbinga need them because they represented a kind of local intelligentzia, the most prone to understand and appreciate his message? Or did he simply admit them because, as healers, they had to be ill?

Another problem is of a political nature. Throughout the last hundred years, the relations between the Lozi administration and the Ekoya (especially Mashasha ) were strained. Ekoya secession was feared at several times (Clay 1945: 6f, 18f; Gluckman 1941:15, 1943:95f; Caplan 1970:168; Mulford 1967:223). Mwene Kahari Timuna (reigned 1919-1955) is still remembered by the Ekoya for his scornful defense of the integrity of his area against Lozi influence and other immigrants. Is the history of Bituma connected with this? Simbinga moved into Kahari's chiefdom, married a Mashasha, and his buffalo switch is said to be a gift from Kahari. Was Bituma, as a Ekoya religious movement, made to serve the cause of Ekoya chauvinism (19)?

A final point has to do with the interpretation, rather than the empirical data. Since Sundkler, many typologies of religious movements in rapid social change have been proposed. Where does Bituma fit in? Does the historical process I tried to sketch, conform with a systematic pattern?

Notes.

1. This paper is based on data I collected in Lusaka, since February 1972, on a research grant from the University of Zambia. While thanking my informants for their great cooperation, I register my particular obligation to Dence Shiyowu, my present research assistant; to Henry van Rijn, who shared much of the data collection and preliminary analysis with me; to Pat Mutosi, my assistant in a general survey of Christianity in Lusaka, out of which the Nkoya research developed; and to Jaap van Velsen for most stimulating discussions throughout the research project.
- 1a. Apart perhaps from the pole with white cloth which the founder of Bituma is said to have introduced around 1935, but which already appeared in the prophetic movement of Mupumani Chesu, 1913, along the Eastern periphery of Kaoma district (Chibanza 1961:78f; Schlosser 1949:44f.) On the significance of the colour white in Zambian religion, see: Turner 1962, 1966.
2. This is not necessarily a reference to Christ's resurrection. Many religious innovators in Central Africa, within and outside Christianity, have claimed to have risen from the dead and to bring messages derived from their temporal stay in heaven.
3. *Julbernardia* (previously *Isoborlinia*) *paniculata* (Peters 1960:10). Symon 1959:72 relates that in the 1950's bark of this tree was used for the treatment of corneal ulcer and, more significantly, syphilis (*manyanga*).
4. Nyambi or Nyambe is a common word for the High God in several parts of Western Zambia. The word is also used in the Sinkoya New Testament translation.
5. Such as used to be worn, as pendants, by certain chiefs.
6. *Die Berijnde Psalms*, an Afrikaans psalter; according to its foreword it was published in or shortly after 1936.
7. According to Symon (1959:75) the waterlily is a Nkoya medicine against snakebite and hernia.
8. Colson (1969:101f) briefly describes a new type of possession cult among Vailley Tonga recently resettled in the Lusitu area. The cult centred around the concept of *hangelo* (Angel) and is said to be introduced from Rhodesia, around 1960. The parallel with Simbinga's movement is clear. Colson suggests that similarities between new Tonga possession cults and those found in other parts of Zambia (especially W. and N.W.) spring from independent invention under similar circumstances, and cannot be explained by diffusion. However, she seems to underestimate two aspects: the degree of complexity and originality of the similar cultural forms (an old argument for diffusion); and the amount of interregional contact provided through labour migration.
- A quarter of a century elapsed between the establishment of Simbinga's movement in Kaoma district, and the introduction of *hangelo* in the Lusitu area. This seems plenty of time for diffusion through the industrial centres of Zimbabwe or S. Africa. An even more attractive hypothesis is the following: we assume that Simbinga was scarcely original, and that both he, and the Tonga *hangelo* cult, drew from the same sources - although it is still difficult to identify these sources with some precision (Luwale? Southern African independent churches? Direct exposure to missionary teachings?)
9. Nyambi appears to have been the main object of these prayers and songs, but I could not yet collect reliable texts from these early years; the texts currently used are

sometimes extremely secular of content.

10. I do not yet know whether he stuck to mutondo bark, or included other material.
11. My informants translate the word karcki as "house", but admit that its basic meaning is "church." The Ikoya New Testament translation uses litchgo for church. Murphree (1969), writing about the Budga Shona, points out that among them the use of a similar word (kirke) reveals Africans, rather than English, missionary influences (kerk vs. church).
12. Though the verb ku-tuma, and some of its derivations, are used in the Ikoya New Testament, bituma does not occur there and does not seem to have any recognized, specific Christian meaning.
13. It is remarkable that Bymon's (1959) detailed account does not mention kayongo, though the affliction is mentioned throughout the literature on possession in Western Zambia (e.g. Kuntz 1932; White 1961:48f; Gluckman 1951:85f; Reynolds 1963; Turner 1953). Among Ikoya, kayongo seems to manifest itself not so much in unusual behaviour vis-à-vis other humans, but rather in that the patient turns upside down man's relations with Nature (the visible, non-human world) as defined in the local culture. Good, edible things are declared unedible, instead the patient eats dirt and faeces, prefers the bush over the village, considers as medicinal useless weeds, etc. Urban Ikoya clearly recognize the affliction as insanity, "fit for Chainama Hills" (a mental hospital in Lusaka).
14. -
15. This shift in perspective can perhaps be noticed throughout the "modern" possession cults, and calls for correction of my previous statement (Binsbergen 1972) that these cults are characterized by the fact that the possession agents they recognize are impersonal.
16. A fair proportion of Urban Ikoya are relative newcomers to town; previously Ikoya used to migrate to the labour markets in the South.
17. Developed in 1967 out of the African Evangelical Fellowship Mission, a daughter of the South Africa General Mission. As yet, the congregations meet in Government primary schools.
18. I witnessed the initiation of a Lunje woman into the movement. The case was remarkable in that she was not a town-dweller, but lived in a remote village in the Mumbwa area. Unable to receive adequate treatment locally, she and her husband undertook the journey to Lusaka, to undergo the treatment with a senior whose fame had obviously reached that far, but whom they did not yet know personally. Instead of townsfolk seeking treatment back home, in the village, we see here villagers coming to town, not only for modern, Western forms of medical care that they cannot obtain locally (cf. Boswell 1965), but also for the kind of healing that Bituma offers.
19. A large proportion of the seniors, and Siabinga's Mashasha wife, are recruited from the Spungu clan. This clan has relative immigrant status in Kaoma district, Spungu being given land by the Mutondo group. Exploration along these lines seems worth while.

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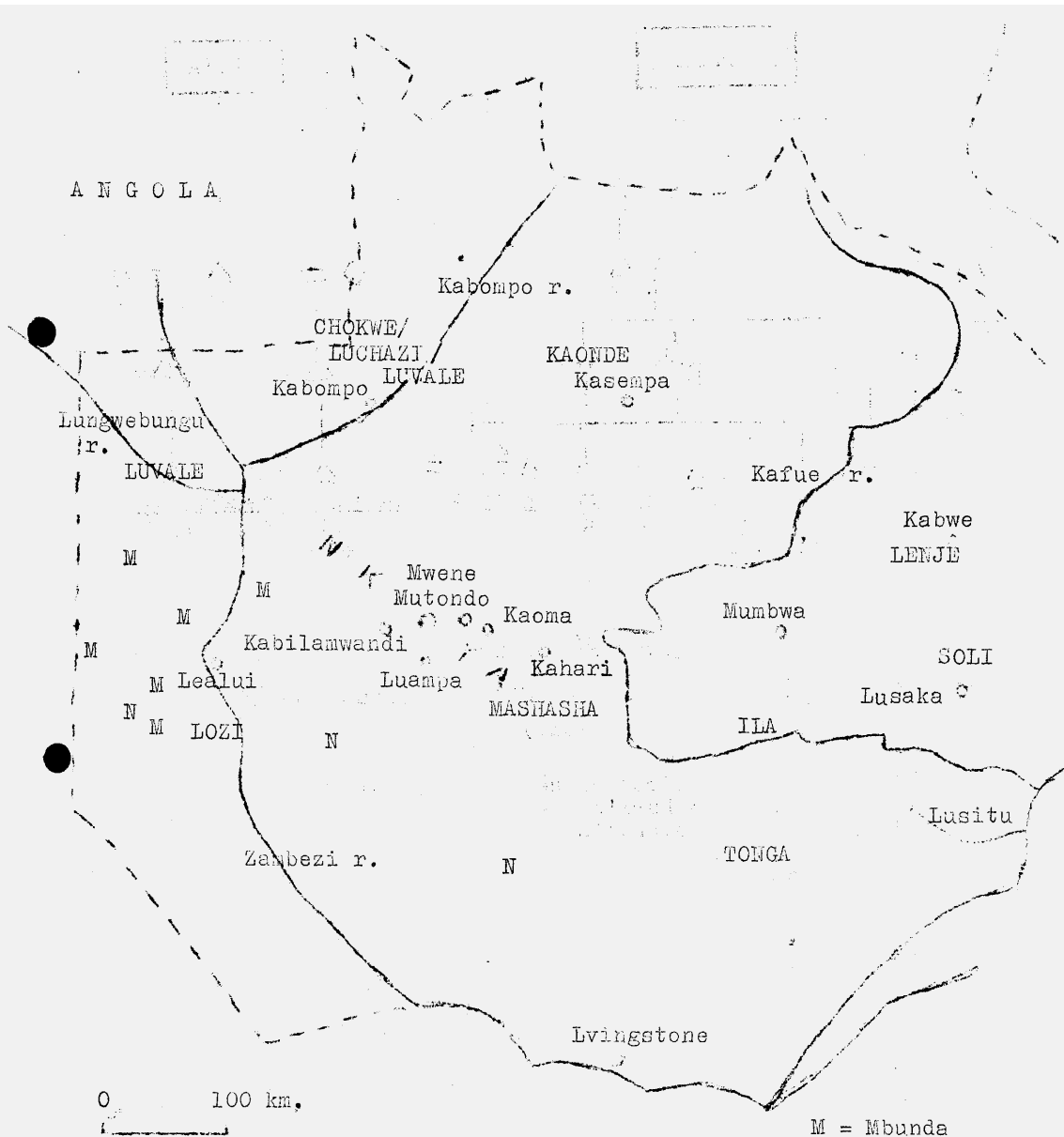


Diagram 1: WESTERN ZAMBIA  
(After Drelsford)

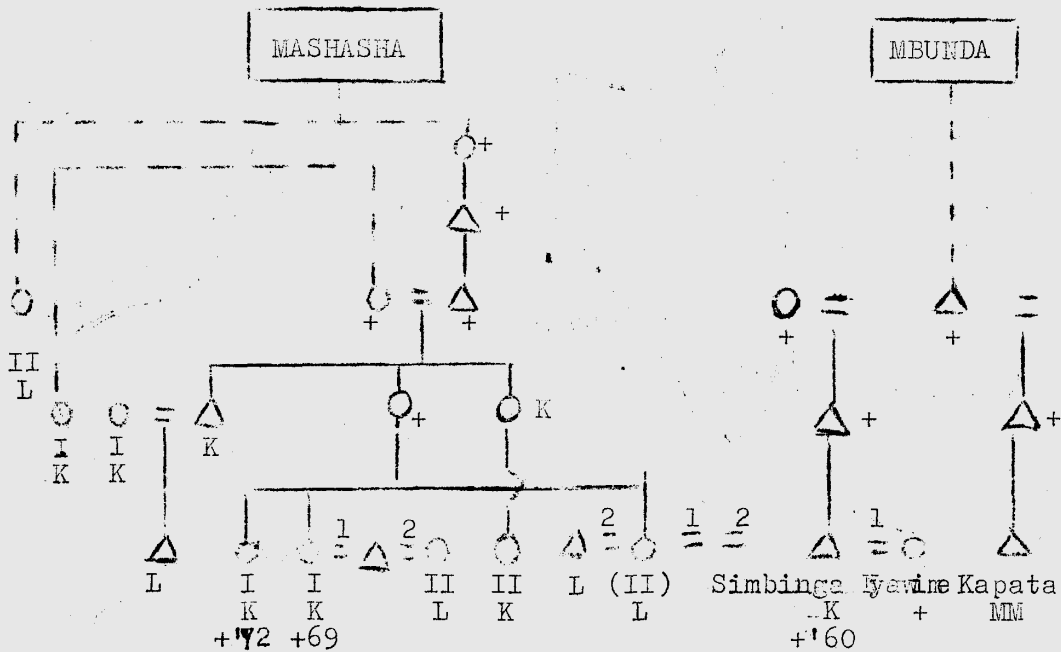


Diagram 2. Kinship ties between some

Diagram 2. Kinship ties between some Bituma seniors

(much simplified())

- I/II : senior, of first or second generation
- K : at Mwene Kahari's
- MM : at Mwene Mutondo's
- L : in Lusaka
- + : dead