Mary and the Demons: Marian Devotion and Ritual Healing in Tanzania

Katharina Wilkens
Department of the Study of Religions, Ludwig-Maximilians University Munich, Ludwigstr. 31, 80539 Munich, Germany
katharina.wilkens@gmx.de

Abstract
In this paper I present the complex understanding of illness and healing in the Catholic Marian Faith Healing Ministry (MFHM) in Tanzania. The efficacy of religious healing should be understood as a social process dependent on the plausibility and attractiveness that the rituals have for the individual patients, as well as for their community. By contrasting an analysis of the publications of the leader of the group, Father Nkwera, with guided interviews among the members, I was able to develop a differentiated picture of the broad range of healing concepts within the group. While Nkwera translates local spirit beliefs into an apocalyptic worldview that associates physical healing with political critique—especially in the case of HIV/AIDS—his followers situate the healing process within a framework of personal salvation. In my study, I contextualise the MFHM within its pluralistic traditional, Muslim, Catholic, Pentecostal and biomedical environment that impact it on local and global levels.

Keywords
religious healing, Catholicism, Marian worship, Tanzania, spirit possession

Religion and healing belong together. As is often the case, it is the Western exception to the rule that medical and pastoral professionals have followed such markedly different paths since the Middle Ages and have drawn a line of distinction between medicine and religion. This division of labour is typical of the development of modern societies, and has led to well-known discussions on secularisation since religion no longer seems to be part of everyday life (Hinnells and Porter 1999: xi). Just as medical practitioners are often suspicious of religious healing methods including prayers, meditation and the flow of energy (Sax 2007), church representatives do not generally encourage public healing services for physically or mentally ill people nor do they offer a modern theology of healing.
But a growing awareness in academia of alternative religious movements has helped to show that religious groups in the West operating beyond the reach of the interpretative hegemony of modern Christian churches combine the two elements. Joint conferences between theology and medicine are now being held, focussing both on the magico-religious aspects of Western medicine and the medical efficacy of healing prayers. Nonetheless, it is often heard in Germany that such-and-such Buddhist meditation group or this-or-that esoteric circle is ‘only therapeutic’. This statement implies that these groups are not ‘truly religious’ in the popular sense of religiosity among modern mainstream Christians in the West. The same is said of popular Catholic pilgrimages and supplications for healing from saints—that these are just forms of folk Catholicism whose adherents do not understand the ‘true’ teachings of the Church. Despite this negative image, groups that combine healing and spirituality respond to a basic human need to make sense of the contingencies of everyday life and especially physical, mental and social suffering. It has been noted that the institutionalised churches in Europe are quickly losing members and that interest in alternative forms of religiosity or spirituality is growing. The worldviews of such groups and movements often draw on historical forms of Christianity and various non-Western religions, all of which have a looser division between religious and medical specialists. Examples of what is popularly called ‘holistic healing’ are the Hildegard medicine practised in Germany and based on the teachings of the mediaeval nun Hildegard of Bingen,1 and adaptations of Indian Ayurveda medicine (Koch 2005). In these cases the concepts of illness and healing are much wider than in biomedicine since they do not reduce the body and the mind to physiology and neurology. Instead, they take the entire social and economic environment as well as the biography of the patient into account when formulating diagnoses of disease causation and therapeutic approaches.

The division of labour between medical and religious specialists is typical not only of Europe but also of the mission churches that were brought to Africa. The medical missions with their hospitals operated independently of the mission stations (Ranger 1981, Grundmann 1992). The proliferation of African Independent Churches (AICs) and (neo-)Pentecostalism has been attributed, among other things, to the fact that they offer healing services, which are not typically provided by the mission churches (Adogame 2007). In this paper I present a group that draws on the Catholic practice of exorcism and the popular element of Marian worship in order to cope with the problems arising from traditional Tanzanian concepts of illness and healing. Affliction arising from spirit possession or witchcraft, for example, is not taken care of by hospitals, whether mission hospitals or not, or by the mission
churches. But the demand for Christian (and Islamic) healing rituals is great because they are often believed to be more powerful and effective than traditional rituals.\(^2\)

I first introduce the Marian Faith Healing Ministry (MFHM) and its multi-layered concepts of illness and healing, including its ritual practices. By combining an analysis of the publications of the leader of the group, Father Nkwera, with guided interviews among the members and participant observation in the healing services, I then develop a differentiated picture of the broad range of healing concepts within the group. After this, I analyse the participants’ understanding of religious healing. I come to the conclusion that the perceived efficacy of the healing rituals at the MFHM and their popularity are factors intertwined in a wider societal and cultural discourse on the plausibility of specific religious and medical beliefs and practices. With this research project\(^3\) I underpin my proposition that the popular combination of religion and healing should not come as a surprise to scholars of religion.\(^4\)

**The History, Rituals and Context of the MFHM**

The Marian Faith Healing Ministry is based in the East African country of Tanzania, with its administrative headquarters in the coastal city of Dar es Salaam. The coast and islands of Tanzania are predominantly Muslim while the mainland is mainly Christian. Many traditional religions can be found throughout the country. Although situated on the coast, the city of Dar es Salaam is very mixed religiously and ethnically. It is the administrative centre of the government as well as of most religious institutions in the country, including the Catholic Church. The city attracts people of all ethnicities from throughout the country, who live together in mixed neighbourhoods. The MFHM recruits most of its members from the mainland peoples, most of whom were Catholics prior to joining the group.

The leader of the MFHM is Felicien Michael Nkwera, who was ordained as a priest in 1969 in the diocese of Njombe, in the southwest of the country. Instead of being a parish priest, he went on to study education and Kiswahili and worked as a teacher of religion and language, and later as a government school inspector in the central Tanzanian city of Tabora. He was always an adherent of the socialist policies of President Nyerere’s government and still has strong ties to the Nyerere family. His healing ministry began in the same year he was ordained. According to the published history of the group, written by a long-term follower of the ministry, Nkwera received a message from the Virgin Mary through one of his very first patients, telling him to heal the sick
through prayer (Kalemera 1994). The patronage of the Virgin Mary is central to the identity of the MFHM to this day. Over the years many of his former patients began forming prayer groups in Dar es Salaam where Nkwera studied, and in Tabora where he worked. He was also invited by various priests and bishops to other dioceses to lead healing services that sometimes attracted crowds of several hundred people. In 1987, the year that was dedicated to the Virgin Mary by Pope John Paul II, the personal ministry of Nkwera was transformed into the Marian Faith Healing Ministry. At the same time Tanzania’s socialist government started to move towards a market economy and civil society, and Nkwera took the opportunity to register the MFHM with the government as a not-for-profit organisation dedicated to the healing of the sick. Four assistant healers and mediums of the Virgin Mary were installed at this time. This group believes that the Virgin Mary is incorporated in the bodies of the mediums, who fall into a trance and are unable to remember the occurrences afterwards. The Virgin Mary was believed to alternate between different mediums to address the congregation that was gathered for a service. Only one of the mediums, Eledina Ntandu, called Sister Dina, is still active today. Venant Pelekamoyo, Nkwera’s nephew, died in 1988 and the two youngest mediums, Agnes Nyamburi and Derofina Magesa, left the group in 1990. During this time Nkwera moved permanently from Tabora to Dar es Salaam, and with him the core members of the MFHM.

In the early years of the ministry, Nkwera was approved of and discouraged in equal measure by the Catholic bishops of Tanzania. Since the accession of Polycarp Pengo as Archbishop Adjutor of Dar es Salaam in 1990 (later Archbishop, and Cardinal since 1997) the friction between Nkwera and the bishops has escalated, at times even turning into violent fights between parish members and Nkwera’s followers. In 1991 Nkwera was suspended from his priestly functions, and in 1995 all his followers were summarily excommunicated. Currently in many parishes in Dar es Salaam and in some other dioceses as well, the members of the MFHM are not allowed to take part in the Eucharist and are sometimes forbidden entry into the churches. Nkwera interprets this situation as a sign of Satan’s corruptive power over the bishops, which supposedly takes the form of a ‘Masonic Masterplan to destroy the Catholic Church’ and whose main task is to silence all who see through this plot (Nkwera 1999a: 6-8 and 18). The idea of being threatened by freemasons is a common theme among militantly conservative movements within the Catholic Church, such as the Society of St. Pius X of Bishop Marcel Lefèbvre. This theme has historic roots; modern freemasons do not pursue any such activities (Dinges and Hitchcock 1991). The use of this theme by Nkwera demonstrates that he regards himself as part of the Catholic right wing.
The Cardinal of Tanzania does not respond to these accusations at all, but instead argues that Nkwera disobeyed his orders to discontinue the practice of exorcism, and that he has generally created ‘confusion’ in the diocese of Dar es Salaam with a militant and pre-Vatican II worldview and an overemphasis on Marian adoration (Nyenyembe 2004). At present the conflict has reached a stalemate. Nkwera refuses to discontinue his healing services, while the Cardinal does not accept the ministry as part of the Catholic Church. Nkwera accepts his suspension formally, though he has petitioned the Vatican several times to be reinstated. He no longer performs any of the sacraments, especially not the Mass. For Mass and confession he invites external priests, often from other countries such as Zambia or Zimbabwe. The government of Tanzania accepted the registration of the group as a not-for-profit organisation. Although the MFHM has personal links with the family of the founding president of Tanzania, Julius Nyerere, he remained neutral in its fight with the Church. The MFHM receives some media publicity, both positive and negative, but not as much as the Pentecostal and charismatic groups in Tanzania.

Despite the antagonism of the leaders of the Catholic Church, attendance at the Marian Faith Healing Centre in Dar es Salaam is growing steadily as public awareness of it rises. The Centre has moved several times over the years, but has now established itself in a neighbourhood called Riverside. There the Centre has its own source of water, which is blessed and used in the healing rituals. The buildings are constantly being expanded and new buildings added, such as a guesthouse for visiting patients and their families. In addition to its official headquarters in Tabora, the MFHM has branches in all major cities of the country, and overseas branches in various African countries, London and Houston, Texas (Nkwera 1999b).

The MFHM has a strict and hierarchical organisation. In sociological terms, it combines certain characteristics of a sect with those of a client cult (Stark and Bainbridge 1985). This is due to the dual structure of attendance. Some people simply drop by to test the efficacy of the healing rituals and then fall away again because they have been healed, or because they have been disappointed or because they lack the opportunity to come again. Others stay for longer periods of time and later begin to interpret the rituals as meditative worship, not solely for healing. Still other people come solely for the worship aspect, not for the healing. Some men and women who have attended the services for several years have started to take on various responsibilities in the day-to-day running of the prayer centre. These people in particular often subscribe to Nkwera’s exclusivist idea that they practise the only true form of Roman Catholicism. Thus at one end of the spectrum there are those who make the MFHM appear to be a classic healing cult, and at the other end
those who identify closely with the group and its strongly exclusivist, even
dualistic worldview, and who in some cases have broken with their families
due to their involvement allow its classification as a sect.

People meet at the Marian Faith Healing Centre in Dar es Salaam every day
for communal prayers held in Kiswahili, the official language of Tanzania. The
afternoon prayer sessions consist of four parts: Eucharistic exposition, the
rosary, the ‘water service’ and Mass (or a service without Eucharist, depending
on whether a visiting priest is actually present on any particular day).\textsuperscript{5} Around
three p.m. the prayers begin with the Eucharistic exposition that includes sev-
eral fixed prayers for the nation and the national anthem. This is followed by
the rosary interspersed with hymns, which lasts about two hours. During this
time Nkwera and Sister Dina are available for private consultations. These
consultations are particularly valued by the patients because of the spiritual
and practical support offered by the two healers. At five p.m. Nkwera ends the
consultations and begins the water service. The water service can only be per-
formed by Nkwera and Sister Dina, who are considered to be the ‘chosen
vessels’ of the Virgin Mary for this task. The holy water can be taken home or
to the other centres around the country for private consumption. After utter-
ing a general prayer for the suffering and blessing the holy water to be used
later, he speaks the liturgical formulae of exorcism. Then he and Sister Dina
move to the Marian grotto at the back of the prayer area where large bowls of
water have been prepared. All the people present at the prayers line up in front
of the grotto and step forward one by one. Those who are acutely ill or believed
to be possessed by demons kneel in front of either Nkwera or Sister Dina and
are completed soaked with the holy water, while the healer speaks a prayer of
healing directed to Mary or Jesus, or orders the demons to leave the body of
the patient. Those patients who are possessed react to the holy water with
twitching, screaming, turning away or spastic cramps. They have to be sup-
ported by helpers (specially appointed members) until they wake up after five
to twenty minutes. Sometimes the patients are soaked twice or three times
during the water service before regaining consciousness, and in the meantime
other people are attended to. After the soaking the patients get up and go to
change into dry clothes before returning to their seats. Others who either have
minor ailments or seek the water as a blessing from Mary step up next.
Depending on the number of attendees on any particular day, these people are
either sprinkled with water in groups of about thirty, or they come forward
individually and Nkwera or Sister Dina soaks their heads over large bowls of
holy water. It is essential to realise that it is the combination in one act of a
general blessing and a specific healing rite that underlies the continuity
between physical, mental and spiritual healing described by the members of
the MFHM. At the end of the water service, about an hour later, Nkwera
returns to the altar and either reads a service without Eucharist or assists the visiting priest with the Mass.

The service ends with words of advice or warning by Sister Dina who, according to the beliefs of the group, often but not always acts as a medium for the Virgin Mary. The signs of this are minimal changes in voice and demeanour. In opposition to the Marian messages, demonic testimonies are given by possessed patients at any time during the service. The demons are believed to threaten the people with their evil plans of action. In other instances it is said that the Virgin Mary forces the demons to lay open their plans so that the Marian believers can take advance action. Thus the demonic testimonies often seem to be paradoxically formulated as warnings by the demons against themselves. The messages of Mary spoken through Sister Dina as well as the testimonies of the demons given through the possessed patients are tape recorded, transcribed and frequently used as references during the sermons and in the published writings of Nkwera.

Both in Nkwera’s sermons and Sister Dina’s addresses, Nkwera’s theology of healing is explained and older Marian messages and demonic testimonies are interpreted and applied to current situations. The actual books of Nkwera are read only by some academic members of the MFHM; all other members know his teachings primarily through the oral teachings of Nkwera himself and the short passages printed on the MFHM wall calendars. Only the liturgical booklets are possessed more widely. Thus the books themselves, particularly those written in English, play only a marginal role in the daily routine of the MFHM but in the eyes of the members contribute nonetheless to Nkwera’s renown by demonstrating his academic learning.

Apart from the daily prayers, the MFHM holds monthly night vigils that include the same elements as the afternoon prayers. Attendance at the vigils is very high and averages between one and two thousand people. Special vigils are held before Easter, Christmas and the Assumption of Mary. Once a year a few dozen members go on a pilgrimage to the church in Namugongo dedicated to the martyrs of Uganda.

It is difficult to place the MFHM precisely within a particular movement of the Catholic Church worldwide. Nkwera and many of his followers consider the MFHM to be the ‘Lourdes of Tanzania’ because of the use of holy water for healing under the direction of the Virgin Mary. The teachings and rituals of the MFHM have many parallels to militant Catholic movements focussed on worship of the Virgin Mary, such as those surrounding Fatima and Medjugorje (Perry and Echeverría 1988, Kohle 1997). In these movements the Virgin Mary is considered to be co-redeemer together with Jesus because she is said to be the one who calls believers to follow her son. According to these groups, the world would perish without her. The Virgin Mary’s direct
communication with her followers through chosen mediums and long hours spent kneeling and praying the rosary are typical features of these maximalist Marian movements and are present at the MFHM. The accusation of Masonic tactics levelled against the Cardinal is typical of the ultra-conservative movement within the Catholic Church, which is opposed by the Vatican. As with the MFHM, a number of ultra-conservative and militant Marian groups have been forbidden by local or Vatican authority. Nkwera has many contacts within the network of militant Marian groups and has visited Medjugorje, Lourdes and Rome, but not Fatima.

Rather atypical is Nkwera’s strong focus on healing and exorcism. These are common features of the Catholic charismatic movement but Nkwera distances himself very clearly from this movement, especially its emphasis on the Holy Spirit and praying in tongues. In Zambia Archbishop Milingo was at the centre of a very popular and equally controversial healing movement (Ter Haar 1992). He situated himself in the Charismatic movement but was not acknowledged by the Vatican. He was suspended as archbishop and now lives in exile in Rome. Nkwera and Milingo know each other personally but the two movements are distinct, particularly because Milingo focuses his healing efforts on the Holy Spirit as is typical of the Charismatic movement, while Nkwera relies on the Virgin Mary. Most of Nkwera’s followers base their identity on the idea that Mary is there to help in Tanzania with their specifically Tanzanian problems, rather than being part of a global network of Marian martyrs.

The Diversity of Religious Healing at the MFHM

All kinds of illnesses and family disturbances are brought before Nkwera to be healed. These include physical diseases as much as psychological disorders and social and economic failures. Sometimes these are associated with demonic possession; in other cases organic causes are assumed. Treatment often involves a combination of medication as advised by medical doctors, and prayers at the Centre. But the teachings and ritual practices of the MFHM not only address healing and spirituality, but also encompass social welfare, politics and economics. The same causes and therapeutic approaches that are applied to the body, the mind and the soul are also applied to the political system, society and economic institutions. Nkwera often claims that society has degenerated morally and that government has been corrupted, and he regards these as symptoms of disease caused by demons and human sinfulness. Specific examples of this rhetoric are Nkwera’s warnings of double standards during the presidential and parliamentary election campaigns, especially attacking those
candidates who do not really intend to improve the infrastructure of the country (roads, electricity, and so on) despite their promises. Nkwera also argues that the attack by Muslim fundamentalists on Christian pork butcheries on Good Friday of 1993 was due to demonic influence. He and the MFHM believe they had prior knowledge of these events due to demonic testimonies, and argue that their intense Marian prayers and novenas prevented worse bloodshed. The rosary and other liturgical Marian prayers are generally regarded to be the most effective instruments against political corruption, cultural degeneration (such as drug abuse among youth), religious strife and demonic infestations of the body. Political and social activism, on the other hand, is not encouraged; it is not condemned but is simply not the most important point on the agenda for Nkwera or most MFHM members. The connection between society, politics and the human body is particularly obvious in Nkwera’s discussions of the HIV/AIDS pandemic.

Contrary to the current standpoint of the Catholic Church, Nkwera continues to regard the pandemic as a divine punishment for sinfulness (Nkwera 2003a, 2003b).\textsuperscript{10} According to him, sexual licence and corruption are the biggest evils of modern society and the cause of divine retribution. Nkwera’s horror of sexual misconduct can be partly explained by the Pauline notion of the body as the temple of the Spirit. Sexual misconduct thus fouls this bodily temple (Wilkens 2006). Conversely, the only cure for HIV/AIDS, according to Nkwera, is repentance on a national as well as an individual level. He agrees that biomedical treatment can alleviate the symptoms, but it does not touch on the true problem of sinfulness. In Catholicism the idea of repentance is linked to the practice of the sacrament of confession and absolution. In all Christian denominations it is believed that God forgives the sins of those who truly repent, but the Catholic sacrament generally has a stronger impact on believers. This situation offers a path for reintegrating those afflicted with the disease into the community after all their sins have been taken from them, and with them the stigmatisation. Despite Nkwera’s heavy emphasis on sinfulness in his sermons and teachings, it is seldom a major concern to his followers. Their focus is most often on striving for spiritual purity in a life where sins can be forgiven after confession. Although there are several HIV-positive patients among the patients and members of the MFHM who are provided with material help and spiritual encouragement in various ways (including the financing of funerals when the families refuse to help), the MFHM has no particular ministry dedicated to those afflicted with the disease other than occasional educational programmes.

At first glance the teachings and rituals of the MFHM appear to be based on a fairly closed set of ideas. Despite this appearance, the members of the group are able to render this system plausible to themselves by individually
emphasising different points and making use of its basic openness towards other medical and religious systems. This openness stems from the fact that there are several roots for the metaphors surrounding illness, healing and health based on various systems of description. Among these are traditional and (traditional-)Muslim ideas, but also Catholic charismatic and Pentecostal influences and especially influences from a global Marian movement. The respective powers of the agents involved and their scope of action differ according to the logic of each system. This multitude of explanations, perceived agents and mechanisms of healing is due to the multi-cultural and multi-religious situation in the city of Dar es Salaam in particular, but has also been typical of most African urban and rural settings throughout history (West and Luedke 2006). Although most members of the MFHM come from a Catholic background, they all know about and many have tried various forms of Christian, Muslim and traditional methods of healing besides biomedicine. Only after joining the group do most members begin to reject charismatic prayers and traditional spirit possession and instead turn to the Virgin Mary. Although almost every member appreciates the rosary, the individual reasons for attending the MFHM vary widely, from miracle healing and protection, to the holy water to coping strategies and quiet prayers. Thus the paths chosen and views formed during the healing process depend not only on the illness—however it may be described—but also on the personal preferences of the patients. These are usually trial-and-error efforts, not systematic ones. Explanations are often post-hoc rather than universal categories. The efficacy of the healing process is thus experienced in many individual ways.

It is easy to conclude that an individual makes sense out of something in his or her own personal way. Nonetheless, the dynamics of this process and the necessary diversity of practices and ideas arising from it have generally been underestimated in scholarly works on religions. This applies particularly to situations of everyday religion, the development of new religions, or the fusion of formerly separate religious traditions. Syncretism, for example, should be understood as a dynamic development of the plausibility that certain religious structures, ideas and practices have for the people of that particular time and place. It is not helpful to describe any of the religious traditions in the process of fusion as reified systems from which the religious actors take ‘bits and pieces’ or certain elements while destroying the ‘essence’ of those traditions. In the case of Africa it has become clear that the success of missionary Christianity was dependent just as much on the diverse personalities of the missionaries and the African societies involved as on the Christian denomination itself (e.g. Meyer 1999). The denominations were not homogenous entities, but rested on the various interpretations of the missionaries broadcasting them.
ary teachings, for example, were generally more conservative than those in Europe, thus laying the foundations for a new development of these particular religious traditions (Bruchhausen 2006).

The MFHM has been labelled a syncretistic group, most prominently by the Kenyan Catholic theologian Magesa (2004), because it takes African beliefs concerning spirits and spirit illnesses into account despite its Catholicity. But when viewed from the perspective of the members, local spirit beliefs and Catholicism are not mutually exclusive, particularly since Catholicism offers rituals to cope with spirit possession. However, these rituals do not generally belong to missionary Catholicism and are thus not acknowledged by many of the Tanzanian bishops. With my study of the MFHM’s practice of religious healing I intend to shed light on this fragmented and heterogeneous situation.

I approach this study of heterogeneity by looking at the individuals and how they ascribe meaning to certain teachings and rituals and experiences. These meanings are very diverse and often contrast markedly with the ‘orthodox’ teachings of their leader. This is not based on the ignorance of the people, but rather on their personal circumstances and life experiences that make certain ideas and practices plausible to them. There are many examples of various aspects of the healing process at the MFHM that are interpreted differently by the individual members, the most striking of which are given below.

General biomedical concepts of what causes disease are well known in Tanzania and include bad hygiene, a rough environment, poverty and low education. All members of the MFHM that I interviewed were familiar with biomedicine (hospital medicine) and by far the majority related positively to it, including Nkwera and Sister Dina. Some accepted its premises more than any promises of miraculous faith healing, some had the efficacy of faith healing tested in hospitals, and others brought their medication to be blessed so as to reduce possible side effects. Those few who scorned biomedicine as a method of treatment accepted biomedical notions of disease, infection, bacteria and the like, but they did not accept its hegemonic position above faith healing and rejected the idea that only pills can heal and prayers never can.

In the complex worldview of the MFHM, many agents and elements of illness and healing exist besides those that can be described in biomedical terms. Among these are demons, saints, humans and various rituals that may be interconnected, but do not have to be—there is no comprehensive and closed system of explanation. I list here a few examples. According to local understanding, demons take possession of people and make them ill; they need to be exorcised according to the Catholic rite. Certain traditions such as
ancestor worship and the levirate are considered to be opposed to modernity and Christianity; they need to be abolished so that they will not harm society and the individuals involved. Traditional medicine involving tutelary spirits or spirit possession, human sinfulness and witchcraft are believed to be an interdependent set of factors that causes affliction among the people of Tanzania. God, Jesus and usually the Virgin Mary (as is typical of Marian groups), on the other hand, are regarded as the true healers, but if they so wish they can also cause affliction. In their healing capacity they channel their powers through Nkwera and Sister Dina and the holy water. Prayers, particularly the rosary that emphasises the role of the Virgin Mary as intercessor before God, are considered to be very helpful during the healing process. Purely herbal traditional medicine is considered to be as helpful as biomedicine and modern rules of hygiene. The faith of the patient in God is generally given as the most important factor in the healing process. Among these manifold possibilities, members chose to highlight in the interviews different aspects of illness causation and healing, even though they were very conformist in repeating some of Nkwera’s standard rhetorical formulas. For example, some emphasised demons, others natural causes of illness and still others sinfulness. Some were insistent that the holy water could cure anything; others regarded the water and prayers primarily as a spiritual supplement to biomedicine. Still others saw physical healing as the main aim of the ministry; others believed spiritual healing to be central.

The members’ attitudes to traditional medicine varied as well. Nkwera condemns all traditional practices concerning spirits, including the tutelary spirits of the healers and disease-causing spirits, but he does accept traditional pharmacology. Some of the members followed his distinction while others condemned all types of traditional medicine outright.  

For all of the members, and despite the multitude of potentially contradictory explanations and agents of disease, the most important figure at the Centre is the Virgin Mary, the Mother of God. She is embodied regularly at the end of Mass by Sister Dina, Nkwera’s assistant healer. This bears certain similarities to many traditional and Islamic cases of spirit possession. Most traditional spirits are usually considered as neither intrinsically evil nor intrinsically good but as very powerful agents who must be appeased through ritual attention and sacrifices. Dissatisfied spirits are believed to cause illness in a person, while those spirits that are humoured may act as tutelary spirits for some healers. In both cases (but during different rituals) the spirit uses the possessed person as a medium and gives instructions for the healing through his or her mouth. In the case of the MFHM, traditional spirit possession has been adapted to Catholic demands by splitting the spirits into good saints, particularly Mary, and evil demons. Thus Sister Dina is the medium of Mary while
the demons take possession of the patients. In both cases the possessing agents speak through their hosts to the assembled congregation.

On a sociological level of analysis, group identity within this heterogeneity is achieved partly through the charismatic figure of Nkwera, but especially through the rituals themselves. Some patients vividly remembered their own dramatic healing with intense emotional involvement, and based their loyalty to the group on their experience of effective help granted through Nkwera and his water ritual. Others referred to the conservative, quiet and meditative style of the liturgies, particularly the Eucharist and the rosary, as the most attractive aspect of the MFHM. But it is the same ritual complex that offers both types of experience to those who come for prayers. This fact coincides with the double structure of the group as a cult and a sect from a sociological perspective.

In addition to the individual interpretations of the multitude of elements in the complex MFHM worldview, there is a noticeable divide between the normative writings of Nkwera and the opinions of his followers. Nkwera attempts to formulate a theology of healing, to convince his critical superiors of his ministry and to offer ready answers to all who come and ask about it. In his writings he insists on such orthodox elements as prayers, especially the rosary prayer, confession and a change of lifestyle. He situates his ministry within a setting of physical, spiritual and social degradation in the expectancy of an apocalyptic end of the world brought about by Satan, and he sees his task as saving souls before this end comes. He calls his ministry an Ark that will safely hold all people who repent. With this apocalyptic outlook he can be placed within a worldwide movement of Marian maximalists, all of whom base their millenarian warnings on the messages of Our Lady of Fatima.

Nkwera's followers, on the other hand, suffer from afflictions that immediately affect their bodies and their social environments. Thus in the interviews they referred chiefly to the experience of the water service and the pastoral guidance given to them by Nkwera and Sister Dina. Through the embodiment of troubles and the embodiment of healing it is evident that for the patients and believers the healing process is about themselves, not about the general state of society or any specific idea of Catholic morality. It is about their own personal salvation. The interviewees repeatedly stated that healing should be understood as part of the process of learning and of gaining greater faith in God.

The Meaning of Healing and of Efficacy

Faith and patience are the two most crucial qualities taught by faith healers such as Nkwera. Religious healing encompasses the subtle effects of gradual
recuperation and the acceptance of certain changes in a patient's life due to the symptoms of the affliction. In this section I analyse the subjective meaning of religious healing more closely.

It is necessary to describe and measure the efficacy of religious healing both from a biomedical perspective and from the actors' subjective perspective. Since religious healing is usually understood to have broader applicability than biomedicine, measurement of its efficacy must take social and individual effects into account. Analysis of these effects requires the use of qualitative methods as developed by the social sciences. It is this aspect I wish to stress here, since I do not have the qualifications to measure the efficacy of religious healing against biomedical standards. When describing the efficacy of religious healing as a subjective category it is necessary to distinguish efficacy from the effects of a ritual (Quack and Töbelmann 2009). The effects of healing rituals are many. In the case of the MFHM, for example, these include being soaked with water, having sore knees, experiencing altered states of consciousness, breathing dusty air (the Centre is situated behind an industrial flour mill), the sand on the floor of the Centre being worn down from passing feet, and many other things. What is considered as an effect of the ritual and whether these effects are regarded as efficacious healing is thus dependent on the interpretation of the participants.12 The actors' perspective of efficacy in the context of religious healing concerns social reality as well as physical reality. Healing in this context is as much about feeling healed as about being healed in a biomedical sense. One interviewee put it succinctly: 'But if you believe that one day you will be healed this already is healing within you'.13

In the Christian context—as among the members of the MFHM—'faith' is a frequently discussed topic; it is usually considered the most essential factor for healing to take place. It is required from either the patient or from those persons praying on behalf of the patient. Faith can be translated as trust in and expectancy of the effects of certain actions, in this case the prayers of the faith healer and his/her helpers. Certain things are necessary for faith or expectancy to be built up. The ritual must normally be endowed with some kind of authority and legitimacy in the eyes of the participants. In this case the personal charisma of Father Nkwera and Sister Dina, their divine calling and the numerous purported miracles in the face of ecclesiastical opposition give the MFHM the necessary authority and legitimation. Another factor in the healing process is the plausibility and attractiveness of the particular faith healer for the patient and his or her setting. In the explanation of the illness and healing process provided by the healer, the agents involved must fit together for it to be plausible for the patient. The very complex worldview of the MFHM allows several kinds of agency and therefore several kinds of explanatory mod-
els that fit the various expectations of the patients. For instance, an exact description of the agency of the Virgin Mary in her role as demon fighter and healer is given in the following quote from an interview:

We, Roman Catholics, we see Mother Mary not only [as] the mother of Jesus, but also the mother of the Church and the mother of the world. And since it is the Queen of the world we say that whatever she asks in front of God, God will give and if that is the case also she have powers on these devils and since she has powers on these devils also she has powers of healing.14

Another important aspect is the provision of alternative explanations when healing does not take place, or when the ritual was not effective. A typical explanation is lack of faith; this explanation is used primarily in regard to those patients who leave the group quickly without gaining any benefit from it. Another explanation is that God has other plans for the patient than being healed instantly. This situation is interpreted as challenging the patient to learn patience and gain more self-confidence rather than expecting complete physical healing. The American anthropologist Thomas Csordas (1997) calls this effect ‘incremental efficacy’. This process is especially important in cases of chronic illness and psychosomatic illnesses caused by stress and anxiety. One interviewee afflicted with chronic and incurable Hepatitis B told me: ‘So—and also knowing after being told that, you know, there was no cure for me, that there is nobody can cure me—I’ve never yearned for a cure, I’ve never yearned for a miracle, I just wanted to live with it. To be able to live with it’.15 The interviewee is very explicit on the point that for her the prayers at the Centre help her to learn the patience and fortitude needed to cope with the symptoms of chronic Hepatitis B rather than providing complete healing, which she considers to be contrary to the principles of biomedicine. Another woman described her own situation in a similar way:

Me, I pray for my husband, that he may leave the things of the world, that he may return to live with me. Meaning—he is a drunkard, he takes women, when they have borne two children he chases them away, and he takes another one in the same way. I have told him that I have given myself into the hands of Mother Mary and I have told him that he’ll see for himself. I live. I live with my children.16

This passage demonstrates that although the interviewee is still interested in regaining her husband, she has learned to keep the attendant worries at a distance. Her life together with her children is now at the centre of her attention. An important point is that she claims to have mastered her problems, not on her own but by entrusting herself to Mary.
In the MFHM as in other religious groups, this process of learning to cope rather than being healed outright is often seen as part of the ‘healing of the soul’ that is considered much more important than the healing of the body. Conversely, disease is often considered as a test of faith. There are many MFHM members who interpret their affliction as a reminder to not forget God or Mary. This implies that the patients attach a religious meaning to their affliction. As Roida put it:

Sometimes, since we are sinners, then our Mother needs to remind us that you have to go back to where you have come from. Then at that period we are possessed by the devils, etc. But also, if you go back to the Bible it says that anybody, if he or she goes to God, who is trying to follow that way, most of them, they have some problems. So we can say that problems, they are another way of showing that you are near God. So to me I take this problem as a proof that God loves me, that's why he gives me this problems so that I could remember and be near to God. Because you can say that if I am rich I have cars, houses, and etc. there is little time for God. But sometimes if I have problems, I have a lot of time for God, saying, oh God forgive me, I am a sinner. Oh God, help me. So I can say that sometimes is another way of taking the disease to the right channel. But we need to go this channel. Either you like or not. Then you go to that channel. Sometimes you are led to go to that channel, or yourself you decide that you have to go this channel. So all in all, I’m proud that I have been here to the Centre; I can say for more than seven years I have got many problems in my workstation, in my family, myself, as I’m ill. But all of these problems, I take them to the Virgin Mary and then to the Lord Jesus and a lot of problems has got solution. So I’m proud of that. So I can say that I love these prayers and I’m committed to these prayers and I’m praying that the Virgin Mary would help me with my problems day and day. And whenever I forgot, she should remind me: “My daughter, come back”. 17

Roida’s argumentation is typical of the explanation of affliction as a test of faith from God, but it also goes beyond that in its positive acceptance of trial as a sign of being chosen by God. Affliction ensures that a person will turn to God more readily, both because he or she is forced to concentrate on less worldly things and because religious tenets often provide answers to questions of life and death. According to Roida, then, affliction is dealt out by God precisely to achieve a situation in which people turn to Him for help and build up their faith in Him. Those who are troubled severely or over long periods of time like herself can assume that God has chosen them to learn to be particularly faithful as His mark of commendation. Roida can thus claim to be proud of her afflictions because they demonstrate her faithfulness and piety. At the same time, Roida insists that faith in God must be learned over and over again; piety is therefore more like a process than a state, thus providing an insider’s explanation of incremental efficacy. In this process of recurring affliction and remembrance of God, as she describes it, it is Mary—and not God—who plays the central role because she is the one who communicates with
people directly and is addressed by them in turn. On the basis of this worldview Roida is able to turn her illnesses, which include heart weakness, ulcers and headaches besides marital troubles, into a positive experience. Thus a combination of self-healing powers, social counselling and strengthened self-confidence—all of which are interdependent—seem to be behind this successful case of healing.

Most members of the MFHM believe that the healing of physical, psychological and social afflictions leads to healing of the soul and therefore to salvation and redemption. These are considered to be of primary importance, above the actions of everyday life. As one respondent put it, if a person's soul is healed he or she will have eternal life. Deliverance from evil through the exorcism of demons and liberation from their influence is regarded as the most central aspect in the combined process of being healed and learning to have faith in God. For the long-term members, healing and salvation become inseparable and thus efficacy is placed on a different level from pure physical healing alone. But there are other factors that contribute to this efficacy. One is ritual embodiment of the agents of illness and healing. Contrary to biomedical, where no one enacts the bacteria that have taken possession of the body, exorcism provides room for such an embodiment. The healing process is inscribed in the body through participation in the water service, long hours spent kneeling in prayer, and drinking the holy water. All these processes produce a specific somatic mode of attention in expectation of physical healing that can be compared to a certain extent with the conditioning effect described in biomedical placebo studies.18

Last but not least, social mechanisms of inclusion and exclusion as well as group solidarity, which are generally very strong in the MFHM, are further factors that help to explain ritual efficacy. Apart from the assurance gained through her faith in God and Mary, Roida's strong commitment to the group is a further element that helped her healing process. One of the aspects of this commitment is group solidarity in social and economic issues, but also in medical matters. I was told by several respondents that praying for others is an important responsibility for the members. One man said he felt very guilty whenever he missed a chance to pray for others at the Centre. The prayers of those who had not experienced healing themselves were considered to be particularly effective for the healing of others. This is another strategy to transform affliction into a positive situation on the basis of the Christian virtue of charity towards others.

Defining efficacious healing is part of a discursive social process in which meaning is ascribed: which state of health is accepted as 'being healed', which healing method is believed to be effective and which method is seen as basically a quack remedy with some lucky results; which effects are counted as
helpful and which (side-)effects are discounted; and which person is acknowledged as a social actor invested with the authority to heal. I argue that the efficacy of religious healing understood as a social phenomenon—not a purely biomedical one—can be explained in terms of the attractiveness that any particular group or ritualistic style has for its followers. Attractiveness in turn is dependent on such factors as plausibility, charisma of the leader, individual and social levels of trust in the healer, and expectancy in the efficacy of the healing method. Plausibility is achieved in a socio-cultural discourse, a two-way process of collective and individual ascription of value to those beliefs, stories and ritual practices that are part of any particular healing method. Because discourse on plausibility is slow to alter, religious innovators must heed established conventions within a society in order to be accepted by a broad spectrum of the people—a situation illustrated by the local Tanzanian demand for religious healing not provided by many European Christian missionary churches. In Germany, for example, few believe in demons any more; thus the use of demonic possession and exorcism in a healing ritual is generally neither plausible nor effective.19

A popular healer offers beliefs, stories and practices derived from the religious and socio-cultural environment for individual and collective cases of affliction in a way that makes the explanation of disease and healing plausible to the local followers. Although Nkwera's teachings emphasise a collective degradational and apocalyptic scenario, they offer enough details and personal stories to allow for the multitude of often contrary individual interpretations described above. Claude Lévi-Strauss (1963) and James Dow (1986) have both argued that symbols embedded in narratives and rituals may set a process of psychosomatic healing in motion. These theories are important insofar as they acknowledge the vital importance of the ritual practices, worldview and narratives of the participants for the efficacy of a healing process. I suggest that both theories are applicable to religious healing and to the many cases of placebo healing in Western biomedicine since both rest on trust in the figure of the healer. But two points remain to be explained. First, Dow and Lévi-Strauss offer no answers to the question of exactly how symbolic healing affects the physical body. At present, though, this question must remain unanswered since medical scientists know little more than social scientists. In biomedical terms, the effects of ritual healing are not fully understood. Psychologist Straube (2005), for example, refers to mysterious self-healing powers that are activated through religious rituals and that are measurably effective, but their exact pathological functioning remains unknown. Placebo studies are beginning to assess significant correlates, but are not yet generally applied to faith healing (see also Sax 2007: 229f. and Moerman 2002).
Second, the process of individual interpretations of normative, collective teachings is not reflected in these theories of symbolic healing. The disjunctions between the patients and the healers point towards the necessary openness of a healing system and the specific healer with regard to other systems and symbols. Analyses in anthropology and specifically African medical anthropology concerned with the importance of (open) medical “non-systems” (Last 1981), the dynamic process through which syncretism and anti-syncretism (Shaw and Stewart 1994) as well as cultural, medical, religious, and even geographical borders are established (West and Luedke 2006) and studies of the uncertainties surrounding matters of life and death (Jenkins, Jessen and Steffen 2005, Whyte 2005) increasingly pay attention to individual processes of interpretation and adaptation of general narratives to specific biographical situations. West and Luedke describe healers as brokers between different cultures, religions and medical systems. In the case of the MFHM, Nkwera brokers between mission Catholicism, conservative Marianistic Catholicism, folk Catholicism, traditional and Islamic healing experiences, socialism and biomedicine. He also brokers between modern individualism and traditional family orientation. This is not necessarily a conscious act nor is it perceived as such by his followers, but the efficacy of his healing derives in part from the authority of his superior knowledge and—as I argue in this paper—from his ability to offer an encompassing worldview accommodating many spheres of life relevant to his heterogeneous group of patients and followers. As the examples above have vividly shown, the uncertainties of their lives are diminished, at least for a time, through their individual accommodation of Nkwera’s teachings.

But religious healing is not necessarily effective. There are always patients who do not benefit from the rituals, as indicated above. There are two kinds of reaction to such a situation: either the patient discards the teachings of the healer, who forfeits his attractiveness and plausibility to Pentecostal, Muslim or biomedical competitors; or the patient finds alternative explanations for the failure, such as its being a test of faith. Thus the socio-cultural discourse on efficacy, authority and plausibility continues, embedded within the wider socio-economic and religious framework of this particular African city and the discursive dynamics of tradition and modernity, and global capitalist developments.

Conclusion

In this paper I have presented the complex understanding of illness and healing in the Catholic MFHM in Tanzania. By combining an analysis of
Nkwera’s publications with guided interviews with members, I have developed a differentiated picture of the broad range of healing concepts within the group. The efficacy of religious healing is dependent on the openness of the worldview and ritual practice. The high degree of individualisation that is possible among the patients in spite of the strict rhetoric of the group’s leader, Nkwera, proves attractive and provides identification. Due to the creation of faith and expectancy of healing in every individual according to his or her own ideas of plausibility, the satisfaction level is very high, whether physical healing takes place, social stresses are alleviated, or coping strategies are taught. In this situation of religious healing, the factors of trust (faith) and expectation described in placebo studies are enhanced through the heightened plausibility of guidance through Mary, salvation and redemption while the efficacy of chemically active medication and specific body techniques can be neglected.

Religion and healing are two fields that belong together, since in everyday experience people do not necessarily differentiate completely between their body and their environment. As demonstrated in the case of the MFHM, such a combined approach to faith and healing is very popular, and demand is growing within Christian churches that have generally neglected this situation until recently. Further research into African and European discursive socio-cultural processes of creation of plausibility with respect to religious healing is required in order to gain better insight into the dynamics of everyday religious experience.

References


Notes

1. Personal communication from Prof. Bochinger, University of Bayreuth.

2. Medical historian Walter Bruchhausen (2006) describes the belief in the greater power of Islamic rituals for southern Tanzania, and scholar of religion Asonzeh Ukah argues that this situation was an important factor for the proliferation of Aladura and later Pentecostal churches in West Africa (2004).

3. The empirical research on which this article is based was undertaken in 2004-2006 at the Marian Faith Healing Centre in Dar es Salaam, Tanzania (Wilkens 2007).

4. Hinnells and Porter (1999) are similarly surprised that so little scholarly attention has been paid to the interaction between religion and healing, which they consider to be ‘universal throughout recorded history’.

5. The liturgy for the afternoon prayers and Mass is included in several publications (Nkwera 2001, 2002, 2004, 2005). Most attendees know the necessary prayers and hymns by heart and many bring the booklets along for others who do not know the words. Whenever some unusual liturgy is planned, extra leaflets are distributed.

6. I was told by an old member of the MFHM that these changes used to be more marked during the early years of the mediums’ activity, but over the years Sister Dina has developed such a routine as a medium that they are hardly noticeable except to those attuned to them.

7. All messages and testimonies up until 1995 have been translated into English and published (Nkwera 1995).

8. For further information on Nkwera’s publications in Kiswahili and English, both theological and liturgical, see Wilkens 2007: 101-110. In his apologies for the healing ministry, he frequently refers to the Marian messages and demonic testimonies as primary sources of his Marianistic theology of healing. Occasionally it is difficult to distinguish messages and testimonies from his own writing due to the lack of explicit quotation. The messages and testimonies are usually taped and then transcribed by a high-ranking member and administrator of the MFHM. Nkwera is responsible for editing collections of messages and testimonies, which he publishes in addition to the theological texts discussing them.

9. In the mid-eighties Nkwera likened his work to charismatic healing practices (Nkwera 1988). At that time the charismatics were a new phenomenon in Tanzania that, after an initial phase of distrust, was generally welcomed by Church leaders. Nkwera tried to gain acceptance for his work by arguing that there was no fundamental difference between his ministry of healing and theirs, but this strategy failed: while Nkwera was increasingly ostracised in the following years, the charismatic movement is present today in almost every parish, especially in Dar es Salaam.

10. See Czerny (2004) for the Catholic standpoint on HIV/AIDS, treating it as any other illness and disregarding the notions of divine punishment, stigma and sinfulness. Many Pentecostal groups in Africa and the West, on the other hand, share Nkwera’s notion of sin and punishment in connection with the spread of HIV/AIDS.

11. Although Nkwera accepts traditional herbalists, he would never consider himself to be one. In some southern African countries, Christian pastors who focus on the healing ministry are registered as traditional medical practitioners, but for Nkwera there is a fundamental distinction between his role as a Christian priest and the traditional herbalists.

12. Quack and Töbelmann (2009) discuss the distinction between effect and efficacy, the necessity of defining the subjective interpretation of efficacy and the analysis of power structures connected to the interpretation of efficacy.
13. Interview with Roida, 23.11.2004. This interview was conducted in English, a language that the interviewee spoke fluently, even if ungrammatically.

14. Interview with Roida, 23.11.2004. The interview was conducted in English.

15. Interview with LG, 12.03.2005. The interview was conducted in English.

16. Interview with FT, 3.3.2005. The interview was conducted in Kiswahili and translated by the author.

17. Interview with Roida, 23.11.2004. The interview was conducted in English.

18. In placebo studies the conditioning effect arises from a situation in which a certain routine of drug administration is taught to the patient. The patient learns that certain physical effects due to the medication will occur as a result of this routine. After some time, the routine continues to be practised but the chemically effective ingredient in the medication is left out. Quite often the patient will nevertheless experience the effect of the original medication because he/she has been conditioned to expect it.

19. The German scholar of religion Anne Koch (2006) discusses the attractiveness and plausibility of Ayurveda-based alternative medicine in Germany. For Koch, plausibility is the central category for explaining the increasing popularity of this form of ritual healing in the West. See also Grieser (2008) for a thorough discussion of the concept of plausibility within a general framework of changing religiosity over a period of several centuries.