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Cultural Modes of Comprehending and Healing Insanity: The Yaka of DR Congo

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Abstract

This paper looks at a particular autochthonous medical knowledge and practice of Yaka healers in peri-urban Kinshasa and rural southwestern Congo. It first presents a sequential analysis of the well-known mbwoolu healing cult, directed at types of affliction most of which I would characterize as deep depression and related insanity. The mbwoolu patient is first led into a state of fusion with the group, with the aid of rhythmic movement and music culminating in a trance-possession. Following this, the initiate undergoes a therapeutic seclusion lasting from one month to some nine months in an initiatory space in which a dozen or so statuettes or figurines are laid on a bed parallel to the patient's. In a play of mirrors between the figurines and the patient, the latter's sensory perceptions and body movements are redirected and rejuvenated. The figurines thus function as doubles that the patient incorporates or inscribes in his or her own bodily envelope, which now constitutes a new interface with others. In the course of a verbal liturgy that unfolds to the rhythm of the initiatory rite, the initiate is gradually enabled to decode and incorporate traces of the collective imaginary conveyed by these figurines and liturgy. The statuettes enact a cosmogony in which the patient is intimately involved throughout. In this, the patient is led into an ontogenetic passage from a fusional and primal state towards a particular and sexualised identity, one with precise contours and situated within a social hierarchy and a historicity of generations and of roles.

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Résumé

Cette communication porte sur certaines connaissances et pratiques médicales autochtones des guérisseurs yaka dans la zone péri-urbaine de Kinshasa et dans le sud-ouest rural du Congo. Elle présente tout d'abord une analyse séquentielle du célèbre culte thérapeutique mbwoolu pratiqué pour des affections telles que les profondes dépressions et la folie. Le patient mbwoolu est amené à un état de fusion avec le groupe, grâce à des mouvements rythmiques et de la musique conduisant à un état de transes. Ensuite, l'initié fait l'objet d'un isolement thérapeutique de un à neuf mois, dans un espace initiatique dans lequel une dizaine de statuettes ou figurines environ sont placées sur un lit parallèle à celui du patient. À travers un jeu de miroirs entre les figurines et le patient, les perceptions sensorielles et les mouvements corporels de ce dernier sont reconstitués et rétablis. Les figurines font ainsi office de double, que le patient intègre à sa propre enveloppe corporelle, qui constitue à ce moment-là une nouvelle interface entre lui et les autres. Au cours d'une liturgie verbale ayant lieu au rythme du rite initiatique, l'initié devient peu à peu capable de décoder et d'intégrer les fragments d'imaginaire collectif contenus dans ces figurines et cette liturgie. Les statuettes mettent en scène une cosmogonie dans laquelle le patient est intimement impliqué. À travers ce processus, le patient se retrouve dans une phase ontogénétique, en étant transporté d'un état fusionnel et primal, vers une identité spécifique et sexualisée, aux contours précis, tenant compte de la hiérarchie sociale et de l'historicité des générations et des rôles.

Introduction

The study deals with a professional African medical knowledge practice in Yaka society in southwestern Congo and Kinshasa. It analyses the well-known *mbwoolu* cult which addresses what I would label as deep depression and related insanity. Interpretatively the author contends that following a fusion with the group, accomplished with the aid of vibrations, rhythms, music and culminating in a trance-possession, the *mbwoolu* patient undergoes a therapeutic seclusion lasting from one month to nine months or more, in the presence of a dozen or so statuettes or figurines, which lay on a bed parallel to his own. The play of mirrors between the figurines and the patient mobilises his sensory perceptions and body movements. The figurines therefore take on the function of doubles that the patient incorporates or inscribes in his bodily envelope serving as his interface with others. Through a verbal liturgy that evolves to the rhythm of the initiation, the initiate begins to incorporate—and to some extent decode—the traces of the collective imaginary or unconscious conveyed by these figurines and liturgy. Thus the figurines serve increasingly as poles of specular identification. The cult places gestation in the foundation of self-making and self-understanding.

The *mbwoolu* figurines enact a cosmogony, intimately associating the patient with it throughout. This phylo- and ontogenetic evolution focuses on the gradual transition from the silurid to the complete, sexualised and adult human being, founder of family and generations and vested with social roles. By manipulating these objects, and covering them with red paste before coating his or her own body with this substance, as well as by addressing a ritual discourse to them that becomes ever more elaborate, the ill person incorporates the form and the 'in-formation' of these traditional figures. At the same time, the initiate associates him- or herself with the phylogenetic passage from the imaginary to the symbolic, as well as from the sensory to the verbal and the tactile to the figurative. Similarly, he or she associates him- or herself with the ontogenetic passage from a fusional state towards a sexualised identity with precise contours, situated within a social hierarchy and a historicity of generations and of roles.

African interregional traditions of therapeutic techniques and health solutions as well as their teachings have, in central and southern Africa, till today flourished best in decentralised societies and on the margins of powerful states. Today these professional traditions hold side to side to bio-medicine and the folk curative practices. Through analysing a particular professional African medical knowledge system, the present study wants to arrive at an endogenous understanding of how interacting bodies, in the healing process, or more precisely in the intertwining of affect, imagination and will, can become complaisant with the sensory forces, imagery and symbolism fuelling the cult, in consonance with the group's life world and its dynamics of intercorporeity and intersubjectivity.

Yaka culture in Kinshasa and south-west Congo[1] associates a person's health (*-kola*) and well-being (*-syaamuna*) with the web of vital forces (*mooyi*) he or she is embedded in. Such a condition entails a form of being-in-the-world shared with others, a well-balanced and mutually invigorating interbeing (*-kolasana*). Inasmuch as the Yaka consider a prosperous health as a quality of good kin ties, ill health is similarly seen as a problem among blood relatives. Symptoms of physical disorder, bodily deficits and other alterations of health become socially alarming when they begin to hinder the individual inappropriate social interaction and involvement in the sphere of daily life.

The body is the existential ground of culture and self (Csordas 1990). It is the site through and in which being-with and being-for (intercorporeal and intersubjective interbeing) and shared meaning come about. For the Yaka, good health moreover entails a well-balanced, culturally defined, consonance and transduction between body, group, and life-world: these are understood somehow as (physical, socialised and signifying) bodies in resonance. The

sensory body is the fleshy and witty interface between the experiencing subject and culture, subjectivities and world: it is the locus of an inter-embodiment and the seat of the intersubjective world of which much is in the realm of the unspeakable, the inexpressible (Ahmed & Stacey 2001, Weiss 1999).

These intercorporeal and intersubjective modes of borderlinking (Lichtenberg Ettinger 1999, 2004), engagements, sensibilities and ties either converge and compose constructively (in good balance), or they may deregulate (in a state of imbalance, confusion and malfunctioning), deflect, block or get dissonant. More particularly, Yaka consider that an incapacitating affliction (*-beela*), such as blindness, deafness, the inability to walk, or most dramatically insanity, involves a slippage in particular in the balanced (both ontological, experiential and idiosyncratic) interplay with the maternal source of life. In other words, the affliction disrupts the life-bearing and individualising ties an individual is elicited to weave through his or her mother. This individualising weave, constitutive of self, regards first of all one's most basic bodily, particularly sensorial, modes of being-in-the-world, one's pristine childhood memories, one's idiosyncratic vital ties and moral engagements with the *matrilineal* or *uterine kin* and thus with the uterine source of life (the primary and fusional object). Moreover, the Yaka notion of personhood (i.e., the shaping of self in lines with the culturally patterned modes of experiencing and organising the world) is premised on this uterine engagement with others in the embodied field of perception and practices. By contrast, in Yaka society links of *agnatic* filiation issuing from the founder ancestor of the partriline define one's social identity or set of identities embedded in social norms (Devisch 1993:115ff). The social role and the public shaping of social identity are elaborated most publicly and supervised by the male patriarchs.

Approximately 400,000 Yaka presently inhabit the savannah land of the Kwaango region of southwestern Congo bordering Angola. Yaka culture is partly the outcome of a prolonged interplay of domestic traditions, akin to the ones of the neighbouring Kongo, on the one hand, and Luunda feudal political institutions above the village level, superimposed by the conquering Lunda three centuries ago, on the other hand. In rural Yaka land women practise subsistence agriculture, whereas hunting is men's most prized productive activity. In Kinshasa, the Yaka population, forming the dominant group in a few suburbs and shanty towns, is estimated at some 300,000.

Healing cults

Initiatory healing is aimed at reshaping the initiate's culturally shaped modes of experiencing and organising the world, including his or her sensorium and body-self. The initiatory healing primarily addresses the body in the field of

uterine descent. The healing is organised in the borderzones of the established socio-cultural order (Devisch 1993, Devisch & Brodeur 1999). In such border-zones, the initiandi are being welcomed in an initiatic staging and playful ambience of inversion or even bordercrossing and ecstatic excess. They are led in a fold of interbeing (between life and death; foetus and mother; interior and exterior). Healing cults of affliction (*phoongu*) offer cultural, embodied and cosmological traditions. These cults pertain to a translineage and interregional cultural heritage in the Bantu cultural zone. Some cults have spread from the equator down to the Cape of Good Hope (Janzen 1982, 1992, Turner 1968). The cults' healing arts contribute to durable shape and encode the initiates' culture-specific sensoriums and kinesthetic sensibilities (Geurts 2002), most vital kin relations, core social values, understandings and experiences of health and illness.

I will deal only with *mbwoolu*, one of among the some fifteen affliction cults to be found in Yaka land. It is a major possession (*phoongu yakhaluka*) and healing cult (*phoongwa mooyi*). I am drawing on my own observation in rural Northern Yaka land (1972-74, 1991), and on my follow-up case-studies during annual sojourns, in 1986-1992, in Kinshasa. *Mbwoolu* proves itself to be very popular for it is practised in almost every village of northern Yaka-land as well as among the older generation of Yaka who have emigrated to Kinshasa. Both its ritual tradition and the ills it is concerned with are transmitted along uterine line, *mbwoolu* addresses a set of symptoms of lack of humoral balance, and forms of depression and anxiety. It firstly concerns the disabled and rehabilitation patients, particularly those new-born whose 'skull is considered too weak' or children who 'fail to crawl or stand upright' 'at an appropriate age'. It may also be sought for the healing of motor problems due to birth or misfortune, such as growth defects, polio, anaemia, accidents, stiffness or pains in the joints and lack of erection. The *mbwoolu* cult is secondarily invoked in the treatment of grave and chronic fevers, in particular those occurring in children or due to sleeping sickness or malaria. In these cases it seeks to stabilise forms of serious humoral disequilibrium, to regain a balance of the wet/dry elements of the body. The symptoms of such an imbalance may include exceptional emaciation, especially in women, and/or chronic diarrhoea accompanied by bleeding and white stools, black urine, a chronic and productive cough with fever, and river blindness. Thirdly, the cult seeks to heal persons suffering from what I would label a deep depression (a psychiatric category which is not in use in the Yaka nosology) or delusion (*-lawuka*), namely persons who have lost self-esteem or feel imploded and living outside of themselves. They withdraw from social contact, close up on themselves in a mute, disoriented and inflexible state. They may feel engulfed

by frightening nightmares, fear and confusion related to dark ravines and haunted rivers, or to having capsized in a pirogue and thrashing helplessly about in deep waters. Such recurring nightmares may variously depict ominous encounters with snakes in the bush or the house, or being struck by lightning.

The healing: A sequential portrayal of the distinct scenes

The *mbwoolu* therapeutic treatment entails the following sequences evolving moreover as a rite of passage.

Sequence 1: The etiological diagnosis and the arrival of the maternal uncle and the healer

Inasmuch as the Yaka consider a prosperous health as a quality of good kin ties, ill health is similarly seen as a problem among consanguines. Symptoms of physical disorder, bodily deficits and other alterations of health become socially alarming when they begin to hinder the individual in the accomplishment of his or her tasks. This occurs, for example, when bodily impairments exclude the patient from appropriate social interaction and involvement in the sphere of daily life.

The uncle, the husband or the father and occasionally also other kinsfolk examine the family history, the fields of extrahuman forces and authority relations within the kin susceptible of having caused the affliction or of being disturbed by it. If the illness is lasting or severe, family elders will call upon a mediumistic diviner to divulge the origin and meaning of the affliction in the family history (Devisch 1993:169-179, Devisch & Brodeur 1999:93-124). It is the diviner's task to situate the origin of the client's affliction in a field of sorcery and spirits, while at the same time unmasking the complicity and disastrous effects in the fabric of family relations. Elders of the patient's family subsequently invite a healer, who himself once suffered from the same ailment, to organise the very *mbwoolu* treatment by which he was initiated into the art of healing.

Before turning the patient over to a *mbwoolu* healer, the family group invites the patient's maternal uncle to participate. In his avuncular position as the one who has given his sister (namely, the patient or patient's mother) for marriage, and in relation to her offspring, the uncle represents the relations of descent between the generations, as well as the blood tie between brother and sister, ascendant and descendant, mother's brother and sister's children. Having liquidated the tensions and significant problems within the group concerned with the afflicted person, the family heads offer the uncle a payment in order that he remove all possible obstacles to the cure. This event is usually planned for a new moon and is held in the presence of the whole village community that has assembled near the house of seclusion.

A *mbwoolu* healer, chosen from outside the circle of close kin, has meanwhile been invited to organise the cure. He only treats the ailment he himself or his mother before giving birth to him once suffered from; this is of course the very treatment that initiated him or his mother into the therapeutic art. When arriving on the spot, the healer may, in a trance-like manner, display the symptoms that led to his mother's or his own initiatory treatment. He thereby displays a concrete model for the symptoms and the initiatory cure. For the time of the cure, the healer assumes a transitional and emancipatory role of the maternal uncle of the patient, literally of 'male mother, male spouse, male source'. Just as the uncle, he symbolically integrates a double, hence androgynous function. In his *maternal* function, the healer represents both the patient's genitrix, as well as the group which has married off the genitrix. The ties he sets out with the patient are playful and intimate, as for example through touch and massage. On the other hand, the healer shows his more virile and *paternal* function, his professional competence and the norms and their sanctions transmitted in the uterine line that he exemplifies. To testify to this, he holds in his right hand the insignia which recall his initiation, namely his pharmacopoeia witnessing to his initiatory knowledge and his prerogatives. The healer undertakes the healing as a representative of an ancient therapeutic tradition or of a venerable and sacred healing cult. As such, he is able to provide protection against particular contingencies and whims.

Sequence 2: The installation of the initiatory house

The healer's intervention visually starts around a new moon. This activity occurs in and around the seclusion house: it is either the patient's dwelling, or of a hut built or transformed specifically for the cure. On the eve of the initiation and in the presence of the patient's uncle and family, the healer begins to 'bound off' and to 'protect' the ritual space against sorcerers and malefic influences. The healer acts here as a hunter or a trapper, taming and trapping the evil or the disease in a way analogous to the snaring of a wild animal in a trap, the greed or envy of the evildoer-alike of the game? being the very trap. With this in mind, a long liana vine is hung along the front and back walls of the dwelling and attached to the centre pole supporting the roof. A second vine is attached to the roof and side-walls perpendicular to the first. The vine transforms the hut into something of a mortuary house, since it is a same sort of liana which is laid in a similar manner over the corpse wrapped in the mortuary cloth. The healer plants the *khoofi* shrine in front of the dwelling while 'reciting the ancestral origin of his art'. The *khoofi* shrine is essentially a bundle of three sticks of different species to which is added at the base some riverplants, old palmnut pits, nailclippings from the

respective initiates and some *khawa* ('explosive elements used in ritual arms'). This device is intended to declare to all living above and below the earth that an initiation is about to commence; it equally prevents any ill-meaning interference.

It is on the morning of the initiation that the healer digs out the so-called *mbwoolu* pit, some four or five feet in width and four feet deep, close to the eastern wall on the outside of the seclusion house. The pit is surrounded by a high circular or rectangular fence of poles and palm leaves extending from the hut. The healer then sets about making four niches, literally mouths to the centre of each wall at the bottom of the pit. He there conceals *mbwoolu* figurines with the aid of vegetation from the river. The figurines have either been freshly carved by one of the patient's kinsmen or some may have been renewed following their inheritance from a deceased *mbwoolu* initiate. The initiate will be able to squat on the figurine called 'the river-dog' (see below) which has been laid in the middle of the pit.

Sequence 3: The initiates' river journey

The initiation ceremony itself commences only in the late afternoon. All of the participants congregate around the entrance to the seclusion house. They include the *mbwoolu* healer of course, and a young male or female servant. The patient is referred to as *n-twaphoongu*, literally the cult's head or face. A title is also given to the patient's husband or father as 'the person responsible for the afflicted'. 'The owner or lineage representative responsible for the cult' is also in attendance: this is the patient's mother or brother representing the line of descent, usually matrilineal, through which the *mbwoolu* is active. These key participants are joined by many other family and village members who take up chanting initiation songs, some of which are common to various cults. The patient enters the pit; sometimes the lineage head, along with the mother should the patient be female, and a servant also join in. Each of them squats on the bottom facing a niche as the healer makes an invocation for the protection of the initiates. He then commences an incantation, keeping time by stroking a notched wooden instrument, whose refrain is gradually taken up by the attendants. At nightfall, the healer may suddenly begin to fill the pit with water which he pours over the initiates' heads. The water has been brought from the river in earthenware jars the same morning by women relatives. It is intended that the pit be filled in order that the patients' illnesses would be drawn down with the flowing water and leap onto the figurines, so that the pit thus filled may 'enter in gestation'. The 'ritual bath' is considered complete when the figurines begin to float and the initiates appear to be bathing. At this point the pit is covered with a white cloth. Pouring water over the initiates and the singing of songs induces in the initiates, and particularly in

the patient, a shaking and trembling which leads to the *mbwoolu* trance-possession.

Sequence 4: Seclusion of the patient

As darkness falls, at bedtime around 9 pm, the healer aids the initiates to climb out of the pit all the while maintaining his chant. One by one he anoints their arms with kaolin. It is usually the left arm which is anointed, for the affliction is more commonly believed to be inherited through the uterine line. The healer secludes the initiates in the house of seclusion. They are put to rest or sleep (*-niimba*) on the bed placed there, a procedure which is called *-buusa khita*, 'to be lain down for initiation'. It is said that the statuettes remaining in the pit undergo a similar form of seclusion-mutation. Ritual protections such as fences and traps are placed around the entrance, walls and roof of the hut as well as next to the posts which support the bed. The bed on which the patient lies throughout the seclusion is made from wood of the parasol tree and river plants. The parasol tree is the first plant to grow high on land left fallow as it reaches its full height in only three years. Its straight trunk branches out only at the top.

Sequence 5: 'Winning hold over the anomaly'

At the termination of the so-called 'three day' initial seclusion period, the healer leads the initiates to a nearby river where they must undergo a test. They are made to enter the water and are then told to literally 'eat things from the shore' by somehow transforming themselves into scavengers or predatory fish. The patients are then led out of the ritual compound and dance around the village, moving from house to house 'collecting offerings'. This whole procedure serves to exhibit how well the patient is actually acquiring a new social status.

On this evening a legal proceeding takes place during which 'a charge is brought against the source of the illness' (*-fuundila fula*). During this trial ill fortune is overcome and turned round into a process of recovery. The ritual cane is planted firmly into the ground. The pharmacopoeia wrapped in cloth of both the healer and the initiate are attached to the top along with a small bag containing *fula*, the bits of agricultural and other offerings collected by the patient during the afternoon. The *mbwandzadi* (literally 'river-dog') statuette, to which a fowl is tied, is placed close to the cane. The patient, the husband or wife, the uncle, the lineage head and the healer then all simulate a struggle to grasp hold of the cane and thump it on the ground. In time with this rhythmical movement, they chant several songs. A particular one develops a litany of social relations and type of wrongs which may have been associated with them (Devisch 1993:208ff). The patient's past and his or her problems are reflected in the charges thus made, and when the chant evokes the origin

of the patient's misfortune the latter usually falls into a state of trance. Once the patient has succeeded in winning hold of the cane he or she is urged to 'reveal the origin and circumstances of the sickness and suffering' (*-taaka mafula*) or of the grievances held. While this cathartic indictment is called *fula*, it is clear from the ritual and social context that the struggle portrayed is in fact an enactment of the unmasking and arrest of the 'origin of the anomaly', also called *fula*. At the outset, the cane signifies the anomaly (e.g. the failure to stand upright) and its origin (*fula*); this symbolism of misfortune is inverted such that it now denotes rehabilitation, good fortune, and hence recovery. The healer will likely be busy during the night teaching the patient, mainly through songs, the curative use of plants and the various prohibitions which the patient will be required to respect during the initiation period and for the rest of his or her life. At sunrise the lineage head reappears and 'buys back the ritual cane'—and thereby his rights over the initiate—from the healer, offering him several lengths of cloth in exchange.

Sequence 6: 'Cooking the statuettes'

The investiture of the freshly carved *mbwoolu* figurines into their healing function, alike the patient's cure itself, is associated with the transformative process of cooking, and more implicitly of incubation/gestation. The patient, from disabled or incomplete as he or she was, undergoes a gestation and remodelling in ways prefigured or exemplified by the figurines. As a sign of their undergoing incubation, both the statuettes in the pit and those in the cooking vessel, literally are 'put to rest', namely positioned upside-down. The pot is covered with a white cloth and contains a mixture of river water and ichthyotoxic plants in which the figurines bathe. The toxic concoction, called *zawa*, symbolises the killing of those fish-like agents which have caused the patients' disability.

At this point the healer 'sacrifices a fowl', the same bird provided by the lineage responsible for the *mbwoolu* cult which has been tied since the previous evening to the ritual cane. He breaks the legs of the chicken and draws it around the legs, arms and head of the initiates. Tearing open its beak, the healer kills the fowl with his teeth. This manner of killing the bird emulates that of a rapacious animal seizing and devouring its prey, or the way in which a riverine bird might snatch a fish from the water. He then sprinkles the blood over the initiates' limbs, the statuettes, the pharmacopoeia and over the pit. These gests are accompanied by the recitation: 'Feed yourself from the chicken's blood, keep away from the blood of men'. The spiral movements with which the healer draws the fowl around the initiate's body indicates a disentangling of whatever may be binding and disabling the body of the patient. The chicken is thereupon prepared for a common family meal

by the female servant. Apart from its clear homeopathic reference to the disorder and its cause, the sacrifice and the sacrificial meal intend to underscore the 'foster' relationship between the patient and his or her family. The initiate will thereafter keep one of the chicken's legbones in his or her personal pharmacopoeia.

Sequence 7: From seclusion to reintegration

The initiates return to seclusion following the sacrificial meal. They must there respect a number of dietary and behavioural restrictions. The initiate is, for example, required to hide under a white cloth whenever he or she leaves the seclusion house during the daytime. Initiates are otherwise forbidden to walk around or participate in domestic or conjugal life. The patient is prescribed to regularly 'wash his or her body with a mixture of plants to gain weight'. The lotion is a mix of river vegetation, moss and mud taken from the river. Their application thus evokes a homeopathic or selfdestructive action upon the patient's own impairment. The *mbwoolu* figurines also play an important role in accompanying the initiates during this phase of seclusion. The statuettes are placed on a bed made from the parasol tree. This bed is either placed next to that of the patient or is attached to the western wall of the hut and elevated parallel to the patient's bed. The seclusion may stretch from one to nine or more months, depending on the time needed for convalescence, or that required for the patient's kinsmen to produce the fee demanded by the healer. On the last night of seclusion, the initiates, healer and family elders all wake and sing, again 'bringing a charge against the source of the illness'. They thus lead the initiate once more into a state of trance. The healer at this point may transmit more of his 'art of healing', and especially of his knowledge of herbal medicaments. The initiate then bathes in the river.

The healing cult is not complete until the patient is made capable of fulfilling his or her conjugal and parental roles. The life-bearing avuncular ties made with the healer during the treatment must be loosened in favour of a form of more distanced exchange relation, such as that between wife-taker and wife-giver. The patient is then free to take up normal social life and rejoin the conjugal dwelling. The initiation has, however, led to a lifelong consecration to the *mbwoolu* cult which is now centred around the shrine of statuettes and continues to involve various dietary and behavioural prescriptions. The initiate is fully invested into the *mbwoolu* legacy when the lineage member sponsoring the cult helps the initiate to bound off and regain autonomy: he 'dresses the initiate up with iron or copper armrings which prevent seizures' The initiation culminates with dancing and singing. The initiate resumes the responsibilities of family life and the next child born to the couple will be named *Mbvwaala*, after the initiate's ritual cane.

Feeling and Oneiric Insight in the Passion of Forces and Signs

Looking at the initiate and the way he or she is led to participate in the cult ritual, we see to what extent *mbwoolu* has a *transitional* function and is astonishingly *paradoxical* and *trangressional* (Nuckolls 1996). *Mbwoolu* addresses a relatively specific complex of symptoms of lack of balance, coded in terms of a disbalanced humoral logic and disrupted interbeing. Above all *mbwoolu* brings to the fore both the culture's sensory order in as much as this particular configuration of senses and elaboration of the skin-ego re-mobilise cultural habits, as well as a social order and world-order that the patient embodies. The patient's sensitivity to the spirit world and religious referents shapes a fluidity between his or her inner world and the shared social order and world-order. In the *mbwoolu* cult, the sensory as well as the imaginary and symbolic order (Juillerat 2001) of Yaka culture are being mobilised through the rhythm, the gestures and the context-sensitive themes of the songs and dances, the fittings of the ritual house, the prayers, the massages and many other activities. Thus are brought into play the functions, qualities and transitional spheres of that libidinous and subjective dimension in the person to which are tied the social and ethnic logic. Indeed, the *mbwoolu* cult draws its inspiration and spirit from an extremely vital, imaginary, untamed and energetic universe that the Yaka culture relegates to the domain of the collective phantasms related to the night, the forest and the water spirits, to death throes, orgasmic communion, gestation, parturition, the bonding of the mother and her suckling, as well as to trance-possession. These untamed sources of energy from which the subject can draw, constitute the Yaka culture's specific idiom for dealing with the zones of the unconscious, or rather, the imaginary. It is as if the ritual embraces such an imaginary and transgressional excursion not only for the purposes of a resourcing, but also with a view to a discovery, a ramble through the shared borderzone of intra-uterine and post-natal mother-infant jointness-in-gradual separatedness and conducible affectivity. The cult places gestation in the foundation of self-making as a co-emergence with the other and the world. In the perspective of the cult, the matrix of vibrating mother-infant threads in the corporeal realm already opens an originary intersubjectivity and co-affectivity (Lichtenberg Ettinger 2004). The therapy moreover (re-)knots ties with the norms and attributes of the external world, that is, with the established social order and adulthood. The healer aims, then, to elevate the collective imagination into a socially sanctioned symbolic order and governable practices, and this by further exploring, without dichotomising, the borderspace between life and death, pleasure and displeasure. He projects the sub-historical time of the ceaselessly re-emerging maternal life-bearing capacity into the matrixial

space-time of the rite. Thus co-emerge and are etched in the ritual scene, the matrilineal re-origination, the ancestor and the spirits, the metaphysical origination of society and of the patient and his or her family.

Theme 1: The riverine origins of *mbwoolu*: from silurid to human being, from phylogenesis to ontogenesis

The initiates as well as the texts, chants and exegesis all affirm explicitly that 'mbwoolu originates from the water/river'. In the esoteric language of the cult, and particularly in its chants, the patient's illness or deformity is compared to 'a tree trunk stuck in the mud which hinders the ferryman from passing', or similarly to 'a pirogue that keels over or floats adrift'. The initiation process itself is correspondingly referred to as a river-crossing, and the healer as a ferryman. So it is that the *mbwoolu* shrine generally includes a pirogue with a miniature oar or paddle. It is possible to ascertain the latent models of identification as much for the illness as for the cure from the linguistic and dietary prohibitions imposed on the initiate. This is particularly the case when the person goes into a trance of a psychotic nature upon hearing or seeing the prohibited and identificational animal in question. For *mbwoolu* initiates, these prohibitions apply principally to a suborder of silurids or fresh water catfish, *leembwa, yikhaaka* (Cypriniformes, Siluroidei), as well as *n-tsuka* and *ngaandzi* (Cypriniformes, Percoidei). To my knowledge they are equipped with lung pouches and therefore may be considered air-breathing fish. The first three species mentioned, at least, are scavengers who feed on almost any type of vegetable or animal matter. They are also nocturnal predators, and have been nicknamed mbwandzadi, literally river dog. Both the species *leembwa* and *yikhaaka* are scale-less with small fins.

The silurid inspires a basic metaphor in the *mbwoolu* cult, rendered artistically by the twisted statuettes and the stridulator made from a notched bamboo slat. The silurid offers a latent model of identification for the patient seeking deliverance from physical handicaps (developmental problems, stiffness, sexual impotence) as well as from forms of insanity. Silurids possess a substantial number of human characteristics: they breathe air, detect and emit sounds, have a mouth located on their ventral side, do not have scales, have a skeletal armour that becomes more and more visible with growth; they are omnivorous predators, protect their eggs, and are even capable of leaving the water. It is said that their armour gives them an 'erectile strength'. This protects them from other predators and retains its form even after desiccation, attributes that furnish a transformative metaphor in the treatment of impotence or lack of erection. The silurids habitually build their nests in the mud and hide their eggs under leaves. During the night, silurids may

leave the water in search of food, slithering on the humid earth. They bury themselves in the mud when the river dries up.

Certain species of silurids, and in particular *ngaandzi*, a species of 'electric fish', are capable of paralysing their victims. These last detect sound and produce strident sounds themselves. The low humming note they emit is so loud that it can be heard at some 100 feet distance when the fish is out of the water. This same sound is reproduced during the rite by means of the stridulator. These silurids are artistically represented in the twisted figurines. All references, accidental or otherwise, to the silurid can incite a trance-like outburst on the part of the initiate. Flexing the elbows and clenching the fists, he or she strikes his or her sides convulsively with the elbows. To me, this entire mimic enacts in succession not only the movements and sounds of the silurid, but also those of a person thrown into the water, or having a harrowing nightmare. The initiate emits anguished cries that confirm that the patient or initiate is possessed by *mbwoolu*:

Brr, brr ...	Brr, brr ...
aa mé, ngwa khasi	poor me, Uncle
aa mé	poor me
aa mé	poor me
aa mé, ngwa khasi	poor me, Uncle
brr, brr ...	brr, brr ...

The initiate may then collapse and remain immobile for some time.

Theme 2: Choice of identity by incorporating[2] transitional qualities

The patient is incited to make identity choices by incorporating the transitional qualities of rhythm, a shower of water amidst a trance-inducing resonant envelope, a sacrifice, the cult house and danced chants, as well as - specified under Theme 3-- through the anointing in mirror-image of the figurines and his own body.

During this ritual a shift in transitional functions takes place. The intermediary space is set up successively by the relatives responsible for the patient and especially the uncle, by the healer and then by the altar of cult figurines. A progressive shift occurs. First the initiate is undergoing a fusional absorption in the rhythm and the music. Then tactile, olfactory and auditory contacts develop, and are finally interwoven into an increasingly elaborate borderlinking utterance or message relayed by the figurines. The acoustic and tactile bath of rhythm and sounds, as well as the shower, establish the transitional or borderlinking antennae of *jouissance*, transitivity, human contactibility that move beyond the limits of boundaries between inside and

outside. It is at the boundaries between village and bush, at the turning point of day into night, that the initiates enter their seclusion in the pit near the initiatory house. The drums and the chants offer a bath of sound and melody enveloping the self and bearing it along on the rhythm, the flow of sounds, the modulations and harmony of the drums and chants in unison. The patient finds him- or herself untangled, unfettered, unbent, unlaced, severalised: in a state close to trance, the patient vibrates at one with the collective rhythm. So operates a co-poiesis of 'I' and the 'non-I'. The carnivalesque and transgressional atmosphere, alike the trance-possession does not operate a fusion but a simultaneous emergence and fading of the I and the non-I, such as the persecutive spirit.

For his part, the healer seeks to domesticate the eruptive manifestations of the *mbwoolu* spirits by forming a sort of alliance with them. In his avuncular role, the healer acts as one giving away the bride, as he who introduces the patient into a relation of alliance or marriage with the spirit. The cult figurines serve as the recipients of the *mbwoolu* spirit in its positive capacity. Next, the animal *sacrifice*, standing in for the sacrifice of the possessed-ill person, is intended to radically transform the originally morbid relationship with the spirit. The beneficent capacity of the spirit is transferred to the shrine: the spirit becomes a tutelary. By killing the sacrificial chicken with his teeth, the healer re-elaborates the meeting between the spirit aggressor and its victim, whose negative aspects he inverses by redirecting them in a positive healing (nourishing and expurgating) sense. The origins of the illness, as it was indicted during the simulacra of a trial and struggle, is transferred to a non-human receptor, ensnared into the pharmacopoeia: this receptor is composed of an amalgam of signifiers, handicaps and illnesses, which the healer must take care to tie up by means of various ligatures in order to enlace the binding evil in its own entanglement, that is to say, twist it in an autodestructive or homeopathic fashion against itself.

During the ritual, the music and dancing evolve in a playful and transgressional mood. The patient, initiandi and public perform a sensory borderlinking. The senses are ways of embodying cultural categories. The rhythms and resonance are tuning the cultural values of adherence, cosmo-centred self into a deeply bodily, hence intercorporeal and intersubjective experience. The initiation chants sung to dance rhythms are those that mothers and grandmothers have so often sung in the form of lullabies.

Metaphorically, the house of seclusion is a womb and the seclusion a foetal condition. The fittings of the ritual house and the dictates governing the seclusion reinforce this significant dimension. Indeed, the door of the ritual house and the mode of entry have a genital connotation. A curtain of

raffia palm hides the entire entranceway, which is called *luleembi* or *masasa*, a word that in Koongo -which is very close to the Yaka tongue- means pubic hair. The use of raffia palm is hardly surprising when we know that it served formerly for the weaving of raffia skirts for the initiandi. As night approaches, and they are on the point on entering the house of seclusion, the healer and the patient chant: *Kongoongu a mwaneetu*, 'In this primordial womb, let us lay our infant down'. The initiate lives in a relaxed and warm body to body contact with his or her co-initiates.

Theme 3:From incorporation to incorporated decoding

The *mbwoolu* shrine generally contains some eight or more statuettes, twenty to forty centimetres in height, slender, about the thickness of a branch. Their stylistic characteristics have been described by Bourgeois (1978-79). When speaking to the statuettes the initiate addresses them with the respectful title of chiefs, or also by the term *makuundzi*, protectors or supports (i.e. that shore up, for example a bed, a roof, a banana tree, a disabled human body). In a show of deference to the chiefs the initiate kneels before the shrine and claps the right hand in the left and vice versa. He or she then presents the palms of the hands and leaning forward presses the knuckles to the earth as a sign of homage and submission. Taking a statuette in each hand, the initiate then strikes his or her shoulders, arms and sides with them, and spits kola nut on the heart of each figurine.

The unction in a play of mirrors between the patient's own body and the figurines performs a transitional function towards intersubjectivity. The unction affirms the boundary or the bodily envelope as a source of comfort and as a mirror. By the daily unction of his or her entire body, the patient stimulates his or her body tone, and the sentiment of being intact and cohesive. By inflecting the source of smell and limbering up the skin, the unction awakens tactile receptivity, adaptive permeability or a predisposition to stimulation. It articulates the *skin-ego* ('le moi-peau', as coined by Anzieu 1985) as a bodily faculty of regeneration, formation of the ego, confidence, indeed, of communication with the world of the water spirits and the unconscious. The skin has a function as intermediary and transitionality. It holds each of us together, quite literally contains us, protects us or keeps us discrete.

Each figurine is a programme, a code (a resource for theorising the stretched and expanded intersubjectivity, i.e. of the constant play of mutual affecting and co-eventing of mother and infant). To enter into the skin of these figurines is to enter severality and encounter: 'The massage becomes the message' (Anzieu 1985:38). The figurines form a multiple skin inducing encounter with one's severality, transsubjectivity, that is socialised, idealised

and protective. One's own skin becomes the internal, receptive or 'invaginated' layer of the plural identity in formation. The phantasy world that these figurines trigger and incorporate offers to the initiate a plural imaginary, a subjectivity of gestation, of intercorporeity. Through the interaction with a series of identificatory cult figurines, the patient develops his or her identity of interbeing, as a unity of social and individual skins, to re-envelop him- or herself with him- or herself.

Side-to-side to the sensory, pathic relationship with the matrixial, the initiate develops a more gnosic one of symbolisation in language and of identification by incorporation (Maldiney 1973).The cult figurines offer and model an *ecology of body and affect*. Through the cult and the cult utterance, the patient decodes the archaic-mythic message relayed by the figurines. This message takes on an oracular value, transforming a fate into a destiny, while prompting specular identification.

Theme 4:The heart as the centre of the person in a state of becoming
At the close of the unction, the initiate chews a cola nut and spits some on the various figurines in the region of their hearts. In an esoteric language, he or she utters the particulars of each figurine and issues injunctions to them. The initiate repeats this ritual every time he or she feels in distress or when he or she seeks to structure the turmoil provoked by dreams, or, again, by the initiatory chants he or she hears around the seclusion house in the evening. By transferring this intermingling of tonic and injunction onto the hearts of the figurines, the initiate fortifies the heart as a centre of listening and of interiorisation, and as the seat of knowledge and of the choices that inform one's deeds.

The Yaka say the cola nut has the form of a heart. This tonic nut is the privilege of the elders, and in particular, of those who safeguard 'the heart and the unity of the hearth, concord and cordiality' (*yibuundwa*). The heart constitutes the capacity to balance ancestral tradition and the messages of others (received through the ear, the eye or in dreams) and emancipate them in cordiality. The heart is the hearth of the person in the image of the family hearth, that is, it is the source of harmony and concord (*mbuundwa mosi*, literally 'a single heart') between parents and children. According to the Yaka, the heart is the site of the capacity to balance the ancestral tradition and the messages of the others with a view to promoting them in 'con-cordia' within the family. The heart is not especially regarded as the organ of blood, passion, attraction or repulsion, which are affects deriving much more from the fields of the olfactory, and of ludic and generating sexuality. The heart is the centre of the inner, gnosic or representative gaze (Maldiney 1973) of the person (*muutu*), which assures the unity of his multiple involvements, and his multiple

pathic implications on the level of the orificial and sensory body (*luutu*). The heart is the organ that receives the messages decoded by hearing or sight, taking them in and mulling them over, that is, visualising them by projecting their content onto scenes of the past or the present world. The heart is as much a screen as it is a source and a form of knowledge, virtue, discretion, moral judgment, choice, conscience, communication, loyalty and pride or remorse. In touch with the drives, the heart 're-flects' and revitalises the wisdom and words of others. Thus the heart is the basis of the mutual inclusion of the social and individual identities, of the social subject and the person in progression and transformation.

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Notes

1. I was privileged to live in the Taanda village settlements in the north of Kwaango along the Angolese border, about 450 kilometers south-east of Kinshasa, from January 1972 to October 1974. In 1991, I could revisit twice the Taanda region. It was as a participant in everyday life there that I was able to witness two *mbwoolu* initiation rites and maintain regular contact with four *mbwoolu* healers. During my annual three- to six-week sojourns, since 1986, in the poverty-stricken Yaka milieu in Kinshasa, I could moreover interview at length half a dozen *mbwoolu* healers practising in Kinshasa.
2. By the term 'incorporate' which I do not use in its accepted psychoanalytic sense, I seek to render a Yaka perspective that situates the formation and the constitution of the individual identity on the level of the sensory envelope of the relational body, that is, on the level of the skin, the orifices, the senses and exchanges between one individual and another. This identity is not conceived as an introjection in one's inner core or heart of hearts. Thus I will also avoid the terms internalisation and introjection, mainly out of respect for the Yaka genius. In any event, these notions derive from an intersubjective context, whereas the *mbwoolu* cure operates principally in a liturgical sphere where gesture, esoteric utterance and cult figurines with benevolent natures and esoteric names, serve as mediums for phantasy and inner emotion.

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