

HEALTH, HEALING AND RELIGION: AN AFRICAN VIEW

JOHN S. POBEE*

“All sorts and conditions” of third world

My invitation was to read a paper on “Health, healing and religion as understood and practised in Asian or African cultures”. I have taken the “or” in the assigned topic seriously not only because I am not confident to wax eloquently on Asia but also because of time constraints. However, there is a deeper reason: it is not unusual to treat the so-called South, third world or developing world as one block over against the North or first world or developed world. Such efforts tend to miss out on the “all sorts and conditions” of the so-called third world, with the result that solutions emerging from such broad generalizations time and again either do not satisfy anyone or prove impracticable in many a third world region.

All sorts and conditions of the African

Again, *homo Africanus* is a multi-headed hydra. The Caucasians of South Africa and Namibia are as much African as the Bantu Negroes south of the Equator. The former have known no other home but Southern Africa since the 17th and 18th centuries. Into that polysemous, polyphonous, multivocal African in Southern Africa may be thrown Bushmen from the Kalahari, Hottentots and Pygmies from Congo Basin, the Negroes of West Africa, Hamitic Negroes of Northern East and East Central Africa and the non-Negroid Hamites of North Africa, and Arabs.

This story of multi-headed *homo Africanus* has implications for the cultures and religions of Africa. There are cultures many; and as Tillich and Niebuhr¹ argued, culture is the solvent of religion. Because there are many cultures, there are many religions. Even within the one religion, such as Christianity or Islam, there will be cultural additives, which have everything to do with peoples' perspectives and expressions.

This, my paper, at best is *an* African view, and certainly not *the* African view.

Cantwell Smith on religion

According to Wilfred Cantwell Smith, religion is a misnomer in the sense that what we know is not so much religion itself as religious persons. Accordingly, he distinguishes between faith and belief. While *faith* denotes the phenomenon

*Rev. Canon John S. Pobee is professor emeritus of the University of Ghana. He was president of the International Association for Mission Studies 1988-1992.

of religion, *belief* refers to the body of creeds, rituals, laws and specific formularies.² The overall theme in the context of which this particular paper is given, is “Health, Faith and Healing”. Thus we must be concerned with three things. First, “What does the faith, the phenomenon of religion say about health and healing?” Second, “What have the creed, rituals, laws and specific formularies to contribute to articulating health and healing?” Third, “What is the particular African slant on the subject?” In this regard let us observe that many an African who claims not to be an adherent of African traditional religion, i.e. not to believe, yet at crucial moments, like the crises of life, reflects the attitudes associated with traditional African faith.

African cultures

In addition to what has been said of *homo Africanus* and culture as the solvent of religion, let us add that Africa is as ancient as it is modern. Thanks to the experience of colonialism, the missionary expansion and our contemporary communications revolution, there is nothing like the pristine African, let alone pure African cultures. African cultures as they are today are alloys of traditional value systems, beliefs and practices, and of new value systems, etc. imbibed from foreign cultures. This is important especially because traditional cultures and religions are accommodating and welcoming and not exclusive. Jesus Christ has been known to be incorporated into traditional African cultures and religions. If this simple fact and reality is ignored, we risk missing the real *homo Africanus*.

Syncretism

Of course, it is not uncommon for people to speak of African religions, whether indigenous or those of foreign origin but which have taken hold in Africa, as syncretistic. Such talk, as widespread as it has been, especially in mission rhetoric, is misguided. Schreiter is convincing when he writes:

If contextuality is about getting to the very heart of the culture, and Christianity taking its place there, will not the Christianity that emerges look very much like a product of that culture? Are we going to continue giving cultures the equivalent of an artificial heart – an organ that can do the job the culture needs, but one that will remain forever foreign?³

Similarly, Leonardo Boff states: “Christianity is a syncretism par excellence”.⁴ The more important and useful thing is to discern “under which conditions and when is syncretism not only acceptable but necessary?”⁵

Changes in the demography of world Christianity within the context of pluralism

Surely the missiological fact that the centre of world Christianity, for example, has shifted from Europe and North America especially to Africa, but also to

Asia, Latin America and the Pacific,⁶ has implications for the cultural and religious scene of Africa. Furthermore, in Africa in particular, as in Asia, the discussion is not from the perspective of a well nigh dominant culture of Christendom but from an essentially pluralistic context. This changes the ground rules for discussing the African cultural thing. It is not without significance that African institutions of higher education have changed from departments/faculties of theology or divinity to departments for the study of religions, as for example in the University of Ghana, or departments of religious studies. The change was meant to signal that in those departments persons of different faith commitments are engaged in mutual encounter and dialogue, among other things for mutual peace.⁷ Here the comments of Wilfred Cantwell Smith on religion mentioned above are crucial. Let me say that religious resurgence is happening on all fronts and in all religions in Africa. So let us not rejoice too quickly at the fact of Africa becoming the heartland of world Christianity.

African initiatives in Christianity and healing

Another significant development in Africa is the rise of the African initiatives in Christianity⁸ or more commonly African Independent Churches.

The churches within this genre vary. Three things may be said of them. First, they represent a dynamic and growing section of the change taking place in the demography of world Christianity by which the heartland of Christianity is especially Africa.

Second, they represent the attempt to change the North Atlantic captivity of Christianity and church as it has come to Africa from Europe and North America, to accommodating the Christian faith to Africa *in vivo* and *in vitro*. This means that when we talk of health, healing and religion in African cultures, we may not limit ourselves to traditional African cultures. We need to take on board the particular *skēnōsis* of the word of God in this particular genre;⁹ for here in this genre there is a meeting or encounter and engagement of Christian faith with African cultures and religions. To some of the cultural additives we shall turn in a little while.

Third, the appeal of the AICs has largely to do with their reputation and claim to heal. Of course, the church hospitals also mediate healing but the decided emphasis of healing in the AICs is on miraculous healing or healing by the power of the Holy Spirit. Article 13 of Mosama Disco Christo Church's (MDCC) Articles of Belief states: "We believe in Divine healing" – James 5: 14-15; Isaiah 53:4-5; Luke 8:43; Matt. 15:28. A classic example is recorded by Baeta in his epoch making study of AICs. He records a proclamation by a catechist in the MDCC: "We are all in this church because we have found healing here. But for this church the great majority of us here assembled would not be alive today. That is the reason why we are here: is that not so?" To that question came from the congregation as an answer a unanimous and most decided "Yes".¹⁰

African cultural additives to the debate

(i) Health, healing, God and providence

Upon meeting another person, especially in the morning, there is the following conversation before they get into any other business or discussion.

Wo ho tse den? i.e. “How are you?” Literally, “How is your self?”

Onyame adom, i.e. “By God’s grace (I am alive and enjoy good health).”

This little dialogue articulates an *Akan’s* conviction that good health is a gift from God, or more accurately it is a gift of grace showered on us by the creator God. The corollary is the *Akan* saying “*Oyare to wo mu a eye anyamesem, na enye w’abusuafo na erekum ow*”, i.e. “If you are afflicted by illness, it is the way of providence, and not the result of the witchcraft of your relatives.” We shall have occasion to return to this proverb. Suffice it here to state that health like its absence is the doing of God, indeed it is a gift of sorts from providence and God. It is by design that in the sub-title I speak of both providence and God. They both highlight the gift dimension. However, there is also an element of determinism.

Another *Akan* proverb runs “*Oyare a ebekum wo bo woa, wonkae oduruyefo*”, i.e. literally when the ailment that will kill you strikes, you forget to consult the medicine man (who could cure you). In other words, at the appointed time, the inevitable (i.e. death) happens.

(ii) Health, healing and spirit-beings

A traditional African assumes a metaphysical aspect to health and its absence and healing. This outlook points to the religious epistemology and ontology of *homo Africanus*. This perspective manifests itself in several ways.

Wrath of ancestors

Time and again, what is diagnosed by Western medicine as a stroke is diagnosed by traditional African as the wrath of the ancestors on a member of the clan who has cheated his brother’s wife and children of their due in a deceased brother’s estate. The *Akan* call it *saman Yarba*, i.e. affliction by the ancestors. Ill health and good health are the doing of the ancestors and the nature of the case has to do with right relationships and justice in the kin group.

Ill health – the machination of the evil eye

Ill health is frequently diagnosed as caused by the evil eye of someone in the clan. The inability to beget children, what Western scientific medicine diagnoses as ulcers or diabetes or alcoholism is often attributed to personal forces

of evil, like witches. This again reflects the religious and spiritual epistemology and ontology of *homo Africanus*. This attitude is manifested by not only the illiterate rural person but also by the educated, by Christians and non-Christians.

Indeed, one major factor in the seepage of membership of the historic churches to African initiatives in Christianity is the search for protection and security.¹¹

Here, we must return to the *Akan* proverb that says that illness is the way of providence. The second half of it refers to the witchcraft of relatives. Not every ailment can be attributed to personal forces of evil; we must accept responsibility for our own troubles. Let us avoid simplistic diagnosis. Be that as it may, the concept of witchcraft is so important that we shall return to it in a little while. For now let us draw some conclusions from this religious and spiritual epistemology and ontology of Africans.

If there is a metaphysical dimension to ill health, the search for healing must include an appeal to the spiritual. That is why in traditional society there is no such thing as un consecrated medicine. That is the significance of the *mantras* and antics of the traditional healer. Healing is to search for the power of God and the goodwill of other spirit-beings who, so to speak, under God administer various aspects of life and health. This mentality has seeped into the church. There is an AIC in Kumasi, Ashanti called "Christ Power Church". That name is eloquent of the power of Christ which that church enshrines and therefore, as the channel for effective cures. Further, this African mentality requires that for effective healing clinical medicine, psychology and pastoral counselling must be in one bag. Healing must be composite, multidisciplinary and interdisciplinary.

Let me submit that it is hopeless and helpless to lampoon African attitudes as primitive, fetishistic, irrational or whatever. We do well to heed the psychologist Carl G. Jung when he says: "If something which seems to me an error shows itself to be more effective than a truth, then I must follow up the error, for in it lie power and life which I lose if I hold to what appears to me true". Like communication, cure is effective if it endeavours to reach the wavelength of the sick African. Healing is not only a matter of diagnosis in a laboratory and administering drugs; it is also a psychological operation to overcome the fear and neuroses paralysing the patient.

(iii) Community, wholeness and healing

What has been said of ill health being attributed to personal forces of evil, particularly witchcraft, which itself is a description of tensions within the kinship group, means that peace, harmony and family love are key to healing and wholeness. This highlights another characteristic of African cultures: *Homo Africanus* has a communitarian epistemology and ontology. If Descartes' *cogito ergo sum* represents the Western person's understanding of reality i.e. individualism, *homo Africanus* would rather say "*cognatus sum, ergo sum*"

i.e. "I am because I am related to others by blood." There is security and wholeness and healing when assured of community life and support. The nightmare of nurses in our hospitals is the crowds that troop in to visit a sick person. Privacy in the hospital or in times of sickness is not appreciated. Relatives and friends surround the bereaved to form a wall of protection against psychological stress. Seeking healing and health should go with building a new community of people who sufficiently care for each other and so endeavour to share what they learn and have. One expression of this concern is the establishment of a welfare state. Of course, this often becomes political ideology but such political ideology may never lose sight of the true motive i.e. the deep concern and love for people, especially the victims of society.

Permit me to cut a long matter short with a quotation from Fisher as to how the community epistemology and ontology relate to health. He writes:

From the African point of view, physical or mental illness is not merely biological but is more appropriately psychosocial in both aetiology and diagnosis. Misunderstanding of this viewpoint by colonial governments and Christian missionaries has resulted in ineffective denunciations of society and traditional medicine as pagan and unscientific. However, elaborate and African traditional medical and mental systems have long existed... Seeking the welfare of the community and lineage is the basis of the social and political life. Moral obligations are rooted in social life. So a person's worth is measured in his or her personal and social relationships, which assure him or her as an individual of success in life, good health, and potency or fertility. Both wealth and health mean primarily wellbeing in mind, body, and spirit. While the family and community are central to this equilibrium of wealth and health, individual achievement is the mark of life well lived. For that reason, when illness does strike, the individual suffers, but normally not alone. ...Elders are summoned who first observe if the sickness can be cured with herbs. With the white man's medicine, this first stage is called the social palaver... The kin group shares the expenses of the treatment... The kin group is like an "extended patient."¹²

Let me return to the passing reference to witchcraft. According to the Akan, "*Abowa biara obeka wo no, firi wo tamu mu*" i.e. "A creature can harm you only from within your clothes." Witchcraft is a crude way of expressing the tensions within the kin group. Jealousy, envy and ill-will are allegedly a source of ailment and are rooted in a sundering of the *sensus communis*. Securing community and the dignity and wellbeing of all in it is key to wholeness and healing. Individualism is not a primary route to cure. For precisely the same reason,

In African Christianity there is a focusing on the holy man. This is part of the sense of belonging in which the minister of religion became lineage head, the protector and defender of the members of the group both physically and spiritually.¹³

(iv) Factor of "double insurance"

Earlier the point was made that the African cultures are welcoming and accommodating. This means that the language of monotheism does not exactly

make sense to *homo Africanus*. Rather, their thinking is that the great creator God, like a chief in their cultures, may not be approached directly; he is to be approached through intermediaries, who are deemed to have areas of specialities. So whatever one's religious beliefs, at the right time particular shrines may be consulted. To this may be added the fact that for *homo Africanus* religion is worth the name and pursuit only when it is powerfully efficient and delivers the goods. This complex of ideas led me to write a paper "I am first an African and second, a Christian".¹⁴ The African of whatever faith description was born African before being christianized and this simple truth means there are certain things which he or she takes in with the mother's milk. There is a world-taken-for-granted in his/her psyche which surfaces time and again, though people may attempt to camouflage them in a cloak of respectability. That explains why some Africans will in one breath consult the Western trained medical doctor and in the same breath consult traditional shrines and healers.

In healing, there is the not infrequent habit of seeking double insurance, going to modern doctors and consulting traditional shrines.

Kairos and health

This sub-theme refers to the encounter of Jesus with a woman in the house of Simon the leper (Mark 14:1-11). It is troublesome enough for Jesus to enter the house of a leper to have a meal. Many an African would not touch an AIDS patient with a barge pole, let alone a leper. What does the example of Jesus teach us as we encounter persons with various ailments, whether communicable or not? What does the encounter with the woman teach us? The woman anointed Jesus with expensive ointment, which provoked the criticism even of Jesus' disciple: "What a waste! Could not the ointment have been sold and the proceeds given to the poor?" Jesus' retort strangely justified the woman's action. Kairos means not just chronological time but discerning the meaning and significance of the moment. It is discerning the right moment for doing things and the wrong moment for doing things.

As we address health and healing from the perspective of religion, it must be our care and concern not only to pass resolutions but more importantly to discern what is appropriate or right for this time and this place, and to read the signs of the times. This means responding to the challenges of the day, expressing the ethic of love in concrete ways and responding to the specific needs of the time. This in practical terms may mean engaging the government to act on the right things at the right time. In Ghana, for instance, the problems of the nation are legion. The economy is in tatters, poverty is by no means on the wane, and the needs in the social services, i.e. health and education, grow. The government does not know where to start and often follows every gust of ideology and doctrine circulated elsewhere. Worse still, its actions tend to be governed by political expediency. Let it be the task of religions to hold the government to the kairos dimension of health, and to set its priorities in the light of what will foster human dignity.

The biblical story offers us another insight: the issue is not first and foremost about power, votes and status; rather it is about a sensitivity to the true and lasting needs of people, and devotion to securing their supreme good. This call to devotion is a demonstration of the impact the crucified, risen and ascended Lord and Christ has made on us. In other words, devotion to *kairos* is an act of witness or, if you like, of mission.

What philosophy and ideology for churches in medical work?

From almost the very inception, the social services, i.e. health and education, have been the handmaids of Christian missions. Hospitals and clinics have been major planks of the medical engagement. Three aspects need exploring. First, we need to articulate what it is that constitutes the particular Christian quality that makes a difference between service in a Christian hospital and service in other hospitals. I dare suggest that in the Christian hospital, we are not just dealing with patients but human persons who though with ailments yet have dignity and feeling, and need love, care and the concern of others. Thus we must be as concerned for patients as for the doctors, nurses and other staff, for what is human is the test of what is Christian.

Reinforced health education

Second, most of the activity in health is to wait for the patients to come to the hospital for treatment. Let me suggest that health education must be on the agenda of the churches. Churches are in the most remote areas of our countries, which politicians reach only when they want the votes of people, just as promptly to forget them after the elections. However, the churches in their institutional forms and agents are there in the villages day in, day out. Further, the clergy and catechists enjoy the confidence of the people. Besides, in the rural areas the clergy are among the best educated and enjoy a place of respect alongside the chief, the government agent and the police.

Against this background the church's agents are potential agents of education, formation and change. If the role of the World Council of Churches study document *Facing AIDS, The Challenge and the Churches' Response*, Geneva, WCC, 1997, and the second document and statement on HIV/AIDS, *Facing AIDS – Education in the Context of Vulnerability*, is any indication, there is room for health education by our churches. Of course, Africans' health problems are legion. Malaria is still a large-scale killer. I am pleading for carefully selective health education by the churches. Such education will have for its hallmarks knowledge dissemination, participation and accountability. Let me put this threesome alongside another threesome associated with the theological education stream of the WCC: the marks of quality, authenticity and creativity. In short, I am suggesting that health education with these two sets of threesome marks.

It is by design that I include participation as one of the marks of education. That word, needless to say, is the root meaning of the key ecumenical word

koinonia. In other words, the health education we seek must have an ecumenical perspective. That means the process must not only dispense information but also help people to articulate their own wrestling with the health issue. They are not only patients, they are human and active participants in the process of healing. The method of approach must be participatory; the programme must be inclusive. In Africa hygiene is taught in schools but who are forming the vast numbers of illiterates in our congregations, who are left out in the formal school structure? Are they not the “poor” who, as we learn from liberation theology, constitute God’s preferential option?

Ecumenical challenge

While grateful for the churches’ involvement in medical work, we must note that such work has been mounted denominationally. That style of approach must be revisited. A health plague does not distinguish between Christian and Muslim, between Anglican and Roman Catholic, etc. The cure does not make such distinctions either. Besides, going denominationally does not make for the most effective way of doing things. So one would like to subject the health activities of the churches to the Lund Principle of the WCC of 1952: “Should not our churches ask themselves whether they are showing sufficient eagerness to enter into conversation with other churches, and whether they should not act together in all matters except those in which deep differences of conviction compel them to act separately?”¹⁵ An institution like the WCC in any of its sub-sections should be forcing this question on the churches on Africa as we reflect on health, healing and religion in Africa where the resources do not keep pace with the needs. In any event, the spirit of competition among churches should have no place in this task.

Finally, in view of the point made about culture being the solvent of religion, there is need to note the understanding of health and healing as understood by Christians in the African context, the native soil. The linguists tell us that from the one Latin root, *humus*, i.e. soil or earth, derive human, humour and humility. What is human must of necessity be of the soil and rooted in the soil. Our human constructs of the understanding of wholeness, healing and health must be rooted in the soil of Africa. The faith, Christian or Islamic, must be integrated into the African soil and therefore, consonant with the African ethos and genius, with every effort made to harmonize native institutions with essential biblical Christian faith. That is why I submit that the jury is still out in the debate about herbal medicine, so much characteristic of African societies, especially when imported drugs are not only scarce but also exorbitantly expensive. Again, in the face of the enormity of the health issue and the multifacetedness of it, we need humility and humour to face the challenge.

There is a troublesome aspect of this indigenization point. I take this up because of the seepage of membership of historic churches to African initiatives in Christianity. Principally, they go in search of healing. Their leadership lays claim to power and ability to heal. As Yeboah-Korie’s visiting card puts it –

“God’s Man of Power”. That story is very much rooted in traditional African society’s understanding of priesthood. He or she is not only involved in cultic ministrations but also in prediction, divination, prophecy and healing.¹⁶ Being a holy person, he/she is deemed to be in touch with spirit-beings, and therefore able to heal the sick. This perception, whether right or wrong, raises questions of the credentials of many a clergy person who does not offer such help, and sometimes in their beholdenness to Western culture cries foul of such claims of AICs. The story of Archbishop Milingo reminds us that that is still on the agenda. What has the priesthood of the historic churches rooted in African soil to contribute to this issue? What has ministerial formation to contribute to this matter? This is not an academic matter because the clergy and other religious leaders are extensive and powerful agents of change in the system. Being relevant would make them acceptable to the masses as agents of change.

NOTES

- ¹ Tillich, Paul, *Theology and Culture*, New York, Galaxy, 1959.
- ² Smith, Wilfred Cantwell, *The Meaning and End of Religion*, Minneapolis, Fortress, 1990; Smith, W.C., *The Faith of Other Men*, New York, Harper, 1972; Smith, W.C., *Faith and Belief*, Princeton, Princeton University Press, 1979.
- ³ Schreier, R.J., *Constructing Local Theologies*, Maryknoll, Orbis, 1985, p. 150.
- ⁴ Boff, Leonardo, *Church, Charism and Power: Liberation Theology and the Institutional Church*, London, SCM, 1985; p. 92f.
- ⁵ Hollenweger, Walter J., “Foreword” in Pobee, John S. and Ositelu, Gabriel (eds), *African Initiatives in Christianity*, Geneva, WCC, 1998, p. xiii.
- ⁶ Walls, Andrew F., “Towards understanding Africa’s place in Christian History” in Pobee, John (ed.), *Religion in a Pluralistic Society*, Leiden, E.J. Brill, 1976, p. 180.
- ⁷ Baeta, C.G., *Relationships of Christians with Men of Other Living Faiths*, Accra, Ghana University Press, 1971, p. 8.
- ⁸ Pobee, John S., *African Initiatives in Christianity*, Geneva, WCC, 1998.
- ⁹ Pobee, John S., *Skenosis, Christian Faith in an African Context*, Gweru, Zimbabwe, Mambo Press, 1992.
- ¹⁰ Baeta, C.G., *Prophetism in Ghana*, London, SCM, 1962, p. 54.
- ¹¹ Field, M.J., *Religion and Medicine of the Ga People*, London, OUP, 1961; Field, M. J., *Search for Security*, Faber and Faber, 1960; Debrunner, Hans W., *Witchcraft In Ghana*, Kumasi, 1959.
- ¹² Fisher, Robert, *West African Religious Tradition. Focus on the Airman of Ghana*, Maryknoll, N.Y., 1990, p. 113; Appiah-Kubi, Kofi, *Man Cures, God Heals: Religion and Medical Practice among the Akans of Ghana*, Totowa, New Jersey, Allanheld, Osmun and Co., 1981.
- ¹³ Pobee, John S., “African Spirituality” in Wakefield, Gordon S. (ed.), *A Dictionary of Christian Spirituality*, London, SCM, 1983, p. 7.
- ¹⁴ Pobee, John S., “I am first an African and second a Christian” in *Indian Missiological Review*, Vol. 10, No 3, July 1989, pp. 268-277.
- ¹⁵ *The Third World Conference on Faith and Order* – held at Lund, August 15th to 28th, 1952, Tomkins, Oliver S., (ed.), SCM Press Ltd, London, 1953, p. 16.
- ¹⁶ Christensen, L. B., “The Adaptive Functions of Fante Priesthood” in Bascom, W.R. and Herskovits, H.J. (eds), *Continuity and Change in African Cultures*, Chicago, 1959.