

In Search of Holistic Health Care

Report on a Seminar

Jos, May 1-2, 1981

Dr. John H. Boer

Editor of the Report

Organizer of the Seminar

Organized by

Institute of Church and Society/Northern Area Office

(Christian Council of Nigeria)

P.O. Box 6485

Jos, Nigeria

In Conjunction with

CHRISTIAN HEALTH ASSOCIATION OF NIGERIA

139 Ogunlana Drive, Suru-Lere

P.O. Box 5017 Lagos

Table of Contents

PREFACE	3
INTRODUCTION --- Rev. Dr. John H. Boer	5
HISTORY OF CHRISTIAN VIEW OF SICKNESS AND HEALTH ---Rev. Dr. B. Holt	9
THE BIBLE ON HEALTH AND SICKNESS --- Rev. Fr. J. Kirstein	17
TRADITIONAL AFRICAN IDEAS AND MEDIAL PRACTICES --- Dr. S.K. Bonsi	23
TRADITIONAL AND MODERN MEDICINE: POSSIBLE PATTERNS OF INTEGRATION	32
CONCRETE CHRISTIAN APPROACHES TO HEALING	41
1. Prevention is Better Than Cure ---Rev. M.A. Bankole	41
2. A Lutheran Project among the Ukele --- Mrs. B. Lautenschlager	42
3. Church of Christ in Nigeria (COCIN) Rural Health Programme— Dr. Peter Hill	46
GROUP REPORTS	48
1. Biblical and African Traditional Concepts of Healing	48
2. Traditional African and Modern Scientific Health Care	49
3. The Relationship Between the Bible and Western Medicine	51
RESOLUTIONS	53
REGISTERED PARTICIPANTS	54

PREFACE

The world of sickness and healing presents a fascinating and confusing picture in Nigeria today. There are the different traditions of healing alongside each other without hardly any communication between them taking place. There is the world of the Traditional healer as well as that of the modern medic, while we also are faced with the healing activities of the so-called Independent Churches. There is little cooperation between these streams but a lot of suspicion amongst their practitioners, representatives of the one berating the other.

There is the added confusion that while Christians belonging to the Independent Churches tend to be negative with respect to modern medical practice, other Christians have been pioneers in establishing modern medical facilities throughout the country. The latter have been motivated both by a deep sense of Christian compassion for the sick and by a deep appreciation of modern medical science.

Recently, however, there are doubts developing as to whether the medical practices of the last group has been sufficiently wholistic, whether or not it has become too exclusively based on a physical definition of health and sickness. There seems to be a wide gap between certain ideas in the Bible and the practices of Christian practitioners of modern medicine. Furthermore, it is an open secret that many patients upon having been dismissed by a Christian hospital and declared healthy, often consult functionaries of Traditional African Religions to find out why they became sick or had an accident and what is required to effect reconciliation to prevent recurrence. Treatment at the hands of modern Christian medics seldom brings the peace of heart that the Bible associates with full health.

When these concerns came on the floor of the 1980 conference of the Christian Health Association of Nigerian (CHAN), it became very obvious that they were widely shared among participants. In response to that groundswell of concern, the Institute of Church and Society, Northern Area Office (ICS/NAO) organized a two-day seminar to explore these issues further. This report contains most of the speeches and discussions that took place at that conference.

A careful reader will soon note that the quality of the papers and the reports varies. This must be attributed to the fact that while some participants had given much thought to these

problems long before the seminar, others had not done so, even though they were interested in the issues. It will also be noted that there are internal inconsistencies in the report. One speaker or one report did not always agree with another. However, that is all part of the search for greater clarity and integration. No attempt has been made to get the different parts to agree with each other.

We present this report as one that solves few problems but that contributes towards building awareness of the issues mentioned in its pages. Anyone interested in contributing to the discussion is invited to do so by contacting the ICS/NAO.

INTRODUCTION

Rev. Dr. John H. Boer

Institute of Church and Society/Northern Area Office

On behalf of the Steering Committee and on behalf of the Institute of Church and Society I am most happy to welcome you to this seminar. It is our earnest prayer that this seminar will prove useful to all of us not only, but especially to the patients to whom we minister as a medical community. We extend a special welcome to Rev. Dr. Akintade and his wife who have come all the way from Ilesha for this seminar.

I repeat that I am most happy to welcome you. The reason for my own happiness is that this is the second step in a longstanding desire of mine to get together with Christian medical folk to investigate the potentials for a more wholistic medical health care programme.

The first real step for me was the workshop that dealt with the same issue at the 1980 bi-annual conference of CHAN in Ibadan. It was the surprisingly strong groundswell of popular support for the idea of wholistic medicine at that conference that provided us with the courage to proceed with this second step.

If you have received your copy of the report of the 1980 CHAN meeting, you will recall perhaps what is meant by wholistic medicine in this context. The introductory remarks of the report of the relevant section read as follows:

Here we mean the approach to health and healing exemplified by Jesus, who cared for the whole person, physical, emotional and spiritual. This implies for us today, using *total resources for the total person*. Among these resources are *African Traditional healing, Christian prayer and concern and scientific medical technology*. These three streams may be selectively integrated to promote genuine well-being (*shalom*) on *all* levels of health care and healing.

Man seems to be an incurably polarizing animal. There are a number of schools of thought about what constitutes health and how it can be retained and obtained. Each seems to be going its own way as if the other does not exist. There is what I assume to be the oldest

school of thought in this area of the world, namely, that of Traditional Africa with its unique philosophy and practice. Then, of course, there is the imported approach of modern scientific medicine. These two seem to be at odds with each other and never the twain meet, even though the patient does scuttle back and forth between the two. There is the African Christian tradition of the so-called Independent Churches and also that of the Charismatics.

Man, I say, is a polarizing animal. That is to say, he is prone to take a certain dimension of the full truth of God's very rich creation and then absolutize that dimension, making it the all-in-all at the neglect of other dimensions. One sees this time and again, whether in religion, philosophy, political science, science, economics – you name the area and you will find these different schools of thought, none of which have the total picture, even though they pretend that they do. Years ago, I used to say that Traditional African health care neglects the physical, while modern scientific health care neglects the spiritual and communal dimensions. I now realize it is not quite that neat and easy, for African Traditional medicine does also take into consideration the physical, though never exclusively. Modern medical care in the West is beginning to realize increasingly the psychosomatic aspects, but it seems that this is not very true for Nigeria. Here we practice modern medical care in its barest and starkest forms. It seems to me that the Bible has the resources for a more complete or wholistic approach because of its equal emphasis on the spiritual and the material, the individual and the community. It never pits these against each other or separates them. By insisting on their equal importance and validity, the Bible can help us overcome our tendency towards polarizing in favour of seeking to integrate all the dimensions of human life in a wholistic approach.

We have scheduled for our programme a number of talks by people who either represent certain traditions themselves or who know enough about a tradition to give us a reasonably accurate description of its basics. There will be talks on Biblical subjects and post-biblical developments within the Christian community. We will have a discussion on the pillars of modern medicine and of Traditional African health care. The Independent Churches are represented and a number of Christian medical programmes will be described. Each talk will be followed by a 15-minute discussion period. Later, on both days, group discussions on the same issues will be held to be followed up by plenary sessions and reports. Please refer to the programme sheet.

I do not expect that we will solve many problems during these two days, probably none at all. However, if we can just *begin* to get some ideas as to what we should do to pursue the wholistic approach to health care, if only we can *begin* a serious search, make some concrete proposals to put us on the way, then our coming here will have been worthwhile.

The CHAN report on Wholistic Healing put forward a number of careful proposals. They are:

1. An expanded NEWSLETTER published by CHAN which focuses on concepts and experiences of Christian healing, with an emphasis on wholistic health care in Nigeria and elsewhere.
2. Immediate organization by CHAN of teams of resource persons to implement training of our health workers, community members and other groups in the concepts and practice of wholistic health care.
3. The development of pilot projects in four zones of Nigeria to explore and to demonstrate the practice of wholistic health care. These may utilize presently existing facilities, such as hospitals and clinics where this approach may have already been initiated.

The section report also contains a suggestion for a TASK FORCE:

A group of persons committed to a wholistic approach is to be appointed at this Conference in order to implement recommendations 2 and 3 above. That is, this Task Force is to exist only long enough to set these recommendations in motion, by finding suitable personnel and arranging facilities and funding for the projects proposed.

Those who attended that conference will remember the strong support the whole notion received from the floor.

However, that same report indicates awareness of certain difficulties that stand in the way of the development of a wholistic approach. They include lack of institutions to train people, lack of Biblical vision, ignorance about African ideas and insufficient sensitivity to the spiritual and social dimensions of sickness and health. Underlying all of these is a lack of time. We are all part of a medical approach that oppresses us. Daily we face a long line of people who have come for treatment. Many of you indicate that this pressure prevents you from doing anything in the way of exploration, reading, discussing, building relationships with Traditional healers, etc. Time, time, time You feel as if you are imprisoned by the system you inherited. You feel helpless to do anything about it.

This seminar is dedicated to the proposition that any prison wall can be scaled, especially if the Lord wants it to be scaled. But in order to scale these walls, we first have to know what we are after and we have to plan. What can we learn from the various healing traditions? What kind of cross fertilization do we desire? How can we best serve the health needs of a people who think in terms of powers, spirits, witchcraft, ancestors, etc., and not in exclusively physical terms? To what extent does the Bible share the view of African tradition? Furthermore, how did we get to where we are today in the medical programmes of the churches within which most of us serve? We did not simply inherit a system that fell from heaven. It is the result of long historical developments. A most helpful book in this respect is Morton T. Kelsey's *Healing and Christianity* (Harper & Row, 1973). It is useful in helping us understand how far many of us are separated from the Biblical tradition and why.

We must first know which direction we should move into before we actually begin to move. I support the proposals that emerged from the CHAN workshop, for they can help us begin this journey. I also have a suspicion deep in my heart that, once we have allowed the Spirit of God to lead us in our search for integration and away from polarization, eventually we will desire drastic reforms in our present healing programmes, but these reforms will not take the form of rejecting modern medical technology, but they will deepen it by integrating it with other dimensions. However, such reforms must be preceded by careful and prayerful communal reflection and lead to communal convictions. That the prison wall of which many complain can then crumble I have no doubt. May God lead us with His Spirit towards wholistic health care that takes into serious consideration the full dimensions of human life.

HISTORY OF CHRISTIAN VIEW OF SICKNESS AND HEALTH

Rev. Dr. B. Holt

Theological College of Northern Nigeria

My aim for this half hour is to review with you some of the major trends and themes that have occurred in the history of the relationship of the Christian religion and healing.

First of all, it is worth noting that in the ancient pre-Christian world of Greek thought the connection of religion to medicine was always very close. The priest and the doctor were normally the same person. In the Greek pantheon of gods there were certain figures that were particularly concerned with health and healing. Even today we still have words relating to health and healing that have been derived from their names.

We will hear from Fr. Kirstein about the use of health and sickness in the Bible. I would like to add to his speech the information that in the Bible there is such a close connection between salvation and health that, if they are not actually identical, they certainly cannot be separated from each other. This is true for both testaments.

We have heard how Jesus Himself was constantly healing people. As we, for example, consider the relationship between Islam and Christianity, it strikes me that it is very important to remember that, to the best of my knowledge, it is nowhere reported that Muhammed made healing an important part of his ministry. In contrast to him, the founder of the Christian religion, Jesus of Nazareth, spent a lot of his time healing people. The very prominence of this activity of Jesus should influence Christian thinking about health and healing.

I support Dr. Boer's recommendation of Morton Kelsey's *Christianity and Healing* as a guide to your consideration of these issues and as we review the way Biblical teachings were dealt with during the last 1900 years within the Christian church. But I add a word of caution that Kelsey himself holds to a particular point of view that does not clearly emerge until the end of the book. He is strongly influenced by the psychologist Carl Jung while he is also very much in

love with the philosopher Plato. However, though most of us may not share Kelsey's enthusiasm for Jung or Plato, we can still learn a great deal from his account of history of the attitude of Christians about healing and about his own views about the integration of medical science with spiritual realities. Kelsey, broadly speaking indicates three major periods in this history. First, Christians of the early centuries retained the Biblical view of health and healing and thus also practiced it. During the second period, a long middle stage, these Biblical ideas were either distorted or forgotten. It is only now that we are entering the third phase in which there is an increasing attempt to recapture the fullness of Biblical teaching on the subject. That being the broad picture, let us now look at it in some detail.

Kelsey argues that from the first century until around the seventh, the fathers of the church, both in their teaching and practice, gave much attention to the question of healing and casting out demons. It was commonly held that the church should be a centre for healing and that Christians should be a channel of healing for others. The church had to battle against certain philosophical ideas, especially that of Gnosticism. Gnosticism was an early heresy which played down the value of the physical body. For example, Iraenius strongly opposed this negative view of the body and, on basis of the Christian doctrine of creation, affirmed the goodness and value of the body. Other doctrines likewise were seen as affirming the human body, such as the incarnation (God becoming man), resurrection both of Jesus and His followers. All of these doctrines imply that the human body is of value and not something to be disdained or shucked off with gratitude as some of the Gnostics of those days were wont to hope for. Furthermore, during the same period there are reports of healings occurring through the direct action of God. The father of Basel of Ceasarea is an example of one involved during this period in human healing, both in the sense of direct and indirect divine action. He is best known as a defender of the orthodox teaching of the Trinity after the Council of Nicea, but he is also known as one of the early founders of monasticism in Asia Minor. At the same time, he was involved in founding a hospital. The founding of hospitals, which began in the fourth century, was one of the important Christian contributions to health and healing. These hospitals were nothing like a modern hospital. They were rather places of refuge for the poor and sick. As their name suggests, they were places which offered hospitality to those whom the rest of the world wanted to reject or neglect. The tradition of the Christian hospital began at that time and has continued right up till our present day. However, for most of that time, the hospital was not a place where you would find doctors. Rather, they were places where you could come to rest, be cared for in a compassionate way, but not necessarily be treated for your disease or difficulty in a scientific way. Basel also reports several direct healings, the type we might call miraculous healings. Not only does he merely report such incidents, but he also interprets them theologically.

We should also mention Augustine, the greatest of the Western church fathers, a North African. After his conversion to Christ, Augustine wrote that the miracles of the apostolic period were intended to serve only as an attention-getting device or as proof of the divine origin of their message, but these miracles and signs had ceased. This he wrote early in his clerical career. Later on he went back to his earlier writings to find the place where he had developed beyond his previous theories or even discarded them in order to correct them. Thus late in life he wrote his retractions. He wrote, that now he saw that in his parish in Hippo in North Africa, people were being healed, and that they were keeping a record of it. Within two years 70 cases were recorded of people who had been healed miraculously within the diocese. This fact, he confessed, made it impossible for him to retain the idea that such signs and wonders were intended only for the time of the apostles. Obviously, they were intended for Augustine's day as well.

We are now touching on an issue, of course, that until today is a source of sharp differences of opinion among Christians. If I may jump ahead of myself for a moment, some Christians today expect signs and wonders, direct action from God, in the area of health and healing, while other Christians insist that such activities belong to a previous age. These look for God mainly in the so-called "natural processes of natural law."

The reason for the disappearance of some of these miracles must be located in the heritage of Gnosticism as it gained in influence. Both the writings of Gregory the Great, a Pope around 600 A.D., and of John Cassien, indicate that the idea that the body is not really important began to take hold. It was even thought by some that, if their souls were going to hell anyway, it was a bit risky to heal people. After all, it is this earthly part of us, this body, that leads us astray and causes us to be lost. Therefore, it is better to concentrate on our heavenly reward and on the next world. The church ought to save souls, not bodies. It was a time of great distress, illness, poverty, wars, disintegration of civilization in Europe. This, too, encouraged people to look forward to a better world to come, for the present one was hopeless.

The result of these historical developments was that the teaching of the church shifted from a more or less balanced view about the relation of this life to the next, to a strong concentration on the future life and a loss of the Biblical vision of the need for Christian involvement not only in health care, but in other matters of this world as well. At this time a new type of exegesis or explanation of the Bible began to gain ground, one with which I grew up as well. For example, the preacher preaches about Jesus' healing the leper. Where I grew up, no one had leprosy. So, what would the preacher have to say? He would talk about Jesus' healing our souls! Similarly, all the other healings of Jesus about which we heard something this morning were also spiritualized or re-interpreted to say that God will heal your soul, but

the body? Well, that's a different story. The church is/was not concerned about that. This is not the church's department.

Thus, roughly from the 7th or 8th century through the Middle Ages, we find a great division between the soul and the body. The soul looks towards the future life and it is the one which the church concentrates on almost to the exclusion of the Good News concerning this life and the physical body. One finds that at the same time in the Roman Catholic Church the meaning of the Sacrament of Anointing the Sick was also shifted. The passage of James 5 forms the basis of this Sacrament. The orientation of this sacrament now shifted from asking God to heal someone to preparing a dying person for the next world. The name for this sacrament now became Extreme Unction. The main emphasis was no longer on healing, on this life, but on final confession and communion. One was anointed in preparation for death, not for life. People began to fear when they saw the priest coming to a hospital bed. "Aha! That's the end for him!" I am happy to be able to report that all this has changed in the 20th century, but we have not yet come to that part of the story.

Thus, we can generally say that throughout the Middle Ages there was an *official* almost exclusive emphasis on the soul, while the body was neglected in the teaching and practice of the church. Nevertheless, there was simultaneously a *popular* elaboration of the signs-and-wonders tradition to the point where it became absurd. All sorts of tales were told of marvelous things which even the most credulous person today could not swallow. Again, it is the writing of Gregory the Great where we read reports of the worldly fantastic alongside more sober stories of the type one finds in the New Testament. During this period one also finds that hospitals were staffed by members of the Gnostic orders. These hospitals became more like hospices or inns where people who were not well or needed refuge would find asylum.

During this period a shift occurred in Christian theology, particularly under the leadership of Thomas Aquinas. During the 13th century we have the introduction of the philosophy of Aristotle which replaced the more dominant influences of his fellow Greek philosopher Plato. The church fathers had been dominated by Plato, but when the West came into contact with Islam during the 11th and 12th centuries, they also re-discovered Aristotle. Aristotle had found it more difficult to talk about direct contact between God and the world, more so than did Plato. Aristotle has a sort of scientific emphasis. Aristotle, in medicine as well as philosophy, became the new standard for orthodoxy and practice. People merely copied his ideas instead of improving them. No one dared challenge him. One illustration I remember from a teacher of mine was that if you wanted to know how many teeth a horse has, you would not go count them in a horse's mouth, but you would look it up in Aristotle's writings. The ancient Greeks

and Arabs had a great medical tradition. These early doctors studied not by experiment so much as by observation.

It was not until after the Reformation and after the Renaissance that modern science in general began to take off, including medical science. I wish to point out the significant fact that modern science grew up in a basically Christian setting. The early scientists were very strong in their Christian faith. They all worked with the basic assumption of a creator. As we all know, later scientists did not share these religious convictions and gradually there came to be a sort of war between science and religion.

In the field of medicine, some people unfortunately feel that this war is still going on today. Some look at the history of medical science as a gradual liberation of medical science from religious domination. According to this school of thought, a gradual liberation of medical practice has taken place from the ancient days when the religious and medical were all combined in one person or institution and the gods and spirits had very much to do with human health, till today when science is free from superstition, magic and religion. These—superstition, magic and religion—are sometimes all lumped together as one and the same thing. This opinion rejects all these old beliefs as totally invalid and seeks the solution to medical problems in locating the *bascillae* that are at the bottom of them. Today many of us are not so sure that this great confidence placed in such an exclusively naturalistic/scientific approach is healthy. Few of us would reject the attempt to locate the physical cause of our medical discomforts and most of us would be grateful to the Christian Central Pharmacy here in Jos for providing us with the right medicine. However, we should also realize that the actual health of a person as a whole is much more complex, mysterious and even profound than the chemical or biological level.

Excuse me, but I have gone astray a bit because of the pressure of time available to me. Let me jump back to the Middle Ages where we have the beginnings of modern science, but science based on rational enquiry. It is on basis of such rational enquiry that many of us approach the matter of health and healing today. The history of the development of medical science and technology is a field one could study for years. Let me just try to mention a few of the main themes that developed in the 19th and 20th centuries and that affect our way of looking at health care today

During the 19th century especially we witness a great development of the scientific approach applied to medicine. It is not just a matter of an individual great man here or there, but it is a whole process involving the entire field. One finds that more rigid standards were applied to experiments and to practice than was the case earlier. One important person during this time was Florence Nightingale. She was the founder of modern nursing. Her family had opposed her going into nursing because it had Traditionally been practiced by prostitutes! Thus, it had

been a job of very low reputation in the eyes of respectable people. Thus Florence, coming as she did from a very wealthy educated British family, had to face a great deal of opposition when she wanted to devote her life to this work. Among her many achievements, she saw to the sanitary care of wounded soldiers during the Crimean War.

In the 20th century, I am struck by the following developments in medicine. First, there is the involvement of governments in health care. At the end of the 19th century it was the German government which first began a prepaid public health programme in which labourers were given free health care. Eventually, this idea spread to other European countries. Today we find it almost everywhere in the world, except in the United States. One finds that the governments have taken over responsibility for the health care of their peoples either through direct ownership of medical institutions or through paying grants to existing institutions. This development has raised the question as to whether the involvement of the church in medical care has come to an end. Has the government taken over something in which the church was involved but can now drop with a clear conscience? I will just leave this question with you.

Secondly, I would like to mention the great enlargement of psychotherapy and the new ways in which mental and emotional problems are now treated. Related to these developments is, of course, the discovery of psychosomatic medicine, a development based on the new realization of the interdependence of mind and body, especially the recognition that the mind affects the body as well as vice versa. Surely wholistic health care involves psychosomatic care, although I think it goes beyond that as well.

Thirdly, I refer you to the emphasis on preventive health care, namely that today doctors at least try to teach people how to be well and not just to wait for them to get sick and then try to repair the damage.

A fourth factor is the increasing specialization of the medical profession. Fewer and fewer doctors, and this holds true especially for Nigeria, are in general practice. Over-specialization in one particular part of the human body can lead to a lack of a wholistic approach to the patient. Related to this specialization trend are the socio-economic problems of medical care. People are becoming aware of the fact that on a global basis medical care is concentrated among the wealthy. Companies developing drugs and medical technological tools contribute more to the prolonging of life among the wealthy who can pay a lot of money for such services than that they lift the level of the poor whose children often cannot survive beyond the age of five.

I would now like to mention some of the developments in the 20th century on the Christian or church side. Up till now I have concentrated on modern developments on the medical side

and some of you medics may wish to correct me on some of these issues. On the Christian side, one important factor has been the development of modern medical missions. Prior to the 19th century, most Christian missions were not involved in medical work. Missionary medical work has really flourished during the 20th century and has in a certain sense given a wholistic approach to the Christian Gospel that was lacking before. For example, there is the Wheatridge Foundation in the United States of America which is trying to introduce to Americans the sense of involvement of the Christian church in medical care and to explore the relation of the Gospel to medical care which has been experienced in various other countries where American missionaries have practiced medicine. The sense of wholism has been lost in the United States and some people are trying to re-introduce it by means of learning from medical missions abroad.

At the same time, to be fair, one has to add that many medical missionary projects have added a lot to the difficulty in that they did not embrace a wholistic view of the person. Sometimes medical missionaries have embraced the assumptions of the most secular scientific doctors about the nature of the human being and how to treat his various maladies.

Secondly, there is the rise of Pentecostalism and its child, the Charismatic renewal, that can be found in all the main denominations. Neither of these two movements was originally focused on health and healing, but, as a by-product of their involvement with the Holy Spirit, healings occurred among the early Pentecostal churches and also among the Charismatic groups. Here it is the gift of healing discussed by Paul in I Corinthians 12 which is often emphasized. Apart from the Pentecostal and Charismatic streams, you have an awakening interest in healing through prayer, especially in the American Anglican Church group called the Order of Saint Luke. This is an association within that church which emphasizes healing prayers, often in connection with the Lord's Supper.

Then there is an American movement around Chicago, led by Granger Westberg that involves the setting up of small clinics in churches, staffed by a nurse, a doctor and a pastor/counselor. The idea of these small clinics is to treat people in all the dimensions of their being in order to get to the root of their health problems.

There is also the development of chaplaincies and particularly the clinical pastoral education movement which means that many clergymen are being trained to care for people who are not well and who are in hospitals and other kinds of institutions.

Finally, we must refer to the renewal in the Roman Catholic Church of the Sacrament of the Anointing of the sick. After Vatican II a revolution occurred in the understanding of this rite so that today it is no longer called Extreme Unction but Anointing of the Sick. The words used,

the prayers said and the understanding of the whole rite has been changed from one of preparation for the next life to a prayer for healing in this life.

Let me close with a short summary. There is a Biblical vision of health and healing which discusses health in a much wider context than we are accustomed to think of it, namely the health of the whole person or the salvation of the whole person. This vision continued during the early centuries of Christianity. Then somehow it was distorted or lost in various ways down through the centuries. In our own century various people are trying to re-capture a Christian sense of health and healing and the relationship of the Christian ministry to them. It should be clear from the long list I have just concluded that there are many different approaches to this question.

THE BIBLE ON HEALTH AND SICKNESS

Rev. Fr. J. Kirstein

St Augustine Major Seminary

The first thing I would like to say about our topic is that from the very beginning long life, which presumes health, was seen as a gift from God and is one of His promises. Already in the early part of Exodus we read, "Honour your father and your mother that you may have long life in the land which the Lord your God has given you." Health and long life are regarded as gifts from a loving Father. In the Psalms we find many prayers for long life and health. For example, Psalm 21:5, "He asked life of you, you gave him length of days forever." This is also picked up in Psalm 71:9 where the Psalmist pleads, "Do not cast me off in the time of old age; forsake me not when my strength is spent." God is, as it were, speaking through the Psalmist, telling people that they can have long life. Again in Psalm 92:13-16 we read, "The just man shall flourish like the palm tree; like the cedar of Lebanon shall he grow. They that are planted in the house of the Lord shall flourish in the courts of our God. They shall bear fruit even in old age. Vigorous and sturdy shall they be." It seems then that God gives health and long life to those whom He loves.

But it is not that simple, because there were Jews who did not believe in an after-life. They had a problem as to how to deal with sickness and disease. They thought of a simple answer: anyone in good standing with God received health and life; sinners would suffer from sickness. In this marvelous book of Job, we see Job confronting this problem. Here was an upright and good man who is suddenly struck with sickness. Why? How can this be? His situation did not fit the popular notion of God. It seems that sickness was regarded as God's most severe and intimate punishment. Job seems to have no particular problem when he loses his wife and the rest of his family and property, but when he becomes sick, then the struggle begins. The problem was how it could be that an upright person can be suffering from disease.

I draw your attention to a related problem in John 9:1-3. Here was a man blind from birth. The disciples wondered why he was blind. Had he sinned or his parents? Jesus' answer was that the cause was not to be found in either, but it must be seen in the purpose of his blindness, namely that the glory of God could be seen in him. Obviously, Jesus could not say that neither the blind man nor his parents had sinned, since everyone sins. I think that Jesus was saying that there is no satisfying answer as to the reason people become sick; not even sin provides such an answer. There is a mystery about sickness that cannot be resolved by a glib reference to sin. This is important, because, if we go back to the OT, we see that Yahweh was the God of Israel, but who was acknowledged even by the pagan nations as a God who

heals. Remember II Kings 5, where the pagan army commander Na'aman comes to the prophet Elisha in hope of a cure – and he was not disappointed. Thus even the non-Jewish nations knew Yahweh as a healing God. In the OT the gift of healing was recognized as a sign of the true prophet. The same prophet Elisha also healed or raised from the dead the son of a Shunamite woman. Though the OT has no real answer to the problem, it does question sickness. It almost seems as if the OT has no real problem in seeing sickness as part of God's plan.

In the NT things are a bit different. As in the OT healing was a sign of a true prophet, so was healing in the NT seen as one of the signs of a true apostle. In Mark 16:15-18 Jesus sends his disciples out into the whole world to preach the Gospel to all of creation. As to those who believe, "they will cast out demons; they will speak in new tongues; they will pick up serpents, and if they drink any deadly thing, it will not hurt them; they will lay their hands on the sick, and they will recover." It is clear that the work of apostles includes healing. Their work is never simply to go out and preach; it must also involve healing. Christ is interested in the total man, not in a purely so-called spiritual healing, whatever that might be. Christ's miracles were chiefly gestures of liberation. Jesus came to liberate men, not just from physical sickness, but to liberate him totally. Seen in this light, it becomes clear why Jesus performed so many miracles on the Sabbath. The Sabbath was the Day of the Lord and thus should be a day of liberation and healing. He healed them not only from work but also from anxiety and fear – all the things that depress or discourage us. By thus working on the Sabbath, Jesus was healing or liberating the Sabbath itself from all the baggage and all the obstructions that the Pharisees and the others had loaded onto it. He was constantly trying to get across the message that God is a God of liberation. Miracles are almost just a casual part of His work.

Luke 5 portrays for us a typical day's work of Jesus. He first preaches, then He picks one of his disciples. Then He heals a few people, followed by another talk, after which He picks out another disciple. Healing is a natural part of His work. It was just taken for granted that He could heal. As a real prophet from God, as a real representative of a loving Father, He heals and preaches naturally. Similarly, He expected His own disciples to do the same. Both in Matthew 10 and Luke 10, He sends out the 72 disciples without delineating goals for them other than "to go out and proclaim the Good News and heal." Healing is thus always seen as part and parcel of the work of an apostle. Sometimes Jesus was misunderstood and people would see him purely as a physical healer through touching them. But He Himself said that physical healing could not fully explain His ministry. His ministry went beyond a purely physical healing. He Himself said that "It is not to the healthy that I have come, but to those who are sick. I did not come to heal ... the righteous, but those who are sinners." Thus there is far more to Jesus' ministry than just physical healing. He brought healing to the whole

person. The classic example is found in Mark 2:1-12 and in the parallel passages. Here a paralytic man has his sins forgiven before he is physically healed. In John 10:10 we read, "I have come that they may have life and have it to the full." Jesus does not mean here just spiritual healing only, for Jesus was a Jew and thought like a Hebrew, which means He would never divide man into spiritual, psychological or physical components. *Such distinctions entered our thinking later and they are inherited from the Greeks.* But it was with Jesus as it is with Africans. Man is seen as a totality. It is the total person that Jesus came to free.

A healed heart can do what a healed body cannot. It can open up a person to the total message of Christ's healing power and make him an enthusiastic witness to the healing and comforting power of God. Jesus' aiming at healing men's hearts was already prophesied way back by the prophets Jeremiah and Ezekiel: "I will give you a new heart." Even though Jesus told people not to get excited about physical healing, we know that many did get excited. They could not contain their joy, their ecstasy of being physically healed. An example is the story in Mark 1:43-45. The healed people were told not to publicize their cure, but they could not contain their joy. They *had* to go and jump around and dance and shout, "Look what happened to me!" No, Jesus did not wish to give the impression that his ministry was concerned primarily with physical healing. It went far beyond that.

I would now like to glance briefly at Mark to look more closely at what Jesus came to do. One reason for choosing Mark is the simplicity of the book. The entire book has only 16 chapters in which Jesus tries to get his whole message across. In the beginning, Mark tells us the message of John the Baptist. His very coarse words are "Repent and believe the Good News" When Jesus appears on the scene, his message is similar, "Repent and believe the Good News." Peter preached the same way (Acts 2:38).

Well, what then is this Good News? When one reads Mark 1-3, after the writer has thus summarized Jesus' message in 1:15, he will notice that there is actually very little preaching recorded, but mostly healing. He does not explain what the Good News is, at least, not in so many words. The Good News appears not to be preaching so much as it is God's word in action. It is not a matter of words, but of the word of God in action, accomplishing a goal on behalf of His people. This is illustrated very obviously in Genesis 1, where we read, "God said, 'Let there be light,' and there was light." So God's word is always a creative word. The Good News then is simply that if people are prepared to repent, their repentance should include the recognition that God is the focus of all healing and that our healing is designed to help us focus once again on God. *We are not supposed to be healed and then go off and buy our Mercedes, our Volvo, or get involved in money all over again. Then we are once again enslaved.* Jesus wanted to heal man in his totality and free us from following false idols.

So God's word in Jesus is then a word of action. Jesus came as Redeemer and Saviour, not merely preaching words, but to actually *show* God's care for His people, His concern and compassion for them. He dealt with the problems actually facing people. Hence, in the first three chapters of Mark, the Good News is that Jesus cures far more than He preaches. This is His message: He is healing, He is curing, He is repairing man, wounded by sin. He urges people to repent, to turn away. That is to say, to make a u-turn and come back to God. He clearly exemplified His own declaration that he had "come that they may have life, and have it to the full." He illustrated the abundant life that God was offering. The Good News that He brings is that Jesus is healing a world that is crumbling and torn apart. Christ said in John 8 that if the Son sets one free, he will be free indeed. He is talking about an order of healing.

It seems to me, then, that God is saying very simply, "I have sent my Son that you may have life, total life, which includes physical, psychological and spiritual healing – the whole lot. God is not interested in departmentalizing or compartmentalizing us, but He deals with man in his totality. Up till now, we may well have missed the goal. When we think about Jesus' healing life, touching and changing the lives of men and women, we begin to preach good advice or ethics or morality. I don't think we are called to preach morality. I think we are asked to preach the power of God. This power of God is available to us as Christians and now I'm not talking about religious people in the sense of priests, reverends or bishops. *I think every Christian is expected to continue the healing work of Jesus.* If someone were to ask me, "Where is Jesus?" I would answer, "Look, there He is, in front of you." And if we are not convinced that we have to carry on the Good News of Jesus, well, then I wonder what Christianity means. Then we may as well give up being Christian. Yes, I'm deadly serious about this. We should give up Christianity if we cannot minister to men in their needs, in their anxieties, fears, etc., a ministry that touches the whole person, not merely either the physical or the spiritual. If we cannot give people a joy, if people cannot meet Jesus through us, to have joy, to have happiness, to have this deep, deep peace which He Himself said He had come to bring, then what are we doing?

We have a most phenomenal claim of Jesus in John 14:12, "If anyone believes in me, he will perform the same works as I do." In fact, he will do even "greater works" than those Jesus Himself performed. Now I stand on that promise of Jesus that I can do more than He can. For this reason I believe in the power of God that when people come to us as priests or as Christians for healing, we should lay hands on them as we read in James 5:13-16. If anyone is suffering, he must pray. If a person is in good spirits, he should sing a hymn of praise. If anyone is sick, he should ask for the elders of the church, who in turn are to pray over him, anointing him with oil in the name of Jesus. The prayer offered in faith will restore the man to health. Recently a woman came to me who had suffered from an upset stomach for six months. She would spend N25 at a time for a bottle of tablets. So, after having discussed the

issue with her a number of times, I asked her “Now should we not pray over you for Jesus to heal you? You know He promised He would do this.” She agreed. We prayed twice over her and two weeks later she came back saying “Thank you.” I asked her why she should thank me. She answered, “I’m totally healed. I can eat what I like now. The bottle has gone out of the window.” So, Jesus is much more effective and certainly cheaper than N25 a bottle! There’s a mystery to this.

Sometime ago I was asked to pray for a woman who had stomach cancer. Someone said, “Look, come up and heal her.” Just like that – just come up and heal her! I agreed. I always tell people on basis of Mark 11:24 that whatever they ask in prayer in faith, they will receive. But the passage goes on to say in :25 that if they have anything against anyone, they should forgive. So, very often, lack of forgiveness can be a block to full healing. So I told this woman that if she had any grudges in her heart, even if unconsciously, we must first pray that she be healed of such grudges. Then the Lord would heal her. About two weeks later, her daughter came to tell me about it. She said that her mother had this stomach ulcer. There was a man she could not “stomach.” For some reason this man visited her at the hospital the day after she was prayed over. They had a tremendous reconciliation. Two weeks later, the woman died. Now the question is: which was the better healing, to be healed of cancer and sin or to meet her God unreconciled to her brother or to be healed and reconciled and go to God? Well, I know which I would prefer.

What I am saying here is that it is not a matter of only purely physical healing or purely spiritual healing. We can together work with medical doctors to help the patient become more relaxed. Some people feel that a patient becomes more relaxed if you pray over him and then the medicine prescribed by the doctor can have a deeper healing effect.

The message of the Gospel is that God wants us to be healthy and He wants us to have life. Christ said, “I have come that you may have life and have it to the full.” This is what God wants for His people. This is the good news we have to preach as Jesus did in Mark. We have to go out and care for the total person, and believingly call on the power of Jesus which He promised. He told His disciples to go out on that basis – and we are the continuation of their tradition. If someone comes to me complaining of a headache for the last week and I say, “May God bless you. Go away,” what have I done to help him? We must deal with people as they are and lift their faith. If they are healed, they can ask themselves, “Ah! What happened?” We can answer, “Jesus has healed you. That’s what.” Then they begin to realize that this is what real healing is, that once they come to meet Jesus as a personal savior, He will heal them gradually of all the things that were wrong with them.

The reason many people go to different churches is that the mainline churches do not preach the Good News of Jesus. We preach ethics and morality. I am not interested in telling people

they should not steal. We all know we shouldn't, but who gave us the power to avoid doing such things? That's what I want. The entire thrust of the Bible is simply that Jesus came to give us life, life in its totality, to the full. It is up to us to accept it or ignore it. There is a bank down the street. If I have an account with them for N2,000, but I never use that money, I am a fool. If I have Jesus, I have much more than any account with the Central Bank could give me, but if I don't use Him, I'm even a bigger fool.

Praise the Lord! Amen!

TRADITIONAL AFRICAN IDEAS AND MEDICAL PRACTICES

Dr. S. K. Bonsi

Dept. of Sociology, University of Jos

Disease, illness and death are universal human experiences. They are contingencies for which every human society provides. As Coe (1970) points out, medical problems people face and the psychological and social needs arising from these problems are everywhere similar, although there are differences in explanation of and the techniques for coping with them. Indeed, evidence shows that in every culture there is built in and around these experiences a body of beliefs, knowledge and practices. Hence in studying Western and non-Western societies, many investigators interested in health problems, have studied health and illness behavior in the context of different cultural settings. They have discovered that whether or not a person gets sick, the kinds of diseases he acquires, and the kind of treatment he receives largely depend upon social and cultural factors.

This view of health and illness has been the major pathway into understanding of health and illness behavior of people and their health and medical care systems. Hence medical culture patterns are not isolated, but are integrated into a complex network of beliefs and values that are a part of the culture of the society.

A study of health practices of any people therefore becomes a study of the complexity of their belief systems. This is because belief systems exert strong influence upon thinking and living. To ignore indigenous beliefs, attitudes, and the practices they support can lead to a lack of complete understanding of health and illness behavior patterns and conceptualizations of reality.

In this paper we shall deal with some philosophical and religious ideas and beliefs which permeate all aspects of Traditional African life and which greatly influence African views of disease, illness and health. This is premised on the assumption that when man defines a situation to be real it is real in its consequences (W.I. Thomas). Religion is seen here as a system of beliefs, ceremonies and rituals, while African philosophy refers to the attitudes, logic and perception behind the manner in which African peoples think, act or speak in different situations. In the following sections, we shall discuss specifically beliefs about God, the spirits, and the concept of the individual as they are relevant to the medical practices in African cultures. As Field (1937), Rattray (1927), and Twumasi (1927) have indicated, the African medical system has broad range ties with African cosmology, religious being and living in a religious universe. Firstly, God is the ultimate explanation of the origins and sustenance of man and all other things. Secondly, spirits made up of supernatural beings and

the spirits of men who died a long time ago constitute another category of elements in the universe. Thirdly, there are men including those who are yet to be born. Fourthly, there are also animals and plants or the remainder of biological life, and finally, the universe including objects without biological life.

To the African, God is the creator and sustainer of man; spirits explain the destiny of man; animals and plants and natural phenomena and objects constitute the physical environment in which man lives, provides his means of existence and, when necessary, he establishes a mystical relationship with them. Mbiti (1969) observed that this anthropocentric ontology is a complete unity which nothing can break or destroy.

Other writers like Temples (1951) and John (1961) have indicated that in addition to the above categories, it is widely accepted among Africans that there is a force, power or energy permeating the whole universe. God is the source and controller of this force. The spirits, it is believed, have access to this force or power but with a few human beings having the knowledge and ability to tap, manipulate and utilize it. These individuals are also able to control this force and the spirits which have access to such force. Such men as priests, medicine men, witches etc. can manipulate this energy for the good or for the ill of their society.

In African thought, after physical death the individual continues to exist in the time region in which the living are conscious of their existence. The departed do not immediately disappear from that region. He is remembered by relatives and friends who knew him in this life and who have survived him. He is believed to "appear" to the older and surviving members of the family. This appearance is very significant in explaining crises and causes of illness and death in the family. When, however, the last person who knew the departed also dies, then the former passes out of existence. He then becomes completely dead. As long as the departed is remembered by name and recognized when he appears, he is not dead. This raises the question as to the definition of death among Africans. The living-dead is, therefore, a person who is physically dead, but alive in the memory of those who knew him as well as being alive in the world of spirits. This personal immortality is expressed in acts of giving bits of food to him, pouring libation and carrying out instructions given by them, either while they lived or when they appear. These symbols of communication and fellowship and remembrance express the mystical ties that bind the living-dead to their surviving relatives. Therefore these acts are performed within the family and the oldest member with the longest memory of the departed performs this function. This ritual of communicating with the departed has erroneously been called ancestor worship by writers who do not understand the situation.

As already discussed, when the living-dead passes out of existence, the process of dying is completed, but the living-dead do not vanish out of existence. They enter into the state of

collective immortality which is the state of the spirits who are no longer formal members of the human families. When they appear to human beings, they cause dread and fear. Such spirits have no communication with human families, and they could only speak through mediums in times of divination and possession. Such spirits may also be incorporated as intermediaries between God and man. Humans, through such spirits, can approach God or seek other types of help from them. These spirits of the departed, together with other spirits, occupy the ontological state between God and man.

The concept of the living-dead or personal immortality should help us understand the significant role of the departed in human crises. If the living-dead are suddenly forgotten, it means that they are cast out of the family to which they belong. Their personal immortality is destroyed and they are turned into a state of non-existence. The departed resent this, and therefore the living do all they can to avoid displeasure because it is feared that would bring illness and misfortune to those who forget their departed relatives.

The Ideas About God

Africans believe that God is the origin and sustenance of all things. He is outside and beyond His creation while at the same time He is involved in all He has created. God is thus transcendent and immanent. God is no stranger to Africans. This is expressed in an Ashanti proverb that “No one shows a child the Supreme Being,” meaning that everybody knows of God’s existence almost by instinct.

Broadly speaking, African thought about God is more concrete than abstract. However, they also conceive of the external nature of God. God is conceived as omniscient, omnipresent and omnipotent. These are held as essential characteristics of His being and are part of His unique nature. No other being can be described in the same terms. It is these and other external attributes which distinguish God from His creation and which make Him not only the origin, but also the sustenance of all things.

God’s omniscience is absolute, unlimited and compared to God, people admit that man’s wisdom, however great, is limited, incomplete, and acquired. To the Akan, God is “He who knows or sees all” (Danquah, 1944). This concept of seeing and knowing explains the concept of God as omniscient in a concrete way which is easily grasped. When African peoples say that “God has no where or no when, that He comes to an end,” they are speaking of His nature of omnipresence. Among several people His omnipotence also is much in evidence. Among the Akan, one of the names for God describes Him as “All Powerful” or the “Almighty;” His power is seen in practical terms.

Many writers have gone astray in emphasizing God's remoteness to the exclusion of His nearness among Africans. In spite of all His transcendence, He is immanent so that men can and do establish relationships with Him. God is described as "One who fills everything." However, it is through worship that men acknowledge God to be near and approachable.

Men also associate God with natural objects and phenomena, indicating their belief that God is involved in His creation. Among the Akan and the Ga, it is commonly believed that God is a spirit. But as far as it is known there are no images or physical representation of God by these people. The Ga, for example, compare Him with wind or air. It is particularly as spirits that God is incomprehensible. The Ashanti, for example, refer to Him as "the fathomless spirit" since no human mind can measure Him. The ideas of God's external nature are also expressed by the Ashanti, Ga and the Ewe who have descriptions of His "Agelessness."

African peoples regard God as essentially good, and there are many situations in which He is credited with doing good to His people. The Ewe firmly hold that "He is good, for He has never withdrawn from us the good things which He gave us" (Westerman 1939). There are situations when calamities, misfortunes and sufferings come upon families or individuals for which there is no clear explanation. These are believed to be brought about by God, generally through agent-like spirits or magic workers as punishment for ignoring certain customs or traditions. God is held also to be capable of showing His anger. Illness, death, drought, flood, etc. are interpreted as manifestations of His anger. He provides life, health, fertility, rain and other necessities for sustaining creation. His providence functions entirely independently of man, though man may and does at times solicit God's help. The Akan expresses this providence by pointing out that the sun appears every day, providing light, warmth, change of seasons and the growth of crops. So the Akan call God "the shining One." Dependence upon God and His providence are also expressed in many sayings among the Akan, Ewe, and the Ga. Among the Akan, God is the only protector "*Nso Nyame Ye,*" "*Nyami Betwyere,*" "*Nyare Nti.*" Similar expressions in Ewe are "*Nawu Lawoe,*" "*Ele Mawu Si.*"

Rain is the most acknowledged token of God's providence. Rain is always a blessing and its supply is one of the most important activities of God. Rain is also believed to be the symbol of blessing so that at ceremonies, especially after illness, the formal pronouncement of blessing by the practitioner or the officiant is often accompanied by sprinkling of water, symbolizing peace, prosperity, health, happiness and good welfare. God is believed also to heal the sick and for this reason prayers, sacrifices and offerings are made to God, on behalf of the sick, the barren and those in distress. Thus God is continuously involved in the affairs of man and thus experienced in terms of His continued creation, sustenance, providence, healing and saving. Most of this, as Mbiti (1969) has remarked, functions on the physical and concrete level of being, with special reference to the life of man. But while God is actively sustaining

His creation, there are afflictions in human life which puzzle many people. In many cases, explanations for these afflictions involve God in one way or another.

According to African thinking, man lives in a religious universe, so that natural phenomena and objects are intimately associated with God and spirits (Mbiti, 1969), (Lystad, 1968), (Parrinder, 1961) and Danquah, 1944). Thus the physical and spiritual are two dimensions of one and the same universe. These dimensions, as Mbiti points out, are intertwined and at times one is apparently more real than, but not exclusive of, the other. This is not limited to the African.

As Du Bos (1969) explains, medicine has had a dual nature from its very beginning. It has included knowledge about definite medical procedures and a belief in some magic or religious power involving forces beyond human comprehension. This dual nature of medicine is still with us today as a patient's family and friends will attempt to supplement the modern physician's skill and experience with prayer. The prevailing structure of medical science, regardless of a society's level of medical knowledge and technology still functions within the context of values, attitudes and beliefs of the people who comprise that society.

From what we have discussed, it is clear that the religious universe is not an academic exercise to the African and other countries in the world. It is an empirical experience, which is expressed in acts of worship, sacrifice, offering ceremony and invocations.

The point to be explained is that the ontological balance must be maintained between God and man, the spirits and man and the departed and the living. When this balance is disrupted, people's existence is threatened. The making of sacrifice and offering is, therefore, a psychological device to restore this ontological balance and lost confidence and security within the environment. It is, therefore, an act to renew and maintain the relationship between the spiritual and the physical world. Failure to keep this relationship in a balance would result in calamities, ill health and death. Thus, among the Akan, Ga, and Ewe, family heads or practitioners constantly keep this relationship through offerings on altars or in shrines.

It is a widespread belief that man should not and cannot, alone or directly, approach God. He must do so through the mediation of special persons or other beings. The reason for this feeling and practice seems to derive mainly from the social and practical life of the people. For example, among many Ghanaians it is the custom for children to speak to their fathers through their mothers or older brothers and sisters. The subjects in a community approach their chiefs or kings only indirectly through those closer to him. This social and political pattern which expresses authority is, therefore, reenacted in the way God is approached in

most cases. Priests, kings, elders and practitioners are all intermediaries used to approach God.

Whenever the spiritual world manifests itself with regard to some individual or the group, an intermediary is needed to communicate with the spirit. An elder in the lineage and/or the Traditional medical practitioner is needed to bring its favour or to avert its misfortune. Thus, health and long life provide some specific rewards for keeping in touch with the spiritual world and maintenance of good relationship. This has become a paradigm, a worldview with which the African structures his world of experiences.

The Concept of the Individual

The human being is viewed as a compound of both the physical and the spiritual entities. He is seen as a product of the union of male and female, the male spirit with the female blood. He is composed of three entities – the *kra*, *susum* and the body.

The combination of the male spirit (*Ntoro*) and female blood (*mogya*) gives the individual his *kra* which is equivalent to the person's conscience (Twumasi, 1970), (Field, 1958). This *kra* is an inborn characteristic of the individual. It is also derived from the day of the week on which the individual is born and it is the spirit or soul of the individual. It is believed to be determined by gods who are associated with the day on which the individual is born. Among the Akan, Ewe and Ga, *kra* is believed to be the guiding spirit for the individual's whole life. The *kra* leaves the individual's body on his death to become a part of the world of spirits. It is this spirit which reincarnates and which appears to the members (see above) of the family and it can be subject to invocation and manipulation to do the commander's wishes. These three elements of the individual's personality, *ntoro*, *mogva* and *kra* are believed to be beyond the individual's control. They are external and constraining in their manifestations in the individual's life and are identified by these elements which place him firmly in the sphere of his lineage and the spiritual world (Twumasi, 1970). This spiritual world is comprised of ancestors and gods, and the gods are related to the lineage stools. These, as we have already indicated, must be communicated with accordingly. Since the given elements of the individual personality are not amenable to his control, they are believed to be the individual's link with the spirit world. They make it possible for him to come into this world, and they are believed to guide him throughout his life until he goes back through death to the spirit world. Upon his death he becomes an ancestor for his descendants, and in the spirit form he is able to influence the affairs of his descendants and to bring ill to them if they ignore communication with him.

As the individual is socialized to become an adult, he acquires his *susum*. This is his personality and character and it can leave the body in dreams and in mind wandering, but if *kra* and *susum* leave the body together the man dies, or if either of them leaves the body permanently, the man dies. The *susum* is educable and has a moral system of reward and punishment. For example, to enjoy health and prosperity, the individual is made aware of the fact that he has to keep in good relationship with others and he should not do things which his gods and ancestors disapprove of because they carry negative sanctions. This has become the premise upon which the social causation theory of illness is based.

Social Causation Concept

African Traditional beliefs about health and illness are embodied in the Traditional cosmology. In describing the behavior of the Traditional individual one realizes that he manifests a deep sense of order and perception in his relationships with others in the human world as well as in the world of spirits. Thus, in considering the individual's health behavior, three elements are essential to understanding the importance of the spiritual world; the particular social order that links the individual with this spiritual world and the medical theory based on the legitimacy of the ancestral supremacy in the affairs of men.

The individual finds security in the hidden forces of the ancestral and other spirit agents. He is aware of his dependence on the other members of the group and upon these spirit entities. He comes to believe that deviations and disobedience at personal and social levels may bring penalties from the spiritual world, and that illness and death are some of the inevitable consequences of such deviant behavior. Thus, the quest for life and well-being has created the desire to search for and come to terms with other forces in the individual's environment – the environment so enshrined in the supernatural.

Most practitioners utilize knowledge and cultural ideas about the individual, his relationship with ancestor's gods, and his fellow man in order to establish a total context of illness. For example, these healers utilize the cultural idea that gods and objects of nature control person's destiny. They, therefore, employ spirit possession, rattles, special mirrors and several other supernatural procedures to discover sources of reported afflictions and appropriate treatment. These healers also probe the entire social world of the patient to establish the social context of illness. For they must enter and alter this context if the patient is to get well. Thus as they carefully read the supernatural revelations, they also question the patient and/or any relative about the patient's past history. For the practitioner who diagnoses the intervention of a spirit as the cause of illness also diagnoses what moved the spirit or god into action. He usually discovers that human hatreds, jealousies, and misdeeds

have brought these spiritual beings into action. It is usual to discover that violation of kinship modality has brought penalties to the victim. Etiology of illness and the concept of health are, therefore, far more behavioral than biological. It follows that Traditional medical theory has no purely naturalistic idea of illness since there is no clear cut conceptual separation between the physical and supernatural worlds (Mbiti, 1970).

Recourse to supernaturalism in order to solve health problems is, therefore, only one aspect of a well defined set of steps taken to adjust to the environment as defined by the individual.

Traditional medical practice is calculated to prevent vengeance from gods and ancestral spirits who are believed to be constantly watching over the affairs of men. The Traditional medical practitioner, therefore, has a sound basis for the medical procedures he employs to ensure the life of the patients. He often diagnoses and recognizes that a symptom is only a manifestation of something more fundamental. Many modern as well as Traditional Africans recognize this point and often switch to the Traditional line of reasoning and feeling in times of health crises. The practitioners and their clientele, therefore, share common cultural orientations. The non-Western medical practitioner also has great knowledge about the ordinary medicinal properties of herbs. He has stocks of remedies with which to cure illness. Some of these have scientific validity. For example, the healer could bandage wounds and set bones without reference to supernatural forces. However, since Traditional African epistemology of illness is basically derived and developed from a belief system which emphasizes supernaturalism, the practitioner often combines herbs with supernatural and social explanations.

Conclusion

Researchers such as Twumasi (1978) and Appiah-Kubi (1978) have found that Traditional medicine men work with skills, techniques, and a body of knowledge. Although their conceptualization like the social causation theory and practice may be inconsistent and incomprehensible to the practitioners of Western medicine, these may be no less authentic in dealing with specific classes of events.

Health defined as "wellbeing," can be improved by utilization of biological knowledge and skills along with other available skills and knowledge. This approach to health care involves a change in the conception of disease and the strategies for dealing with it. Weinerman (1965) has argued that the western "scientific" medical model of disease and its causation requires a serious modification in the face of available evidence on the mechanistic and impoverished

nature of Western medicine. What this implies is that medicine should transcend the realm of the unitary theory of disease and illness.

There is need for health care practice to include all participants and elements contributing to “healthful” life. It should be a product of an interaction process between a variety of institutions (Bonsi and Twumasi, 1978). It should emerge “as a composite beyond the exclusive control of one system and a product of negotiated system of interaction which yields accommodative consequences between ideologies, systems, roles and tasks” (Manksch 1972).

In this paper, we have discussed the African Traditional cosmology in order to provide a background for understanding the nature of Traditional medicine and its contributions in health care. It is relevant to provide this information on Traditional belief systems because it will throw some light on some of the cultural ideas which form the basis of the Traditional medical practice. Further, as Twumasi (1972) points out, it would be impossible to understand the substance of the medical institution and its variants without some understanding of those belief systems upon which medical ideas and practice are based.

TRADITIONAL AND MODERN MEDICINE

Possible Patterns of Integration

Dennis Anongo Ityavyar

Department of Sociology, University of Jos

Introduction

Traditional medicine may be considered as the system of health care (prevention, cure, health maintenance) as understood and practiced by indigenous peoples, uninfluenced by Western style medicine (Unschuld 1976). In Nigeria, there are many ethnic groups and each has evolved its own system of health care which “is not simply made up of techniques of healing but comprises a worldview from which preventive, curative and health maintenance techniques are derived (U.S. Igun 1981).

For many decades now, Nigerians have witnessed a great debate as to whether Traditional medicine would be recognized and practiced officially in Nigeria to complement the shortage of medical personnel or should be modeled so that it will contain elements of Western medicine and elements of Traditional. Twumasi and Bonsi (1975) have indicated that Ghana is also faced with the same problem.

In view of the rancor that has flown from supporters and opponents of Traditional medicine, it is good to critically examine the basic issues involved in this debate: For we shall “all be answerable to posterity if we summarily kill Traditional medicine with all that it has to offer” (F.A. Ofodile 1979).

This debate is definitely not new, except that it is gradually attaining more importance and wider scope. In Nigeria, Prof. T.A. Lambo saw the need of integrating Traditional and Modern Medicine in the early 1960s. He is famous for blending Traditional healing with Modern psychiatry in treating mental illness. He feels that “the idea is not to throw out the baby with the bathwater. My cry to Africa at the time is innovation, not imitation.” He urged Africans to enhance their Traditional method as an appropriate technology, more relevant to African conditions than imported highly sophisticated technology. In the early 1970s P.A. Twumasi noticed the same battle in Ghana and recommended “there is a need in Ghana to develop a perspective which will utilize the essential features of Traditional medicine.”

In the Eastern countries like China and India, Traditional medicine features prominently. China was faced with many problems after WWII. She also experienced acute shortages which affected the supply of medicine. As a result of the shortage of drugs, China started an interest in Traditional medicine, and now remains an elegant example of a nation where the coexistence of Traditional and Modern medicine works well. This is because the Chinese government has recognized problems in its country.

The problem of personnel is very obvious. The doctors, nurses and auxiliaries of health are not enough to fill all the needs. The few that do exist dwell in the urban areas. Even the target planned for 1975-1980 National Development plan period was still critically inadequate.

Health Manpower Target 1980

1. Doctors	14,000
2. Dentists	100,000
3. Medical Lab Scientists	100,000
4. Midwives	3,000
5. Nurses	3,000
6. Community Nurses	40,000
7. Pharmacists	40,000
8. Radiographers	100,000

(From Nigerian National Fourth Development Plan 1975-80)

The most serious among these problems is the sharp differences in opinions as to whether Traditional medicine should be used or not. This leaves many patients confused. The Traditional medical board (TMB) feels that the Nigerian Medical Association (NMA) is acting as a stumbling block to its progress and position, while it is, on the other hand, feared that Traditional medicine in its current trend will unapologetically destroy the NMA's monopoly. The physician, bathed in the glory of his therapeutic triumphs, too often tends to impose his views on those who should be quite separate associates, e.g. laboratory scientists.

These problems coupled with the persistent debate on the role of Traditional medicine attracts one to look into the issues involved further, since Traditional medicine is perceived as having a crucial role to play in the health care delivery scheme in Nigeria.

Growth of Traditional Medicine

Traditional medicine in our society is as old as our tradition. Before the advent of Western medicine, all human societies had methods of health care. Traditional medicine has in its favour the fact that it has kept a large segment of the population alive prior to the advent of modern medicine and continues to do so today.

The society is dynamic, and it is undergoing many changes. The Traditional practitioners are also responding to these changes. The practice is becoming more and more efficient and getting more and more consumers. It has areas of specialization just as a modern doctor could specialize in medicine or surgery.

In his research in Sokoto, Ityavyar (1979) reported that

The Hausa people of Sokoto state have very brilliant Traditional practitioners. They particularly excel in such areas of diseases that they call "African diseases," ailments that the Modern doctor with all his glory and fame is unable to heal. Such diseases as dysentery, jaundice and fractures are also impressively tackled by the herbal doctors. The bone setters in Sokoto are possibly the best Traditional orthopedic doctors that could be seen anywhere.

In Nigeria there are many efficient bone setters and in this era it is clearly obvious that Modern medicine in terms of bone repairs is not as efficient as Traditional bone setters.

Traditional medicine is also growing in terms of organization. Today, unlike two decades ago, Traditional medicine men have a professional association just like Modern doctors do. There are Traditional medicine stores in our towns and famous consultants.

The Traditional Medical Association publishes books which are now used for self medication. Traditional medicine, in the words of Chief J.O. Lambo, "can heal what Modern medicine cannot heal" and it is believed that Modern medicine can also heal ailments which may not be easily healed by Traditional practitioners. Scientific and casual observations both prove that each medical system has pitfalls as well as strengths.

Mkar Christian Hospital: The Dilemma of Patients that Use Traditional Medicine at Home

In simple sociological research carried out at Mkar Christian Hospital in 1979, it was found that many patients are always willing to use Traditional medicine in their homes before seeing a doctor if symptoms persist.

At the Mkar Christian Hospital many patients revealed that doctors often asked them if they had taken Traditional medicine before visiting the doctor. Doctors often expressed the hope

that patients would not take Traditional medicine. The attitudes of the Mkar health workers, as in other places, clearly show the patients that Traditional medicine is unacceptable and not efficacious. This also shows that only those patients who want to “die fast should continue with Traditional medicine.” But faced with the problem of poverty and the lack of means to travel 100 kms to Mkar hospital, it seems to be unfair of the doctors to frighten the patients with death for taking Traditional medicine. Traditional medicine is most easily available to the rural people. The result then is that a large population is made to be unsure as to whether Traditional medicine is good or bad. Patients, especially the uneducated, are confused and sometimes even when they have taken Traditional medicine, they deceive the doctors.

Despite all this, some of the patients at Mkar confessed that they use Traditional medicine for African diseases and come to the hospital only when it is a European type of ailment. Such diseases as jaundice, mental illness, swollen belly, fractures and diarrhea are never taken to the hospital. This was assumed to be true because the statistics of inpatients and outpatients from 1974-1975 was very low. Mkar Christian Hospital is the only hospital in a radius of 100 kms where all serious illnesses are taken; but within 3 years there were only 14 cases of mental illnesses as shown in these statistics:

<u>Year</u>	<u>Outpatients</u>	<u>Inpatients</u>	<u>Mental Illness</u>
1974	135,340	15,030	3
1975	128,143	19,679	1
1976	130,239	21,894	10

A researcher on the Tiv people has reported that

The Tiv people, like other ethnic groups in Africa, are less inclined to bring to the hospital cases of insanity or conditions in which they suspect bewitchment, vengeance of the spirits or god and breach of taboos. They believe that purification of the offender or the patient and sacrifices on one hand and herbal treatment on the other are adequate. Modern medicine to them is incomplete because it does not involve placating the offended spirit.

At Mkar Christian Hospital, the patients have to be influenced by one of the two factors, either religion or tradition. Those who are Christians have also accepted Modern medicine and those who reject Christianity also reject Modern medicine. Just as the hospital forbids people from using Traditional medicine, so Traditional practitioners forbid people to use hospitals. They are told, “people who attend hospitals have themselves to blame if their disease grows worse and even results in death.”

The example from Mkar Christian Hospital has generally shown the negative attitudes Western-trained doctors have about Traditional medicine. It has also shown the dilemma of the patient who is discouraged from using Traditional medicine which is very easily available to him, and which he has been using since childhood. It looks impossible for the patient to leave Traditional medicine overnight and cling to Modern medicine which he accepts with suspicion. Sometimes an ailment is taken to Mkar Christian Hospital just to test and see if Modern medicine will also heal such ailments. What we need now is to leave the patients and concentrate on the Modern doctor to socialize him and make him see the dilemma of the patients on the one hand and the position of his Traditional medicine on the other.

Culture and Health Care

Traditional health care reflects the socio-religious structure of indigenous societies from which it emerges, together with the values and behavior developed over the years. In this manner, the African Traditional Medicine is the “totality of all knowledge and practices, whether explicable or not used in diagnosing, preventing or eliminating a physical, mental or social disequilibrium. This knowledge and practice relies exclusively on past experiences and observation handed down from generation to generation, verbally or in writing.” It is in this regard that, deep within Africans’ minds, they will continue to regard Traditional healers as competent to provide health services by using plants, animals and mineral substances as well as other methods based on the social, cultural and religious background. On this basis too, it is better for herbal drugs to be taken as they are prepared by the Traditional doctors and in this case we will forget about analyzing the substances of herbs because sometimes the ingredients have no relevance to the diseases they cure.

Culture, we know, is the chief custodian of any society’s way of living and on which rests how members of society live, work and interact. Culture dictates the forms of healing available to its people. Effective treatment rests then on the value attitudes which must fall in line with societal normative expectations.

Western medicine seems to ignore the African culture, replacing it with an alien culture. Modern medicine has woefully failed in satisfying Africans by referring to such salient things as driving out of spirits in patients as “primitive acts.” Africans consider “my disease driven out” when they perform their rituals. It is observed that even if the African governments do not officially recognize the Traditional practitioner, their effects will continue to be felt as long as society has its culture. We must have hope, and our only hope for an excellent performance is an integration between Traditional and Modern health care. Africans have

accepted the Western medicine but they now find it difficult to swallow the Western culture accompanying it.

Integration of Traditional & Modern Medicine

Mankind cannot afford wastage, particularly when it involves invaluable knowledge. It is important that all available knowledge on health be made available and utilized for the benefit of mankind. This makes the preservation of such knowledge a matter of priority.

This integration is necessary to preserve our invaluable knowledge and improve our health care delivery. China has earlier done it successfully and we can as well organize it here. In China today there are four colleges, six schools and twenty three refresher course centres for teaching Chinese medicine alone. There are over 5,000 highly qualified Modern doctors (300 of them full time) studying Traditional medicine. The government of China has employed over 20,000 Traditional doctors to man 144 hospitals and 453 clinics exclusively for Traditional medicine. And there is a good understanding between the Modern and Traditional practitioners.

Since Western medicine has gross limitations in Africa, and since Traditional medicine has been found valid in the African milieu, and since all approaches have their obvious limitations, this paper reiterates the salient need for integration. This is especially done in light of the insistence by Western and non-Western scholars for the integration of the two systems, the eagerness of the various developing countries, and the successful Chinese example.

Plans for the Integration

There are many scholars who have vaguely suggested this integration, but they have never attempted to suggest how it should be done. Integration could be done in various ways using drugs and medicines, healing techniques, exchange of manpower and medical concepts and paradigms. But a wholistic practitioner does not take only one item of practice and consider it integration. There are areas in which Traditional medicine excels and there are other ailments in which Western medicine excels. The general view of integration will depend first on the official recognition of Traditional medicine as a form and type of a medical system, so that expertise could be used with no discrimination by the patients. This will be based on structured cooperation when a formal referral system from both directions will be used. Here each of them is willing to recognize the possibilities and limitations of his own and other systems and to act accordingly (Unschold 1979). This cooperation will enable integration in all dimensions of medical systems – drugs, healing techniques, manpower and concepts or

paradigms. This cooperation is not expected to be easy because the developed world that produces drugs for African markets would always want to sabotage this cooperation between Traditional and Modern African doctors for their economic interests.

This integration does not in any way mean subordination of Traditional medical practitioners to Western practitioners. The policy makers on health are professionals who were trained in the Western mode and have their interests to protect. They feel sad to be equated with their Traditional counterparts and so succeed in making fun and caricatures of Traditional practitioners.

Integration is a “situation where all relevant primary medical resources are equally accessible to the previously different manpower groups with specialization occurring on the same basis as it occurs in Western type medicine.” Unless the status of the Traditional practitioner is re-examined, it would be difficult to make a meaningful integration. But faced with the problems of drugs, manpower, and poor roads in a capitalist system where wealth is exchanged for medical care, it is only timely to expect that governments of the developing countries would be dynamic on this problem of integration. The initial programme on the integration of Traditional and Modern medicine could be organized in this way:

1. The federal government should set up a committee charged with the responsibility of planning a systematic integration. Members of such a committee will include intelligent and reputable Nigerians with patriotic zeal who would look at Traditional medicine from the real perspective devoid of all unnecessary emotionalism. Such a committee must be made up of Western trained practitioners, Traditional practitioners, social scientists, nurses and some administrators who would enhance the execution of the plan. Members will come from all the states of Nigeria and would consider *inter alia*:
 - a. How Traditional clinics could be established in the rural areas, so that the Traditional practitioner will still stay in his home and attend to patients. They would also recommend aid to Traditional healers in the form of housing and other rewards, but not salaries, since paying of salaries would socialize them into bureaucratic “red tape-ism.”
 - b. They will work out a plan where some Traditional healers (depending on age and skill) will be located in Modern hospitals and will be charged with the duty of driving out spirits in people who so desire their services. This could be done after which the Modern doctor takes over treatment. Clinics would be manned by both Traditional healers and Modern health workers

like nurses and health assistants who would ensure good sanitation and hygienic environment. There would be established Traditional clinics, so that an individual would be free to attend whichever is better for him. Religion should not be allowed to interfere with any health care scheme planned.

- c. An authoritative body will be set to inspect the welfare of the Traditional healers and their patients so that aid could be granted by the government. Aid by the government should be substantial enough, bearing in mind that some Traditional healers, as professionals, live by the labour of their practice. Aid could be granted in accordance with experience and expertise. It should be clear to the reader that not only monthly salaries could make the traditional healers rich. Most don't even need riches. If our culture is used in initiating this model, salaries should not be introduced. Remuneration should only be in kind; e.g. provision of accommodation and furniture and other positive reinforcements which would encourage practitioners. Some of the hospitals will have inpatient services, and in all Traditional clinics, consultation will be done at any time of the day, as is done today by Traditional doctors.
 - d. The government should also register all Traditional practitioners, so as to check unnecessary influx of new and fake Traditional practitioners who would only want to benefit from the government aid and rewards. The government would be strict in admitting new practitioners. If this is successfully done, the Nigerian population will start to be proud of this group of people which at present are treated with contempt.
 - e. In all these, the government will not in any way interfere with the medical practice. The medicines should be taken by patients as prepared by and instructed by the healers.
2. The second thing would be methods of encouragement for more knowledge of Traditional medicine.
 - a. If Traditional medicine is officially recognized, many more educated people would be attracted to it and this will contribute a lot to health care delivery. There is a shortage of personnel everywhere; e.g. in Kenya, out of the 1,800 doctors, they have only 600 indigenes and there is one doctor for 70,000 people. Here in Nigeria with over 80 million population, we have

less than 3,000 doctors, with one doctor to 25,000 people in towns and 1 to 50,000 in rural areas. Rwanda has 1 doctor to 90,500 people.

- b. Government should open schools for study of Traditional medicine.
- c. A good study of Chinese integration should be made so as to make ours better than theirs.
- d. Universities and colleges should open Traditional medical departments and often arrange for seminars and symposiums on current trends in Traditional medicine. In the course of implementing this integration, better ways will automatically evolve.

Benefits and Problems of Integration

This pattern of co-existence of Traditional healers and Western type doctors will be indispensable because:

1. It presents to the society two clear medical systems and gives freedom of choice.
2. It ensures the preservation of the knowledge available in both systems.
3. It makes health care, which was hitherto difficult, easily available to all.
4. It also enables each system to specialize in the treatment of the ailments it is best equipped to treat.
5. It replaces competition with cooperation.

In any new venture as integration of Traditional and Modern medicine, problems are not unexpected. The more salient problem is how to make the Western-trained doctor, with his flying glory and sense of importance, accept his counterpart wholeheartedly. Such Western practitioners see Traditional medicine as “extremely dangerous” and to Western doctors from the West, Traditional medicine is a “death trap.” The next problem is to get it started; once we start, we shall surely go ahead. China started with problems, but now has remained a famous example of a nation that provides sufficient health care to its people.

In the capitalist economy of nations like Nigeria, where the national wealth is concentrated in the hands of a few private individuals, and where ability to survive is based on one’s strength in the competition to get health services, education and shelter, the integration of Modern and Traditional medicine will be very indispensable in alleviating the suffering of the masses who desire health services but don’t have the money to purchase. The clinics established will be close to all and cheap. It is believed that people make best use of services closest to them. The thousands of rural and uneducated people cannot afford to wait until there are enough fully trained doctors and nurses to go round.

CONCRETE APPROACHES TO HEALING

PREVENTION IS BETTER THAN CURE

Rev. M. A. Bankole

United Gospel Faith Tabernacle Church

The following are some of the remarks made by the Rev. M.A. Bankole. The remarks largely follow the order in which they occurred.

1. The United Gospel Faith Tabernacle Church is an independent church in the sense that it depends on no external agents for either money or manpower.
2. We are the Temple of the Holy Spirit. This Temple is to be kept clean and well cared for.
3. There was a pre-fall period known as the Dispensation of Innocence, during which all went according to God's plan, including health care. Our rebellion against God has put us out of the Dispensation of Knowledge. We are now ignorant and are forever searching.
4. Health care is part of the plan of salvation prepared by God. Modern and Traditional medical practices are all human plans, not God's. We must live properly so as not to defile the Temple. We must be holy.
5. Medical doctors cure the outside of man, but not the inner spiritual man. Therefore their work is not effective, but only superficial. Holiness is prevention.
6. Under our present dispensation we need to heed the instructions of James 5:13-15. It is stressed that a condition here is that we present ourselves holy.
7. The big problem with other types of healers, whether Cherubim & Seraphim, Modern or Traditional, is that they all are more interested in money and they make too many demands. This is true especially of C & S.
8. The same is true for herbalists, even though their methods are good.
9. When a person is sick, we pray over him and anoint him with olive oil. The reason for olive oil is simply that this is stated in James 5. It can be bought at the market.
10. When a person is prayed over but he is not healed, he may go to a medical doctor.
11. Other related Biblical passages are Hebrews 13:8, Matthew 11:28-30 and Jeremiah 32:17, 27.

A LUTHERAN PROJECT AMONG THE UKELE

Mrs. B. Lautenschlager

My husband and I have been assigned for nine years to a rural community health project sponsored by the Lutheran Church of Nigeria. We live in the newly created Ukele Local Government area which is located at the northern borders of Cross River State. We serve the North Ukele people – a population of about 20,000 people. The area has been underdeveloped and overlooked by the government. A secondary school is only now in its fourth year. Complete primary school classes have only been offered in the last ten years and there are only a few Ukele persons who have advanced through university level training. The road is very bad and often impassable in the rainy season, with bridges often out in the dry season. The government has one poorly-utilized dispensary twenty kilometers away from our own clinic. The Catholic Church sponsors two maternity centers and is also engaged in leprosy work.

The Lutheran Church of Nigeria has had a comprehensive approach in their services to this area. It includes language analysis, Bible translation, evangelism, church planting and church growth, a water digging project, culvert and bridge building project, community and leadership development, and the rural community health project. Six American families and two Dutch volunteers have served in these various areas over the years.

Comprehensive clinical services are offered at two permanent clinic sites where full daily services (antenatal care, health education, under-five clinics and curative care for all ages) are available. An ambulance and two drivers are always on call for taking emergency cases to the hospital 40 kms away. The village health extension program includes mass immunizations, health education and simple curative treatment on a rotating basis from village to village. This service is carried out by one enthusiastic young man who travels his circuit by motorcycle. The doctor holds regular consultation days at the clinics for referral cases.

My husband and I were given seven months of intensive language and anthropological training to prepare us to treat people with a wholistic approach. The most essential ingredient necessary to be able to practice wholistic medicine is a fluency of the language and a knowledge of the people's worldview—their religious understanding, their local practices and the taboos of the community.

This specific training has equipped my husband John to deal with patients as whole persons and not in terms of only disease and illness. Our experience shows that the Animistic religious practices are as deficient in treating illness as Western scientific medicine. There are, as we all

know, outstanding cures effected by both disciplines – tales can be told by the local people of wonderful cures afforded through spiritual means, as we can, of course, counter with miracles of drugs and surgery. But both fall short. We can learn from the spiritual approach of our local healers – and they can learn from us. It is as big an error for a local medical man to treat cancer, malnutrition, etc. with spiritual cures as it is for us to treat hysteria and anxiety reactions with pills. And we all know that many ordinary illnesses such as cold and catarrh are self-limiting whether treated by Modern or Traditional medicine. Therein lies the reason for successes on both sides.

We have come to appreciate that a good amount of illness that is reported in the clinic by adults is of a psychological nature. Psychosomatic illnesses are not the exclusive property of modern societies. The villages of a Pagan, Animistic society teem with stresses caused by fears of witchcraft, sorcery, ancestor bedevilment and the like.

The people of our area believe in a witchcraft practice called the water society. So-called members of this society promise the water spirit the *spiritual* (not physical) sacrifice of their own family members in order to obtain wealth in yams, goats and money. We do not know if this is a true society of members, but we do know the results are the same if true or not. For an example, a 12 year old school boy received a grass cut over his vein on top of his foot. He became very frightened, and, although was with another boy who could have summoned help, he ran the distance home, pumping out blood from the wound as he went. When arriving in the compound, the family members went hysterical, each begging that it should not be them who was sacrificing the child. Various spiritual cures were sought after according to the advice of various spiritual priest-healers. Eight hours later, when the child was finally brought to the clinic, it was too late and the child died of shock that could have been prevented by simple pressure on the area with the foot being held high. This child died of spiritual causes alright – but of the spiritual fears due to the worldview of the people. As Christians we certainly have something to offer in this situation and as modern medical people, we have simple effective first aid measures that should be taught.

Some psychosomatic illnesses are caused by the person's own feelings of guilt and often of his own bad feelings to neighbors or friends, which he then perceives in the reverse, that is, that they actually feel badly towards him and are attacking him with curses. One day when I was relieving the dispenser in the clinic, a man reported to me a set of symptoms that obviously denoted psychological problems. I asked if anything was bothering him. He denied such. Not satisfied, I probed and probed his family and community situation until suddenly the man explained that I surely must be a seer, that it was true that he had stolen a large amount of money from his men's meeting. He had gone to various spiritual healers for the cure of his symptoms of guilt and had made numerous sacrifices of chickens and goats, but to

no avail. The other clinic worker (all clinic workers are Christians) and I proceeded to tell the man that he would indeed be well again, that he must return the money he had stolen and ask the forgiveness of the men and of God. We assured him of God's love and forgiveness as we told him about the Gospel of Jesus Christ. The man became quite comforted as he realized that this was indeed the source of his problem, but still, as he turned to go, he asked for just a few pills to help him. I refused, knowing that I had indeed given him all that he needed to become whole again. This simply was not a case where Western medicine in the form of pills would help. The clinic worker and I had indeed practiced wholistic medicine.

Living in a village as we do and not on an "expatriate compound" has given us many insights to the people, their community practices and their religion as we relate to them day to day as neighbors. We now know many "clues" that help us in our investigation and history taking. An extensive five year cross-sectional health survey has also been carried out by my husband. This afforded an opportunity to compile a rather complete listing of Ukele disease categories with their names and symptoms. This medical knowledge has helped immeasurably in getting to the roots of many medical problems that are hidden at first.

Through the years, the clinic health assistants and the other clinic workers have also become more aware of spiritual and psychological problems connected to disease and illness and have become more proficient in assessing these areas as they treat their patients. Some are more adept than others in learning how to look at persons as more than a set of symptoms. In fact, our two drivers are very good at seeing patients in the overview of family and community relationships. We would hope more emphasis on these areas would be included in modern health training courses, but they are unfortunately overlooked by the very people who could understand them best, Nigerians themselves. It is for this reason that Christian churches should encourage faithful members to qualify for positions in the healing arts and sciences. These Christian medical workers should then be prepared to serve in their own language and cultural areas where they are most able to treat patients in a wholistic manner. Nigerian Christians are those most qualified to strive to heal their neighbors as Christ did, seeing fellow mankind as whole beings needing much more than only prayers or pills, but a comprehensive combination of both.

In recent years we have assumed a broader outreach in the entire Ogoja area where the Lutheran Church of Nigeria is working in seven additional language areas. This expansion of a "good thing" actually hinders our continuing to do a satisfactory job of wholistic health practice in our original area (as we are spread too thin), plus we are not able to really duplicate our efforts in other tribes where we don't know the language or culture. Our work, therefore, in our other clinics are based on more recognized forms of medical care.

Our conclusion, therefore, is that living with the people, speaking the language, knowing the culture, and limiting the scope of one's outreach makes for a more successful attempt at practicing medicine with a wholistic approach – seeing the person in his physical, spiritual, emotional, familial, communal and cultural context. The proponents of Traditional medicine overlook the fact that they, too, see the person only one-sidedly, often overlooking the obvious physical expression of diseases. We do have a lot to learn from Traditional African healing practitioners – but let us note that they also have a lot to learn from us, both as believers in Christ, and as Modern medical professionals.

TREATING THE WHOLE MAN

Dr. Peter Hill

Rural Health Program, Church of Christ in Nigeria (COCIN)

In the preformative years of the COCIN Rural Health Programme, curative medicine and proclamation of the Gospel went hand in hand, though as distinct entities. Several of our early workers, particularly Malam Tyom in Kwalla District, preached effectively after giving primary care and, in so doing, had a dramatic effect in building up their churches.

In 1976, the current scheme was established, principally using staff trained at Alushi Medical Centre, an institution operated by EKAN Mada Hills. Graduates of that course saw the importance of beginning work with simple devotions and giving Christian examples of witness, though treatment of the physical seemed to dominate their practice. The beginning of the Village Health Worker's scheme gave us opportunity to experiment with our own "content" in their training. Integration between spiritual and physical health training has been greater here. This served as well to alert us to the possibilities with our dispensary staff.

Perhaps with a smaller armamentarium of drugs, the workers are more conscious of God's power at work in our lives. But surely this can be implemented at all levels. The man with the peptic ulcer can still receive his aluminium hydroxide, but also hear the teaching about worry and anxiety from the Sermon on the Mount. Those patients showing signs of depression or guilt can receive the assurance of the parable of the prodigal son. The seriously ill need the conviction of a life after death and the comfort that that brings. Patients with venereal diseases need the forgiveness of Jesus who associated with "prostitutes and sinners," and not just an unsympathetic ten days of procaine. What better opportunity to give an insight into the Christian view of marriage – the two becoming one flesh, each endeavouring to satisfy the other – than with cases of impotence and infertility where so often we feel impotent to cope with the problems of ourselves. Certainly these are largely areas of psychosomatic disease, but being aware of the opportunities can make such a difference. What better situation to speak of Jesus shedding his blood for us than where transfusion is necessary to save a life? How touching for leprosy patients to know that the Lord used to eat at the home of Simon the leper! How many patients do we see every day named Isa, Musa, Adamu, Ibrahim, etc.? A simple story of faith, based on the prophet whose name they bear, would certainly impress. Why not pray in the name of *Isa Almasihu* or explain how Ibrahim became the "friend of God." Who knows what impact it may have?

I do not suggest that all these opportunities are being actively used in our dispensaries. Certainly our Annual Spiritual Retreat, shared in December 1981 with the staff of Ilesha

Christian Health Centre, did much to sensitise our workers to the possibilities. May the Spirit Himself guide them and us as we encourage them.

GROUP REPORTS

REPORT GROUP I

BIBLICAL AND AFRICAN TRADITIONAL CONCEPTS OF HEALING

A. Contrasts and Differences

1. *Investigating the Cause* – The Traditional healer seeks the cause of sickness through relatives and friends. This is unknown in the Bible.
2. *Treatment* – by the Traditional healer depends on the case history obtained from relatives and friends. It often takes the form of incantations and recitations which are then followed by herbal treatment. In the Bible healing used to be through faith and in the power of the Holy Spirit.
3. *Prevention* – In Traditional prevention, healing is by instructions not to contact people suffering from specific diseases. In the Bible, the common instruction is “go and sin no more.” However, there are some rules for preventive hygiene.
4. While the Traditional healer practices on basis of belief in various gods and (evil) spirits, the Bible emphasizes the work of the Holy Spirit of the one God.
5. While the traditional healer often attributes sickness to causes such as punishment from God, witchcraft or poisoning, the Bible attributes it sometimes to sin or to the glory of God, but often leaves the question unanswered as a mystery.

B. Similarities

1. Both methods assume the patient to be member of a community to which he is supposed to look for help. Jesus sends a healed man to the priest.
2. Both methods depend on the mysterious power of a Supreme Being for healing, though that Being is identified differently. See A.4 above.
3. Both provide instructions concerning ways to prevent reoccurrence.

C. Integration

1. Some Christians practice Traditional medicine but, instead of Traditional incantations and rites, they use prayer.
2. The Traditional practice recognizes, along with the Bible, the reality of evil spirits. Thus a form of exorcism is needed as is now increasingly realized by Christians.

REPORT GROUP II

TRADITIONAL AFRICAN AND MODERN SCIENTIFIC HEALTH CARE

A. Contrasts and Differences

1. The main differences lie in the area of *worldviews*. Whereas the Traditional African approach emphasizes the reality of the spiritual world and its power and influence, Scientific health care tends to emphasize the physical or mechanical aspects. This contrast should not be overplayed, however, for Native doctors also have their physical/mechanical techniques. While the Native practitioner pays more attention to external powers, the Modern doctor emphasizes internal causes.
2. While Traditional practice is learned through a long period of apprenticeship, the Modern practitioner studies in the university. While the former involves the sharing of secret information with a specific person, information that is purposely hidden from all others, the knowledge gained by the scientific community is open to all who have taken the trouble to understand the issues. New information is regularly shared on a world-wide basis, except that which has commercial value!

B. Similarities

1. Both aim at healing.
2. Both are well defined, at least by their practitioners.
3. Both are grounded in their cultures and thus could be described as ethnomedicine. Western medicine is as much the product of a philosophy as is Traditional African.
4. Both can be directed by religious beliefs.
5. Both are instrument symbols.
6. Both are deficient; the Traditional approach neglects the physical too much, while the Modern neglect the spiritual and social dimensions of sickness.

C. Integration Needed

1. The Nigerian Prof. Lambo as well as the World Health Organization (WHO) support moves for the two traditions to approach each other for their mutual benefit and enrichment.
2. Modern practitioners should attempt to develop personal relationships and dialogue with Traditional healers.

3. Meetings should be arranged involving practitioners from both traditions.
4. Scientific healing must become more conscious of the social and communal aspects of sickness and health.
5. It has been discovered that many simple scientific practices can without great difficulty be absorbed into Native medical practice, while Modern practitioners should be more open to Traditional concepts and practices, especially those found not to be harmful.

REPORT GROUP III

THE RELATIONSHIP BETWEEN THE BIBLE AND WESTERN MEDICINE

A. Contrasts and Differences

1. The two schools of thought differ in their definition or conception of what constitutes a healthy person. Starkly Scientific medicine as practiced in Nigeria regards a person sick when the body has a malfunction. The Bible takes seriously such malfunctions, but then also considers health and sickness as more complicated in that they are influenced by one's relationship to God and the reality or otherwise of salvation.
2. According to the Bible, a person may be physically healthy but still considered sick if he is not right with God.
3. Scientific healing emphasizes chemotherapy and other "solid" forms of treatment, while in the Bible there is more emphasis on the miraculous. While prayer is a prominent means of therapy, according to the Bible, this is often considered unscientific, unempirical and therefore not respectable by practitioners of Modern medicine.
4. Scientific healing focuses more on smaller organisms and microscopes, while the Bible takes into account social justice and other factors in the realization that health requires normal conditions of good health and health care.
5. The Bible takes seriously the physical, spiritual and social dimensions and as such is less one-sided than much of Modern medical practice with its emphasis on the physical.
6. Modern medicine is incapable of raising one from the dead, but the Bible testifies to that possibility and contains records of such cases.

B. Similarities

1. In view of the differing conceptions of healing, it is not easy to find similarities between the two traditions. However, historically it can be said that the Bible has played a significant part in the development of science and technology in general and thus in that of modern medical science and technology as well. Furthermore, one can legitimately view the development of Scientific medicine as part of man's historical response to the original mandate to develop the earth and rule it.

2. Both traditions conceive of physical health as a good thing. The Bible does not share the opinion of some earlier school of Christian thought that it is beneficial to suffer physically and to chastise the body.

C. Denominational Differences

In considering these issues, we must all recognize the reality of denominational differences that we cannot change. There are different ethical norms and values amongst us and we should appreciate these. Some oppose blood transfusions, test-tube babies or use of contraception, while others accept them all. Some reject Scientific medicine altogether. These views are usually closely intertwined with religious and theological beliefs.

D. Integration

Though earlier it was stated that Scientific and Biblical notions concerning health and sickness are very far apart, this is so largely because the Modern approach tends to be exclusive of many dimensions of human life that influence health. However, Biblical teachings are not that exclusive and would encourage use of all legitimate means of healing, including modern technology. But the latter must be freed from its Traditional limitations, for it is these limitations that have distorted it.

RESOLUTIONS

The main resolution that emerged from the seminar was to appoint a TASKFORCE, the duties of which consist of the following:

1. To deliberate on finding ways of training people in Christian Wholistic health care.
2. To locate in the various churches people interested in the concept of wholistic healing and to stimulate them to search together for a fuller understanding of what it would mean in practice.
3. To appoint a team of four people to do an understudy of one month at the Christian Health Centre in Ilesha. These are to include at least one medical doctor, a nurse and a pastor.
4. To keep CHAN informed of her activities and to enlist her cooperation in our search.

The members of the TASKFORCE are:

Dr. G. Verbrugge, Medical Superintendent, Evangel Hospital

Sister Taiwo, Nursing Sister, Evangel Hospital

Rev. D. M. Gotom, Principal, Theological College of Northern Nigeria

**Rev. Dr. John H. Boer, Institute of Church and Society, Northern Area Office
(Coordinator of the TASKFORCE)**

A member of the Roman Catholic Church to be appointed by that church

REGISTERED PARTICIPANTS

- Ademah, Mr. Manasseh, Nurse at Mkar Christian Hospital (MCH)**
- Akintade, Mrs. Moni, Counselor at Christian Health Center (CHC)**
- Akintade, Rev. Dr. Bode, Director of CHC, P.O. Box 109, Ilesha, Oyo State**
- Andrew, Dr., Doctor at Evangel Hospital (EH), Jos**
- Aninn, Sr. Catherine, Student at Formation Institute, Holy Child Convent (HCC), Jos**
- Apollos, Mr. Bitrus, Student at University of Jos (Unijos), Jos**
- Babalola, Mr. Gabriel, Trader, P.O. Box 280, Jos**
- Bankole, Rev. M.A., United Gospel Faith Tabernacle Church (UGFTC), P.O. Box 280, Jos**
- Boer, Rev. Dr. John H., Institute of Church and Society, P.O. Box 6485, Jos**
- Boluade, Rev. E. B., Dept. of Religious Studies and Chaplain at Unijos**
- Bonsi, Dr. S.K., Dept. of Sociology, Unijos**
- Dairo, Rev. Abraham, Clergy at UGFTC**
- Dorothy, Sr., Student at HCC**
- Gangum, Mr. Ezra, Student at Theological College of Northern Nigeria (TCNN), Bukuru**
- Gotom, Rev. Dr. M.D., Principal of TCNN**
- Grace, Sr., Student at HCC**
- Holt, Rev. Dr. B. P., Lecturer at TCNN**
- Ilo, Mrs. Catherine A., Nursing Sister, Our Lady of Apostles Hospital, Box 2665, Jos**
- Ityavyar, Mr. Dennis, Lecturer, Dept. of Sociology, Unijos**
- Kagula, Mr. B., Student at TCNN**
- Kistein, Rev. Fr. J, St. Augustine Seminary, Jos**
- Koer, Mr. Tom, IDA Foundation, P.O. Box 3098, Amsterdam, The Netherlands**

Lautenschlager, Mrs. B., Nursing Sister, PMB 145, Ogoja, Cross Rivers State

Machunga, Rev. A.W., General Secretary of TEKAN, P.O. Box 475, Jos

Margaret, Sr., Student at HCC

Pam, Mr. I. H., Student at TCNN

Taiwo, Mrs. Comfort A., Nursing Sister at EH

Vander Wal, Mr. Joop, Christian Central Pharmacy, Jos

Verbrugge, Dr. G., Superintendent at EH, Jos

Visser, Dr. Hank, Doctor at MCH

Wright, Dr. E. A., Doctor at Teaching Hospital, Unijos

Yamtal, M. Moses I., Student at TCNN

Yashi, Mr. Dennis A., Nurse at MCH