CHAPTER ONE
WHOLISTIC HEALTH CARE … WHAT IS IT?

by

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1. Introduction

As Chairman of CHAN's WHCP I am glad to be able to welcome you to this training organized by Dr. Bot. I congratulate you on realizing that the importance of this training is enough to make you leave your very busy schedules. I say "importance" with good reason, for we are going to be dealing with issues that will eventually affect the health of the entire public, Christian or otherwise, including our own.

My last sentence is in the future tense, for we are talking about a programme and concepts that are only in their beginning stages and so their effect is still a future expectation. But that this program *will* have an effect, I have no doubt. I am confident that eventually this programme will not only affect the patients in our CHAN institutions, but it will spill over into the public and private health sectors. Already we have heard an official representative of the Plateau State Ministry of Health indicate high appreciation for both the programme and its concepts. Though it remains to be further developed and refined, the basic idea of WHC is so right that no one can really argue with it in principle. It represents the wave of the future in health care.

It should be realized that WHC touches upon the very lifeblood of our churches. If you see how our members are trooping by droves out of our churches towards the new mushroom healing churches, then you should recognize the handwriting on the wall, the crisis that is facing us as pastors and health workers of mainline churches.

It is time to take the bull by the horns. It is time we examine the issues objectively, fearlessly; that we analyze the reasons more and more people find our churches less and less relevant to their lives. And we want to do this in this training by concentrating on the issue of WHC. So, I bid you a joyful and sincere welcome to this training with the prayer that the Spirit of God will give us a spirit of openness.

2. Evolving Definition of WHC

If we are going to deal with WHC, we should begin by knowing what it is we are talking about. Though I emphasized above that WHC is a new concept, that fact does not negate the truth that WHC as it developed in CHAN has already more than a decade-long history. During that decade a definition has slowly evolved that will continue to evolve, at least for the time being, as the concepts clarify themselves in time.

2.1 1980 Definition

The first officially-accepted CHAN definition or, better, vision of WHC was produced at the 1980 National Council meeting in Ibadan. Allow me to quote:

> The term "WHC" can be used in various senses. 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. In this approach we extend Christ's compassion for the suffering and those rejected by society, while witnessing to the continual coming of His Kingdom among us. Our vision includes a medical care system in which *medical personnel have time* to deal with patients as persons, so as to discover the root causes of suffering, which could lie in family, cultural or religious dimensions. This approach is effective when the personnel have themselves experienced wholeness in Christ, so that they become caring, listening and praying people. These qualities can be enhanced by providing time for reflection, leisure and rest.
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> Our vision includes mutual support and understanding between *medical* and *pastoral* personnel. All Christians are awakened to their individual and corporate responsibility in health and healing. Both medical personnel and church leaders are radically deepening the people's understanding of Christ's healing ministry today (*Cf*. Boer, 1989, p. 6).

The committee that produced this statement was an *ad hoc* committee that had only a few hours for its assignment. Hence, one could hardly expect a perfect version of a vision that would require years to develop; in fact, one that would continue to develop indefinitely. Nevertheless, that statement contains some basic building blocks without which WHC cannot exist.

A word of caution may be necessary. The terms "wholism" and "WHC" are used by many groups and their precise definition varies according to the basic philosophy of each group. Hence, when you meet those terms in other contexts and perhaps find them associated with unacceptable ideas, do not immediately jump to the conclusion that those ideas are part of CHAN's WHC philosophy. A case in point is the currently popular movement in the West known as "New Age." "Wholism" is a key concept in their philosophy, but their definition of the term is far from that of CHAN.

2.1.1 The above definition refers to the example of Jesus, "who cared for the whole person, physical, emotional and spiritual." These three dimensions, of course, hardly exhaust the aspects of a person's life. There is the dimension of the social: sickness is often caused by problems in human relationships. When poverty deprives a person or group of adequate food, the economic dimension comes into play.

This poverty may be the result of political oppression, another dimension. The sickness may be the result of a filthy environment, the ecological dimension. There may have been an accident due to reckless driving, an act of irresponsibility that is to be located perhaps in one's psychology. In short, the original definition fails to include all the dimensions of a person's life that may influence his health. It is not sufficiently wholistic.

2.1.2 Another problem with the description is that the phrase "Christian prayer and concern and scientific medical technology" easily leads to the impression that scientific medical technology is not part of Christian concern. In WHCP's 1989 booklet, we have emphasized the fact that science and technology, including the medical side, are originally products of the Christian mind (pp. 10, 11). Thus, though in the minds of non-Christians medical science and technology have no association with Christianity or any other religion, historically the connection cannot be denied. It will, therefore, not do to separate "Christian concern" from "scientific medical technology." Though it is true that WHCP recognizes the limitations of medical science and is trying to reduce the inflated expectations people have of it, it is equally true that WHCP accepts it with gratitude as a gift from God that will continue to be utilized as *part* of health care – but not the whole of its *medical* care, but as one of the several components of *health* care. CHAN and its members should specialize in *healing* programmes in which *medical* care plays a part but is not the whole.

2.1.3 Three resources are listed in the statement. No one in CHAN will argue with the legitimacy of medical science, though we should cease to regard it as the whole of healing ministry or even as the most important aspect. Neither will anyone in CHAN argue with Christian concern and prayer. That aspect has always been there but it has been there with varying intensity. The main thrust in most CHAN institutions has been on the medical. That is where all the resources have been allocated. All our healing facilities have been designed around that centerpiece. Prayer and concern have usually been expressed in that medical context. The highest salaries, best houses and greatest prestige have gone to the medical healers not to those who were expected to specialize in "Christian prayer and concern." Patients do not come to our hospitals for prayer but for medical treatment.

2.1.4 The controversial aspect here, of course, is that of so-called "faith healing" or healing by prayer. The controversial nature of the question has been

heightened by the existence of religious groups who pit medical healing against faith or prayer healing and reject the former. For further explication here, please refer to pages 30-31 in our 1989 publication. Suffice it to say that a healing ministry must have as a major component "Christian prayer and concern" *from which we expect results.* We will operate on basis of an open universe where God is free to bypass or intervene in the laws of nature He Himself established. Prayer must not be reduced to a mere adjunct to medical care.

2.1.5 The point of the last paragraph becomes very important once we realize that, even though medical knowledge is available, access to medical facilities is becoming increasingly difficult for many people. Though we are obligated before God to make use of such facilities whenever possible, we should not be driven to despair when they are out of reach. In such cases we find ourselves in a situation similar to those of Jesus' day where prayer, faith and miracles played such a large role. Though secularism and science both tend to discourage our hope in the effectiveness of such ministry, we should not allow that to happen. The power and love of God have not diminished since Bible times.

2.1.6 Another source mentioned in the 1980 definition is that of African Traditional Medicine (ATM). Here, too, there is no need to repeat pages 29-30 in our 1989 publication. No one is blind to its problems: association with non-Christian religious elements, lack of standardization and hygiene, wrong diagnosis and treatment, etc. But, in view of the fact that it is still the most popular form of health care in the country, is it not foolish to condemn it wholesale without examining it carefully?

We do not need to start from scratch, for we can use the findings of various universities that have already been working in this area, in the sociological, religious as well as medical fields. And would it not be great service to the people if we could help in improving its methods and medicines instead of avoiding it like the plague?

From a theological perspective, the recommendations of a group of mostly Nigerian pastors and missiologists meeting recently in Jos under the auspices of Fuller School of World Missions, may be helpful. They listed both acceptable and unacceptable aspects of healing practiced by some African independent churches, but also found in ATM. Among the acceptable aspects were the use of natural herbs, oil, symbols, laying on of hands (physical contact), change of environment, confession, exorcism and music.

2.1.7 A key phrase in the second paragraph of the above vision statement is "to discover the root causes of suffering." Biomedicine tends to restrict its search to

biological causes, while some Charismatics limit themselves to spiritual factors, but WHC insists that a healer must search for the root cause in any dimension and find a way of attacking or neutralizing that cause. It is quite likely that often more than one root cause may be identified.

The "root cause" is one of the most fundamental concepts of CHAN's WHCP.

Of course, healing cannot stop at diagnosis. Once the root cause(s) has been identified, the question of treatment arises. If the cause is *only* physical, a situation that may be true for only about 20% of the time, prayer and medical treatment is called for. But what if the cause is spiritual or sociological or economic or political? Medical treatment may still be needed to treat the symptoms, but we must go beyond that. Who is then to be called in? Do we have specialists for all the non-physical causes who can just give a healing prescription?

2.1.8 This is where the emphasis in the definition on the whole people of God comes in. Please refer to pp. 17-24 in our 1989 publication, where we seek to enlist people from all walks of life and where it becomes clear that everyone's health is everyone's business. This is certainly so in the Christian community.

2.1.9 Our pastors need much better training in recognizing problems and dealing with them. So do our church elders. Perhaps one of the most important pastoral tasks is to train the elders and others who have the gift of healing, prayer, counseling, etc. to utilize these gifts. The members in general must be taught to feel responsible for each other and be prepared to minister to each other. The entire healing ministry must be taken out of the hands of specialists who tend to jealously guard their turf and be turned into the business of everyone. That is the reason WHCP is now beginning to work at the establishment of health committees in local churches, where prayer and counseling will heal a lot of people. People should eventually turn to the church *first* and expect results there. The church has to redeem her gifts and her reputation in this area, "*church"* here referring to the entire people of God, not merely the clergy.

2.1.10 The reformation being described must be extended as well to the professions, according to pp. 22-23 in our 1989 booklet. Each Christian professional must regard his profession first of all as an avenue for healing. He is to regard income levels first no more than pastors are expected to do. Like everyone else, life is to seek the Kingdom, that is in this context, the health or well being of all as his primary goal. The rest will come, according to Christ's promise.

2.1.11 But the central responsibility for one's health lies with each person himself. In biomedicine and in ATM the patient tends to be reduced to an object that is treated. WHC demands that everyone takes primary responsibility for themselves. Life and work style, types of food and a host of other factors have great influence on one's health. Everyone has the responsibility to arrange his life so as to encourage health rather than sickness. No one can hand responsibility for his health over to another, except under unusual circumstances.

2.1.12 The role of the chaplain has been treated in our 1989 publication, pp. 12-13, and needs no further discussion here, since no new development has occurred. I also draw your attention to the report of WHCP's training on chaplaincy in 1984.

2.2 1989 Definition

In our 1989 publication, page 17, another attempt at describing WHC is offered: WHC is a form of health care that searches for the root cause of a patient's problems. It identifies the physical aspect of the problem and treats it, but it goes on to search for the root cause, which will often be found to be non-physical. That cause may be found within the patient, in his relationship to God, to his community (family, local, national, international) or in the environment.

Now that description of WHC envisages an approach to healthcare very different from what most CHAN churches practice, so different, in fact, that when CHAN was first approached about it, a lot of opposition arose within its ranks. People felt threatened and entertained all sorts of misgivings. Some thought we were opposed to the methods of modern medicine. Others were afraid we were advocating Charismatic philosophy. Yet others suspected us of wanting to return to Traditional Nigerian medicine. None of these, or course, were true and that has been recognized by now.

Like the description of 1980, this one has its problems, especially its incompleteness. It includes neither reference to the agents responsible for health and healthcare nor to the variety of resources and methods available to us.

2.3 Current Definition

Perhaps a combination of the first and second descriptions along with that of Donald Tubesing in our 1989 publication (p. 17) can produce a definition more complete, specific and current.

Christian WHC in our present context is a form of healthcare that:

- is based on firm theological historical and sociological foundations (1989, pp. 24-28);
- recognizes the patient as the agent with the primary responsibility for one's own health and healing at all stages (1989, pp. 17-20);
- involves the entire body of Christ in mutual care giving, including the professional lives of members (1989, pp. 17-24);
- makes government and politicians aware of political and economic dimensions of healthcare (1989, pp. 15-17);
- identifies the root cause of a specific problem (1989, p. 17);
- explores all appropriate avenues, agents and resources for healing in a multi-dimensional approach (1989, pp. 15-17);

- makes grateful use of the church's established gifts of healing by prayer and sacraments, counseling, and biomedicine (1989, pp. 10-12, 30-31).

Of course, this definition will also soon be outdated as WHC concepts continue to evolve and become more specific. This session could serve to contribute to that process.

3. Postscript

This paper does not stand on its own. It heavily depends on our 1989 book and assumes that both reader of and listener to this presentation have carefully studied that booklet. It should be stated that, like the definition of WHC, the title of that booklet should be corrected. Unfortunately, what is printed is printed.

The title is too reactionary and too man-centered. The background of the title is biomedicine with its tendency to reduce patients to objects on whom biomedicals perform their skills. The only responsibility of the patient is to accept the treatment obediently. Patients come from the hospital in Nigeria often hardly aware of the nature of their problem for they have not been told. Only obey. Do as told. Even his file is not accessible. Patients are mere objects. The title is a reaction against this mentality and emphasizes the responsibility and right of the patient and even his considerable ability to contribute towards his own healing.

The problem is that the title does not acknowledge that the main healer is God Himself. Not the medics. Not the pastor or counselor. Not the patient. But God Himself. I regret this important slip in my thinking about the title. Though the book itself rectifies this problem, it is regrettable that the reaction against the disenfranchisement of the patient in biomedicine, especially in Nigeria, has led to a man-centered title. I publicly apologize to the Great Healer for this slip.