

## Dealing with *Mashawe* Spirits

“*Coka iwe!*”. Most Catholics suffering from *mashawe* spirits go to be prayed over by other churches, unless there is a strong charismatic movement around. In the healing sessions both of the Pentecostal and of the Zion churches, people witness something of the healing power of God in their community. People possessed by *mashawe* seek help from their catholic church, yet rarely do they find the help they seek.

### **1. Why the reluctance in the Catholic church?**

There are several reasons. Firstly, many priests fear the reactions of the sick, which are strong, often not controllable, and exceeding any sort of time-frame. If you pray for people possessed by *mashawe*, you don't know what you are in for. The *mashawe* not only lead the patients into violent convulsions; they also engage the healer in conversation. Casting out *mashawe* spirits is not just a question of set prayers and routine. Many *mashawe* are talkative and challenge both the healer and the praying community. The healer has to throw himself into this situation with his own specific personality. He has to engage himself with the spirit. Casting out *mashawe* therefore is a demanding experience.

A second reason goes deeper and shows a big discrepancy between the healer and the patient: many Catholic priests don't really believe in the existence of *mashawe* spirits. “It's all psychological.” – “They have marital problems.” – “It's a question of pressures.” – “They are seeking attention”, etc, etc. Some priests believe that the correct answer to *mashawe* spirits is not prayer but counseling and psychological help. “You can't just pray these problems away.” Others think that the sacraments (Eucharist, confirmation, anointing) should be already enough and that the sick don't need additional prayers.

### **2. Speaking different languages**

In short: sometimes we do nothing at all (ignoring the problem), and at other times the healer and the sick speak in fact different languages; their concepts don't meet. People speak of *mashawe* spirits in them, while the healer looks for pressures, psychological issues, marital problems, or lack of attention. It is like going to a doctor with a headache but being treated for worms. People come to us because they are traumatized and suffering from *mashawe* spirits. And they believe that the church has powers to heal them. People find that their own experiences merge with the experience of the early church, where Jesus and his disciples were casting out demons on a daily basis. People have seen that also at present very dramatic cures do take place for people who have faith.

### **3. What do other churches do?**

People mostly seek help from the Pentecostal churches. The pastors take these sufferings seriously and they believe that their faith offers an answer. Pentecostal pastors rarely give up. If the spirits don't leave the same day, they will go on praying the next day. Quite a number of pastors welcome patients into their families, where they stay for many days. This brings the sick into a new environment away from their own families, and they enter into a new family rhythm of prayer and Bible reading. The sick and the pastor speak the same language: acknowledging the presence of the spirits and having the Biblical confidence that Christ present in the church can cure them. People at large have much confidence in the power of prayer within the Pentecostal churches. Dreams are important and need to be listened to – both the dreams of the pastors and of the sick. The spirits however attain a very negative role: they are demons in league with the devil that cannot be appeased but that need to be exorcised.

In contrast the Zion churches in the valley recognize that there are a variety of different spirits; not all spirits are the same, and not all are bad. Discernment needs to take place, which can take quite some time. Some spirits need to be exorcised. Other spirits, the *mizimu* who often have Biblical names, come from God himself and need to be appeased, familiarized and listened to, so they can benefit the community much in the way the traditional *mashawe* once did in the past.

#### **4. The approach of Jesus**

Jesus took the spirits seriously, asking for their names, and casting them out. But he did not say much about the spirits themselves: where they come from, what they do, or why they trouble people. What was important for him was leading the patient to God. “Your faith has healed you”; and without that faith even Jesus could do nothing. Casting out spirits was more about faith than about the spirits themselves.

#### **5. What can the Catholic church offer? A holistic approach**

The Catholic church stresses holistic healing. It is an accepted dogma that “grace builds on nature”. God works not besides, but right through our physical, psychological and social makeup. This means that also the “demons” have to work through these natural conditions. The healing process in the Catholic church therefore has a psychological and sociological dimension. This makes a long-term healing process possible, where the patient attains through the sickness a new relationship with God, with the family, and with herself/himself. More is involved in healing than the mere casting out of spirits. Yet the healer and the patient somehow have to meet at these *mashawe* spirits, in spite of their different understandings of this spiritual world. How can this be possible in a holistic way?

#### **6. Starting from the experience of people**

Jesus started with what people experienced, both the sick and their families. The first step towards helping people to find the presence of God in their sickness must be to listen: what do the sick say themselves, and what do their families say? What are their dreams and nightmares? How do they themselves interpret these dreams? How have they been dealing so far with their sickness? If people are to find God, it has to be on the ground of their own experiences. Listening can be done either at home, or in church, when several sick people and their families have come together. This listening is a very humbling experience, as people have gone already themselves through much discernment, and they have found their own answers. We come in only after they have walked already a long journey themselves, and we have to become attuned to the answers they have found so far by themselves.

#### **7. Communal objectivity**

We consider *mashawe* sometimes as a very subjective or psychological experience of the patient. We forget thereby that through the discernment process of the community a certain “objectivity” has been established. People have come to distinguish the dreams caused by *mashawe* as something different from the dreams caused by witchcraft attacks, from the dreams caused by *ziwanda*, or from the consequences of adultery. The *mashawe* spirits came to be discerned publicly. Different possibilities have been weighed out against each other and different opinions have been listened to; once a conclusion is reached and accepted, a certain objectivity has been created, which becomes binding for the participants. The *mashawe*, though unseen by the human eye, have become in all their mystery very objective realities for the involved people. They are talked about openly, they have names, they are speaking through the sick, and people have become familiar with them. For people it is **us** who remain

subjective, who don't really know, who remain stuck in a remote world of strange explanations, unless we manage to link up with their own discernment process.

### **8. The relationship between the objective and the subjective**

We should be aware that the communal discernment has consequences on the subjective experiences of the patient. The reason is simple. Whether we experience heat and pain in our chest as a fire, as an unseen virus, a cancer, a spirit, or a snake moving around in our body, depends very much on our concepts, and these concepts in turn depend on communication. A deep experience can never be put adequately into words, and yet we have to use the words and language available to us to communicate what is happening to us. Thereby we are reshaping our own experiences, making them fit into the shapes of the communal concepts. We come to measure our own experiences with the shapes and scales provided by our communal language and words. As the *mashawe* have been discerned to be objective by the community, they are thereby also providing the external mould in which the experiences of the patient come to be shaped. Are they therefore not also the mould that God may use to reveal his saving power?

### **9. Real *mashawe* ? A secondary question**

The trance experience is common for those possessed by *mashawe*, and we experience the effects when we pray for the sick. Are they caused by real *mashawe* or is there a psychological way of explanation? This question becomes secondary if we acknowledge that also real *mashawe* have to work through a person's psychological condition in the same way as also grace builds on nature. Therefore the skeptic and the believer in *mashawe* can meet in a meaningful way, as long as the skeptic does not try to dissolve everything into psychology, and as long as the believer makes room for psychology to play a part in a holistic understanding. Both psychologist and the believer in *mashawe* agree on the most important point: there is an active agent at work in dream and trance that is different from the conscious "self". To use the metaphor of a car, the "self" of the individual is pushed away from the drivers' seat by another agent who takes over the steering wheel for a limited amount of time. People call this agent an (external) spirit. The psychologist calls it a force of the unconscious. Others may call it something else. But in as far as the trance is not faked, all agree that there is a certain agency behind that force, an agency that is different from the conscious self and yet at the same time not completely detached from it either, which can (and should) be controlled if things go well, but which can also control a person if things don't go so well.

### **10. Trance and dreams: what does the psychologist say?**

Psychologists tell us that trance and dream are comparable experiences insofar as the unconscious is at work in both and externalizes itself. One part of the unconscious, meaning that which is not allowed (by the individual and by the community) to be made conscious, say for example a repressed desire, is an active agent and finds its way into the conscious world by displacing itself and condensing onto accepted symbols that are allowed to wander about freely and thereby express themselves. On a closer look however one can find in these open and conscious symbols the traces of their diverse origins, of which we don't want to be conscious of, be it just in order to concentrate on something else, or be it for deeper reasons for example of real long term repression. The Western psychologist therefore values the dream (and also the trance) experience as a healthy way in which the unconscious can find expression. The consequences of the denial of this expression can be a psychosomatic illness whereby the repressed unconscious elements displace themselves unto a physical illness in order to be finally recognized.

The psychologist recognizes in trance and dream valuable symbols that are also found in art and myth. He tells us that some *mashawe* should not be exorcised too quickly: before they go, they should be allowed to speak out their message, to bring into public consciousness that which was not allowed to be expressed. The convulsions of the sick, the erratic movements, the *kusemuka*, all of it is important and contains a message, however trivial it may be. That is one reason why some of the *mashawe* don't go at once even when the sick are being prayed over; they still have a role to play as external objects and symbols onto which various unconscious elements can condense themselves.

### **11. What does the sociologist say?**

The sociologist stresses that the beliefs of the community determine the dream and trance experience of the individual. This happens in two ways: Firstly, the common beliefs provide the mould for the individual experience: the accepted symbol or agent onto which the unconscious, or the repressed, or the unspeakable (often religious) experience can be externalized. You dream of a car only if you have seen a car. Communitarian concepts precede the individual experience.

Secondly, the inexplicable individual experience has to be narrated and communicated, put into words that others understand. Psychologists tell us that every narration of a dream is itself already an interpretation. Dream- and trance experiences are not constricted by time or direct causality. But any narration has to fit the elements into a timeframe and an explanatory frame. In this process the elements of a dream are by necessity rearranged. Freud called this the secondary elaboration of dreams. It is through narrating a dream that the meaning is being constructed. The dream remains an incoherent cloudy mist until it is rearranged through narration and put into words. Whenever a dream is narrated to somebody else, this reshaping of the dream becomes a communal endeavor; the narrator has to put herself into the shoes of the listener and vice versa. The dream comes to express more than a weird individual experience. Unless it also expresses a communal experience, it will be discarded and forgotten.

In the Bible we find examples of individual trance experiences merging with the experience of a whole community. In the time of Jesus, the Gerasene man roaming around the graves and braking all fetters was possessed by a spirit called "Legio" – in a time when the whole town Gerasene was struggling to evade oppression from the real and visible Roman legions. It was as if people needed that man around the graves again and again to break his fetters, since they themselves were unable to break the fetters of the Roman legion. The traumatic experience of an individual stood in a reciprocal relationship with a deep communal experience; they conditioned each other.

It is therefore no coincident that the *mashawe* spirits change with time as also communal experiences of oppression and repression change: in the past there were local spirits, then European and Indian spirits entered the scene, then the different *mikalai*, and with the acceptance of the Bible also the Biblical *mizimu* with Biblical names. In our present age of Satanism also satanic spirits have entered the scene, which adds a frightening dimension to the experience of *mashawe*.

### **12. satanic experiences**

Since being in Lusaka I came into contact with people who previously had *mashawe* spirits, yet who came to interpret these experiences now in a satanic way. Being prayed over in the Pentecostal churches and also by our charismatic groups led them to rearrange their experiences to fit into a satanic world view. An example may make this point clearer. A person I know well for more than ten years had ngulu (*mashawe*) through much of her life. At a

certain time they changed into *mizimu* who were coming from God and were singing angelic songs of a heavenly Jerusalem. It was an experience which strengthened her. She started to become very active in a number of lay movements. Last year she read a book on Satanism, and became troubled by the thought whether she was not in fact an involuntary Satanist, since her dreams remained sometimes weird. She explained to me that people become murderers without even being aware of it through their invisible marriages with sons of Satan. One year later, she suddenly became confused, violent, beat up a neighbor, left her house, and boarded a bus for 500 km. Happily she was found by somebody who took care of her, and who called me when I was passing through. She explained to me what had happened: "I felt inside me a strong voice to kill: either kill a person or to kill myself. That is why I had to run away. I was hating everybody in the village from the bottom of my heart, something which never happened before." It may well be that her fears of (involuntary) Satanism came to reshape her lifelong experience of possession that had at other times be channeled into very fruitful work for the church.

Another person, a leader of the Catholic youth, had a satanic experience while being prayed over by a Pentecostal pastor for three full hours. She experienced herself in a trance being submerged into the Indian Ocean where she had become a queen who was married already for seven years to a prince of Satan. (We should be aware that a number of people fall into hypnosis while being prayed over). And still another youth explained to me how she felt the urge to kill somebody once she became convinced she was possessed by Satan.

Whatever one things about satanic possession, one should not loose sight of the fact that Satanism exists only in those countries where public consciousness has been sufficiently shaped by the Pentecostal dualistic worldview. Where there are no Pentecostal churches there is no Satanism either. The very suggestive influence of communitarian concepts on individual experiences should make us careful how we pray for people possessed by *mashawe* spirits. Charismatic prayer groups who see Satan present everywhere may reshape an experience of possession, going as far as inducing the desire to kill! A frightening thought indeed. While prayer for the sick is important, it is equally important to reflect on it and not to leave it completely in the hands of people who have a very dualistic (satanic) worldview and who may be prone themselves to be overpowered by such experiences: rather than casting out the demon, they make it change direction and are carried away themselves.

### **13. Prayer for possessed people**

So far I conducted a dozen prayer services for people with *mashawe* (in Kasamba, Chitumbi, Chasera and Mwanja) and here I just wish to share this experience. Sometimes I was the only priest present, but at other times we were two or three priests, which made things much easier. But in any case there were a number of helpers, prayerleaders or catechists.

I always tried to visit all the sick in their families beforehand, though sometimes people bring still other sick very shortly before the prayers start, once word goes round. I also gathered them together a day before the prayers, going together through their sufferings and dreams, which was always a deep experience, maybe as important as the actual prayer meeting the next day. It gave also the opportunity to say that there is a meaning in suffering, that some of it will stay with us until we die, but that we will offer this suffering to God, who knows it better than we do ourselves. The patients were in a state where they themselves definitely wanted to get rid of their *mashawe*.

The actual prayer meetings were organized around the symbols of baptism: to invite the Holy Spirit to live in the patients and make them his servants.

All the sick had brought candles which were arranged in a circle. They also brought a blanket each, which were laid aside. The choirs and families (who had to be present) formed

a circle. They started singing while the sick themselves were sitting outside, praying the rosary and receiving final instructions. The church council called them in one by one, leading them into the church. Before entering they had to take off their shoes and wash in a basin of holy water. A number already started here *kusemuka*. Then they were led to sit on the mat in the middle of the circle. A number of Gospel readings followed and many songs. Sometimes we gave different parts to different church groups. I always involved a number of women to remain besides the sick and if need be to bind their legs together with a *citenge* lest they exposed themselves too much. If the possessed were not too noisy, they were allowed to wander off in their trance. It is like giving a dog a bit of line to move and get tired, but at the same time to show that there is a limit. There is a certain humoristic and carnivalistic element in it all, and people laugh a lot. We requested the *mashawe* to say what they needed to say before they go. Once the patients talk and start *kusemuka*, we know that we are on the same wave length, though I always stressed to the choirs beforehand that we should never be out to look for external signs. There was always a certain pattern: first the *mashawe* resist “*sitingacoke!*” but finally most would go.

At some time we lay hands on all of them, and the *mashawe* which resisted were cast out with a few buckets of water over their heads. Finally the sick were lain down and their heads and bodies covered in their blankets. They were dying to their life with *mashawe*, dying to their old life so as to rise to a new life with Christ in the spirit. The choirs sang funeral songs, and we performed a symbolic funeral rite, including the use of earth and dust. If there was still a person left *kusemuka* under their blanket, we would insult the *mashawe*, telling them they were very stupid to reside in a corpse. Then we kept a silence of several minutes, which we called the silence of the grave. Then the families uncovered their sick and gave them the lighted candle. “You have risen with Christ!” The choirs sang Easter songs of the resurrection, dancing around the sick. This was in all the prayer meetings a very moving and relieving part. If the sick were not too exhausted, they would join. Some had no idea what had happened to them and why their clothes were wet, but seemingly they felt relieved. We finished with the Our Father and a thanksgiving.

#### **14. Conclusion**

I don't say this is the best way of prayer; we all have to find our own way. People believe in the power of prayer, and I think a priest should believe in it too. I consider myself as a person who gives psychology its place in my world view and try to use it as much as I am able to when dealing with *mashawe*. At the same time I am aware that psychology alone rarely leads to a cure. It are prayer and faith that lead the sick to God and that recreate relationships on a deep level. I can point to many cases in which people were permanently freed from their *mashawe*. I can point to other cases where the *mashawe* came back. After all, also many committed Christians fall back into their old sins after receiving sacramental confession. This does not make confession meaningless, nor does the return of some spirits invalidate the prayers for the sick. Prayer meetings are a way in which the sick offer their lives to God, and the power of prayer and of faith becomes visible not only in the sick, but also in the families, choirs and priests.

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