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IBMR

International Bulletin of
Mission Research
1–10

DOI: 10.1177/2396939320968005
ibmr.sagepub.com
SAGE

Health and Integrative Wellness: Mapping Wellness and Its Cultural Psychology in Contemporary Africa

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Abstract

The present work probes the ethnocultural psychology of African people in the creative negotiations of wellness across healing spaces. Using data drawn from ethnographic method, the research engages the cultural dynamics in the emerging ethnomedical conversations among 250 sick clients of African healing shrines, over 50 contemporary practitioners of African healing shrines, 40 biomedical doctors and nurses, and 40 church workers/Christian healers in Nigeria and Ghana. The findings of this research suggest that there are dialogic paths of ecumenical interaction, active routes of referral systems, and social contours of transborder spiritualities across contemporary African healing spaces.

Keywords

medical pluralism, cultural psychology, ecumenism, African healing spaces, referral system, Christian prayerhouse, ethnomedicine

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African healing spaces are sacredscapes of extreme cultural negotiations, contestations, and creative tensions that cut across various ethnogeographies, socially defined territories, and diverse religious borders of modern Africa. They are spaces of animated conversations that directly interact with the ethnomedical diagnoses of traditional African healers, the biomedical therapies of African modern hospitals, and the charismatic healers of modern Christian churches. Situated in this cultural landscape, the African quest for wellness expresses itself naturally through the cultural triangulation of these healing spaces.[1] To be sure, the negotiations of wellness in the mapping of these diverse cultural conversations are constructed in terms of an inclusive medical pluralism where the validity of different healing spaces is generally affirmed and where the critical appropriations of resources from multiple healing options are duly accepted.[2] This medical pluralism is deeply rooted in the African culture of critical tolerance, which allows the use of different healing models, as well as culturally approved options in the treatment of sickness.[3] Seen from this perspective, the quest for wellness in traditional African societies revolves around cultural exchange and holistic dialogues among different healing spaces.[4] Yet, African healing sites exist in dialectic tension with one another, especially in the exclusive politics of their stratified borders, their social competitions, and the modern marking of their individualized identities.[5]

Interestingly, through the movements of sick patients across therapeutic borders, there has apparently been in recent times a path of active conversation among African healing shrines, Christian prayerhouses, and modern hospitals that has largely reiterated the inclusive negotiations of wellness among modern African people. Considering these developments, the present work investigates the different patterns and points of tension in the integrative operations of these African healing spaces. Apparently, the conscious triangulation of these domains is already taking place in the everyday lives of most African people in their individual and collective quest for wellness. The present study probes contemporary patterns and the emerging trends in the active movements of sick clients across the biomedical arrangements, ethnomedical geographies, and the charismatic operations of Christian prayerhouses in the contemporary search for wellness.[6]

Dominant studies on the triangulations of African healing sites

A few recent works highlight the interesting negotiations among African healing shrines, hospitals, and Christian prayerhouses.[7] Here we need to underscore the different trends and trajectories of these studies.

Colonial attitudes and tensions

Some studies in the triangulation of African healing spaces have addressed the colonial conflicts and tensions between these healing spaces. These studies often interrogate the fragile relationships among these healing spaces, particularly the stigmatization of African healing shrines during the colonial era in the context of

medical missions. They also have considered the crises in African traditional spaces that came with the medical discoveries of the eighteenth century, which led to the scientific opinion that germs are the sole cause of sickness and disease. This bacteriological revolution in the causation of diseases challenged the supernatural diagnosis of traditional medicine and led to the historical monopoly and biomedical control of modern healing spaces.

While the efficacies of African traditional medicine lingered afterward into postcolonial environments, the demonization of African traditional healing practices at this period contributed to the ostracizing of African traditional medicine and its relegation to the margin of the African healing landscape. However, these studies on the triangulation of healing sites in colonial times also recognized the use of supernatural means in the treatment of sick missionaries themselves, which generally continued until the advent of the bacteriological revolution. The white missionaries died in great numbers, succumbing to malaria, yellow fever, typhoid, and other diseases in Africa. At this early time, there was some level of collaboration and partnership between the missionaries and traditional African healers. Adam Mohr, for example, has described the use of traditional medicine by German missionaries of the Basel Mission working in southern Ghana and the missionary appropriation of the traditional healing arts of the Akan people in order to heal sick missionaries and their new Christian converts.[8] In this early colonial environment, the healing spaces adopted an inclusive ideology, an expression of medical pluralism that appropriated the healing spaces of other religions and their healing traditions in the treatment of sick patients.[9] However, in the later period the bacteriological revolution of the post-Enlightenment period privileged hospitals and scientific diagnoses over the traditional treatments by local African healers, who were deemed superstitious and backward.[10]

Emphasis on African cultural beliefs

An important trend in the modern studies of the triangulation of healing sites is an emphasis on cultural beliefs. This particular trend underscores the important role of cultural beliefs in the creative dialogues, treatments, and health delivery across the healing spaces.[11] For example, Elizabeth Whitaker observed, "The practice of biomedicine is not uniform and it is shaped by the unique historical and cultural traditions of each country."[12] As already suggested, most often these cultural traditions influenced the merger of healing spaces under the complementing umbrella of medical pluralism. In modern Africa in particular, various studies in this area suggest that African sick clients are largely influenced by traditional views of disease, which culturally informed their conversation with these different healing sites. Seen from this perspective, African healing spaces—according to these different studies—conjure a cultural universe where the root causes of most health problems are clearly attributed to supernatural sources. While recognition is given to the role of germs in the causation of sickness, priority is largely given to the supernatural causes. Consequently, the cultural impulses generated by this particular African worldview made interactions with other healing spaces inevitable.

The return to traditional healing

A third emphasis in recent studies has highlighted the dysfunctional character of African hospitals, the problem of incompetent practitioners, human rights abuses, and the general crises across these healing spaces.[13] For example, Ayo Wahlberg has investigated the problem of quackery in direct relationships to biomedical enterprise and modern alternative medicine, and Ursula Reed et al. have described the problems of human rights abuses in respect to mentally ill patients in traditional healing spaces and within charismatic churches.[14] Beyond these highlighted areas of modern crises, we also need to point out the conflicts rooted in the historical encounter and conversations between Christianity and African healing shrines. While Christianity during the colonial period converted many African people to the Christian faith through its medical missions, the modern period has seen the exodus of many Christians looking for treatment away from Christian prayerhouses and hospitals back to African healing shrines. This movement is a kind of "homecoming" for these Africans; they are returning to the local healing traditions of their people. We could say that they tried Christianity and its medical hospitals for two hundred years, and now, as attested by the increased patronage given to traditional medicine in Christian communities especially in Ghana and Nigeria, the faith of these professing Christians has gradually waned, and they are going back en masse to African traditional medicine for their healing and treatments.

The modernization of traditional healing

Recent trends in triangulation of these healing sites have indicated the growing standardization of African healing practices, along with the quest to imitate and incorporate biomedical practices in their diagnoses, treatments, and healing processes. Many traditional healers now speak and operate like medical doctors, and many have moved away from the shrines into offices and the establishment of Western-style hospitals. It seems that traditional African medicine has finally evolved from the healing rituals and practices of the shrines. There are now traditional hospitals and clinics in several cities of Ghana and Nigeria that have no close ties with any shrines. In their study of this emerging phenomenon in Ghana, Kate R. Hampshire and Samuel A. Owusu investigated traditional healers in Ghana who have blended the centuries of herbal knowledge with spiritually directed dreams, the study of medical textbooks, Google searches, scientific experimentation, and dialogue with the biomedical structure of modern medicine in order to provide healing and treatments for their sick clients.[15] Similarly, this particular development led to the formation of traditional healing guilds and associations in Nigeria and Ghana that organize their members into a strong union for the promotion of traditional medicine.

These ongoing interactions among African traditional healers and their modernized counterparts in urban settings have in recent times created important networks of traditional healers and the thriving of African ethnomedical therapies. Essentially, they seek to appropriate for traditional African healing spaces the perennial prestige accorded to

biomedicine and also to competitively reposition themselves in dialogue with modernity. Like the appropriation of the bacteriology revolution by Christianity of the nineteenth century in its message of wellness around the world, African traditional religions locked in competitive dialogue with Christianity have followed Christianity in this adoption of biomedical packaging of certain aspects of traditional African medicine for the modern world. Since biomedicine in its hard-core Enlightenment assumptions parted ways with Christianity, traditional African religions in most parts of Africa now through its medicine also have wanted to appropriate for themselves this biomedical legacy, while similarly jettisoning the antisupernatural assumptions of the Enlightenment ideology behind modern medicine.

Research methodology and structure

Our research employed an ethnographic method in studying the crossing of healing borders by the sick clients of African healing shrines, biomedical hospitals, and Christian prayerhouses in their quest for wellness. We carried out a total of twenty-four focus groups, half in Nigeria and half in Ghana. The research lasted six months, from March 2018 to August 2018. We targeted Nigeria and Ghana because these two countries are important stakeholders in the promotion of African healing shrines locally and internationally. Nigeria and Ghana are also important centers of bourgeoning African spiritualities and Christianity.

We began our research in Kaduna State, Nigeria, and then proceeded to Lagos State. We chose Kaduna State because it is an important cultural site of African traditions and the melting point of northern Nigerian cultures. It was also the headquarters of the northern region during colonial times, and its remarkable identity as a historical hub of African cultures has lingered into contemporary times. We had six focus groups in Kaduna: two concentrated on traditional healing shrines, another two on hospitals, and another two on healing prayerhouses. Besides the focus group, we also employed key informant interviewing (KII). From Kaduna, we traveled also to Lagos to gather data on the ethnocultural psychology of healing spaces in the Lagos area. We had six focus groups in Lagos/Badagry across the three healing sites.

From Lagos we traveled to Accra, Ghana. We arrived at Accra in early May 2018 and collected data on six healing sites in greater Accra, and another six healing sites in the Volta region. We chose Accra because of its centrality as the Ghanaian capital and its function as the melting point of modern and traditional Ghanaian cultures. From greater Accra, we traveled to the Volta region, which we chose because of its reputation as the cultural hub of African herbal and spiritual medicines. Each of the focus groups of the twenty-four healing sites studied consisted of beteween seven and twelve persons.

In total, approximately 250 people participated in the study, which does not include KII in the different healing sites. While the gender of the clients was overall evenly distributed, there were exceptions—for example, in the high number of female clients in the Maman Yara healing home in Kakuri and in the fertility healing shrines of Badagry and the Volta regions. In these healing sites, most of the clients were women.

The traditional bone-setting shrine in Badagry, however, primarily had male clients. And there were higher numbers of female clients in prayerhouses and hospitals in both locations in Nigeria and Ghana sampled in this study. Before any of our research visits, the consent of the focus-group participants was obtained both orally and in writing. Local translators were hired as research assistants in Badagry and Ghana. The discussion of the twenty-four focus groups was centered on (1) the construct of wellness and border-marking across the healing spaces of the sampled population, (2) the cultural beliefs and emerging patterns in the modern interactions among African healing shrines, hospitals, and Christian prayerhouses, (3) the views of African healers, medical doctors, and church workers on the cultural integration of these healing spaces, and (4) the views of sick clients on achieving healing and wellness across these therapeutic boundaries.

Research findings

The project investigates the ethnomedical psychology in the crossing of therapeutic boundaries—from the perspectives of sick clients, practitioners of ethnomedical shrines, doctors/nurses, and church workers/Christian healers in Nigeria and Ghana respectively. There were five significant findings.

Possibilities for interfaith dialogue

The triangulation of the healing sites not only reveals the crossing of faith borders and the popular transversing of multiple healing sites, but it suggests the possibility for interfaith discourse, ecumenism, and conversation among people of different faith traditions. The healing shrines not only welcome adherents of other faiths but create the possibility for a deeper conversation regarding the deities of other faiths. At the healing sites in Ghana and Nigeria, for example, Christians, traditional African worshipers, and Muslims are found sharing the same sacred space without all the contentious polemics of the outside world directed at each other.

There are four important dynamics to note here. First, this crossing of faith borders and its potential for interfaith discourse arise from accepting the efficacies of other religious beliefs and worldviews. At traditional African healing shrines, for example, the exclusive rhetoric of faith traditions is clearly subordinated to a spirited quest for wholeness on multiple fronts. Second, this consultation and visits to other faith traditions underscore the multidimensional character of the African worldview, which seeks fulfillment in many levels. Third, the multiple poles in the African quest for wholeness became an area of unending conflict in engagements with the exclusive ideologies of mainstream religious traditions. Finally, this interfaith interaction at the shrines appears to heal social relationships and to assist in reducing the stereotyping of adherents of other faiths. This acceptance of the other and avoidance of stereotyping at the sacred space of the traditional African healing shrines have important bearing on interfaith discourse and the hostile polemics among mainstream faith traditions of modern Africa.

The existence of an informal referral system

Data gathered from this study reveal a referral system among the triangulated healing sites. An unofficial referral service exists between hospitals and African healing shrines, between Christian prayerhouses and hospitals, and between prayerhouses and shrines. Such an interaction among the three different faith traditions and health orientations has important implications for the development of a holistic health industry in modern Africa. A referral system is often seen as one of the important achievements of modern Western medicine, with patients being referred to experts who have the needed competence to diagnose and cure ailments. To replicate this referral system among local healing sites is an amazing achievement of alternative medicine. In Ghana we discovered three traditional healers who owned three different shrines, but they consulted and make referrals to each other depending on the nature, type, and degree of the illness.

The centrality of traditional healing shrines

The findings of this research recognized the centrality of African healing shrines in the mapping of African spirituality and the attainment of wellness. In most Africa communities the healing shrines determine the spiritual direction, beliefs, and values of the community, even in places where Christianity or Islam exerts a formidable influence. The spirituality of most African people has a visceral relationship to the spirituality of African healing shrines. These shrines are the epicenter of African spirituality, also the site of profound cultural psychology. Remarkably from this study, we have realized that the cultural psychology of Christian prayerhouses, Christian miracle shrines, and even hospitals is heavily conditioned and colored by the worldviews and practices in African shrines.

A return to traditional healing

From this study we have discovered an important connection between African healing shrines and Christian missions, especially considering their historic encounter. This encounter has a health-and-wholeness dimension that unfortunately has not been properly investigated. Christianity in particular came with hospitals and clinics with a goal of unseating local African healing shrines and gaining conversions. The resurgence of African healing shrines in modern times, especially as they seek to heal Christian converts, has an important dynamic in contemporary Christian missions, since it represents a significant moment of homecoming for many African Christians, who are now going back to the healing practices of formerly rejected African shrines.

Plans to raise up new leaders

Finally, the findings of the study also reveal an interesting intergenerational dynamic: older practitioners in each healing place are grooming and mentoring younger ones to

take over the practice after they are gone. This dynamic has important implications especially for the continuous survival of the healing sites, where younger people are working under the tutelage of the old practitioners, seeking to understand the secrets of the healing trade. Indeed, local internship and apprenticeship are entrenched features of the healing sites. These observations suggest that, by the purposeful mentoring of younger people to continue these health professions, these institutions expect to extend their social longevity and relevance beyond the present.

Conclusion

The cultural interactions among these healing spaces represent an important, creative negotiation among the three, which are traditionally placed in separate spheres in Western medical understanding. The cultural fusion of these different domains arises from the traditional construct of wellness.[16] Seen from this perspective, the triangulation of the study is not merely the connection of spatial domains but the convergence of cultural beliefs and patterns that integrate the worldviews of these three independent domains for the wholeness of the African person. As is apparent from this study, there is a cultural psychology at work in the modern negotiations of wellness in the cultural mapping and societal triangulation of these African healing spaces.

Funding

The research project received a grant from the Nagel Institute for the Study of World Christianity, Calvin University, Grand Rapids, MI, USA, which was funded for the African Theological Advance initiative by the Templeton Religion Trust, Nassau, Bahamas.

Notes

1. In this article "triangulation" is defined primarily as the active conversation and cultural negotiation among three African healing spaces in their quest for wellness. This cultural triangulation engages the various animated interactions, supports, sharing of resources, and dialogues between modern hospitals, African healing shrines, and Christian prayerhouses. A fuller study might also include a fourth "healing space," namely, the interaction of these preceding healing spaces with the popular activities of Islamic "marabouts" in many parts of Africa.
2. The critical discourses on medical pluralism in recent times have taken different turns. The issues of inequalities, marginalization, imperial structure of the present medical practices, and the domineering Eurocentric control have taken center stage. See Helen Lambert, "Medical Pluralism and Medical Marginality: Bone Doctors and Selective Legitmation of Therapeutic Expertise in India," *Social Science and Medicine* 74 (2012): 1029–36; Alex Broom, Assa Doron, and Philip Tovey, "The Inequalities of Medical Pluralism: Hierarchies of Health, the Politics of Tradition, and the Economies of Care in Indian Oncology," *Social Science and Medicine* 69 (2009): 698–706.
3. Concerning the history and the critical debates surrounding the concept of medical pluralism, see Danuta Penkala-Gawęcka Malgorzata Rajtar, "Introduction to the Special Issue of 'Medical Pluralism and Beyond,'" *Anthropology and Medicine* 23, no. 2 (2016): 129–34.

4. See Lauren Carruth, "Camel Milk, Amoxicillin, and a Prayer: Medical Pluralism and Medical Humanitarian Aid in the Somali Region of Ethiopia," *Social Science and Medicine* 120 (2014): 405–12; Jason N. Nagata et al., "Medical Pluralism in Mfangano Island: Use of Medicine Plants among Persons Living with HIV/AIDS in Suba District, Kenya," *Journal of Ethnopharmacology* 135 (2011): 501–9.
5. See Laura Calvet-Mir, Victoria Rayes García, and Susan Tanner, "Is There a Divide between Local Medicinal Knowledge and Western Medicine? A Case Study among Native Amazonians in Bolivia," *Journal of Ethnobiology and Ethnomedicine* 4, no. 1 (2008): 1–11.
6. The United Nations has also advocated the need to recognize and involve traditional African healers in biomedical space. See Rachel King, *UNAIDS—Collaborating with Traditional Healers of HIV Preventions and Care in Sub-Saharan Africa: Suggestions for Program Managers and Fieldworkers* (Geneva: USAID, 2006).
7. African healing shrines in this research are defined as shrines that use herbs, oracles, and other spiritual means in the diagnosis and treatment of sickness. These healings could be under the direction and tutelage of a healing deity or deities. According to Johannes Harnischfeger in his study of the Adoro shrine in Southeast Nigeria, "Adding medicines to a shrine was a way of enhancing the power of its resident deity" in many parts of Africa. See Johannes Harnischfeger, "Spiritual Modernization: Fighting 'Paganism' in Igboland," in *Spirit in Politics: Uncertainties of Power and Healing in African Societies*, ed. Barbara Maier, Victor Igreja, and Arne S. Steinforth (Frankfurt: Campus Verlag, 2013), 160.
8. Adam Mohr, "Missionary Medicine and Akan Therapeutics: Illness, Health, and Healing in Southern Ghana's Basel Mission, 1828–1918," *Journal of Religion in Africa* 39 (2009): 429–61.
9. See ibid., 443–48.
10. Ibid., 448–52.
11. There are the crucial roles of cultural upbringing in the triangulations of healing spaces. For example, Tina L. Rochelle and David F. Marks have shown the influence of cultural orientations in the practice of medical pluralism among Chinese migrants in London. See their article "Medical Pluralism of Chinese in London: An Exploratory Study," *British Journal of Health Psychology* 15 (2010): 715–28.
12. See Elizabeth Whitaker, "The Idea of Health: History, Medical Pluralism, and the Management of the Body in Emilia-Romagna, Italy," *Medical Anthropological Quarterly* 17, no. 3 (2003): 349.
13. See Eirik J. Saethre, "Conflicting Traditions, Concurrent Treatment: Medical Pluralism in Remote Aboriginal Australia," *Oceania* 77, no. 1 (2007): 95–110; Peter Giovannini, Victoria Reyes-García, Anna Waldstein, and Michael Heinrich, "Do Pharmaceuticals Displace Local Knowledge and Use of Medicinal Plants? Estimates from a Cross-sectional Study in a Rural Indigenous Community, Mexico," *Social Science and Medicine* 72, no. 6 (2011): 928–36.
14. Concerning the problem of quackery in modern medicine and alternative medicine, see Ayo Wahlberg, "A Quackery with a Difference—New Medical Pluralism and the Problem of 'Dangerous Practitioners' in United Kingdom," *Social Sciences and Medicine* 65 (2007): 2307–16; David Orr, "Patterns of Persistence amidst Medical Pluralism: Pathways towards Cure in the Southern Peruvian Andes," *Medical Anthropology* 31 (2012): 514–30.
15. Kate R. Hampshire and Samuel A. Owusu, "Grandfathers, Google, and Dreams: Medical Pluralism, Globalization, and New Healing Encounter in Ghana," *Medical Anthropology* 32 (2013): 257–65.
16. See Caroline Abel and Kofi Busia, "An Exploratory Ethnobotantical Study of the Practice of Herbal Medicine by the Akan Peoples of Ghana," *Alternative Medicine Review* 10, no. 2 (2005): 112–22.

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