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SPIRITUALITY AND ADDICTION IN NORTHERN TANZANIA

Content

INTRODUCTION

In this paper I am referring to certain attitudes among church elders, students and employees of the Evangelical Lutheran Church Tanzania (ELCT). My discussion is based upon empirical findings from a multiprofessional transcultural alcohol research project, carried out in Tanzania 1986-89, as a joint venture between the Department of Psychiatry at the Muhimbili Medical Centre, Dar es Salaam, the Northern Diocese of the ELCT, Moshi and the Academy of Finland. Some 30 researchers from both countries represented biologists, chemists, sociologists, psychiatrists, nurses, evangelists and theologians. The groups met for planning and evaluation several times. The fieldwork and the data collection were carried out during 1988 in the predominantly Moslem costal DSM and the Christian Kilimanjaro areas. At present the final reporteing is under way and by the end of this year a detailed report is going to be published.

Reports from Cameroon (Yguel 1990,p113-) give higher figures of alcohol consumption than e.g. in France. A WHO researcher (Partanen, 1990 p72-) discribes a comparatively high occurance of abstinence in some African countries. Among men religious commitment seem to interrelate positively with nondrinking, strict protestants being one and a half time more often abstinent than RCs. (idem, p 81). Partanen sees abstinence as a modern thing within African culture, where an all-or-none pattern of drinking behaviour seems characteristic. Thus he sees abstinence rader than moderation as an expedient alternative to the xisting drinking patterns.(Idem,p83).

The alcohol consumption in Kilimanjaro is reported to be the highest in the whole of Tanzania, reaching the internationally high level of about 14 liters 100% alcohol per adult annually.

TRADITIONAL DRINKING PATTERNS IN KILIMANJARO

MBEGE, the local beer in the Kilmanjaro area, is being produced from bananas and mbege, finger millet. Among the best known additives is msesewe, the bark from a tree, which supposedly gives more bitterness to the taste and also more 'kick' to the brew. The alcohol content is 3.5 g/l and upwards but not higher than 11 g/l.

The town of Moshi is situated on the southern slopes of mount Kilimanjaro at an altitude of 2700 feet. Moshi is the administrative industrial and trade center of the Kilimanjaro region. The Chaggas from the villages higher up the mountain are commuting between their home villages and the town. According to the 1988 sensus the population of the town is about 100.000 inhabitants.

The first pub in Moshi where Africans were allowed was opened in 1954 (Kilabu ya Mbuyuni).In July 1988 the list of beer, local brew and spirit selling licenses for the town of Moshi - Moshi Urban- consisted of 19 pages of twenty five lines each, totaling 453 licenses. The licenses for the surrounding area - Moshi Rural- includes brewing licenses as well and totals 70 pages and 1229 licenses. A thorough analysis of this material in search for patterns and trends is still to be done.

Traditionally mbege had various, distinctly defined functions. Labour services were exchanged for the traditional brew. In the Kilimanjaro area the watering system with channels was functioning on a co-operative basis. It was said that "he who brews no beer, expects no help" (Koponen 1988, 274-275). According to some sources, local beer was never taken with meals. (Ibidem, 376). Today it may be referred to as simply nutrition, part of the diet of the male Chaggas. Women were traditionally allowed to drink mbege only at certain occasions, definitely not in public houses.

The consumption of mbege was by many interviewees regarded not a problem but rather a harmless and needed tradition.
In the society at large, there were not too many alternative places for men to meet to discuss in the late afternoons and early evenings but the pombe bars. The bar thus served the community as a public livingroom.

ESTIMATES OF TRADITIONAL DRINKING

The Medical superintendent of the consultant hospital KCMC in Moshi basically tended to look at drinking as a way of relaxing and socializing after work, mentioning that the traditional beer still in the 1950'ies only was brewed for special occasions, or at home, but not to be sold. The first bar where Africans were allowed, opened in Moshi in 1954.(Tesha,Int 16.6.88).The problems came with commersialization, according to several informants. Customs and social pressure kept the level of intoxication controlled.(Lutahoire, int 20.6.88,Msarikie int 30.6.88,Kweka,int 3.8.88,Mshana int 4.8.88).

The early Leipzig Mission missionaries were supposedly not disturbed by the drinking of the Kilimanjaro people. According to some

remarks, the traditional brew would not have been particularly intoxicating the alcohol content being 2.4% (Koponen 1988, 296). Some people I interviewed stated that every talk of drinking problems were only a refelction of te narrowminded attitudes of revivalist Augustana missionaries.

To me this information sounded problematic. The understanding of alcoholrelated problems and of alcoholism during those early years of Christianity at Kilimanjaro most likely reflected the understanding prevalent in the country of origin of the informants,i.e. Germany in Europe. Taken an (German) understanding - even today- of alcohol as a natural ingredient in daily life, it would be easy to omit signs, which still were there. At least one could be expected not to know what to do about them. To me this seems to be supported by the periodical Evangelisch-lutherisches Missionsblatt fuer die Evangelisch-lutherische Mission zu Leipzig (ELM) and by the annual reports Jahresberichte der Evangelisch-lutherischen Mission zu Leipzig, (JELML) .

From these records we may conclude that:

1. beer was commonly used in the Kilimanjaro Region
2. problems were known in connection with drinking
3. the Leipzig missionaries considered disciplinary actions, and apparently at times prohibited all drinking for local Christians
4. the Leipzig missionaries accepted a controlled drinking, in homes and at celebrations
5. drinking at beer festivals was referred to as pagan, and thus at least discouraged

ALCOHOL CONSUMPTION IN 1988

Statistics from the Tanzania Breweries bottling plant in Moshi August 1988 give an average of 14.000 liters bottled beer sold per day in Moshi Town only. An other 14.000 liters is at the same time being sold in the rest of the Kilimanjaro area. The alcohol content of the bottled beer is either 4.5% or 5.5% .(Mahiti int. 1988).

The result of a traditional brew transportation count August 1988 points out that the Moshi township most likely has the highest alcohol consumption in Tanzania. Counting with an alcohol content of 3 g/l absolute alcohol, 100.000 l mbege consumed daily by a population of about 80.000 adults during 5 days a week and 52 weeks per year, we reached at an annual consumption level of mbege of about 10 liters 100 % alcohol per adult. The available brewery statistics suggest an additional minimum of 2 liters 100 % alcohol per adult annually. The illicit destilled spirit -"gongo" -most likely is beeing consumed in far higher amounts than the bottled destilled liquor - thus accounting for at least another two liters. This totals an annual consumption per adult of at least 14 liters.

LUTHERAN RESPONSE TO THE INCREASED ALCOHOL CONSUMPTION

The ELCT/ND Synodal meeting on the diocesan level however at Machame 1979 recommended for all church employees not to use intoxicating

beverages, including mbege. (ND/Mkutano Mkuu 1979). On the church level a recommendation was passed in 1982, that no one who gets the main income from producing or selling alcoholic beverages should be elected to any church honorary tasks, such as church elders. (ELCT Mkutano Mkuu 1982). These measurements can be discussed. To me they represent a prompt action in a problematical situation as opposed to European carefull noncommitted discussing.

In our study membership in a revival movement was reported by 70 % of the repondents. To me this figure seems surprisingly high. Revivalism correlated positively with religion as reason not to drink. Tradition , culture as reason not to drink was mentioned twice as often by non members than by members of revival groups. A non member reported drinking four times as often as a member. Revivalists were slightly more restrictive than others towards women 's use of alcohol.

Table 1.
When allowed to drink alcohol according to revivalism

	WOMEN		MEN %	
	rev /	nonrev	rev /	nonrev
Allways	12.1	10.8	23.7	22.5
At home, after work	18.0	19.2	26.8	44.2
At celebrations	12.7	17.7	5.8	8.3
In bar	.7	1.5	.3	.8
With other of same sex	4.7	9.2	.7	
With partner or friend	3.3	3.1		
Not at all	44.00	30.8	38.8	20.8
Other	4.7	7.7	3.8	3.3

Allthough the numbers in the figure above cannot be regarded statistically significant it is interesting to note that the variations on a restrictive stand on drinking by women is less than on drinking by men between revivalist and non revivalist respondents. Interesting to note is also that both groups to about 20 % accept women drinking at home, after work, whilest non revivalists about twice as often as revivalists accept men drinking at home.

Members of revival movements were slightly better informed than non members about where an alcoholic and where a drug addict could get help. Yet the members more often tend to refer to whoever drinks alcohol ans an alcoholic, on the other hand also refrers to the alcoholic as a Christian or a human being, which to my understanding stands for an understanding, non-moralistic attitude. Interesting enough, an alcoholic is more often aclled a sinner by non members than by members of revival movements.

Non revivalists tend to see a rule that employees not drink as helpful more often than others. Revivalists see that rule as separating the employee from social life twice as often as others. They also claim that secret drinking is being carried on.

Members of revival movement seem to be more active and more committed in answering the questions, than non members.
They also in the general comments advocate cooperation with goveren-

ment more often.
Of special interest for our discussion turned the opinions on mens and womens alcohol use out to be. Traditionally women were much less allowed to use alcohol than were men. Our respondents however were regarding female and male use nearly the same. This could be due to the influence of Christian equality, it could however also be a result of a consistant political education towards equality. Our research is not able to differentiate the causes, only notes that a clear differens to traditional attitudes is visible.

Figure 1.
Opinion on drinking, all

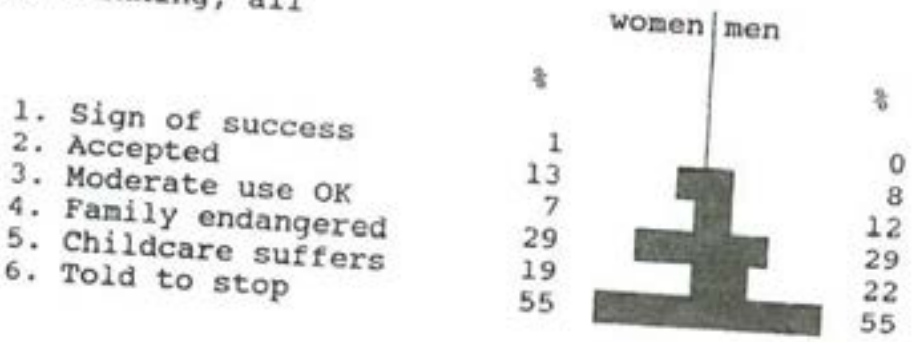
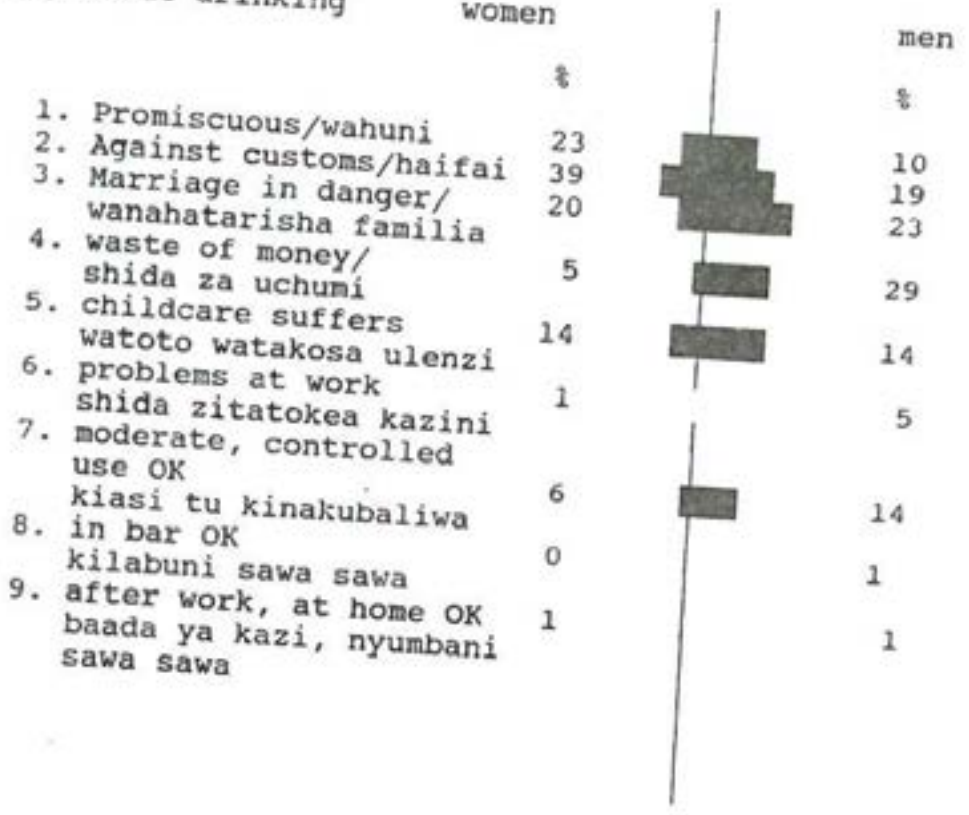


Figure 2.

People say about drinking



Moralistic approaches to the use of alcohol could be expected within the population. However the results do'nt point into that direction.

Figure 3.
Given reasons to drink:

	Own %	Others' %
1. Food	19	34
2. Stimulus	34	9
3. Thirst	37	10
4. Relax	29	49
5. Company	4	11
6. Solve problems	1	30
7. Inexpensive	3	1
8. Sin	1	5

Figure 4.
How people treat excessive drinkers

	men %	women %
1. Nothing	18	10
2. Excommunicate	2	2
3. Abuse sexually	0	13
4. Beat	11	7
5. Disregard	32	28
6. Legal action	3	2
7. Correct,advise	29	33
8. Help	5	4

DISCUSSION

The alcohol consumption figures need to get interpreted in their context. As high figures as mentioned in this paper point to some problems, allthough they not right away can be compaired to European figures. The remarks in interviews, the early documention and the present action by the Lutheran Church support the assumption, that in similar ways as documented from other countries, also in Africa increased consumption means increased problems. It seems not to be a mere coincidence that the heavily drinking wealthy and Christian Kilimanjaro has the highest occurence of fatal kwasiorkhor in ther whole country.

The repsonse by the Lutheran Church and the attitudes by elders and employees also suggest the presence of immense problems, which they see related directly to the alcohol use. The fact that a church takes action earlier and more firmly than for instance the government shold here be noted. The politicians get about 15% of the revenue from production and licensing taxes. A lacking habit of loking at alcoholism as an addicition and a disease invites for

moralism but also for reluctancy to get started with prevention and treatment. At present a Roman Catholic rest home for priests seems to be the only fultime alcoholism treatment centre in Tanzania. Alcoholics are referred to psychiatric wards, where very rarely anybody gets a chance to concentrate in treating alcoholism and persuing new approaches in the Tanzanian context.

The churches traditionally are heavily envolved in promoting comprehensive health. There are good possibilities of developing further the educational and church disciplinary approaches towards alcoholism into making use of the spiritual resources they posses - to meet the increasing challenges from addictive behaviour, which may be looked upon as a spiritual dysfunction.

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Summary

THERAPEUTIC FUNCTIONS OF ISLAMIC HEALING IN SOUTHERN SOMALIA

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The functions of Islamic healing in Somalia can be referred back to the three basic tenets of the Islamic concept of health. In the words of the people, these principles have been expressed as follows. Firstly, "All - health as well as illness - is in the hands of Allah". The etiological principle in question presupposes that there is only one God, Allah, and that everything - fortune and misfortune - happens by the will of Allah. Treatment and medicine cure only by the agency of God. Secondly, "There are medicines for every ailment except old age and death". This medical principle affirms that Allah has offered people the possibility to make use of all treatment methods - traditional and also new ones. Thirdly, "Victory over illness and suffering is achieved by following the guidance of the Holy Koran of God". This normative medical principle gives instructions for a "moral life", and links together Islamic law - the Sharia - with the sociocultural system. All those starting-points are inseparably present in health care, and they provide the interpretative tools for conceptualization of the causes and treatment of illness.

In this work, I examine how those religious categories - 'God's will', 'prevention of sickness' or 'power of medicine', and 'moral life' - are connected to one another in religious healing. I suggest that in the religious healing, the healer and the relatives actively create a conceptual and medical link between a person's physical state and the religious cosmos. It is as if each new period of illness actualizes a religious

reinterpretation, a meditative transference. In that meditative transference, the participants in the therapy manipulate the whole symbolic framework of ill-health: a distruption of harmony between physical, social and moral factors. The result is a synthesis a cultural scheme, of conceptions directing health behaviour, which I will now go on to specify.

"The Mullahs are the Prophets' inheritors"

Religious consciousness in health care embraces varying conceptual and belief systems, whose origin lies in different sources. A central watershed is the division of healing consciousness into **fiqi** and **dhibi** consciousness. In the popular conception, fiqi consciousness refers to those religious men who "read the Koran by heart". Historically, **fiqi** consciousness draws its content in Somalia from the articles of faith of the Sunni Muslims - the Koran and the six **Hadiths**. **Dhibi** consciousness is involved on the one hand with a lot of books - **kitaab** - that can be included under Islamic mysticism, and on which the healers base their treatment methods (e.g. kitaab **Al-Rahma**). One the other hand, **dhibi** consciousness embraces means of treatment, e.g. herbs, that Somali healers, e.g. herbalists, have employed since time immemorial. In everyday treatment practices, **fiqi** and **dhibi** consciousness have been syncretized with one another as Sufistic healing methods. In Mogadishu, the country's capital, there is a diverse variety of religious healers, who apply religious treatment using various procedures and medicines.

"What is holy, that is healthy"

Islamic health philosophy includes pronouncements about 'holy and unholy', 'a good and bad life', as well as 'healthy and unhealthy (poisonous)'. The various dimensions of the cultural categories 'holy', 'good' and 'healthy' offer multidimensional interpretations of human physiology. In these interpretations, the physiology of illness is linked with Islamic rules governing everyday life. In this case, bodily functions, diet, and moral life have between them a connection point, a so-called meditative transference.

Meditative transference appears for example in preventive eating habits. The foundation of Islamic nutrition lies in a frugal but regular diet. The saying, "A human never filled a container that has more evil associations than his stomach," expresses that disciplined attitude towards gastronomical pleasures. The obedient will of a person should regulate the activity of an insatiable stomach. What every person needs becomes identified symbolically with the three elements: earth, water and air. Therefore, a human being should use 'one part for eating', 'one part for drinking', and 'the remaining part for breathing'. This third level, breathing, contains within it- besides the air required for digestion of food - also a spiritual dimension, the blessedness of nourishment and its enjoyment in moderation.

The need for nourishment is divided into three levels in accordance with the same anatomical metaphor. The first stage is the 'need stage' (qasrulxaaja), the second is the 'stage of sufficiency' (qabrul kifaya), and the third is the 'surplus stage'. The minimum quantity on which a person can make do is qasrulxaaja, but everyone needs the qabrul kifaya amount in order to stay healthy.

This nutritional ideal is sanctioned in various ways by other rules of the Islamic system. Overeating, the stage of surplus, is controlled by means of regular mealtimes. Eating should take place in accordance with the daily times of prayer. For example, the evening meal follows the sunset cisha - praying. Conversely, eating in itself regulates other habits of life. It has been known from ancient times that, for instance, eating in front of poor people is not allowed. Correspondingly, the 'need stage' involves its own rules. For example, who does not give alms to the poor will suffer later on. In the rules in question, dieting can include varying cultural contents, social or religious conceptions as well as nutritional ones.

What is 'good and bad for life' tranfers the attention more clearly to so-called sociohygienic habits. In this sense, health is not only a subjective experience: it takes on a communal dimension also. According to the general Islamic conception, ethically questionable deeds - like neglecting one's family for example - put the family members' health at risk. However,

performing of religiously esteemed deeds raises a person's self-respect and, through this means, strengthens his/her health. This type of activity includes for instance considering the interests of the public, visiting a sick person in his/her home, or getting married.

'Unholy' comprises everything which is in conflict with religious truths or religious life. Thus, any deviation from the Islamic Sharia is contrary to religion and damaging to health. On the other hand, holy deeds - such as going to a mosque (particularly on Fridays), attending janaza (a funeral), or giving alms - are blessed by Allah and reinforce health.

"Prevention is better than cure"

Anything which causes accidents and illness can, according to Somali conceptions, be combated through religious prevention. According to this view, the Koran, read with the purpose of protection, provides a safeguard in principle against all illnesses. The saying **"Khud minal qur'aani lima shi'ta"** expresses the idea that you can take from the Koran whichever part you wish and as a result it will serve the purpose you want. The holy power of the Koran is believed to combat not only bacteria and viruses but also evil spirits and curses.

Reading of the Koran can in this sense be considered a symbolic meditation, in which ritual, repetition of the holy text, links the microcosmos (the body, livestock, a field) with the religious macrocosmos (the religious system). For instance, by reading or repeating by heart 'the mother of the Koran' - the surah Al-Fatihah - and the 'mother's heart' - the surah Yasin - fear, oppression or sadness is symbolically removed to the 'beyond'. After reading of the Koran, treatment of the oppression or illness always takes place in relation to the 'will of the beyond'. An amulet, **xersi**, which the healer winds and secures round a child's neck or arm, protects the child from future illnesses and accidents. It is also believed to protect against spesific malevolent forces and to enable the client to achieve various desirable goals. In **xijab** ('protected') rituals, the sources of life - livestock and fields - are believed to be protected. The rituals are timed to take place when the dry season is approaching

(**kaf**, protection of livestock) and when seed has just been sown (**shimbiro qabasho**, protection of fields). They lead the villagers symbolically into expectation of good health for their livestock and a good harvest. In all these preventive means of treatment, the target to be protected - the body, livestock, a field - is linked with the Islamic cosmos, through which it acquires its religious interpretation. Futhermore, in the preventive beliefs, meditative transference takes place from the present moment into the future, the awaited time.

Preventive protection also intersects with the kinship network. In binding of **xersi**, the parents and close relatives should be present at the ritual. Close relatives share a common knowledge of and responsibility for the person to be protected. Xersi binds them to that person. Correspondingly, in **khaf**, the protection of livestock, the management relations concerning the clan's livestock are sanctioned; and in **shmbiro qabasho**, the protection of a field, the work in the field and its produce are shared symbolically among the family and relatives.

"Read the Koran over him, he will get cured"

At that moment when the symptoms are perceived as illness, reading of the Koran acquires a curative function. Anyone who feels 'sadness' or 'a pain' can resort to **burda**, praising of the Prophet. In praying, a person often repeats the names of Allah, which Somali mytology states to be as many as 99. In repeating the names of God, the sufferer practices self-meditation between his own knowledge and divine power.

At the latest after the person is 'lying down' or 'out of working', treatment becomes the responsibility of the family. A sheik known to the family may suggest for the sufferer **thalil**, drinking of holy water. When certain Koranic verses have been written down on a wooden board, the written text is then washed off with water, which is drunk by the patient. The curative power of the Koran acquires in the holy water the concrete form of a medicine. The sheik proposes a more powerful invocation on behalf of the patient in **khitma**, in which the Koran is read from cover to cover, with the help of seven assisting religious healers. Either form of treatment concludes the discussion as to

the nature of the illness at that stage. The healer labels and confirms the presumed state of illness, and leads the patient and his reletives into another state of mind, expectation of recovery. **Thalil** and **khitma** also function in the religious festivals of the clan as reinforces of social ties. They symbolically sanction the unofficial procedure for future clan agreement (**xer**), and thus reiterate the system of patrilineal clanship.

When the sufferer is considered to be moving 'on the borders between life and death', the relatives gather under the leadership of the sheik to read arbacuun for the patient, his/her last rites. The seriously ill person is expected either to be healed finally, or to leave the torment of this world. The reading of arbacuun is the final religious means of treatment, and at the same time the relatives' farewell to a dying patient. This ritual is in the same symbolical spirit as the funeral ritual, **janaza**, in which the dead relative is transferred from 'this world', to 'the next world'.

In Somalia, religious healing does not end at death. Seven days after the funeral, the relatives assemble at the grave. The ritual culminates in the surah **Al-Ikhas**, called in Somali **mara mowt**, read by the graveside. This surah is considered as the so-called blessing surah. Everyone who reads it, so it is believed, gets a third of all the Koranic blessings. The event accomplishes the after-treatment of the sorrow caused by the death. The relatives give vent to their feelings at the gathering, and arrange possible assistance for the family of the deceased. The deceased person, in fact, acquires a new form. He is transferred from his social nature to become a tale, a bearer of his name in the clan of his fathers.

"Knowledge is fear of God and piety"

Islamic healing in Southern Somalia comprises a belief system of many meanings. In religious therapy, 'holy' is mixed with 'good' and 'healthy'. This meditative transition provides the rationale for the process, presenting as 'natural' what is actually a culturally constituted and socially motivated image of man. Conse-

quently, the therapy might be irrational in view of the physiology of illness, but rational from the point of view of other cultural functions, such as conceptual and social ones.

In religious healing, a meditative transition is constituted: the physiology of illness is linked with the religious and cultural cosmos. This may happen individually, when a sufferer will pour forth his distress to the divine power and to his fellow creatures (e.g. by **burda**) in self-meditation. Most often, however, the meditative transition is a collective process, where the family and the kinship group led by a healer, will produce a religious signification meaning for a sick person (**xersi**, **tahlil**, **khitma**) as well as for cattle (**khaf**) or fields (**shimbiro qabasho**). In producing meanings for these things, healing also fulfils many concealed functions. These may be, for example, sharing responsibility for the patient and his family, regulating the rights of possession of cattle, sharing the harvest, etc. It is characteristic of these hidden functions that they are determined by everyday life, not by the religious metaphors themselves. The forms of religious treatment merely build a bridge between the demands of everyday life and the religious truths.

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The article is based on the data gathered during a period of fieldwork in February-March 1990 in Mogadishu.

Acknowledgement

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Exorcism and Healing in the Evangelical Churches of Ethiopia

I.

In August 1990 the Union of Evangelical Churches in Ethiopia held its first official conference at Mekane Yesus Seminary in Addis Ababa. This union comprises nine Ethiopian churches. One of them, the Ethiopian Evangelical Church Mekane Yesus (EECMY), is a Lutheran church which also includes a Presbyterian Synod. Three of them are Pentecostal, among them the Mulu Wongel Church, an independent Ethiopian church. The others are more or less Baptist in orientation, having their origins in the Sudan Interior Mission (SIM), Mennonite missions or Baptist missions. The largest among this group is the Kale Hiwot Church, which probably is the largest evangelical church in Ethiopia.

All these churches can be described as conservative and evangelical. It is significant in this respect that the national conference of all these churches was called "Lausanne II - Follow Up Conference", and had the evangelization of all of Ethiopia as its theme.

I had the privilege of being one of the guest speakers at the conference. This was my fourth visit to Ethiopia. In 1971-73 I spent two years as teacher at the Mekane Yesus Seminary in Addis Ababa, and then returned to Ethiopia for short periods in 1976, 1983 and 1990. In this way I have had the opportunity to follow the development of the churches in Ethiopia over approximately 20 years during one of the most tumultuous and decisive periods in the history of modern Ethiopia.

My perspective has largely been limited to the EECMY, where I served as a missionary, and the Mulu Wongel Church whose history I have attempted to write.1) It is also these two churches - doctrinally different yet closely related - that have provided me with most of the material for this paper. For several reasons I do not want to disclose at this stage the names and positions of my Ethiopian sources. However, extensive written notes and taped interviews will be kept in Norway and made available at a later date.2)

This paper will deal with two prominent aspects of evangelical church life in Ethiopia: exorcism and healing. As will be clear later, these two should be kept apart, but in practice they have gone together and have contributed significantly to the growth of the churches. There is no doubt that healing and exorcism are among the single most important factors in Ethiopian church growth over the last 30 years.

The most thorough and scientific investigation of the reasons for numerical growth in the EECMY was carried out under the leadership of the Norwegian missionary and scientist Oskar Nydal in the early 1970s.3)

To the question "Does your congregation grow?" 65% of the congregations answered in the affirmative. This is an indication of the rapid growth of the EECMY which over a long period of time has enjoyed a sustained growth in membership of 10-20% a year. It has been the fastest growing Lutheran church in the world.

A large number of congregations were then asked to indicate the reasons for membership growth. In the two largest synods, the Western Synod and the South Ethiopia Synod healing of disease and the expulsion of evil spirits were given as the most important reason for growth. The figure was higher in the Western Synod than in the South. In both cases the numbers were almost evenly distributed between healing and exorcism.

By comparing young, small and active congregations with older, larger and relatively less active congregations one found that the former group of congregations placed more emphasis on deliverance from evil spirits and the latter group more emphasis on healing.

The smaller, growing congregations were often found where the confrontation with non-Christian religions was strongest, while the larger congregations with less growth were generally found in the more established Christian areas. This seemed to indicate that spiritpossession and expulsion of evil spirits were more frequent where Christianity confronted non-Christians at the borders of the church.4)

Both the ministry of healing and the ministry of exorcism have up until recently been non-controversial in the EECMY. It has been taken as a matter of course for a Christian church. However, during the last few years new healing practices have led to considerable unrest and in some cases to conflict.

The question of exorcism has also been debated, particularly in the pentecostal Mulu Wongel Church, because of influence from foreign missionaries who have argued that believing Christians may be possessed, and that therefore a deliverance ministry is needed also among Christians. This issue, which reflects a debate within the international Pentecostal movement, was, however, settled as far as the Mulu Wongel Church was concerned with a firm commitment to the official Pentecostal position that a Christian cannot be possessed by an evil spirit.5)

II.

In his history of Africa the Norwegian professor Jarle Simensen points out that one of the reasons for the establishment of independent African churches is the fact that Christianity in its European form, as a religion limited to the transcendent, could not provide a recipe for healing like African religion did.6) Although Simensen's description of European Christianity may be somewhat onesided, his point seems valid.

In light of this assertion one would expect a considerable number of independent, more or less syncretistic, Christian movements in Ethiopia, a country with many different cultures, over a hundred different languages and dialects and great religious diversity represented by traditional African religions, Islam, Ethiopian Orthodox Christianity, Roman Catholicism and different variations

of Protestant Christianity. But this is not the case. Why? Certainly, there have been some groups that might be counted among "Independent Christian African sects and churches",7), but they have generally been few in number and only had a small adherence. They have not played any significant role in the over-all picture of Ethiopian Christianity. By and large they have been more the result of Western influence than of African culture or religion.8)

Protestant Christianity in Ethiopia has been "orthodox" in terms of doctrine and has represented varieties within the wellknown streams of classical Christianity: Lutheran. Reformed, Baptist and Pentecostal. It is my suggestion that one of the major reasons for this development is to be found in the character of the missionary movements to Ethiopia.

The missions in Ethiopia have in general been conservative evangelical missions, often with a pronounced biblical emphasis well suited to meet the needs and ambitions of Ethiopians with their traditional respect for the Holy Scriptures in the Ethiopian Orthodox Church and a similar respect for the Koran in the Muslim areas.9)

It is hardly necessary to point out that Pentecostal and Baptist missionaries have been evangelical, revivalist, and biblical in orientation, but this also holds true of the dominant Lutheran missions: The Swedish Evangelical Mission (Svenska Fosterlands-stiftelsen), the German Herrmannsburg Mission, and the Norwegian Lutheran Mission (Norsk Luthersk Misjonssamband). The word "biblical" here refers to the fact that one has not attempted to formulate any interpretation of the biblical accounts of e.g. miracles of healing and exorcism in terms of a modern western world view with all its implications for a Christian view of healing and demonology.

This does not mean that Western missionaries in Ethiopia have been out of touch with modern theology, but neither the missions nor the churches in Ethiopia have allowed modern critical theology to influence or dominate their theological institutions or church life in general.

The confrontation between Christianity and non-Christian African religion has therefore not been on the level of "modern science versus old superstition" - an approach that has proved utterly superficial and inadequate - but rather in terms of "God versus Satan". i. e. a "power encounter" in which Christ is shown as the conqueror, the Christus Victor, in relation to the spiritual forces of the traditional religion. In this way the African experience is taken seriously as a religious experience of real spiritual power, not to be ignored or explained away as superstition, but understood religiously as bondage to satanic forces operating in and through non-Christian religions.

This realism has also led to an openness with regard to making use of biblical answers or remedies against disease and evil spiritual powers: healing by prayer and exorcism. In applying practices taken from the Bible, evangelical Christians in Ethiopia have provided exactly what Simensen argues that Christians elsewhere in Africa have not been able to provide, "a recipe for healing".

In this process the missionaries have not been the initiators or the teachers. Although as a general rule conservative and biblical in their approach, most of them had had no or little experience from their own background of healing or exorcism. They were novices in this area. However, rather than dissuade their Ethiopian fellow workers from their practice they joined them or learned from them, sharing in a basic way their religious understanding of phenomena that were completely unknown to them in their own home churches.10)

III.

When the Norwegian Lutheran Mission began its work in Sidamo in South Ethiopia in 1949 the missionaries, some of whom had missionary experience from China, tried a strategy that had been developed in China. However, the growth of the church in Sidamo shattered the planned strategy as the gospel spread like wildfire through the countryside.11)

The instruments of this "revival" or people movement towards Christianity were not primarily the missionaries but in the first place Ethiopian evangelists from Wollamo and Kambatta who had been won through the work of the SIM and the tremendous growth of an indigenous church in those areas.12)

The practice of healing and exorcism were also introduced to the churches of Sidamo by these evangelists, not by the missionaries.

One informant shared with me how his mother had been a "witchdoctor" in Sidamo who possessed by Sheitan would speak in languages she did not know. She would stand barefoot on burning coals and with coals in her hands without being burned herself. As she and her whole family were converted in 1959, she was freed from Satan and later became a respected member of the Lutheran church.13

Possession by evil spirits is not a new phenomenon in Ethiopia. There are reports of possession from the 19th century when Ethiopia began to open itself towards the outward world.14) It is a common opinion among Ethiopians that possession has occurred from ancient times. There is no reason to doubt this.15)

We will not discuss the institution of the "qalicha" in the Oromo religion or people who are "professionally" possessed, but rather the many who more or less involuntarily become possessed and for whom possession involves vexation and suffering.

Possession is not limited to one area, tribe or religion in Ethiopia. Although the frequency may vary, reports of possession are found among most if not all tribes, in all areas of the country and in all religions, including traditional religions, Islam and Ethiopian Orthodox Christianity. It seems to occur more often among women, but men are not excluded

After having written an article and a small book on possession and expulsion of evil spirits with special reference to the Ethiopian scene,16) I have taken pains to control and update my information during recent visits to the country. The information I have obtained - most recently during my stay in Ethiopia in

August 1990 - has confirmed the observations I have made earlier.

In a typical case the possessed person may be brought to a Christian meeting in a church or in the open air. The person will normally know that he or she is possessed, and sometimes seek out Christian metings of his or her own accord in order to get help. The "rumour" that Jesus is stronger than Satan and that Jesus can deliver from his power is well known in Ethiopia. It naturally attracts people suffering from possession, who are themselves possessed or have a possessed person in their family or immediate neighbourhood.

There are many "symptoms" of possession, 17) but the basic characteristics is that an alien, evil, and hostile (at least when confronted with Christianity) "personality" has taken control of the possessed. This alien entity has a will and purpose of its own, can speak and act, as well as respond to commands and actions on the part of Christians. As I have argued elsewhere the behaviour of the possessed cannot be explained in terms of hysteria or schizophrenia. The ability to speak and engage in dialogue in languages that the possessed cannot possibly know, the knowledge of facts hidden to the possessed, or actions that surpass human possibilities suggest strongly the presence of real spiritual powers - provided that the observer is metaphysically open for this interpretation of the phenomena.

Regardless of how one attempts to interpret possession it cannot be reduced to a psychological, medical or cultural phenomenon. It is a religious phenomenon "sui generis", and has to be taken seriously as such. Most attempts at a "scientific" explanation of possession are reductionistic and cannot come to grips with <u>all</u> the evidence of a possession case.

Ethiopian Christians are in no doubt when confronted with a case of possession (which does not mean that they are always necessarily right in their "diagnosis"). The possessed will react violently, often losing consciousness, shouting loudly, shaking uncontrollably or uttering words of resistance to Christian preaching, praying or singing.

At this point Christians will intervene. A group of Christian leaders, most often including some of the elders in the church or people especially assigned to this ministry, will take care of the possessed and bring him or her, most often by a kind exertion of force, to a room or a place outside the assembly where the expulsion of the evil spirit(s) will take place.

The expulsion itself may include singing of hymns, reading from the Bible and prayer. There is no fixed ritual, but the most important part is the <u>command to the evil spirit in the name of Jesus Christ</u>. The evil spirit - not the possessed - is addressed in the name of Jesus. Usually a short exchange of words takes place. This exchange is often similar to some of the stories of exorcism in the New Testament but may sometimes go beyond that.

The evil spirits are asked about their names and numbers. They have to tell why they have possessed the person and what has given them the "right" to do so or to stay in the person. The spirit has to obey as the Christians issue commands in the name of Jesus, but often it resists for a while "arguing" its case

with the Christians. Most often it has to leave after a short time by a loud cry or by throwing the possessed person to the ground. The person is then left exhausted but in a right mind and with a deep feeling of peace and freedom.

Ethiopian Christians are generally suspicious with regard to the information extracted from evil spirits, because they are generally seen as "lying spirits". However, they seem to have to speak the truth when confronted with the name of Jesus. The information they give tells us something about them - or at least about how people are possessed and what possession involves.

The causes of possession are hard to determine as they seem to be quite complex. There is no reason, however, to look upon it as self-induced or as a result of Christian influence. Possessed people are often brought to church from areas completely outside Christian influence, as e.g. Moslem areas. Moslem leaders who are not able to expel the spirits may seek help from the Christians however much opposed they are to Christianity as such. It is also remarkable that possession occurs most frequently in "new" areas where Christianity confronts non-Christian religions for the first time.

Twenty years ago possession was relatively infrequent in the larger towns and urban areas where the church had been most firmly established. However, in recent years people have been flocking to the urban churches in thousands making almost all churches too small to hold the people. At the same time as this spiritual revival has occurred in the cities, cases of possession have also become more frequent. During a visit to the Mekanissa church on the outskirts of Addis Ababa on Sunday August 5, 1990, I witnessed several cases of possession. It seems that the frequency of possession has some connection with the spiritual vitality of a church and the challenge it represents vis-a-vis non-Christians or other religions.

When the spirits are questioned they indicate various reasons for possession. Sometimes the reason may be a vow that the possessed has taken to achieve some advantage or help in a critical situation. Such a vow may involve a sacrifice to the spirits or the dedication of some pieces of property, e.g. rings, pots, sticks etc. For expulsion of the spirits to be effective it is imperative that the "pact" with the spirits be broken through an act of renunciation and that these things be handed over to be destroyed or burned. If this is not the case the expulsion may not succeed or the possessed may experience a lapse.18)

Causes of possession may also be sins on the part of the possessed, such as theft, adultery or murder.19) Of an entirely different kind are reasons such as being frightened by a hyena or a lion, having insulted or laughed at a another possessed person, having been alone in the night, or having taken a shower, or bath in the river. Some cases of possession, therefore, seem to be the result of some religious or immoral act on the part of the possessed, others seem to be "accidental".

The names of the spirits indicate that they seem to be "organized" in groups. The spirits often refer to geographic locations tied to tribes or nations, e.g. Borana, Oromo, Somali, Gudji, Arabia etc. Some spirits declare that they are roaming

spirits. The borders between tribes seem to be especially dangerous areas, as spirits "move" from one tribe to another. The identity of the spirits, as well as their language, seem to correspond to their tribal connection. An Arabic spirit may speak Arabic even if the possessed does not know Arabic; an Oromo spirit may speak Oromo although the possessed only speaks Sidaminya, etc.20)

The expulsions of the evil spirit and the following peace and freedom makes a great impression on all people involved, especially the relatives and neighbours of the possessed who may have had to live with the possession for years and suffered heavily under it. They may also have tried many different methods in order to get rid of the spirits. There are people in the traditional religions, in Islam and in the Orthodox church who specialize in helping possessed people. Most often, however, this "help" is by homoeopathic means and offers only a temporary relief, not granting the possessed complete freedom or removing permanently the fear of the spirits' power. It is characteristic of Christian exorcism that it does not take place through any "collaboration" with the spirit or by the use of magical means, but simply by a command in the name of Jesus Christ. It is this name that gives the Christian exorcists their authority.21)

A story was shared with me by one of the leaders of the Mulu Wongel Church that illustrates the spontaneous way in which the ministry of exorcism was taken up in some churches in Ethiopia.

In 1964 there was a revival among students at a highschool run by the Mennonite Mission in Nazareth south of Addis Ababa. During a prayer meting the youngsters experienced a case of spirit possession. They had no experience in how to deal with it, but had heard that a local non-Christian exorcist used whips to drive away the evil spirit. Therefore they attempted the same, but without success. They had also heard that an Orthodox priest used the cross and holy water, and so they tried water - again without success. Then they studied the Bible, and found that the disciples expelled demons in the name of Jesus. They attempted this and found that in the name of Jesus the demons were obedient and fled. In this way they stumblingly found their way in dealing with possession.

Although most often the elders of a congregation have appointed certain people to perform the expulsions, there are no restrictions as to who has the rigt to do it. Every Christian is if necessary able to expel evil spirits. There is no education or formal qualification for this ministry. It is rather a matter of spiritual power and experience in a "spiritual warfare" that may be quite taxing as it in some cases may take days before the exorcism is completed.

As far as I have been able to ascertain the ministry of exorcism is found in all the evangelical churches in Ethiopia, and it is generally performed in the same manner everywhere. Its frequency may vary, from several cases every Sunday to only a few a year. However, nobody questions the reality of possession or the church's ability to deal effectively with it. Critical questions have only been raised by expatriates and then often not with reference to the reality of the possession itself but rather to the way in which the expulsions have been performed.

IV.

Healing of disease through prayer is as old in the evangelical churches of Ethiopia as the ministry of exorcism. Although the two have gone together, they have been clearly distinguished from one another.

The missions and the evangelical churches in Ethiopia have had and still have an extensive medical ministry with hospitals and clinics in many areas. Although in no way adequate for the need in the country, medical services are available in most areas where the churches are working. Consequently people who fall ill are referred to medical treatment at the clinics and hospitals. This applies both to physical and mental illness. Those who suffer from possession are, however, not sent for medical treatment - which will not help them anyway - but dealt with in the church.

This distinction between disease on the one hand and possession on the other has also by and large been accepted by the medical personnel in the missions and churches. There is no simple identification of mental disease and possession, nor are all diseases ascribed to the devil. There is an intrinsic difference between disease and possession that is recognized in Ethiopia - which of course does not mean that in some cases things may not be confused due to lack of medical knowledge and experience.

While expulsions of evil spirits generally have been performed in the same way in the various churches until now, there are significant differences as far as the healing ministry is concerned. This has caused considerable tension, especially within the EECMY.

This does not mean that the EECMY is opposed to the healing ministry as such. It has been an integral part of the church's ministry. According to an informant, healing of the sick was practiced in Sidamo as far back as in the 1950s. This was before the outbreak of the charismatic movement and also before any influence from classical Pentecostalism was felt in South Ethiopia.

When anybody got sick the relatives would inform the elders of the church. They would then choose two or three people who would go to the home of the sick person. They would lay hands on the patient's head, kneel down beside him and pray. Sometimes the sick person would be anointed with oil, or a Bible placed on his head during the prayer. If the patient was able to come to church himself, the same procedure would be followed in the church. The prayer would not, however, be performed in public in front of the congregation but rather in a private place with two or three Christians present and the sick persons' relatives in a more distant attendance.

According to my informant many people were healed. Yet, there was not paid a great deal of attention to this healing ministry itself. "Priority was given to the preaching of Christ who was the one who performed the miracle".23) One notices a certain critique of later practices where healing receives more attention and is performed while the whole congregation is assembled.

A new form of healing was introduced by the Pentecostal missions to Ethiopia in the 1960s. These missions had mostly Swedish and Finnish background, but the Pentecostal movement in Ethiopia did not come to prominence until a student revival broke out in Addis Ababa and other cities. This again led to the formation of an independent Ethiopian Pentecostal church, the Full Gospel Believers' Association, or in Amharic: Mulu Wongel.24)

In spite of several attempts the church was refused recognition by the authorities, and was subjected to persecution and harassment from both political and Orthodox authorities under the late Emperor Haile Selassie. After a brief period of calm it was again suppressed during the years following the Ethiopian Revolution in 1974. It was forced to become largely an underground church.

The influence of the Mulu Wongel church on the Ethiopian evangelical churches was, however, so significant that the term "Pente" almost became synonymous with evangelical, revivalist Christianity.

The EECMY, which was the only officially recognized Protestant denomination in Ethiopia, became a shelter for the persecuted Mulu Wongel members, and thousands of young Pentecostals filled many of the EECMY churches, mainly in the urban areas. Although the EECMY took pains to safeguard its own identity and only allowed its own members to preach and hold office in the church, the Pentecostal influence was felt in many areas, not least in the areas of worship and spirituality.

From the beginning the Pentecostal Christians had had some contact with American evangelists and representatives of the Pentecostal healing revival of the 1950s and 60s. Some of their healing methods were adopted, although mass meetings with healing could not be held in Ethiopia.

During the last two or three years a somewhat new healing practice has spread to some congregations in the EECMY. The church at Mekanissa outside Addis Ababa has been the center of a strong revival which also has included healing as one of its prominent features.

I was present at the afternoon meeting on Sunday August 5, 1990, and could observe the ministry at first hand. Several hundred, mostly young people, crowded the meeting hall and there were people outside and in a tent nearby. Although the figure may be somewhat exaggerated, it was said that 2000-3000 people usually were present at the meetings, coming form all parts of Addis Ababa and even from areas outside the capital.

The programm consisted of Bible teaching, prayer (with many people lying face down on the ground), singing of choruses (sometimes repeated several times), testimonies, and prayers for the sick. When praying people were asked to place their hands on the sick place and pray for themselves. The leader, who may be the pastor or an evangelist, would also lead in prayer, sometimes in tongues.

Some of the leaders had what the Ethiopians call the "gift of

revelation" and would point out people suffering from certain diseases in the congregation and declare that they were healed. Although this practice has drawn a lot of attention - and criticism - the leaders claim that most of the healings take place when people pray for themselves or simply at any time during the meeting because the anointing of the Spirit is present.

It was said that people had been healed of e.g. cancer, aids, gastratis, hemorrhoids, asthma, mental confusion etc. In the meeting that we attended testimonies were given about healings that had occurred in the meeting. People were encouraged to consult their physician for control, and there was no negative reference to medical healing.

Although not in evidence at the meeting we attended, it was maintained by critics that enthusiastic and repetitive singing and praying sometimes would lead to ecstatic phenomena or mass hysteria. I have no means of verifying this assertion at this time, but I doubt that words like "ecstasy" or "hysteria" taken in their proper sense would be fitting to describe what is taking place.

Although the meeting as such did not have healing as its sole focus, there is no doubt that many of the people who are coming are drawn by the hope of supernatural healing. Whether their expectations are met or not, is difficult to decide at this point since medical control is even more difficult in Ethiopia than in Western countries. From what was told publicly and to me privately, however, there seems to be little doubt that many would claim sincerely to have been miraculously healed through prayer from serious diseases.

In conclusion, we may say that all evangelical churches in Ethiopia believe in healing by prayer and practice prayer for the sick in marked contrast to non-Christian healing practices in their own cultures.

The churches are not fully agreed, however, with regard to the practice of healing; some holding to the older, "pre-pentecostal" or "pre-charismatic" prayer for the sick with laying on of hands in small groups, while others advocate a public ministry of praying for the sick in large gatherings with the use of gifts of the Spirit such as speaking in tongues and the "word of knowledge" or "revelation". There is no doubt that the latter is drawing more attention at the present time, and has been one of the reasons why thousands of people are streaming into the churches.

On the one hand, the Pentecostal churches welcome this new healing revival with some caution against possible excesses and abuse. Simultaneously they are finding new opportunities to serve in a society with increasing religious liberty, a fact that makes them at this time less dependent on cooperation with the EECMY.

On the other hand, the mainline churches, and in particular the EECMY, feel challenged by this new practice which also is spreading within their own congregations, and are faced with the task of including and giving leadership to revival movements of a charismatic kind, without losing its own identity as a Lutheran

evangelical church.

The conference of the Union of Evangelical Churches in Addis Ababa in August this year and the discussions within the EECMY give hope that the evangelical churches in Ethiopia will be able to keep their spiritual unity in spite of differences in doctrine and church practice. They will have to work together for the evangelization of Ethiopia, faced with the challenges of modern heretical sects, non-Christian ideologies and Islam on the offensive.

The ministries of exorcism and healing may hopefully find their proper place and form within the larger context of the churches' ministry in a country plagued by immense problems but at the same time blessed by the presence of Christ and the pover of His Holy Spirit.

Oslo, August 14, 1990
Tormod Engelsviken

Notes:

1. Tormod Engelsviken: Molo Wongel. A Documentary Report on the Life and History of the Independent Pentecostal Movement in Ethiopia 1960-1975. Unpublished manuscript, Oslo 1975.

2. Interviews with church leaders in Ethiopia may not yet be published openly for political and other reasons.

3. Cf. Tormod Engelsviken: "Besettelse og utdrivelse av onde ånder i Etiopia", in Norsk Tidsskrift for Misjon, nr. 3, 1976, pp. 155-156.

4. These variations may be due to both religious and cultural factors, but do not prove that possession is a solely cultural phenomenon although it may have some social and cultural functions, cf. Alan R. Tippett in John Warwick Montgomery, ed.: Demon Possession, Minneapolis 1976, pp. 167-169.

5. Informant A, cf. Molo Wongel, p. 126.

6. Jarle Simensen: Afrikas historie - nye perspektiver, Oslo 1983, p. 331, cf. Peter Beyerhaus in Evangelisches Missionsmagasin, 11/2, 1967, p. 80.

7. Simensen, p. 331.

8. First and foremost among these has been the United Pentecostals with their denial of the doctrine of the Trinity and emphasis on "Jesus only", cf. Molo Wongel, pp. 127-130. There have also been groups influenced by the American "faith movement", in particular the author Franklin Hall, that have emphasised fasting and combined it with certain Ethiopian practices.

9. Cf. Gustav Aren: Evangelical Pioneers in Ethiopia, Stockholm 1978, p. 75.

10. Books by missionaries that discuss and describe possession in Ethiopia are H.E. Nissen: Besatt av demoner, Oslo 1975, and Torjus Vatnedalen: Sterkere enn Satan, Oslo 1978.

11. Personal information from Magnar Magerøy, one of the Norwegian pioneer misssionaries in Sidamo, cf. his book: Nye spor i gamal jord, Oslo 1957.

12. Cf. Peter Cotterell: Born at Midnight, Chicago 1973; Magerøy, pp. 38-40.

13. Informant B, 9.8.1990.

14. Cf. T.K. Oesterreich: Possession, Demoniacal and Other, New York, 1966, pp. 234-235.

15. Ibid., pp. 157, 159.

16. Tormod Engelsviken: Besettelse og åndsutdrivelse, Oslo 1978.

17. Ibid., pp. 30-40.

18. Cf. Engelsviken, NOTM, Nr. 3, 1876, p. 144.
19. Ibid., p. 144; Informant B, 9.8.1990.
20. Informant B, 9.8.1990; Informant C, 6.8. 1990
21. Engelsviken: Besettelse, pp. 40-43.
22. Informant D, 6.8.1990
23. Informant B, 9.8.1990.
24. Engelsviken: Molo Wongel, pp. 34-44.

Healing Ministry Conference, Helsinki, 16-19 August, 1990

HEALING, CULTURE AND THE CONCEPT OF HUMAN

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Mr. Chairman. Ladies and Gentlemen!

Healing can be understood as the act or process of regaining health. It is used especially by unorthodox practitioners and religious healing movements which emphasize the holistic nature of the healing process. The word healing is often limited to certain healing systems like hand healing, faith healing or spiritual healing. Wetzler (1983) discusses the levels of the human existence including 1) material or physical, 2) psychological including human relations, 3) spiritual and metaphysical where there is neither form or substance and 4) transcendent or divine which remains unknowable. Healing may simply mean making whole. The concept of energy is a common feature of many explanations of healing but it is used loosely. Other theories assume prayer to be the vehicle for healing or spirits or "entities from another world" to act through the healer. The placebo effect or spontaneous remission of an unexpected good result are rejected as explanations presented by representatives of orthodox medicine.

When a man becomes sick same basic questions arise (King 1982): What is the disease from which the patient suffers? How can we identify it? What can we do for it? How can we prevent it? What is the cause? How much confidence can we place in our assertions and our judgment? How can we know if we are right in what we say and what we do?

These questions have remained similar throughout the time

but the answers given in different eras and by different people are different. The general way of thinking, level of knowledge, cultural background, experience, prejudices and opinion leaders determine what people think about the nature of man, health and disease, the causes of disease and healing methods.

Health and disease

Definitions of health and disease have been presented by numerous authors for millenia. The balance between opposite forces or principles has played an important role in the concept of health of ancient cultures. In ancient Greek and Roman thinking these factors were the four humors of the body and in the Chinese culture yang and yin.

According to modern thinking health should be considered from the holistic viewpoint of man. E.g. Brockington (1958) defines health as a state of feeling well in the body, mind and spirit, together with a sense of reserve power; based upon normal functioning of the tissues, a practical understanding of the principles of healthy living, a harmonious adjustment to the environment (physical and psychological); it is a means to a richer life of service. A good concept for the goal of healing is the Hebrew word shalom which covers the idea of well-being in the widest sense of the word: prosperity, bodily health, contentedness, good relations between nations and men and salvation. As a psychophysical entity a man should be in harmonious relationship with nature, with himself, with other human beings and with God. (Maddocks 1981)

The nature of health could be thoroughly discussed: is it relative or absolute, stabile or labile, subjective or objective, good or impaired etc.? Where is the limit between health and disease? Do they exclude each other or are they present simultaneously like black and white in a black-and white picture? Where are the limits between health, invalidity and physical or mental condition?

Definition of disease is more difficult than that of health. The results depends on the standpoint and purpose of its use. Metaphysics, various philosophical and religious

schools, anthropology, psychosomatic medicine, social medicine, doctors, patient and health politics may need different definitions (Sachs and Uddenberg 1984). No definition covers the various aspects of disease completely. According to the relational definition of disease by Rothschuh (1972) a disease of man is a subjective and/or clinical and/or social need for help which is based on a loss of tuned cooperation of physical, psychic or psychophysical functional elements of the organism. In the disease there is a functional disturbance where harmony is replaced by contradiction and cooperation by discordance. The symptoms of disease are a result of regulations which have changed in quantity or quality or in rare cases have been extinguished. A disturbance can be located in peripheral organs, at the highest integration level, or somewhere between them. It can affect one or more similar or different functional units. The symptoms can be local or general.

Causes of disease

Opinions on the causes of diseases determine the methods of therapy and prevention. Early speculations gave the credit for them to magical-demonic forces. This way of thinking is still prevalent even today. The history of astrology goes back to the Sumerian culture and touches various dimensions of human life including health and disease. A great achievement of Hippocratic medicine was the understanding of the natural causes of disease and it payed attention to environmental factors.

Living organisms were believed to be responsible for causing epidemic diseases long before they were discovered in the last century. Chemical methods were employed to seek miasma or contagion to explain epidemics but without result. The hunt for chemical and radioactive pollutants in our time is beginning to result in permitted norms. Causes of many diseases are still unknown. A disease is a result of the combined influence of endogenous and external factors. Environmental energetic factors, health behaviour and the reactions of the human being as a psychosomatic entity determine the state of health.

Common ideas in various cultures

Symbolism plays an important role in the medicine of ancient cultures and traditional medicine. The folk medicine of various countries has common general characteristics. Practical therapeutic measures, taboos, religion, transcendent phenomena and holistic feeling of togetherness go hand in hand.

The humoral physiology and pathology of ancient Greek medicine were based on the theory of the four elements earth, fire, water and air and was formulated about 500 to 400 B.C. Many qualities were linked to this simple scheme of four humours which were blood, yellow bile, black bile and phlegm derived from the elements (Fig. 1).

The Egyptians knew the same four elements. The pyramids and obelisks had four sides. In the Indian ayurvedic medicine ether (space or vacuum) was added to the list of elements but theories of the basic tissues, humours, physiology and pathology were more advanced than those of the Greeks.

Let us compare two other theoretical and symbolic schemes from other cultures. The Chinese design of a home included similar elements correlated with the cardinal points of the compass and some other qualities (Fig. 2).

The ancient wisdom of the American indigenous peoples is presented in the shape of the medicine wheel (Bill 1990) which helps to find healing in four directions of four aspects of the self (Fig. 3). The paths of the east, south, west and north correspond with the powers of the spirit, emotion, will and mind. The main coordinates represent the four consciousnesses of the human being: the spirit, emotion, body and mind. The symbolism of the colours of the wheel have the following significance: yellow is the colour of the sun and fire or energy, red is the colour of intense emotion, black is the colour of earth and darkness and blue or white that of the air. The colours also symbolically represent different people. Each direction is also represented by an animal which depicts the qualities of each direction and these qualities are referred as as gifts of the four directions.

Heterogenity of western medicine

Various traditional healing systems work best in their own cultural environment. This has been recognized by W.H.O. which is trying to take advantage of their use. For the same reason western medicine may have limited value in other cultures.

One might suppose that the praxis of modern western medicine is uniform in various industrialized countries but it is not so. Payer (1988) made an extremely interesting comparison between the practical application of medicine in France, West Germany, England and The United States, countries which have equivalent life expectancy rates, and found great differences as the reflection of differences in the cultural background.

Medieval European medicine was, according to the present norms to a large extent nonsense. People were dying prematurely as a result of therapy by venesection, purgatives and emetics. In spite of many valuable medical discoveries since the 16th century, old practices were followed until the 19th century. The reformation of medicine started in France in the beginning of the last century. France was the leading European state with a population of 29 million while there were e.g. 16 million people in the British Islands. Germany at that time was under the strong influence of romanticism and natural philosophy which prevented the progress of medicine. The golden age of German medicine was the latter half of the 19th century and the beginning of the 20th century. British medicine progressed gradually and the Americans were attached to the European medicine and applied it heroicly in their specific frontier circumstances.

Theoretical thinking has been appreciated in French culture since Decartes. Romanticism still influences German thinking and medicine. In spite of close relations between the United Kingdom and the United States there are considerable differences between their medicine. Although international influence from numerous meetings, publications and personal contacts are lively, barriers between national traditions exist.

French people pay special attention to their liver which is blamed for many symptoms explained by other mechanisms in

other countries. Liver cirrhosis is common in France because of the high regular alcohol consumption. French patients enjoy longer consultation times (on an average 15 to 20 minutes) when they meet their doctor. Some of the drugs popular in France lach evidence for their efficacy. In 1970 300 medicines were used for the therapy of liver corresponding to 5 per cent of the drug consumption. Body tremperature is measured rectally and 7.5 per cent of drugs is used as suppositories. High prestige is given to diagnostic and therapeutic radiology which is reflected in the high number of specialists. Conservatism in hysterectomy and other operations of the genital tract is characteristic. Sterilization is performed only for compelling reasons. Prevention of pregnancy is mainly the business of men. Classification of psychiatric diseases is quite different from that in other countries.

German people meet their authoritarian doctors on an average 12 times per year and get 11 presciptions per year. They have the highest number of diagnoses per capita. In Germany there is a long balneological tradition and soft medicine is favoured including phytotherapy, homeopathia and anthroposophical medicine. The number of drug preparation on market is 120 000 or 100 times that in Iceland. Most medicines are combination preparations. Germans pay special attention to blood circulation: the threshold for "Herzinsuffizienz" and small dose digitalis therapy is low. Low blood pressure in treated to keep a balance. Use of antibiotics is low to avoid the development of resistant bacterial strains. German doctors pay greater attention to the resistance of the patient than to the germs. In German medicine more importance is given to the internal causes of disease than to the external ones. In psychiatry Germans tend to view mental disorders as endogenous in origin and less subject to environmental influence than do e.g. the Americans. Most psychiatrists are neuropsychiatrists. The diagnosis neurosis is very uncommon in Germany.

Economy is characteristic of medicine in **Great Britain.** In spite of their socialized medicine they spend around 6 per cent of their gross national product on health care compared to over 11 per cent in the U.S.A. with a different health care

system. The average doctor's consultation lasts 6 min and the number of consultations is 5,4 per year only. Less X-ray examinations are performed and fever prescriptions are written than in other reference contries. The number of surgical operations is half of that in the U.S.A.; in the case of coronary bypass operations the proportion is only 1 to 6. Less high technology and smaller doses of drugs are used. Fewer screening studies are performed and the thresholds indicating the need of treatment, e.g. that of elevated blood pressure, are higher. Although British people are concerned about their bowels being afraid of autointoxication they pay relatively little attention to their body. Consumption of laxatives is high. The external causes of disease play a greater role in their opinions than in those of the Germans or French. They rely on antibiotics but not on vitamins, tonics or balneological treatments. Special attention is payed to anesthesiology, pain control and geriatrics. Little tolerance is shown for individuals failing to maintain their self-control, and the use of tranquillizers is high. The Hospice first arose in Great Britain which indicates a realistic attitude to the necessity of death.

Aggressive activity is typical of the medicine in the **U.S.A.** More diagnostic tests are done, larger doses of stronger medicines are used and more numerous and radical surgical operations are performed in America than the European countries. The rate of caesarean sections can be more than 20 per cent and it is the most frequent operation among women with hysterectony in second place. The can-do attitude expects immediate results. Frequent testing provokes unnecessary therapy. Better to do something than nothing is a general rule and it presupposes less patience than the wait and see mentality. Treatment of chronic diseases is less advanced than that of the acute ones. The body is regarded as a car and death is a failure of medical activity. One-sided emphasis is often given to individual health factors such as some nutrients. The external causes of disease are stressed. On the other hand plenty of resources are devoted to psychiatry. All this reflects the frontier pioneer spirit in the American culture.

Actions of therapy

The main groups of therapeutic methods are 1) surgery, 2) biochemical treatment, 3) physical treatment and 4) psychotherapy. The same energy forms which cause diseases are used therapeutically but in different doses.

The principle of effects of therapy can be classified according to Gillman (1975) as follows:

1. Use of an antisubstance.
2. Substitution.
3. Elimination or weakening of a harmful factor.
4. Strengthening of the reactions of the body.
5. Antiautoaggression.
6. Inhibition of excessive reactions.
7. Immunosupression.
8. Modification of psychic reactions.

These are the methods and effects used in orthodox medicine. The methods of folk medicine, school of naturopathy, medical sects and various alternative systems are, in principle, similar in spite of the wide variety of methods. Differences concern the theoretical basis, explanation of actions and proportion of faith, of non-specific influences, of placebo and nocebo and of specific influences.

The smaller the subjective personal component in the treatment procedure is, the more specific and effective the method is. Gillman separates four categories of therapeutic methods according to the proportion of subjective and objective components in the effects (Tab. 1).

1. The effect is theoretically explainable, and experimentally and clinically absolutely confirmed.
2. The effect is theoretically not yet explained but is confirmed experimentally and clinically.
3. The effect is theoretically not yet explainable, experimentally not or not yet interpreted, or it is not understandable but it is clinically confirmed.
4. The effect is neither theoretically explainable or experimentally or clinically confirmed by critical examination.

The unorthodox healing methods mainly belong to groups 4 or 3. They are used when the confidence of the patient in ortho-

dox medicine is failing or no other therapy is available. In chronic cases with indefinite or psychosomatic symptoms any treatment can give good results. The healing process can concentrate on the spiritual level and be a constructive experience without objective changes in physical signs and symptoms (Paton and Tonge 1976) as confirmed by recent Finnish studies by Miettinen (1990).

Psychic influences are of special importance in healing. Psychotherapy as such tries to change the psychic reactions of the patient. How this is obtained and what happens in the patien is difficult to explain. The explanation depends decisively on the concept of man. For the time being patients are analyzed, taught, suggested, conditioned, hypnotized and manipulated in many other ways to help them to get over the demands of life and to satisfy other people. They are expected to feel, want, think and behave in a more appropriate way in the human community directed by people who usually regard themselves as normal and healthy. (Hirvonen 1989)

The concept of man

Human nature has been described in numerous ways during the history of the mankind. Some concepts of man have had an enormous influence on human behaviour, the concept of disease and therapeutic methods. Stevenson (1982) has described the theories of Plato, Christendom, Marx, Freud, Sartre, Skinner and Lorenz in his book Seven theories of human nature (1974).

Platonic dualism with the soul as an immaterial and immortal entity able to exist outside of the body is contrasted by the original Christian concept of man created by God as a holistic being with free will and conditional immortality. Dualism penetrated Christendom during the first centuries and resulted in a juxtaposition of body and soul. The main attention was paid to transcendental values and health care was neglected. Healing played an important role in the activity of Christ but no Christian school of medicine was established. The only reformation of health care based on Christian thinking was the ethical obligation to help sick people independent of their prognosis. A Greek doctor did not take any therapeut-

ic responsibility for hopeless patients to protect the reputation of the profession. An indication of the thinking of the sixth century was the closing of the schools of medical education by Justinianus, the great emperor of Byzantium, because these paid heathen attention to the well-being of the body. Ascetism and flagellation were the psychopathological behavioural results of the dualistic concept of man.

The five other theories of human nature are from the 19th and 20th centuries. The materialistic opinion of history and deterministic elements in the thinking of Karl Marx do not automatically mean that his idea of man should be interpreted in the same way. He denied life after death but included an element of free will in human behaviour which is basically social. The man is an active an productive being who produces his means to live.

Freud's influence on man'n thought about himself has been enormous. His concept is deterministic but not dualistic. He stressed the importance of instincts, sexuality and early childhood experiences. Subconscious dynamic phenomena in the mental life are of great importance according to him. Freud has inspired psychoalalytical therapy in various forms but his often dogmatically accepted ideas have been criticized more and more as well as those of Marx.

Sartre, Skinner and Lorenz have presented viewpoints which emphasize certain characteristics like freedom of will or lack of it, responsibility, importance of genetic or environmental factors and the relation between man and animals one-sidedly. They have, however, had an influence on human thinking which may be reflected in therapeutic relations, too.

The concept of man is influenced by natural and behavioural sciences. There is no uniform concept of man as a basis of healing or education. In the behavioural sciences it can be based e.g. on the learning theories of humanistic psychology. Each theory is one-sided in its way. This is the reason for attempts to describe man by a combined theory. It is not now apparent what the treatment based on the combined theory would be. To what extent a man, patient or student can be influenced in the expected direction is essential.

A reference should be made to human concepts of other cultures such as eastern philosophies and religions which are basis of many healing systems. They operate with concepts of reincarnation, mystical energy or spiritual influence. When these are accepted uncritically modern man seems not to differ from the primitive man. Shocking descriptions about the therapeutic activity in Germany have been published by Knaut (1971). Parallel phenomena can be noted in our country too (Arkko 1986, Heino 1984). This indicates that a sick person regresses and inclines to any healing system which gives hope in spite of elements of magic, witchcraft or fraud.

Humanity has used scientific methods for the solving of problems for about 400 years. This has created order in many phenomena. In medicine, the extensive application of scientific methodology goes back to the nineteenth century. There is always a delay between basic findings and practical applications. The discovery of e.g. blood circulation first influenced medical practice more than 200 years later. Medicine is not only a science. Faith (Jackson 1981) and meaning (Frankl 1972) are essential for the life and health of man. All dimensions and relations of the human being should be taken into consideration, is necessary, to help the patient.

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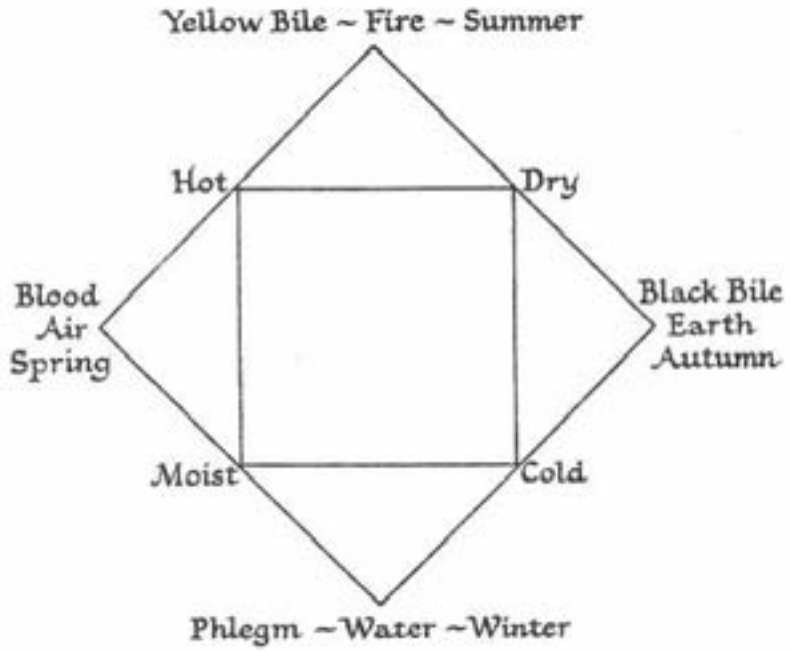

Fig. 1. Elements and humours of ancient medicine

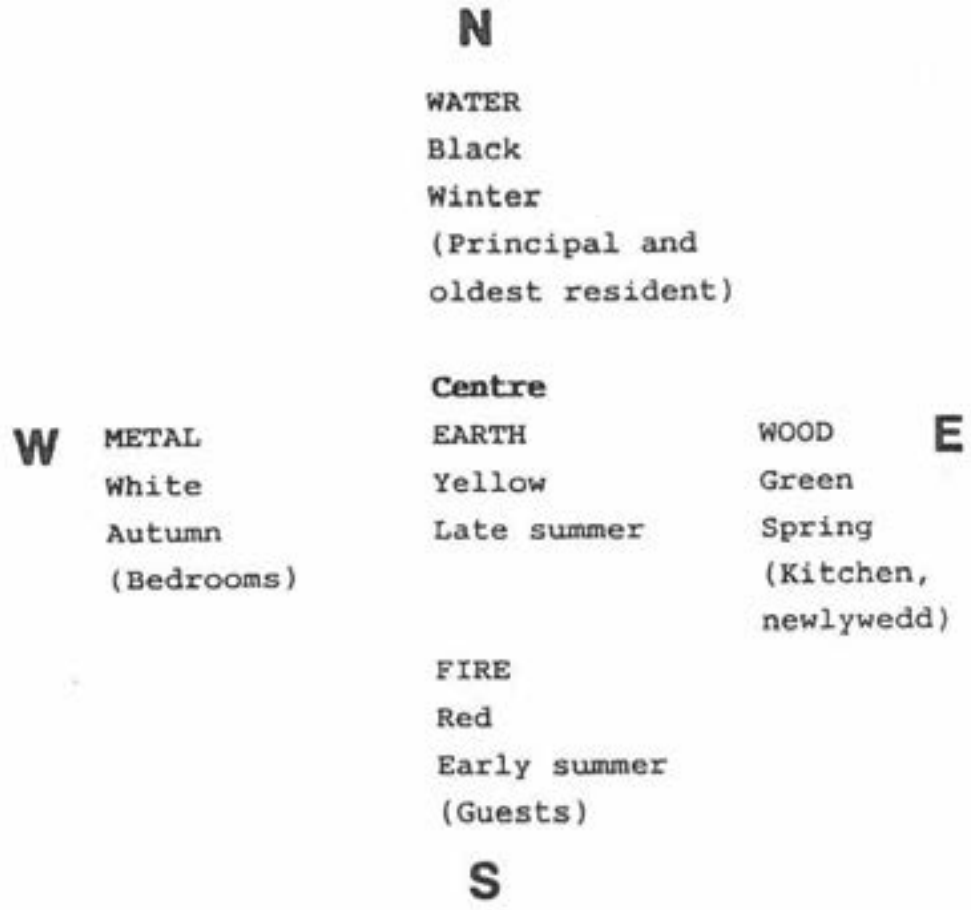

Fig. 2. Chinese design of home

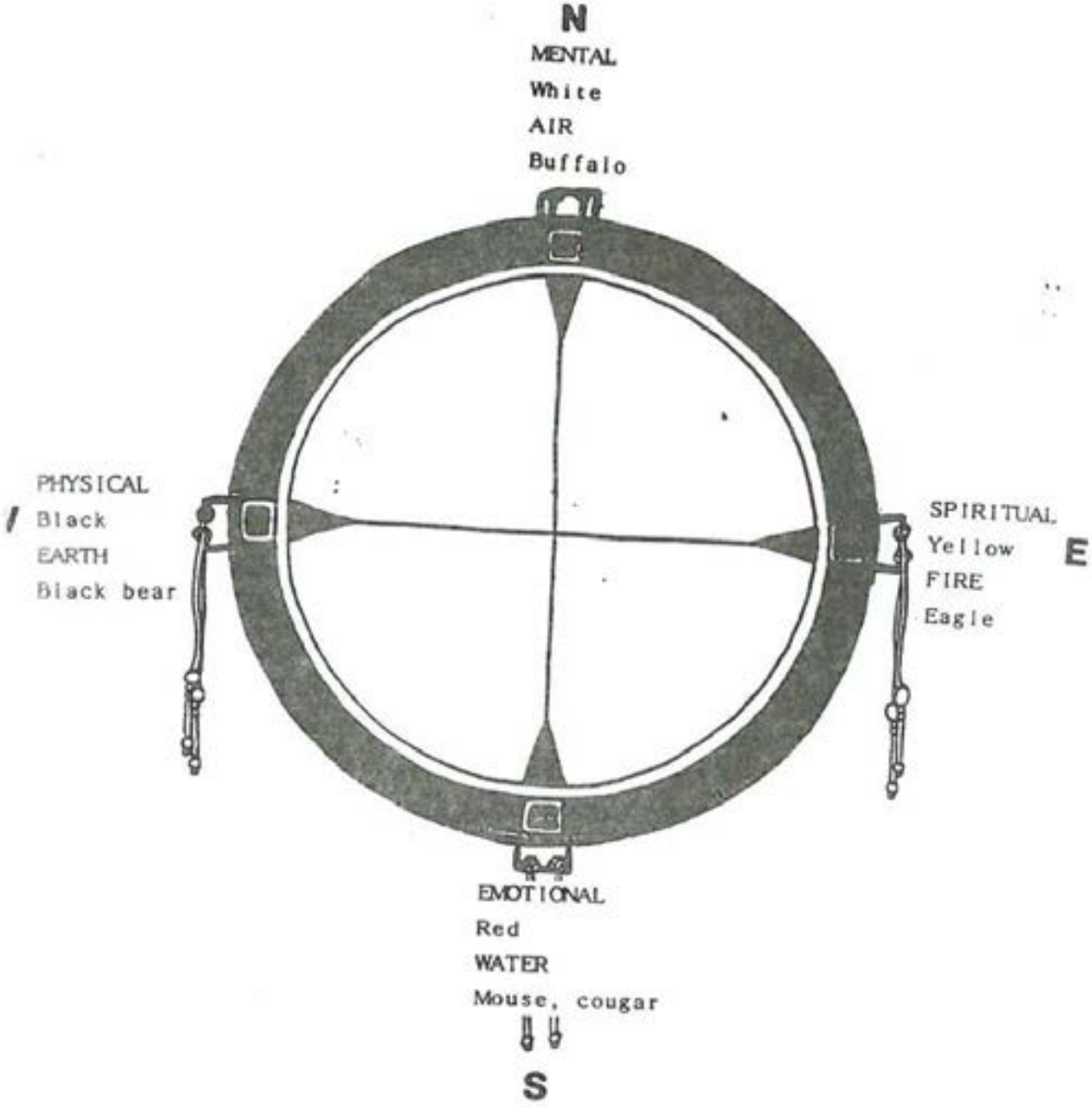

Fig. 3. Medicine wheel

TABLE 1. CATEGORIES OF THERAPEUTIC METHODS ACCORDING TO THE PROPORTION OF SUBJECTIVE AND OBJECTIVE COMPONENTS IN THE EFFECTS (Gillman 1975)

Category	Theoretical explanation	Experimental confirmation	Clinical confirmation
1	Yes	Yes	Yes
2	Not yet	Yes	Yes
3	Not yet	No or not yet	Yes
4	No	No	No

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THE HOLISTIC HEALING BY THE CHARISMATA TODAY IN PRACTICE IN AN EVANGELICAL LUTHERAN CONGREGATION IN HELSINKI

"If the church does not take seriously the challenge of healing the total person, as Jesus meant it, then the Church will lose its place in society completely, once and for all." These were words by Dr. and Pastor Morton Kelsey at an Episcopalian seminar in San Fransisco. It is quite surprising that an Episcopalian pastor should say something like this today. The questions of healing have puzzled many minds for centuries and attitudes have varied.

The historian Aldof von Harnack has said that in the first, second and third centuries healing ministries were an essential part of the work of the church. Augustine, in his time, developed the doctrine that healing and signs belonged only to the time of the Apostles. Pope Leo I only strengthened these views. Later Augustine changed his mind, but his earlier views are better remembered. During the Reformation the young Luther was against healing. In his later years he changed his mind too. He prayed for his wife and his friend Melanchton to be healed. The German scholar of the New Testament, Herbert Braun, said that it seems very logical that Jesus healed the sick, which according to the world view of His time meant that He cast illness causing demons out from the sick. But according to Braun, the healings that Jesus did were not interventions from God, but could be explained in a natural way, for example, that it was the power of suggestion. Theologian, Roger Bultmann said that people cannot use electrical lights and listen to the radio and still believe in the spiritual world of the New Testament. According to the New Testament Jesus preached the gospel and healed the sick, and He gave this work and transferred the authority to His disciples. In our Lutheran tradition we are a little bit careful with healing, though we have remembered very well the command to preach. Also in the theological training of our day there is nearly

nothing about healing. The department of Theology at the University gives very broad and diversified training, but there is no teaching about gifts of the Spirit nor about healing. We must come to face the Great Commission of Jesus pretty much from the fears and assumptions stemming from our personal background.

I remember these feelings from the times when I first started to pray for people in my home church in Alppila. Many of my friends came to remind me that my work was really not part of the Lutheran tradition. Therefore, there is something doubtful about it. Kelsey said that healing should be done the way that Jesus did it. In the Lutheran Church we emphasize counselling. We have extremely good counsellors and theologians. It is very rare to meet a theologian who would use the same methods of healing that Jesus did. So what did Jesus do? Sometimes just a touch, like He touched Peter's mother-in-law. Sometimes is was a commandment - "go". He said, "Arise!", to the paralysed man, "Reach out your hand." Many of Jesus' methods seem strange to us. We would not have the courage to do what He did. We must approach this work with our own lack of faith. Even after I became a pastor I could not envision myself working in this kind of ministry and it seemed theologically doubtful. I wasn't even quite sure to what extent Jesus' healing ministry really had happened.

One day a person came to me and said that as a pastor you should really pray for the sick. And I said that it happens in every church service, we have good intercessory prayers. We pray, "Remember the suffering and the sick in Your mercy, oh God. And after this life, give us eternal peace." Besides, I said that I need someone to pray for, a patient. Then, my wife said, "Start with me. For many weeks my back has been hurting." She was pregnant with our second child, and I thought, what are you complaining about? Its part of being pregnant and everything will be ok after the child is born. Here we had a sick wife, a curious friend and an unbelieving pastor. I felt trapped. I prayed like a doubting Thomas, just to get out of the situation. "Lord, touch my wife's back!" - and it was done. My wife said, "I am healed!" I said to her, "Just bend your back a little, and the pain will return." I had to rethink my theology. I had come to something which I did not understand.

I had to think how to apply prayer in my own church. Since all of our workers were holding evening meetings at our church, we added a short moment of prayer, even at the alter, for people to come

forward. If Jesus really can heal, He will work through the traditional structures which we already know and have grown up to accept. People felt secure. These meetings were not miracle healing meetings, but later I began to hear feed-back - "I was healed!". I was the most surprised at this feed-back. It seemed that I had not really believed when praying. I didn't feel anything, I didn't have any gifts of the Spirit, but, I thought, I must continue praying, since it had noticeable benefits for evangelism.

The meeting room which could seat 150 became too small. The Vicar was quite surprised when I asked to use the church sanctuary for our meetings. Soon, even that was too small. People began to ask, "What is going on here?". People experienced the prayers very positively. We began to bless people at the alter by the laying on hands, which is not just an external form but can relay the power of the Holy Spirit. We noticed that when we were blessing people at the alter, something strange began to happen to them: our own hands became warm. I don't agree with Bultmann's claim, because understanding electricity and energy makes it easier to understand healing. The people for whom we prayed said that a warm wave went through them. Then something awful began to happen. People began to fall down, or swoon. To my horror, I read the headlines, "The swooner pastor strikes the city". I knew quite well that this was not part of the traditional Lutheran Church, but I knew that God was at work. I asked God, "Don't You have any other method of working? This is going to create so much controversy". I began to receive letters saying you may not cause people to fall down in the Church. It is not part of our liturgy.

One day a psychologist came to observe our meeting. He was interested in what kind of power we used. He thought that we must use group pressure and the force of suggestion - that the speaker has the ability to arouse certain emotions in people, and thus make them believe and experience almost anything. He noticed that the speaker had no such ability, that people remained unchanged and went forward as they were. He wondered, what then happens at the alter? All the prerequisites for suggestion were missing. The local newspaper wrote, "anybody could have fallen asleep during the sermon." Someone observed: people went to the altar, shook the pastor's hand and then dived back!. Finally, the psychologist came forward himself. He had made up his mind that suggestive force could be used on him. Suddenly, he fell back. When we asked him, "Who caused you to fall down?", puzzled, he said, "I don't know. Some force gripped me." We asked, "What is that force?". He said, "I don't know, I'm not a Christian. This force seems to work as it pleases, and is not tied to a person's emotional state." He

emphasized that he had decided not to fall down, that he had been listening around the altar area to what is going on. He asked what has happened to these people that they say their sins have been forgiven, because in your speech you did not accuse or talk about guilt?. He was accustomed to dealing with guilt problems in therapy lasting for years. They look so relieved, but how long will this last? Does healing really happen, or do people just believe that it has happened? Many told him that they felt healed, and many had mentioned that a warm current that had flowed through them.

Once some researchers used the Kirlian method to measure the energy fields of the hands of the Finnish healer, Ylivainio. At rest, his hands were normal, but when he prayed, strong lumininescence patterns could be measured in his hands. The Bible says that Jesus knew when He had been touched by the woman because a power left, flowed from him. We're a little bit afraid to talk about force and energy in Christianity. We feel that these belong to eastern religions and shouldn't be mixed into Christianity.

We don't usually think that we could be the medium for healing power, but anyone can. When I began to pray for people, I didn't feel anything. But later I began to feel the power of the Holy Spirit as warmth. I was very afraid of this swooning phenomenon, and also of the current. But God is at work in them. Wherever the Holy Spirt moves, there will also be gifts of the Spirit. Paul wrote to the Corinthians that he didn't want them to be ignorant of the gifts of the Spirit. The gifts are varied. They for the building up of the Church and their place must be found there.

When we began to pray for the sick at Alppila, we found that the meetings were flooded with people who were not members of our congregation, who had felt a lack in their home congregations. It is import that this function be in every congregation and that there be love in the groups. Suffering people do not seek doctrine, but loving, understanding fellow people. The experience of togetherness is the best medicine.

Recently much discussion has been carried on as to whether people are really healed. We have to ask, what is health? A known Finnish psychiatrist has said that a healthy person is someone who has not been examined carefully enough. A certain unbeliever medical doctor friend of mine has said that

behind every miracle healing is an initially wrong diagnosis. Sigmund Freud says that health is the ability to do work, and if we lose that ability, we are sick, and when that ability returns, we are healthy again. The Bible speaks of health in various ways. The Greek word "chotso" is usually translated as "healing" and means that a person has been saved from the power of Satan and placed in God's complete health and well being by the power of God. We live in a fallen creation in which there is sickness, but where we can taste, through Jesus' power, the world to come. We do not live by sight, we live in an eschatological tension between the new and the old. Medicine does not know the word sin. It speaks about guilt. The Bible talks about sin and that Jesus came to forgive sin. Jesus came to free us from both sin and guilt. With Jesus, we dare to face our guilt. Making others feel guilty is often held as a special Christian right. In every culture there are norms and people feel guilty in violating them. Jesus came to forgive sin and show the way home. Health is finding the way home. Healing is being freed from the power of evil. We know that we are both sinners and righteous. This struggle is with us to the end.

The old world view includes the influences of evil spirits, but my difficult task is to translate this to terms understandable to those with only a modern world view by saying that you have been under a lot of pressure and feel oppressed. I can only quietly pray, "Lord set this person free from the powers of evil". There is no need to shout it. Often people have said that they feel a little better afterwards.

Often I have thought about the gift of discerning spirits, as evil can be felt as a real power in our meetings preventing the effectiveness of our prayer work. Jesus commanded us to pray anyway because He is stronger than the enemy. God's healing power is connected to His Word and the sacraments. I know people who have been healed at the communion table and even as they have been baptized. He is really present in these, not figuratively. He always gives the best possible care whether we are healthy or sick, but He especially loves the sick - "the healthy do not need a healer".

Healing can happen by the power of God, but also by many other powers. Spirit healers can heal the sick the same way Christians do, only their source of power is different. The Bible says the tree will be known by its fruits. Those people who are healed by Jesus become interested in Jesus, the Bible and the Church. They want to be closer to Jesus. Those people who are healed by a spirit healer become

interested in the spirits, parapsychology and the occult. They do not particularly want to hear about Jesus. Jesus is not their savior or redeemer of their sins. Satan has come to destroy and kill. I have met people who have been helped by a spirit healer, at first, but later they have succumbed to mental problems and some have become suicidal. Thus it is important in healing ministries to discern spirits. It is important that Jesus is the healer.

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EXPERIMENTAL CO-OPERATION BETWEEN A FOLK HEALER (A BONESETTER) AND A MEDICAL DOCTOR

While various types of co-operation on different levels characterise the structure of the official health, care system, co-operation between a folk healer and a physician is rare in Finnish culture. A few examples of such co-work have, however, been documented (1, 2, 3). The WHO is developing a program concerning the involvement of traditional medicine in scientific health care in the developing countries (e.g. 4, 5).

In Ostrobothnia, Finland, traditional folk healers of musculo-skeletal diseases bonesetters treat many patients suffering from musculo-skeletal ailments (6, 7). Back ailments are the most common problems they treat (7). Back ailments are, as we know, a big economic burden, and often also a medical problem for the official health care (8).

The following is a short report on one case of co-operation cases with a bonesetter. It is an example of several cases (between about 1987 and 1990) in which I have treated patients together with a bonesetter.

Several aspects of folk medicine have come to light during co-operation of this type, such as treatments, disease concepts and the relationship between the bonesetter and the patient. I was also interested to discover whether treatments conducted in co-operation between an M.D. and a folk healer could be more effective than the corresponding treatments given by a bonesetter or a doctor alone.

The co-operation usually arose out of a feeling experienced by myself or a bonesetter that mutual consultation would benefit the patient. Some of the patients were "problematic cases" treated by several specialists without improvement. A few of the bonesetter's patients expressed the wish to have a doctor present during their bonesetting therapy.

An example: a teen-age girl with a sick shoulder

In May 1988 a girl of about 13 was treated by bonesetter Olavi and myself. Before seeing us she had been treated by various therapists in the area: she had visited two bonesetters and a physician, so she might be regarded as a "problematic case".

Our patient was a keen swimmer, and as a result of extended training her right shoulder became sick. In the upper area of her shoulder (musculus deltoideus), especially when she was "crawling" and usually after swimming, the pains would appear. Her father contacted me first and his description of her symptoms prompted me to seek co-operation with a bonesetter.

During my examination I could see, that the girl was normally developed and that she was in a good general condition. She could turn her head passively only 45 degrees to the right without pain in the neck. Moreover the shoulder muscles (m. trapezoideus) and scalenus muscles in the neck were tight when I attempted to bend her head in any direction, while she was facing forward. An infraspinatus-muscle test on the right shoulder was positive. I palpated the upper part of the right deltoideus-muscle in the shoulder and it was painful.

My diagnosis: the girl had stretching in her right infra-spinatus muscle. The soreness in her breast might be a symptom of stretching in the right pectoralis-muscle, too.

Bonesetter Olavi's treatment following my examination took about 30 minutes. It took place in the treatment room on the 1st floor of the FMC, in the centre of Kaustinen. The persons present were

the patient, her mother, Olavi and I. The only equipment used consisted of a chair. Olavi and the patient talked a lot during the therapy.

I documented Olavi's therapy with a video, a tape recorder and a camera. - As usual, Olavi was quite talkative during the treatment. Diagnosis and therapy alternated during the therapy session. I had asked Olavi to tell me why and what he was doing during a certain operation:

"Look at the tension state in this area ... the shoulder blade has shifted (Finnish: lapasiirtymä). You can feel the attachment point of this muscle with your hand. It is inflamed (ajettunut). The muscle has got stretched a little at the top and the shoulder blade is raised ... (as a result) this is reflected as tension in the neck ... but don't worry, we can put it right. It's pulling badly towards the neck ... and it will cause cramp."

To begin with Olavi treated the back, which was bent forwards, by pushing two or three vertebrae areas using the "perskynkkä"-method (9). In this traditional local back treatment method the patient, sitting on a chair, bends forwards and then raises the upper body again; meanwhile the bonesetter pushes and pummels the vertebra-areas with specific techniques. This was followed by treatment of the elbow region, the hand, fingers and wrist.

Wrist: "When the wrist opens (in Finnish: aukeaa), it causes these tendons to stretch. We will make the wrist "even", (in Finnish; "pannaan tasan"), so these tendons cannot move too freely, funny though it may sound..."

The Olavi performed a genuine "manipulation" of the patient's shoulder ("jerk manipulation"). We could hear a clear "click" during this manipulation. This was followed by another of Olavi's original treatments - a "squeezing manipulation" of the shoulder. The bonesetter recommended rest and bandaging of the wrist as further therapy.

His diagnoses were: shifting of the shoulder blade, rupture of the shoulder muscle, rising of the clavicle.

Eleven days later I talked to the patient on the telephone. She stated that she felt much better. For a short period after the treatment she had experienced some pain, which disappeared: "... no pains now at least". Meanwhile the patient had not been visiting other therapists, she had only used a pain relieving cream on the shoulder area.

Four days later I called her again: she had been swimming normally without any significant pains in the original region. However, she now experienced some new pain in the elbow region. She had not been taking pain killers or felt that further therapy by Olavi was needed. Her opinion about our co-working was: "good".

The Bonesetter's Therapy Unit (BTU)

In this case Olavi treated a certain area of the patient's body which I call a "Bonesetter's Therapy Unit" according to the definition developed in co-operation with Aldona Schiffmann, M.A., (10, 11).

Olavi seemed to treat problems, some of which were in a "primary connection" with the patient's "Primary Ailment" (an ailment, of which the patient was complaining, defined by her through the quality of the ailment - e.g. pain or dysfunction - and through the relevant anatomical area). Some of the problems were in a "secondary connection" with this Primary Ailment.

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My own proposal for therapy would in this case have been: acupuncture or physical therapy - i.e. deep heat treatment (UKW or other corresponding therapies), massage, active and passive mobilizations of the shoulder joint for about two weeks. Rest would be recommended, followed by another check up after two weeks.

DISCUSSION

The patient's ailment - pain in the shoulder - disappeared quite soon after the treatment according to the estimation of both the patient and myself. The result remained good for a long time. Something in our co-operation had been quite effective.

Olavi's therapy aimed to ease both the pain and the dysfunction of the sick area, and he obtained good results. The treatment described was the first to prove effective after a history of several therapies with other specialists with no satisfying result.

It seems to me that Olavi's treatment was the most important element of this therapy, all of the possible psychosocial and medical factors considered. Nevertheless bonesetter therapy may become more effective when a doctor is present at the session - although the doctor himself is not giving any active therapy.

The doctor's presence itself gives legitimation and some of the official health care status to the bonesetter therapy. The doctor's willingness to co-work with a bonesetter and his trust in the folk healer establishes a status of "colleagues".

The medical mechanical part of the treatment

Olavi had been shifting, pushing, massaging and stretching the relevant tissues of the BTU area. Two joint areas were genuinely mobilized or manipulated: the shoulder joint and the shoulder-clavicle joint.

Massage - used both before and during the treatment proper - alternated with various manual therapeutic procedures, as did the diagnosis and treatment. If necessary, after checking, Olavi would give some more treatment.

Olavi did not limit his therapy to the area of the Primary Ailment. In contrast to scientific medical therapy, he treated a large area of the patient's body (BTU area) employing various manual techniques. The tissues treated might be described as connected directly or indirectly with the Primary Ailment according to Olavi's explanations.

The direct connection: Olavi's treatment obviously caused the relevant tissues - muscles, tendons, joint capsules - to move, regain their original shape and function, thus relieving the symptoms of the Primary Ailment.

The indirect, mostly secondary connection: Olavi's treatment made the condition in some BTU area tissues better than before (abnormal conditions caused in different areas because of the illness state - stiffness, pains because of the wrong position of the arm-shoulder complex), thus helping the sick arm and shoulder to function better. On the other hand some faults were found and treated by Olavi which maybe had nothing to do with the Primary Ailment.

The disease concepts

The essential findings concluding Olavi's examination of the patient were the "tension of the muscle tissue" and the "muscle cramp" explained as "a defensive reaction". The attachment point of the muscle was diagnosed as "inflamed" (in Finnish: ajettunut). The position of the shoulder blade was diagnosed as changed.

One common bonesetter diagnosis is, that joints, tissues etc are "open" - for example the "back" (vertebrae) or the ankle (3). In this case the wrist was diagnosed as "open". According to Olavi such a state "allowed tendons to get stretched".

Verbal communication during bonesetting therapy

"Don't worry" - expressed the optimistic healer. I interpret his frequent use of the 1st person plural "we" during therapy as an expression of a feeling that the therapy is an activity requiring co-operation between the patient and the healer.

Olavi often apologized before performing a manoeuvre which might cause some pain. In my opinion it implied his awareness of the suffering his operations and manipulations might induce as well as his empathic attitude towards the patient.

Frequent joking during the therapy seems to be important for good results to be obtained in bonesetting therapy in general. I have heard Olavi and the other bonesetter at our centre tell many jokes - again and again - during these 70 patient treatments. It has been found that e.g. a good laugh lasting 5 - 10 minutes every other hour almost eliminates the pain in most patients.

Co-work

There were no general problems in co-working. We met - I, a doctor and the bonesetter - in 1987 and had several co-operative sessions. We noticed that we can work together easily. As therapists we felt that we are in an equal position (12). The atmosphere during the session was open and positive.

a) Medical results

This and several other examples show that co-work between a doctor and a bonesetter can lead to better results than when either of them is working alone. Attaining this goal requires mutual trust, the will to cure the patient and some mutual knowledge of the healing traditions represented by both therapists. Doctors should particularly reconsider their attitudes towards unofficial health care.

Medical education today does not contain any teaching of manual medicine at all, or only a little, and no teaching of traditional medicine. To be able to establish meaningful communication, a doctor should get acquainted with the healer's treatment methods, disease concepts and general social background. It is the doctor who usually takes the initiative and suggests co-work, as in our case. Bonesetters are often shy or otherwise unwilling to develop such contacts with physicians, although they usually express their appreciation of co-operation.

b) Co-work as an examination method

This method yielded material which would not be obtainable otherwise. When the doctor and the bonesetter treat the same patient, they have to think carefully about what the co-worker means to be able to treat the patient at all. For the scholar this kind of approach is ideal: he is "digging up" strange new things and eagerly waits to analyse and name these new ethnomedical findings.

Administration of co-work at a traditional health care centre

There should not be any obstacles to a positive approach. Such obstacles may be e.g. an administrative board with no researcher members or with mainly economical goals. The personal relationship between the doctor and the folk healer must be good. To create such circumstances, experts in ethnomedicine must have access to an experimental traditional health care centre such as our.

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HEALING MINISTRY

Concept of healing in the religions - challenges to the healing ministry of the church in mission

Place: Faculty of Theology, Neitsytpolku 1 b, Helsinki
Time: 16.-19.8.1990
Arranger: NIME (Nordiskt institut för missionsforskning och ekumenisk forskning), Church Mission Centre-Institute of Mission Theology, University of Helsinki-Lahti Research and Training Centre

THURSDAY 16.8.1990

18.00 Opening of NIME's seminar
Prof. Jan Martin Berentsen
TD Timo Vasko
Prof. Tuomo Mannermaa

Prof. Johannes Aagaard: Concepts of healing in the Asiatic religions and in New Age

Doc. TD Juhani Forsberg: Redemption as healing
Chair person: Jan-Martin Berentsen

FRIDAY 17.8.1990

9.00 Doc. TD Raimo Harjula: Human guilt as an explanation of illness in different cultures and religions
Chair person: Jan-Martin Berentsen

10.00 Kateket Wenche Yamamoto Johannesen: Healing and exorcism in Japanese folk religion

10.45 Amanuensis Aasulv Lande: Healing in the new religions of Japan
Chair person: Johannes Aagaard

12.15 - 13.45 Lunch

14.00 Conducted tour to Helsinki

16.00 Coffee

16.15 TL Carl-Gustav Henricson: Spirituality and addiction in Tanzania

17.00 Shv.L Ari Serkkola: Meaning and control of Tuberculosis in Somalia
Chair person: Raimo Harjula

18.30 Dinner

18.30 Suomalaisten lähetysteologien neuvottelu; ilmoittautuminen KLK:hon

SATURDAY 18.8.1990

9.00	Lecturer Tormod Egelsviken: Signs and wonders: Healing in the charismatic movement and healing cults in Ehiopia
9.45	Prof. Leo Hirvonen: Healing, culture and the concept of human Chair person: Kaija-Liisa Halme
11.00	Reverend Seppo Juntunen; The holistic healing by the charismata today in practice in an evangelical lutheran congregation of Helsinki Chair person: Axel-Ivar Berglund
12.15 - 13.30	Lunch
13.30	NIME's annual meeting
15.00	Coffee
18.30	Dinner
20.00	Dr. Med. Antti Hernesniemi (Centre of Finnish Ethnomedicine): Experimental co-operation between a folk-healer (a bone -setter) and a medical doctor. Assistant: Olavi Mäkelä
21.30	Conclusion: Prof. Jan-Martin Berentsen

SUNDAY 19.8.1990

8.30	Meeting of the administrative board
10.00	Service Finnish Evangelical Lutheran Missions Church Tähtitorninkatu 18 Social meeting, Coffee Museum
	Travel

You are very welcome!

Timo Vasko

TD Timo Vasko

Office of the Church Council
Second Print

ISSN 0788-9518